

Bundle Health and Safety Committee 9 April 2019

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- 6.7 Review of the Meeting and Items to be raised at the Board and Other Committees
- 6.8 To note the date, time and venue of the next meeting:- 9.30am on Tuesday 9th July 2019 in the Corporate Meeting Room, Headquarters, University Hospital of Wales.

Health and Safety Committee
9.30am on 9th April 2019
Corporate Meeting Room, Headquarters, University Hospital of Wales
AGENDA

PRESENTATION – ARJO PROACT AUDIT SURVEY FINDINGS		
PART 1: ITEMS FOR ACTION		
1.1	Welcome and Introductions	Oral Chair
1.2	Health and Safety Management Arrangements	Oral Director of Workforce & OD
1.3	Apologies for Absence	Oral Chair
1.4	Declarations of Interest	Oral Chair
1.5	Minutes of the Health and Safety Committee meeting held on 22 nd January 2019	Chair
1.6	Action Log Review	Chair
2. Deliver Outcomes that Matter to People		
3. Our Service Priorities		
4. Sustainability		
4.1	Board Assurance Framework (BAF) – Health and Safety Risks Update	Oral Director of Corporate Governance
4.2	Pedestrian Access Strategy	Director of Capital, Estates and Facilities
4.2.1	Pedestrian Strategy Independent Survey Report	Director of Capital, Estates and Facilities
4.3	Enforcement Agencies Report	Head of Health and Safety
4.4	Control of Contractors in Non-Estate Activities	Head of Health and Safety
4.5	Fire Enforcement and Management Compliance Report	Director of Capital, Estates and Facilities
4.6	Health and Safety Priority Improvement Plan – exception report	Head of Health and Safety
4.7	Updated Health and Safety Related Policies Schedule	Health and Safety Adviser

5. Culture and Values		
5.1	Security Services Policy – for approval	<i>Director of Capital, Estates and Facilities</i>
6. PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE COMMITTEE Papers are available on the Health Board website		
6.1	Work Programme 2019/20	<i>Director of Workforce and OD</i>
6.2	Regulatory Review and Tracking Report 1 st April 208 – 31 st March 2019	<i>Director of Workforce and OD</i>
6.3	Health and Safety Priority Improvement Plan – <i>in detail</i>	<i>Head of Health and Safety</i>
6.4	Lone Worker Devices Report	<i>Head of Health and Safety</i>
6.5	Environmental Health Inspection Report of Barry Hospital on 13 th March 2019.	<i>Director of Capital, Estates and Facilities</i>
6.6	Minutes from other Committees/sub-Committees/Groups Operational Health and Safety Group – December 2018	<i>C Dalton</i>
6.6.1	Fire Safety Group – December 2018	<i>G Walsh</i>
6.6.2	Water Safety Group – December 2018	
6.7	Review of the Meeting and Items to be Raised at the Board and Other Committees	<i>Oral Chair</i>
6.8	To note the date, time and venue of the next meeting:- <ul style="list-style-type: none"> 9.30am on Tuesday 9th July 2019 in the Corporate Meeting Room, Headquarters, University Hospital of Wales. 	



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Cardiff and Vale
University Health Board

**UNCONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE
HELD AT 9.30am on 22 January 2019 IN THE CORPORATE MEETING
ROOM, HEADQUARTERS, UNIVERSITY HOSPITAL OF WALES (UHW)**

Present:

Michael Imperato
Akmal Hanuk

Independent Member – Legal (Chair)
Independent Member - Local Community

In attendance:

Nicky Bevan	Head of Employee Health and Wellbeing Services (for agenda item HSC: 19/005)
Charles Dalton	Head of Health and Safety
Martin Driscoll	Director of Workforce and OD
Stuart Egan	Staff Lead for Health and Safety
Abigail Harris	Director of Planning
Fiona Jenkins	Director of Therapies and Health Sciences
Fiona Kinghorn	Interim Director of Public Health
Geoff Walsh	Director of Capital, Estates and Facilities
Peter Welsh	Senior Manager Lead for Health and Safety

Apologies:

Carol Evans	Assistant Director of Patient Safety and Quality
Nicola Foreman	Director of Corporate Governance

Secretariat:

Rachael Daniel	Health and Safety Adviser
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PART 1

HSC: 10/001 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

HSC: 19/002 DECLARATIONS OF INTEREST

The Chair invited Committee Members to declare any interest in the proceedings included in the agenda. None were declared.



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The minutes of the Health and Safety Committee held on the 9th October 2018 were **APPROVED** and **ACCEPTED** as a true record with the exception of the following minor amendments:

- (i) Title of Fiona Kinghorn should read Interim Director of Public Health
- (ii) Abigail Harris, Director of Planning's apologies to be recorded.

The Committee **RECEIVED** the Updated Action Log from the previous meeting.

Mr Imperato welcomed Mrs Nicky Bevan, Head of Employee Health and Wellbeing Services to the meeting.

Mrs Bevan informed the Committee ways to improve access to the service were currently being looked at. There was approximately a two week waiting time from self-referral to resource appointment, with then between 18 – 19 weeks waiting time to see a Counsellor which was below the 26 weeks Welsh Government target. Mrs Bevan explained the purpose of the resource appointment was to establish the appropriate intervention required e.g. self-help, counselling or onward signposting to GP and other specialist services, rather than going straight on to a counselling waiting list and added that approximately 30 – 40% of self-referrals are discharged at the resource appointment stage.

The Head of Health and Safety queried whether there was any fast tracking available for staff showing signs of PTSD. Mrs Bevan confirmed there was with the Health Board being the only one in Wales with a designated PTSD service for employees who have experienced traumatic events at work and is delivered by a specialist Psychologist and is paid for separately but accessed through Occupational Health or the Employee Wellbeing Service.

The Staff Lead for Health and Safety stated that whilst there was a fast track for the excellent physiotherapy service there was not one of stress and was also aware that the number of referrals were increasing with staff having to wait 18 – 19 weeks before starting the recovery process. Mrs Bevan advised fast tracking was being looked at on All Wales basis.

The Director of Capital, Estates and Facilities supported Mr Egan's comments as the waiting time for stress was having an impact on long term sickness with the aim of helping staff to return work. Mrs Bevan stressed that staff are not abandoned for 18 weeks following their 1st face to face meeting and are given a lot of information and self-help guidance.

The Director of Workforce and OD stated every corporate function had a cost reduction target of 14% which inevitably has an impact on services and it difficult to prove whether more investment would reduce sickness levels.

The Independent Member – Local Community queried whether a differentiation was made between work related and home related stress. Mrs Bevan advised it was grouped as work related, non-work related and combination of both and usually the latter was the main cause. Mrs Bevan added targeted interventions were also undertaken i.e. bereavement.

The Committee **NOTED** the update and progress of the Employee Wellbeing Service.

ASSURANCE was provided by:

- Ongoing monitoring of the Employee Wellbeing Services' waiting times in comparison to Welsh Government targets.
- Bi-monthly reporting to the Health and Wellbeing Advisory Group.

HSC: 19/006 REVIEW OF THE COMMITTEE'S TERMS OF REFERENCE

The Health and Safety Adviser advised following discussions at the last meeting the Terms of Reference had been slightly amended to reflect that patient health and safety falls referred predominately to the environment and the clinical implications of patient falls would still be considered by the Quality, Safety and Experience Committee.

Membership had also been discussed and it had been clarified that Executive Directors were mandatory members of the Committee.

The Terms of Reference were **RATIFIED** by the Committee.

HSC: 19/007 OBLIGATORY RESPONSE TO VIOLENCE IN HEALTHCARE

The Senior Manager Lead for Health and Safety informed the Committee this document now replaces the memorandum of understanding and a considerable amount of work had taken place by all parties involved to make it known at an operational level.

The Independent Member – Local Community stated this was very welcome as had recently met with Security Staff who frequently experienced unpleasant verbal abuse and specifically referenced taxi drivers which was unacceptable. Mr Welsh advised it's not just physical abuse that can be taken forward and the Security Officers would be fully supported by the Health Board, they can also record any incidents on their body cameras.

The Interim Director of Public Health advised the majority of taxi drivers are licenced so this can formally be raised.

HSC: 19/008 BOARD ASSURANCE FRAMEWORK (BAF)

The Director of Planning informed the Committee the BAF had been updated and was approved by Management Executive on 21st January 2019 and would now be presented to Board on 31st January 2019.

This was **NOTED** by the Committee

HSC: 19/009 PEDESTRAIN ACCESS SAFETY STRATEGY – PROGRESS UPDATE

The Director of Capital, Estates and Facilities informed the Committee the final draft had now been received. He advised the independent report identified three high risk areas which require a range of footpath, crossing points and management improvements.

- Allensbank Road entrance to the roundabout adjacent to the multi-storey car park.
- Residential Road/Heath Park Way delivery/logistics areas.
- Access from footbridge over A48/Dental car park 6 to Gateway Road.

The report also highlighted that consideration be given to making unofficial paths into permanent footpaths.

The Director of Therapies and Health Sciences queried whether the report just referred to UHW as there would be pedestrian access issues on other sites. The Director of Planning clarified the report only referred to UHW, however any identified areas of concern should be raised with Mr Walsh. Mr Walsh added pedestrian crossing improvements had already been made at UHL. The Staff Health and Safety Lead stated the priority areas raised in the report needed to be confirmed as a lack of visibility on a number of pedestrian crossings was a greater risk than those identified. Mrs Harris suggested any concerns be raised with Mr Walsh outside of the meeting.

The Head of Health and Safety stated that whilst the survey was related to UHW only the approach should be embedded in any new development plans.

The Chair requested the independent report be presented to the next meeting.

ACTION – Mr G Walsh

The contents of the Independent Report was **NOTED** by the Committee.

HSC: 19/010 FIRE SAFETY MANAGEMENT AND COMPLIANCE REPORT

The Director of Capital, Estates and Facilities informed the Committee following receipt of the enforcement notice for Hafan y Coed regular monitoring and proactive action had taken place to prevent further fire incidents, and due to the level of work undertaken by the Clinical Board the

enforcement notice had been lifted by the Fire Service. Mr Walsh paid tribute to the Mental Health Clinical Board and in particular to Darren Shore, Senior Nurse Manager who had undertaken an exceptional job and the Fire Service were greatly reassured by his input.

The report was **CONSIDERED** and **NOTED** by the Committee in relation to the on-going work to meet the requirements of fire enforcement compliance.

ASSURANCE was provided by:

- Identified fire enforcement compliance and safety were being appropriately managed.

**HSC: 19/011 AMENDEMENTS TO SMOKING POLICY
ARRANGMENTS AT HAFAN Y COED MENTAL
HEALTH HOSPITAL TO MEET THE FIRE
ENFORCEMENT NOTICE ISSUED**

The Interim Director of Public Health informed the Committee that following the discussions at the last meeting, she convened a meeting with the Mental Health Clinical Board, Fire Safety, Estates and Health and Safety to discuss controlling the fire safety risks associated with ignition/smoking sources. These discussions included adapting the approach to the smoking ban and revisions of the smoking control.

Given the challenge posed by instituting a complete ban in external mental health grounds, the following actions have been agreed:

- Retaining the smoking ban in areas where it had been successful – older people's wards, low secure wards and neuropsychiatry (50% of all mental health wards)
- Within assessment and potentially rehabilitation wards, a controlled smoking ban be implemented, where patients are allowed restricted access within the adjoining garden areas in Hafan y Coed and Ozzy lighters re in-instated on walls.
- Mental Health Clinical Board and the Public Health team would continue to work together to apply all possible measures around supporting patients to give up smoking, including a strengthening of the approach in community mental health.
- Continued vigilance by staff with regard to room inspections, removing lighters and use of the metal detectors would also be needed.

The above actions were approved by Management Executive and was agreed they would be reviewed in 6 months.

Mrs Kinghorn commended the Mental Health Clinical Board, Fire Safety and Health and Safety Teams for their approach in resolving this challenging issue.

The Director of Planning stated whilst improvements in Hafan y Coed was a positive step forward, a report to Management Executive highlighted there was only limited assurance for fire safety management. It was noted Clinical Boards do not regularly attend the Fire Safety Group and she has written to Steve Curry, Chief Operating Officer advising that attendance to the Fire Safety Group from all Clinical Boards was essential, he in turn would be raising with the Clinical Board's Director of Operations.

The Independent Member – Local Community requested reassurance on the Health Board's overall policy for fire evacuation. Mrs Harris advised there were very clear protocols for fire evacuation but it was difficult to test as don't have a free ward. She added fire training was the only statutory requirement and there had been a significant improvement in fire safety training compliance. Mr Hanuk was reassured by this.

The Committee **NOTED** the revision of the smoking controls within the Mental Health Clinical Board at Hafan y Coed.

HSC: 19/012 ENFORCEMENT AGENCIES CORRESPONDENCE REPORT

The Head of Health and Safety advised there were 3 new issues since the last meeting, these being:

- Hand arm vibration regulatory requirements following the submission of a RIDDOR event within the Dental Clinical Board.
- Cardiff University Category 3 Laboratories.
- Workplace concerns around vehicle and pedestrian risks outside the Dental Hospital.

Mr Dalton reported information was supplied to the HSE in relation to the hand arm vibration RIDDOR and vehicle and pedestrian risks outside Dental Hospital, and based off that information the HSE has advised no further action to be taken.

In relation to the Cardiff University Category 3 Laboratories this is still on-going with a response being prepared by the Capital, Estates and Facilities Service Board. The Director of Therapies and Health Sciences stated the Clinical Diagnostics and Therapeutics Clinical Board should also be involved as they have management responsibilities for laboratories.

ACTION – Mr G Walsh/Mr C Dalton

The report was **RECEIVED** and the Committee **AGREED** that appropriate actions were being pursued to address the issues raised.

ASSURANCE was provided by:

- The continued investigations, actions and monitoring referred to within the report.

HSC: 19/013 CHANGES IN SENTENCING UPDATE

The Head of Health and Safety informed the Committee that whilst previously offences incurred record fines there was now the enhanced likelihood of lengthier custodial sentences.

The report was **NOTED** by the Committee.

ASSURANCE was provided by:

- The Health Board's Health and Safety Policy and Executive management arrangements.

HSC: 19/014 HEALTH AND SAFETY IMPROVEMENT PLAN – EXCEPTION REPORT

The Head of Health and Safety informed the Committee the detailed improvement plan now segregates the milestones from actions.

The Chair requested the co-ordinator leads for the 4 projects attend future meetings to update the Committee on progress made.

ACTION – Mr C Dalton

The improvement plan was **RECEIVED** and **CONSIDERED** by the Committee.

REASONABLE ASSURANCE was provided by:

- The demonstration of progress against each strategic area and highlighting further actions required within set timescales.

HSC: 19/015 HEALTH AND SAFETY RELATED POLICIES SCHEDULE

The updated schedule was received by the Committee. The Health and Safety Adviser informed the Committee the Security Services Policy was being reviewed in line with Personal Safety and Security Strategy Group arrangements and would be brought to the April meeting

ACTION – Mr G Walsh

It was noted a number of policies that had a health and safety inference but were approved by other Committees were out of date. The Director of Planning suggested if a policy did not require any changes it may be appropriate to extend the review date.

The Senior Manager Lead for Health and Safety commented the policy schedule was an excellent way of tracking policies and suggested an extra column be added for comments on position status, this was **AGREED** by the

Committee. The Director of Capital, Estates and Facilities added he found the schedule to be very helpful.

ACTION – Miss R Daniel

The Chair raised a general point for all policies, what happens at the ground level and how do all staff know about them and what their responsibility is. The Head of Health and Safety advised that once a policy has been approved the Operational Health and Safety Group and Clinical Board's Health and Safety Groups would be informed and Clinical Board would then have the responsibility of disseminating through their management structures, however this could not give assurance that all staff had a knowledge/awareness of all policies. Mr Walsh added it was more important for the relevant part of the policy to be given to the right staff. The Director of Therapies and Health Sciences stated that this was broader than just health and safety and would need the involvement of the Communications Team.

Mr Imperato requested Mr Dalton give some thought on how this could be achieved.

ACTION – Mr C Dalton

HSC: 19/016 LATEX ALLERGY POLICY

The Health and Safety Adviser informed the Committee informed the Committee amendments made to the Policy were in relation to managerial changes and policy format.

The policy was **APPROVED** by the Committee.

HSC: 19/017 ENVIRONMENTAL POLICY

The Director of Capital, Estates and Facilities informed the Committee amendments made to the Policy were in relation to managerial changes and policy format.

The policy was **APPROVED** by the Committee.

HSC: 19/018 CLOSED CIRCUIT TELEVISION (CCTV) POLICY

The Director of Capital, Estates and Facilities informed the Committee amendments made to the Policy were in relation to managerial changes and policy format.

The Staff Lead for Health and Safety raised concerns in relation to the number of cameras that were not working as this gives staff a false sense of security. Mr Walsh advised he was not aware of any cameras being out of action and requested Mr Egan provide him with details so that he can raise with the Security Manager.

The policy was **APPROVED** by the Committee.

PART 2

HSC: 19/019 COMMITTEE WORK PROGRAMME FOR 2019/20

The Work Programme for 2019/20 was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/020 HEALTH AND SAFETY IMPROVEMENT PLAN (IN DETAIL)

The improvement plan was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/021 WASTE MANAGEMENT COMPLIANCE REPORT

The report was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/022 ENVIRONMENTAL HEALTH INSPECTION REPORT OF WARD BASED CATERING, UNIVERSITY HOSPITAL OF WALES ON 23RD AUGUST AND WARD BASED CATERING, ROOKWOOD HOSPITAL ON 17TH JULY 2018

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 4 had been achieved.

HSC: 19/023 ENVIRONMENTAL HEALTH INSPECTION REPORT OF WARD BASED CATERING, LANFAIR UNIT, UNIVERSITY HOSPITAL LLANDOUGH ON 16TH OCTOBER 2018

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 4 had been achieved.

HSC: 19/024 OPERATIONAL HEALTH AND SAFETY GROUP MEETING OF AUGUST 2018

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/025 FIRE SAFETY GROUP MINUTES OF SEPTEMBER 2018

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/026 WATER SAFETY GROUP MINUTES OF SEPTEMBER 2018

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/027

**REVIEW OF THE MEETING AND ITEMS TO BRING TO
THE ATTENTION OF THE BOARD OR OTHER
COMMITTEES**

The Chair stated that good constructive points were raised as part of the discussions which will result in a number of challenges for the Head of Health and Safety.

HSC: 19/028

DATE AND TIME OF NEXT MEETING

The next meeting will be held at 9.30am on Tuesday 9th April 2019 in the Corporate Meeting Room, HQ, University Hospital of Wales.

Signed

Date

UP DATED ACTION LOG

NB: Following presentation to the Committee meeting in January 2019, those actions completed have been removed

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
HSC: 18/147	10/07/18 & 9/10/18	CRAF	To provide an update on the roll out of the revised CRAF. Health and Safety Risks to be presented to the Committee.	Mrs Nicola Foreman	ACTION UNDERWAY Update to be given to April 2019 meeting
HSC: 18/177	9/10/18 & 22/01/19	Pedestrian Safety Strategy	Full survey and update to be presented to the April meeting.	Mr Geoff Walsh	COMPLETED Survey and paper to be presented to April 2019 meeting
HSC: 19/012	22/01/19	Enforcement Agencies Correspondence Report	CD&T Clinical Board to be involved in the Category 3 Laboratory discussions.	Mr Geoff Walsh/Mr Charles Dalton	COMPLETED
HSC: 19/014	22/01/19	Health and Safety Improvement Plan	Project Leads to be invited to future meetings to update Committee on progress.	Mr Charles Dalton	COMPLETED

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
HSC: 19/015	22/01/19	Heath and Safety Policy Schedule	Extra comments column to be added to the schedule	Miss Rachael Daniel	COMPLETED
HSC: 19/015	22/01/19	Health and Safety Policy Schedule	Assurance required in respect of policy knowledge at all levels.	Mr Charles Dalton	ACTION UNDERWAY

Report Title:	PEDESTRIAN ACCESS STRATEGY – Progress Update					
Meeting:	Health and Safety Committee				Meeting Date:	9/4/2019
Status:	For Discussion		For Assurance		For Approval	For Information v
Lead Executive:	Director of Planning					
Report Author (Title):	Director of Capital Estates and Facilities (02920 743761)					

SITUATION

The Health Board has engaged an external organization to undertake a Pedestrian Access study at University Hospital of Wales and from the findings develop costed recommendations for improved access and safety. This report provides a progress update for the study and details the preliminary recommendations.

BACKGROUND

Introduction

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

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

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

Traffic and Transport Management

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

The UHB's Transport and Travel Team have been developing a range of promotional and infrastructure measures to encourage patients, visitors and staff to consider alternative methods to travel to the UHB, to reduce traffic congestion, improve Health and Safety and curb vehicle emissions.

Pedestrian Incident

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

Pedestrian Access Strategy

ARUP were appointed to undertake and develop a Pedestrian Access Strategy including additional advice and support for pedestrian safety in the tunneled areas at UHW.

The objectives of the study were to:

- Identify the current pedestrian access arrangements, suitability and areas of risk and opportunity.
- Develop proposals for the implementation of a Pedestrian Access strategy.
- Action plan and next steps

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

ASSESSMENT

Progress Update

The final report has now been received and the following is a summary of the recommendations to be implemented at UHW:

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

Preliminary indications show that the areas of highest risk are:

- Allensbank Road entrance to the roundabout adjacent the multi-storey car park.
- Residential road / Heath Park way delivery / logistics areas.
- Access from footbridge over A48 / Dental Car park 6 to Gateway road.

These areas require a range of footpath, crossing points and management improvements.

Traffic Management and Transport Strategy

A Sustainable Transport Strategy is to be developed for the UHB which will include:

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

It is proposed to review and blend the Pedestrian Access Strategy and associated recommendations into the strategy. An external Highways and Engineering Consultant ADL has been appointed and will commence this work in April 2019, with an anticipated draft Sustainable Transport Strategy completed by December 2019. The pedestrian access elements and requirements will be developed by ADL as part of this overarching strategy and will include pedestrian strategy developments for all main UHB sites.

Program of Works

- April 2019: Project start up meeting.
- April 2019: Policy review and development.
- May/June 2019: Site and staff audits and surveys.
- July to Sept 2019: Preparation of traffic and transport plans.
- October/November 2019: Stakeholder discussions and finalization of plans.
- December 2019: Submission of final Sustainable Transport Strategy

ASSURANCE is provided by:

RECOMMENDATION

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

Shaping our Future Wellbeing Strategic Objectives

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

1.Reduce health inequalities		6.Have a planned care system where demand and capacity are in balance	
2.Deliver outcomes that matter to people	✓	7.Be a great place to work and learn	

3. All take responsibility for improving our health and wellbeing	√	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	√
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>			
Prevention	√	Long term	√
		Integration	
		Collaboration	
		Involvement	√
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.		

Kind and caring
 Caredig a gofalgwr

Respectful
 Dangos parch

Trust and integrity
 Ymddiriedaeth ac uniondeb

Personal responsibility
 Cyfrifoldeb personol

Cardiff and Vale University Health Board

Pedestrian Strategy Strategy Report

Final issue | 4 February 2019

This report takes into account the particular instructions and requirements of our client.

It is not intended for and should not be relied upon by any third party and no responsibility is undertaken to any third party.

Job number

Ove Arup & Partners Ltd
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Glossary

Banksperson	Person with the relevant qualification to direct vehicles, particularly Heavy Goods Vehicles (HGVs)
Coherence	The logic and consistency of a route or strategy
Controlled crossing	A pedestrian crossing controlled by signals
Cycle superhighway	Routes being deployed as part of Cardiff Councils Cycling Primary Routes
Cycling Primary Routes (CPR)	Cycle network currently being developed by Cardiff Council
CVUHB	Cardiff and Vale University Health Board
Discontinuity/Discontinuous	Lack of continuity i.e. gaps in provision
Desire line	The path that represents the most convenient route between an origin and destination
Legibility	The clarity of information provided, usually in relation to wayfinding
Mode share	Percentage of travellers using a particular form of transport
Rat running	A minor route used by drivers during peak periods to avoid congestion on main roads
Stakeholder	An individual or group with an interest or concern in a given subject
The Site	Heath Hospital
Travel Plan (TP)/Framework Travel Plan (FTP)	A document comprising measures and actions to alter the existing modal split of a site
Two-way cycle lane	Two adjoining cycle lanes allowing travel in each direction normally adjacent to one side of the road
UHW	University Hospital of Wales
Uncontrolled crossing	A pedestrian crossing which is not controlled by signals, or pedestrians crossing where no infrastructure is in place
Wayfinding	All of the ways which people orient themselves in physical space and navigate from place to place
Walking Route Audit Tool (WRAT)	Tool developed as part of the Welsh Active Travel Design Guidance to assist with the auditing of walking routes

Executive Summary

This Pedestrian Strategy has been prepared for the University Hospital of Wales (UHW) Campus by Ove Arup and Partners Limited (Arup). The aim of the study is to provide the health campus with a set of measures that will improve safety, legibility and the overall travel experience for its users.

The focus of this study is road safety and pedestrian connectivity through environmental enhancement and intuitive wayfinding.

To understand the nuances of the UHW campus and develop recommended improvements an iterative process took place through multiple site visits, stakeholder engagement and desk-based study.

To supplement the observations made on site a Walking Route Audit Tool (WRAT) was utilised to quantify the quality of the various internal walking routes and prioritise the need for improvement. The auditing methodology targeted core design outcomes for pedestrian infrastructure, including attractiveness, comfort, directness, safety and coherence. The results of this study are shown in Figure 1 overleaf alongside accidents recorded on the site.



Figure 1 Results of WRAT and accident data for January 2015 – February 2018

A combined stakeholder event for UHW and University Hospital Llandough (UHL) Stakeholder Engagement event was attended by several representatives from the Cardiff & Vale University Health Board (CVUHB), Cardiff Bus, Stride Treglown and Gleeds.

The meeting was an open forum to discuss transport issues across the CVUHB, with the primary goal being to consider safety and sustainable travel at UHW. This was an opportunity for the Stakeholders to discuss, critique and expand on Arup's initial thoughts which included outline proposals for the site.
















Based on the Stakeholder Workshop, and the studies undertaken by Arup, recommendations have been made that aim to target areas identified as having poor pedestrian provision and amenity. These have been outlined below as packages of work which each focus on different aspects of the hospital site and are able to be implemented either in a phased approach or a complete package depending on feasibility.


The list of proposals has been summarised in Table 1 alongside indicative costs*. A risk assessment has been undertaken for the existing situation and with the proposed mitigation in place, they have been scored either low, medium or high risk. This can be found in more detail under Section 7 of the report.

The red, amber and green (RAG) rating relates to high priority items that need to be addressed (●), medium priority items should be considered (●) and improvements that could be considered within a long-term plan (●). An additional category has identified for items with the highest priority (●).

Table 1 Summary of proposals

Ref	Proposals	Risk Before	Risk After	Cost*	Priority
1. King George Drive East					
1.1	Pedestrian crossing, approx. 70m from Allensbank Road entrance	H	L	<£10,000	●
1.2	Widen pedestrian footway along the north side of King George V Drive East outside the Medicentre	L	L	£10,000 - £20,000	●
1.3	Remove bus embayment on the northern carriageway of King George V Drive East	L	L	£10,000 – £20,000	●
1.4	Realign junction mouth at the entrance to the staff car park (southern carriageway)	M	L	£20,000 – £40,000	●
1.5	Pedestrian crossing at Allensbank Road/King George V Drive E	H	L	£10,000 - £20,000	●
1.6	Provide a continuous two-way cycle lane along the northern carriage way linking to the proposed Cycle Primary Routes (CPR)	M	L	£200,000 - £250,000	●
Total cost of corridor improvements				£260,000-£360,000	

2. Heath Park Way Roundabout					
2.1	Roundabout improvements, including removing cyclists from the roundabout with a dedicated two-way cycle lane	H	L	£200,000 - £250,000	
2.2	Decking the staff car park on King George V Drive East	L	L	>£600,000	
Total cost of corridor improvements				£850,000+	
3. Heath Park Way (east)					
3.1	Improvements at the service yard entrance, removing the dropped kerb.	H	L	£10,000 - £20,000	
3.2	Realign pedestrian crossings at the northern end of Heath Park Way to match with desire lines	H	M	£10,000 – £20,000	
3.3	Remove on street parking adjacent to existing and proposed pedestrian crossings	M	L	£10,000 – £20,000	
3.4	Footpath continuity along both the west and eastern carriageways	L	L	£40,000 - £60,000	
3.5	Improve link into Heath Park	L	L	<£10,000	
3.6	Wheel stops on the east west link outside the Health Library	M	L	£10,000 - £20,000	
Total cost of corridor improvements				£80,000- £150,000	
4. Entrance from Gabalfa interchange					
4.1	Road realignment into car park from Gabalfa interchange	H	M	£200,000 - £250,000	
4.2	Provide a continuous pedestrian footpath and route into the site and across the existing car park	H	L	£10,000 - £20,000	
4.3	Segregated and continuous cycle route into the site, across the existing car park	H	L	£60,000 - £100,000	
Total cost of corridor improvements				£270,000- £370,000	
5. The Gateway					
5.1	Improved pedestrian route continuity along The Gateway	M	M	£20,000 – £40,000	
5.2	Continuous segregated two-way cycle lane	M	L	£250,000- £300,000	
Total cost of corridor improvements				£270,000 - £340,000	
6. King George V Drive E (MSCP)					
6.1	Provide continuous pedestrian route towards A&E along the northern carriageway	M	L	£200,000- £250,000	
6.2	Provide a continuous segregated two-way cycle lane	M	L	£10,000 - £20,000	
Total cost of corridor improvements				£210,000 – £270,000	

7. Heath Park Way Entrance					
7.1	Realignment of pedestrian crossing	L	L	£10,000 - £20,000	
Total cost of corridor improvements				£10,000 - £20,000	
8. Site wide measures					Cost*
8.1	Signage and information scheme	Physical			>£600,000
8.2	Review and provision of continuous level access routing	Physical			<£10,000
8.3	Wheels stops	Physical			<£10,000
8.4	Consistent speed control	Physical			<£10,000
Total cost of physical site wide measures				>£630,000	
8.5	Off site service vehicle consolidation	Management			
8.6	Bankspreon at peak times at service areas	Management			
8.7	Ban logistics vehicles from entering the site at peak times	Management			
8.8	Implement measures set out in the Travel Plan	Management			
8.9	Adverse weather management procedures	Management			
8.10	Accident log and yearly review	Management			

* All costs are provided as an approximation and will vary dependent on the detailed design and combination in which they are implemented. These should therefore be taken only as indicative costs for further refinement.

Alongside the above recommendations the following good practice has also been observed at the site:

- Frequent and well-located cycle parking throughout the hospital site;
- Continuous, unobstructed and wide footways along Heath Park Way north of Noah's Ark children's hospital;
- Generally good provision of zebra crossings across the site; and
- Low traffic speeds due to road layouts reducing risk to pedestrians.

1 Introduction

This Pedestrian Strategy has been prepared for University Hospital of Wales (UHW) Campus by Ove Arup and Partners Limited (Arup). The aim of the study is to provide the campus with a set of measures that will improve safety, legibility and the overall travel experience for its users.

The focus of this study is road safety and pedestrian connectivity within the UHW campus. This has been prompted by recent accidents on the site which are outlined in Section 0. It is considered that improving pedestrian legibility and connectivity on the campus will have knock on effects to safety. The study therefore considers the range of transport modes within the site and how these interact.

In parallel with this study Arup has developed a Framework Travel Plan (FTP) for UHW on behalf of Gleeds Management Services Limited (GMS). The aim of the FTP is to reduce the mode share of single occupancy vehicles through the recommendation of a suite of measures targeted at changing staff – and by extension all site user - travel behaviour through enabling infrastructure and management solutions. By investing in infrastructure for vulnerable road users and improving legibility, as outlined in this Pedestrian Strategy, the FTP will be supported in achieving its targets.

As a hospital site UHW caters for people with a variety of needs. Stakeholder engagement has been an important part of this study to ensure that the suite of proposed improvements is inclusive.

2 Policy Compliance

2.1 Shaping Our Future and Wellbeing Strategy 2015 - 2025

In 2015 The Cardiff and Vale University Health Board (CVUHB) released a 10-year strategy. The document describes the challenges faced by the health board and the steps that they intend to take to achieve their vision. The following themes have been summarised and have been considered when developing this Pedestrian Strategy.

- **Wellbeing** - support people in choosing healthy behaviours, and support healthy lifestyles in and out of work;
- **Culture** - build an environment that attracts staff to train in Wales;
- **Healthcare Challenges** – there is an increasing elderly population, and obesity is rising;
- **Inclusion** - provide services safely and effectively wherever people live and whoever they are;
- **Sustainability** - assess the needs of the local population, assess how services are best provided, monitor, evaluate and improve;
- **Collaboration** - services need to be developed with users and providers; and
- **Digital** – pursue efficient and effective use of technology,

2.2 Cardiff Local Transport Plan 2015 – 2020, City of Cardiff Council (2015)

Cardiff Council (CC) has a Local Transport Plan (LTP) which has been approved by the Welsh Government. The LTP identifies the key transport issues relevant to Cardiff, the improvements which are required to address these issues and a prioritised five-year programme of schemes which outlines the infrastructure schemes to be delivered within each financial year. The proposed programme outlined in the LTP includes several aims including the following:

- Developing strategic public transport network;
- Developing active travel network;
- Positively managing the highway network to support sustainable travel; and
- UHW identified as a key partnership for improvements to transport services and facilities to improve access.

2.3 Wales Active Travel Act 2013

Enacted in 2013 by the National Assembly for Wales, the Active Travel (Wales) Act 2013 requires local authorities in Wales to map and plan for suitable routes for active travel, and to build and improve their infrastructure for walking and cycling every year. The focus on increasing active travel in order to improve the health and wellbeing of the population is in line with the CVUHBs *Shaping Our Future and Wellbeing Strategy*.

The Active Travel Act provides a vision alongside actionable targets to increase active travel to within and between community facilities, such as hospitals, by enhancing provision for them. It also requires both the Welsh Government and local authorities to promote walking and cycling as a mode of transport so that local communities rely less on cars when making short journeys.

2.4 Wales Transport Strategy: One Wales – Connecting the Nation (2008)

In informing the strategic priorities of the National Transport Plan (NTP), the Wales Transport Strategy identifies a range of outcomes that should be achieved over the longer term. These include the need to promote sustainable transport networks for improved connectivity and reliability. The following key principles are identified as critical to the future transport policy agenda:

- achieving a more effective and efficient transport system;
- achieving greater use of the more sustainable and healthy forms of travel;
- minimising demands on the transport system; and
- reducing the impact of transport on greenhouse gas emissions.

Particularly relevant for UHW as the largest health care provider in Cardiff is the strategy outcome relating to improved access to healthcare, to ensure all have access to the healthcare at the times they need it contributing to reduced social exclusion.

2.5 Reform of Car Parking Charges in the NHS in Wales 2008 Parking Reform

In 2008 the former Health minister for Wales announced that all hospital parking shall be free. This policy was subject to any existing contracts held by the parking management companies.

In the case of UHW, Indigo held a contract to manage their onsite parking until March 2018. As part of the contract a fee was applicable to anybody that wanted to use the parking facilities. As of June 2018, management was taken over by ParkingEye, and the UHW campus now offers free parking to all hospital visitors and staff.

2.6 The Inclusive Mobility Guidance

The Inclusive Mobility Guidance (1998) provides guidance on general minimum requirements for various users with different mobility needs. Considering the hospitals user demographic there is a heightened need to ensure all spaces are accessible for all users. Implementing measures which are beneficial to users with disabilities can also enhance amenity to all users, such as ample clear space on footpaths, frequent and well-placed benches for resting or clear and well-positioned signage. These standards have been considered throughout the development of this Pedestrian Strategy and its subsequent recommendations.

There is further guidance available which should be considered, however, these have been selected as some which are particularly applicable to the Hospitals current context:

- Desirable footpath width of 2000m which allows space for two wheelchair users to pass comfortably. A reduced width of 1500m may be acceptable in places, and should not drop below 1000m at any point and this width should continue for no more than 6 meters;
- Seating should be provided at reasonable frequencies to allow users to stop and rest. In frequently used pedestrian spaces seats should be provided at intervals of no more than 50 meters and where appropriate they should offer weather protection; and
- Ramps should not exceed a gradient of 8% to be accessible to manual wheelchair users, with the preferred standard of 5%. Ramps or paths with a greater incline than this may be prohibitively steep for manual wheelchair users and therefore be avoided.

3 Other Transport Studies

3.1 Sustainable Travel Plan 2012 to 2015

The three-year Travel Plan was developed in 2012. The following set of objectives were recommended:

- New bus services and bus access routes to UHW;
- Improve utilisation of the East Cardiff Park and Ride (P&R) site park;
- Introduction of inter-hospital shuttle buses for staff;
- New and improved cycle routes;
- More priority for pedestrians, cyclists and buses;
- More car parking for patients and visitors;
- Car parking reviews and allocation of permits;
- Tighter controls over parking on streets; and
- Development of a purposeful and focused communications package.

A monitoring programme was planned, conducting travel surveys annually and providing progress reports to the Welsh Government (WG).

3.2 Transport Study

Various traffic studies were conducted in 2014, 2015 and 2016 by others. These studies focussed on vehicular traffic through the site.

The studies identified congestion issues around Multi Storey Car Park (MSCP) and significant rat running through the site.

Part time traffic signals were introduced outside the MSCP, between the A48 off ramp and roundabout with King George V Drive, which allowed traffic out of the car park.

Traffic gates were installed along The Gateway outside A&E which prevent general traffic driving through. Subsequent traffic surveys suggest a 5% reduction in rat running traffic since the gates were installed. UHW are monitoring the situation with further opportunity to close the traffic gates at the northwest corner of the site.

3.3 Transport Hub

Plans for a sustainable transport hub have been developed by the Health Board. The hub is to be located south of the lake, adjoining the disabled car park, with a covered walkway to the main hospital concourse.

As well as retaining the disabled car park the transport hub will also include:

- A bus station and associated waiting facilities, consolidating all the bus stops around the site into a single location;
- Cycle storage and maintenance facilities for 200 staff bikes;
- W/C's for staff and visitors;
- Staff shower facilities;
- A coffee shop; and
- An elevated walkway directly into the MSCP.

3.4 Cardiff Cycle Primary Routes

Cardiff Council are currently developing proposals for a network of Cycle Primary Routes (CPR) around the city.

'Superhighway 1' has been proposed to run past UHW along King George V Drive. The route connects the city centre to the northeast suburbs of Cardiff.

The link between Gabalfa Interchange and Allensbank Road, through the campus, has also been identified as a route in Cardiff Council proposal.

4 Site Context

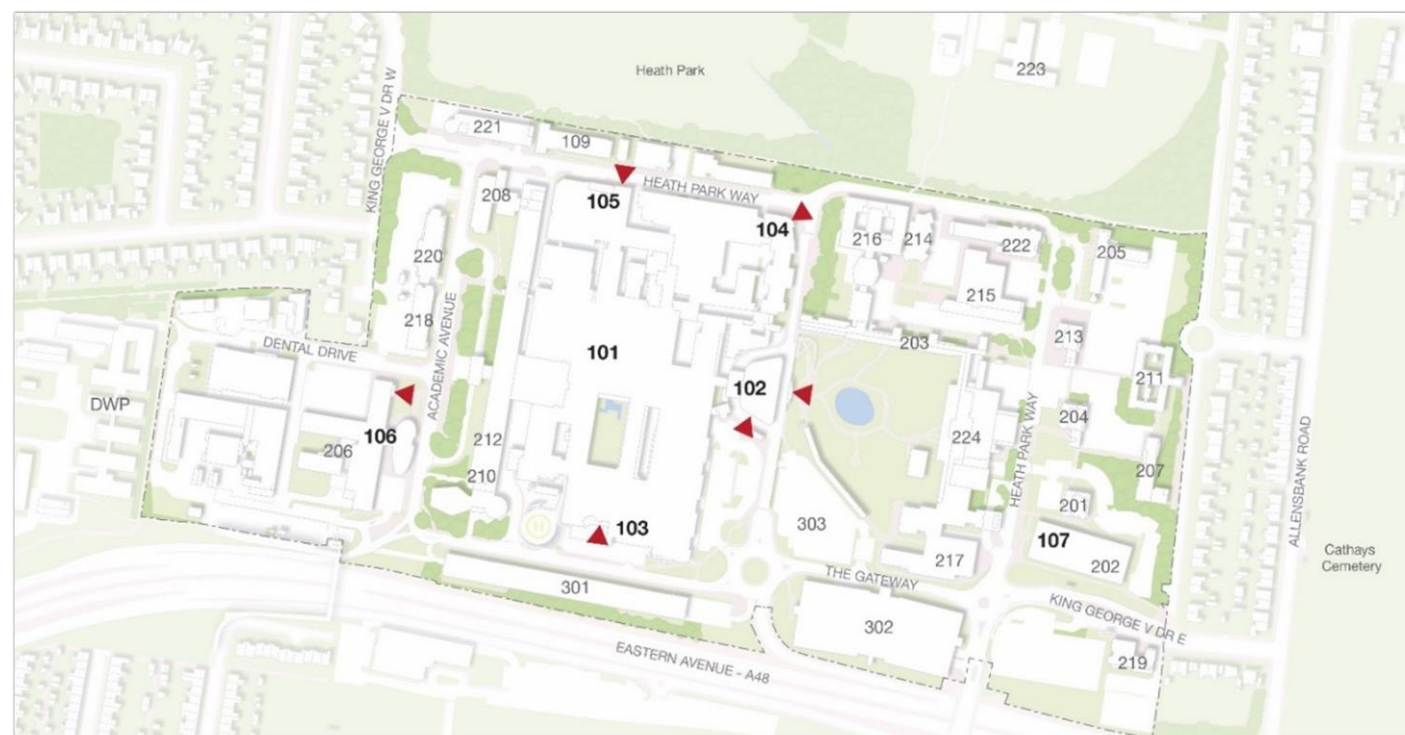
4.1 Site Overview

The UHW campus is situated in Heath, which is a northern district of Cardiff. The campus is bounded in each direction by:

- North, Heath Park which includes a public car park, playing fields and university facilities;
- East, some residents and Cathay's Cemetery;
- South, the A48 dual carriageway which provides strategic access for UHW; and
- West, the Department for Work & Pensions office and residential development.

A list of the UHW facilities are shown in Figure 2.

A detailed outline of the internal transport network and links to external routes are provided in Appendix A, in addition to detailed site observations which are provided in Appendix B.

**Key Patient Facilities**

- 101 Main Hospital
- 102 Reception/ Concourse
- 103 A&E/ Trauma
- 104 Children's Ward
- 105 Maternity Ward
- 106 Dental Hospital
- 107 Sports and Leisure

Main Car Parks

- 301 MSCP Short Stay
- 302 MSCP Long Stay
- 303 Disabled Parking
- ← Patient/ visitor entrances

Other UHW Buildings

201 Brecknock House	205 Denbigh House	212 Graduate Centre	220 Wales Heart Research
202 Cardiff Medicentre	206 Brian Cooke Dental Library	213 Pembroke House	221 Cancer Genetic Building
203 Cardigan House	207 Glamorgan House	214 Michael Griffith Education	222 IV Lounge
203 NHS Liaison Unit	208 Henry Welcome Building	215 Cochrane Building	222 Neuadd Meirionnydd
203 Student Support Centre	209 Inst. Medical of Genetics	215 Health Library	222 Postgraduate Education
204 Carmarthen House	210 Medicine	217 Sports & Social Club	223 College House
	211 Monmouth House	219 Tŷ Maeth	224 Lakeside Complex

Figure 2 Location Plan

4.2 Accident analysis

Accident data has been provided by UHW for incidents which have occurred on the internal road network in the last three years as shown in Figure 3. Analysis of the recorded accidents has been undertaken and informed by the site context and site observations which are set out in Appendix A and Appendix B respectively.

Three of the reported accidents were of a minor severity, five moderate and no fatal incidents were recorded within this timeframe. In addition to accidents which occurred, two “near miss” incidents were reported.

Of the recorded incidents, six involved a vehicle and a pedestrian and are predominantly located at zebra crossings throughout the site, two incidents involved two vehicles colliding and the final incident involved a cyclist and car.

Of the vehicle and pedestrian accidents two incidents were reported which involved a reversing van and a pedestrian. The first involved a staff member walking down the service entrance from Heath Park Way being struck by a reversing van who failed to see the pedestrian, this incident was categorised as moderate. The second involved a van reversing at the pharmacy loading area and being alerted by another driver of a pedestrian using the crossing behind the van resulting in a near miss.

There is a concentration of incidents in the south east of the site, particularly around the Heath Park Way / King George V Drive roundabout. Two of these incidents were caused by cars colliding with staff members using the zebra crossing across Heath Park Way. This area is anticipated to be redesigned as part of the Transport Hub proposals and has been considered for improvements as a larger corridor towards the King George V Drive roundabout as detailed in Section 7.

The cluster of incidents is likely caused as this is where primary pedestrian and vehicles routes towards the hospitals main entrance intersect.

The only incident recorded involving a cyclist also occurred at the Heath Park Way / King George V Drive roundabout, this incident was due to poor weather conditions and visibility.

An additional minor incident was recorded involving a forklift truck and a member of staff. However, the exact details and location of this incident are not known and therefore have not been included within the incident map.

In addition to the accidents shown for the 3-year period identified, a fatal accident which occurred in 2014 has also been included in Figure 3. This incident involved a member of staff crossing the road from A&E towards the car park on the south side of The Gateway being hit by a passing van. This was found to be an unfortunate accident, however, following on from this the area has been highlighted as a potential risk area due to potential for interactions between pedestrians and emergency vehicles.

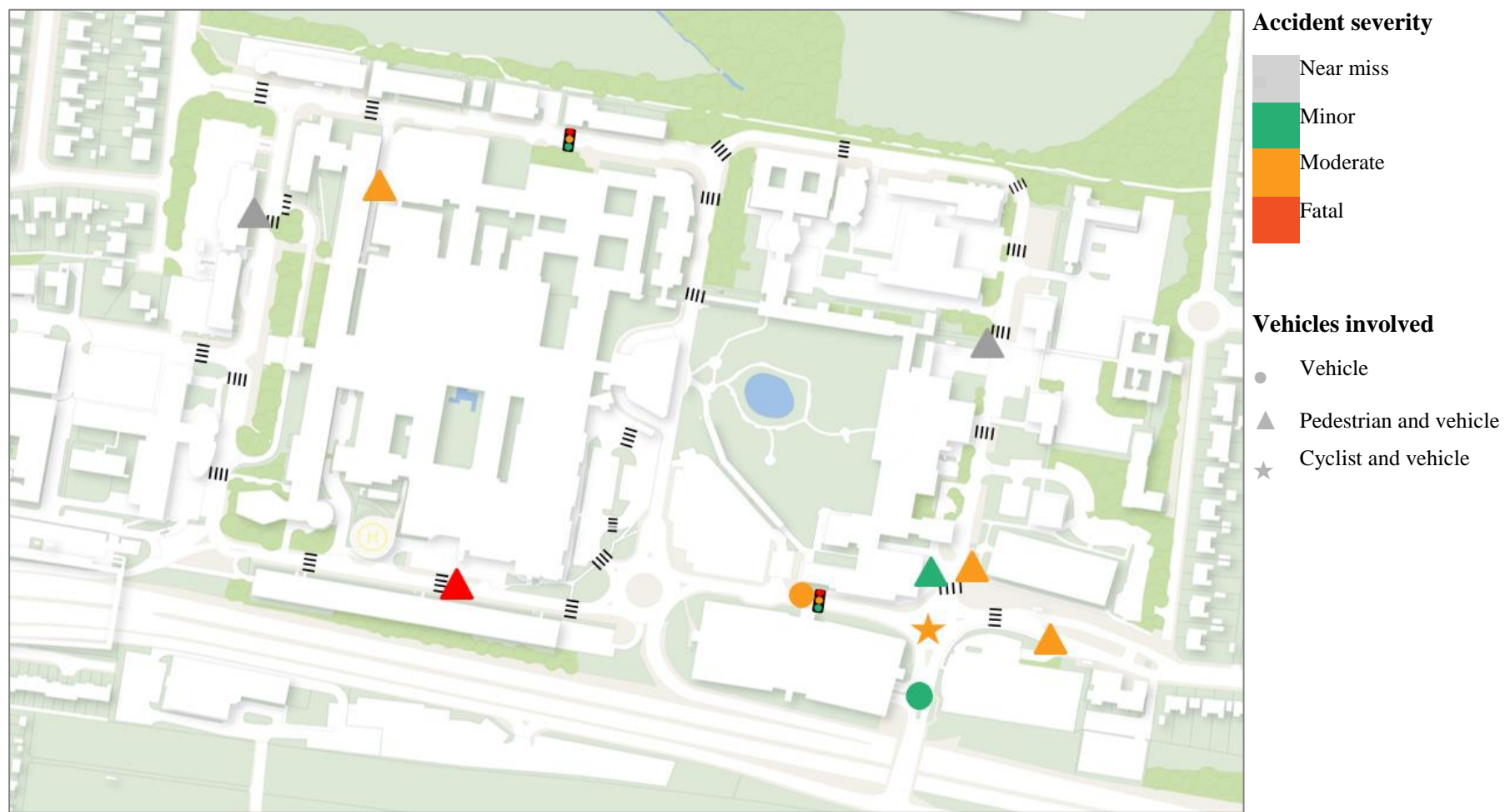


Figure 3 Accident data at UHW January 2015 – February 2018

4.3 Walking Route Audit

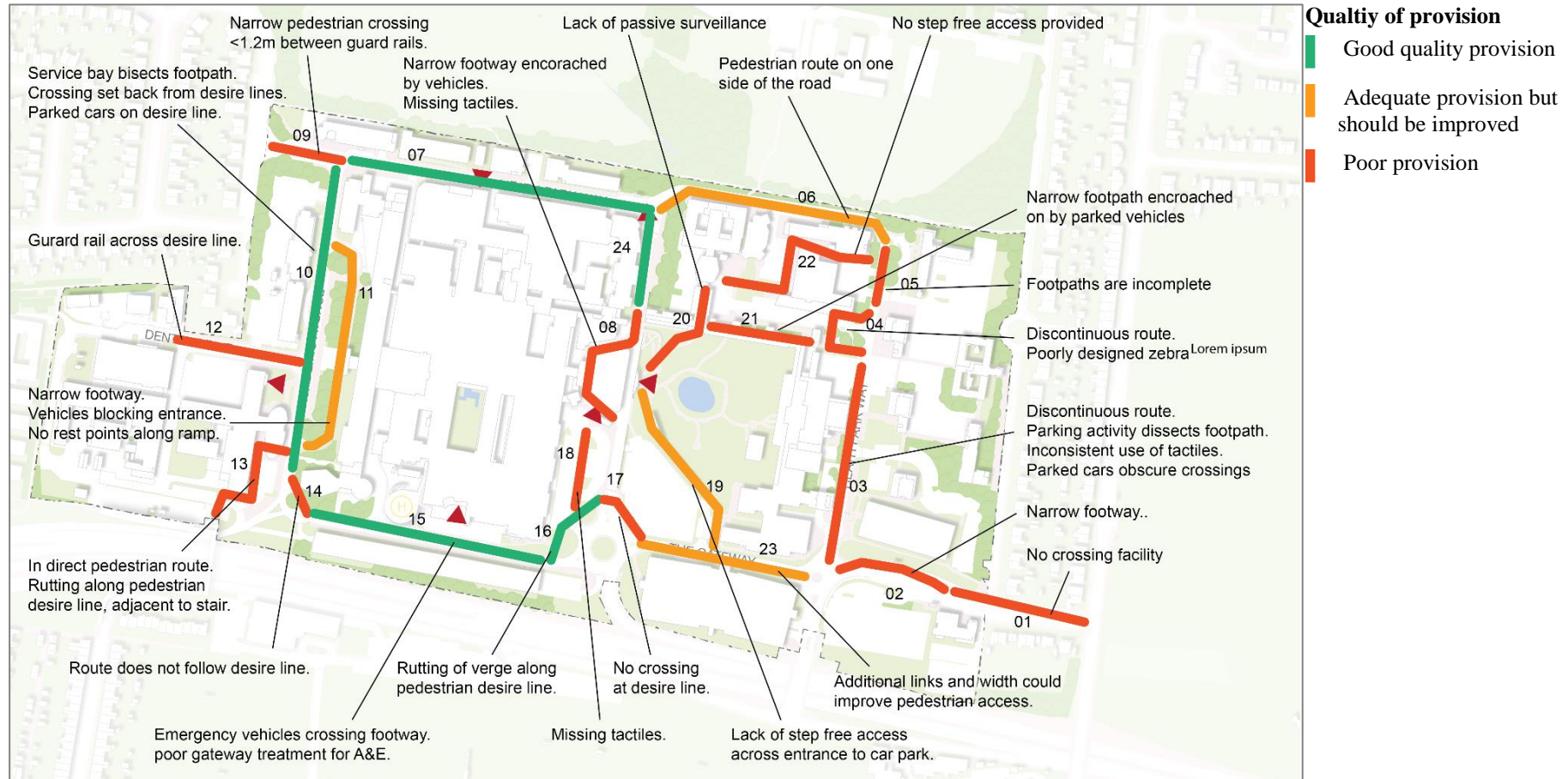
The Welsh Governments Walking Route Audit Tool (WRAT) has been utilised to identify the quality of the various internal walking routes within the UHW site and prioritise the need for improvement. The tool was developed as part of the Welsh Active Travel Design Guidance to assist with the auditing of walking routes. The auditing methodology targets the five core design outcomes for pedestrian infrastructure. These include attractiveness, comfort, directness, safety and coherence

For each of the five criteria there are several conditions which can be assigned a score of zero which is unacceptable, one which may need considering and two which represents a good example. If the route gains a score of over 70% it will be coded green as an acceptable route, if below this it will be amber and if any criteria is recorded as a zero the route is flagged as red. The full WRAT has been included in Appendix C of this report.

The results of the WRAT are displayed in Figure 4 overleaf. Due to the nature of the site and varied needs of its user's, consideration was given to the needs of vulnerable pedestrians while undertaking the assessment. During the WRAT the internal pedestrian network was broken into coherent lengths which had similar characteristics. This allowed the differences in provision to be identified and accurately represented.

Overall 24 discreet sections of road were identified and categorised. The eastern portion of the site around Heath Park Way which is largely made up of staff and student-based buildings was the poorer performing area while the newly redeveloped Heath Park Way entrance to Noah's Ark is the best performing area. More detailed analysis of specific routes is included below.

Figure 4 Walking Route Audit Tool



The two primary access routes into the site from King George V Drive East (section 01 and 02) and West (section 09) have been identified as having 'poor provision' within the WRAT. Section 01 was identified as an area of poor provision due to the lack of pedestrian crossing facilities, which causes frequent uncontrolled crossing along this section of road. In addition, this section typically had sufficiently wide pavements with varying levels of quality due to dropped kerbs and general use.

Section 09 was identified as having overall good provision with well-maintained pathways and wide footways allowing space for passing users. This was then marked as a zero due to the narrow island provided at the zebra crossings which may prevent wheelchair users from passing pedestrians comfortably.

Routes along Heath Park Way were identified as being poor quality overall, with the main issues identified through the WRAT being discontinuous walking routes which ended abruptly, were bisected by parked vehicles or did not link up appropriately to zebra crossing facilities. While walking in this area of the site zebra crossings are frequently placed, however, pedestrian routes along either side of the road are inconsistent and unclear.

The newly redeveloped section of Heath Park Way identified as sections 07 and 24 were rated as having good quality provision of walking routes due to wide footways with well-maintained surfaces.

Within the WRAT the Gateway outside of A&E was considered to have good provision for pedestrians, however, it was also noted that this may not reflect the quality of this area. This is largely due to a lack of clear wayfinding features including entrance enhancements and defined pathways.

Several mitigation measures have been developed to reduce the risk to vulnerable road users at the locations identified in the WRAT. Table 2 below outlines the suggested measures relating to each route identified in the WRAT. Further detail on the proposed mitigation is included in Section 7.

Table 2: WRAT actions

WRAT			Action	
Route	Observation	Rank	Ref	Commentary
1	No crossing facility		1.1	Pedestrian crossing, approx. 70m from Allensbank Road entrance
			1.5	Pedestrian crossing at Allensbank Road/King George V Drive E
2	Narrow footway.		1.2	Widen pedestrian footway along the north side of King George V Drive East outside the Medicentre.
3	Discontinuous route. Parking activity bisects footpath. Inconsistent use of tactile paving. Parked cars obscure crossings.		3.1	Improvements at the service yard entrance, removing the dropped kerb.
			3.2	Realign pedestrian crossings at the northern end of Heath Park Way to match with desire lines.

WRAT			Action	
Route	Observation	Rank	Ref	Commentary
			3.3	Remove on street parking adjacent to existing and proposed pedestrian crossings.
			3.4	Footpath continuity along both the west and eastern carriageways.
4	Discontinuous route. Poorly designed zebra.		3.4	Footpath continuity along both the west and eastern carriageways.
5	Footpaths are incomplete.		3.4	Footpath continuity along both the west and eastern carriageways.
6	Pedestrian route on one side of the road.		N/A	No action.
7	Good quality, new facility.		N/A	No action.
8	Narrow footway encroached by vehicles. Missing tactile.		8.3/ Appendix G	Wheel stops recommended.
9	Narrow pedestrian crossing <1.2m between guard rails.		7.1	Realign pedestrian crossing, with increased width on island.
10	Service bay bisects footpath. Crossing set back from desire lines. Parked cars on desire line.		N/A	No action.
11	No footway, vehicles blocking entrance and no rest points on ramp.		N/A	No action
12	Guard rail across desire line.		N/A	No action. Not along key corridor.
13	Indirect pedestrian route. Rutting along pedestrian desire line, adjacent to stair.		4.2	Provide a continuous pedestrian footpath and route into the site and across the existing car park.
14	Route does not follow desire line.		4.2	Provide a continuous pedestrian footpath and route into the site and across the existing car park.
15	Emergency vehicles crossing footway. poor gateway treatment for A&E.		5.1	Improved pedestrian route continuity along The Gateway.
16	Rutting of verge along pedestrian desire line.		5.2	Continuous segregated two-way cycle lane.
17	No crossing at desire line.		5.2	Continuous segregated two-way cycle lane.
18	missing tactile.		N/A	No action.
19	Lack of step free access across entrance to car park.		8.2/ Appendix F	Step free access recommended along desire lines.
20	Lack of passive surveillance.		N/A	No action.
21	Narrow footpath encroached on by parked vehicles.		8.3/ Appendix G	Wheel stops recommended.

WRAT			Action	
Route	Observation	Rank	Ref	Commentary
22	No step free access provided.		8.2/ Appendix F	Step free access recommended along desire lines
23	Additional links and width could improve pedestrian access.		6.2	Provide a continuous segregated two-way cycle lane.
24	Good provision with clearly defined pedestrian route.		N/A	No action.

5 Wayfinding

5.1 Overview

The implementation of an effective Wayfinding and Information Strategy at UHW will have several benefits to the site and its users:

- It can contribute to reducing stress and anxiety, particularly for patients and their visitors who are unfamiliar with the site.
- Improving staff punctuality and reducing inefficient use of staff time for wayfinding assistance.
- Improving security, safety and site management by clarifying safe routes, reducing conflicts with vehicles and keeping visitors away from non-public areas.
- Encourages sustainable and active modes of travel by providing a legible and attractive environment.

An outline methodology for producing a Wayfinding strategy is included in Appendix D.

The approach to wayfinding should be holistic and support a range of users throughout each journey stage as shown in Figure 5. Wayfinding should guide users from home, to arriving, navigating the campus and departing, to allow for a seamless journey. The strategy should be developed through extensive consultation to ensure a user-centric approach.

Improvements can be made at many levels of intervention from basic signage improvements and route delineation to wider public realm improvements that physically define spaces, and both actively and passively encourage their use.

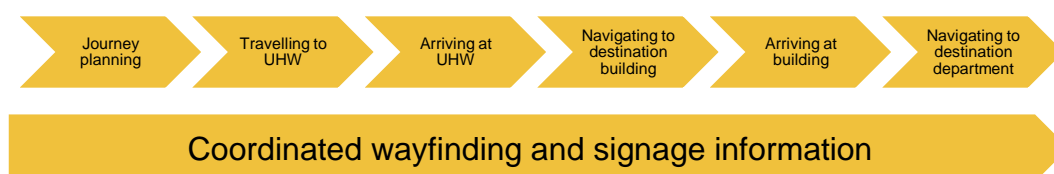











Figure 5 Wayfinding strategy flow diagram

5.2 User Experience

A successful wayfinding strategy will need to be inclusive and consider a range of users that access the campus and the varied needs and difficulties they may have. An initial overview of some of the users alongside their needs and wishes is provided in Table 3 below.

Table 3 Examples of Hospital users

Hospital staff – general requirements 	Family / friends visiting recently admitted trauma patient 	Outpatient with broken leg 
<p>Clear wayfinding and signage strategy - ability to help patients by giving clear directions.</p> <p>Good cycle facilities / access.</p> <p>Good bus facilities.</p> <p>Ability to easily find parking for late/night shifts.</p> <p>Attractive outdoor spaces for taking a break – seating areas, fitness trail, nearby cafes.</p> <p>Safe environment on campus, particularly at night.</p>	<p>Clearly defined visitor parking.</p> <p>Clear wayfinding and signage strategy.</p> <p>Availability of pre-visit information.</p> <p>Attractive outdoor spaces to spend time between visiting hours – seating areas, food and drink offer.</p>	<p>Signposted level access around the site.</p> <p>Comfortably wide pedestrian routes and crossing points.</p> <p>Frequent seating opportunities.</p> <p>Outdoor fitness trail for physio sessions.</p>
Building contractor 	Family visiting child at Noah's Ark 	Cardiff University student 
<p>Parking close to working areas with safe, defined area for loading and unloading away from pedestrian routes.</p> <p>Clear signage to aid quick movement through site with heavy equipment.</p> <p>Level access routes for moving equipment.</p>	<p>Engaging environment for other children – able to be part of the experience – range of fun and recognisable features.</p> <p>Level access for pushchair.</p> <p>Accessible play areas and open space close to the ward and food/drink outlets.</p> <p>Easy access to Heath Park between visiting hours.</p> <p>Conveniently located parent & child parking.</p>	<p>Ability to quickly navigate site for lectures and clinical sessions.</p> <p>Easy access to Heath Park and attractive outdoor spaces for breaks.</p> <p>Safe and legible cycle access and parking.</p>
Outpatient with brain injuries 	Outpatient with visual impairment 	Porter 
<p>Clear signage with non-technical naming conventions and good use of colour and graphics.</p> <p>Recognisable landmarks to allow more independence around the site.</p> <p>Clear, safe pedestrian routes and crossing points to aid confidence.</p>	<p>Pre-visit information in accessible formats – website, app-based data and Braille/large print material.</p> <p>Augmented reality navigation app to aid movement through the site.</p> <p>Clear, safe pedestrian routes and crossing points to aid confidence.</p> <p>Correct use of tactile paving.</p>	<p>Clear wayfinding and signage strategy to efficiently navigate the site.</p> <p>Consistent approach to destination naming and grouping to ease communication.</p>

6 Stakeholder Engagement Workshop

A Stakeholder Engagement event was hosted on behalf of the CVUHB by Arup on 25th July 2018. Stakeholders in attendance included several representatives from the CVUHB, Cardiff Bus, Stride Treglown Architects and Gleeds Management Services.

The meeting was an open forum to discuss transport issues across the CVUHB, with the primary goal being to consider safety and sustainable travel with a primary focus on UHW.

The themes of the day, transport and safety across UHW were introduced in addition to the four themes underlying the Travel Plan which provided the structure for the first exercise, as listed below:

- Comfort
- Access
- Safety
- Clear information

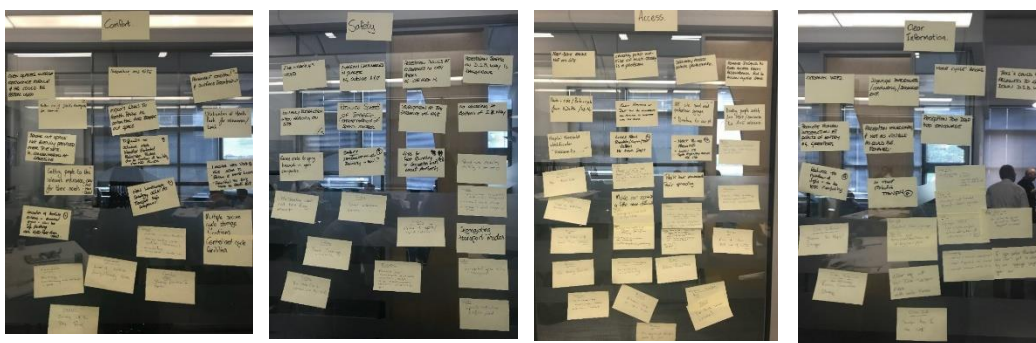
Throughout the meeting stakeholders were encouraged to think about active travel (i.e. walking, cycling and public transport) and the perceived barriers and opportunities to encourage a shift away from the private car.

The focus was spread across different hospital users (i.e. staff, visitors, patients, student and contractors) and what they may require to comfortably move around the hospital site.

6.1 Session One, Existing Conditions

Arup provided an initial overview of their observations of the site, including identifying areas which are currently working well and areas which need further improvement based on the themes comfort, access, safety and information.

The groups then had the opportunity to discuss and debate areas they saw as in need of improvement on the Hospital site, before feeding back to the group. The output of this is included below in Photograph 1, full size images have also been included in Appendix E.



Photograph 1 Stakeholder Engagement thoughts on the site

There was an active discussion across the four themes with many areas being identified as needing improvements alongside potential solutions, each group then provided feedback on their key thoughts to the rest of the group.

On the point of comfort, it was stated that there is a lack of good quality public realm away from Lakeside which is the only green space on site. Heath Park is a major asset to the site; however, it is not currently well connected, linkages should be improved and be capitalised on in the future.

In relation to access, issues on the site are around the disruption of pedestrian routes which in places terminate forcing pedestrians across roads or car parks at unofficial and unsafe locations. Discussing external routes, there is perceived limited awareness and accessibility to locations including the city centre and local train stations, which could be improved to increase the use of sustainable modes of transport.

The main issue that was identified on safety was concern around speed (which was linked to rat-running through the site) and the need to segregate users at pinch points to reduce conflict. Delivery access points were also identified by several groups as a safety issue in relation to conflict of movements, in particular, the reversing movement of delivery vehicles.

The primary points made regarding the clear information topic focussed on the quantity and lack of consistency between signage on the site. It was noted that signage is inaccurate in places and can be very distracting for drivers when entering the site adding to safety concerns.

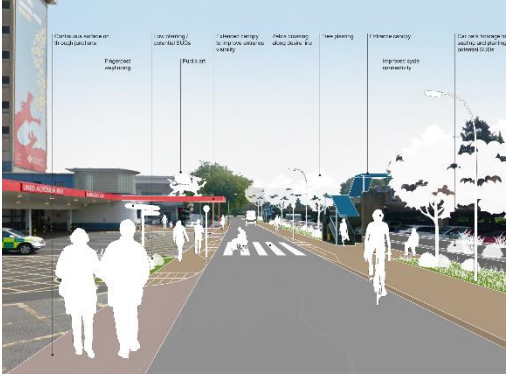
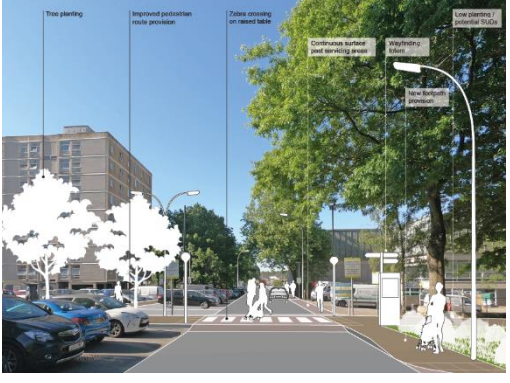
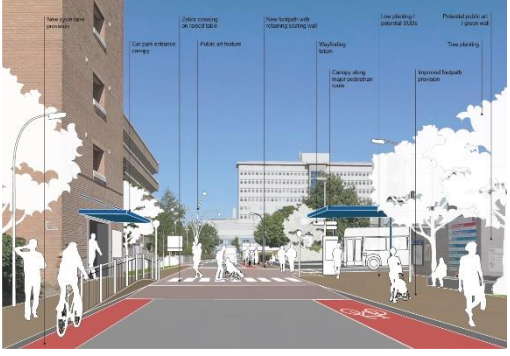
6.2 Session Two, Initial Concepts


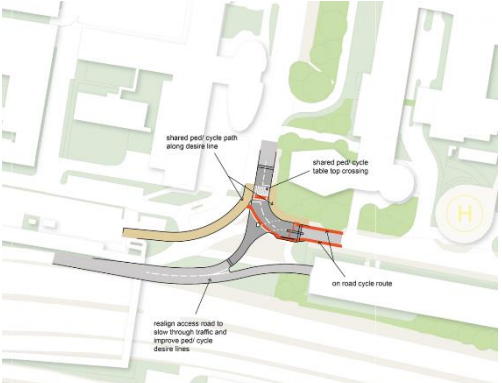
The second session allowed Arup to provide their current thoughts which included outline proposals for the five areas listed below:

- The Gateway adjacent to the MSCP
- The Gateway outside A&E
- Heath Park Way
- King George V Drive/Allensbank Road link
- A48 link into south west of site
- Travel Plan initiatives (which are not discussed within this document).

Following this the groups were invited to discuss, critique and expand on the ideas presented, summaries of the discussions are provided below in Table 4. Full sized versions of the images included below are also included in Appendix E.

Table 4 Summary of prompts and discussion at Stakeholder Engagement Workshop

<p>The Gateway A&E</p> 	<p>There is a need to reduce conflicts between pedestrians and ambulances wherever possible</p> <p>Due to the helipad no planting or shelters should exceed the existing car park height.</p> <p>Consolidating all pedestrian infrastructure to the southern side of the road, away from A&E, could reduce conflict points but is away from pedestrian desire lines.</p> <p>A number of incidents have been reported within the car park, therefore sight lines into the car park need to be maintained.</p>
<p>Heath Park Way</p> 	<p>Parked cars block pedestrian and driver sight lines at crossings, removal of parking spaces could improve visibility.</p> <p>The delivery bay is currently unsafe and formalisation of the pedestrian route at the bay access is needed but may not entirely mitigate conflicts.</p> <p>Pedestrians cut behind the Medicentre through the staff car park and across Heath Park Way towards the Cochrane Library – this route is a safety concern.</p> <p>Links into Heath Park need to be improved.</p>
<p>The Gateway adjacent to MSCP</p> 	<p>A separate study has looked at replacing the pedestrian crossing at road level with a bridge</p> <p>Potential to provide a pedestrian link from the western end of the MSCP across the A48 slip and car park entrance to provide for desire lines – this route may be unsafe.</p>

<p>King George V Allensbank Road link</p> 	<p>The central island is not well used, and space should be redistributed to other users.</p> <p>This is a key gateway into the site and needs appropriate entrance treatments.</p> <p>Pedestrian crossings will need to match desire lines to deter uncontrolled crossing.</p> <p>Signage rationalisation is needed to limit distractions to drivers and guide pedestrians to safe routes.</p> <p>The Heath Park Way/King George V Drive roundabout is an accident hotspot, conflict between vehicles and cyclists could be reduced.</p>
<p>A48 link into south west of site</p> 	<p>This location is not functioning as well as it could, however, smaller interventions could address the issues.</p> <p>Rerouting and segregating pedestrians and cyclists would improve safety for both modes; however, this would need to be weighed against a loss in parking spaces.</p> <p>Any table crossings would need to be sufficient to deter high speeds while minimising strain on buses/ambulances using the site.</p>

7 Risk Assessment and Recommended Improvements

Based on the accident data, site observations (WRAT) and the Stakeholder Workshop several locations have been identified for mitigation measures to improve safety and accessibility.

A risk assessment has been carried out for each of the identified hazards as well as high level costs for improvement and a priority ranking.

Each hazard has been awarded a low, medium or high risk. This compares the likelihood of an incident occurring versus the likely severity of an incident. Table 5 shows the risk matrix.

Table 5 Risk matrix

		Impact		
Likelihood		Low	Medium	High
	High	Medium	High	High
	Medium	Low	Medium	High
	Low	Low	Low	Medium

Alongside each hazard a mitigation measure has been identified. These have been given an indicative cost and an updated risk assessment score.

The indicative cost brackets are outlined below in Table 6.



















Table 6 Cost brackets


<10,000	£150,000-£200,000
£10,000-£20,000	£200,000-£250,000
£20,000-£40,000	£250,000-£300,000
£40,000-£60,000	£300,000-£600,000
£60,000-£100,000	> £600,000
£100,000-£150,000	

All costs are provided as an approximation and will vary dependent on the detailed design and combination in which they are implemented. These should therefore be taken only as an indication of costs and not an exact reflection.

Based on the risk assessment and indicative costs Arup has suggested prioritisation. Table 7 overleaf summarises how each item has been prioritised.






Table 7 Prioritisation matrix

Risk with mitigation							
Risk no mitigation		Low		Medium		High	
	Cost	<£20k	>£20k	<£20k	>£20k	<£20k	>£20k
	Low						
	Medium						
	High						

A fourth category has been identified for the highest priority risks, these have been distinguished with a purple dot .

Based on the priority given to each item it is advised that these are undertaken within the timescales set out in Table 8 below.

Table 8 Implementation timescales

	Detailed design should be undertaken for implementation within 12 months
	Feasibility for implementation should be considered and measures implemented within two years
	Feasibility of implementation should be considered, and mitigation implemented within five years if considered appropriate
	Feasibility of implementation should be considered, and mitigation implemented within ten years if considered appropriate, or as part of a wider corridor scheme
	No urgency for implementation and has not been considered in the report

The physical measures have been grouped into geographic areas and can either be implemented in isolation in the short term or considered as wider corridor enhancements in the longer term. All measures aim to increase safety and accessibility for pedestrians, which can have knock on benefits to all road users.

Cyclists have also been considered as part of the vulnerable road users and the proposed safety improvements extend to them. Well-designed cycle infrastructure has a positive impact on pedestrian safety which has been outlined below:

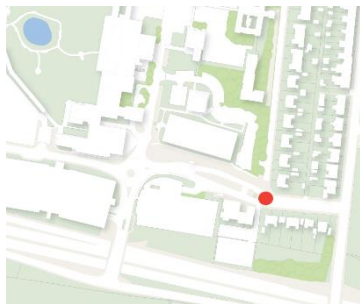
- Reduced propensity for collision as each users' space is clearly defined and segregated, removing uncertainty;
- Bike lanes are a traffic-calming tool, as they encourage reduced speeds by reducing road width and therefore improve the safety of the pedestrian realm;
- Bike lanes provide an additional buffer between pedestrians and cars; and
- Bike lanes shorten the crossing distances for pedestrians across roads.

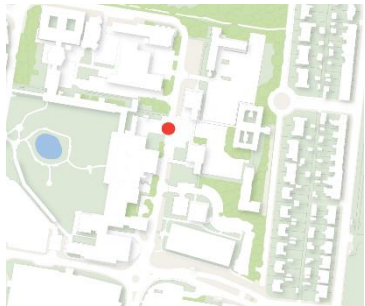
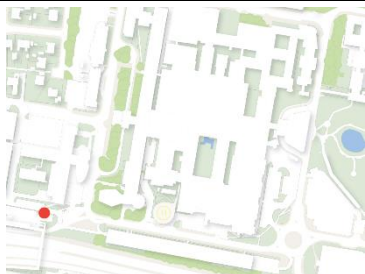
Two corridors have been identified which improve continuity for both pedestrians and cyclists and complement Cardiff Council's CPR scheme.

7.1 Priority improvements

Three priority measures have been identified in Table 9 below. These are part of different corridor schemes, but they have been identified as being key to noticeably improving safety at currently vulnerable at risk areas and should be implemented within the next 12 months. A schematic illustrating all proposed improvements including the three priority improvements, has been included in Appendix F.

Table 9 Priority improvements

Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
1.1	 <p>Crossing King George V Drive East at the site entrance.</p>	Lack of pedestrian crossing point at pedestrian desire line. Pedestrians crossing the road at this location are at an increased risk of collisions and injury due to lack of controlled crossing point.	Physical injury from collisions between pedestrians and vehicles.		<p>Implement a controlled crossing facility at the desire line before the access to the Medi school.</p> <p>Provision of a controlled pedestrian crossing will give priority to pedestrians and reduce the risk of collision from uncontrolled crossings.</p> <p>Detailed design and implementation would be required.</p>	<£10k		●

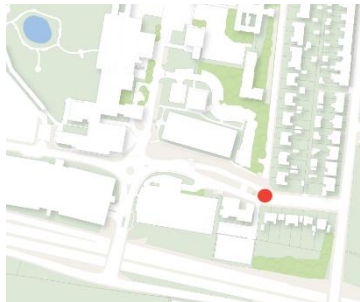
Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
3.1	 <p>Heath Park Way logistics area.</p>	Conflict between logistic vehicles and pedestrians at the entrance to the general stores.	Risk of physical injury to pedestrians.		<p>Remove the dropped kerb which currently runs along the length of the service yard entrance, in addition to treated surfaces at either end of the pedestrian entry to indicate a changed use.</p> <p>Improvements in this area should be considered alongside management solutions included in section 0. Together these would reprioritise pedestrians while reducing conflict between pedestrians and service vehicles resulting in improved safety.</p>	£10k - £20k		●
4.2	 <p>South west corner of the site, pedestrian access into the site from the pedestrian bridge over the A48.</p>	Discontinuous and unclear pedestrian route through car park with level changes.	Increased risk of collision and injury to pedestrians due to lack of path through the car park.		<p>Footpath and controlled pedestrian crossing to follow desire lines, out of the car park. This would reduce interaction and potential for collisions between pedestrians and vehicles.</p> <p>Road realignment may be required to facilitate this, due to site topology.</p>	£10k - £20k		●
Indicative total cost range for priority improvements						£30,000 - £50,000		



7.2 King George V Drive East

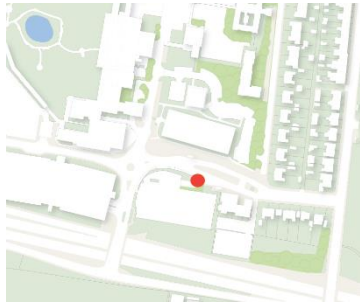
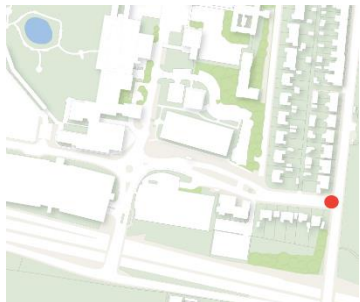
King George V Drive E, between Allensbank Road and Heath Park Way was identified by the WRAT as having poor pedestrian provision. This was due to the lack of pedestrian crossing facilities near Allensbank Road and the substandard footpath on the northern side of the road.

These concerns were reflected in the Stakeholder Engagement as issues that are currently being addressed by CVUHB. Based on the WRAT we have undertaken a risk assessment of this area and considered a number of possible improvements. A set of complementary measures have been identified in Table 10 below, alongside an indicative plan that stitches together the individual components into a single design in Table 11.

Table 10 King George V Drive East recommendations

Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
1.1	 <p>Crossing King George V Drive East at the site entrance.</p>	Lack of pedestrian crossing point at pedestrian desire line. Pedestrians crossing the road at this location are at an increased risk of collisions and injury with cars and buses due to lack of controlled crossing point.	Physical injury from collisions between pedestrians and vehicles.		<p>Implement a controlled crossing facility at the desire line before the access to the Medi school.</p> <p>Provision of a controlled pedestrian crossing will give priority to pedestrians and reduce the risk of collision from uncontrolled crossings.</p> <p>Detailed design and implementation would be required.</p>	<£10k		

Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
1.2	 <p>Pedestrian footway on the north side of King George V Drive East.</p>	Narrow and discontinuous pedestrian walkway.	Reduced accessibility at key walkway.		Increase footway width on the north side of King George V Drive East to improve accessibility for all users in line with the Inclusive Mobility Guidance.	£10k - £20k		●
1.3	 <p>Bus embayment on both carriageways of King George V Drive East.</p>	Buses moving in and out of the bay may increase potential for collisions with cyclists/road users. Also removing embayment may act as a deterrent for high speeds within the site.	Physical injury from collisions between pedestrians, cyclists and vehicles.		<p>Remove bus embayment and allow buses to stop on the carriageway. This would minimise risk to cyclists from manoeuvring buses and give buses priority over cars when departing their stop.</p> <p>Buses stopping in the carriageway may also act as a natural deterrent to rat runners and therefore may also contribute to a reduced speed along this route, again reducing risk to vulnerable road users and improving overall safety of the site.</p>	£10k – £20k		●

Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
1.4	 <p>Access to staff car park 13 from King George V Drive East.</p>	Pedestrians are at increased risk of collision with cars due to overly wide crossing at staff car park and lack of clearly defined route across the road.	Physical injury from collisions between pedestrians, cyclists and vehicles.		<p>Realignment would improve the safety and clarity at this junction for all pedestrians.</p> <p>The possibilities for realignment of the junction will need to be modelled in order to reduce the width and provide a clear pedestrian route across.</p>	£20k – £40k		●
1.5	 <p>Signalised T junction which connects King George V Drive East with Allensbank Road.</p>	There is no pedestrian crossing facility provided at the primary pedestrian access to the site. Pedestrians crossing the road are at an increased risk of collisions with vehicles due to lack of controlled crossing.	Physical injury from collisions between pedestrians and vehicles.		<p>A pedestrian crossing should be incorporated with the traffic signalised junction with Allensbank Road, as this is a key pedestrian route into the hospital. This will reduce the potential for conflict between pedestrians/vehicles and redistribute priority towards pedestrians.</p> <p>To facilitate this discussion will need to be undertaken with the local authority. Following this design of a crossing facility and installation of signals will need to be undertaken.</p>	£10k - £20k		●


Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
1.6	 <p>From the roundabout with Heath Park Way along King George V Drive East to the junction with Allensbank Road.</p>	Lack of segregated cycle route creating potential for conflict between cyclists and vehicles.	Physical injury to all road users due to potential for collisions between pedestrians, vehicles and cyclists.		<p>Provide a segregated two way cycle lane adjacent to the northern carriageway linking the site to the proposed CPR facilitating removal of cyclists from Heath Park Way roundabout.</p> <p>Provision of a cycle lane will reduce road width contributing to reduced traffic speeds entering the site and reduced conflict between cyclists and pedestrians, contributing to improved pedestrian safety. Detailed design including road realignment would be required and could be designed in conjunction with CPR.</p> <p>The priority currently given to this item is based on the existing situation, when the CPR is developed the priority may change based on the uptake of cycling.</p>	£200k - £250k		
Indicative total cost for corridor improvements						£260,000-£360,000		

Table 11 King George Drive V East combined features

Combined features



The indicative sketch (to the left) incorporates the individual features outlined above in addition to broader corridor improvements:

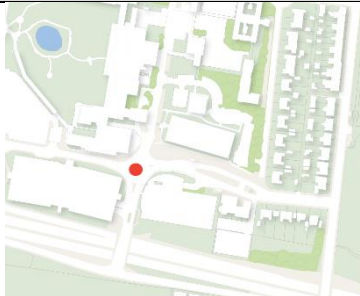
- Removal of the central median, to reallocate space for use by pedestrians and cyclists;
- A wider footway on the northern side of the road, to align with Inclusive Mobility Guidance (1998);
- Controlled crossings at pedestrian desire lines;
- In line bus stops, to improve bus priority and allocation of space for pedestrian;
- Realignment of the junction mouth to the staff car park; and
- Provide a segregated two way cycle lane adjacent to the northern carriageway linking the site to the proposed CPRs and taking cyclists off Heath Park Way roundabout and onto a designated crossing.

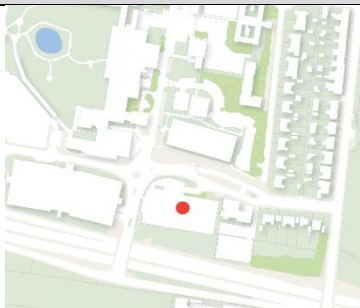
Combined these measures will improve pedestrian safety by clearly defining space for vehicles, pedestrians and cyclists while reprioritising active modes of travel inline with the Hospitals 'Shaping our Future Wellbeing Strategy' target to improve healthy lifestyles.

7.3 Heath Park Way Roundabout

The accident data has identified a local hotspot at Heath Park Way and King Gorge V Drive Roundabout. Roundabout improvements and/or reducing traffic through this junction would ultimately improve pedestrian, cyclist and vehicle safety. Potential interventions have been detailed below in Table 12.

Table 12 Heath Park Way Roundabout recommendations

Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
2.1	 <p>The rounabout connecting Heath Park Way to King George V Drive East</p>	Several accidents have been recorded within close proximity of the King George Drive/Heath Park Way Roundabout.	Injury to all road users due to potential for collisions between pedestrians, cyclist and vehicles.		<p>Improved design of the Heath Park Way Roundabout to consider vulnerable road users. Removal of cyclists from the roundabout onto a segregated cycle lane would reduce potential for collision.</p> <p>The inclusion of a segregated cycle lane would also act as a buffer between pedestrians and vehicles, pushing pedestrians north, reducing their interaction at this junction.</p> <p>To facilitate this, investigation into current demand and operation of the existing roundabout is required. Consideration of the needs of vulnerable road users, including a cycle route through the site and the development of a range of highway options with UHW and the local authority.</p>	£200k - £250k		

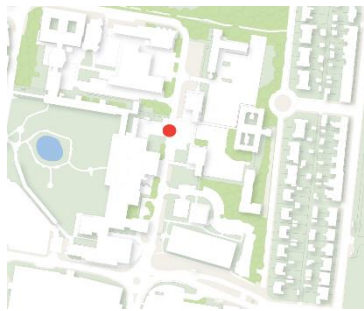
Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
2.2	 <p>Staff car park 13, which adjoins King George V Drive East.</p>	Staff parking is distributed across the site and creates avoidable internal vehicular movements.	Injury to all road users due to potential for collisions between pedestrians, vehicles and cyclists.		<p>Decking of staff car park 13 would enable rationalisation of parking at the eastern end of the site. This would reduce traffic along Heath Park Way and at the roundabout, which is an accident hotspot within the site.</p> <p>To implement this investigation of the impact of relocating staff parking and design of decked car park and associated entrance/exit and installation of deck.</p>	>£600k		●
Indicative total cost for corridor improvements						£850,000+		

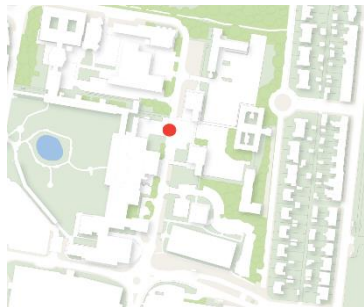

7.4 Heath Park Way (east)



Heath Park Way was identified within the WRAT as having poor provision due to the lack of continuous accessible pathways and the lack of clear wayfinding. During the Stakeholder Engagement event this corridor was also identified as an underutilised area of the campus. The current function of the route is for through traffic, back of house/logistic operations, parking and is also a primary pedestrian desire line for students between campus and UHW buildings.

There is an opportunity to re-allocate space to the various users as well as maximising this route as a connection to Heath Park. A set of complementary measures have been identified in Table 13 below, alongside an indicative plan that stitches together the various measures into a single design in Table 14.

Table 13 Heath Park Way (east) recommendations

Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
3.1	 <p>Heath Park Way logistics area.</p>	Conflict between logistic vehicles and pedestrians at the entrance to the general stores.	Risk of physical injury to pedestrians.		<p>Remove the dropped kerb which currently runs along the length of the service yard entrance, in addition to treated surfaces at either end of the pedestrian entry to indicate a changed use.</p> <p>Improvements in this area should be considered alongside management solutions included in section 0. Together these would reprioritise space for pedestrians whilst also reducing the potential for conflict between pedestrians and service vehicles resulting in improved safety.</p>	£10k - £20k		

Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
3.2	 <p>Various crossings used informally along Heath Park Way.</p>	Lack of pedestrian crossings at desire lines, causing crossing at unofficial crossing points in an area with high logistic operations.	Risk of physical injury to pedestrians /cyclists due to crossing at unofficial crossing points.		<p>Cater to existing desire lines with raised crossings.</p> <p>Implementation would require draft design, stakeholder testing, design finalisation and implementation.</p>	£10k - £20k		●
3.3	 <p>Various on street parking along Heath Park Way blocking pedestrian sight when crossing the road.</p>	On street car parking blocking pedestrian and vehicle sight lines at crossing points.	Injury to all road users due to potential for collisions between pedestrians, vehicles and cyclists.		<p>Removal of parking bays adjacent to pedestrian crossings to improve line of sight for pedestrians crossing and drivers.</p> <p>Investigation into need for parking at these locations and impact of removal on visibility site lines.</p>	£10k - £20k		●

Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
3.4	 <p>Footpaths along the full length of Heath Park Way.</p>	<p>Lack of footpath continuity and clutter of routes.</p> <p>Increased likelihood of uncontrolled crossings as footpaths and crossings are not well linked.</p>	<p>Pedestrian and cyclist injury from slips, trips and falls and vehicles manoeuvring in and out of parking bays.</p>		<p>Redistribution of roadway and footpaths to ensure routes are continuous and accessible to increase amenity for cyclist and pedestrians. Ensure routes provide a level surface and direct users to official crossing points and building entrances. This would link in with the pedestrian access improvements at the service yard entry.</p> <p>Footpaths should also be kept clear of obstructions, such as parked cars overhanging footway.</p> <p>Implementation would require draft design, stakeholder testing, design finalisation and implementation.</p>	£40k - £60k		●
3.5	 <p>Access into the site from Heath Park, onto Heath Park Way.</p>	<p>Poor connectivity with Heath Park. Lack of high quality green space on site.</p>	<p>Opportunity to improve connectivity with Heath Park.</p>		<p>Open the access into Heath Park catering to existing desire lines with raised crossings and clear pathways.</p> <p>Enhance amenity for all users particularly disabled users through frequently placed benches, other street furniture and access to open space</p> <p>Implementation would require draft design, stakeholder testing, design finalisation and implementation.</p>	<£10k		●

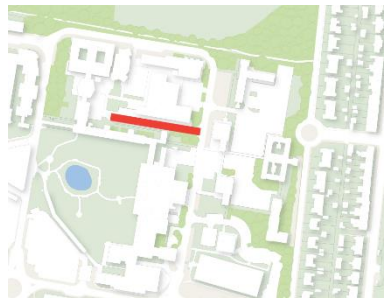
Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
3.6	 Car park outside of the Health Library and along Heath Park Way.	Vehicles overhanging the narrow footway are forcing pedestrians out and into the road.	Potential conflict between manoeuvring vehicles and pedestrians.		Wheel stops would prevent vehicles overhanging the narrow footway and offer a safer route for pedestrians. If the corridor width permits the footpath could also be widened in accordance with the Inclusive Mobility Guidance.	£10k – £20k		
Indicative total cost for corridor improvements						£80,000- £150,000+		

Table 14 Heath Park Way (east) combined features and photo montages

Combined features and photo montages



The indicative sketch and photo montages incorporates the following features:

- At level pedestrian footway at service bay entrance, to improve pedestrian safety;
- Parking bays removed adjacent to pedestrian crossings, to improve inter visibility;
- Provides continuous pedestrian routes on both sides of the road increasing accessibility and reducing risk of slips trips and falls due to unnecessary level changes. Ensuring footways comply with Inclusive Mobility Guidance;
- Wheel stops to prevent parked cars overhanging footpath increasing amenity;
- Segregate cycle path, reducing potential for conflict between vehicles and cyclists with a north – south connection through the site; and
- Open new connection with Heath Park.



Figure 6 Heath Park Way (east) photomontage towards Heath Park

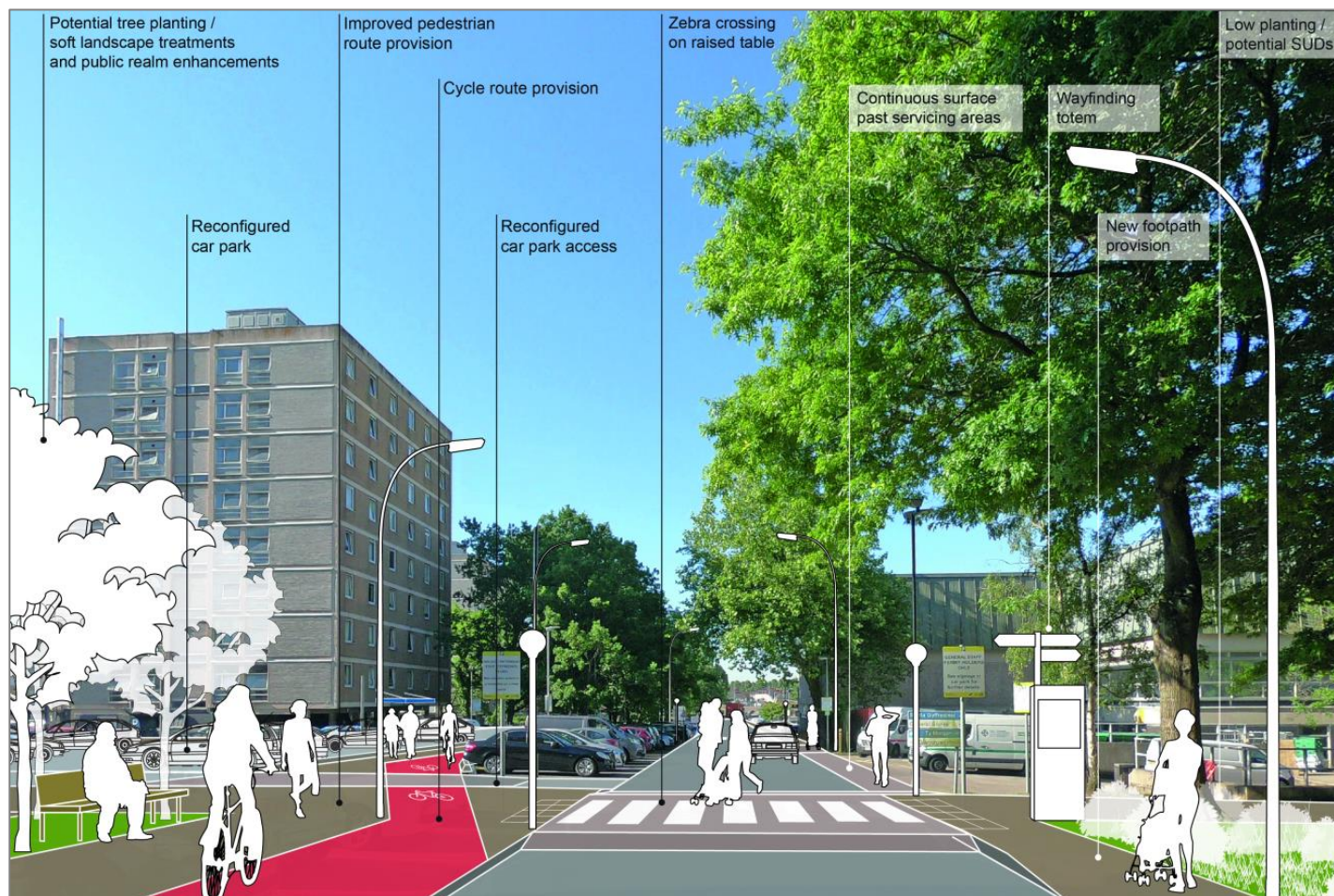



Figure 7 Heath Park Way (east) photomontage

7.5 Entrance from Gabalfa Interchange

The indirect route between the pedestrian footbridge, at the southwest corner of the site, through the car park and across Academic Avenue was identified by WRAT as being a poor-quality link. A risk assessment has therefore been undertaken in this location to identify specific areas for improvements

Due to the topology of the site it is challenging to provide step free access along the pedestrian desire line and may require a more comprehensive intervention. A set of measures have been investigated in Table 15 below. Some measures can be added in isolation, whereas others would need to be implemented as a package. The various measures have been combined together in a single indicative sketch in Table 16 below.

Table 15 Entrance from Gabalfa Interchange recommendations

Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
4.1	 South west corner of the site, vehicle access into the site from the A48.	Vehicles enter the site at high speeds and there is not a clear change of environment to indicate entry to the hospital.	Risk of collision and injury for all road users due to speed of vehicles entering the site.		Realignment of the approach road from Gabalfa interchange into the hospital to reduce vehicle speeds and redistribute space for needs of all users. This would improve safety for all users, particularly cyclists and pedestrians.	£200k - £250k		
4.2		Discontinuous and unclear pedestrian route through car park with level changes.	Increased risk of collision and injury to pedestrians due to lack of path		Footpath and controlled pedestrian crossing to follow desire lines, out of the car park. This would reduce interaction and potential for collisions between pedestrians and vehicles.	£10k - £20k		

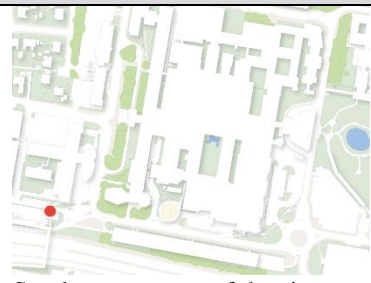
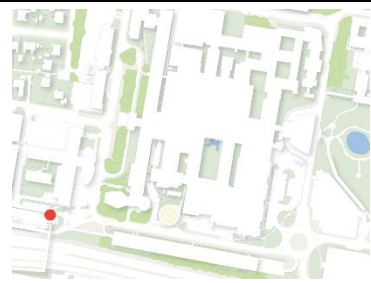
Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
	 <p>South west corner of the site, pedestrian access into the site towards the Gateway from the pedestrian bridge over the A48.</p>		through the car park.		Road realignment may be required to facilitate this, due to site topology.			
4.3	 <p>South west corner of the site, access into the site towards the Gateway.</p>	Lack of segregated cycle lane increasing potential for conflict with different road users.	Risk of collision and injury for all road users, particularly cyclists and vehicles due to lack of segregated space.		<p>Cycle route to follow desire lines, out of the car park and provide continuous connection between Gabalfa Interchange and CPR. Provision of a dedicated cycle route at this location would contribute to reducing traffic speeds and clearly define users space, improving pedestrian safety.</p> <p>Road realignment may be required to facilitate this, due to site topology.</p>	£60k - £100k		
Indicative total cost for corridor improvements						£270,000- £370,000		

Table 16 Entrance from Gabalfa Interchange combined features

Combined features



The indicative sketch incorporates the following features:

- Realign road from Gabalfa, radius provides traffic calming and space can be reallocated to pedestrians;
- Pedestrian and cycle routes to follow desire lines, away from car park reducing conflict and potential for accidents; and
- Links to segregated cycle route on southern side of the Gateway connecting east west through campus improving safety for pedestrians via increased buffer and segregation.

Implementing the proposed improvements would improve amenity for pedestrians and support active travel contributing to staff and patient wellbeing inline with the 'Shaping Our Future and Wellbeing Strategy'.


7.6 The Gateway

The Gateway has been identified as a strategic east to west route through the site for pedestrians, cyclists and buses. This corridor has recently been closed to general traffic, removing the opportunistic rat running through the site.

The reduction in general traffic may have provided an opportunity to enhance amenity for the other road users. However, there are still concerns in this location relating to interactions between emergency vehicles, pedestrians and cyclists. Any interventions will need to maintain the priority for emergency services and access to the Helipad, while ensuring safe movement of pedestrians and cyclists through the site.

A set of measures have been investigated in Table 17 below which could improve safe operation through the space. An indicative sketch has been provided in Table 18 to illustrate how these could look together if implemented.

Table 17 The Gateway recommendations

Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
5.1	 <p>The length of the Gateway outside the entrance to A&E.</p>	No clear route across The Gateway meaning pedestrians are likely to cross The Gateway at any point coming into conflict with buses and emergency vehicles.	Injury to pedestrians, particularly dangerous due to use by emergency vehicles to access A&E.		<p>Footpath and controlled pedestrian crossing to follow desire lines, out of the car park. Road realignment may be required to facilitate this, due to site topology.</p> <p>Test impact of closing stair, design changed configuration and implementation of works.</p>	£20k - £40k		●

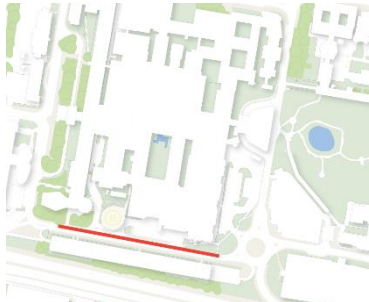
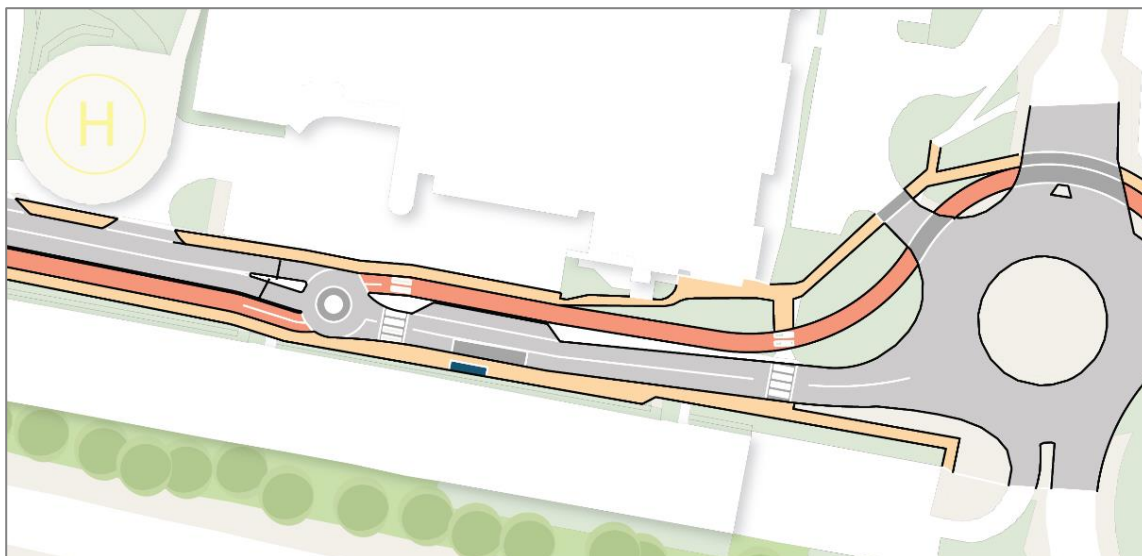
Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
5.2	 <p>The length of the Gateway outside the entrance to A&E.</p>	Lack of segregated cycle lane increasing potential for conflict with vulnerable road users.	Risk of collision and injury for all road users, particularly cyclists and vehicles due to lack of segregated space. Particularly dangerous due to use by emergency vehicles to access A&E.		<p>Provide an east to west cycle route through the site that connects the existing facilities at Gabalfa Interchange to the proposed CPR. Provision of a dedicated cycle route at this location would act as a buffer between pedestrians and vehicles and clearly define users space, improving pedestrian safety.</p> <p>A segregated facility could be provided on the southern side of the road, away from A&E and ambulance movements. To enable this the existing bus embayment would need to be removed.</p> <p>Detailed design of lane alignments would be required.</p>	£250k - £300k		
Indicative total corridor cost						£270,000 - £340,000		

Table 18 The Gateway combined features

Combined features



The indicative sketch incorporates the following features:

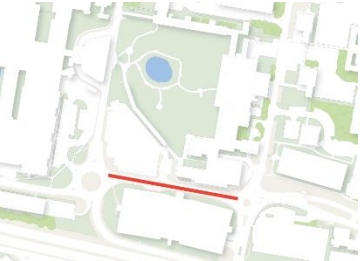
- Removes central stair from car park, channeling pedestrians to safer crossing points;
- Segregates east west cycle route, with cross over through the mini roundabout to provide clear definition of space for different road users;
- Remove bus embyament and space reallocated to pedestrians and cyclists;
- Create clear wayfinding and defined pathways into A&E to simply route and improve wayfinding and pedestrian safety; and
- A canopy, no higher than the deck of the car park, could be introduced to direct pedestrians into A&E.

7.7 King George V Drive East (MSCP access)

This space is the main gateway into the hospital and was identified as having a moderate provision by the WRAT. This area is within the red line boundary of the Transport Hub. The scheme includes a raised pedestrian walk way, between the car park and Lakeside, over the roadway.

This study was developed separately to the Transport Hub and some features, outlined in Table 19 below, may complement or contradict their proposals. Alongside this an indicative sketch has been provided in Table 20 overleaf.

Table 19 King George V Drive East (MSCP access)

Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
6.1	 <p>King George V Drive East adjacent to MSCP 9.</p>	Lack of segregated cycle lane increasing potential for conflict with different road users.	Risk of collision and injury for all road users, particularly cyclists and vehicles due to lack of segregated space.		<p>Provide a segregated two way cycle lane adjacent to the northern carriageway to act as a buffer between vehicles and pedestrians and clearly define different road users space, improving safety for all.</p> <p>Works required to facilitate this include removing bus embayment, redistribution of space, design and installation of a two way cycle way.</p>	£200k - £250k		

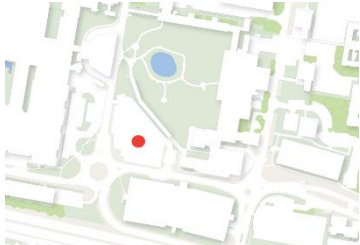
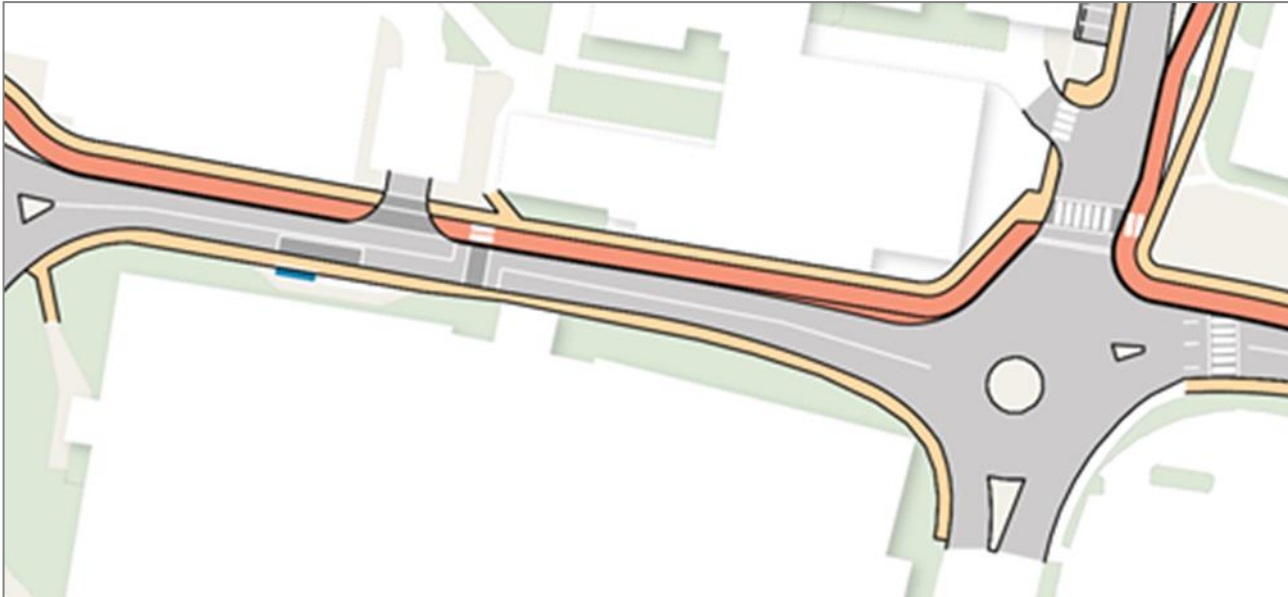
Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
6.2	 <p>Routes through car park 11.</p>	Lack of continuous pedestrian route through car park.	Collision with potential for moderate injury due to low speeds.		<p>Provide a continuous pedestrian route, on the northern side of the carriageway, which currently terminates along the disabled car park. This is a current desire line from the Allensbank Road and the MSCP towards the Dental Hospital.</p> <p>Design and installation of footway.</p>	£10k - £20k		
Indicative total cost for corridor improvements						£210,000 – £270,000		

Table 20 King George V Drive East (MSCP access) combined features

Combined features



The indicative sketch incorporates the following features:

- A continuous footway on the northern side of the road, to Inclusive Mobility Guidance (1998) standards;
- The pelican crossing to be maintained and complement an elevated walkway;
- In line bus stops, to improve bus priority and better allocation of space;
- Provides a continuous dedicated cycle corridor through the site; and

Improvement of public realm and pedestrian accessibility through addition of wayfinding features including signage, seating and improved landscaping.

Design to be developed in tandem with the Transport Hub development and implementation of works.

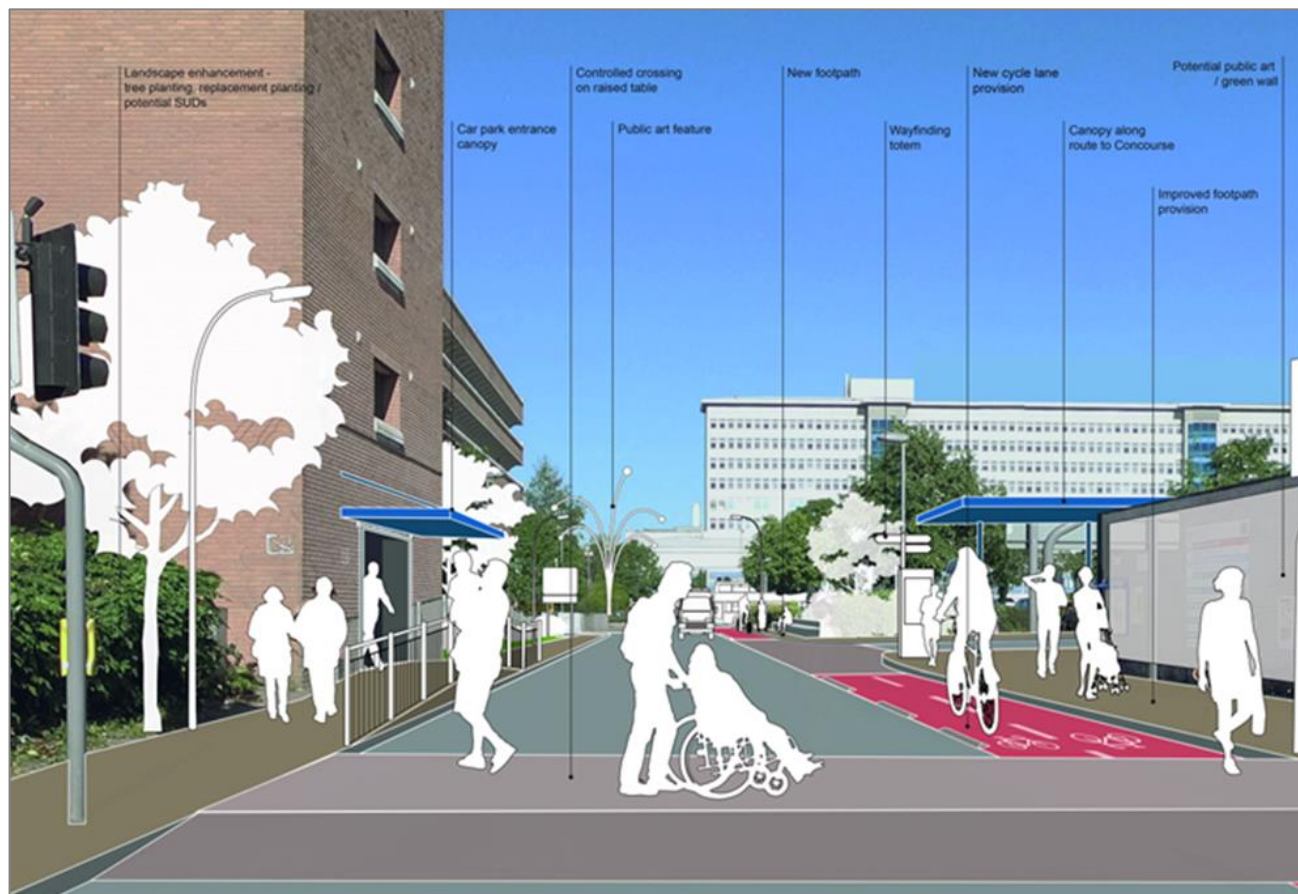



Figure 8 King George V Drive East (MSCP access)

7.8 Heath Park Way Entrance

This is a primary entrance into the hospital site and was identified as having a poor provision by the WRAT. Therefore, the following proposals included in Table 21 have been developed to improve pedestrian safety and amenity in this area.

Table 21 Heath Park Way Entrance recommendations

Ref	Location	Hazard	Harm	Risk before	Proposal	Cost	Risk after	Prty
7.1	 <p>Pedestrian island on Heath Park Way, the sites north western entrance.</p>	Pedestrian island does not provide sufficient space for disabled users to manoeuvre and the staggered crossing provides poor pedestrian amenity.	Poor amenity for pedestrians and disabled users due to lack of passing space.		<p>Provide a zebra crossing directly across the road, including a central island with an increased width.</p> <p>Works required to facilitate this include removal and realignment of existing crossing and kerbs. Implementation of new crossing with central island.</p>	£10k - £20k		
Indicative total cost for corridor improvements						£10,000 – £20,000		

7.9 Hospital wide schemes

In addition to the area specific schemes outlined above several policy based and hospital wide infrastructure recommendations have been made which apply to all parts of the hospital. These are largely aimed at improving the user experience and have therefore not been assigned a risk or priority rating.

Implementing any of these measures are anticipated to have a positive impact on the site safety by reducing conflicts between service vehicles and pedestrians, simplifying wayfinding and enhancing the overall environment of the hospital. Indicative costs have been provided for the physical measures, however, it is not considered possible to provide costs for management measures as it would be at the discretion of CVUHB to assign the resource/systems to implement these.

Table 22 Hospital wide scheme recommendations

Ref	Description	Proposal	Physical/ Management
8.1	Wayfinding Strategy	Commission a wayfinding study to establish the existing conditions and develop and implement a coordinated signage, information and mapping scheme for the campus site (internal and external) including building entrance enhancements, digital/web-based, hard-copy information and staff training. Campus and signage audits (to begin in short-term), stakeholder consultation, draft strategy development and signage design, stakeholder testing, strategy finalisation, implementation and review. Figure 9Error! Reference source not found. summarises Arup's thoughts on a campus wide wayfinding strategy. It includes street scape enhancements, building and gateway treatments as well as potential signage locations.	Physical >£600,000
8.2	Lack of level access routing	Signpost level access alternative routes, at the four locations identified in Appendix G. Consider the feasibility of providing step free access at these locations which comply with the Inclusive Mobility Guidance 1998. If feasibility investigations discover that it is not possible to implement step free access at these locations alternatives such as signage displaying step free access routes should be investigated.	Physical <£10,000
8.3	Wheel stops	In various locations cars were witnessed overhanging the footway and even pushing pedestrians onto the road.	Physical

Ref	Description	Proposal	Physical/ Management
		Wheel stops can be retrofitted into parking bays that would improve vehicle behaviour. A location plan showing areas wheel stops could be added is included in Appendix H.	<£10,000
8.4	Speed control	<p>There is a lack of consistency between speed limits across the site, setting a consistent speed limit throughout the site will improve clarity and have a positive impact on traffic throughout the site. The existing speed limits throughout the site are included in Figure 17.</p> <p>A new Policy enforcing a site wide speed limit between 10-20mph should be consistently signposted across the site.</p>	Physical <£10,000
8.5	Off-site service vehicle consolidation	<p>Several accidents within the Hospital have occurred at service areas and deliveries sometimes have to wait on site before being unloaded. Consolidating or holding deliveries off site until they are able to unload could reduce potential conflicts between service vehicles and hospital users.</p> <p>Feasibility of this would need to be discussed between logistics operations and facilities management teams.</p>	Management
8.6	Banksperson at peak times	<p>To manage deliveries within the site and reduce the potential for accidents occurring around service yards banksperson may be put in place.</p> <p>Investigation into the peak time and need for banksperson at different service yards would need to be undertaken by logistics operations and facilities management teams. It may be possible to give existing staff this additional responsibility for a number of hours each day, once given the necessary training.</p>	Management
8.7	Ban logistics vehicles from peak times	<p>To minimise interaction between service vehicles and other road users a policy to regulate the time of deliveries to the Hospital may be implemented. This could entirely remove service vehicles from the site at peak times when there is likely to be the greatest safety risk to pedestrians.</p> <p>Before implementation of such a system logistics operations and facilities management teams would need to consider how vehicles arriving outside of the peak times could be managed to ensure this does not increase the risk of accidents occurring outside of this time.</p>	Management
8.8	Travel Plan	Alongside recommendations made in this Pedestrian Strategy implementation of measures included in the Framework Travel Plan (and any subsequent Travel Plans) would contribute to improved access and user experience which will have knock on effect on campus safety.	Management

Ref	Description	Proposal	Physical/ Management
		A Travel Plan Co-ordinator will need to be appointed to implement and manage the measures included in the Framework Travel Plan and any subsequent Travel Plans.	
8.9	Adverse weather	<p>As the site needs to be accessible at all times it is important to maintain safety during adverse weather conditions. An adverse weather plan may be put in place, during icy and snowy conditions this may prioritise gritting of key routes (for all transport modes) into the hospital in addition to relaying advice for staying safe while travelling.</p> <p>The facilities management team and Travel Plan Co-ordinator should collaborate in the production of an adverse weather management plan.</p>	Management
8.10	Accident log	<p>A crucial part of managing site safety is being aware of the location and cause of all accidents occurring on site. It is vital that all staff are made aware of the proper protocol for reporting accidents and are not deterred due to any complexities in incident recording.</p> <p>The health and safety co-ordinator on site should review the existing procedures and if not implemented at present a simple form should be made and distributed to relevant departments for circulation to staff whenever an accident occurs. This should record when, where, who and how the accident occurred.</p> <p>A yearly review can then be undertaken to consolidate any trends and problem areas which arise from this information and where feasible mitigation options should be discussed</p>	Management

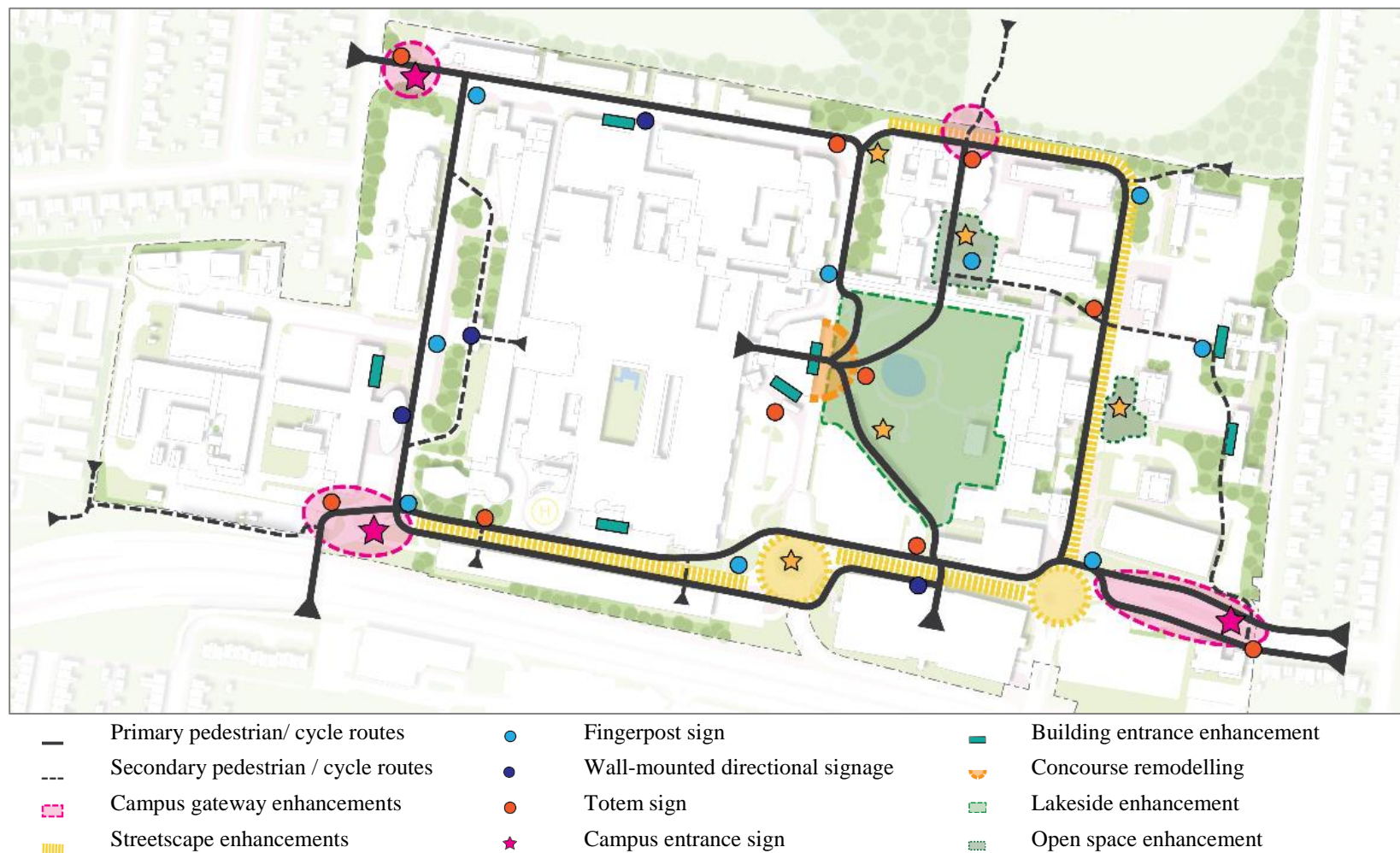


Figure 9 Outline campus wayfinding strategy

8 Next steps

Driven by pedestrian safety this document presents a set of hard and soft measures across the site that can either be implemented in isolation or can be developed as part of a holistic enhancement strategy.

To help prioritise the physical measures Arup has quantified the risk and indicative cost associated with each. Should CVUHB decide to phase improvements, a construction plan should be developed to avoid abortive works.






Whilst this document contains high level conceptual designs, detailed designs would be required before engineering works can be undertaken. Fundamentally, at this point a closer and fixed cost can also be provided for each element or scheme.













It is recommended that early contact is made with Cardiff Council to identify roles and responsibilities. For example, Cardiff Council would be responsible for adding a pedestrian phase to the Allensbank Road signals. Cardiff are also developing cycle and public transport strategies which should be mutually beneficial to the UHW campus. Early involvement would ensure that the interests of the CVUHB are considered, included, and safeguarded for the future.






Logistics operations have been identified as a hazard on site. The site has developed over the last few decades resulting in service vehicles operating in busy pedestrian areas. Discussion with service providers could help develop a safer working practice through the production of a Logistics and Delivery Strategy.

The full list of recommendations alongside the anticipated action required and timescales these should be completed within are included below in Table 23.

Table 23 Recommendations next steps

Ref	Proposals	Action required	Timescale	Cost	Priority
1. King George Drive East					
1.1	Pedestrian crossing, approx. 70m from Allensbank Road entrance.	Detailed design and implementation	12 months	<£10,000	
1.2	Widen pedestrian footway along the north side of King George V Drive East outside the Medicentre.	To be considered	Five years	£10,000 - £20,000	
1.3	Remove bus embayment on the northern carriageway of King George V Drive East.	To be considered	Ten years	£10,000 - £20,000	
1.4	Realign junction mouth at the entrance to the staff car park (southern carriageway).	To be considered	Ten years	£20,000 - £40,000	
1.5	Pedestrian crossing at Allensbank Road/King George V Drive E.	Feasibility, detailed design and implementation	Two years	£10,000 - £20,000	

1.6	Provide a continuous two-way cycle lane along the northern carriage way linking to the proposed CPR .	To be considered	Five years	£200,000 - £250,000	
Total cost of corridor improvements				£260,000-£360,000	
2. Heath Park Way Roundabout					
2.1	Roundabout improvements, including removing cyclists from the roundabout with a dedicated two-way cycle lane.	Feasibility, detailed design and implementation.	Two years	£200,000 - £250,000	
2.2	Decking the staff car park on King George V Drive East.	To be considered.	Ten years	>£600,000	
Total cost of corridor improvements				£850,000+	
3. Heath Park Way (east)					
3.1	Improvements at the service yard entrance, removing the dropped kerb.	Detailed design and implementation.	12 months	£10,000 - £20,000	
3.2	Realign pedestrian crossings at the northern end of Heath Park Way to match with desire lines.	Feasibility, detailed design and implementation.	Two years	£10,000 - £20,000	
3.3	Remove on street parking adjacent to existing and proposed pedestrian crossings.	Feasibility, detailed design and implementation.	Two years	£10,000 - £20,000	
3.4	Footpath continuity along both the west and eastern carriageways.	To be considered.	Ten years	£40,000 - £60,000	
3.5	Improve link into Heath Park.	To be considered.	Ten years	<£10,000	
3.6	Wheel stops on the east west link outside the Health Library.	To be considered.	Five years	£10,000 - £20,000	
Total cost of corridor improvements				£80,000- £150,000	
4. Entrance from Gabalfa interchange					
4.1	Road realignment into car park from Gabalfa interchange.	Feasibility, detailed design and implementation.	Two years	£200,00 - £250,000	
4.2	Provide a continuous pedestrian footpath and route into the site and across the existing car park.	Detailed design and implementation.	12 months	£10,000 - £20,000	
4.3	Segregated and continuous cycle route into the site and across the existing car park.	Feasibility, detailed design and implementation.	Two years	£60,000 - £100,000	
Total cost of corridor improvements				£270,000- £370,000	

5. The Gateway					
5.1	Improved pedestrian route continuity along The Gateway	To be considered	Ten years	£20,000 - £40,000	
5.2	Continuous segregated two-way cycle lane.	Feasibility, detailed design and implementation.	Two years	£250,00 - £300,000	
Total cost of corridor improvements				£270,000 - £340,000	
6. King George V Drive E (MSCP)					
6.1	Provide continuous pedestrian route towards A&E along the northern carriageway.	Feasibility, detailed design and implementation.	Two years	£200,000 - £250,000	
6.2	Provide a continuous segregated two-way cycle lane.	To be considered.	Five years	£10,000 - £20,000	
Total cost of corridor improvements				£210,000 – £270,000	
7. Heath Park Way Entrance					
7.1	Realignment of pedestrian crossing.	Feasibility, detailed design and implementation.	Ten years	£10,000 - £20,000	
Total cost of corridor improvements				£10,000 – £20,000	
8. Site wide measures					
Ref	Physical site wide measures	Action	Timescale	Cost	
8.1	Signage and information scheme.	To be considered.	Within 12 months	>£600,000	
8.2	Review and provision of continuous level access routing.	To be considered.	Within 12 months.	<£10,000	
8.3	Wheels stops.	To be considered.	Within12 months.	<£10,000	
8.10	Consistent speed control.	To be considered.	Within 12 months.	<£10,000	
Total cost of physical site wide measures		>£630,000			
Management site wide measures		Action required by			
8.5	Off site service vehicle consolidation.	Feasibility of this would need to be discussed between logistics operations and facilities management teams.			
8.6	Banksperson at peak times at service areas.	Implementation and timing of this would need to be discussed between logistics operations and facilities management teams.			
8.7	Ban logistics vehicles from entering the site at peak times.	Feasibility, including timings and management of this would need to be discussed between logistics operations and facilities management teams.			

8.8	Implement measures set out in the Travel Plan.	A Travel Plan Co-ordinator will need to be appointed to implement and manage the measures included in the Framework Travel Plan and any subsequent Travel Plans.
8.9	Adverse weather management procedures.	Facilities management team and Travel Plan Co-ordinator to collaborate in the production of a management plan.
8.10	Accident log and yearly review.	The health and safety co-ordinator on site should review the existing procedures and ensure they are made clear to relevant heads of teams.

Implementation of the hard and soft improvement measures should be considered based on their priority ranking, alongside promotion of the UHW Framework Travel Plan which will improve modal choice and result in a reduction in the use of the car, in turn improving pedestrian safety. Further to this document CVUHB may want to consider the following site audits and reports to complement this strategy, the Framework Travel Plan and provide site wide coverage of mitigation and strategy:

- Tactile and dropped kerb compliance report;
- Wayfinding strategy;
- Adverse weather planning strategy;
- Green space development plan; and
- Logistics and Delivery Strategy.

Appendix A

Site context

A1 Site Context

A1.1 Location Plan

The UHW campus is situated in Heath, which is a northern district of Cardiff. The campus is bounded in each direction by:

- North, Heath Park which includes a public car park, playing fields and university facilities;
- East, some residents and Cathay's Cemetery;
- South, the A48 dual carriageway which provides strategic access for UHW; and
- West, the Department for Work & Pensions office and a residential development.

A list of the UHW facilities are shown in Figure 2.



Key Patient Facilities	204 Carmarthen House	218 Tenovus Building
101 Main Hospital	205 Denbigh House	219 Tŷ Maeth
102 Reception/ Concourse	206 Brian Cooke Dental Library	220 Wales Heart Research
103 A&E/ Trauma	207 Glamorgan House	221 Cancer Genetic Building
104 Children's Ward	208 Henry Welcome Building	222 IV Lounge
105 Maternity Ward	209 Inst. Medical of Genetics	222 Neuadd Meirionnydd
106 Dental Hospital	210 Medicine	222 Postgraduate Education
107 Sports and Leisure	211 Monmouth House	223 College House
Other UHW Buildings	212 Graduate Centre	224 Lakeside Complex
201 Brecknock House	213 Pembroke House	Main Car Parks
202 Cardiff Medicentre	214 Michael Griffith Education	301 MSCP Short Stay
203 Cardigan House	215 Cochrane Building	302 MSCP Long Stay
203 NHS Liaison Unit	215 Health Library	303 Disabled Parking
203 Student Support Centre	217 Sports & Social Club	← Patient/ visitor entrances

Figure 10 Location Plan

A1.2 Accident data

Accident data has been provided by UHW for incidents which have occurred on the internal road network in the last 3 years as shown in Figure 3. Three of the reported accidents were of a minor severity, five moderate and no fatal incidents were recorded within this timeframe. In addition to accidents which occurred, two “near miss” incidents were reported.

Of the recorded incidents, six involved a vehicle and a pedestrian and are predominantly located at zebra crossings throughout the site, two incidents involved two vehicles colliding and the final incident involved a cyclist and car.

Of the vehicle and pedestrian accidents two incidents were reported which involved a reversing van and a pedestrian. The first involved a staff member walking down the service entrance from Heath Park Way being struck by a reversing van who failed to see the pedestrian, this incident was categorised as moderate. The second involved a van reversing at the pharmacy loading area and being alerted by another driver of a pedestrian using the crossing behind the van and resulted in a near miss.

There is a concentration of incidents in the south east of the site, particularly around the Heath Park Way / King George V Drive roundabout. Two of these incidents were caused by cars colliding with staff members using the zebra crossing across Heath Park Way. This area is anticipated to be redesigned as part of the Transport Hub proposals, and has been considered for improvements as a larger corridor towards the King George V Drive roundabout as detailed in Section 7.

The cluster of incidents is likely caused as this is where primary pedestrian and vehicles routes towards the hospitals main entrance intersect.

The only incident recorded involving a cyclist also occurred at the Heath Park Way / King George V Drive roundabout, this incident was due to poor weather conditions and visibility.

An additional minor incident was recorded involving a forklift truck and a member of staff. However, the exact details and location of this incident are not known and therefore have not been included within the incident map.

In addition to the accidents shown for the 3 year period identified, a fatal accident which occurred in 2014 has also been included in Figure 3. This incident involved a member of staff crossing the road from A&E towards the car park on the south side of The Gateway being hit by a passing van. This was found to be an unfortunate accident, however, following on from this the area has been highlighted as a potential risk area due to potential for interactions between pedestrians and emergency vehicles.

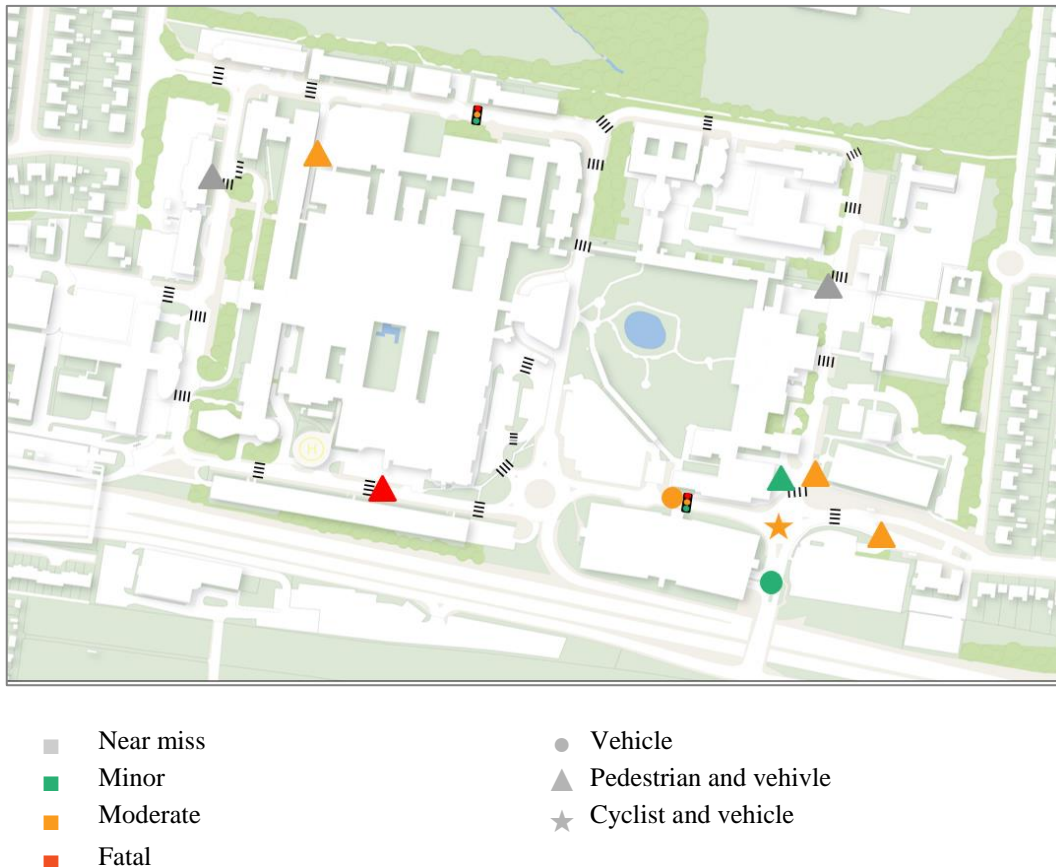


Figure 11 Accident data at UHW January 2015 – February 2018

A1.3 Pedestrian Access

The UHW site is accessible from a number of different pedestrian routes, each serving various functions and at various levels of quality. A route hierarchy has been identified for the various routes across the site. This has been shown in Figure 12 Pedestrian Route Hierarchy.

The primary access points are from both Allensbank Road and King George V Drive West and are those likely to be used by most visitors to the hospital, particularly those with limited knowledge of the site. The primary routes lead on from these entrances around the main hospital buildings periphery towards the main entrance.

The secondary routes identified enter the site from Heath Park onto Heath Park Way, these routes cover areas more likely to be utilised by frequent users of the site such as hospital staff, frequent visitors and students. Staff are anticipated to move around the hospital in different ways and for different purposes such as moving between facilities, potentially carrying and wheeling equipment.

The tertiary routes enter the site from the south which requires crossing over the A48 which has relatively poor pedestrian amenity. Tertiary routes within the site are those which are only likely to be used by staff and lead directly to staff entrances to the hospital or take routes which are not likely to be known by general users of the site.

The routes from both the secondary and tertiary entry points include Heath Park Way to the south and west which largely serve university buildings.

Finally, a number of informal routes have been identified largely from site visits and are based upon clearly used paths off the designated internal walkways. These may represent desire lines which are not catered for within the site.

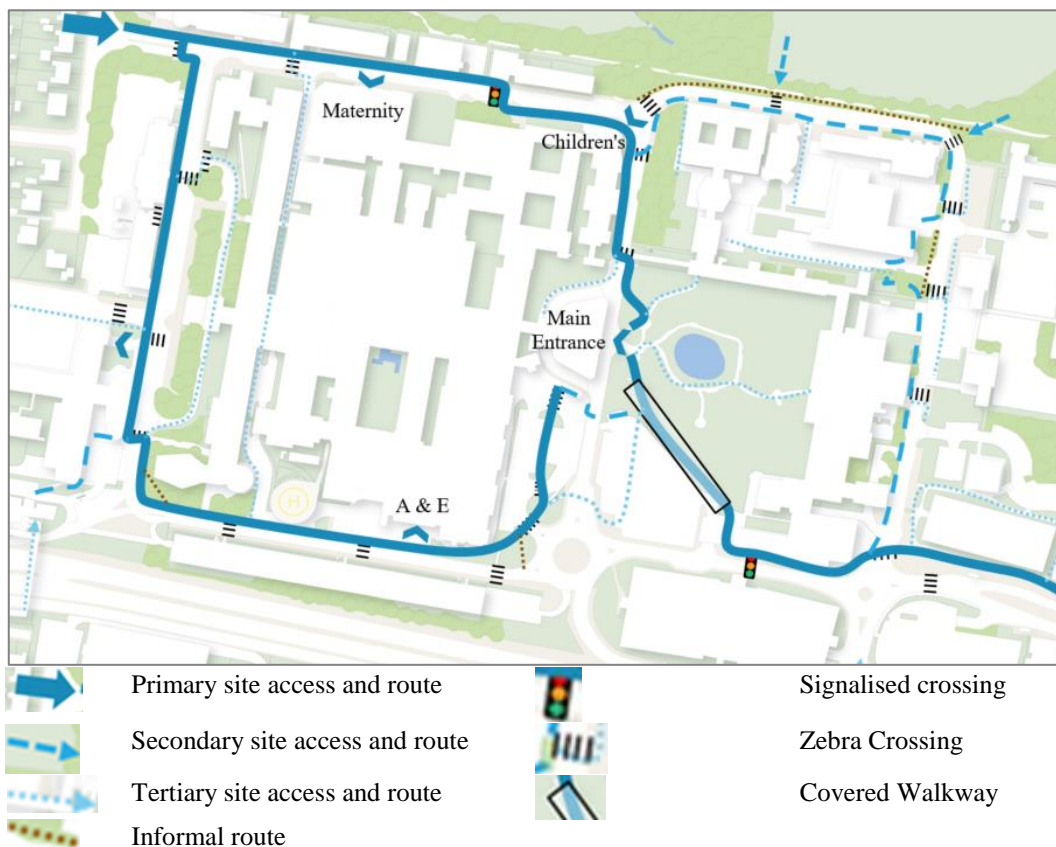


Figure 12 Pedestrian Route Hierarchy

The topography across the site as well as buildings and vehicle ramps create natural barriers for pedestrians, Figure 13 shows accessibility for pedestrians and the locations of ramp and/or stairs access. There are several locations across the campus with step only access, step free access is available but may be via a convoluted route. This is explored in more detail in Appendix G.

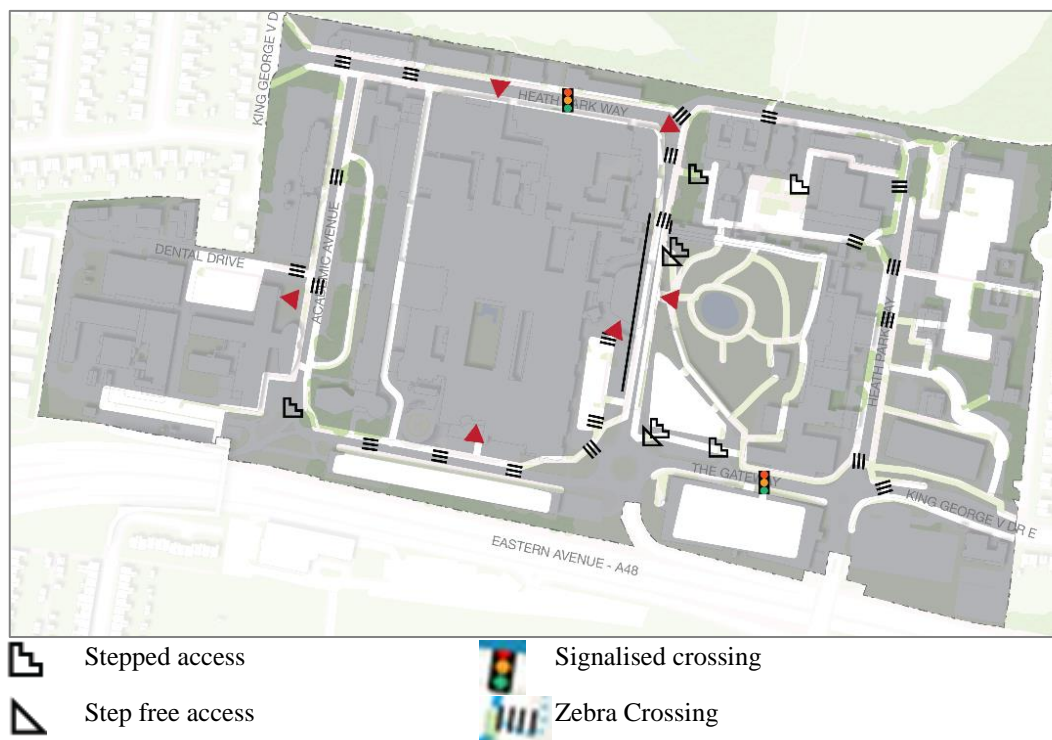


Figure 13 Accessible areas, for pedestrians

Based on the route hierarchy, physical barriers and site observations Figure 14 identifies the pedestrian desire lines around the campus. These routes show access to the main hospital, dental hospital and university buildings. Indicative line weights have also been applied to each route which represent the busyness of each link.

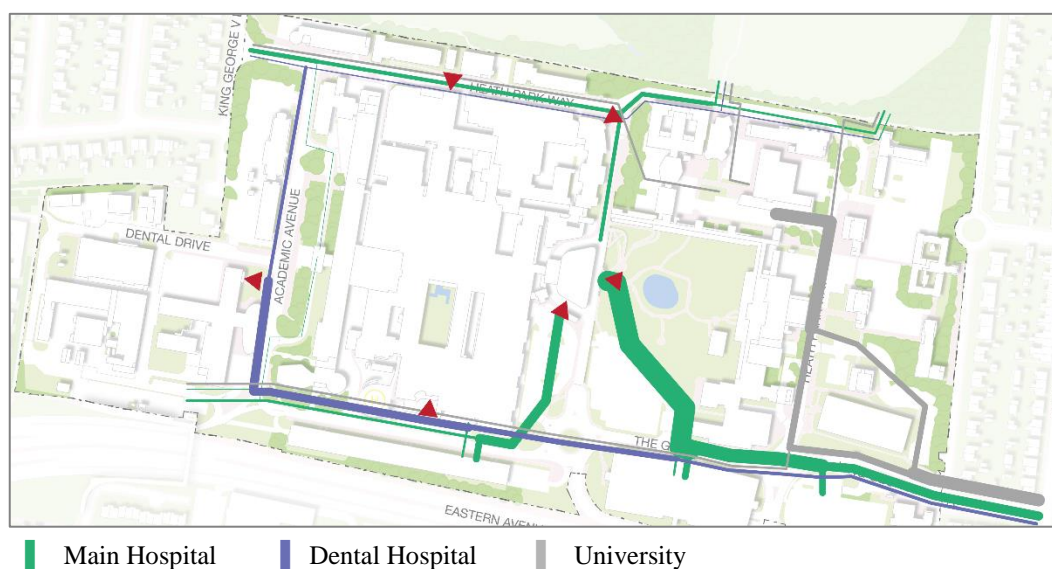


Figure 14 Key pedestrian routes

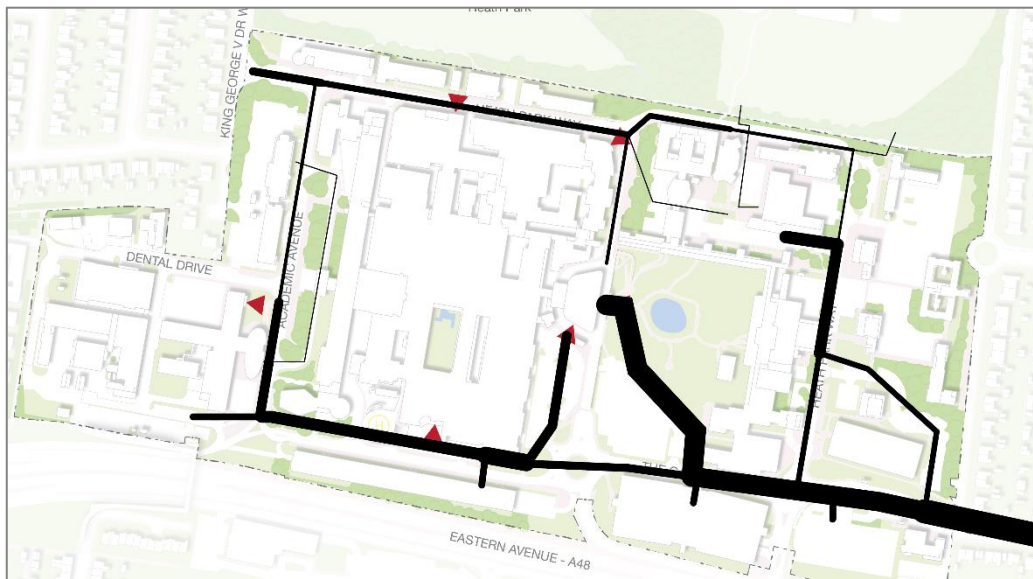


Figure 15 Key pedestrian desire lines

Although not included within the internal routes map there are a network of tunnels running under the site which can be accessed by approved users and are used for moving goods across the site. The access points into the tunnel systems on Heath Park Way are also the location for deliveries to be made into the site. These locations therefore have an impact on the internal road network. More investigation may be required to assess the impact and potential conflict of use over different areas where these meet the general internal road network.

Pedestrian crossing facilities within the site are generally good, with regular zebra crossings throughout the site.

Beyond the walking routes to destinations throughout the site staff, patients and student may also use the areas of the site as recreational space during breaks. Some of these areas are designated recreational areas such as the lake, however, a number of other locations may be informally adapted to this purpose such as the south west entrance point which was observed to be used by hospital staff.

A1.4 Cycling

UHW is centrally located in Cardiff and is within a ten minute cycle ride of National Cycle Route 8 (NCR8), which runs along the river Taff.

On arrival at the site there are several access points, which are shown in Figure 16. The site can be accessed via Gabalfa Interchange, which extends to NCR8 and can be accessed via Heath Park, which are both traffic free access points. The site can also be accessed via King George V Drive West and Allensbank Road, which are shared with vehicular traffic.

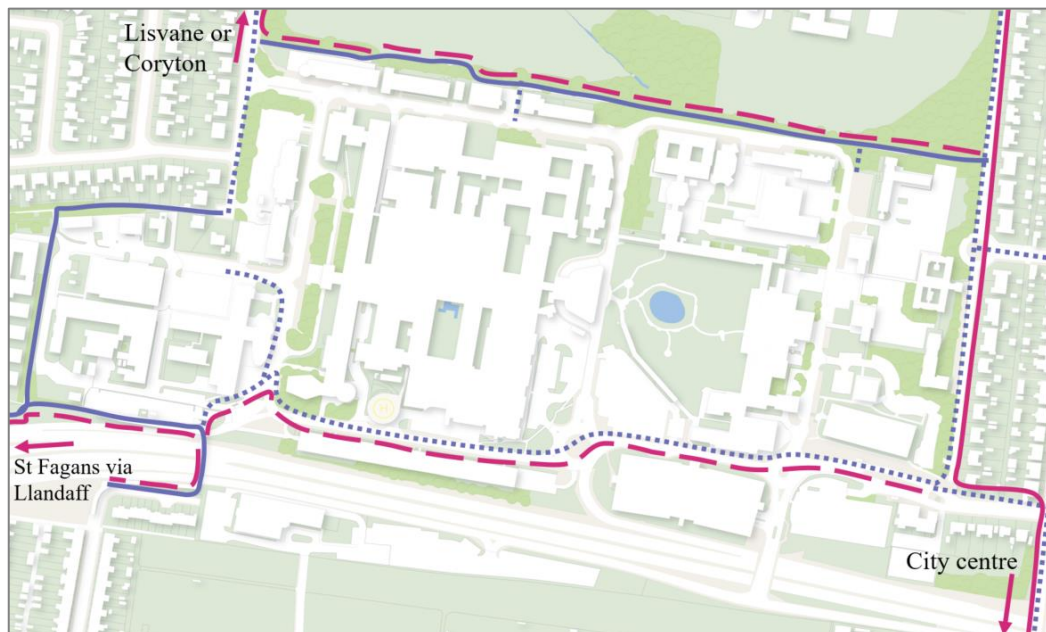
The local network does offer some cycle provision, although this is inconsistent and varies in quality. There are some dedicated off road cycle routes towards the NCR8 (west), quiet residential streets north of the site as well as some on road cycle provision towards the city centre.

Besides cycle parking there is limited cycle provision offered on site.

Alongside the existing cycle routes CC have also proposed a number of cycle routes around the city. Including a network of Cycle Primary Routes (CPR) which pass by UHW.

The CPR is currently proposed to stretch between Lisvane, in the north, along King George V E Drive towards Cardiff City Centre. CCC have also proposed a number of secondary cycle routes, which include a route through the UHW along The Gateway linking Gabalfa Interchange with Allensbank Road.

The proposed scheme will promote cycling as an alternative mode of transport to hospital users and improve safety on and off site.



- Traffic free cycle route
- ... Cycle route
- - - Planned secondary cycle route
- Planned Cycle Primary Routes

Figure 16 Current and Proposed Cycle Routes on Site

For visitors the main cycle storage is immediately south of the main concourse, under the access ramp and adjacent to the disabled car park. This has direct access to the main concourse without having to cross a road or car park.

As part of the proposed Transport Hub addition there is provision for staff cycle facilities which include a bike repair station, showers and secure cycle storage.

A1.5 Traffic Network

The road network has been considered within this study to highlight any points where pedestrians, cyclists and vehicles may come into conflict. For this reason, it is necessary to gain an understanding of all transport modes and how they interact within and around the site. Maps laying out both the internal and external road network are included in Figure 18.

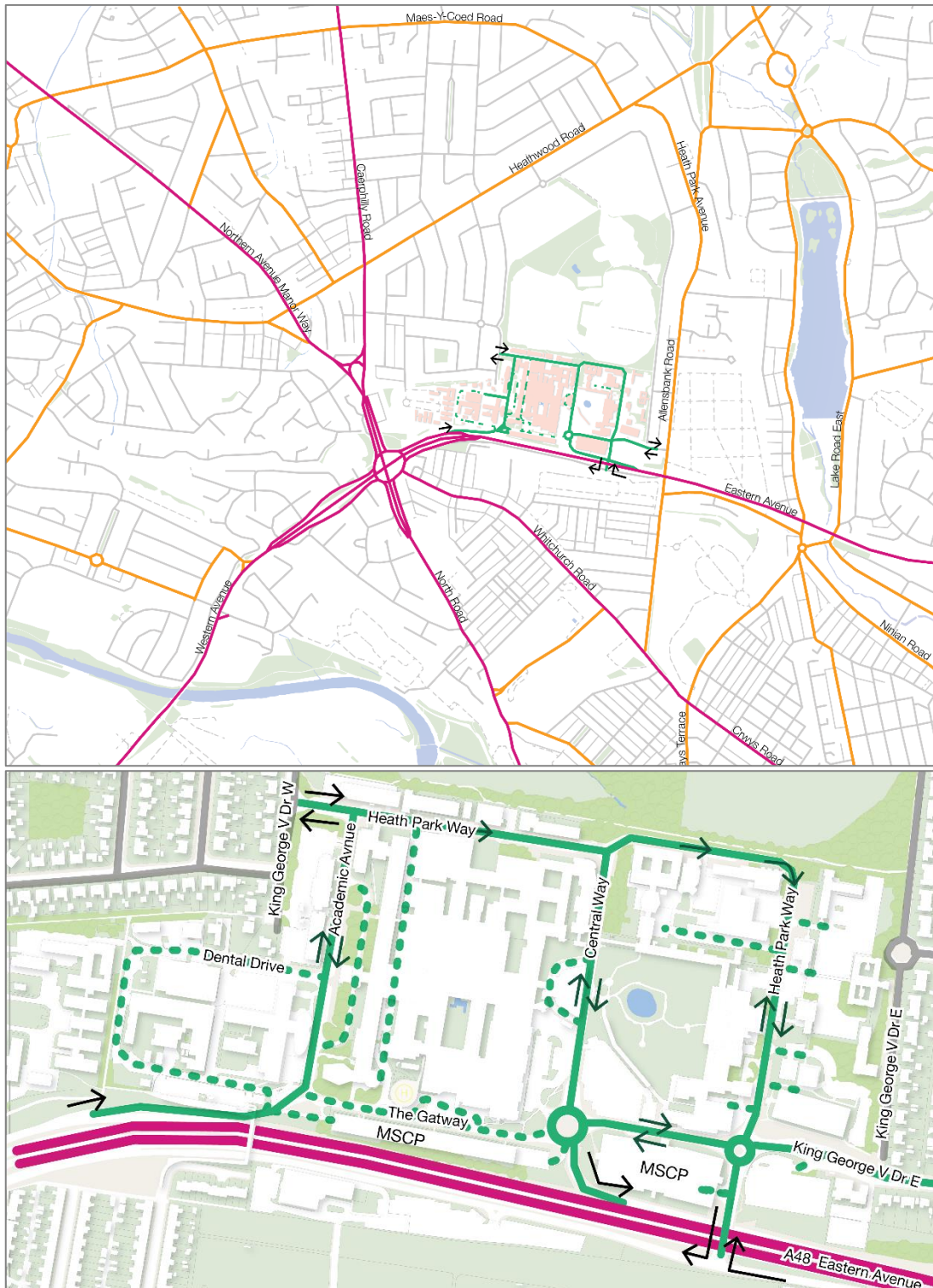
There are three vehicle accesses into the site. The major access is off the A48 from Gabalfa Interchange (south west), with secondary accesses off Allensbank Road to the east and a tertiary access off King George V Drive to the west. There is also dedicated on and off ramp from the A48 east.

The UHW internal road network is restricted with most of Heath Park Way one-way clockwise. To reduce rat running through the site The Gateway has recently been gated with restricted access to permitted vehicles only. There are also traffic barriers along King George V Drive and along Heath Park Way that can also be used to restrict vehicle access. These are both currently kept open for all traffic.

There are various reduced speed limits across the site, as shown below in Figure 17. Although inconsistent the reduced speed zones will give a better environment for pedestrians and pedestrian safety:



Figure 17 Posted speed limits on internal road network



- Major Road (A Road)
- Secondary access roads
- Hospital access roads
- Other local and residential roads
- Restricted access

Figure 18 Road Hierarchy

A1.6 Car Parking

UHW offers various parking products across its campus. The parking is currently managed by ParkingEye and is free for all users as of June 2018. The parking is broken down into various categories with each of the parking products designated for either visitors, disabled, all staff or specific/essential operation. An outline of the location and type of parking provided on site is include in Figure 19.

On the UHW campus the majority of visitor parking is in the two MSCP (CP8 and CP9) along the southern face of the site.

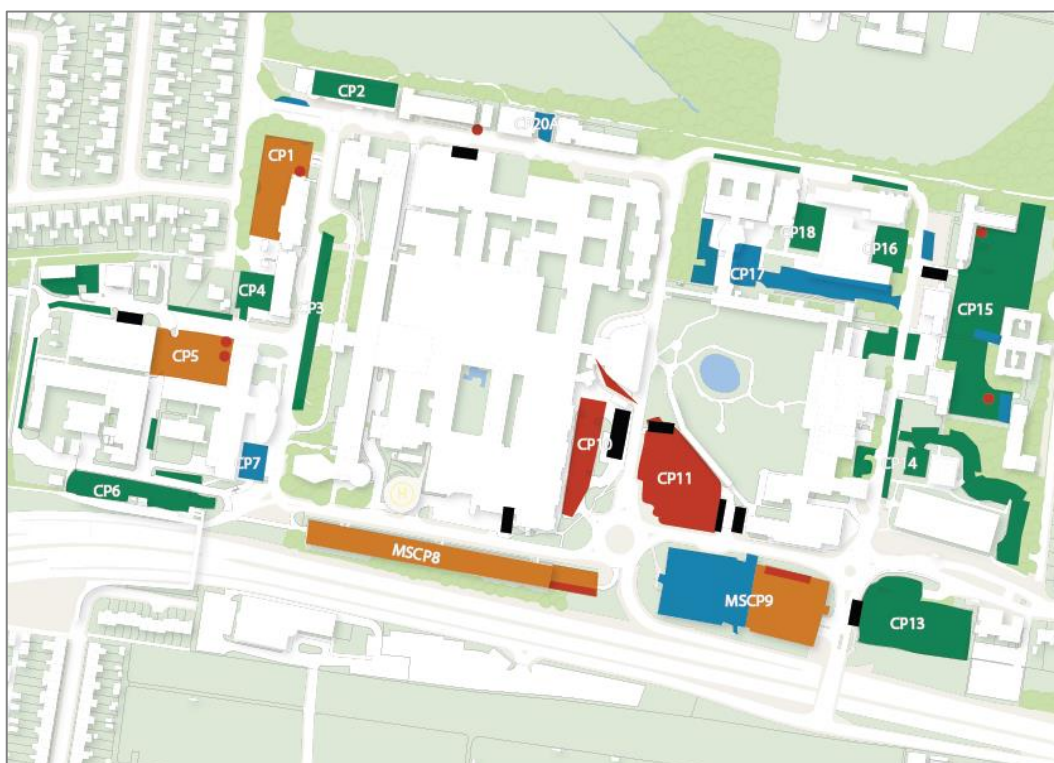
MSCP 8 is an open decked car park, ground floor and first floor. The ground floor is open along its length of The Gateway, there several paved crossing points along the length of the car park for access towards A&E.

MSCP 9 has six levels and is shared between visitors and operations/permit holders. The pedestrian access to the car park is via a central core (including stairs, a lift and ticket machines). There is a signalised pedestrian crossing between the car park and the sports and social club.

Both MSCP's are within five-minute walk of the main hospital concourse.

Each of the major parking areas have disabled parking bays but there are also two dedicated disabled car parks (CP10 and CP11). These are adjacent to and have direct access to the main concourse.

here is a concentration of UHW offices and back of house facilities at the northeast corner of the site and therefore a concentration of staff parking. All staff parking is permit holders only and staff can park only within their allocated car park.



Parking Products

- Visitor and patient parking
- Staff and essential user parking
- Drop off zone (20 minute)
- Disabled parking
- Staff parking, general free roam

Figure 19 Parking products

A1.7 Public Transport

A1.7.1 Bus Services

The UHW site is served by a comprehensive bus network. There are seven bus stops located on the campus circulating Heath Park Way, Central Way, The Gateway and Academic Avenue. These stops are served by 8 regular bus services, with a service every few minutes. Figure 20 is a zoom in on the bus services, local to the UHW campus. The figure shows the route by colour and the direction of their ongoing travel, in addition to the location of bus stops within the site.

As well as the regular services the site is also served by a park and ride shuttle from Cardiff East Park and Ride.

The regular services towards the City Centre provide good coverage, along core transport routes, and connect with other bus and rail services for onward journeys.

Some of the services also use the hospital as a termination point, looping clockwise through the campus.

For example the number 8 and 9 enter the site from Allensbank Road, drive along Gateway (two way), turn right up Academic Avenue (one way northbound), turn right onto Heath Park Way (one way eastbound), turn right onto Central Way (two way) and then exit from the campus back onto Allensbank.

Various services take different routes through the network, stopping on different streets depending on where they may be heading. The Figure also shows several services that don't directly access the UHW campus but do pass within a reasonable walking distance of the site, along Allensbank Road.

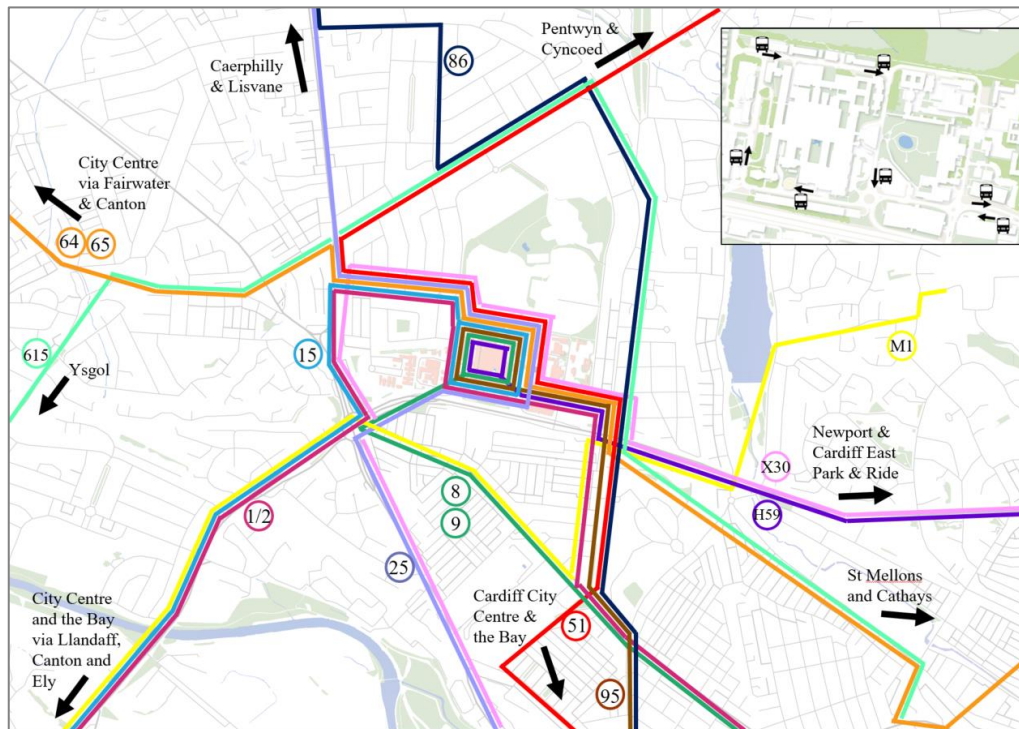


Figure 20 Buses serving The UHW

There are proposals for implementation of a Transport Hub adjacent to Central Way. The current plans envisage consolidating all bus movements into this location to improve accessibility of the bus services to all users. Improved pedestrian facilities including a covered walkway are included in the proposals to direct patients to the concourse and main hospital entrance from the Transport Hub.

A1.7.2 Train Services

High Level and Low Level train stations are within 1.4 km or 17 minutes walking time of the UHW site. These serve a number of locations including Penarth, Bargoed and Cardiff Central. Trains run from both stations between the hours of 06:20 and 23:00 Monday to Saturday with a reduced service on Sundays.

Combined, the stations provide six services per hour to Cardiff Central Station which can be used to connect to regional services across Wales and England.

Appendix B

Site Observations

B1 Site Observations

For the design team to understand the nuances of the UHW campus multiple site visits were carried out. This Section investigates some of the observations made on site plus some desk based research.

B1.1 Site Access and Traffic Management

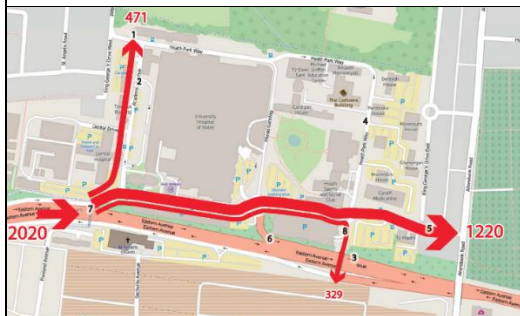
Traffic barriers are in place at the main entry points to the site but are not in use. ANPR data gathered by Vectos across three surveys from 2014 – 2016 found that between 46% - 60% of vehicles accessing the site are rat running and have no legitimate reason to enter the site.



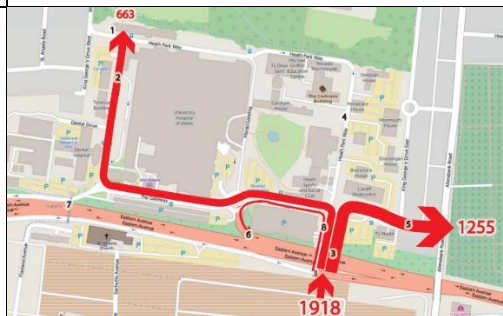
South East site access



Inbound traffic from Gabalfa Interchange



North West site access



Inbound Traffic from A465 (westbound)

B1.2 Poorly Defined/ Missing Crossing Points

Site is vehicle dominated, both visually and physically.

Most junctions have zebra crossing facilities, but these are often poorly maintained and there are various examples of poor or no pedestrian infrastructure.

Lack of crossing facilities close to the main entrance but this area is adopted highway so Council has responsibility here.



Narrow footway, wide carriageway, no pedestrian crossing



Narrow pedestrian route, crossing paint worn



Pedestrians directed away from desire line to 'safer' crossing point

B1.3 Poor Pedestrian Continuity

There is a lack of pedestrian continuity at most junctions, parking and service areas (including A&E ambulance bay) due to poor use of tactile paving, level changes, no linking surfaces/colours, and a discontinuation of footways. At some junctions, footways stop abruptly.



No defined path for pedestrians to take from footbridge across car park.



Parking spaces obstructing pedestrian path.



No crossing point for pedestrians and no clear pathway.



Pedestrian footpath ends without a crossing point.



Pedestrian path ends with no clear onward path.



Pedestrian path ends without a crossing or onward path.

B1.4 Informal Routes

In some instances, pedestrians have created a path across grass rather than use non-direct pedestrian infrastructure. This is especially prevalent along 'Heath Park Way' (rear of the lakeside building) and 'The Gateway' south of the concourse/Lake area.



Outside Heath Library footpaths not following pedestrian desire lines.



Footpath not provided inside Hospital campus adjacent to Heath Park.



No footpath for pedestrian desire lines.



Outside Dental Hospital no footpath for pedestrian movement.



Steps blocked off at junction with Academic Avenue and The Gateway with convoluted step free access.

B1.5 Tactile Paving

There are several examples of the incorrect use of tactile paving. Red tactile should demark controlled crossings whereas buff tactile should demark uncontrolled crossings, this aids visually impaired road users



Incorrect tactile paving used outside Emergency Unit – indicating that this is a controlled crossing.



Long pedestrian crossing with incorrect tactile paving used.



Incorrect tactile paving colour used at staff entrance off Academic Avenue.



Incorrect colour tactile paving used on Academic Avenue outside Heart Research institute.

B1.6 Indirect Level Access

Within the site, a number of routes come to an end/barrier/steps only. South of the Concourse/ Lakeside appeared to have the highest footfall but poor pedestrian provision – main route requires pedestrians to go up/down steps through the car park with only a narrow pedestrian route indicated. Not suitable provision for those with mobility difficulties.



Entrance to visitor car parking adjacent to Central Way – lack of step free access.



Pedestrian crossing and dropped curb missing at adjacent crossing point.



No clear pedestrian step free access.

B1.7 Narrow/Obstructed Pedestrian Routes

Throughout the site, a number of pedestrian routes were identified which were narrow, obstructed or generally inhospitable. It can often be unclear if the pedestrian route is a formal or informal one.



Narrow pedestrian/wheelchair access to main hospital building, not wide enough for two wheelchairs to pass.



Outside multi-storey car park, path too narrow for pedestrians and wheelchair users to pass comfortably.



Unclear if the path is formal due to obstacle.



Poorly marked and narrow pedestrian path.

B1.8 Mixed Signage Strategy

The signage strategy is not consistent on site with a mix of newer NHS signage, Cardiff University signage and a variety of additional formats. This makes wayfinding a challenge due to a lack of familiarity and identifiability, and could lead users to wrongly assume that some signage is not relevant to them.

The duplication gives an appearance of being cluttered, with signs often repeated next to each other. In addition, entrances and building names are poorly marked and signposted and difficult to identify from a long distance. There appears to be little linkup with internal site-wide signage.

The recently adopted NHS Wales branded signage has started to bring consistency between formats and gives more clarity on bilingual signage, however the format of some of the signs makes it difficult to update individual elements without complete replacement of the sign.

In places, Cardiff University branded directional and entrance signage is used to identify locations primarily used by students and the faculty.



Multiple different signage styles giving an unclear message.



Duplicate signage - Two different style signs being used for the same purpose in the same location.



NHS signage (Lakeside Park).



NHS signage - use of branding but single-piece signage difficult to update without complete replacement



Cardiff University entrance signage



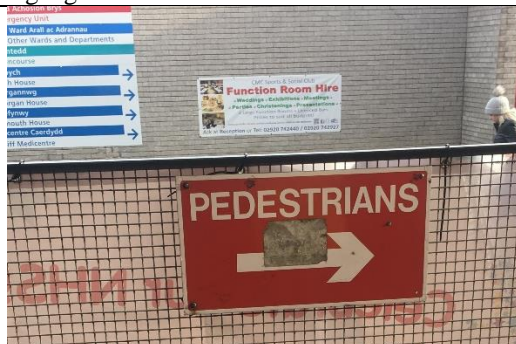
Cardiff University signage system.



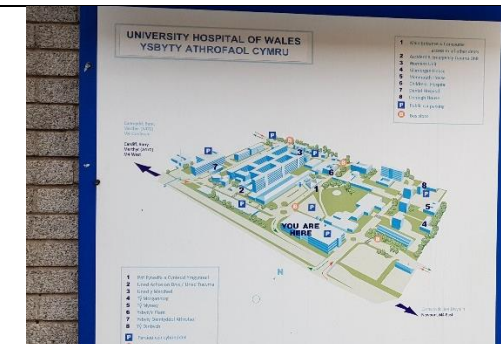
Site entrance signage not prominent – obscured by planting and dominated by secondary signage.



Unclear signage directing pedestrians to a main entrance.



Signage used as substitute for clear and direct routes.



Campus map using additional visual identify. Entrances are not clearly indicated. These maps are infrequently found around the site and often not at key nodal points.



Mix of different signage style with various information, signs largely in disrepair/ in need of cleaning.

B1.9 Gaps in Signage Provision

In most cases, the signage identifies major parking areas and bus stops, however drop-off zones and smaller parking areas are not included. Parking areas are unnamed, one sign directs towards a 'multi storey car park', however there are two on site and not immediately adjacent. Gaps in provision also mean there is a lack of journey continuity and pedestrians are taking longer routes than would otherwise be necessary.

B1.9.1 Use of Highway Signage

In some places, highway signage is used for pedestrian and cyclist-specific purposes and is frequently unclear and in poor condition. In some places highway signage is relied upon to give instructions to pedestrians and cyclists but may not be widely understood.



Unclear pedestrian signage on bridge over A48(M).



Cycle route signage is very small.



Cycle road markings badly worn making purpose unclear.



Unclear message given by pedestrian and cycle signage.

B1.9.2 Cycling

The provision and location of cycle storage was not clearly sign posted and inconsistent in its location and quality (shelter, quantity and security). The location of cycle storage didn't always seem to cater to demand as numerous cycle stands were full causing nearby railings to be used, whereas some cycle stands were underutilised.

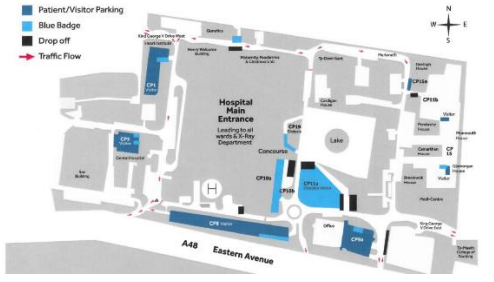

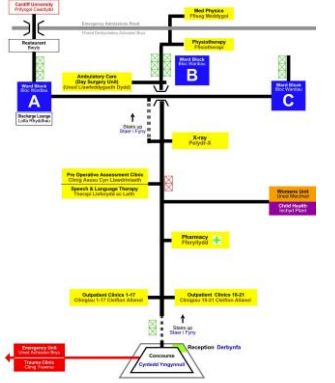
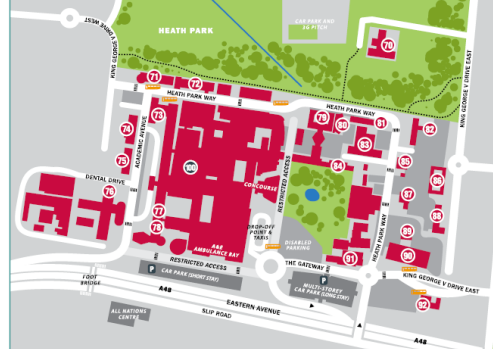
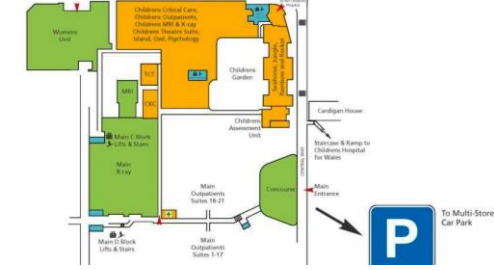



B1.9.3 Inconsistency Journey Planning Resources

In general, there is a lack of consistency of available wayfinding information on the CVUHB website for both getting to and around the site. The main maps provided for UHW have entirely different visual identities and formats making cross-referencing difficult, with some being more geographically-accurate and others more conceptual. In general, the maps are not particularly successful at showing features such as buildings, pedestrian routes and main entrances. There is generally a lack of map-based information for internal areas, including the Main Building, which appears to lack mapping for each floor.

Additionally, individual department websites have varying levels of information, generally relying on lengthy descriptions, lacking map-based information, or relying on Google Maps. Wayfinding information is also difficult to locate on some department websites.

The mapping provided by Cardiff University is more successful in providing a clear overview of the site but lacks detail around routing.

 <p>'UHW Car Park Plans' – do not identify building outlines, entrances or pedestrian routes/crossings but does separate parking into patient/visitor and staff.</p>	 <p>'UHW Site Plan' – shows buildings and key access information but plan is orientated away from north-south. Entrances poorly marked, roads not named and internal arrangements not shown.</p>
 <p>'UHW Department Plan' – plan is overly diagrammatic, gives little indication of context or relationship to the building itself and only shows the main storey.</p>	 <p>Cardiff University 'Heath Park Campus' map – geographically accurate, clear differentiation between buildings, car parks and roads/open spaces. Crossings shown but pedestrian routes missing. Reliance on directory for naming may not work for all users.</p>
 <p>Noah's Ark Children's Hospital Site Plan – location plan is simple and legible for the unit itself, but lacks wider context.</p>	 <p>Noah's Ark Children's Hospital ward plans – clear and legible maps for internal navigation and connection to other departments.</p>

B1.9.4 Car Parking

There is a large amount of surface car parking between/around/under/behind buildings. Parking dominates the public realm.

Car parking is also not clearly signposted. Staff and public car parking is segregated although signage displaying this is not clear from a distance, potentially causing confusion for drivers new to the site.

Some parking areas are too short for service vans causing an overlap onto pavements.



Unclear where signage is referring too and too small.



Sign not readable while in vehicle.



Narrow vehicle drop off bay causing vehicle to overlap onto footway.



Very busy parking lacking clearly defined spaces and road markings.

Appendix C

Walking Route Audit Tool

Audit Categories		and Walking Infrastructure Plan: Walking Route S	1 (Amber)	0 (Red)	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
1. ATTRACTIVENESS	- maintenance	Footways well maintained, with no significant issues noted.	Minor littering. Overgrown vegetation. Street furniture falling into minor disrepair (for example, peeling paint).	Littering and/or dog mess prevalent. Seriously overgrown vegetation, including low branches. Street furniture falling into major disrepair.	1	1	1	1	0	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	
2. ATTRACTIVENESS	-fear of crime	No evidence of vandalism with appropriate natural surveillance.	Minor vandalism. Lack of active frontage and natural surveillance (e.g. houses set back or back onto street).	Major or prevalent vandalism. Evidence of criminal/antisocial activity. Route is isolated, not subject to natural surveillance (including where sight lines are inadequate).	2	2	2	1	1	1	2	1	2	1	2	1	1	2	2	1	1	2	2	1	1	1	1	2	
3. ATTRACTIVENESS	-traffic noise and pollution	Traffic noise and pollution do not affect the attractiveness	Levels of traffic noise and/or pollution could be improved	Severe traffic pollution and/or severe traffic noise	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
4. ATTRACTIVENESS	- other	Examples of 'other' attractiveness issues include: - Evidence that lighting is not present, or is deficient; - Temporary features affecting the attractiveness of routes (e.g. refuse sacks). - Excessive use of guardrail or bollards						1	0	1																			
Attrativeness					5	5	5	5	3	5	6	4	5	4	5	4	4	5	5	4	4	5	5	4	4	4	4	6	
5. COMFORT	- condition	Footways level and in good condition, with no trip hazards.	Some defects noted, typically isolated (such as trenching or patching) or minor (such as cracked, but level pavers). Defects unlikely to result in trips or difficulty for wheelchairs, prams etc. Some footway crossovers resulting in uneven surface.	Large number of footway crossovers resulting in uneven surface, subsided or fretted pavement, or significant uneven patching or trenching.	1	1	1	0	0	1	2	1	2	1	1	1	2	2	2	1	1	2	1	1	2	2	2	2	
6. COMFORT	- footway width	Able to accommodate all users without 'give and take' between users or walking on roads. Footway widths generally in excess of 2m.	Footway widths of between approximately 1.5m and 2m. Occasional need for 'give and take' between users and walking on roads.	Footway widths of less than 1.5m (i.e. standard wheelchair width). Limited footway width requires users to 'give and take' frequently, walk on roads and/or results in crowding/delay.	1	0	0	0	0	1	2	1	2	1	1	2	1	1	1	1	1	2	1	1	0	1	1	1	
7. COMFORT	- width on staggered crossings/ pedestrian islands/refuges	Able to accommodate all users without 'give and take' between users or walking on roads. Widths generally in excess of 2m to accommodate wheel-	Widths of between approximately 1.5m and 2m. Occasional need for 'give and take' between users and walking on roads.	Widths of less than 1.5m (i.e. standard wheelchair width). Limited width requires users to 'give and take' frequently, walk on roads and/or results in crowding/delay.		0	2	1	1	1	2	2	0	2	2	1	0	0	1	2	2	2	0	0	0	0	2	2	
8. COMFORT	- footway parking	No instances of vehicles parking on footways noted. Clearance widths generally in excess of 2m between permanent obstructions.	Clearance widths between approximately 1.5m and 2m. Occasional need for 'give and take' between users and walking on roads due to footway parking. Footway parking causes some deviation from desire lines.	Clearance widths less than 1.5m. Footway parking requires users to 'give and take' frequently, walk on roads and/or results in crowding/delay. Footway parking causes significant deviation from desire lines.	1	1	0	1	2	1	2	0	2	1	1	2	2	0	2	2	2	2	0	0	1	2	2	2	
9. COMFORT	- gradient	There are no slopes on footway.	Slopes exist but gradients do not exceed 8 per cent (1 in 12).	Gradients exceed 8 per cent (1 in 12).	2	1	2	1	1	2	2	2	2	2	2	1	2	2	2	2	1	1	2	1	1	1	0	1	2
10. COMFORT	- other	Examples of 'other' comfort issues include: - Temporary obstructions restricting clearance width for pedestrians (e.g. driveway gates opened into footway); - Barriers/gates restricting access; and - Bus shelters restricting clearance width. - Poorly drained footways resulting in noticeable ponding issues/slippery surfaces																											
10. COMFORT					5	3	5	3	4	6	10	6	8	7	6	8	7	5	8	7	7	10	3	3	4	5	8	9	
11. DIRECTNESS	- footway provision	Footways are provided to cater for pedestrian desire lines (e.g. adjacent to road).	Footway provision could be improved to better cater for pedestrian desire lines.	Footways are not provided to cater for pedestrian desire lines.	2	1	0	0	0	1	2	1	2	1	2	0	0	0	1	1	0	2	2	2	1	1	1	2	
12. DIRECTNESS	- location of crossings in relation to desire lines	Crossings follow desire lines.	Crossings partially diverting pedestrians away from desire lines.	Crossings deviate significantly from desire lines.	0	0	2	0	1	2	2	2	2	1	2	1	0	0	1	1	0	2	0	0	0	0	1	2	
13. DIRECTNESS	- gaps in traffic (where no controlled crossings present or if likely to cross outside of controlled crossing)	Crossing of road easy, direct, and comfortable and without delay (< 5s average).	Crossing of road direct, but associated with some delay (up to 15s average).	Crossing of road associated indirect, or associated with significant delay (>15s average).	2	2	2	2	2	2	2	2	2	2	2	2	1	0	0	2	2	1	2	0	0	0	2	2	
14. DIRECTNESS	- impact of controlled crossings on journey time	Crossings are single phase pelican/puffin or zebra crossings.	Crossings are staggered but do not add significantly to journey time. Unlikely to wait >5s in pedestrian	Staggered crossings add significantly to journey time. Likely to wait >10s in pedestrian island.	0	2	2	1	1	2	2	2	2	2	2	2	0	0	2	2	0	2	0	0	0	0	2	2	
15. DIRECTNESS	- green man time	Green man time is of sufficient length to cross comfortably.	Pedestrians would benefit from extended green man time but current time unlikely to deter users.	Green man time would not give vulnerable users sufficient time to cross comfortably.								0			0	0	0	0	0	0	0	0	0	0	0	2			
16. DIRECTNESS	- other	Examples of 'other' directness issues include: - Routes to/from bus stops not accommodated; - Steps restricting access for all users; - Confusing layout for pedestrians creating severance issues for users.																											
16. DIRECTNESS	- other				2	5	6	3	4	7	8	7	8	6	8	4	0	0	6	6	1	8	2	2	1	1	8	2	
17. SAFETY	- traffic volume	Traffic volume low, or pedestrians can keep distance from moderate traffic volumes.	Traffic volume moderate and pedestrians in close proximity.	High traffic volume, with pedestrians unable to keep their distance from traffic.	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0	2	2	1	2	
18. SAFETY	- traffic speed	Traffic speeds low, or pedestrians can keep distance from moderate traffic speeds.	Traffic speeds moderate and pedestrians in close proximity.	High traffic speeds, with pedestrians unable to keep their distance from traffic.	2	2	1	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2	2	0	2	2	2	2	
19. SAFETY	- visibility	Good visibility for all users.	Visibility could be somewhat improved but unlikely to result in collisions.	Poor visibility, likely to result in collisions.	2	2	0	1	1	1	2	2	2	1	1	1	2	1	2	1	2	2	2	1	2	1	2	2	
19. SAFETY					6	6	2	5	5	5	6	6	6	5	5	5	6	5	5	5	6	6	6	1	6	5	5	6	
20. COHERENCE	- dropped kerbs and tactile paving	Adequate dropped kerb and tactile paving provision.	Dropped kerbs and tactile paving provided, albeit not to current standards.	Dropped kerbs and tactile paving absent or incorrect.		2	0	0	0	1	2	0	2	1	1	1	0	0	1	1	0	0	0	0	0	0	2	2	
20. COHERENCE					0	2	0	0	0	1	2	0	2	1	1	1	0	0	1	1	0	0	0	0	0	0	0	2	2

Appendix D

Wayfinding Methodology

D1 Wayfinding Methodology

D1.1 Overview

The approach to wayfinding should be holistic and support a range of users throughout each journey stage, from planning, to arriving, navigating the campus and departing, to allow for a seamless journey. The strategy should be developed through extensive consultation to ensure a user-centric approach.

Improvements can be made at many levels of intervention from basic signage improvements and route delineation to wider public realm improvements that physically define spaces and both actively and passively encourage their use.

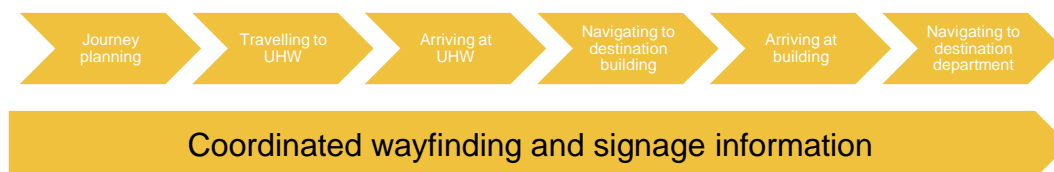


Figure 21 Wayfinding strategy flow diagram

D1.2 Key Principles

The strategy should follow these basic principles to ensure a clear and recognisable wayfinding and signage system that works for all users:

- Clarity, visibility from appropriate distances, simplification of a complex site, lack of ambiguity, suitable for all users, use of appropriate terminology.
- Consistency, single system for the whole campus, alignment of internal and external systems, alignment with staff training.
- Continuity, start-to-end journey planning, repetition at decision points.

The Royal Town Planning Institute (RTPI) guidance on Dementia and Town Planning (2017) recommends six principles for improving the ability of people living with dementia to live well. These principles can be adopted more widely as part of a successful wayfinding and signage strategy that works for all users: Familiar, Legible, Distinctive, Accessible, Comfortable, and Safe.

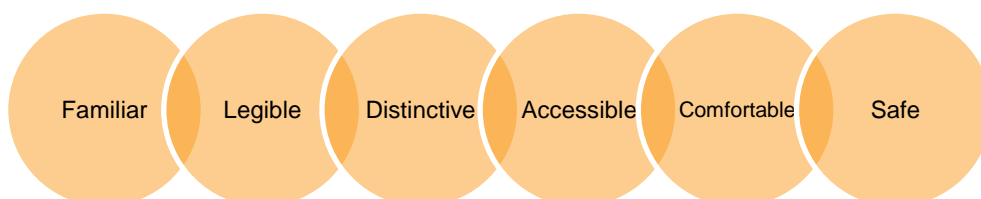


Figure 22 Six principles to help live well with dementia

D1.3 Considerations

There are several key considerations to consider in developing an appropriate wayfinding and signage strategy for the site. These are categorised as:

- Approach - appropriate strategy for the UHW site
- User requirements – addressing the varied needs of different site users
- Components – range of features and formats used to aid wayfinding, across multi-modes and media
- Campus organisation – simplifying the complex site to aid navigation
- Signage siting – appropriate locations for wayfinding features
- Destinations – features to consider within signage approach

D1.4 Approach

The development of an appropriate approach should take several factors into account to ensure it has a suitable impact and longevity. The strategy could be focused to have an immediate, low-cost and high-impact roll-out or it could be a longer-term step-change. Whatever approach is taken, these factors should be considered at the outset to ensure that the strategy remains appropriate.

- Implementation: short or long-term implementation; full, prioritised or ad-hoc roll-out.
- Lifecycle: permanent, temporary, adaptable/flexible, updateable, including potential to test strategy before full implementation.
- Cost: initial and ongoing (maintenance and update/revision) costs.
- Adaptability: potential variation for different emphasis: target user groups, purpose-specific variants (emphasis of buildings versus parking and exterior spaces, variants for specific destinations).
- Platform: physical, print and digital elements, including interactive formats; verbal and text-based descriptions.

D1.5 User requirements

The strategy should be inclusive and consider the range of users that access the campus and the varied needs and difficulties they may have. Stakeholder consultation will be essential in developing and testing a final strategy.

- User groups: to include patients (emergency, inpatient, outpatient) and their families, visitors, staff (medical and non-medical), students, contractors and official visitors.

- Inclusivity: including age (notably children and older people), physical mobility and mental ability (cognitive/memory, sensory) but also bilingual needs (Welsh and English, subject to the current legislation).
- Journey stage: preparation, arriving at site, moving around the site, identifying the destination.
- Familiarity: first-time, occasional and regular users; same approach across all CVUHB sites.
- Time of day: illumination and lighting for night-time users.
- User requirements should be reflected in the visual identity of the signage; the NHS Wayfinding guidance provides detailed information on appropriate options. The visual identity will consider:
 - Typography: size, font and style, case, large print formats, bilingual text.
 - Colour palette: appropriate contrast and differentiation, link to the organisational approach, need to consider ability to describe individual colours.
 - Information icons: linked to user group or activity/destination type.
 - Mapping format: 2D/ 3D graphics; orientation: extent; information content, consistent, north-orientated or heads-up/user orientated; detail: accuracy or simplification; display: interactive or static.
- Nomenclature: technical/formal or informal destination naming; use of building or department names.
- Product design: free standing sign units, building or wall mounted components
- The signage identity should also integrate multi-sensory elements including non-visual, tactile and audio cues.



Figure 23 Signage considerations

D1.6 The Toolkit

The wayfinding and signage strategy will include several components across different platforms creating a full 'toolkit'. A consistent visual identity should be maintained through-out and lighting/illumination should be considered for physical installations. The use of prominent and memorable features can help to make destinations more visible without the need to be able to read standard signs. Highway signage is excluded, however there is scope to undertake an audit and rationalise or re-provide this information, particularly if parking or routing arrangements are revised.

- Signing:
 - Directional signage – fingerpost, floor and wall-mounted;
 - Campus maps and floor plans - free-standing monolith or wall-mounted;
 - Campus and building directories;
 - Site entrance 'welcome' signs;
 - Building entrance signs;
 - Street name / public space signs; and
 - Route trail markers - floor and wall-based.
- Landmarks:
 - Public art, sculpture and murals, including art trails to encourage walking around the site;
 - Lighting; and
 - Distinctive buildings/building features and other structural features.
- Navigation aids:
 - Interactivity and route planning, including apps and web-based options and augmented reality navigation;
 - Pre-visit information packs – print and digital (website) format;
 - Printed maps as key information points; and
 - Spoken language and descriptions – adopting consistent terminology and route planning.
- Building enhancements – entrances can be emphasised with canopies, lighting, clutter reduction and other markers to help them stand out visual. More significant enhancements to buildings could include reorientation towards open spaces, and encouraging people to use outdoor spaces.
- Public realm enhancements – potential to use passive measures to emphasise safer and more desirable routes and entrances and deter people from straying into servicing areas. Improvements to key open spaces will make them more distinctive and aid navigation across the site. These measures could include: site entrance enhancements, path resurfacing/widening, shelters/canopies which would also offer weather protection on main routes, level access creation, pedestrian crossings, lighting and illumination, seating provision, clearer delineation of pedestrian and vehicle spaces, de-cluttering and defined

street furniture palette, planting and sustainable drainage, clutter reduction and fencing.

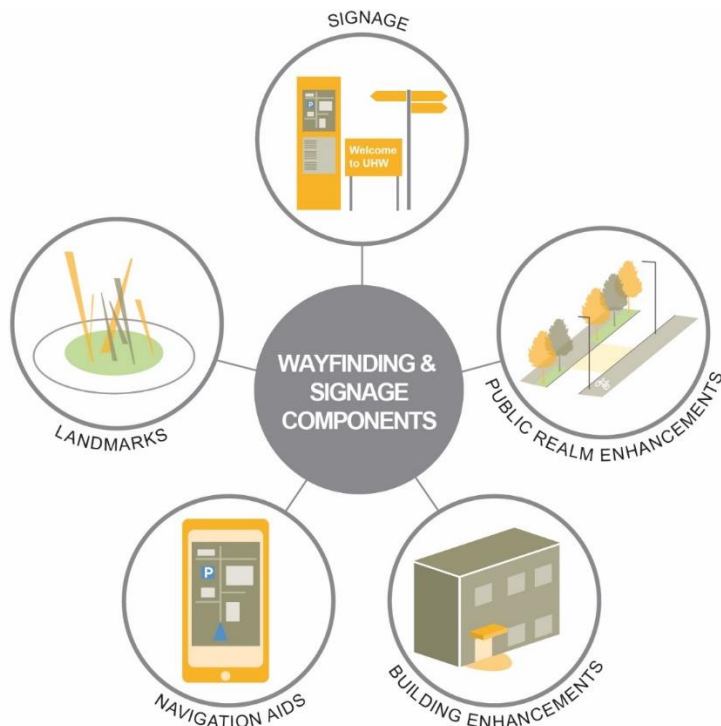
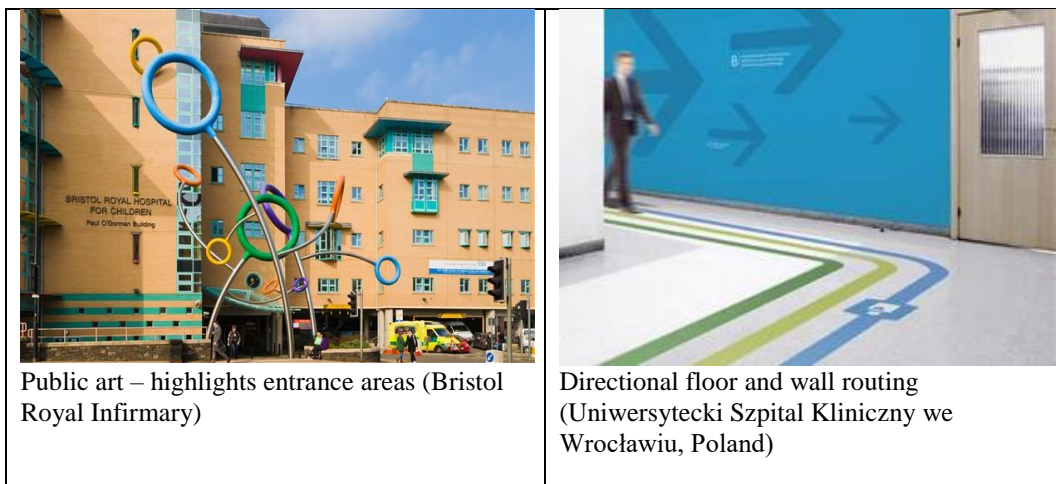


Figure 24 Wayfinding and signage components

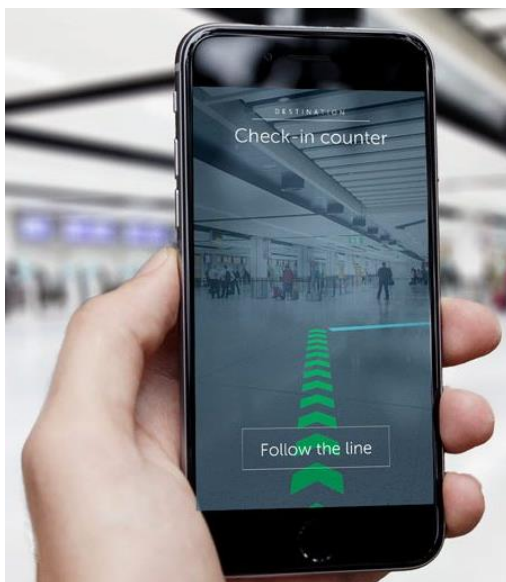




Wall art – highlighting entrances (Royal Children's Hospital, Melbourne)



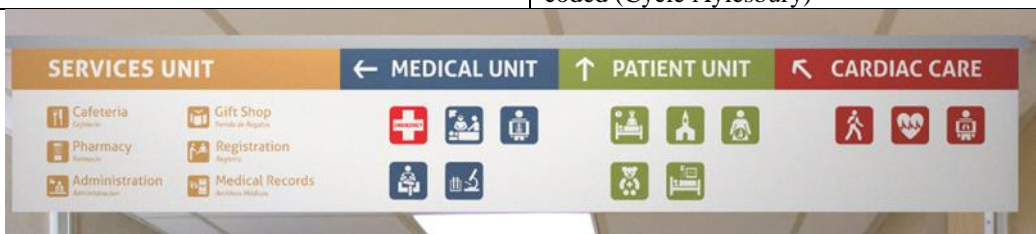
Campus map with directory (Edge Hill University)



Augmented reality navigation



Fingerpost directional signage – colour-coded (Cycle Aylesbury)



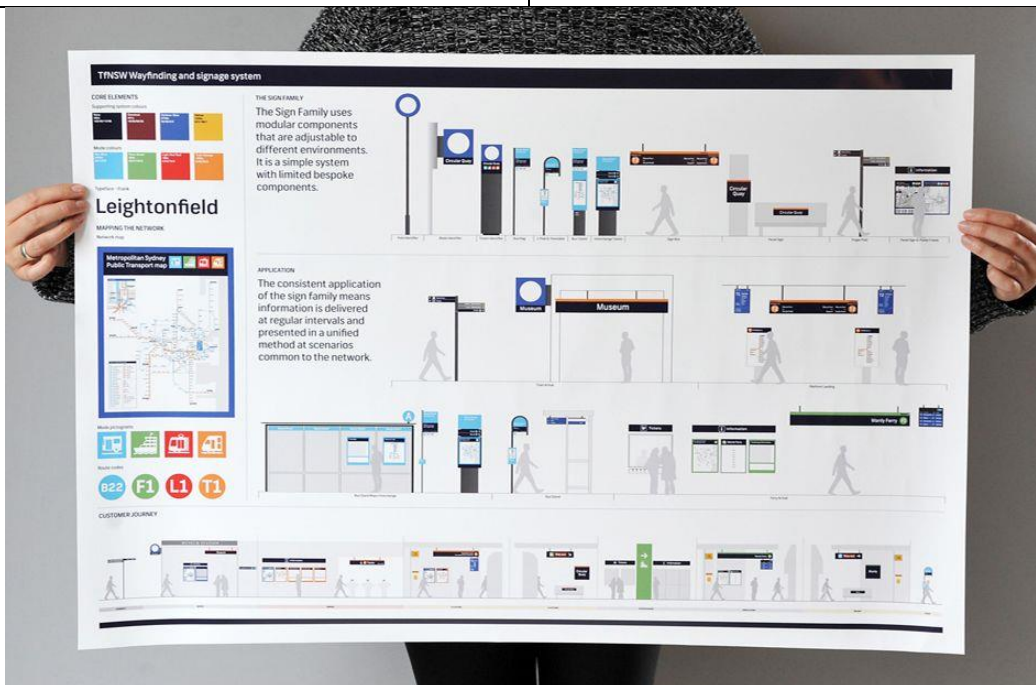
Directional signage - use of colour-coding, typography grouping and symbology.



Temporary and adaptable systems



Directional floor signage – low-cost, fast roll-out and high-impact. (Brooklyn Pier Park)



Coordinated visual identity across multiple formats (Transport for New South Wales)

D1.7 Signing Siting

Suitable locating of signing and wayfinding aids is crucial to enabling a seamless journey across the campus, but also needs to consider pedestrian flows and the need to avoid causing an obstruction when people stop to take in the information presented. Signing needs to be located at an appropriate frequency to reinforce information without providing information overload. Key locations include:

- Site entrances: vehicle and pedestrian/cycle entry points
- Points of arrival - parking areas, public transport facilities/bus shelters and pick-up/drop-off areas
- Internal and external nodal/decision points and blind-spots: junctions, steps/level changes, lifts, pedestrian crossings

- Central information point
- Building entrances

D1.8 Destinations

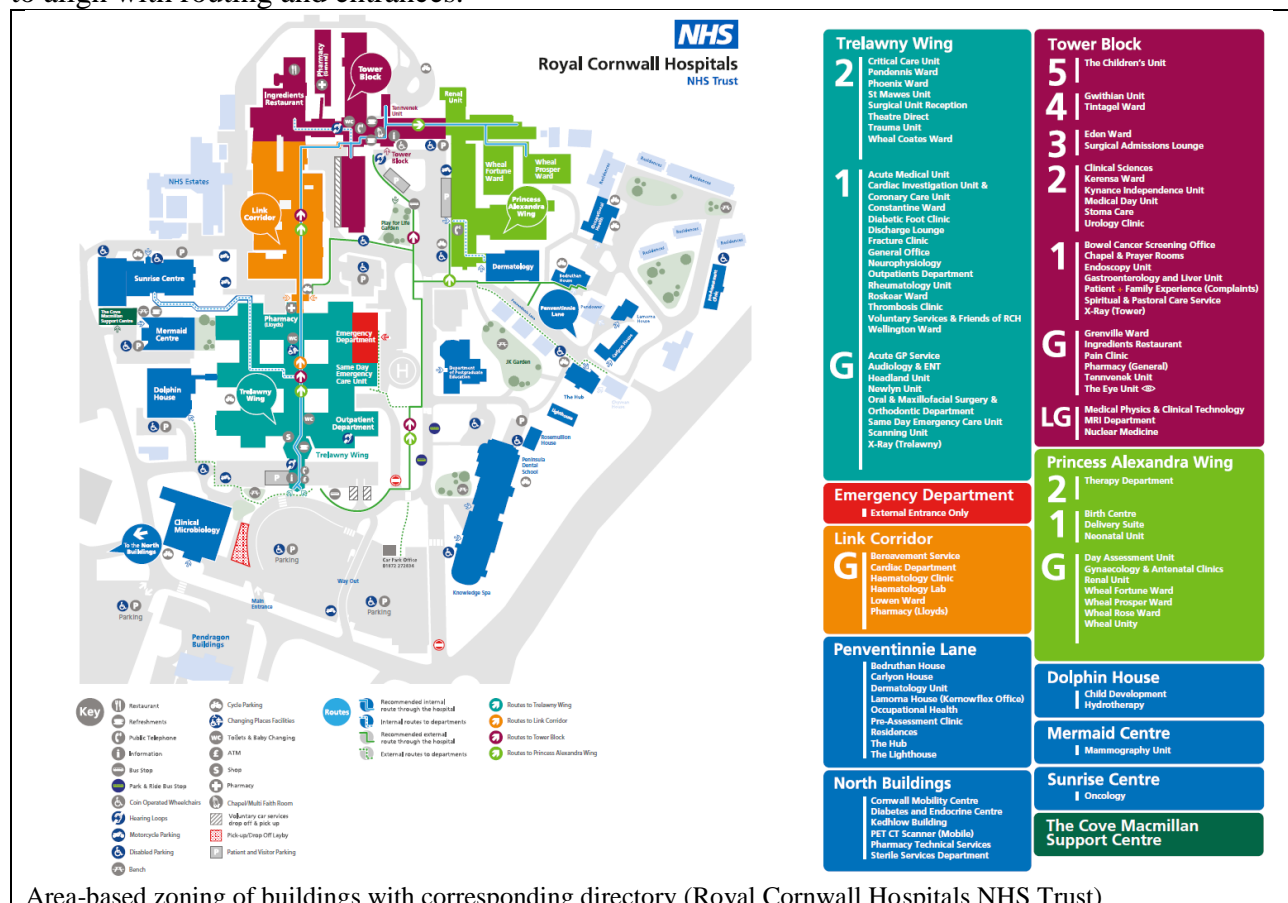
There are many destination types which could be included on site signage. The level of detail given for each element may vary by location and interior/exterior usage and could be supplemented with information on distance and average travel time. The strategy should take account of any proposed developments such as the Transport Hub.

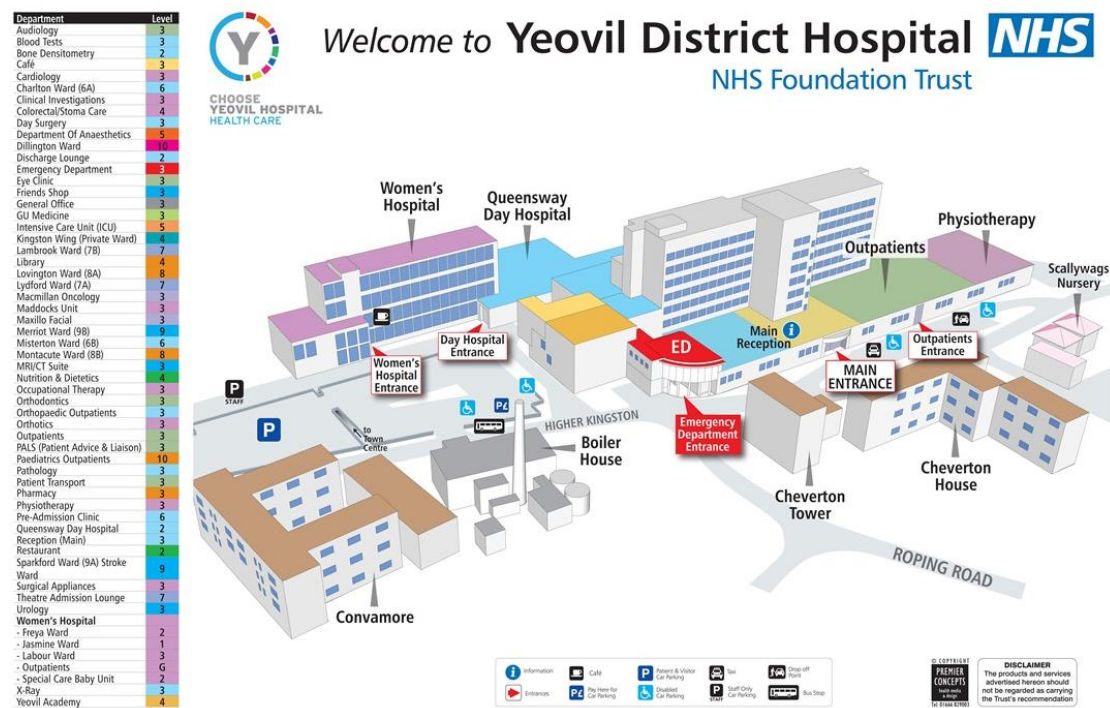
- Hospital buildings;
- Individual departments – including main reception, sub-department facilities;
- Staff, visitor and student facilities – including reception/concourse, toilets, catering, retail, on-site accommodation;
- Named pedestrian routes - interior and exterior;
- Public open space including areas outside the site (e.g. Heath Park);
- Parking and pick-up/drop-off areas – staff and visitor;
- Public transport facilities;
- Site entrances – vehicle and pedestrian/cycle;
- Cycle facilities; and
- Onward journey destinations – road names, railway stations, parks, residential areas, university accommodation.

D1.9 Campus Organisation

The strategy should consider how the site can be organised and simplified in ways which can be coordinated across multiple platforms and throughout the visual identity.

- Destination grouping – potential to group labels on directional signage and differentiate groups by name, colour and information icons
- Campus zoning / building-based zoning – easy to direct people to the right zone, more difficult within that zone; more difficult to update if destinations relocate zone; potential to reflect map colours in interior decoration; and
- Destination grouping by type or user (e.g. emergency, maternity, children's, general departments, university, staff facilities.) – provides long-term consistency but less helpful for orientation.
- Feature naming
- Entrance naming (e.g. north entrance, visitor entrance); and
- External feature naming, including roads, bus stops, parking areas, open spaces.
- Physical reorganisation
- Routing: review existing desire lines and preferred routes; identify safe routes (away from service areas and vehicle turning); and
- Parking allocations: consider allocation of visitor, contractor and staff spaces to align with routing and entrances.














3D format, building-based zoning with corresponding directory (Yeovil District Hospital)

D1.10 User Experience

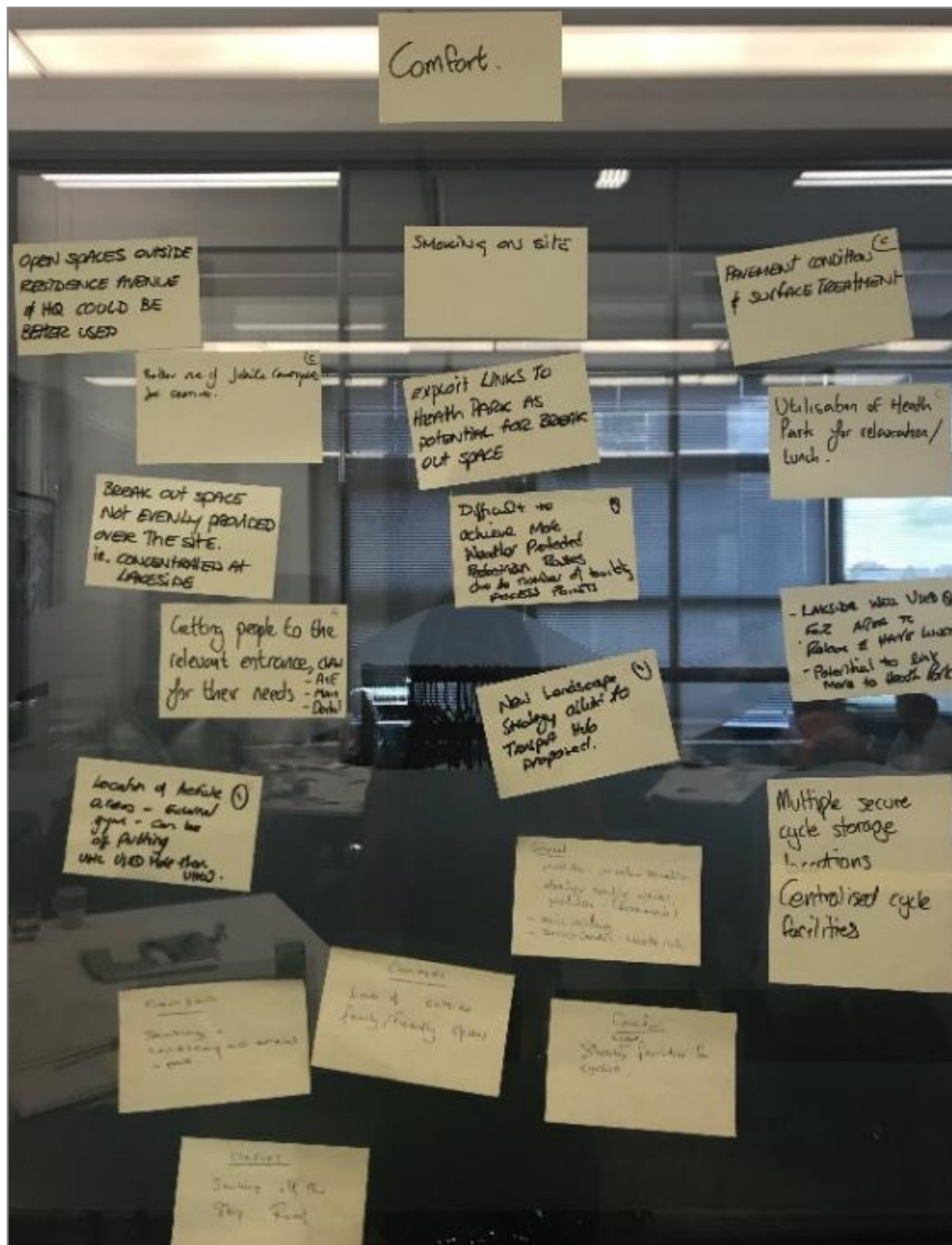
Adopting a user-centric approach to wayfinding requires consideration of the variety of users and stakeholders on the site. An initial overview of some of the users, their needs and wishes is provided below, however these should be checked through a consultation process.

Hospital staff – general requirements 	Family / friends visiting recently admitted trauma patient 	Outpatient with broken leg 
<p>Clear wayfinding and signage strategy - ability to help patients by giving clear directions</p> <p>Good cycle facilities / access.</p> <p>Good bus facilities.</p> <p>Ability to easily find parking for late/night shifts.</p> <p>Attractive outdoor spaces for taking a break – seating areas, fitness trail, nearby cafes.</p> <p>Safe environment on campus, particularly at night.</p>	<p>Clearly defined visitor parking.</p> <p>Clear wayfinding and signage strategy.</p> <p>Availability of pre-visit information.</p> <p>Attractive outdoor spaces to spend time between visiting hours – seating areas, food and drink offer.</p>	<p>Signposted level access around the site.</p> <p>Comfortably wide pedestrian routes and crossing points.</p> <p>Frequent seating opportunities.</p> <p>Outdoor fitness trail for physio sessions.</p>
Building contractor 	Family visiting child at Noah's Ark 	Cardiff University student 
<p>Parking close to working areas with safe, defined area for loading and unloading away from pedestrian routes.</p> <p>Clear signage to aid quick movement through site with heavy equipment.</p> <p>Level access routes for moving equipment.</p>	<p>Engaging environment for other children – able to be part of the experience – range of fun and recognisable features.</p> <p>Level access for pushchair.</p> <p>Accessible play areas and open space close to the ward and food/drink outlets.</p> <p>Easy access to Heath Park between visiting hours.</p> <p>Conveniently located parent & child parking.</p>	<p>Ability to quickly navigate site for lectures and clinical sessions.</p> <p>Easy access to Heath Park and attractive outdoor spaces for breaks.</p> <p>Safe and legible cycle access and parking.</p>

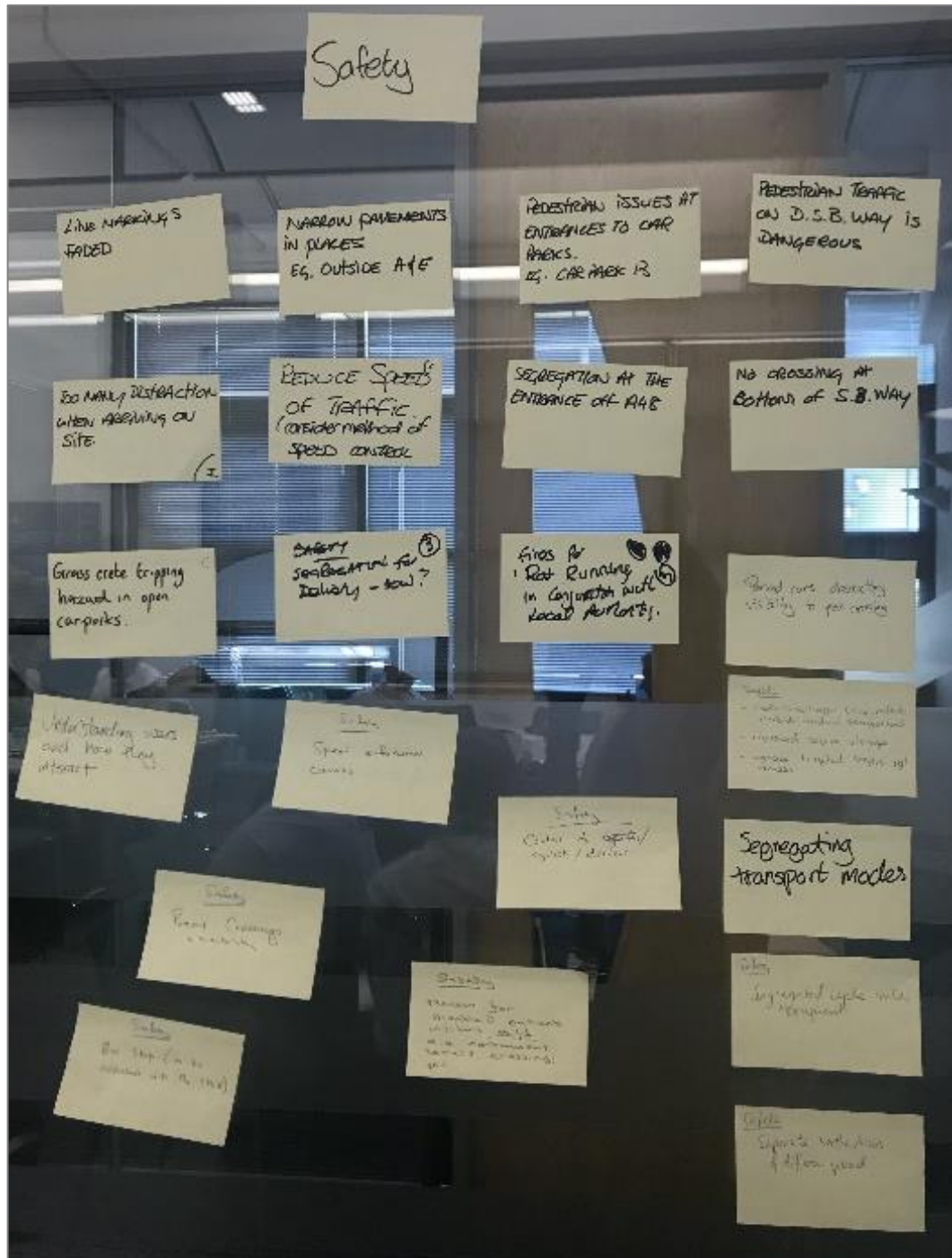
Outpatient with brain injuries 	Outpatient with visual impairment 	Porter 
<p>Clear signage with non-technical naming conventions and good use of colour and graphics.</p> <p>Recognisable landmarks to allow more independence around the site.</p> <p>Clear, safe pedestrian routes and crossing points to aid confidence.</p>	<p>Availability of pre-visit information in accessible formats – website, app-based data and Braille/large print material.</p> <p>Augmented reality navigation app to aid movement through the site.</p> <p>Clear, safe pedestrian routes and crossing points to aid confidence.</p> <p>Correct use of tactile surfaces.</p>	<p>Clear wayfinding and signage strategy to efficiently navigate the site.</p> <p>Consistent approach to destination naming and grouping to ease communication.</p>

Appendix E

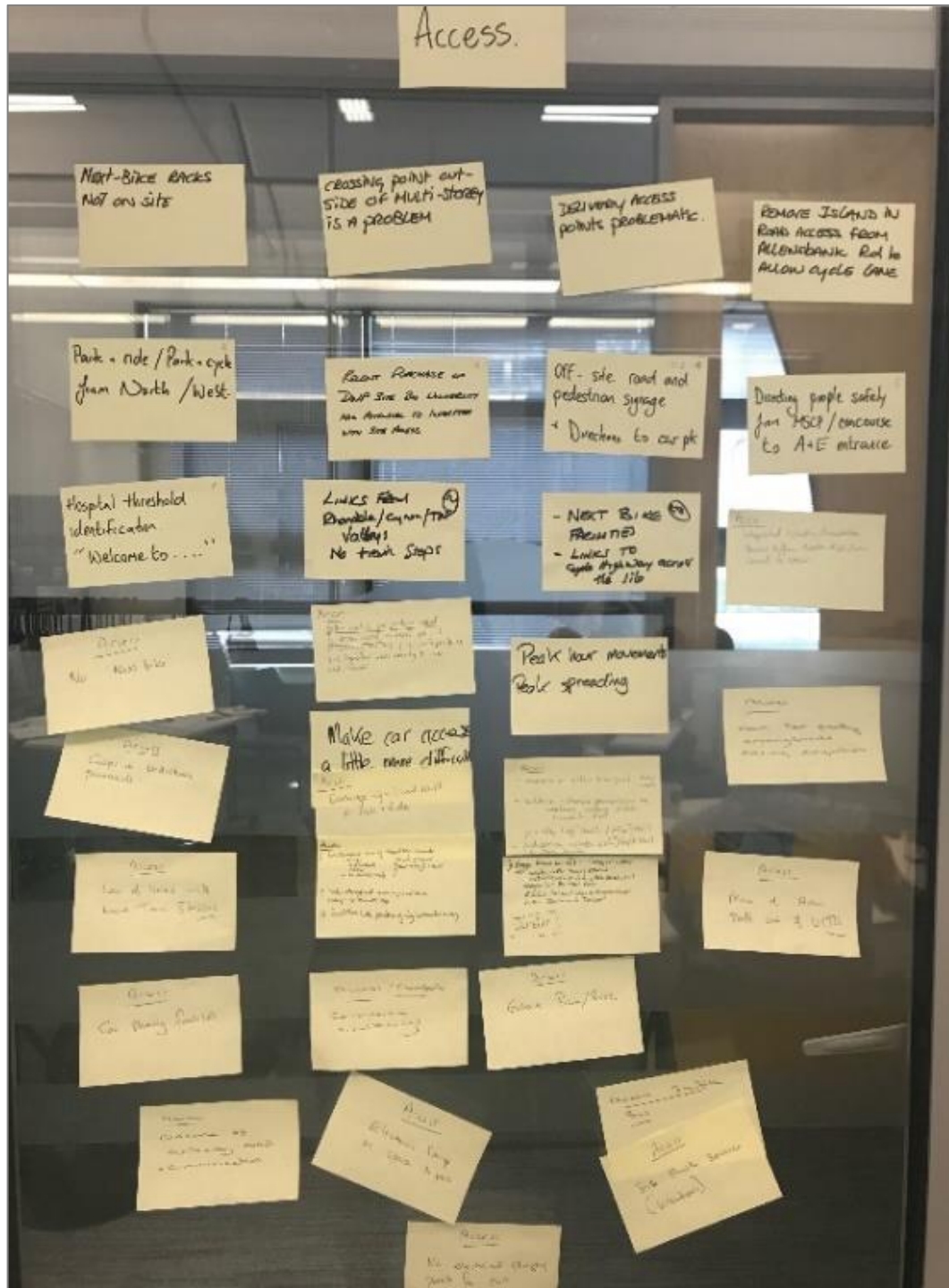
Stakeholder Engagement Images



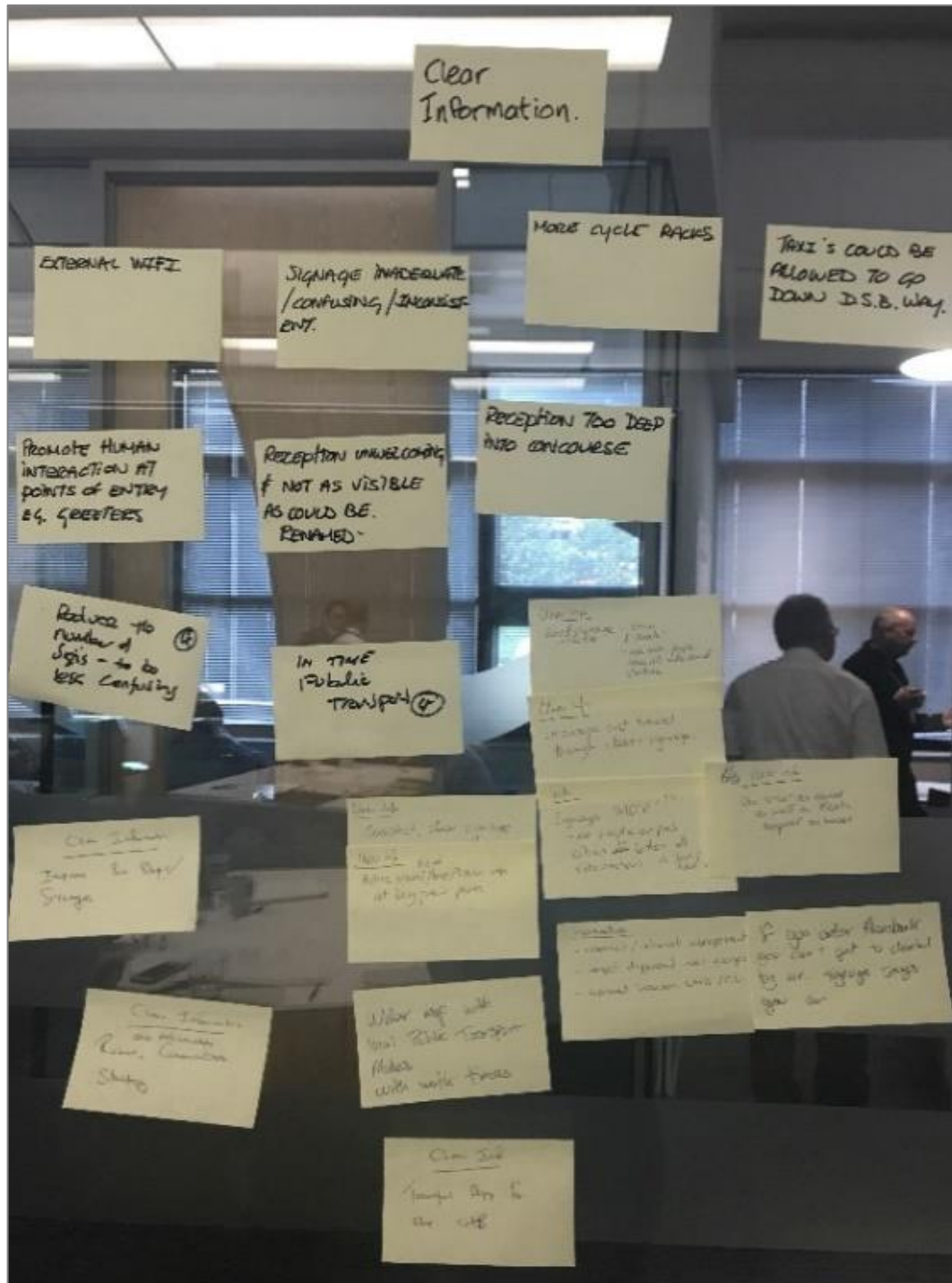
Photograph 2 Stakeholder Engagement Workshop - Comfort



Photograph 3 Stakeholder Engagement Workshop - Safety



Photograph 4 Stakeholder Engagement Workshop - Access



Photograph 5 Stakeholder Engagement Workshop - Clear information

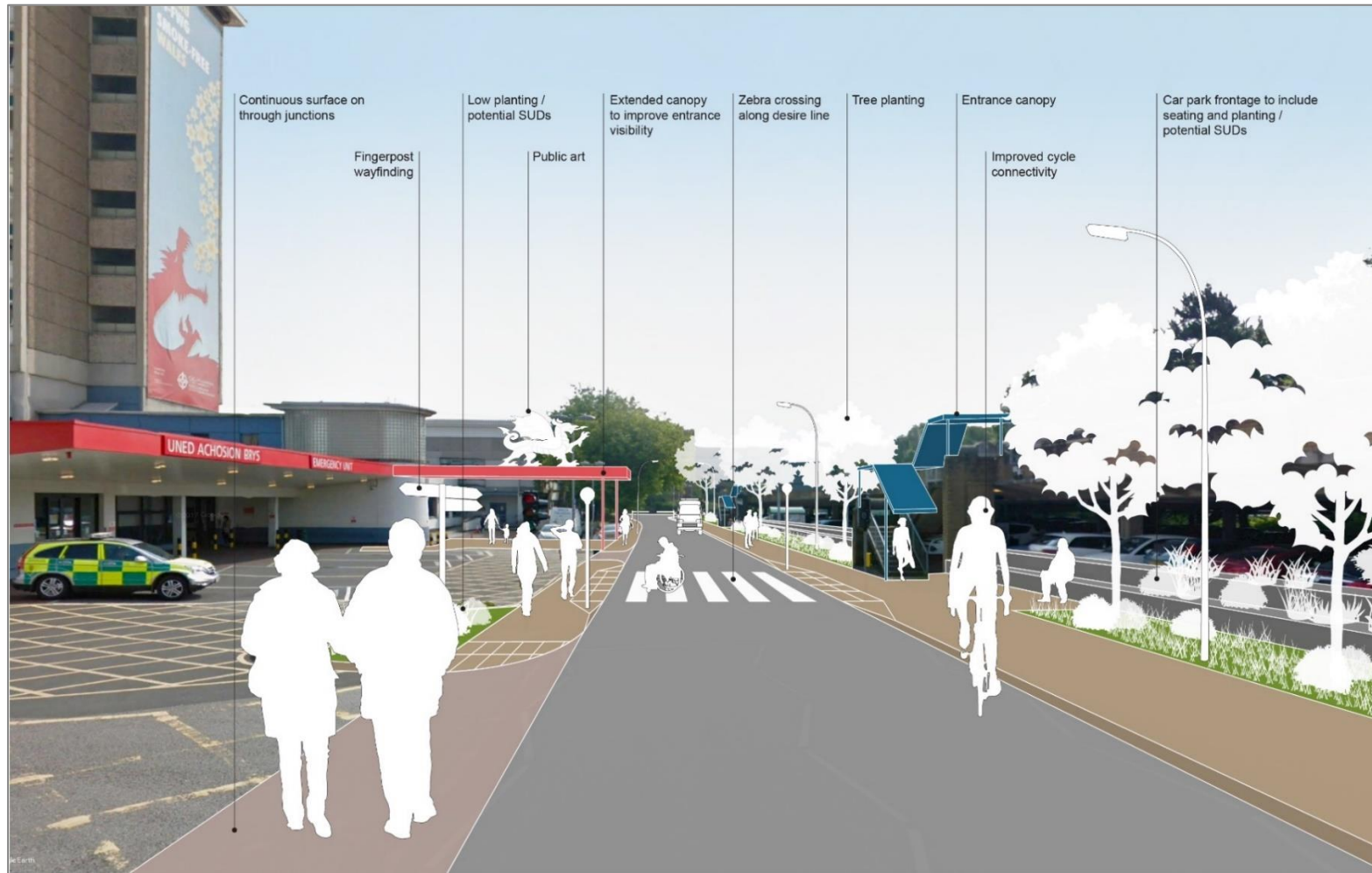


Figure 25 Stakeholder Engagement Workshop - The Gateway photomontage

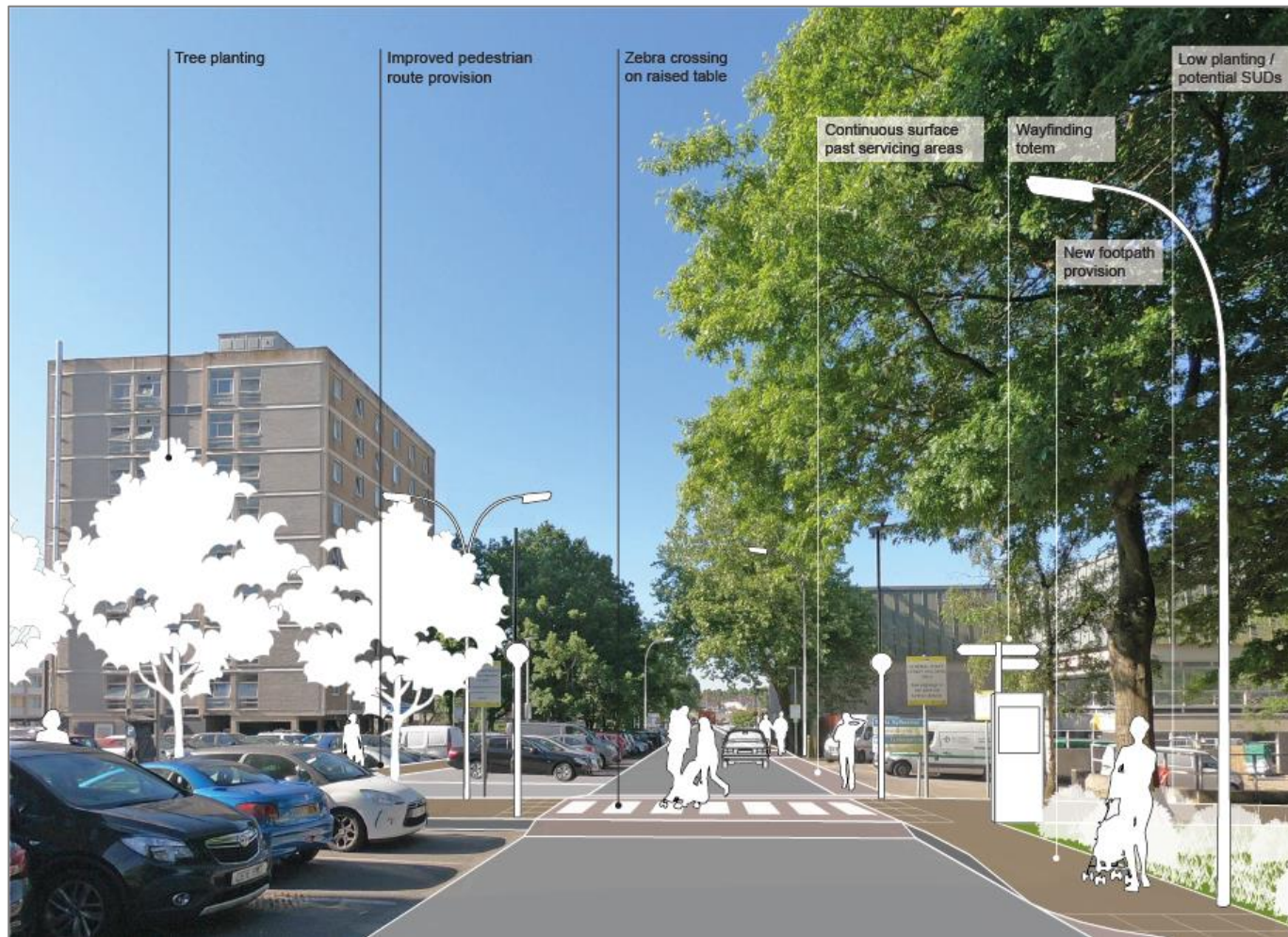


Figure 26 Stakeholder Engagement Workshop - Heath Parkway way (East) photomontage

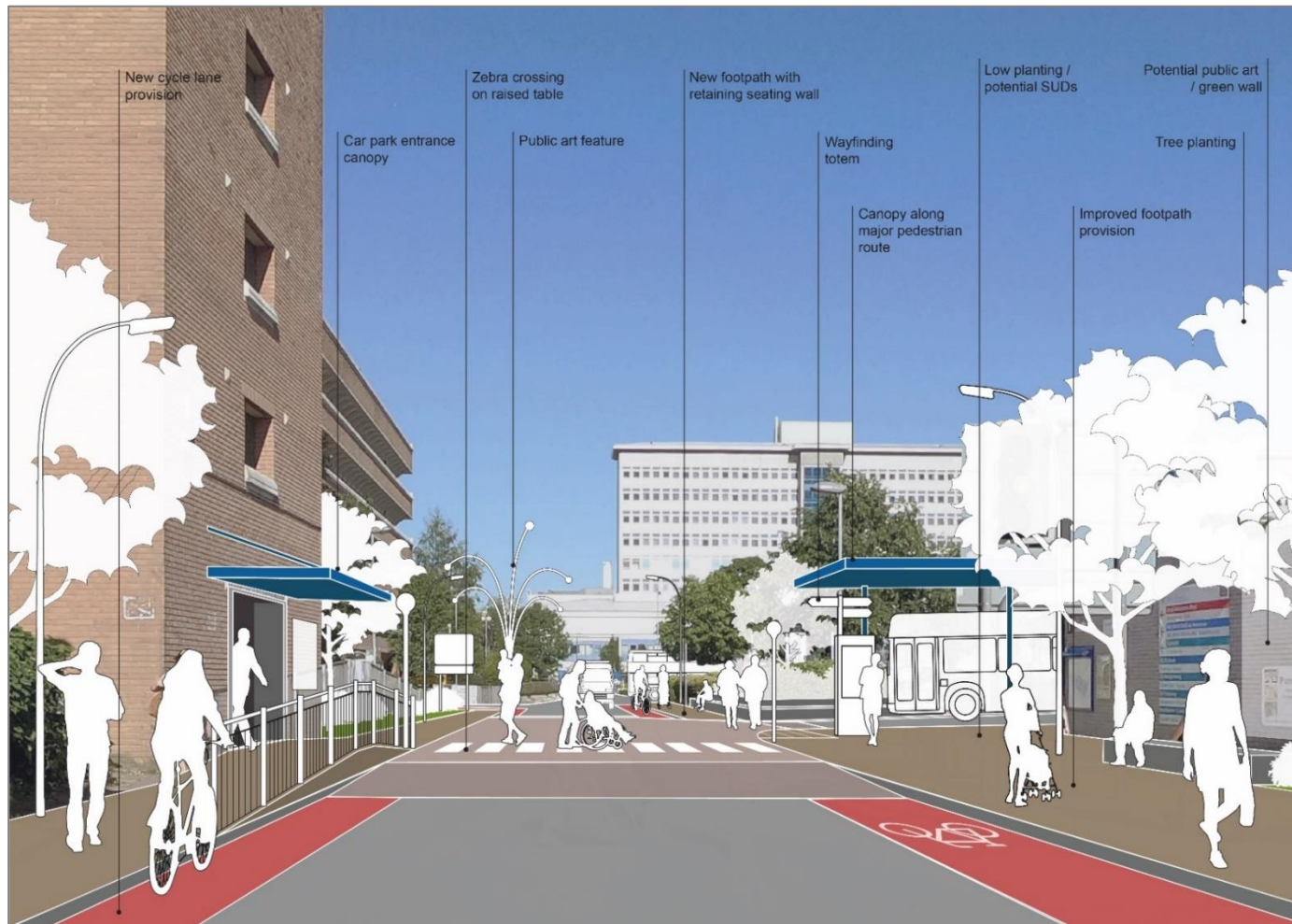


Figure 27 Stakeholder Engagement Workshop - King George Drive V East (MSCP Access) photomontage

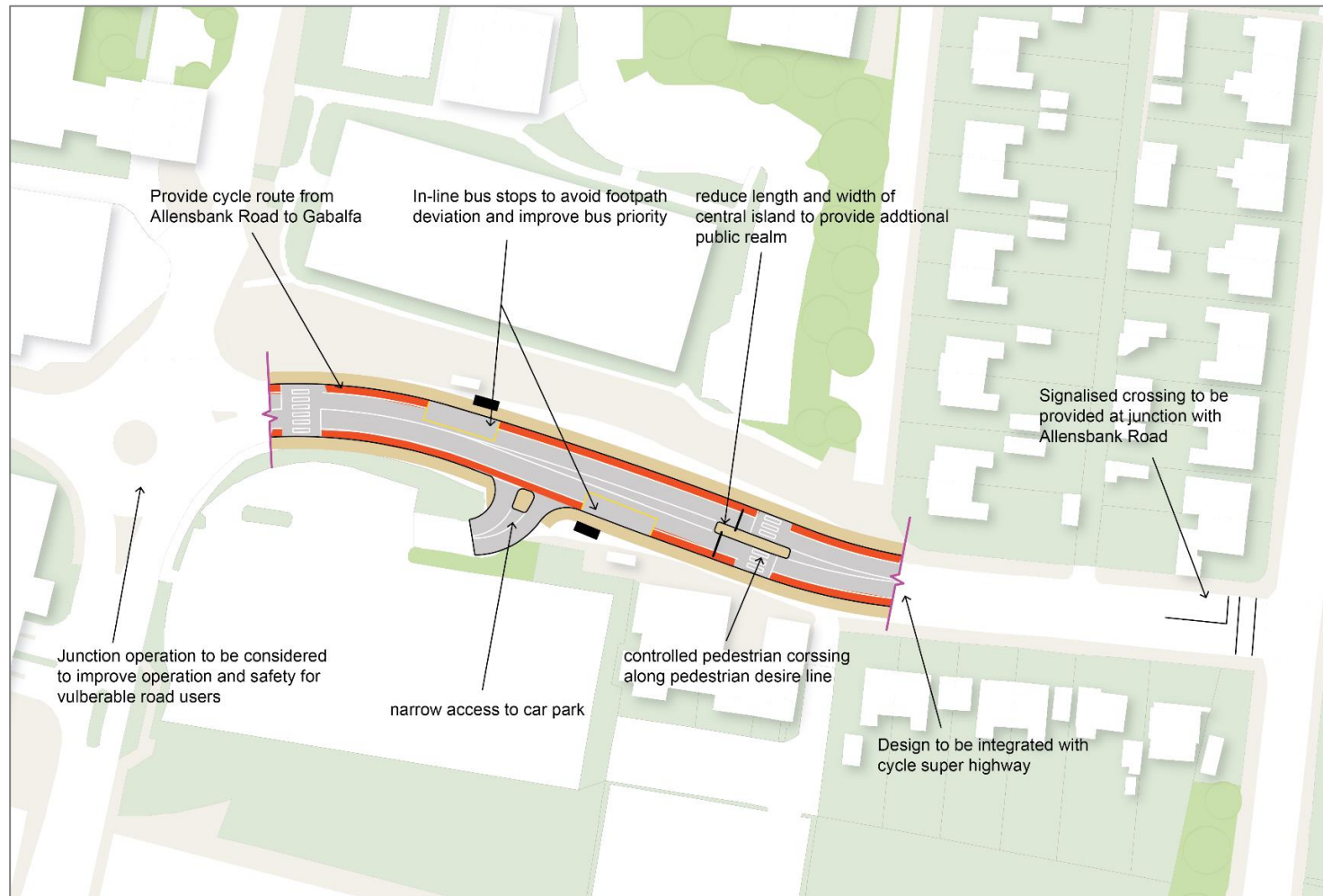
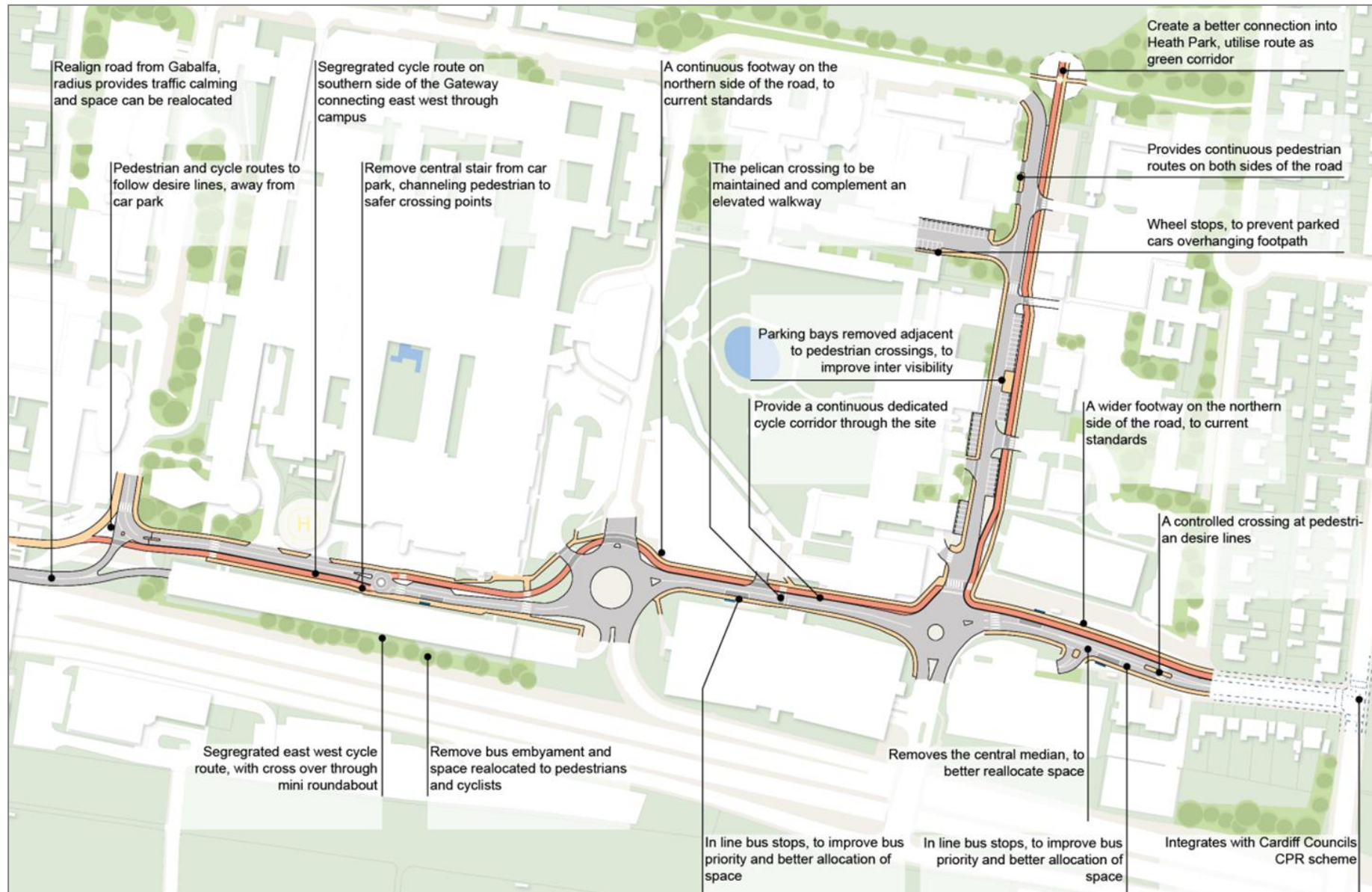


Figure 28 Stakeholder Engagement Workshop - King George V Drive East conceptual layout

Appendix F

Corridor Schematic



Appendix G

Level access routing

G1 Level routing access

The accessibility of the site has been mapped in Figure 29 below. Areas which are either internal or not accessible to disabled users have been greyed out, in addition to identifying locations across the site with stepped and step free access.

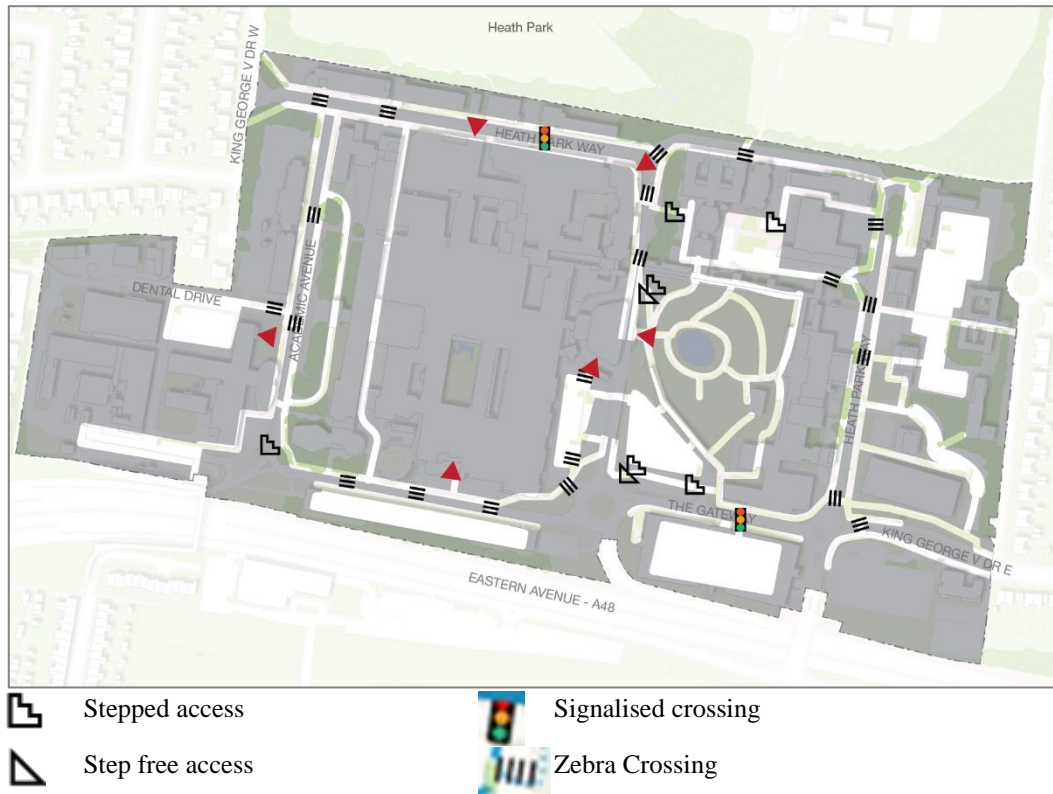


Figure 29 Level routing access

From Figure 29 it is clear that large areas of the site may not be accessible to users with a disability, due to either the surface material or lack of alternative step free routes alongside step access. Four locations have been identified where step access is provided with no step free alternative.

Based on this routes have been identified in Figure 30 which provide only stepped access alongside alternative routes with step free access.



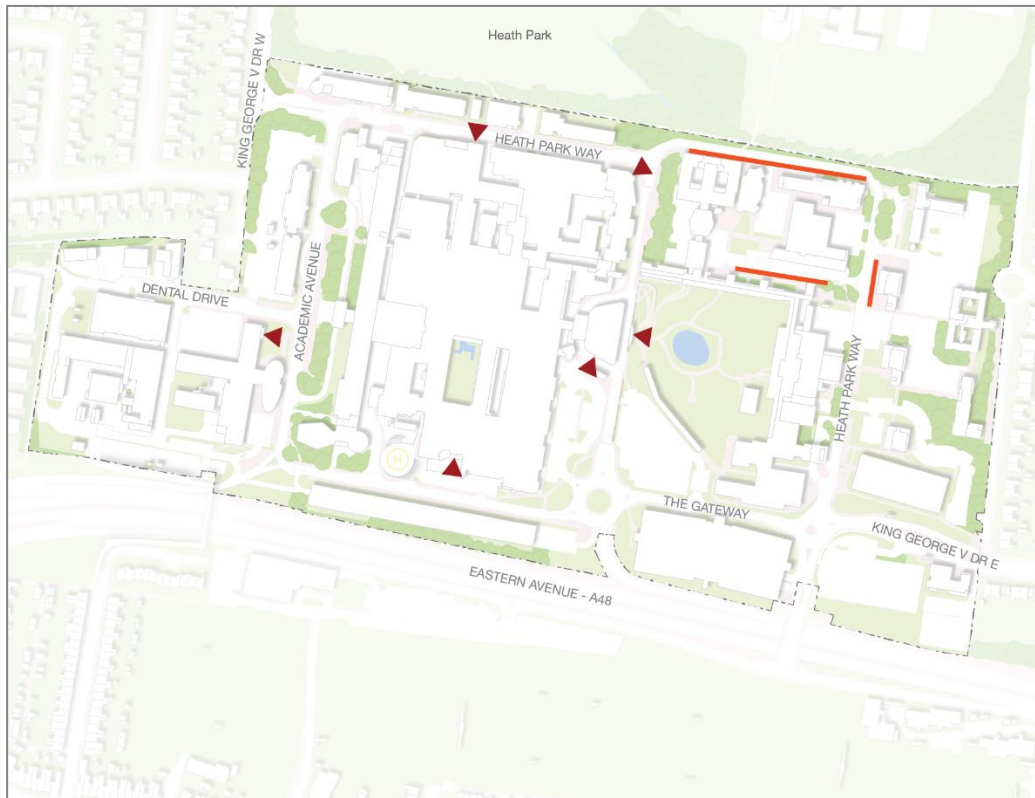
Figure 30 Alternative accessible route

From Figure 30 it is clear that the lack of step free access would mean that impaired users have a much greater distance to travel to reach their destination. It is therefore recommended that step free access ramps which comply with the Equalities Act (2010) are implemented at each of the four locations identified.

If feasibility investigations discover that it is not possible to implement step free access at these locations alternatives such as signage displaying step free access routes should be investigated.

Appendix H

Wheel stops



— Wheel stops missing

Figure 31 Locations of missing wheel stops

Appendix I

Speed signage locations

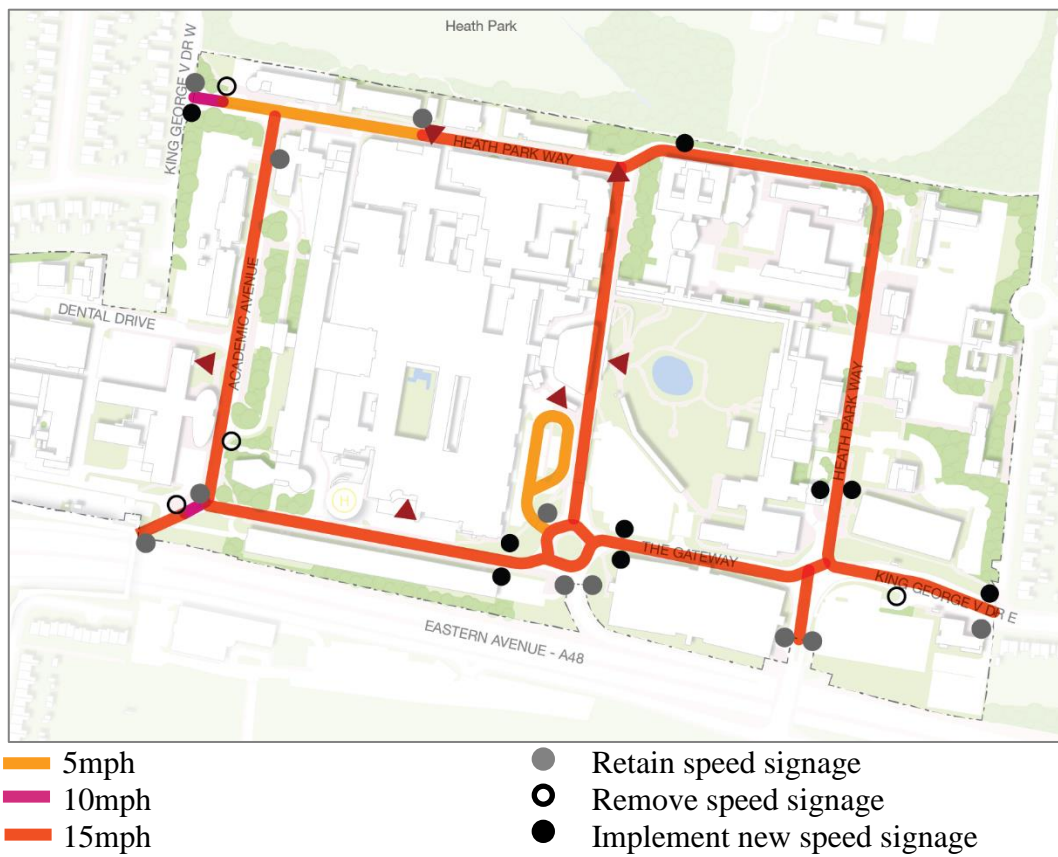


Figure 32 Speed signage locations

Report Title:	Enforcement Agencies Report						
Meeting:	Health and Safety Committee				Meeting Date:	09/04/2019	
Status:	For Discussion		For Assurance	√	For Approval		For Information
Lead Executive:	Director of Workforce and Organisational Development						
Report Author (Title):	Head of Health and Safety						

SITUATION

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

During the period there were four additional issues raised by the Health and Safety Executive (HSE) relating to:-

- No hot water at Hamadryad Centre
- Training needs for phlebotomy staff working with patients at Hafan y Coed
- Lift Inspection failure report
- Planned audit of well working risk control.

This report updates the Committee on progress for each event.

BACKGROUND

If the HSE Inspector is of the opinion that a contravention of one or more statutory provisions has occurred they may issue Improvement Notices, Prohibition Notices or criminal proceedings.

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

ASSESSMENT

Road Traffic Accident at UHW

As previously reported an incident occurred when a Contractor's van was reversing out of the old Emergency Admissions Road and struck a member of staff walking to the Medical Physics building, fracturing her right elbow and nose.

The investigation report was submitted to the HSE. The HSE confirmed that the planned remedial actions were suitable and have closed their investigation. However they did consider the Health Board should review our pedestrian strategy for similar public/vehicle risks in other areas.

The remedial actions and the pedestrian safety strategy have progressed as reported by the Director of Capital, Estates and Facilities at previous meetings and is on the agenda for the meeting.

Contractor Fall

The HSE initiated an investigation following a fall from height of a contractor engaged to clean the windows on the Women's Unit on the 22nd September 2016. Regular update reports have been submitted to the Group on their correspondence.

Legal Action is being pursued by the HSE against both the Health Board and the Contractor. The case will be considered in court in May 2019. Legal advice was sought and submission made with regards to the Health boards level of culpability

Hand Arm Vibration (HAV) regulatory requirements following the submission of a RIDDOR event within Dental Services

Following a HAV reported RIDDOR event the HSE contacted the Health Board asking for our policy and actions to meet the regulatory requirements. A response was prepared outlining action taken to mitigate the risks and a commitment to progress a HAV procedure.

On the above basis the Inspector has closed the investigation although the Health and Safety department continues to progress broader aspects of HAV monitoring and compliance. The item will remain active until these are complete

New Item – No hot water at Hamadryad Centre

Concerns were raised to the HSE about the failure of the hot water system at the Hamadryad Centre. Following advice from the estates depart the health and safety department responded that despite having a planned maintenance programme for the heating system at the centre the hot water system had become defective. The incident was reported onto the maintenance request system on the Wednesday and the repairs completed by the Friday. In the interim period independent means of heating and boiling water was available and the washroom had access to alcohol gel hand wash. The HSE accepted the response and closed the item.

New Item - Training Needs for phlebotomy staff working with patients at Hafan y Coed

The HSE had received a concern from a member of phlebotomy staff about training for working in Hafan y Coed, UHL to take blood from patients. The HSE enquired as to what the minimum training requirements are for this group of staff.

It was explained that it is a mandatory requirement for them to attend violence and aggression level B&C classroom based training which covers theory, de-escalation and break away techniques. We would not train them to level D as we would not expect them to be involved in restraining patients and that if a situation arose they should breakaway and remove themselves from the situation.

A formal response is being prepared based on the practice that upon arrival phlebotomy staff would report to the ward and would then be escorted to the treatment room where upon the escort would remain with the phlebotomy staff and patient until bloods had been taken.

New Item - lift inspection failure report

The estates department has been contacted by the HSE following their receipt of a report of a hydraulic lift inspection failure report.

A response is being prepared by the estates department to assure that the lift in question was taken out of service and that there is an appropriate planned maintenance programme.

New Item - Well Working Audit

Information has been received that the HSE intend to undertake an audit of the well working risk controls within all Health Boards in Wales. They have recently completed a similar audit at ABMU and issued 10 Improvement Notices relating to muscular skeletal disorders, manual handling, violence and aggression training, wellbeing management and incident investigation.

No confirmation of the date of visit has yet been received, it is understood that the HSE will not visit until after the Contractor Case has been determined.

Details of the ABMU findings are being reviewed for comparison against our practice.

ASSURANCE is provided by the continued investigation, actions and monitoring referred to within the report.

RECOMMENDATIONS

The Health and Safety Committee is asked to:

- **AGREE** that appropriate actions are being pursued to address the issues raised
- **NOTE** the content of this report

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	✓	Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Report Title:	CONTROL OF CONTRACTORS IN NON ESTATES ACTIVITIES						
Meeting:	Health and Safety Committee				Meeting Date:	9/04/2019	
Status:	For Discussion		For Assurance	X	For Approval		For Information
Lead Executive:	Director of Workforce and Organisational Development						
Report Author (Title):	Head of Health and Safety						

SITUATION

The Health and Safety Committee noted at the January 2018 meeting the need to ensure that the continued enhanced contractor control regime implemented within the Capital, Estates and Facilities Service Board were being adopted across all Health Board Departments that were utilising contractors.

The April 2018 meeting of the Committee also received a report on control of contractors from the Director of Capital, Estates and Facilities and a report on non-estate activities. It identified that as a result of reviewing contractor control arrangements across the Health Board, it was evident that other Departments outside of Estates were also bringing contractors onto site and the same arrangements were needed to be in place for managing these contractors.

Health and Safety Executive (HSE) action following its investigation into the Contractor fall at UHW in September 2016 has further emphasised the importance of contractor control.

This report further updates the developments and progress since the April 2018 Committee meeting.

BACKGROUND

The Health and Safety Executive Inspector had completed his investigation into the fall from height of a Contractor on the 22nd September 2016, whilst working on the windows of the Women's Services Unit at UHW. They wrote to the Health Board stating that they have identified a number of breaches in the control of contractors.

The Health and Safety Committee have been kept updated on the progress with both the HSE action and remedial actions implemented as a result of this event.

The Health Board has implemented a Contractor Control Policy, which mandates that all contractors require onsite management. This includes contractor briefings, risk assessments, method statements and review and validation of work against asbestos regulations, buried services and local supervision.

The Estates Department manage the largest percentage of contractors; however contractors are also employed outside of this department. Those departments affected have implemented a hold on their work which falls within this remit; this places considerable restraint on their ability to meet their commitments in areas such as IT, telecommunications and procurement that require similar arrangements.

ASSESSMENT

Consistent with the concerns raised at the above meetings, the Director of Corporate Governance formed a Corporate Contractor Group to underpin the progress made within the Estates Department and ensure the standards introduced were consistent across all areas that utilise contractors.

The meeting identified that the demand on the existing Safety and Asbestos Team within the Estates Department was fully utilised with very limited ability to respond to, or to a portion of the appropriate priority to non estates based contractor work.

Following the Health and Safety Committee report a submission was made to the Executive Board for additional resources to fund the post of a corporate adviser to support the non-estate activities.

The Adviser was subsequently appointed and came into post in July 2018. He met with the relevant departments and by August work that was on hold was recommenced on a priority based approach.

The following table highly progress to date:

Description	Number
Asbestos Authorisation to proceed forms issued	53
Job Registration Form's completed	40
Risk assessment and Method statement reviewed	40
Contract Health & Safety Question -CCHSQ1 forms sent out	20
Companies retrospectively approved	8
Individuals inducted	16
Contractor control presentations	9

At this current point there are no work projects within the non-estates contractor control remit on hold due to restriction to contractor management.

To further enhance compliance the key requirements for the control of contractors has been compiled into a quick guide which, following brief discussion at the Operational Health and Safety Group has since been more widely distributed and it has also been presented to a number of departments and at local safety meetings.

The contractor quick guide identifies the need for appointed contractors to be verified as competent and points to the health and safety questionnaire (Form CCHSQ1) as a means to achieve this. As a result of this CCHSQ1 forms have been sent out to numerous contracting companies who were already engaged in activities on UHB sites so that they can be retrospectively approved.

The guidance document informs the individual contractors to receive an appropriate site induction and for exchange of relevant safety information as appropriate to the level of identified risk.

This will include the completion of Job Registration Forms (JRF's), Risk Assessments and Method Statements (RAMS), issue of Permits to Work (PtW), the carrying out of asbestos

database checks and subsequent granting of Authorisation to Proceed (AtP) and the provision of access keys and codes etc.

The Health and Safety Department has now established regular meetings with those bodies who are based on the health board's sites, including Cardiff University, Public Health Wales, NHS Wales Shared Services and Welsh Ambulance Trust to share best practice and areas of mutual benefit/concern.

The Adviser has also developed a manager's health and safety training course to ensure those in control are conversant with their responsibilities for both contractor control and other health and safety requirements. This is being reviewed with the health and safety staff representatives in April with a view to then offer course more generally.

The estates contractor control group continues to meet on a regular basis to monitor contractor control in capital planning and estates. The following provides a summary of the continuous improvement in contractor control over the past 7 years and some plans for the further strengthening of the system. A more detailed report will be provided to the health and safety committee when the HSE intervention has concluded.

Pre incident

- (1) Appointed full time Safety and Asbestos Manager.
- (2) Appointed full time Asbestos Information Assistant.
- (3) Appointed full time Compliance Manager.
- (4) Safety and Asbestos Manager provided additional training to health and safety team including IOSH managing safely, monthly toolbox talk program, asbestos awareness sessions etc.
- (5) Contractor control formal policy developed and implemented including the establishment of a contractor induction room (January 2013).
- (6) Bactraq control of contractors database implemented including, introduction of contractor control health and safety questionnaire, approved list of contractors, induction training records (twice weekly induction training sessions), recognised electronic signing in and out procedure including contractor badge print outs.
- (7) Sequence database introduced and asbestos management strengthened including UKATA asbestos accredited training and introduced authority to proceed procedures for asbestos.
- (8) Monthly Capital Planning, Estates and Facilities meetings held (only 4 required by the health and safety department so going beyond expectation).
- (9) Local North and South health and safety regular meetings established.
- (10) Safety and Asbestos Manager reviewed estates maintenance risk assessments.

Post incident September 2016

- (1) Additional Health and Safety Control of Contractor Adviser appointed to assist with monitoring contractor's performance.
- (2) Red, amber and green scoring system introduced for contractor inspections and data base implemented to track contractor performance.
- (3) Further enhanced contractor control by establishing a working group and reporting back to monthly health and safety meetings. Site visits recorded and performance graded e.g. 69 visits carried out December 2017.

- (4) Job registration form trialed and implemented, database created.
- (5) Enhanced work at height permit system trialed and implemented in the buildings team and subsequently expand across the Estates Department.
- (6) Hot Work Permit (HWP) review carried out, new format HWP currently under trial.
- (7) Contractors *General Code of Safe Practice* recently reviewed - review date December 2018
- (8) Out of hours health and safety supervision provided where necessary e.g. crane lifting operations, concrete pours, chimney refurbishments.
- (9) With the increase in departmental health and safety personnel there is now an enhanced health and safety presence at health board sites other than the University Hospital of Wales e.g. 2 - 3 full time, man days per week spent at the University Hospital Llandough and 1 – 2 full time, man days per week based within the estates department at the University Hospital of Wales.
- (10) Further lifting equipment and beam surveys completed and further works completed which were identified within these surveys.
- (11) Control of contractors (quick guide) produced and communicated to the capital planning and estates team.

Future plans

- (1) Confined spaces and excavation permit to work documentation is currently under review, with a view to enhancing where applicable.
- (2) Enhanced contractor competency and risk assessment reviews.

ASSURANCE is provided by the actions and details identified within the report.

RECOMMENDATION

The Health and Safety Committee is asked to:

- **NOTE** the progress made in relation to both estates and non-estates contractor control activities.

Shaping our Future Wellbeing Strategic Objectives

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

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

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time				10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			
Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information							
Prevention		Long term		Integration		Collaboration	
Equality and Health Impact Assessment Completed:		Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.					

Report Title:	FIRE ENFORCEMENT AND MANAGEMENT COMPLIANCE REPORT						
Meeting:	Health and Safety Committee				Meeting Date:	09/04/2019	
Status:	For Discussion		For Assurance	✓	For Approval		For Information
Lead Executive:	Director of Planning						
Report Author (Title):	Senior Fire Safety Advisor						

SITUATION

The Health Board has a statutory obligation to protect persons from the risk of fire. The South Wales Fire Service (SWFS) monitors and enforces compliance to the Regulatory Reform (Fire Safety) Order 2005 (RRO).

Following the Fire Service audits they issue either an Enforcement Notice for serious breaches in the legislation or an IN02 Notice when they consider the Health Board have not fully complied with the RRO but the issues are not so serious to warrant enforcement.

BACKGROUND

The South Wales Fire Service undertakes a program of visits to mainly inpatient areas on Hospital Sites. The audit results in the Fire Service reporting to the Health Board on failure to comply with Regulatory Reform (Fire Safety) Order 2005 and may also result in Enforcement Actions.

This report provides the current status of the Enforcement Notices and IN02's in respect of progress.

ASSESSMENT

The only audit SWFS have conducted this year was carried out on the 27th February at Llanishen Health Clinic, the two issued recorded at that time was as follows:

- A desk placed across a door blocking the alternative exit
- The fire alarm panel was indicating a fault.

Both issues have been resolved and it is not expected that SWFS will re-visit.

ASSURANCE is provided by:

- That the issues identified from the Fire Service Audits are being appropriately managed.

RECOMMENDATION

The Committee is asked to:

- **SUPPORT** the on-going work to meet the requirements of fire enforcement compliance

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Yes / No / Not Applicable
If "yes" please provide copy of the assessment. This will be linked to the report when published.



Report Title:	Health and Safety Priority Improvement Plan 2018/19					
Meeting:	Health and Safety Committee				Meeting Date:	09/04/2019
Status:	For Discussion		For Assurance	√	For Approval	For Information
Lead Executive:	Director of Workforce and Organisational Development					
Report Author (Title):	Head of Health and Safety					

SITUATION

The Health Board has initiated a Health and Safety Priority Improvement Plan to monitor its progress on key health and safety strategic areas. This plan has been reviewed during the period to reflect planned changes to the Corporate Framework and builds upon the previously considered 2017/18 plan. The revision includes a review of the title considering that a Priority Improvement Plan is more relevant than a simple Action Plan.

The Priority Improvement Plan is the Health Board's strategic approach to tackling significant health and safety risks and has proved successful at reducing risks and progressing on the basis of real risks and practical solutions. This can be demonstrated by the status of each milestone and the number of completed action areas (green) shown with the assessment paragraph and the Annual Report.

BACKGROUND

The Health and Safety Department has been working to integrate the plan with the Board Assurance Framework (BAF) ensuring that the risks identified within the Priority Improvement Plan are being appropriately addressed and monitored such that strategically health and safety is progressing.

The Priority Improvement Plan will continue to be monitored at each of the Operational Health and Safety Group meetings and progress reported at each Health and Safety Committee meeting. It is also considered that each Clinical Board has in turn produced its own Priority Improvement Plan based on the eight strategic areas.

The report has been reviewed to reflect the findings of the 2017/18 Annual Health and Safety Report, consistent with the commitment given at the July Meeting.

The Plan has been amended to reflect the status of milestones within each of the core strategic areas which is evaluated in addition to the status of each of the identified actions. However the plan continues with the eight strategic areas.

The prioritised approach continues to identify the eight strategic areas, these being:

- (1) Structural and Health and Safety Management
- (2) Violence and Aggression Management
- (3) Manual Handling
- (4) Health Issues
- (5) Environment Safety and Health and Safety Patient Issues

- (6) Fire Safety Management
- (7) Health and Safety Estates Management
- (8) Sharps Safety

ASSESSMENT

The plan is being progressed by the Health and Safety Department to enhance its objectivity and implementation, together with a review of any compliance gaps and the revised approach to the Risk Register. Members will note that the plan is enhanced and segregates milestones from actions.

	Total no of Milestones	Green	Amber	Red	Total Actions	Green	Amber	Red	Overall Strategy Status
Health and Safety Policy Management and Organisational Arrangement	8	0	6	2	16	2	13	1	Reasonable assurance
Violence and Aggression (inc Lone worker)	3	2	1	0	10	7	2	1	Substantial assurance
Manual Handling	9	5	4	0	12	5	7	0	Reasonable assurance
Health Issues	8	2	5	1	16	4	9	3	Reasonable assurance
Patient and Environment Health and Safety	8	1	5	2	15	6	6	3	Limited assurance
Fire Safety Management	6	2	4	0	9	5	4	0	Reasonable assurance
Estate Health and Safety Management	9	3	5	1	17	10	5	2	Reasonable assurance
Sharp Safety	1	0	1	0	1	0	1	0	Reasonable assurance
Total	52	15	31	6	96	39	47	10	

As can be seen the plan has been reviewed following the annual report, as a result there is a larger quantity of red and amber areas for improvement.

The plan identifies 52 milestones within the 8 strategic areas and 92 actions for improvement. These will be progressed in conjunction with the reviewed Board Assurance Framework, which plans to more easily demonstrate the level of progress made.

The full plan contains details of each of the identified requirements.

There were some significant enhancements in a number of red and ambers during the period. These include:

Ref	Subject	Progress
3.5	Hoverjacks	A successful bid had been submitted for the replacement of 2 hoverjacks
4.2	Improved compliance for Clinical Boards COSHH Co-ordinators	All areas have designated COSHH coordinators

4.4	HAV's monitoring	Progressed as a rolling programme based on risk priority
4.5	DSEAR compliance development	DSEAR guidance considered at the Fire Safety Group and circulated to relevant areas
6.2	UWFS Status	Fire Service support a significant reduction in UWFS
6.3	Fire risk from smoking within Mental Health	Since introducing controlled smoking no fires reported
6.4	Progress in resolving the long standing issues of evacuation device training	A working group has been formed to review training for equipment.

ASSURANCE is provided by demonstrating progress against each strategic area and highlighting milestones and further actions required within set timescales.

RECOMMENDATION

The Health and Safety Committee is asked to:

- **CONSIDER** the on-going work to meet the requirements of the Priority Improvement Plan.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	√	Long term	√	Integration	√	Collaboration	√	Involvement	√
Equality and Health Impact		Not Applicable							

Assessment Completed:	
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Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol





GIG
CYMRU
NHS
WALES

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

UPDATED HEALTH AND SAFETY RELATED POLICIES SCHEDULE

POLICY	UHB REFERENCE NO	AUTHOR/LEAD RESPONSIBLE OFFICER	SUBMISSION TO HEALTH & SAFETY COMMITTEE	APPROVAL DATE	REVIEW DATE	COMMENTS
Management of Stress & Mental Health Wellbeing in the Workplace	UHB 071	Employee Wellbeing	July 2014 (2 nd review)	July 2014	July 2017	Agreed at Strategy and Delivery Committee 5/3/19 this would now be procedure under the Employee Health and Wellbeing Policy
Security Services	UHB 037	Director of Capital, Estates and Facilities	January 2016 (2nd review)	January 2016	January 2019	
Contractor Control	UHB 163	Director of Capital, Estates and Facilities	July 2016 (3rd review)	July 2016	July 2019	
Health & Safety	UHB 021	Head of Health and Safety	July 2016	November 2016 (Board approval)	November 2019	



GIG
CYMRU
NHS
WALES

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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

POLICY	UHB REFERENCE NO	AUTHOR/LEAD RESPONSIBLE OFFICER	SUBMISSION TO HEALTH & SAFETY COMMITTEE	APPROVAL DATE	REVIEW DATE	COMMENTS
Safe Working with Electricity	UHB 208	Director of Capital, Estates and Facilities	October 2013 (3rd review)	January 2017	January 2020	
Management of Violence & Aggression	UHB 035	Personal Safety Adviser	January 2014 (3rd review)	April 2017	April 2020	
Lone Worker	UHB 034	Health and Safety Adviser	January 2014 (3rd review)	April 2017	April 2020	
Minimal Manual Handling	UHB 036	Manual Handling Advisers	January 2014 (2 nd review)	April 2017	April 2020	
Waste Management	UHB 038	Waste and Compliance Manager	January 2014 (2 nd review)	April 2017	April 2020	
Water Safety (previously Control of Legionella)	UHB 091	Estate Asset Manager	April 2017	April 2017	April 2020	
First Aid at Work	UHB 093	Head of Health and Safety	July 2017 (3rd review)	July 2017	July 2020	
Sharps Management Policy	UHB 269	Head of Health and Safety	July 2017 (2 nd review)	July 2017	July 2020	
Incident, Hazard and Near Miss Reporting	UHB 138	Head of Health & Safety	July 2017 - previously Quality & Safety (2 nd review)	July 2017	July 2020	

POLICY	UHB REFERENCE NO	AUTHOR/LEAD RESPONSIBLE OFFICER	SUBMISSION TO HEALTH & SAFETY COMMITTEE	APPROVAL DATE	REVIEW DATE	COMMENTS
Management of Asbestos	UHB 072	Director of Capital, Estates and Facilities	July 2018 (3rd review)	July 2018	July 2021	
Fire Safety	UHB 022	Director of Capital, Estates and Facilities	July 2018 (3rd review)	July 2018	July 2021	
Latex Allergy	UHB 127	Health and Safety Adviser	October 2015 (2nd review)	January 2019	January 2022	
Environmental	UHB 143	Director of Capital, Estates and Facilities	October 2015 (2nd review)	January 2019	January 2022	
Closed Circuit Television (CCTV)	UHB 303	Director of Capital, Estates and Facilities	October 2015	January 2019	January 2022	

POLICY	UHB REFERENCE NO	AUTHOR/LEAD RESPONSIBLE OFFICER	APPROVING COMMITTEE	APPROVAL DATE	REVIEW DATE	COMMENTS
Safe Use of Ionising Radiation	UHB 031	Superintendent Radiographer	Quality, Safety & Experience	December 2016	December 2019	
Safety Notices & Important Documents	UHB 069	Head of Corporate Risk & Governance	Quality, Safety & Experience	December 2017	December 2020	
No Smoking and Smoke Free Environment	UHB 073	Head of Health Promotion	UHB Board	July 2016	July 2019	
Occupational Health	UHB 103	Business Manager, Workforce & OD	Workforce & OD	March 2012	March 2015	Agreed at Strategy and Delivery Committee 5/3/19 now rescinded
Mandatory Training Procedure	UHB 080	Learning Education & Development Manager	Workforce & OD	June 2013	June 2016	Has already been reviewed but won't be operational until a new online toolkit has been built to support it
Risk Management	UHB 023	Head of Corporate Risk & Governance	Audit	July 2013	July 2016	

Working Time Procedure	UHB 168	Business Manager, Workforce & OD/Unison	People, Performance & Delivery	July 2014	July 2017	Going to EPSG on 15 May for approval
Domestic Abuse, Violence against Women & Sexual Violence Procedure	UHB 167	Senior HR Policy & Compliance Officer	People, Performance & Delivery	March 2015	March 2018	Currently linking in with Safeguarding hopefully out for consultation within the next month

NOTE: Workforce and OD are having a complete review of Policies – there will now be 6 key policies with procedures feeding out of these:

- (1) LED Policy
- (2) Health and Wellbeing Policy
- (3) Agile Workforce Policy
- (4) Maternity Policy
- (5) Equality Policy
- (6) Recruitment and Selection Policy

SECURITY SERVICES POLICY	
Name of Meeting: Health and Safety Committee	Date of Meeting: 9 April 2019
Executive Lead : Director of Planning	
Author : Head of Security Services	Tel no: 02920 744080
Caring for People, Keeping People Well: This Policy underpins the UHB Strategy for Caring for People, Keeping People Well by improving Security through improved Security Management for Patients, Visitors and Staff	
Financial impact : £	
Quality, Safety, Patient Experience impact: This Policy will improve Quality, Safety and Patient Experience by enhancing Health and Safety through improved Security Management for Patients, Visitors and Staff	
Health and Care Standard Number: N/A	
CRAF Reference Number 8	
Equality and Health Impact Assessment Completed: Yes	

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- The Policy continuing to provide enhanced security management and improved control.

The Health and Safety Committee is asked to:

- **APPROVE** the Security Services Policy
- and
- **APPROVE** the full publication of the Security Services Policy in accordance with the UHB Publication Scheme

SITUATION

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements regarding the management of Security Services and consistently, the UHB will take all reasonable precautions to protect patients, staff and the general public in relation to matters regarding security on the UHB's premises.

The Security Services Policy document the risks of security, the various processes for managing and controlling security and the hierarchy of responsibility. The Policy was due a periodic review and while the majority of the content has remained unchanged, amendments to reflect changes in the structure of the Capital, Planning & Facilities Department have been made.

BACKGROUND

The Security Services Policy of the Cardiff and Vale University Health Board (UHB) sets out the security arrangements which are to be implemented in all areas of Cardiff and Vale UHB.

Security in Cardiff and Vale UHB is concerned with the provision of safeguards to protect the safety of those who work for the UHB and those using UHB premises and property. It is the intention of the UHB to work towards the reduction and elimination of all security breaches, whether directed at staff, patients, contractors or visitors. This must be done in such a way that it balances with a duty of care, providing comfortable, user-friendly, easily accessible services.

This policy once approved will replace the current version of the Security Services Policy.

ASSESSMENT

Consultation has taken place to ensure that the policy/procedure meets the needs of the UHB and our stakeholders and was prepared in conjunction with Capital Estates and Facilities professionals.

The consultation undertaken specific to this document was as follows:-

- The document was added to the Policy Consultation pages on the intranet
- The document was shared with the Operational Health and Safety Group.
- Comments were invited via individual e-mails from the Operational Health and Safety Group.

Where appropriate comments were taken on board and incorporated within the draft document.

The Policy will be reviewed every 3 years unless legislation, guidance, the UHB or other factors dictate otherwise. Approval will then be sought from the Health and Safety Committee.

The primary source for dissemination of the Security Services Policy within the UHB will be via the intranet and clinical portal. It will also be made available to the wider community and our partners via the UHB internet site.

The Security Services Policy will continue to provide enhanced security management and improved control. This will improve the Health and Safety of all patients, visitors, staff and stakeholders who use/visit the UHB's premises. An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.

	Reference Number: UHB 037 Version Number: Date of Next Review: Previous Trust/LHB Reference Number:
SECURITY SERVICES POLICY	
Policy Statement <p>The Security Services Policy of the Cardiff and Vale University Health Board (UHB) sets out the security arrangements which are to be implemented in all areas of Cardiff and Vale UHB.</p> <p>Security in Cardiff and Vale UHB is concerned with the provision of safeguards to protect the safety of those who work for the UHB and those using UHB premises and property. It is the intention of the UHB to work towards the reduction and elimination of all security breaches, whether directed at staff, patients, contractors or visitors. This must be done in such a way that it balances with a duty of care, providing comfortable, user-friendly, easily accessible services.</p>	
Policy Commitment <p>The protection of patients, staff, visitors and UHB assets will enable the continuation of our core activity, that is, the treatment and care of our patients to be conducted in a safe environment, free from worry or concern over the damaging effect that crime or the threat of violence gives. It will create an atmosphere of care and foster a better-motivated workforce. Additionally, the protection of assets, either corporate or personal will enable resources to be focused into patient care, rather than be diverted in the direct and consequential costs of losses incurred by criminal activity.</p> <p>The objectives of the Security Policy are:</p> <ul style="list-style-type: none"> a/. Prevention or detection of crime and disorder b/. Apprehension and Prosecution of offenders c/. Interest of public and employee Health and Safety d/. Protection of Public Health e/. Protection of NHS property and assets 	
Supporting Procedures and Written Control Documents <p>This Policy is supported by the following documents:</p> <ul style="list-style-type: none"> • Health and Safety Policy. • Security Management Framework for NHS in Wales • Fire Safety Policy • Lone Worker Policy • Counter Fraud and Corruption Policy • Equality, Diversity and Human Rights Policy 	

Document Title: Security Services Policy	2 of 19	Approval Date:
Reference Number: UHB 037		Next Review Date:
Version Number:		Date of Publication:

- Major Incident Plan
- ID Badge Policy
- Patients Property Policy
- Incident, Hazard and Near Miss Reporting Policy
- Closed Circuit Television (CCTV) Policy

Scope

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

Equality Impact Assessment	An Equality Impact Assessment (EqIA) has found there to be no impact.
Health Impact Assessment	A Health Impact Assessment is not required for this policy.
Policy Approved by	Health and Safety Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Health and Safety Committee
Accountable Executive or Clinical Board Director	Director of Planning.

Disclaimer

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

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	November 2010	08/06/2011	Revised and updated from previous Trust version.
2	22/01/2013	21/02/2013	Policy Reflects Organisational Change
2			Review - (sub section entitled 'Overlap with other policies' removed as these are now highlighted above as supporting documents)

Document Title: Security Services Policy	3 of 19	Approval Date:
Reference Number: UHB 037		Next Review Date:
Version Number:		Date of Publication:

Policy Contents

Roles and Responsibilities	pages 4-7
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Resources	page 7
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Key control	page 12
Security of Monies	page 13
Malicious Intent / Threats	page 13-14
 Appendix 1 – Security Services Structure	
 Appendix 2 – Security Incident Response Plans	
 Appendix 3 – Lone Worker Devices	
 Appendix 4 – Malicious Intent / Threat flow chart	

Document Title: Security Services Policy	4 of 19	Approval Date:
Reference Number: UHB 037		Next Review Date:
Version Number:		Date of Publication:

Security Roles and Responsibilities

The Chief Executive

The Chief Executive is responsible for security arrangements, policy and Health and Safety implementation within Cardiff and Vale UHB.

Executive Director of Planning (EDP)

The EDP is responsible for promoting security at Board level and for monitoring and ensuring compliance with the requirements and directions of the Welsh Government and Department of Health in relation to security.

Head of Security Services

The Head of Security Services reports to the Head of Commercial services.

The Head of Security Services is responsible for:

- Assisting Cardiff and Vale UHB to realise the requirements and directions issued by the Welsh Government, Department of Health and the Counter Fraud and Security Management Service.
- Responsible for the daily management of all security throughout the UHB, ensuring a high quality and responsive service to patients, visitors and staff.
- To advise on the appropriateness of crime prevention and security by design.
- Reducing crime against Cardiff and Vale UHB property and assets.
- The provision of specialist security advice, information and guidance.
- Ensuring crime prevention, personal safety and security awareness training for staff is available.
- Ensuring that physical assaults against Cardiff and Vale UHB staff are investigated.
- Securing prosecutions (where possible) in relation to assault, theft, damage to UHB property or anti-social behaviour and gather evidence without notice.
- To liaise with the police, and other interested stakeholders and take action on their behalf as required in the best interests of Cardiff and Vale UHB.

Security Services Manager

The Security Services Manager is:

Document Title: Security Services Policy	5 of 19	Approval Date:
Reference Number: UHB 037		Next Review Date:
Version Number:		Date of Publication:

- Responsible for supporting the Head of Security Services in all aspects of security throughout the Health Board, ensuring a high quality and responsive service to patients, visitors and staff.
- Responsible for supporting the Head of Security Services in the daily management of all security throughout the UHB, ensuring a high quality and responsive service to patients, visitors and staff.
- Supporting the Head of Security Services who is operationally responsible for the security service aspect of the UHB.
- Responsible for supporting the Head of Security Services to ensure that performance management targets are met.
- Responsible for ensuring the standards for Processes, Capability and Monitoring identified within the Security Management Framework for NHS in Wales are implemented.
- Responsible for supporting the Head of Security Services who is operationally responsible for the security service aspect of the Health Board in the absence of the Security Operations Manager.

Case Manager/Personal Safety Adviser

The Case Manager/Personal Safety Adviser:

- Is the lead expert on Violence and Aggression Management/Personal Safety within the Cardiff and Vale UHB.
- Will contribute to the creation of a safe and secure environment for staff and members of the public so that the highest standards of clinical care can be made available to patients.
- Will provide support and information for the victims of violence and aggression, whilst at the same time using the process of case management to take forward prosecutions in partnership with stakeholders within the NHS and external organisations such as the Police and Crown Prosecution Service.

Local Management and Staff Responsibilities

Directors, Heads of Service, Departmental Leads.

Security is a management responsibility. All directors, heads of service and departmental leads are accountable for the day to day implementation of security arrangements within their areas of responsibility.

They should ensure that:

- Security risks are regularly assessed and appropriate controls are put in place.
- On receipt of an Incident Reporting Form from staff, they complete the relevant sections following investigation, provide feedback to staff

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member, action accordingly and forward to the Health and Safety Department.

- Staff receive security and crime prevention training appropriate to their workplace and are made aware of incidents reports and security trends in their Directorate.
- Adequate measures are in place in relation to the physical security of UHB premises and property including lock down of premises and areas when not in use.
- Adequate local arrangements exist to maintain the security of staff, patients, contractors, visitors, premises under their control.
- Breakdown of local security measures such as defective locks, broken windows etc are reported to the appropriate department for repair / replacement.
- All patient data and records are held securely (see UHB Data Protection Policy).

Staff

Cardiff and Vale UHB staff must co-operate with management to achieve the aims of this Security Policy.

All staff have the following responsibilities:

- Comply with approved guidelines and policies.
- Protect the interests of patients.
- Safeguard patient property.
- Guard against assault.
- Guard against theft of personal and / or NHS property.
- Be aware of when, and in what circumstances to contact the Police.
- Be aware of their duty to fellow staff members and to the UHB.
- Report all incidents to person in charge and complete the UHB Incident Reporting Form.
- Wear Identification Badges at all time whilst on duty.
- All staff must be aware that it is an offence to remove any UHB property without written agreement from their line manager / supervisor.

Further Information

Further information and advice, including Security telephone contact numbers, procedure for obtaining an ID Badge and other useful information can be found at: [Security Services](#)

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Resources

Health and Safety Committee

The Health and Safety Committee has over arching responsibilities for the co-ordination of health and safety matters within the UHB. This includes issues surrounding security, personal safety, lone worker and violence and aggression.

Security and Personal Safety Strategy Group (SPSSG)

The Security and Personal Safety Strategy Group chaired by the Head of Health and Safety has specific responsibilities in relation to the development of Security Services and the protection of UHB assets. Membership includes Health and Safety Services, Staff Representatives, Directorate Managers, Clinical Board Managers, Risk Managers, the Police and representatives from Cardiff University. The SPSSG reports to the Health and Safety Committee.

Reporting of Security Incidents

In order for the Cardiff and Vale UHB to effectively monitor and evaluate security risks it is vitally important that all crime and breaches of security are reported.

Reporting Process

The Incident Reporting Form is available via the e-datix link on the Cardiff and Vale UHB intranet. The UHB fully supports and encourages the use of these forms.

The completion of Incident forms will:

- Allow the reporting of actual and potential security incidents or risk.
- Provide a record of investigation and action taken to reduce risk.
- Provide information for the monitoring and evaluation of security incidents or risk by the health and safety department.
- Help to identify specific trends.

Where a security incident or crime is in progress it should be reported immediately to the security control room. They will initiate an appropriate response i.e. dispatch security officers, contact the police. An e-datix incident form should be completed as soon as is practicable after the incident has been resolved. If the police are involved a crime/occurrence number and action taken should be recorded on the form.

Security incidents discovered after the event e.g. theft, should also be reported to the security department and via the e-datix incident reporting form.

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Where the theft involves any item containing patient information e.g. computers, laptops, memory sticks etc. this must be reported to your line manager immediately as a potential breach of data protection.

Audit

Security incidents will be audited via:

- Risk management arrangements at Directorate level.
- Annual report to the Executive Director for Security.
- Security incident statistics and summary of the action taken obtained from data held on e-datix incident reporting system.
- Thefts and losses report to the Executive Director of Finance.
- Crime statistics

Security Incident Response Plans (SIRP)

Security Incident Definition

In simplistic terms a 'security incident' may be considered to be one which involves crime or the suspicion of crime whether it is serious or of low value. For example, if the outcome of the incident, when taken to its conclusion, would result in the injury or fear of injury to a member of staff or anybody on UHB premises, or the loss or damage of UHB or personal property .

Security Incident Response Plans (Local)

The primary intention of a Security Incident Response Plan (SIRP) is to provide a practical and effective method of reaction to both general and specific events that fall within the meaning of the term 'security incident'. The plans should set out, in clear and practical terms, the roles and responsibilities of all those who may be aware of the need for a response.

A Security Incident Response Plan (SIRP) should be prepared for each base and service within the UHB. It is the responsibility of the local manager / head of service to ensure that response plans are in place, relevant and that they are regularly audited. This will be particularly important following refurbishment, relocation or changes of room usage.

The local manager / head of service should:

- Nominate those who have a role within the plan.
- Ensure staff are aware of the plan and their responsibility within it.
- Ensure that the Incident Reporting Procedures are reflected within the plan.

Following any security incident an e-datix incident reporting form must be completed. The effectiveness of the SIRP may be measured against how the

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incident was managed and how successfully the situation was resolved. A review of the SIRP should be supported by feedback from staff, especially those who have been closely involved, following the incident.

Principles of SIRP's

SIRP's are, in effect, an integral part of the Crime Reduction Plan (CRP). The principles on which they should be formulated are those of the CRP which are that they should:

- Deter criminal activity where possible.
- Deny the criminal the opportunity and delay the attack if it happens.
- Detect crime when it happens and
- Respond effectively to any event.

Format

All SIRP's should include the following key elements:

- Initial response.
- Consolidation.
- Recovery.
- Restoration of normality.

The suggested contents of the key elements are set out in Appendix 2.

Specific plans already exist to cover Major Incidents, Fire Safety and Child Abduction. These can be found on the respective Cardiff and Vale Intranet pages.

Personal Safety

Cardiff and Vale UHB recognises the importance of promoting and maintaining the personal safety of its staff. To fulfil these responsibilities the UHB will ensure that appropriate arrangements are in place for the personal safety of staff at work.

These arrangements will include conflict resolution training for front line staff, personal safety and risk assessment guidance. Local and Corporate induction for new staff should include reference to the Security Services Policy.

Staff should be made aware of security arrangements and procedures relevant to their area of work as well as general information on personal safety.

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Personal Safety Incidents

All incidents where staff are verbally abused, threatened or physically assaulted must be reported via the Incident, Hazard and Near Miss Reporting Policy and the information entered on the e-datix system. It is the responsibility of the member of staff's line manager to undertake a full investigation into the incident. The Case Manager should be notified of incidents that require case management support.

Staff Support

Following a personal safety incident, line managers should ensure that staff are given the opportunity to discuss the incident and receive assistance in the completion of reports. Staff should be given the opportunity to contact supportive agencies and given time off to attend if necessary. Further advice and assistance is available from the Case Management Team.

Lone Workers

Many NHS staff work on their own, either regularly or occasionally, without access to immediate support from work colleagues, managers or others. These lone workers need to be given organisational support, management and training to deal with the increased risks they face. They must also be empowered to take a greater degree of responsibility for their own safety and security.

It is the responsibility of line managers of staff who work alone to ensure that appropriate policies and procedures are developed, implemented, monitored and adhered to.

Lone workers have a responsibility to follow these policies and procedures for their own safety.

A quick guide for lone workers can be found as Appendix 3.

Further information:

The UHB Lone Worker Policy is available at :

<http://www.cardiffandvaleuhb.wales.nhs.uk/opensoc/169662>

Staff Training

Cardiff and Vale UHB has made a commitment in accordance with the All Wales NHS Violence and Aggression Passport and Information Scheme, to deliver training to its staff in personal safety (violence and aggression). There is a legal requirement for staff to be provided with training to ensure the safe management of violence and aggression and to have the appropriate skills and knowledge to protect themselves and others from the risk of violence and

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aggression in the workplace. It is a management responsibility to ensure that staff receive the relevant level of training, and that records are kept and updated.

Further Information

Course information and other useful links are available via the health and safety section of the Cardiff and Vale Intranet.

Security of Buildings / Departments

Access Control/Swipe Card Security Systems

Access control systems are in operation at various locations within the UHB. The purpose of these systems is to ensure that only authorised persons are allowed access into certain areas/buildings or that access is restricted at certain times. The management of access control systems is via the Security Department.

All staff who work/access areas which have access control therefore have a responsibility to:

- Ensure that any faults are reported to the Security Department.
- Be vigilant of tailgaters.
- Never loan their Access Control Swipe card to anyone else.
- Report loss of Access Control Swipe cards to the Security Department immediately so that the card can be deactivated.

Key Control

Key control measures should be in place for all keys held locally in a department / building.

- All departmental keys should be kept in a locked key cabinet.
- There should be a register of all keys held.
- Members of staff/contractors who need to borrow a key must produce ID and sign a key control register when the key is issued/returned.
- Report lost or stolen keys to the Security Department.

Crime Prevention

It is the UHB's aim to raise awareness of incidence of crime taking place throughout the UHB. In doing so it is hoped to gain the commitment of all staff in working towards the reduction of crime. In order to ensure that incidence of crime is widely reported the following measures are in place:

- Security will continue to be a regular agenda item at Hospital User Group meetings.

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- In an effort to raise awareness, prevent recurrence and promote good practice security incidents will be brought to the attention of managers and staff throughout the UHB via the Cardiff and Vale intranet and email alerts.
- The Security Department's management will continue to work closely with the Police, Cardiff University and other local partners.
- Security alerts will continue to be issued (where appropriate) in conjunction with the Counter Fraud and Security Management Service (CFSMS) and the Police.

Security of Monies

At various locations throughout the UHB varying amounts of cash will be held at any one time. Staff who work with or hold cash should be advised of the following.

Cash handling

- Cash should be counted in an office or suitable location away from members of the public and other staff members.
- Where possible cash should be banked on a daily basis.
- Any losses or potential thefts of cash should be reported to your line manager.
- The line manager should report such thefts to the Security Operational Manager who will advise on the appropriate course of action, e.g. Police.

UHB Cash Banking

Where cash has to be taken to a bank/cashier the following procedure must be followed:

- A security officer escort should accompany the member of staff responsible for taking the cash to the bank/cashiers.
- When/where a security officer is not available cash should be taken by 2 members of staff.
- For regular (daily/weekly) banking, where possible routes/times should be varied.
- All cash should be carried in a suitable bag or brief case.

Keys/Codes

- Only authorised personnel should have knowledge of where safe and cash box keys are kept.
- Where coded/combination locks are used, knowledge of the code/combination should be restricted to the minimum number of staff as possible.

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- It is recommended that codes/combinations are changed at least every 12 months or following a suspected security breach.

Malicious Intent/Threat

Cardiff and Vale UHB has the potential to attract the attention of terrorists who may be politically or otherwise motivated to plant explosive devices with a view to damaging property or maiming/killing people.

Person receiving the call

The attached (Appendix 4) provides a reference guide for staff who may receive a telephone call in relation to a bomb threat. A copy should be kept in all reception areas. The recording form should be completed with as much information as possible during the telephone call. On completion of the call the person taking the call should:

- Contact the Police on 999.
- Inform the line manager.
- Inform the Head of Security Services
- Inform Security Control room.
- Inform Site Practitioner/Nurse in charge.

Management Action

Immediately after the telephone threat the line manager should:

- Review the information entered on the recording form,
- Ensure instructions issued from HSS, Police, etc are followed.

Following resolution of the threat the line manager should:

- Produce a detailed report of the incident with statements.
- Support staff who may have been affected by the incident.
- Review the incident and ensure an e-datix Incident Reporting Form is completed.

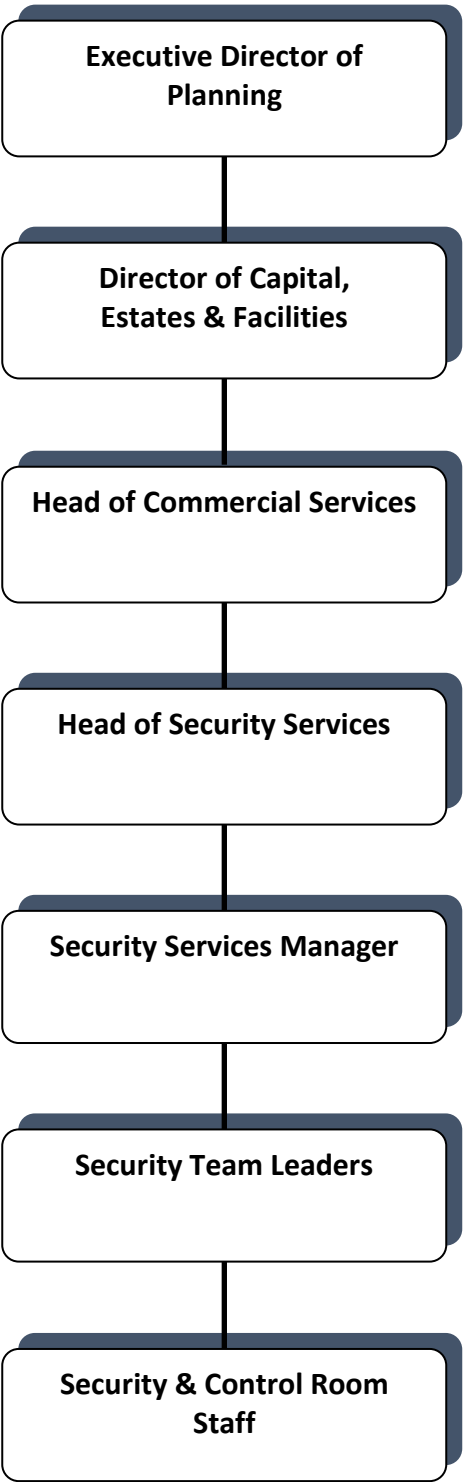
Distribution

This document will be distributed in accordance with the Cardiff and Vale University Health Board Policy for the Management of Policies, Procedures and all other written Control Documents and will be reviewed every three years.

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Security Services Structure

Appendix 1



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Security Incident Response Plans

Appendix 2

The actions and responses shown are a guide to cover all types of incident. Minor incidents will only require a limited response compared to those for more serious events.

Initial Response

- Identify the type of incident.
- Raise the alarm.
- Detain suspect if personal safety is not put at risk.
- Alert Security Department, telephone operators, Police and UHB personnel as appropriate.
- Initiate procedure to secure area, building or clinical area.
- Isolate and protect the scene of crime (if necessary move patients).
- Obtain and circulate suspect's description within the location.
- Seek information from staff, patients and visitors.

Consolidation

- Keep a timed record of all actions.
- Record details of all witnesses and others in the unit/location at the time of occurrence.
- Protect and support victims.
- Check all personnel are aware of their roles.
- Arrange effective communications with incident management team, Police, emergency services etc.

Recovery

- Continue support and counselling of staff.
- Fully de-brief all involved.
- Prepare report of the incident and its outcome.

Return to Normality

- Reassure all patients, visitors and staff.
- Ensure that premises/individual working practices are returned to normal as soon as possible.
- Provide feedback to staff on outcome of incident.
- Review security incident response plans and make amendments where necessary.
- Review security equipment and crime prevention procedures.

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Within the format detailed above both general and specific plans may be made.

Specific plans already exist to cover Major Incidents, Fire Safety and Child Abduction. These can be found on the respective Cardiff and Vale Intranet pages.

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Lone workers advice

Appendix 3

- Familiarise yourself with the UHB's Lone Working policy.
- All staff have a legal duty to take reasonable care of their own safety.
- Make sure you have received up-to-date training in the prevention and management of violence (e.g. conflict resolution and lone worker personal safety).
- Know the risks of aggressive and violent behaviour by patients/service users and the appropriate measures for controlling these risks.
- Ensure you can access the appropriate safety equipment (e.g. lone worker alarm devices) and know how to use and maintain it.
- Remember the importance of thorough planning – be aware of the risks and do everything you can in advance to ensure your safety.
- Always leave an itinerary with your manager or your colleagues and keep in regular contact with your base.
- Risk assessments should be completed for all lone working situations and know the circumstances under which visits can be terminated.
- Never put yourself or colleagues in danger. If you feel threatened, withdraw immediately.
- For further support, advice and guidance contact the Personal Safety Advisor, Health and Safety Department, UHW.

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Malicious Threat - telephone call procedure

Appendix 4

**DO NOT PUT DOWN THE RECEIVER OR CUT OFF THE CALLER.
OBTAIN AS MUCH INFORMATION AS YOU CAN.**

Complete this form as you go along. Ask questions as detailed below.

THREAT MESSAGE (Exact Words).

.....

.....

.....

.....

.....

Where is the threat?	
If an incendiary device, what time is it set to go off?	
What does it look like?	
What kind of device is it?	
What will cause it to go off?	
Did you place the device yourself?	
Why are you doing this?	
Who do you represent?	
Is there some way we can contact you?	

Complete the following as soon as possible:

Telephone extension number where call received	
Date and Time of call	
Duration of call (approx.)	
Details of caller – Male / Female	
Approximate age:	

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Language – e.g. Well-spoken, Foul, Irrational, Taped, Reading a message etc	
Callers Voice – e.g. Calm, Angry, Slow, Loud, Laughing, Slurred, Disguised, Accent, Stutter, Lisp, Familiar	
If familiar, who did it sound like?	
Background Noises – e.g. Interruptions, Street noises, Voices, Music, Machinery, Children, Animal, Motors etc	
Any other Remarks	
Name of Person Receiving Call	
Extension no:	Ward/ dept:
Signature	

HEALTH AND SAFETY COMMITTEE WORK PROGRAMME 2019 - 2020

Meeting Date / Agenda Item	January 2019	April 2019	July 2019	October 2019	January 2020
Presentation/Staff Story	Employee Wellbeing Service	Arjo Proact Survey Findings			
Review of Committee's Term of Reference	√				
Priority Improvement Plan – CRAF No's: 8.1.4, 6.4.7, 6.4.5, 6.4.4	√	√	√	√	√
Policy Schedule - CRAF No: 8.2.3	√	√	√	√	√
Fire Enforcement Report – CRAF No: 6.4.5	√	√	√	√	√
Environmental Health Inspection Report – CRAF No: 8.1	√	√	√	√	√
Board Assurance Framework Exceptions Report – CRAF No: N/A	√	√	√	√	√
Health & Safety Annual Report and presentation - CRAF No's: 8.1.4, 6.4.7, 6.4.5, 6.4.4			√		
Minutes from Other Committees/Sub-committees/Groups – CRAF No: 8.1	√	√	√	√	√
Regulatory and Review Body Tracking Report – CRAF No: 8.1		√		√	
Enforcement Agencies Report – CRAF No: 8.1.4	√	√	√	√	√

Meeting Date / Agenda Item	January 2019	April 2019	July 2019	October 2019	January 2020
Pedestrian Safety Strategy – CRAF No: 8.1.4	√				
Review of Latex Allergy Policy - CRAF No: 8.2.3	√				
Review of Environmental Policy - CRAF No: 8.2.3	√				
Review of Closed Circuit Television (CCTV) Policy – CRAF No: 8.2.3	√				
Review of Security Services Policy – CRAF No: 8.2.3		√			
Review of Contractor Control Policy – CRAF No: 8.2.3			√		
Review of Health and Safety Policy – CRAF No: 8.2.3				√	
Review of Safe Working with Electricity Policy – CRAF No: 8.2.3					√
Waste Management Compliance Report – CRAF No: 8.1.1	√		√		√
Fire Safety Annual Report - CRAF No: 6.4.5				√	
Lone Worker Devices Report – CRAF No: 9.2		√		√	

Report Title:	Regulatory and Review Bodies Tracking Report – 1 st April 2018 – 31 st March 2019					
Meeting:	Health and Safety Committee			Meeting Date:	09/04/2019	
Status:	For Discussion		For Assurance	✓	For Approval	For Information
Lead Executive:	Director of Workforce and Organisational Development					
Report Author (Title):	Health and Safety Adviser					

SITUATION

This report is presented to the Committee to track that relevant Board Committees are receiving reports and information regarding inspections undertaken by various inspection/review bodies as a key source of assurance. The report provides information for the period 1st April 2018 – 31st March 2019 and includes:

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

BACKGROUND

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

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

ASSESSMENT

The attached report provides evidence that each category of review is assigned to the Health and Safety Committee. It contains a summary of 25 inspections, regulatory visits or correspondence which all took place during the period.

Fire Service Informal Notices

These are reported to and monitored by the Fire Safety Group which then provides assurance to the Health and Safety Committee.

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

RECOMMENDATION

The Health and Safety Committee is asked to:

- **NOTE** the report

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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



	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Regulatory and Review Bodies Tracking Report - Reports Received and Inspections/Visits Undertaken - 1 April 2018 - 31 March 2019															
2																
3	Date of Report	Date of Visit/Review	Site/Location	Clinical Board/Directorate/ Specialty	Brief Description of reason for visit/Review	Summary of Findings/Recommendations	Management Response	Executive/Operational Lead	Due Date	Position as at 9th April 2019 (unless indicated otherwise by reference to receipt by Committees)	Status (Ongoing/Complete)	Assurance Committee & Chair	If reported to another group state here	Date Reported to Assurance Committee	Date Next Scheduled Visit/Renewal of Licence/ Accreditation (if applicable)	Contained within CE Important Documents Log
4	Health and Safety Executive								Health and Care Standards Overarching Theme: Governance, Leadership and Accountability Theme 2: Safe Care Standard 2.1 Managing Risk and Promoting Health and Safety Theme 3: Effective Care Standard 3.5 Record Keeping							
5	12 September 2018	1 May 2018	UHW & UHL Laboratories	Capital, Estates and Facilities	Inspection of Public Health Wales Laboratories	Inspector raised a number of concerns in relation to lack of containment of level 3 laboratory at UHL and lack of communication/cooperation between the HB and PHW.	HB gave a commitment to put in place an improved communication plan.	Director of Capital, Estates and Facilities	Completed	No further action being pursued by HSE	Complete	Health and Safety - Michael Imperato		9 October 2018	Not applicable	
6	12 September 2018	12 September 2018	UHW Grounds	Executive	Non reporting of an incident under RIDDOR	Incident was not reportable under the RIDDOR Regulations	Explanation provided to HSE as to why the incident was not reported.	Head of Health and Safety	Completed	No further action being pursued by HSE	Complete	Health and Safety - Michael Imperato		9 October 2018	Not applicable	
7	22 October 2018	22 October 2018	Dental Hospital	Dental	Hand Arm Vibration RIDDOR reported event	Following reporting to HSE, HSE contacted Health Board requesting our policy and actions to meet the regulatory requirements.	Response was prepared outlining action taken to mitigate the risks and commitment to progress a HAV Procedure.	Head of Operations and Delivery - Dental Clinical Board	Completed	No further action being pursued by HSE	Complete	Health and Safety - Michael Imperato		22nd January 2019	Not applicable	
8	1 December 2018	1 December 2018	UHW Laboratory	Capital, Estates and Facilities	Inspection of Cardiff University Category 3 Laboratory	Inspector raised concerns about the lack of communication between the HB and CU which result in air flow and emissions risk.	Response is being prepared by the Capital, Estates and Facilities Service Board	Director of Capital, Estates and Facilities	On-going		On-going	Health and Safety - Michael Imperato		22nd January 2019	Not applicable	

	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
	Date of Report	Date of Visit/Review	Site/Location	Clinical Board/Directorate/ Specialty	Brief Description of reason for visit/Review	Summary of Findings/Recommendations	Management Response	Executive/Operational Lead	Due Date	Position as at 9th April 2019 (unless indicated otherwise by reference to receipt by Committees)	Status (Ongoing/Complete)	Assurance Committee & Chair	If reported to another group state here	Date Reported to Assurance Committee	Date Next Scheduled Visit/Renewal of Licence/ Accreditation (if applicable)	Contained within CE Important Documents Log
3																
9	1 December 2018	1 December 2018	Grounds -Dental Hospital, UHW	Capital, Estates and Facilities	Workplace concerns around vehicle and pedestrian risks	HSE wrote to HB regarding workplace concerns around vehicle and pedestrian risks relating to cars waiting to park outside the Dental Hospital	Response prepared by CEF Service Board outlining controls already in place and agreeing to some enhanced enforcements	Director of Capital, Estates and Facilities	Completed	HSE satisfied with response	Complete	Health and Safety - Michael Imperato		22nd January 2019	Not applicable	
10	1 March 2019	1 March 2019	Hamadrayad Centre	Capital, Estates and Facilities	HSE received a concern in relation to no hot water at the centre	Following advice from the Estates Dept, the H&S Dept responded that despite having a planned maintenance programme for the heating system the hot water system had become defective.	Reported onto the MR System on the Wednesday and repairs completed by the Friday. In the interim period independent means of heating and boiling water was available. Washroom had access to alcohol gel.	Director of Capital, Estates and Facilities	Completed	HSE satisfied with response	Complete	Health and Safety - Michael Imperato		9th April 2019	Not applicable	
11	1 March 2019	1 March 2019	Hafan y Coed - UHL	Executive	HSE received a concern from member of staff in relation to training needs for phlebotomy staff	Details provided in relation to minimum training requirements and practices for staff group concerns	Information passed to HSE	Head of Health and Safety	On-going	Awaiting response from HSE	On-going	Health and Safety - Michael Imperato		9th April 2019	Not applicable	
12																
13																
14	South Wales Fire and Rescue								Health and Care Standards Overarching Theme: Governance, Leadership and Accountability Theme 2: Safe Care Standard 2.1 Managing Risk and Promoting Health and Safety							
15	21 February 2018	15 February 2018	Laboratories/ Teaching /Offices Link Block 5 UHW	Clinical Diagnostics & Therapeutics Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included. 1 x management 2 x compliance	Fire compartmentation is being carried out on a priority basis. Dampers replaced during major refurbishment.	Director of Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	2 x compliance - (Fire Dampeners) Will be replaced on refurbishment (Fire compartmentation) - Rolling programme 1 x management -	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	10 April 2018 9 October 2018		Yes
16	21 March 2018	12 March 2018	Ward A3 UHW	Surgery Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included. 2 x compliance	Fire compartmentation is being carried out on a priority basis. Dampers replaced during major refurbishment.	Director of Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	1 x compliance (Fire Dampeners) Will be replaced on refurbishment 1 x compliance - (compartmentation) completed	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	10 April 2018 9 October 2018		Yes

	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
	Date of Report	Date of Visit/Review	Site/Location	Clinical Board/Directorate/ Specialty	Brief Description of reason for visit/Review	Summary of Findings/Recommendations	Management Response	Executive/Operational Lead	Due Date	Position as at 9th April 2019 (unless indicated otherwise by reference to receipt by Committees)	Status (Ongoing/Complete)	Assurance Committee & Chair	If reported to another group state here	Date Reported to Assurance Committee	Date Next Scheduled Visit/Renewal of Licence/ Accreditation (if applicable)	Contained within CE Important Documents Log
3																
17	5 April 2018	12 March 2018	C3 Coronary Care UHW	Specialist Services Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included. 1x compliance	Fire compartmentation is being carried out on a priority bases. Dampers replaced during major refurbishment.	Director of Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	1 x compliance (Fire Dampeners) Will be replaced on refurbishment	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	9 October 2018		Yes
18	10 May 2018	30 April 2018	Ward B4 UHW	Specialist Services Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included. 1x compliance 2x management	Fire compartmentation is being carried out on a priority bases. Dampers replaced during major refurbishment.	Director of Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	1 x compliance (Fire doors fitted to risers cupboards) 2 x management (Training compliance - build up of combustibles	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	09 October 2019 09 April 2019		Yes
19	10 May 2018	12 April 2018	Cardiff Royal Infirmary basement Glossop Road		Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included. 1x estates 2x compliance		Director of Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	1 x estates (Signage) 2 x compliance (Fire separation - lighting) Basement not currently in use	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	09 October 2019 09 April 2019		Yes
20	4 June 2018	22 May 2018	Brecknock House, UHW		Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included. 2x compliance		Director of Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	2 x compliance (Defective fire doors - Combustibles in corridor) Premises due to be vacated 2019	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	09 October 2019 09 April 2019		Yes
21	9 July 2018	20 June 2018	Rehabilitation Day Hospital (MHSOP), UHL, CF64 2XW.		Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included. 2x management 1x estates		Director of Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	2 x management (Doors propped open - Training compliance) 1 x estates (Ceiling tiles missing)	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	09 October 2019 09 April 2019		Yes
22	10 July 2018	25 June 2018	Cardiff Royal Infirmary ground floor Glossop Road CF24 0SZ		Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included. 2x compliance 2x management 2x estates		Director of Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	2 x compliance (fire compartmentation - emergency lighting) 2 x estates (Signage - Defective doors) 2 x management (Doors propped open - large amount of combustibles)	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	09 October 2019 09 April 2019		Yes
23	10 July 2018	2 July 2018	Cardiff Royal Infirmary first floor Glossop Road CF24 0SZ		Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included. 2x minor issues, 1x estates 1x compliance 1 x management		Director of Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	1 x estates (Defective door) 1 x compliance (Fire compartmentation) - Rolling programme 1 x management (large amount of combustibles)	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	09 October 2019 09 April 2019		Yes
24	25 July 2018	16 July 2018	Ward East 8, UHL	Medicine Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included. 1`x management		Director of Strategic Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	1 x management (Doors propped open)	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	9 October 2018		Yes

[illegible]

Ongoing
Complete

Fiscal year - Date of visit

In order of date of visit

IN01 - failed to comply

IN02 - not complied fully

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

Compliance - Fire Dampners completed with refurbs

Health and Safety Priority Improvement Plan

Health & Safety Management

[illegible]

	1.3	Managers Safety Course	Managers competency in their health and safety role is enhanced	Amber	Allocate health and safety resource to develop training package	Course drafted – pilot to take place in early April.	Amber	Head of Health and Safety	Jun 19
					Offering of course to all managers	As above	Amber	Head of Health and Safety	Jun 19
					Accompanying training materials to support course and attendees in their role.	As above	Amber	Head of Health and Safety	Jun 19
					Monitoring and support of health and safety management improvements post course.	As above	Amber	Head of Health and Safety	Jun 19
	1.4	Mandatory Training Compliance	Review of mandatory training to maximise effectiveness	Amber	Review of mandatory training to maximise effectiveness through appropriate frequency review and assessment of training needs.	Paper submitted to the Health and Safety Committee, further progressed with training plans during period.	Amber	Director of WOD	Jun 19
			Mandatory training compliance - Health Board target 85%		Monitoring of mandatory training compliance - Health Board target 85%	Annual report showed successful improvement in mandatory training compliance. Corresponding to the above.	Amber	Director of WOD	Jun 19
	1.5	Health and Safety meetings management structure met.	All Clinical and Service Boards have established health and safety meetings that meet at least 4 times a year	Amber	Annual report identified shortfall within some Clinical Boards	Shortfall has now been rectified including Medline Clinical Board establishing a Group and will be monitored at Operational Health and Safety Group	Green	All	Oct 18
					Establish Health and Safety Group for corporate functions	Role identified within the newly appointed Health and Safety Adviser to co-ordinate, suitable chair required.	Amber	Director of Corporate Governance	Jun 19

2. Violence and Aggression

CRAF	REF	Area of Improvement	Milestone	M/Stone Status	Actions Requirement	Progress/Assurance	Status	Lead	Date Due
	2.1	Working within the scope of the Memorandum of Understanding for violence and aggression	Review of the MOU to meet service needs and support guidance based off NHS Chief Executive's launch together with police and the prosecution service.	Green	Review current practise against revised approach	Health Board taking lead with partnerships, new document being appropriately progressed following Cardiff and Vale practice. Launch planned November 2018	Green	Senior Hospital Manager, UHL	Nov 18
					Monitor CPS and Police outcomes for comparison of criminal sanctions, community resolutions and police actions	Annual report identified suitable sub divisions, national group progressing comparative standards across Health Boards	Green	Senior Hospital Manager, UHL	Apr 19
					Pursue non criminal sanctions and monitor, including violent warning	Personal Safety section reviewing its monitoring to demonstrate efforts made within non criminal sanctions.	Amber	Head of Health and Safety	Jun 19

					markers, victim interviews and perpetrator internal sanctions				
	2.2	Lone Worker Devices	Ensure those at risk within the community have systems in place for device or suitable assessment	Green	Monitor for consistent use, demonstrating effective management of device allocation	Regular reports submitted to Health and Safety Committee	Green	Head of Health and Safety	Oct 18
					Review of contract due in 2019 to reflect current demands	Meeting with Procurement to establish specification in readiness for contract renewal in April 2019	Green	Head of Procurement	Apr 19
					Local Management to establish appropriate risk assessment for justification	Local Management approaching for additional devices are being supported by Advisory team and advice that items can be progressed by local funding	Green	Head of Health and Safety	Oct 18
					Current devices with battery fault to be resolved by both identification and remedial action	All active devices changed	Green	Head of Health and Safety	Jan 18
	2.3	V&A response competence	Ensure sufficient trained staff to respond to V&A events	Amber	Review of training to ensure sufficient trained staff to respond.	Internal review with specialist trainers of violence and aggression to ensure response and capabilities. Annual report identified low level of compliance	Red	All	Jun 19
					Mechanism to monitor training against TNA	Health and Safety department advising Clinical Boards of compliance status	Green	Head of Health and Safety	Apr 19
					Monitoring and support to local areas to give assurance effectiveness of training	Clinical Board meetings to include training status	Amber	Head of Health and Safety	Jun 19

3. Manual Handling

CRAF	REF	Area of Improvement	Milestone	M/Stone Status	Actions Requirement	Progress/Assurance	Status	Lead	Date Due
	3.1	Working to Revised All Wales NHS Manual Handling Passport and Information Scheme	Implementation of the Revised All Wales NHS Manual Handling Passport and Information Scheme	Amber	Review of manual handling passport delivery to meet Agored Cymru standards.	Agored Cymru standards re-instated. All Wales review of suitability of this course undertaken.	Green	Head of Health and Safety/Head of LED	Dec 18
			Ensure manual handling training is based on need by risk assessment	Amber	Review training against TNA	Clinical Board meetings to include training status.	Amber	Head of Health and Safety	Jun 19
					Monitor compliance against TNA requirements	Health and Safety department advising Clinical Boards of compliance status	Green	Head of Health and Safety	Apr 19
	3.2	Pro-Act Audit	Audit compliance of Hoisting and hygiene equipment against patient requirements.	Green	Proact re-audit during winter demands	Re-audit progressed and agreed with proact to commence in November	Green	Head of Health and Safety	Apr 19

					2018, with report coming to April Health and Safety Committee				
					Review of audit findings and action shortfalls.	As above	Amber	Head of Health and Safety	Jun 19
					Review of slings against suitability of current slings used	Within Proact audit	Amber	Head of Health and Safety	Jun 19
	3.3	Bariatric patient compliance	Assessment of bariatric patient compliance against manual handling aspects.	Amber	Undertake an assessment of bariatric patient compliance against manual handling aspects	Manual Handling Adviser working with Medicine Clinical Board to assess best practice including proact audit	Amber	Head of Health and Safety	Jun 19
	3.4	LOLER	Meet LOLER inspection requirements	Green	Audit of mechanisms to meet LOLER inspection requirements. Previous reports identified shortfall in LOLER inspection regime	Action taken by Director of Planning to rectify LOLER inspection programme. All equipment re examined.	Green	Director of Planning	Oct 18
	3.5	Management of the Hoverjacks	Suitable quantities of equipment to respond to fallen patients needs	Green	Validation of suitable Hover jacks quantities to respond to fallen patients needs	Project group being initiated by Assistant Director of Nursing to review usage and management of hoverjacks.	Green	Assistant Director of Nursing	Jan19
			Hoverjacks considered and maintained as a lifting compliance under LOLER		Hoverjacks considered and maintained as a lifting compliance under LOLER	A successful bid had been submitted for replacement of 2 hoverjacks.	Amber	Assistant Director of Nursing	Jun 19
			Ownership of existing stock is established		Ownership of existing stock is established.	As above	Amber	Assistant Director of Nursing	Jun 19
	3.6	Suitable Glide/Slide Sheets	Enhanced stock of material glide sheets to replace wear and tear	Amber	Savings made from non use of paper glide sheets are converted into enhanced stock of material glide sheets to replace wear and tear	A paper went to the Operational Health and Safety Group in September 2017 recommending the central purchase of large reusable sheets	Amber	Head of Procurement	Jun 19

4. Health Issues

CRAF	REF	Area of Improvement	Milestone	M/Stone Status	Actions Requirement	Progress/Assurance	Status	Lead	Date Due
	4.1	Review of Health compliance	Review of all health related risks to ensure appropriate controls are in place	Amber	Initiate a review of all health related risks to ensure appropriate controls are in place	Health and Safety Adviser co-ordinating a review to reflect concerns raised about all health initiatives	Amber	Head of Health and Safety	Jul 19
					Identify status of Stress, MSD, DSE, Workplace Environmental, Menopausal Effects	Group has progressed with Occ Health and other parties.	Amber	Head of Health and Safety	Jul 19
	4.2	Control of Substances Hazardous to Health	Suitable and Sufficient Risk Assessments in Place	Green	All areas has designated COSHH coordinators	Shortfall status tabled at each Clinical Board Health and Safety Group for resolution	Green	Chair of Operational Health and Safety Group	Apr 19
					Risk Assessments are valid	As above	Amber	Chair of Operational	Jun 19

								Health and Safety Group	
					Monitoring that ensures high risk areas have complete compliance.	Review of risk assessments to establish high risk substance activities are ongoing, with enhanced descriptions	Amber	Head of Health and Safety	Jun 19
			Identified Control Measures are implemented	Amber	Mechanism for minimising the effects of hazardous substances.	As above	Amber	Head of Health and Safety	Jun 19
					Safe use of peracetic acid in sterilisation of medical instruments	Health and Safety Adviser working with Clinical Board to establish best practice	Green	Head of Health and Safety	Oct 19
	4.3	Work Place stressors	The Health Board to have in place suitable response mechanism to staff experiencing stress and demands.	Amber	Review Policy and access to Employee Wellbeing Service. Policy out of review period	Health Board has a wellbeing service and Occupational Health Service and is subject to a review of its policy and report to the Health and Safety Committee	Amber	Director of WOD/Head of Occupational Health	Jun 19
			The HB has proactive approaches to identify areas of hotspot and diminish stressors prior to the acute event.	Red	Proactive approaches to identify areas of hotspot and diminish stressors prior to the acute event initiated	Wellbeing Working group has ceased, health and safety working towards identifying criteria with specialist partners on mechanism for identifying potential events.	Red	Head of Occupational Health /Head of Health and Safety	Jun 19
					Specialised group to monitor and develop proactive actions	As above	Red	Head of Occupational Health /Head of Health and Safety	Jun 19
	4.4	Hand arm vibration	Activities which use devices at risk of hand arm vibration are assessed	Amber	Review of activities which use devices at risk of hand arm vibration	HAVs identified within Dental and Estates Areas. Full survey initiated in Dental, identification mechanisms developed in Estates, other areas to be progressed	Green	Head of Health and Safety	Apr 19
					Assessment of those areas requiring direct monitoring	Progressed as a rolling programme based on risk priority	Green	Head of Health and Safety	Jan 19
					Complete monitoring to these areas	As above	Amber	Head of Health and Safety	Jun 19
	4.5	DSEAR compliance to regulations	DSEAR compliance to regulations requires areas of potential explosives to be assessed and control measures in place	Amber	Assessment of DSEAR requirements against simple demand areas through localised assessments and remedial actions	DSEAR guidance considered at the FSG and circulated to relevant areas.	Green	Head of Health and Safety	Apr 19
					Identification and full DSEAR assessment for complex areas	As above	Amber	Clinical Board Leads	Jun 19
	4.6	Muscular Skeletal Risks	Meet DSE Requirements	Green	Maintain assessment of display screen equipment database and complete assessment for those defined users	Revised Database implemented	Green	Head of Health and Safety	Oct 18

5. Environment Safety and Health and Safety Patient Issues

CRAF	REF	Area of Improvement	Milestone	M/Stone Status	Actions Requirement	Progress/Assurance	Status	Lead	Date Due
	5.1	Ligature Risk in Mental Health	Complete comprehensive ligature assessment for areas where patients are at risk of self harm	Amber	Complete audit and support installation within Mental Health	Adviser completed audit and supported installation within Mental Health	Green	Head of Health and Safety	Oct 18
					Implement findings to minimise self harm risk	Meeting established with health and safety and estates to verify status of remedial work	Amber	Mental Health Lead	Jun 19
	5.2	Mental Health Smoking Cessation	Implementation of an absolute smoking cessation approach with mental health establishment	Green	Smoking cessation implemented	Enforcement notice lifted and higher co-operation achieved.	Green	Mental Health Lead	Jan 19
					Review of increased reports of fire and violence and aggression events		Green	Mental Health Lead	Jan 19
			Suitable support mechanisms for patients and access to safe electronic smoking and other devices	Amber	Project plan required non charging e-cigarettes E-cigarette chargers if used must be in suitable flame proof areas	Fire Officer reported e-cigarette chargers are being permitted against national advice	Amber	Mental Health Lead	Jun 19
					Monitor smoking cessation compliance and report on enhanced staff risk related to fire and violence and aggression	Reports of increased lighters being smuggled in and increased violence and aggression related to control	Amber	Mental Health Lead	Jun 19
	5.3	Window Closures	All windows at a height which may be a self harm or fall risk is fitted with suitable window restrictors.	Amber	Survey of windows undertaken and restrictors fitted	Survey of windows undertaken and restrictors fitted.	Green	Director of Planning	Oct 18
					Anti tamper devices fitted to all restrictors	Review of restrictors in self harm areas to fit anti tamper screws	Red	Director of Planning	Jun 19
	5.4	Local Control of Water Safety	Low use water outlets are flushed at agreed intervals	Red	Audit and monitoring of flushing mechanisms	Complete audit tool and improve attendance at Water Safety Group	Red	Clinical Board Leads	Jun 19
	5.5	Management of Bariatric Patients	Suitable mechanisms in place to care for bariatric patients with dignity and without enhanced risk to staff	Amber	Assessment of patient need	Assessment of patient need undertaken further work required to diminish fire, staff and dignity issues	Amber	Assistant Director of Nursing	Jun 19
					Specialised beds, hoisting and other support equipment are available as needed	Bariatric care package in place with access to a range of equipment	Green	Assistant Director of Nursing	Oct 18
					Mechanisms of implementing care with dignity for bariatric patients that go beyond our standard profile	Project to improve care being progressed between Manual Handling and Medicine Clinical Board	Amber	Assistant Director of Nursing	Jun 19

	5.6	Record Storage	There is agreed policy for retaining paper records	Amber	Progress Policy	The organisation has the requirement to safely store its mandated records for the agreed periods. Policy approved	Green	Director of Corporate Governance	Oct 18
					There are suitable controls implemented within record storage areas to ensure that manual handling and fire risks are not breached	Work undertaken to improve condition of storage in short term	Amber	Head of Medical Records	Jun 19
			Progress an enhanced programme to electronically store, where possible medical records	Red	Progress an enhanced programme to electronically store, where possible medical records	Project under review	Red	Head of Medical Records	Jun 19

6. Fire Safety Management

CRAF	REF	Area of Improvement	Milestone	M/Stone Status	Actions Requirement	Progress/Assurance	Status	Lead	Date Due
	6.1	Fire Compartmentation	Review and maintain compartmentation system	Amber	Implement a prioritised programme for reviewing and maintaining its compartmentation system	Priority plan being progressed	Amber	Director of Planning	Jul 19
	6.2	Unwanted False Signals (UFS)	UFS's are minimised, investigated and monitored	Amber	Work jointly with SWFRS and Specialist Services to reduce UFS	Joint working group established. Continued monitoring required maintaining enhanced compliance.	Amber	Director of Planning	Jun 19
					Those UFS associated with aged automatic alarm systems are progressed through a prioritised approach	Enhanced programme of replacement agreed Fire Service support a significant reduction in UWFS	Green	Director of Planning	Apr 19
					UFS associated with inappropriate contractor work is diminished through enhanced job allocation form	Fire Adviser working with Estates to enhance dust and hot work controls	Green	Director of Planning	Apr 19
					Mechanism to notify the fire service to stand down if known false alarm	Fire Service progressing direct line number for speedier contact. Training includes message relating to informing switchboard	Green	Director of Planning	Apr 19
	6.3	Fire Incidents within Mental Health	Fire incidents in mental health associated with the smoking cessation	Green	Fire incidents in mental health associated with the smoking cessation campaign is minimised through effective controls: a) removal of ignition sources, b)	Since introducing controlled smoking, no fires reported.	Green	HOD Mental Health/ Director of Planning	Jan 19

			campaign is minimised through effective controls		meeting health care guidance on use of charging devices and c) local monitoring of internal areas				
	6.4	Evacuation Mat/Chairs Training	Establish mechanism for training and refresher training in the use of evacuation chairs and mats	Amber		A working group has been formed to review training for equipment.	Amber	Senior Fire Adviser/Fire Safety Manager	Jun 19
	6.5	Evacuation Fire drills	Enhanced commitment to evacuation drills	Amber	Fire Safety Group to devise an agreed programme of evacuation drills and local areas to co-operate in participation		Amber	Director of Planning	Jun 19
	6.5	Fire Audit - Annual Submission	Annual submission of Fire audit is submitted within a timely manner	Green	Submit Annual Audit	2018 audit submitted	Green	Director of Planning	Oct 18

7.1 Health and Safety Estates Management.

CRAF	REF	Area of Improvement	Milestone	M/Stone Status	Actions Requirement	Progress/Assurance	Status	Lead	Date Due
	7.1	Water Safety/Legionella	Water Safety Plan Implemented with increased assurance of compliance against flushing need	Amber	Legionella Survey and Risk Assessment audit package under development for completion by all area managers identifying all outlets and usage or flushing regime	Package developed on MICAD System for dissemination to local areas	Green	Director of Planning	Oct 18
					Water Safety Group has effective representation from all related areas	Current Clinical Board representation is poor	Red	Clinical Board Leads	Jun 19
					Compliance against water safety plan and policy is reported to the Health and Safety Committee	Included within work programme	Green	Director of Public Health	Oct 18
	7.2	Contractor Control	Contractor control within remit of estates has effective mechanisms for monitoring and reacting to safety breaches	Amber	Reported at Operational Health and Safety Group	Reported at Operational Health and Safety Group	Green	Director of Planning	Oct 18
			Permit system in place for contractor work of specified high risk areas			Enhanced permit system under development	Amber	Director of Planning	Jun 19
			Contractor control within remit of non estates has effective mechanisms for monitoring and reacting to safety breaches	Green	Enhance non estates to same standard as estates contractor control	Health and Safety Adviser appointed to progress same standard of work. Has actively progressed backlog since appointment	Green	Head of Health and Safety	Jan 19

	7.3	Asbestos	Asbestos database to ensure that Asbestos Register has evaluated asbestos status for all areas	Green	Review of asbestos database to ensure that asbestos register has evaluated asbestos status for all areas	External review undertaken	Green	Director of Planning	Oct 18
					Effective asbestos management for all intrusive work within asbestos identified areas	As above	Green	Director of Planning	Oct 18
					Action plan for resolving those areas not surveyed as part of the asbestos register	Report 94 of the 8000+ areas surveyed Work on non surveyed areas halted until resurvey undertaken , report to progress "Black Areas " being prepared	Amber	Director of Planning	Jun 19
	7.4	Back Log Maintenance	Backlog maintenance to evaluate those areas which potentially affect their safety compliance.	Red	Review of backlog maintenance to evaluate those areas which potentially affect their safety compliance	Resources available to estates in line with an increasing burden of ageing physical infrastructure, bringing increased maintenance costs and increased refurbishment costs	Red	Director of Planning	Jun 19
	7.5	Pedestrian and Tunnel Safety	Enhanced pedestrian and tunnel safety.	Amber	Undertake complete survey and specialist advice on enhancing pedestrian and tunnel safety	Survey undertaken	Green	Director of Planning	Apr 19
					Implement phased approach to zoning tunnel areas and minimising usage	Plans being progressed	Amber	Director of Planning	Jun19
					Implement pedestrian safety within identified key high risk areas	Within cost restriction being progressed	Amber	Director of Planning	Jun19
	7.6	Estates Compliance to LOLER Requirements.	Estates compliance to LOLER requirements are maintained for lifting equipment.	Amber	Revised process for Estates management, introduced to speed repair process.	Agreement for transfer in April 2019 progressed	Green	Director of Planning/ Director of Therapies and Health Sciences	Apr 19
					Comprehensive maintenance and inspection schedule maintained	Link to above transfer	Amber	Director of Planning/ Director of Therapies and Health Sciences	Jun 19
	7.7	Category 3 Laboratories compliance	Appropriate mechanisms are implemented to ensure risks presented to the Health Board from these areas is controlled	Green	Appropriate mechanisms are implemented to ensure risks presented to the Health Board from these areas is controlled by effective maintenance of their internal pressurised containment	Regular meeting established	Green	Director of Planning	Oct 18
					Formal mechanisms of communications between the	Regular meeting established	Green	Head of Health and Safety	Oct 18

					relevant parties are formalised and recorded				
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8. Sharps Safety

CRAF	REF	Area of Improvement	Milestone	M/Stone Status	Actions Requirement	Progress/Assurance	Status	Lead	Date Due
	8.1	Safety Needles	Requirement of Safety Sharps legislation are maintained	Amber	Re-engage staff in enhanced safe needles controls and appropriate disposal	Health and Safety Advisers are pursuing through Clinical Boards Health and Safety Groups	Amber	Clinical Board Leads	Jun19

Report Title:	Lone Worker Report					
Meeting:	Health and Safety Committee				Meeting Date:	09/04/2019
Status:	For Discussion		For Assurance	✓	For Approval	For Information
Lead Executive:	Director Of Workforce and Organisational Development					
Report Author (Title):	Head of Health and Safety					

SITUATION

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

The previous "Reliance" Lone Worker device had poor usage and reassurance was appropriate to ensure the new devices were utilised offering suitable protection which reflected the greater flexibility of the device and system.

The Committee considered a report on the updated contract at the October 2018 meeting. This report updates the Committee on the progress made since.

BACKGROUND

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

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

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

The HSE has pursued a number of prosecutions for failure to protect staff in lone worker incidents, including £100K to a Local Authority when a social worker was attacked and £900K to a utility company when a worker fell, the HSE was scathing about the company's lack of lone worker systems.

ASSESSMENT

There are currently 655 devices in service, utilisation and feedback from staff users are clearly highlighting that the contracted devices are much valued and demand continues to grow.

Managers continue to receive monthly usage reports and progress is also monitored at the Anti Violence Group (previously Personal Safety and Security Strategy Group).

The overall percentage compliance continues to show high utilisation well in excess of the previous devices with an average usage of in excess 70% month on month measured against device activity and movement. This usage has been sustained over the contract period and justifies the renewal of the contract in May 2019. The establishment of a single framework agreement with the NHS has both assisted renewal and significantly reduced the cost of each device from £7.25 to £5.25 per month per unit based on a 3 year contract.

Some of the savings made can allow for a small increase in the number of devices available as a few new areas of risk have been identified and some managers have reviewed their need with a view to expand the number of devices required for their staff.

The allocation of devices has previously also been extended to victims of domestic abuse.

The Operational Health and Safety Group continues to monitor usage by Clinical Board and Sub Group.

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

RECOMMENDATION

The Health and Safety Committee is asked to:

- **NOTE** the report

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Not Applicable

Kind and caring
Caredig a gofalgwr

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Report Title:	BARRY HOSPITAL KITCHEN, BARRY HOSPITAL, COLCOT ROAD, BARRY FOOD HYGIENE INSPECTION – 21 March 2019										
Meeting:	Health and Safety Committee							Meeting Date:	9/4/2019		
Status:	For Discussion			For Assurance		√	For Approval			For Information	
Lead Executive:	Director of Planning										
Report Author (Title):	Director of Capital Estates & Facilities										

SITUATION

An inspection of Barry Hospital Kitchen, Barry Hospital took place on 13 March 2019 the outcome of which was confirmed in writing in a letter report dated 21 March 2019 from the Commercial Services Officer, Food and Port Health, Bridgend, Cardiff and Vale of Glamorgan Shared Regulatory Services.

In this report it was noted that the Barry Hospital Kitchen, Barry Hospital were given a score of **4 (Good)** in the National Food Hygiene Rating Scheme.

BACKGROUND

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

ASSESSMENT

On receipt of the letter report, an action plan was developed by the Catering Services Manager to address the issues raised and is attached as an appendix 1 to this report. This will be monitored within the service.

ASSURANCE is provided by the maintenance of the Food Hygiene Rating score of 4 **(Good)**.

RECOMMENDATION

The Health and Safety Committee is asked to:

- **NOTE** the Food Hygiene Rating and the remedial actions taken following the receipt of the Commercial Services Officer (Food & Port Health) report.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Action Plan from Food Safety Inspection on 13th March 2019 (on 21st March 2019)

Schedule A – Legal Requirements

Food Hygiene and Safety Procedures		Response / Action	Time Scale	Update
High standard of compliance with statutory obligations, and industry codes of recommended practice, with only minor contraventions.				
<p>1. The plastic water jugs and cups stored in the cupboards of the Sam Davies ward were found stacked together in the cupboard still wet. Water can harbour bacteria. Therefore you must ensure the water jugs are dried fully before being stacked together. This issue was identified on your previous inspection. Regulation (EC) No. 852/2004, Annex II, Chapter IX, Para 3</p> <p>2. There was no blue roll in the dispenser in St Barrucs ward. You must ensure an adequate supply of blue roll is available in the dispenser and on site at all times. Regulation (EC) No. 852/2004, Annex II, Chapter IX, Para 3</p>		All staff reminded not to put any items away wet, blue towels in place	Immediately	Completed
		All staff reminded to make sure blue roll is available at all times. Dispenser re filled	Immediately	Completed

Structural / Cleaning Issues	Response / Action	Time Scale	Update
standard of compliance with statutory obligations, and industry codes of recommended practice, with only minor contraventions.			

<p>There is a small area of damaged wall tiles underneath the window behind the freezer in the kitchen. Repair this area of wall tiles and maintain the area in good repair and condition. Regulation (EC) No. 852/2004, Annex II, Chapter I, Para 1</p> <p>There is a gap to the top of the rear double exit doors in the kitchen and a small gap to the base of the doors. Fully pest-proof this door and ensure you have adequate procedures in place to control pests and reduce the risk of pests from gaining access into the premises. Regulation (EC) No. 852/2004, Annex II, Chapter I, Para 2(c)</p> <p>The seals to the Rational steamer and oven are damaged. Replace the seals to the items of equipment and maintain them in good repair and condition. Regulation (EC) No. 852/2004, Annex II, Chapter I, Para 1</p> <p>There is bare plaster on the wall next to the white board in the kitchen. Bare plaster cannot be kept clean and can harbour dirt and bacteria. Cover, seal or paint the wall and maintain the wall in a sound condition which is easy to clean. Regulation (EC) No. 852/2004, Annex II, Chapter II, Para 1(b)</p> <p>There are bare wood edges to the kitchen cupboards in the Sam Davies ward and St Barrucs ward. Bare wood cannot be kept clean and can harbour dirt and bacteria. Paint, cover or seal these areas of bare wood can maintain in good repair and condition. Regulation (EC) No. 852/2004, Annex II, Chapter I, Para 1</p> <p>One of the kitchen cupboard door handles in St Barrucs ward is broken. Repair and replace the door handle and maintain in good repair and condition. Regulation (EC) No. 852/2004, Annex II, Chapter I, Para 1</p>	<p>Mr raised and repairs to be completed within 7 days</p> <p>Mr raised and repairs to be completed within 7 days</p> <p>Seals to be replaced within 7 days</p> <p>This will be repaired within the week</p> <p>These Kitchens are due for imminent refurbishment and will be replaced with stainless steel. One to be completed over the next two weeks the other to be finished by the end of May. The wood will be repaired over the next 7 days</p> <p>Door handle reported and will be repaired this week</p>	<p>1 week</p> <p>1 week</p> <p>1 week</p> <p>1 Week</p> <p>1 weeks</p> <p>1 week</p>	
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Confidence in Management / Control Procedures	Response / Action	Time Scale	Update
<p>satisfactory record of compliance.</p> <p>Access to relevant food safety advice source and/or guides to good practice or assurance scheme commensurate with type of business.</p> <p>Understanding of significant hazards and control measures in place. Has implemented satisfactory food safety management procedures or is making satisfactory progress towards documented food safety management procedures, commensurate with type of food business.</p> <p>Making satisfactory progress towards documented food safety management procedures commensurate with type of business.</p> <p>A score of 10 can be awarded for more than one intervention cycle if: the previous non-compliances have been addressed but different non-compliances have arisen; and, the overall risk has not increased.</p>			
<p>Whilst reviewing your current HACCP, I identified the following which must be addressed:</p> <p>It does not make it clear what your critical control points are;</p> <p>Under the colour coding section on page 3, there is no reference to a white or blue chopping board;</p> <p>On page 8 regarding shelf life, it needs to clarify what is meant by 3 days i.e. day of production plus 2 days, and it needs to refer to the original use-by date on the packaging if the outer packaging is removed;</p> <p>On page 23, the probe calibration verification form refers to a weekly probe calibration however this form needs to be amended to reflect the monthly probe calibration which is followed;</p> <p>On page 27, the ward kitchen cleaning schedule does not include the wash hand basin and sink. You must ensure the cleaning schedule includes all items of equipment and structure within the ward kitchen.</p> <p>regulation (EC) No. 852/2004, Chapter II, Article 5, Para 1</p>	<p>HACCP will be reviewed and changed, EHO being booked to review and advise on all UHL HACCP documents.</p>	<p>2 weeks</p>	
<p>10. You have introduced an updated and amended HACCP and I identified a number of staff have been trained in it however more than 10 members of staff are still yet to receive this training. You must ensure all staff are trained in your HACCP.</p> <p>regulation (EC) No. 852/2004, Chapter II, Article 5, Para 1</p>	<p>All staff to be trained over the next 2 weeks</p>	<p>2 weeks</p>	

<p>1. Whilst reviewing the temperature records, I identified the following: On 11th March 2019 at 6pm, the walk-in freezer temperature was -16°C and the double upright freezer was recorded as 'def'. There has also been numerous occasions where the freezer temperatures have been outside this temperature range. The form recommends the storage temperature for frozen is -18°C to -22°C and in your HACCP it states for frozen food to be stored at -18°C or colder. You must ensure corrective action is taken and recorded when the freezer is warmer than -18°C or is on defrost when the temperature is warmer than -18°C; On 27th February 2019, the 6pm fridge and freezer temperatures had been missed and at 2:30pm on the same day, the single upright freezer was recorded as 'def'. You must ensure the fridge and freezer temperatures are being taken and recorded three times a day, and when a fridge or freezer is on defrost mode, then staff must return at a later time to take and record the temperature; The delivery monitoring sheet refers to the chilled temperature between 0-8°C, and the frozen food temperature as -15°C to -18°C. These temperatures are not consistent with the temperatures referred to in the HACCP; On numerous occasions, milk is being delivered above 5°C. The critical limit is 5°C and on these occasions, no corrective action is being taken or recorded. You must ensure that corrective action is taken e.g. reject the delivery, temperature check the milk with a probe thermometer etc.; On a few occasions, a previous patient meal order form/WBC trolley check form with inconsistent temperatures recorded on it is still being used. You must ensure the old forms are taken out of circulation and your current temperature forms are being used; Whilst reviewing the kitchen cleaning schedules, I identified items are being missed daily e.g. on 12th March 2019 the freezer, toaster and waste bin was missed, on 11th March 2019 the waste bin was missed, on 10th March 2019 most of the items had been missed. You must ensure the kitchen cleaning schedules are being fully completed each day; Whilst reviewing the ward cleaning schedules for Sam Davies ward, I identified the hand basin and sink is being missed daily. You must ensure all items listed in the schedule are being signed off once they have been cleaned daily; Whilst reviewing the ward cleaning schedules for St Barrucs ward, I identified the toaster, waste bin, dishwasher (not in use) and hand</p>	<p>All corrective actions will be taken and recorded. All old documentation has now been removed. Staff to receive refresher training</p>	<p>Immediately</p>	<p>Completed</p>
	<p>Milk to be temperature checked via opening of carton. If over 5 degrees delivery will be refused</p>	<p>Immediately</p>	<p>Completed</p>
	<p>Staff to be given refresher training. All lists to be reviewed and amended</p>	<p>1 week</p>	
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	<p>Staff to be given refresher training. All lists to be reviewed and amended</p>	<p>1 week</p>	

<p>basin and sink had been missed on 11th March and 12th March 2019. You must ensure all items listed in the schedule are being signed off once they have been cleaned daily.</p> <p>regulation (EC) No. 852/2004, Chapter II, Article 5, Para 1</p> <p>2. At the time of the inspection, I found cooked ham and beef slices in the freezer which was delivered chilled. These had been placed in the freezer as they would not have been used within the use-by date. You must ensure that when foods are placed into the freezer which will be going past the original use-by date, these items of foods are date labelled with a frozen on date.</p> <p>regulation (EC) No. 852/2004, Chapter II, Article 5, Para 1</p>	<p>This food has been removed and staff reminded on labelling food correctly</p>	<p>Immediately</p>	<p>Completed</p>
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Schedule B – Recommendations, Advice & Information

Recommendations	Response / Action	Time Scale	Update
<p>I strongly recommend Sharon Pearce and Helen Edwards undertake refresher Level 2 food hygiene training as they completed formal food hygiene training in March 1998 and June 2000 respectively.</p>	<p>Staff training being reviewed and all staff will be undertaking refresher training. Sharon and Helen will undertake their refresher training over the next 2 weeks</p>	<p>2 weeks</p>	



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**MINUTES OF THE OPERATIONAL HEALTH AND SAFETY GROUP HELD
AT 2PM on WEDNESDAY 12TH DECEMBER 2018 – CORPORATE
MEETING ROOM, HQ UHW**

Present:

Peter Welsh- Chair	Director of Corporate Governance
Caroline Murch	Environmental Health and Safety Adviser
Frank Barrett	Senior Fire Adviser
Janice Aspinall	Staff Representative
Jonathan Davies	Health and Safety Adviser
Rachael Daniel	Health and Safety Adviser
Rachael Sykes	Health and Safety Adviser
Stuart Egan	Staff Representative

Clinical/Service Board Representatives

Ian Wile	Mental Health
Jane Maddison	Women and Children
Rhys Davies	Primary, Community and Intermediate Care
Rowena Griffiths	Dental Services
Sue Bailey	CD&T

Apologies:

Charles Dalton	Head of Health and Safety
Jon McGarrigle	Estates Services
Heather Gater	Women and Children

In Attendance:

Emma Foley	Case Management Officer
Zoe Brooks	Health and Safety

OHSG: 31/18 Minutes of the Meeting held May 2018

The minutes of the meeting held on the 28th August 2018 were accepted as a true record.

OHSG: 32/18 Action Log

- **OHSG 24/18 – Work Place Stressors**

The Health and Safety Adviser – Ms R Daniel informed the Group that she will be leading on a project for health issues, which will include workplace stress and wellbeing.

Staff representative - Mr S Egan reported that Workforce and OD are also establishing a Group that will look at workplace stressors.



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Representative for Mental Health Mr I Wile also added that this was also high on their agenda, with a group running to look at reasons for absence and stress.

Health and Safety Adviser – Ms R Daniel thanked both Mr S Egan and Mr I wile for this information and reported that she would link in with these Groups to further progress this item.

- **OHSG 25/18 Medical Records**

Staff representative Mr S Egan highlighted that concerns relating to medical records had been raised at the Health and Safety Committee and also at the Board meeting, however was awaiting feedback.

It was noted that there had been an improvement, however remains an ongoing issue.

PCIC – Mr R Davies and Women and Children – Ms J Maddison reported that this was also an issue within the community.

The Chair asked that feedback be brought to the next meeting.

OHSG: 33/18 Obligatory Responses to Violence in Healthcare

The Chair informed the Group that monthly meetings had been taking place between Health Boards, South Wales Police and other organisations to review the Memorandum of Understanding.

It was reported that the final draft had been agreed in November, and its aim is to look at tackling violence against staff in healthcare.

The report was received by the Group and the Chair asked that this be cascaded to Clinical Board Health and Safety meetings for information.

The Group watched a short video of Vaughan Gethin – Health Minister for Wales giving an over view of the revised arrangement; highlighting greater protection for healthcare staff and greater joint working between organisations.

Case Management Officer – Ms E Foley informed the Group that the Case Management Team was arranging a presentation to take to the Local Groups and this would take place in the New Year. It was also noted that there was an incident recently at Hafan Y Coed where the new revised arrangements were worked too and showed a strengthened working progress amongst all involved.

The Chair added that South Wales Police had appointed a Sergeant, who will be based at Llandough Hospital, three days a week and highlighted that this will also improve greater joint working.

OHSG: 34/18 Feedback from Health and Safety Committee

The report of the Health and Safety Committee was received and noted by the Group.

There were no issues highlighted and the Group noted that many of the listed items were on this agenda for further discussion.

OHSG: 35/18 Poor Conditions of Community Buildings

It was reported that the poor conditions of community buildings had been raised in other meetings by a number of Clinical Boards, this related to fire risks, security and general condition of the buildings.

Both PCIC and Women and Children's representatives raised concerns around the condition of a number of the community buildings used by their staff, such as Riverside Health Centre and Llanishen.

Mr I Wile – Mental Health informed the Group that he had escalated his concerns relating to Park Road to the Chief Operating Officer.

The Chair asked that these concerns be raised at the Health and Safety Committee in April 2019. Mr I Wile agreed to liaise with the other Clinical Boards and expand on the report sent to the Chief Operating Officer to include their concerns. It was also agreed that this report would be brought to the next meeting in February for information. **Action IW**

OHSG: 36/18 Enforcement Agencies Correspondence Report

The Head of Health and Safety reported that an additional two items were raised by the Health and Safety Executive during the period. One related to an employee who had fallen on site, the HSE enquired why the event had not been reported under the RIDDOR regulations.

Second incident related to Hand Arm Vibration (HAV) regulatory requirements following the submission of a RIDDOR event within Dental Services.

The Group were informed that full details could be found in the report.

OHSG: 37/18 Fire Safety Management and Enforcement Report

The report was received and noted by the Group.

The Senior Fire Adviser reported that there was one Enforcement Notice in place for Hafan Y Coed, for failing to effectively control smoking on the premises.

It was noted that a re-inspection took place on the 10th December. The Senior Fire Adviser highlighted the efforts made by Mental Health to lift the enforcement and was awaiting formal feedback from the Fire Service.

It was also noted that the Welsh Government has tasked SWFS with reducing false alarms; in turn SWFS are concerned by the number of alarms generated by the Health Board, in particular at UHW. They have already reduced the response to alarms between the hours of 08.00 and 18.00 from 3 appliances to a single pump for investigation purposes only, unless it can be confirmed there is a fire.

The Senior Fire Adviser reported on the training figures; highlighting a 67.60% compliance rate. Full details can be found in the report.

OHSG: 38/18 Pedestrian Safety & Tunnel Safety

There was no representative for Estates; the Chair asked that an update be brought to the next meeting relating to pedestrian safety.

Mrs C Murch – Health and Safety Adviser gave an update on Tunnel Safety. It was reported that a meeting has been established to look at improving safety in the tunnels; this includes vehicle management, condition of the floors and general security. It was noted that only essential users will be authorised to use the tunnels, further correspondence on the conditions of use will be available soon.

OHSG: 39/18 Health and Safety Priority Improvement Plan

The report was noted and accepted by the Group.

The Head of Health and Safety informed the Group that the Health and Safety Team had met to look at key areas of the Priority Improvement Plan and a project had been assigned to each of the Health and Safety Advisers.

It was noted that the report will be reviewed and amended to reflect the projects and also the changes to the risk register.

OHSG: 40/18 Control of Contractors Update

Mr J Davies – Health and Safety Adviser/Management of Contractor Control gave an overview of his role and highlighted the importance of Clinical Boards following Health Board protocols to ensure the safety of contractors, staff and patients.

He highlighted that a lot of work was being undertaken to get non estate areas such as IT working to the same policy as Estates in relation to Contractors, to ensure same standards are being adopted across the Health Board.

It was noted that a number of incidents had been reported, which identified a need for tighter controls and a review of procedures.

Mr J Davies – Health and Safety Adviser informed the Group that he had been meeting with Clinical Boards to give a presentation and inform areas of the correct guidance.

The Chair asked that this guidance be circulated to the Health and Safety Groups to reinforce the message.

It was also highlighted that the Managers Health and Safety Course was being developed and would be undertaken in the New Year.

OHSG: 41/18 Items Raised – Portable Heaters

Mr S Egan – Staff side representative raised concern with regards to thermal comfort on Ward A4. It was noted that inappropriate heaters were being used and removed by Estates.

To resolve this issue it was agreed that a meeting is to be held between Staff Side Representative, Health and Safety and the Energy Manager. Feedback to be brought to the next meeting.

OHSG: 42/18 Lone Worker

It was noted that no reports were available due to two faulty devices. As a result all devices needed to be replaced; this has now been resolved and reports will be generated for the next meeting.

OHSG: 43/18 Clinical/ Service Board Feedback

No Items raised

OHSG: 44/18 Policies and Procedures

The Incident Reporting Procedure was attached to the Agenda for Information.

It was reported that both the Environmental Policy and the CCTV Policy was due to go to the Health and Safety Committee in January 2019 for approval.

The Group were asked to report back to the authors by the 9th January 2019 if they had any comments.

OHSG: 45/18 DATE AND TIME OF NEXT MEETING

28th February 2019 – 9AM – Corporate Meeting Room –HQ UHW



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MINUTES OF THE FIRE SAFETY GROUP HELD AT 9AM ON 3rd DECEMBER 2018 – MANUAL HANDLING UNIT, DENBIGH HOUSE UHW

Present:	Charles Dalton	Head of H&S/Fire Safety Manager (Chair)
	Abigail Harris	Executive Director of Planning
	Stuart Egan	Staff Side Representative
	Frank Barrett	Senior Fire Safety Adviser
DFSM	Ian Fitsall	Estates & Facilities
	Kate Leney	Women and Children
	Scott Gable	CD&T
	Nathan Griffiths	PCIC
Apologies:	Geoff Walsh	Dir of Capital, Estates and Facilities
	Eleri Crudgington	PCIC
	Cheryl Evans	DFSM C&W– O&G Directorate
	Dick Jones	South Wales Fire Service
	Lynne Topham	DFSM - PCIC
	Ian Wile	Mental Health
	Nick Gidman	Specialist Services
	Peter Welsh	Executives
	Rowena Griffiths	DFSM Dental /Nurse Manager
	Sarah Congreve	PCIC Vale
In Attendance:	Zoe Brooks	Health and Safety

Apologies were given by the Chair of the Group, Mr G Walsh. The Head of Health and Safety/Fire Safety Manager chaired this meeting on his behalf.

18/32 Minutes of the Meeting

The minutes of the meeting held on the 13th September 2018 were **APPROVED** and **ACCEPTED** as a true record.

18/33 Action Log

The Group **RECEIVED** the Updated Action Log from the previous meeting. The following updates were provided:

18/03 DSEAR

The Fire Safety Manager reported that a checklist is being progressed by the Health and Safety Department and will be circulated to the Clinical Board shortly.



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18/14 Evacuation Drills

No update was given at this time.

18/24 Incidents at Hafan Y Coed

The Senior Fire Safety Adviser raised concerns at the last meeting in September, around the number of fire incidents reported at Hafan Y Coed.

He highlighted that during the period, the Fire Service issued an Enforcement Notice.

It was reported that four breaches were raised as part of the enforcement, these being:

- Breach of smoking policy – The DFSM Mental Health highlighted that the Health Board had revoked its smoking ban within Adult Mental Health and re-introduced a controlled smoking approach within the external areas only, complete with suitable smoking shelters fitted. An Action Plan had also been established with greater controls on wards.
- Inadequate Fire Alarm system – The Chair reported that the Fire Detection system had been upgraded in accordance with the required British standard and had been re-activated.
- Significant findings identified in the fire risk assessments have not been implemented – The DFSM – Mental Health raised concerns with regards to the volume of Risk Assessment actions raised. It was reported that a meeting took place between the DFSM – Mental Health and the Senior Fire Adviser to look at these outstanding actions and simplify the findings into categories. It was also reported that the Senior Fire Adviser had agreed to attend the Mental Health Clinical Board Health and Safety meeting.
- Staff Training – It was reported that Mental Health training compliance was currently 65% and although this was below the Health Boards target of 85%, it was not below other Clinical Boards. It was noted that every effort is being made to release staff for training and the Fire Safety Team are offering training.

The Chair highlighted that as stated, action is being taken to address these issues in readiness for a re-visit from the Fire Service on the 10th December 2018.

The Executive Director of Planning queried whether a progress report has been sent to the Fire Service.

The Chair agreed to prepare a response by the end of the week. **Action CD**

18/34 Enforcement Notice Status/ IN01-02

The Senior Fire adviser reported that no other Enforcement Notices were issued and the Health Board had not received any IN01/02's during the period.

18/35 Fire Risk Assessment Status

The Group **received** and **noted** the notes of the DFMS meeting on the 16th October 2018.

The Chair gave an overview of the report that highlighted that the number of actions for Mental Health was considerably higher in comparison to other Clinical Boards. It was noted that a number of these items were duplicated actions across a number of wards. The Senior Fire Adviser agreed to meet with the DFMS – Mental Health to slim the report down.

It was highlighted that 33 managerial actions were raised during the period for risk rating 12 and above. The Chair reported that portable heaters were raised as a concern within these actions.

Staff Side Representative raised concern in relation to areas where portable heaters had been confiscated; staff are complaining that they are cold and were happy to purchase oil filled heaters.

He highlighted the importance for thermal comfort for staff sat at desks and asked how the Health Board is going to address this.

The Executive Director of Planning reported that the Estates Department had been around to remove heaters due to issues with fire safety and PAT testing and highlighted that discussions needed to be had around temperature with areas that raise concerns and controlled through the Estates Department.

It was noted that full details can be found in the report.

18/36 Fire Annual Report

The Senior Fire Safety Adviser reported that the Annual Report was taken to the Health and Safety Committee in October.

The Chair reported that this document was delivered by the Director of Capital, Estates and Facilities and was well received. It was noted that as part of this report Hafan Y Coed was also discussed.

The document was circulated for information.

18/37 False Alarms, Automatic Detectors and Responses

It was noted that a meeting had been established between the Health Board and the Fire Service to look at ways to reduce unwanted fire signals.

The Chair reported that there was no Fire Service representation at the last meeting in November, however the meeting identified progress and saw a reduction in the number of UWFS.

The meeting also highlighted the need for Cardiff University representation as the reported identified problems within their areas.

18/38 Evacuation Drill

The Senior Fire Adviser reported that no planned evacuation drills had taken place during the period. It was noted that concerns were raised at the last meeting around the lack of co-operation from Clinical Boards and the meeting was awaiting feedback from the Director of Capital, Estates and Facilities, who agreed to escalate to the Chief Operating Officers meeting.

The Executive Director of Planning suggested that a programme be established for the summer as planning around winter pressures could be a problem for the release of staff. She agreed to pick this up with the Director of Capital, Estates and Facilities to get a comprehensive plan in place.

The Chair raised concerns around the lack of Mat Evacuation training and reported that Clinical Boards had raised this as a concern within recent months. He reported that he had discussed with other Health Boards their process for evac mat training, in which many included this training within the Fire Warden Training.

The Executive Director of Planning agreed to take this back to the Director of Capital, Estates and Facilities for discussion.

18/39 NWSSP-FS Audit Return

The 2018/19 Audit is due in May 2019.

18/40 Any Other Business

DFSM – Estates raised concerns in relation to dumping of items within Tunnels.

The Staff Side Representative reported that this is also an issue at Llandough and dumped beds and mats have been left in corridors for weeks.

DFSM – Estates agreed to take this back to his team.

18/41 Date of Next Meeting

25th March 2019 at 11AM –2nd Floor Lakeside, UHW 11AM.

Water Safety Group

Date of meeting: Wednesday 5th December 2018

Time of meeting & Venue: 10:00 am, PHW Library, UHW

Name	Title
Eleri Davies (ED), Chair	Consultant Microbiologist
Mike Quest (MQ)	Authorising Engineer (Water)
Tony Ward (TW)	Discretionary Capital and Compliance
Gavin Forbes (GF)	Consultant Microbiologist
Yvonne Hyde (YH)	Senior Nurse, IPC
Victoria Daniel (VD)	IPC scientist
Jonathan Davies (JD)	Health and Safety
Paul Morgan (PM)	Legionella Management & Control Supervisor
Debbie Charles (DC)	PHW Scientific Head FW&E Lab
Michelle Peters (MP)	PHW Microbiology
Norman Mitchell (NM)	Responsible Person for Water, Estates Manager
Helen Long (HL)	Nutrition & Dietetics
Mark Inker	Project Manager
Jim Blackie	DTS
Robyn Leatheam (RL)	Secretariat
Apologies	
Melanie Wilson (MW)	Dental Clinical Board
Ceri Chinn (CC)	Lead Nurse Perioperative Care
Alun Morgan (AM)	Assistant Director of Therapies, CD&T

		Actions
1.	Welcome/introductions Introductions were made around the table and ED welcomed all to the meeting.	
2.	Apologies were noted as above.	
3.	WSG Personnel / Appointment changes The group were advised that there have been no changes since the last meeting	
4.	Minutes of previous meeting (12th September 2018) The minutes of the previous meeting were agreed as an accurate record	
5.	Matters arising/Actions from previous meeting (12th September 18) <ul style="list-style-type: none"> 2.2 KS has forwarded the relevant information to ED. ED to send out to clinical boards. 5. YH had conversation with OM in regards to the decontamination of TOE's. It was discussed at the Decontamination Group and was confirmed that it is ok for now until the refurbishment is done - Completed 6. ED confirmed that the heater cooler units have all been modified and sealed according to guidance. Risks are now much lower. The decontamination needs to be completed as before – Completed. 7. YH to check which meeting it was confirmed at – Ongoing. 8. It was discussed that the University are not able to get into intranet sites. The Capital plans have not been shared as yet as they haven't started rolling them out - Completed. 9. Completed 	

	<p>10. Not discussed as nobody from medicine in attendance. To be confirmed</p> <p>11. Ongoing</p> <p>12. DC shared with the group – Completed.</p> <p>13. The work is still ongoing – Completed.</p> <p>14. Completed.</p> <p>15. Meeting cancelled - Ongoing.</p> <p>16. Completed.</p> <p>17. Completed.</p>	
6.	<p><u>Water Safety Plan (WSP)</u></p> <p>The plan was briefly discussed by the group. There has been temporary patient relocation. It was confirmed that there was no legionella testing or records. Checks need to be completed as patients were put at risk. The group agreed that it needs to go in the Water safety plan. ED is to send out an email to clinical board directors. The plan now needs to be amended and sent out again.</p>	
7.	<p><u>Current / Closed Incidents for consideration</u></p> <p>It was confirmed that all tap repairs are done therefore the incident can be closed. It was discussed that there are Water bottles still being delivered on site. A communication is to go out on water coolers. To confirm the Group makes the decision within the organisation on water coolers. If there is deviation then it needs to come to the Water Safety Group.</p> <p>Water contamination in November was discussed. TVC was higher than it should have been. This caused disruption to theatres. Another test was completed later in November and came back clean. It was also confirmed that patients were fine. Going forward Mark to speak to estates about improving the process. Yvonne has clarified that protein testing has been completed. Mark made a comment that it may be interlinked with the mains leak on Allensbank Road. Mark confirmed that he is raising an incident and the action can be closed down. Testing by SMTL has been done. The machine itself is in working condition. It has been clarified that maintenance and filters were the main factors of the problem. As this issue is being managed it can now be closed.</p> <p>YH raised a concern that had to be escalated with the group regarding taps that had been taken off a sink but not replaced for 3 weeks. During this time there was a Norovirus outbreak. This was a big problem as staff and patients were not able to wash their hands in that area.</p>	
8.	<u>Legionella Risk Assessments</u>	
8.1	<p><u>Legionella Risk Assessment</u></p> <p>It has been confirmed that work by contractors is now complete. Work is now being completed to work out how to roll the new risk assessments out. It is being Finalised as to what the new assessment will look like. Trying to pick up as rolling. Update on those that don't charge for period of time.</p>	

8.2	<u>Changes to Augmented Care Areas – IPC</u>	
	<p>T5 refurbishment work to stop water coming out. Work that was done does not address the issues that led to the work being undertaken i.e. shower rooms remain a risk, door were put on the bay entrances the wrong way around etc. Come up with another solution. Yvonne to meet with estates at later time today. Moved back from A2.</p> <p>Neonatal still not fully open.</p>	
9.	<u>Water Sampling Results:</u>	
	Nil	
9.1	<u>Legionella team</u>	
	<p>PM gave a brief update to the group. The main focus has been on Llandough. Bacteria levels continue to be monitored. 7 out of 108 came out positive. It was confirmed that the cause for PICU was the filter. The cleaning method may be questionable. The filter was changed however it has not been retested yet.</p>	
9.2	<u>Pseudomonas Aeruginosa</u>	
	<p>An update was given on Pseudomonas aeruginosa (PAER). Pseudomonas is falling behind in UHW. Although it won't be possible to catch up lessons can be learnt for next year. Due to amount of pseudomonas in November retests need to be completed.</p> <p>It was suggested that a pre pseudomonas and a post legionella could be completed. Eleri confirmed that these should be done at 3am, the group felt this would be difficult to achieve.</p>	
9.3	<u>Other Water Sampling</u>	
	<ul style="list-style-type: none"> • <u>Rinse Water</u> • <u>Heater-cooler Unit</u> • <u>Hydrotherapy Pool</u> <p>Rinse water – Urology have had a couple of positives. To continue testing.</p> <p>Heater cooler units – A request was made that the date be changed for testing as there is nobody there at time of current test.</p>	
10	<u>Flushing Audits</u>	
	Gone off to company to put into system. This will take a few months.	
11.	<u>Water Control Measures</u>	
	<p>There has been Chlorine dioxide dosing unit installed in Llandough. A study is being completed to check the Children's Hospital. Design team have been back to re-evaluate the water in the Children's Hospital.</p>	
12.	<u>Department Updates:</u>	
	12.1 IPC – no issues to raise.	

	<p>12.2 Estates (Operations / Facilities / Capital Projects) – no issues to raise.</p> <p>12.3 HSDU/SSU – no issues to raise.</p> <p>12.4 Health & Safety- no issues to raise.</p> <p>12.5 Medicine – Heulwen (Winter pressures ward) was opened on 2nd December. The second phase has moved to A2. Once completed there will be capacity for 30 beds. There had been some minor problems with drainage which have now been resolved. It was noted that there has been some showers inserted that are using the incorrect valve. A type 2 valve was used instead of a type 3. The group discussed that as this is a high risk for the patients a high risk removal will need to be put in place. Estates agreed to discuss this outside of the meeting.</p> <p>12.6 Surgery – no issues to raise.</p> <p>12.7 Specialist Services – no issues to raise.</p> <p>12.8 Clinical Diagnostics & Therapeutics – no issues to raise.</p> <p>12.9 Mental Health – no issues to raise.</p> <p>12.10 Primary Care & Intermediate Care – no issues to raise.</p> <p>12.11 Women & Children – no issues to raise.</p> <p>12.12 Dental – no issues to raise.</p> <p>12.13 Cardiff University / Third parties – There will be a new contract in place from the 1st May.</p> <p>12.14 Public Health Wales – no issues to raise.</p>							
13. Property Occupation Changes	Nil							
14. Training / Competence Matters	Training is currently being updated.	JH						
15. Audit Status / Progress with Actions	Nil							
16. Action Plan / Next Steps	Nil	YH						
17. Any Other Business	<p>There was a brief discussion regarding the disposal of pericetic acid. ED to check with Charles Dalton.</p> <p>HL queried the safety of tap water in regards to bone marrow transplant patients. HL explained that bottled water has been given to patients for the last 10+ years and that it had not been reviewed for some time. HL was advised that a mains cooler may be slightly safer and that a request should be sent over to Estates for a cooler to be fitted.</p>							
18. Date of Next Meeting:	<table border="1"> <thead> <tr> <th>Date</th><th>TIME</th><th>Venue</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td></tr> </tbody> </table>	Date	TIME	Venue				
Date	TIME	Venue						

TBC

TBC

TBC

Action Summary (Water Safety Group): 05/12/2018

All actions due by next meeting unless otherwise stated.

	Action	Who	Status
14/02/18			
2.2	<p>NM highlighted that the Estates department do not support water dispensers and advised on an incident whereby staff drank cleaning fluid from a piped water bottle. ED to contact the clinical boards and corporate areas in order to request an audit of their areas. Keith Sims agreed to forward to ED the detail of actions undertaken within his areas.</p> <p>Update 05/12/18: KS has forwarded the relevant information to ED. ED to send out to clinical boards.</p>	ED / KS	Outstanding
09/05/18			
5.	<p>A query was raised in regards to the decontamination of TOE's. OM agreed to find out the process and update ED.</p> <p>Update 05/12/18: YH had conversation with OM in regards to the decontamination of TOE's. It was discussed at the Decontamination Group and was confirmed that it is ok for now until the refurbishment is done.</p>	OM	Completed
12/09/2018			
6.	<p>CC will check what precautions are being taken with the Heater Cooler units in theatre 3 when cardiac surgery is undertaken.</p> <p>Update 04/12/18: ED confirmed that the heater units have all been modified and sealed according to guidance. Risks are now much lower. The decontamination needs to be completed as before.</p>	CC	Completed
7.	<p>CD&T- queried if the automatic dosing system has been installed in the hydrotherapy, GS will update AM after the meeting.</p>	GS	Outstanding

	Update 05/12/18: YH to check which meeting it was confirmed at.		
8.	ED to follow up with Safeguarding for new ways to share Health Board policies/procedures with partner agencies, Capital to share plan with KS. Update 05/12/18: It was discussed that the University are not able to get into intranet sites. The Capital plans have not been shared as yet as they haven't started rolling them out.	ED/TW	Completed
9.	MP to reinforce the requirement/importance of flushing with staff in the Virology department.	MP	Completed
10.	TC will follow up with the sister on B7 why the POU filters are being removed from some outlets by staff. Update 05/12/18: Not discussed as nobody from medicine in attendance.	TC	Outstanding
11.	TC will discuss with Med CB having Legionella as an agenda item on the Q+S agenda.	TC	Outstanding
12.	DC will share with the WSG members the new laboratory method for water testing.	DC	Completed
13.	PM will undertake an audit of flushing in the CHFw. Update 05/12/18: Work still ongoing.	PM	Completed
14.	Estates will follow up on the leak reported by PHW into the lab area from the floor above.	GS	Completed
15.	YH to discuss with Capital at the monthly catch-up meeting a way of updating the Augmented Care Area list in a timely manner. Update 05/12/18: Meeting cancelled.	YH	Outstanding
17.	YH will discuss with JMcG strengthening the teaching presentation.	YH	Completed
05/12/18			
6.	ED is to send out an email to clinical board directors. The plan now needs to be amended and sent out again.	ED	