

## Health and Safety Committee

24 November 2020, 10:30 to 16:00  
Via Teams

### Agenda

- |             |   |                |
|-------------|---|----------------|
| <b>1.</b>   | <b>Welcome &amp; Introductions</b>  | Akmal Hanuk    |
| <b>2.</b>   | <b>Apologies for Absence</b>  | Akmal Hanuk    |
| <b>3.</b>   | <b>Declarations of Interest</b>   | Akmal Hanuk    |
| <b>4.</b>   | <b>Minutes of the Committee Meeting held on 21 January 2020 and 30th April 2020</b>   | Akmal Hanuk    |
|             |  4 - Minutes of Meeting 21 January 2020.pdf (8 pages)                    |                |
|             |  4 - Minutes of Meeting 30th April 2020.pdf (3 pages)                    |                |
| <b>5.</b>   | <b>Action Log</b>   | Akmal Hanuk    |
|             |  5 - Action Log.pdf (1 pages)  |                |
| <b>6.</b>   | <b>Chairs Action taken since last meeting</b>   | Akmal Hanuk    |
| <b>7.</b>   | <b>Items for Review and Assurance</b>   |                |
| <b>7.1.</b> | <b>Annual Report of the Health and Safety Committee</b>   | Nicola Foreman |
|             |  7.1- Annual Report - Cover Paper.pdf (2 pages)                        |                |
|             |  7.1 (i) - Annual Report - Appendix.pdf (6 pages)                      |                |
| <b>7.2.</b> | <b>Health and Safety Risk Register</b>  | Nicola Foreman |
| <b>7.3.</b> | <b>Health and Safety Training Update</b>  | Rachael Daniel |
|             |  7.3- Health and Safety Training Update.pdf (4 pages)                  |                |
| <b>7.4.</b> | <b>Enforcement Agencies Report</b>  | Rachael Daniel |
|             |  7.4 - Enforcement Agency Report.pdf (4 pages)                         |                |
| <b>7.5.</b> | <b>Fire Enforcement and Management Compliance Report</b>  | Geoff Walsh    |
|             |  7.5 - Fire Enforcement Compliance and Management Report.pdf (9 pages) |                |
| <b>7.6.</b> | <b>Discretionary Capital Compliance</b>   | Geoff Walsh    |



7.6- Discretionary Capital Compliance.pdf

(4 pages)

**7.7. Updated Health and Safety Policies Schedule**

Rachael Daniel



7.7 - Policy Schedule.pdf

(6 pages)

**8. Items for Approval/Ratification**

**8.1. Sub Committee Minutes:**

i. Operational Health and Safety Group – March 2020

Martin Driscoll



8.1 (i) - Minutes of Operational Health and Safety Group March 2020.pdf

(4 pages)

**9. Items for Noting and Information**

**9.1. Environmental Health Reports**

Geoff Walsh

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

**11. Review of the Meeting**

**12. Date and time of next Meeting**

5th January 2021

Woodlands House, Ground Floor/Teams

Bricknell Helen  
11/20/2020 10:06:01

**UNCONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE HELD ON 21<sup>st</sup>  
JANUARY 2020  
CEFN MABLY, GROUND FLOOR, WOODLANDS HOUSE, MAES-Y-COED**

**Present:**

Michael Imperato	MI	Independent Member – Legal (Chair)
Dawn Ward	DW	Independent Member – Trade Union

**In attendance:**

Charles Dalton	CD	Head of Health and Safety
Aaran Fowler	AF	Head of Corporate Governance
Leigh Gallacher	LG	Primary Care Officer, South Glamorgan Community Health Council
Fiona Kinghorn	FK	Director of Public Health
Geoff Walsh	GW	Director of Estates, Capital and Facilities
Simon Williams	SW	Commercial Services Manager (for agenda item 20/01/007)

**Secretariat:**

Rachael Daniel	RD	Health and Safety Adviser
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**Apologies:**

Stephen Allen	SA	Chief Officer, South Glamorgan Community Health Council
Martin Driscoll	MD	Director of Workforce and OD
Stuart Egan	SE	Staff Safety Representative
Carol Evans	CE	Assistant Director of Patient Safety and Quality
Nicola Foreman	NF	Director of Corporate Governance
Akmal Hanuk	AH	Independent Member – Community

**HSC:  
20/01/001**

**WELCOME AND INTRODUCTIONS**

**ACTION**

The Chair welcomed everyone to the meeting. Mr Imperato informed the Committee at the pre meeting it was agreed that extended discussion priority would be given to three items, these being Health and Safety Executive Inspection, Pedestrian Access Strategy and the Priority Improvement Plan, members agreed with these priorities.

**HSC:  
20/01/002**

**APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

**HSC:  
20/01/003**

**DECLARATIONS OF INTEREST**

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

**HSC:  
20/01/004**

**MINUTES OF PREVIOUS MEETING**

The minutes of the Health and Safety Committee held on the 8 October 2019 were reviewed.

Bricknell Health  
11/20/2020 10:06:01

**The Committee resolved – that:**

The Committee approved the minutes of the meeting held on 8 October 2019 subject to the following point of clarification:

HSC: 19/10/006 (a) – Maggie Berry is the current Chair of Swansea Bay University Health Board's Health and Safety Committee.

**HSC:  
20/01/005**

**COMMITTEE ACTION LOG**

The Committee reviewed the action log from the meeting held on the 8<sup>th</sup> October 2019.

HSC: 19/10/007 – the Chair stressed the importance of health and safety training and the way forward following the presentation at the last meeting. Mr Imperato stated he would request an update from the Director of Workforce and OD prior to the next meeting. He also stated he wanted health and safety training to be an agenda item at every other meeting.

**MI/RD**

The Head of Health and Safety added the presentation had gone to the Innovation Team for further support.

**The Committee resolved – that:**

(a) The action log and updates upon it be received and noted.

**HSC:  
20/01/006**

**CHAIRS ACTION TAKEN SINCE LAST MEETING**

The Chair informed the Committee he did not have anything to report.

**HSC:  
20/01/007**

**FOOD SAFETY PRESENTATION**

The Chair welcomed Simon Williams, Commercial Services Manager, Capital, Estates and Facilities Service Board to the meeting.

Mr Williams explained his presentation covered 'UHB Provided Catering Services' and gave a background into legislation, Local Authority responsibilities, food hygiene ratings and the actions undertaken by the Health Board to meet these requirements.

Mr Williams advised the Health Board were considered a large scale catering operation with 96 areas being inspected and the Service Board were always aiming for a score of 4+.

He also informed the Committee all Environmental Health (EHO) inspections were unannounced and for example one area inspection out of 8 inspections could bring the score down. He stated the Service Board had also appointed a Food Safety Assurance Manager.

The Service Board were also developing a dedicated training facility for all staff and the Assistant Operational Services Manager had produced a revised programme of training including refresher which was all certified to acknowledge achievement and compliance.

*Bricknell Helen  
11/20/2020 10:06:01*

Mr Imperato thanked Mr Williams for his presentation and invited comments from members.

The Independent Member – Trade Union welcomed the strong leadership within the Service Board and the strong message that was being portrayed from the top and commended the Service Board on some great innovations, she was assured from the presentation and particularly welcomed the inclusion of integration.

Mr Williams thanked her for her words and added staff do take it personally when lower scores are received and stressed that all staff regardless of grade had a legal and moral obligation to provide safe food for all.

Mr Imperato advised he took a lot of assurance from the presentation.

**HSC:  
20/01/008**

### **STRATEGIC ROLE OF HEALTH AND SAFETY COMMITTEE - OVERVIEW**

The Chair informed the Committee that he wished for a more detailed discussion at the next meeting on the strategic role of the committee as it was important to balance the strategic and operational discussions.

The Director of Public Health added it was important to veer away from operational discussions as the role of this Committee was to provide assurance to the Board. The Head of Health and Safety stated there was a process for discussing operational issues at the Operational Health and Safety Group.

Mr Imperato stated this was an opportune time to review the Terms of Reference of the Committee and it was agreed these would be sent to members for their comments for further discussion at the next meeting.

**RD**

The Independent Member – Trade Union welcomed this approach and the Committee required assurance the structure below was working.

**HSC:  
20/01/009**

### **RISK REGISTER FOR HEALTH AND SAFETY**

The Head of Corporate Governance informed the Committee the Board would be discussing the high level risks on the Board Assurance Framework (BAF) at its meeting next week. Mr Fowler stated a unified approach on reporting would be rolled out to the Committees which would include the top 3 – 5 risks scoring 12 or above. He also added there was an element of over scoring across the Health Board which would be addressed by the new approach.

The Head of Health and Safety advised he had met with the Director of Workforce and OD to discuss the health and safety risk register and part of that discussion was that the scoring needs to be rational. Mr Dalton added the Priority Improvement Plan and Risk Register will need to be in unison.

*Bricknell Helen  
11/20/2020 10:06:01*

The Independent Member – Trade Union added the Independent Members were very aware of the work undertaken by the Director of Corporate Governance and were assured by the systematic and strategic approach being taken.

**The Committee resolved that:**

- (a) the update be noted.

**HSC:  
20/01/010**

**HSE INSPECTION OF VIOLENCE AND AGGRESSION AND MUSCULOSKELETAL DISORDERS IN HEALTHCARE 2018-19**

The Head of Health and Safety informed the Committee that as yet there was no date for the proposed inspection.

The Health and Safety Adviser explained the action plan was a live document and very fluid in nature. The Director of Public Health stated it was a detailed pre-emptive plan and in future the Committee just needs to be made aware of the key risks and timescales. It was requested that the Chair be notified as soon as date was known.

**CD**

Mrs Ward thanked Miss Daniel for the work undertaken and was assured that a lot was going on in the background in preparation for the inspection.

**The Committee resolved that:**

- (a) the report be noted.
- (b) an update be presented to the April meeting.
- (c) the Chair be informed as soon as the date was known.

**HSC:  
20/01/011**

**PEDESTRAIN ACCESS STRATEGY**

The Director of Capital, Estates and Facilities informed the Committee the team were currently progressing the action plan and the works identified had been prioritised accordingly.

The Director of Public Health acknowledged there were a number of estate areas that required modernisation and was pleased that focus was being placed on the high risk areas. The Chair added the timescales were quite widely drawn and a targeted list of priorities was required, Mr Walsh advised this was due to departmental resources and the number of on-going schemes.

**The Committee resolved that:**

- (a) the report be noted.
- (b) a progress report against the action plan to be provided to the July meeting.

**HSC:  
20/01/012**

**ENFORCEMENT AGENCIES REPORT**

The Head of Health and Safety informed the Committee there were 6 new issues since the last meeting, these being;

Bricknell Helen  
11/20/2020 14:06:01

- (i) Over exposure of radiation to an employee in Radiology
- (ii) Notification of pressure vessel inspection failure
- (iii) Failure of hydraulic lift inspection
- (iv) Failure of 2 passenger lift inspections
- (v) Amendment to the preventative maintenance scheme for the heating boilers at UHW.
- (vi) Water safety/legionella controls – Barry Hospital

Mr Dalton advised the Health and Safety Executive (HSE) visited the Health Board on the 29<sup>th</sup> October to investigate the over exposure of radiation to an employee. They identified contraventions of the Ionisation Radiation Regulations 2017 which resulted in two Improvement Notices being issued and also two material breaches were identified.

The visit arose as a result of an employee involved in interventional radiology having received a dose in excess of 1msv in a calendar month that was not investigated for several months. Secondly, they identified that the mechanisms used for assessing eye dose using a collar dose meter was not a suitable technique.

The HSE requested information to be provided to them by the 9<sup>th</sup> December 2019 which was met and a response is now awaited from the HSE.

The Director of Public Health reported the legionella cluster in Barry was led by Public Health Wales and Barry Hospital was commended for full compliance. Mrs Kinghorn was sending an e-mail to thank all involved.

The Director of Capital, Estates and Facilities was concerned that he was not always made aware of correspondence from the HSE as it did not come to him directly, it was agreed this would be taken up outside the meeting.

**GW**

**The Committee resolved that:**

- (a) the report be noted.
- (b) agreed that appropriate actions were being pursued to address the issues raised.

**HSC:  
20/01/013**

**FIRE ENFORCEMENT AND MANAGEMENT COMPLIANCE  
REPORT**

The Director of Capital, Estates and Facilities informed the Committee since the last meeting completion of fire risk assessments were slightly behind and there had been an improvement in the number of false alarms.

Mr Walsh also reported fire safety training was currently at 68% and although ESR recording was still an issue he did not consider it to be a significant %. The Head of Health and Safety added the Director of Workforce and OD had requested the Senior Fire Adviser look at other options to improve fire training.

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11/20/2020 10:06:01*

**The Committee resolved that:**

- (a) the report be noted.

**HSC:  
20/01/014**

**HEALTH AND SAFETY ASSURANCE SCHEDULE AND PRIORITY IMPROVEMENT PLAN 2019/20**

The Head of Health and Safety informed the Committee he had included the risks from the draft risk register into the plan.

**The Committee resolved that:**

- (a) the report be noted.
- (b) agreed that appropriate actions are being taken to address the issues raised.

**HSC:  
20/01/015**

**UPDATED HEALTH AND SAFETY RELATED POLICIES SCHEDULE**

The Health and Safety Adviser informed the Committee all Health and Safety Policies were in date. The Health and Safety Policy itself was ratified by the Committee but was now required to be presented to the Board for approval.

**The Committee resolved that:**

- (a) the updated schedule be noted.

**HSC:  
20/01/016**

**ENVIRONMENT HEALTH INSPECTION REPORT OF AROMA UNITS, UHW ON 28<sup>TH</sup> NOVEMBER 2019**

The Director of Capital, Estates and Facilities informed the Committee a score of 3 had been awarded. All actions had now been completed and it had been submitted for re-inspection.

The Independent Member – Trade Union queried the criteria for employing agency staff. Mr Walsh advised only those with level 2 are employed and are then trained in the Health Board's HACAP procedures.

**The Committee resolved that:**

- (a) the report and remedial actions taken be noted.

**HSC:  
20/01/017**

**SAFE WORKING WITH ELECTRICITY POLICY**

The Director of Capital, Estates and Facilities advised the Policy had been amended and updated. Mr Walsh stated the requirement for staff to have a medical had been removed and had included the requirement for tagging isolation to identify it had been isolated prior to work commencing.

**The Committee resolved that:**

- (a) the Policy be APPROVED.

*Bricknell Helen  
11/20/2020 10:06:01*

**HSC:  
20/01/018**

**OPERATIONAL HEALTH AND SAFETY GROUP**

The Independent Member – Trade Union queried whether the issue of staff bringing their own food into restaurants had been resolved. The Head of Health and Safety advised the Director of Workforce and OD was emphatic that staff could, therefore Mrs Ward stated the signs advising otherwise need to be removed.

**GW**

**The Committee resolved that:**

- (a) the minutes of the Operational Health and Safety Group held in September 2019 be RATIFIED.

**HSC:  
20/01/019**

**FIRE SAFETY GROUP**

**The Committee resolved that:**

- (a) the minutes of the Fire Safety Group held in October 2019 be RATIFIED.

**HSC:  
20/01/020**

**HEALTH AND SAFETY ASSURANCE SCHEDULE AND PRIORITY IMPROVEMENT PLAN – DETAILED**

**The Committee resolved that:**

- (a) the plan be NOTED.

**HSC:  
20/01/021**

**WASTE MANAGEMENT COMPLIANCE REPORT**

The Director of Capital, Estates and Facilities apologised to the Committee that no report was available, this was due to staff absence.

**HSC:  
20/01/022**

**ENVIRONMENTAL HEALTH INSPECTION REPORT OF FOOD PRODUCTION, RESTAURANT AND WARDS, UNIVERSITY HOSPITAL LLANDOUGH ON 19<sup>TH</sup> SEPTEMBER 2019**

It was noted that a score of 4 had been awarded.

**The Committee resolved that:**

- (a) the report be NOTED.

**HSC:  
20/01/023**

**ENVIRONMENTAL HEALTH INSPECTION REPORT OF CENTRAL FOOD PRODUCTION UNIT, UNIVERSITY HOSPITAL OF WALES ON 24<sup>TH</sup> SEPTEMBER 2019**

It was noted that a score of 5 had been awarded.

**The Committee resolved that:**

- (a) the report be NOTED.

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11/20/2020 10:06:01*

**HSC:  
20/01/024**

**ENVIRONMENTAL HEALTH INSPECTION REPORT OF  
ROOKWOOD HOSPITAL ON 25<sup>TH</sup> SEPTEMBER 2019**

It was noted that a score of 5 had been awarded.

**The Committee resolved that:**

- (a) the report be NOTED.

**HSC:  
20/01/025**

**ENVIRONMENTAL HEALTH INSPECTION REPORT OF BYWD  
BLASUS UNIT, UNIVERSITY HOSPITAL OF WALES ON 28<sup>TH</sup>  
NOVEMBER 2019**

It was noted that a score of 4 had been awarded.

**The Committee resolved that:**

- (a) the report be NOTED.

**HSC:  
20/01/026**

**ENVIRONMENTAL HEALTH INSPECTION REPORT OF WARD  
BASED CATERING, UNIVERSITY HOSPITAL OF WALES ON 2<sup>ND</sup>  
DECEMBER 2019**

It was noted that a score of 4 had been awarded.

**The Committee resolved that:**

- (a) the report be NOTED.

**HSC:  
20/01/027**

**ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER  
COMMITTEES**

There were no items to bring to the attention of the Board or other Committees.

**HSC:  
20/01/028**

**REVIEW OF MEETING**

The Chair welcomed comments from the Committee. The Director of Public Health felt the Committee was getting a better balance between strategic and operational discussions.

**HSC:  
20/01/029**

**DATE OF THE NEXT MEETING OF THE COMMITTEE**

Tuesday 2020 at 9.00am, Nant Fawr 1 Meeting Room, Woodlands House, Heath, Cardiff, CF14 4TT

Bricknell Helen  
11/20/2020 10:06:01

**Unconfirmed Minutes of Special Health & Safety Committee  
Held on Thursday 30<sup>th</sup> April 2020, 2:30pm – 3.30pm  
Executive Meeting Room, 2<sup>nd</sup> Floor, Woodland House**

<b>Chair</b>		
Michael Imperato	MI	Committee Chair, Interim Vice Chair & Independent Member – Legal ( <i>via Skype</i> )
<b>Members</b>		
Akmal Hanuk	AH	Independent Member – Community ( <i>via Skype</i> )
Rhian Thomas	RT	Independent Member – Estates ( <i>via Skype</i> )
Dawn Ward	DW	Independent Member – Trade Union
<b>Present</b>		
Ruth Walker	RW	Executive Nurse Director
<b>In Attendance</b>		
Nicola Foreman	NF	Director of Corporate Governance ( <i>via Skype</i> )
<b>Secretariat</b>		
Laura Tolley	LT	Corporate Governance Officer ( <i>via Skype</i> )
<b>Apologies</b>		

HS 20/04/001	Welcome & Introductions	ACTION
	The Committee Chair (CC) welcomed everyone to the meeting.	
HS 20/04/002	<b>Apologies for Absence</b> Apologies for absence were noted.	
HS 20/04/03	<b>Declarations of Interest</b> There were no interests declared.	
HS 20/04/004	<b>Personal Protective Equipment (PPE)</b> The Executive Nurse Director (END) explained the Committee would be aware of the media coverage surrounding PPE at present, therefore she would be providing assurance to the Committee that to date, PPE was not a concern for the UHB.  The END confirmed that staff had been very concerned regarding water repellent masks and felt very strongly that these should be worn, therefore in response to concerns raised, the UHB made the decision for staff to wear water repellent masks, even though at the time the Public Health	

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guidance stated these were not required. The END added that other Health Boards had followed the UHB's decision.

Concerns had also been raised in relation to chest compressions during resuscitation. National guidance stated that staff did not require FFP3 PPE, Resus Council advised that staff did require this and the Chief Medical Office advised a mask be put on the patient. The conflicting guidance caused confusion and anxiety, therefore, the UHB Resus Committee made the decision for staff to wear FFP3 PPE for chest compressions during resuscitation.

The END advised the Committee that in relation to stock availability, the procurement department had been exceptional in procuring supplies of PPE equipment. The END added, on occasions the UHB had been low on stock, however, on the whole there had been very good stock levels throughout the pandemic. There was some concern where members of staff did not believe that the UHB had sufficient stock levels, therefore work was being undertaken with staff to give them the required confidence. The END advised that for the future, the UHB would develop a 'top up' approach and work was being undertaken with the operations team to help predict what stock would be required.

The END explained the UHB had undertaken a huge amount of work to advise staff on what level of PPE they required which included, but was not limited to, training events, pictures and manikins outside wards. Two audits had been undertaken which confirmed staff know what PPE equipment is required, are aware of the guidance, however they do not trust the guidance. The END confirmed this had been the biggest challenge, therefore the UHB kept training and raising awareness in addition to placing psychology colleagues in the hubs to help assist with the situation. The END added that the Army had also reviewed and audited the PPE stock levels and advised that the UHB had the best stock in Wales.

The END advised the Committee the UHB had three different versions of masks available and when new versions were received, all staff needed to be FIT tested to ensure they were safe. There had been an issue where stock had been re-issued from Shared Services which was out of date, although the equipment had been re-tested and was fit for purpose, this had not been communicated to staff. The UHB had also supplied PPE equipment to Care Homes, Nursing Homes, Ty Hafan and private sectors as the third sector have not had the stock they required.

The END explained it was with great sadness to inform the Committee that the UHB had lost 3 members of staff to COVID-19. 2 staff members were not working on COVID-19 wards, however, one staff member did work on a COVID-19 ward the day prior to falling ill therefore, Health & Safety would be investigating the relevant environment.

The Independent Member – Trade Union (IM-TU) queried who was in charge of distributing stock across the UHB. In response, the END confirmed stock was held with Shared Services and procurement dealt directly with them. The END explained that initially stock was of a poor

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	<p>quality, however this had now been resolved, and all stock received from community donations was being taken to the Science Hub to be tested to ensure it was safe for staff to use and work had been undertaken with the Communications team through social media to thank public and communities who have donated equipment and to explain what further supplies would be required to ensure the correct equipment was received.</p> <p>After Committee discussion, it was agreed the CC would meet with the Head of Procurement to discuss the quality and delivery of PPE.</p> <p>The IM-TU queried how the UHB would maintain staff training as some staff were already lapsing on PPE donning and doffing. In response, the END confirmed the team had revisited training and a new multi-disciplinary training approach would be undertaken and would be ongoing for some time to ensure standards are met.</p> <p>The IM-TU queried viral loading within movement of staff. The END commented that it was a challenge and viral loading in zoned areas was unknown, therefore a comprehensive answer could not be provided at present, however, the UHB was looking to widen knowledge in this area as much as possible.</p> <p>The CC asked all members to forward any further questions regarding this subject electronically and advised they would be actioned and responded to accordingly.</p> <p><b>Resolved that:</b></p> <p>(a) the Committee noted the Personal Protective Equipment (PPE) update.</p>	<b>MI</b>
<b>HS 20/04/005</b>	<p><b>Any Other Business</b></p> <p>The CC asked all Committee members to think about the role of the Health &amp; Safety Committee during the pandemic, to feedback via email and advised this would be discussed with the UHB Interim Chair.</p>	<b>ALL</b>
<b>HS 20/04/006</b>	<b>Date &amp; Time of next Meeting</b> <i>(to be confirmed)</i>	

Bricknell Helen  
11/20/2020 10:06:01

**ACTION LOG**  
**FOLLOWING HEALTH AND SAFETY COMMITTEE MEETING**  
**21<sup>st</sup> JANUARY 2020 AND 30<sup>TH</sup> APRIL 2020**

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
<b>Actions Completed</b>					
<b>HSC: 19/10/007</b>	Health and Safety Training	Update to be provided to the next meeting	M Driscoll	24/11/20	On agenda
<b>HSC: 20/01/018</b>	Staff Welfare Facilities	Signs be removed from staff restaurants in relation to only consuming food bought on the premises	G Walsh	22/01/20	Signs have been removed
<b>Actions in Progress</b>					
<b>HSC: 19/10/009</b>	HSE Inspection	Chair to be informed of date of inspection	C Dalton	21/01/20	No date at time of writing
<b>HSC: 20/01/008</b>	Terms of Reference	Terms of Reference to be reviewed	N Foreman	05/01/21	These to be discussed at the January 2021 meeting
<b>Actions referred to other Committees/Board</b>					

Bricknell, Helen  
11/20/2020 10:06:01

<b>Report Title:</b>	Draft Annual Report 2019/20 – Health and Safety Committee					
<b>Meeting:</b>	Health and Safety Committee				<b>Meeting Date:</b>	24/11/2020
<b>Status:</b>	For Discussion		For Assurance		For Approval X	For Information
<b>Lead Executive:</b>	Director of Workforce and OD					
<b>Report Author (Title):</b>	Health and Safety Adviser					

### Background and current situation:

It is good practice and good governance for the Committees of the Board to produce an Annual Report from the Committee to demonstrate that it has undertaken the duties set out in its Terms of Reference and provide assurance to the Board that this is the case.

The purpose of the report is to provide Members of the Health and Safety Committee with the opportunity to discuss the attached Annual Report prior to submission to the Board for approval at the end of March 2020. However due to the timings of the meeting Chair's Action has been taken in order for the Annual Report to be presented to the March Board meeting.

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

The Committee has achieved an overall attendance rate of 100% and has met on four occasions during the year.

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

The attached Annual Report 2019/20 of the Health and Safety Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

### Recommendation:

The Health and Safety Committee is asked to:

- **REVIEW** and **NOTE** the draft Annual Report 2019/20 of the Health and Safety Committee

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## Shaping our Future Wellbeing Strategic Objectives

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

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

## Five Ways of Working (Sustainable Development Principles) considered

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

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

Kind and caring  
Caredig a gofud

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



GIG  
CYMRU  
NHS  
WALES

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



**GIG**  
CYMRU  
**NHS**  
WALES

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

# **Annual Report of Health and Safety Committee 2019/20**

Bricknell Helen  
11/20/2020 10:06:01

## 1.0 Introduction

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

## 2.0 Membership

The Committee membership is a minimum of three Independent Members. In order for the meeting to be quorate two Independent Members must be present. Meetings are also attended by the Director of Workforce and OD who has assumed responsibility as the Executive Lead for Health and Safety, Director of Public Health, Director of Therapies and Health Sciences and Director of Corporate Governance. Staff Safety Representatives also attend the meeting. Other Executive Directors are required to attend on an ad hoc basis.

## 3.0 Meetings and Attendance

The Committee met four times during the period 1 April 2019 to 31 March 2020. This is in line with its Terms of Reference. The Health and Safety Committee achieved an attendance rate of 100% (80% is considered to be an acceptable attendance rate) during the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 as set out below:

	09/04/2019	09/07/2019	08/10/2019	21/01/2020	Attendance
Michael Imperato (Chair)	✓	✓	✓	✓	100%
Akmal Hanuk	✓	✓	✓	×	75%
Charles Janczewski (Vice Chair)	✓	N/A	N/A	N/A	100%
Dawn Ward	N/A	✓	✓	✓	100%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>75%</b>	<b>100%</b>

## 4.0 Terms of Reference

The Terms of Reference were reviewed and approved by the Committee on 22<sup>nd</sup> January 2019 and were approved by the Board on 30<sup>th</sup> May 2019.

## 5.0 Work Undertaken

There are a number of standing agenda items discussed at every Committee meeting, these being Enforcement Agencies Correspondence, Fire Safety Management and Compliance, Health and Safety Improvement Plan and the Board Assurance Framework (BAF)/Health and Safety Risk Register. During the financial year 2019/20, the Health and Safety Committee also reviewed the following key items at its meetings:

### **9<sup>th</sup> April 2019**

- **Arjo Proact Survey Findings**

The Committee received a presentation from Arjo UK detailing the findings of the audit undertaken in November 2018, the data had been compared to the previous audits undertaken in 2016 and 2017 with the trend graphs looking very similar.

- **Control of Contractors in Non Estate Activities**

This was a progress report to the Committee following discussions on contractor control at its meetings in 2018/19. The Committee were advised the culture of the organisation would be looked at in any legal proceedings and this was an important document in respect of the continued progress made by the Health Board in contractor control management. The Committee were assured that progress was being made in relation to both estates and non-estates contractor control activities.

### **9<sup>th</sup> April, 9<sup>th</sup> July, 8<sup>th</sup> October 2019 and 21<sup>st</sup> January 2020**

- **Pedestrian Access Safety Strategy**

The Committee were informed at the April meeting the key risks had been extracted from the independent report three of which were considered as high risk. It was noted at the meeting that no timescales had been identified but that the report would be considered as part of the Sustainable Travel Plan.

At the July meeting the Committee were informed that a Task and Finish Group had been established to prioritise the high risk areas reported in the April meeting. The Group would identify the cause of the risk and develop tangible cost effective solutions to mitigate the risk to an agreed practical level. A programme of works had also been developed.

At the October meeting the Committee were informed the programme of works would be completed by January 2020. At the January meeting the Committee were advised the action plan was being progressed and the works identified had been

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prioritised accordingly. The Committee acknowledged there were a number of estate areas that required modernisation and were pleased that focus was being placed on the high risk areas.

### **9<sup>th</sup> July 2019**

- **Health and Safety Annual Report**

The Committee were informed of a number of key issues from the annual report. These were in relation to incident reporting, lost time accidents, sharps injuries, manual handling and violence and aggression training compliance, case management activity, lone worker device usage, COSHH compliance and Environmental Health inspection.

### **9<sup>th</sup> July, 8<sup>th</sup> October 2019 and 21<sup>st</sup> January 2020**

- **HSE Inspection of Violence and Aggression and Musculoskeletal Disorders in Healthcare 2018/19**

At the July meeting the Committee were informed an inspection by HSE was anticipated during the 3<sup>rd</sup> quarter of the financial year. Two Health Boards had already been inspected who were sharing their experience and outcomes.

At the October meeting the Committee were assured that work was on-going in preparation for the impending inspection. A Health and Safety Adviser had been allocated to co-ordinate a review of current status and develop an action plan for identified shortfalls.

At its January meeting the Committee received the detailed action plan and the Committee were assured that a lot of work was going on in the background in preparation for the inspection.

### **8<sup>th</sup> October 2019**

- **Structure and Process for Staff Health and Safety Training**

This was a joint presentation by the Learning and Education Department and the Health and Safety Department to look at how health and safety training compliance could be improved. A great deal of work had already been undertaken in relation to the Electronic Staff Record (ESR) System and alternative ways of delivering training was also being considered. The Committee acknowledged this was a vast project and requested updates at a future meeting.

- **Fire Safety Annual Report**

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The Committee were informed of a number of key issues from the annual report. These were in relation to the number of false alarms, fire safety training compliance, roles of the Deputy Fire Safety Managers (DFSMs).

### **21<sup>st</sup> January 2020**

- **Food Safety ‘UHB Provided Catering Services’**

The Committee received a presentation on Food Safety from the Capital, Estates and Facilities Service Board. The presentation included information on food safety legislation, the process for inspections, the criteria for scoring, training requirements and the work being undertaken by the Service Board to meet all of these requirements.

- **Strategic Role of Health and Safety Committee**

The Committee had a brief discussion on the strategic and assurance role of the Committee which would be explored in greater detail at the April meeting.

### **6.0 Health and Safety Policy Schedule**

At every meeting the Committee receives a schedule of all health and safety related policies and their review and approval, during 2019/20 the following policies were approved by the Health and Safety Committee:

- Security Services Policy
- Health and Safety Policy ratified by the Committee for onward approval by the Board
- Contractor Control Policy
- Safe Working with Electricity Policy

The Committee were pleased to note that all Health and Safety Policies are reviewed in a timely fashion and are in date.

### **7.0 Reporting Responsibilities**

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

### **8.0 Opinion**

The Committee is of the opinion that the draft Health and Safety Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

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**Michael Imperato**  
**Committee Chair**

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<b>Report Title:</b>	Health and Safety Training Update					
<b>Meeting:</b>	Health and Safety Committee				<b>Meeting Date:</b>	24/11/2020
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
<b>Lead Executive:</b>	Executive Director Of Workforce					
<b>Report Author (Title):</b>	Health and Safety Adviser					

### Background and current situation:

Health and Safety classroom training has been re-introduced with the exception of the 2-day Managing Safely course. The number of courses on offer are limited due to the pandemic and the demands that it is placing on the health and safety team. In addition, course numbers have been reduced to allow for social distancing.

From 1<sup>st</sup> November 2020 staff members and managers need to book places on tutor-led manual handling and violence & aggression training courses via ESR self-serve. Mental Health Clinical Board SIMA training continues to be managed and booked through the Clinical Board SIMA lead trainer. This will replace the previous process of email booking forms and calls. It is hoped that the new streamlined approach will cut administration for managers and prevent over subscription to popular classes. Employees will be able to 'request' a place and this will then need to be 'confirmed' by their manager to secure the place.

The manual handling link worker programme is currently suspended and a project is underway to review and revitalise the link worker role. From September 1<sup>st</sup> 2020 those who were active as link workers were contacted and are no longer able to complete Training Frequency Assessments on staff. Their role is suspended until they are recruited onto a new programme. The department is contacting all active link workers individually to take this project forward.

Health and safety training compliance for classroom based (practical skills) courses remains low. A project was started in 2019 with an aim to improving the situation. Phase 1 generated change ideas and phase 2 (ongoing) is around the implementation. Improvements have been seen over the page.

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Training compliance 8<sup>th</sup> October 2019 (Project presented at the H&S Committee meeting – end of phase 1)

Org L1	001 CSTF Moving and Handling - Level 1b - 2 Years	NHS CSTF Moving and Handling - Level 1 - No Specified Renewal	NHS CSTF Moving and Handling - Level 2 - 2 Years	NHS CSTF Violence and Aggression (Wales) - Module A - No Specified Renewal	NHS CSTF Violence and Aggression (Wales) - Module B - No Specified Renewal	NHS MAND Violence & Aggression Module C - 2 Years	NHS MAND Violence & Aggression Module D - 1 Year
001 Cardiff and Vale University LHB	12.44%	80.42%	21.94%	84.28%	53.24%	17.87%	42.34%
	Improvement	Improvement	Improvement	No change	Frequency changed to 3 yearly	No change	Module D training provided by SIMA team in Mental Health

Training compliance 1<sup>st</sup> September 2020 (phase 2 in progress – change idea continue to be implemented)

Org L1	001 CSTF Moving and Handling - Level 1b - 2 Years	NHS CSTF Moving and Handling - Level 1 - No Specified Renewal	NHS CSTF Moving and Handling - Level 2 - 2 Years	NHS CSTF Violence and Aggression (Wales) - Module A - No Specified Renewal	NHS CSTF Violence and Aggression (Wales) - Module B - 3 Years	NHS CSTF Violence and Aggression (Wales) - Module C - 2 Years	NHS MAND Violence & Aggression Module D - 1 Year
001 Cardiff and Vale University LHB	21.28%	85.09%	36.38%	84.97%	44.60%	17.42%	34.26%

Manual handling and v&a training compliance stats for the 2<sup>nd</sup> Q (July – Sept):

Org L4	001 CSTF Moving and Handling - Level 1b - 2 Years  (Inanimate object handling)	NHS CSTF Moving and Handling - Level 1 - No Specified Renewal  (Elearning)	NHS CSTF Moving and Handling - Level 2 - 2 Years  (patient handling)	NHS CSTF Violence and Aggression (Wales) - Module A - No Specified Renewal  (elearning)	NHS CSTF Violence and Aggression (Wales) - Module B - 3 Years  (elearning - theory)	NHS CSTF Violence and Aggression (Wales) - Module C - 2 Years  (Breakaway and care control)	NHS MAND Violence & Aggression Module D - 1 Year  (inc. safe holding on floor)
001 All Wales Genomics Service	20.00%	93.75%		87.92%	54.69%	42.86%	
001 Capital, Estates & Facilities	14.62%	92.99%		93.73%	62.85%	3.45%	50.0
001 Children & Women Clinical Board	49.22%	89.35%	24.75%	89.48%	50.68%	23.57%	
001 Clinical Diagnostics & Therapeutics Clinical Board	22.81%	90.27%	49.63%	90.90%	57.07%	17.68%	
001 Corporate Executives	44.44%	86.81%	37.10%	85.53%	53.96%	14.35%	
001 Dragons Heart Hospital Board		33.33%		33.33%			
001 Medicine Clinical Board	0.00%	81.05%	33.78%	78.83%	40.90%	16.68%	
001 Mental Health Clinical Board	37.50%	83.88%	26.23%	88.32%	39.93%	40.17%	26.4
001 Primary, Community Intermediate Care Clinical Board	14.65%	84.44%	37.45%	83.52%	55.93%	19.66%	
001 Specialist Services Clinical Board	15.25%	82.01%	41.29%	80.23%	47.57%	11.83%	
001 Surgical Services Clinical Board	22.58%	76.17%	38.89%	74.58%	47.05%	6.63%	
TOTAL UHB COMPLIANCE	20.48%	84.95%	35.54%	84.61%	50.53%	17.46%	28.1

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

Health and safety course offerings are limited as well as the number of places available. Bookings for manual handling and violence and aggression are via ESR self-serve.

Priority is being given to foundation manual handling and violence and aggression courses therefore the deadline for completing refresher/update training is being reviewed; with a permitted period of extension during the pandemic.

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

The risk to the UHB could be a reduction in staff's competence, however it is reassuring to note that the number of injuries has not increased since training has stopped.

**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	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant, 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.*

Kind and caring  
Caredig a gofudd

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



**GIG**  
CYMRU  
**NHS**  
WALES

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

<b>Report Title:</b>	Enforcement Agencies Correspondence				
<b>Meeting:</b>	Heath and Safety Committee			<b>Meeting Date:</b>	24/11/2020
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	✓ <b>For Approval</b>	<b>For Information</b>	
<b>Lead Executive:</b>	Executive Director of Workforce				
<b>Report Author (Title):</b>	Interim Head of Health and Safety				

### Background and current 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 4 new issues raised relating to enforcement by the Health and Safety Executive (HSE).

- 1 Covid Safe Workplace - Woodland House
- 2 Death of Member of Staff
- 3 Self Isolating Concerns – Radiology, University Hospital Llandough
- 4 Fit Testing in Nursing Home

#### Covid Safe Workplace - Woodlands House

The Health Board received communication from the HSE on 11<sup>th</sup> May 2020 following a complaint made by a member of staff. The HSE requested information in relation to cleaning regimes, information provided to staff and monitoring arrangements.

The HSE were informed that Woodland House was currently working at 20% occupancy and a number of measures had been implemented to ensure the safety and wellbeing of those staff whilst working in the building. These measures included:

- Sanitizing stations at each entrance and landings throughout Woodland House, an additional cleaner had been employed to clean all touchpoints throughout the building on a continuous loop of the building, whilst toilets and kitchens were cleaned once a day with additional spot cleans if required.
- Staff were advised to regularly clean their own work surfaces and touchpoints in their own areas i.e photocopiers.
- There was a combination of both corporate and local information available to staff:
  - (i) Signage throughout Woodlands House on the importance of hand hygiene;
  - (ii) Signage throughout Woodland House on social distancing;
  - (iii) Departmental briefings;
  - (iv) There is a dedicated Coronavirus Web Page on the Health Board's intranet site which has a wealth of information for staff including workforce, staff wellbeing, personal protective equipment, physical distancing in the workplace, training and education;
  - (v) The Chief Executive issued a daily operational update in relation to Covid 19 via email and also available on the web pages;
  - (vi) The Health Board had launched Staff Connect – this is a staff engagement app

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giving access to accurate and up-to-date information

(vii) The Health Board posts regular updates on its twitter pages.

- Departmental/Area Managers have implemented a combination of home working and office based working on a rota'd basis to minimise the number of staff in Woodlands House.
- Some areas cannot undertake their services from home and have been advised that they must ensure social distancing in the office is maintained this has included additional barrier protection, weekend working.
- Regular monitoring is undertaken throughout the building to ensure social distancing is maintained – this is undertaken locally and corporately.

The HSE were satisfied with the information provided by the Health Board and advised no further action would be taken.

#### Death of Member of Staff

The HSE on behalf of the coroner contacted the Health Board on 20<sup>th</sup> July 2020 requesting information following the death of a member of staff who had tested positive for Covid-19.

A group of the relevant personnel was formed to pull together the information that was requested and this was returned to the HSE, following this further information was requested by the HSE on a number of occasions, the latest request for information was returned to the HSE on 12<sup>th</sup> November 2020. The outcome of this investigation is awaited.

#### Self Isolating Concerns – Radiology Department, University Hospital Llandough

The HSE contacted the Health Board on the 3<sup>rd</sup> July 2020, in relation to a concern that had been raised with them by a member of staff. The concern was in relation to the Radiology Department, University Hospital Llandough, it was alleged that there had been 3-4 confirmed positive cases of Covid-19 amongst staff, and the manager had told them to still come to work and not to speak to the test and trace service as he didn't want anyone self-isolating.

The allegation was fully investigated by the Clinical Board who advised that this did not reflect the advice that had been given to the staff and confirmed:

- Staff were advised not to attend work if they were displaying symptoms
- Radiology in UHL had implemented a 'safe to start' process where they checked all staff were well at the start of the shift
- Any staff who were or became symptomatic were sent home straightaway
- Staff were immediately referred for testing
- Staff who tested positive self-isolated in line with guidance along with their household members. No staff were brought into work who should have been isolating.
- The department were fully engaged in the TTP process
- Staff were appropriately socially distancing and wearing PPE so there had been no significant TTP contacts.

This information was provided to the HSE who then requested a number of documents to evidence this approach was being taken, these documents were provided to the HSE. Following receipt of the documentation the HSE confirmed that no further action would be taken.

Fit Testing in Nursing Home

The PCIC Clinical Board received communication from the HSE on the 11<sup>th</sup> November in relation to face fit testing practices in a Nursing Home, following a response to this communication, the HSE has followed up with the Health and Safety Department. A meeting has been arranged with the IPC Department on 20<sup>th</sup> November 2020 to address the concerns raised by the HSE

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

Assurance is provided to the Health and Safety Committee that all concerns are actively investigated to address the issues raised.

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

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

**Recommendation:**

The Health and Safety Committee is asked to:

- **NOTE** the content of this report

**Shaping our Future Wellbeing Strategic Objectives**

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

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

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant, 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.*

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Trust and integrity  
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<b>Report Title:</b>	<b>Fire Enforcement Compliance and Management Report November 2020</b>				
<b>Meeting:</b>	<b>Health and Safety Committee</b>			<b>Meeting Date:</b>	<b>24/11/2020</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Director Responsible for Fire Safety</b>				
<b>Report Author (Title):</b>	<b>Senior Fire Safety Officer</b>				

### Background and current situation:

The UHB has a statutory responsibility to protect persons from the risk of injury or death from fire. The enforcing authority of current fire safety legislation is the local Fire and Rescue Authority i.e. South Wales Fire and Rescue Service (SWFRS) who are lawfully empowered to monitor and enforce compliance to all fire safety matters under the Fire Safety Order 2005 (FSO)

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

Once a fire safety audit is completed SWFRS will either confirm that all relevant fire safety matters are satisfactory or if not issue a written notice of all fire safety deficiencies identified during the audit. The notice of deficiencies will take the form of a Prohibition Notice (this will prohibit the use of an area or premises) or a Enforcement Notice (a serious breach of fire safety standards) or an Informal Notice (IN01- fire safety deficiencies that are deemed not so serious to warrant enforcement action but have a time limit, usually twelve months) or an Informal Notice (IN02 - advisory fire safety deficiencies no time limit). The FSA04 is also an official notice that confirms at the time the audit was carried out the standard of fire safety appeared to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005. Therefore no further action is required by the Local Fire and Rescue Authority.

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

- The current position with regards to numbers of staff who have undertaken the mandatory fire service training is of significant concern
- There has been a significant reduction in the number of Unwanted Fire Signals since March 2020. This coincides with a reduction in activity on site due to the Coronavirus.
- The UHB fire officers undertake 442 fire risk assessments, currently there are 7 overdue assessments and 12 which have been delayed as a result of restricted access to the areas due to Coronavirus.

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

- Appendix 1 attached describes the current situation with regards to the key issues relating to fire safety across the UHB
- Assurance is provided by the regular reporting of fire safety matters to the Fire Safety Group chaired by the Director of Capital Estates and Facilities, together with the completion of the fire risk assessments which ensures fire enforcement compliance.

## RECOMMENDATION

The Committee is asked to:

- **NOTE** the content of the report, Appendix 1, which provides a comprehensive description of the status of Fire Safety Compliance across the UHB.

### 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	
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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	
<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable ✓ If "yes" please provide copy of the assessment. This will be linked to the report when published.								

Kind and caring  
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Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
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## Essential Supporting Documentation

### 1. Enforcing Authority Audits

Currently there was no prohibition, enforcement or informal notices issued during this reporting period i.e.01/09/2020 to 31/10/2020.

### 2. Fire Incidents and Unwanted Fire Signals (UwFS's)

#### 2.1 Fire incidents

It is very pleasing to report that there has only been one fire incident recorded in this reporting period.

On Friday 2<sup>nd</sup> October at 10:30 a minor fire incident occurred at Unit B5, West Point Industrial Estate, Penarth Road, where a high bay ceiling light overheated. The departmental manager followed the correct procedures in terms of calling in the fire service and evacuating the premises, however additional advice was given to staff to inform the UHB switchboard using 3333 via the internal landline and inform the operator of the incident if safe to do so.

#### 2.2 Unwanted Fire Signals (UwFS's)

False alarms and unwanted fire signals lead to disruption of service/patient care, increased costs and unnecessary risk to those required to respond to the alarm.

During this reporting period there has been 69 UwFS's PAN Estate with the figures for the previous rolling 12 months being 261(See Table 1 below). Since March there has been a significant reduction in false alarms due to a reduced workforce, reduced numbers of contractors on site and fewer visitors attending our premises PAN estate as a direct consequence of the National emergency.

**Table 1**

**Performance Indicators for Cardiff & Vale University HB  
for UwFS between 01/09/2020 and 31/10/2020  
Unwanted Fire Signals only (attendance by Fire Brigade)**

Hospital	UwFS only	Actuation devices	Grade
Barry Hospital	2		562 Performance level 1
Cardiff Royal Infirmary	3		2000 Performance level 1
Hafan Y Coed	6		1274 Performance level 1
Llandough Hospital	24		5843 Performance level 1
Rookwood Hospital	2		425 Performance level 1
University Hospital of Wales	32		17000 Performance level 1
<b>Total</b>	<b>69</b>		<b>27704</b>

### 3. Fire Risk Assessments

The principle fire safety legislation relevant to all UHB premises is the Regulatory Reform (Fire Safety) Order 2005 (FSO) and is enforced by the Local Fire Authority. To be compliant with this legislation a Fire Risk Assessment must be completed for every building or ward or department. Currently there are 442 risk assessment reports that are being repeatedly assessed and reviewed by members of the fire safety management team either annually, bi or tri-annually or whenever materials alterations or significant changes in use take place in terms of service or staff.

The findings of the risk assessments are divided into three areas of responsibility: Estates and Compliance findings are managed and resolved by these teams and Management findings monitored and resolved predominantly by the manager responsible for the assessment area.

#### 3.1 The 4 most common management failings relate to

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

#### 3.2 The 4 most common estates failings relate to

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

#### 3.3 The 5 most common compliance failings relate to

- Fire alarm deficiencies, alarm addressing, cause and effect confirmation and panel faults
- Emergency lighting testing and maintenance confirmation
- Fire damper type, testing and maintenance
- Cavity barrier installations and fire stopping deficiencies
- Portable appliance testing
- Up to date fire strategy drawings

Currently 7 fire risk assessments are overdue and 12 assessments have been put back due to access restrictions at Covid wards.

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## 4.0 Fire Training

Data supplied by Workforce Information for 1<sup>st</sup> September 2020 – 31<sup>st</sup> October 2020

Table 2

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	241	177	73.44%
<b>All Wales Genomics Service Total</b>		<b>241</b>	<b>177</b>	<b>73.44%</b>
Capital, Estates & Facilities	Catering Services	148	100	67.57%
<b>Capital, Estates &amp; Facilities Total</b>		<b>1228</b>	<b>809</b>	<b>65.88%</b>
<b>Children &amp; Women Total</b>		<b>2308</b>	<b>1457</b>	<b>63.13%</b>
<b>Clinical Diagnostics &amp; Therapeutics Total</b>		<b>2388</b>	<b>1639</b>	<b>68.63%</b>
<b>Corporate Executives Total</b>		<b>849</b>	<b>518</b>	<b>61.01%</b>
<b>Medicine Total</b>		<b>1854</b>	<b>951</b>	<b>51.29%</b>
<b>Mental Health Total</b>		<b>1533</b>	<b>795</b>	<b>51.86%</b>
<b>Primary, Community Intermediate Care Total</b>		<b>1090</b>	<b>662</b>	<b>60.73%</b>
<b>Specialist Services Total</b>		<b>1982</b>	<b>1144</b>	<b>57.72%</b>
<b>Surgical Services Total</b>		<b>2384</b>	<b>1302</b>	<b>54.61%</b>
<b>Grand Total</b>		<b>15857</b>	<b>9454</b>	<b>59.62%</b>

The compliance figures outlined in Table 2 above relate to a rolling 12 month period, the fire safety e-learning package, classroom, locality based & Fire Warden training. All fire safety training records are recorded on the staff personal records Electronic Staff Records (ESR) database. LED collates all statistical information in relation to Fire Training and notifies workforce development. It can be seen that 59.62% of staff received fire training in the previous 12 month period ending 31<sup>st</sup> October 2020.

Mandatory fire training sessions at UHW & UHL are facilitated by members of the Fire Safety Team are organised by LED, with venues, dates and times being made available on the intranet.

**To view 2021 fire safety training dates see pages 5 to 7 of the 2021 Prospectus by using this link - <http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/2019%20Prospectus%20for%20intranet.pdf>**

Direct requests to members of the Fire Safety Management Team from managers to carry out bespoke and on-site training will be accommodated where ever possible and appropriate. It will be the responsibility of the organiser for the training to ensure that sufficient numbers of staff attend (normally minimum of 12) and that a suitable room to carry out the training is available and set up prior to arrival. It should also be understood that due to the fire safety team having numerous other fire safety duties, it will not always be possible to accommodate requests for bespoke and on-site fire training.

In these circumstances, staff will be referred to attend mandatory training drop in sessions arranged by LED either at UHW or UHL and facilitated by the fire safety management team.

**It is also noteworthy that Managers report the matter of releasing staff to attend tutor led fire safety sessions is still a real and ongoing challenge.**

**N.B.**

Current training needs analysis (TNA) dictates the frequency of fire safety training required to be delivered to all staff groups. The analysis requires that the majority of clinical staff are mandated to attend statutory classroom based fire safety training either annually or by exception bi-annually. With this in mind a request was made to workforce development to examine the available data for the previous three years and the figures below show some worrying deficits.

**Table 3 - Analysis supplied by workforce development with three caveats outlined below:**

		Financial Year		
Staff category	Delivery Mode	2017-18	2018-19	2019-20
Clinical	Face to Face	1967	2553	2238
	Online e-Learning	4528	5163	5910
<b>Clinical Total</b>		<b>6495</b>	<b>7716</b>	<b>8148</b>
Non-Clinical	Face to Face	859	989	642
	Online e-Learning	1353	1705	2138
<b>Non-Clinical Total</b>		<b>2212</b>	<b>2694</b>	<b>2780</b>

1. Staff in the Administrative & Clerical, Estates & Ancillary and Student Staff Groups have been categorised as 'non-clinical'. All other staff have been categorised as 'clinical'.
2. The report shows the current employment status of staff who have undertaken training in the last three years and therefore includes some staff who have subsequently left the Health Board but replaced by new starters The Staff Group which consists of six members of staff is not recorded, so it cannot be determined whether they are 'clinical' or 'non-clinical' and therefore they have been removed from the analysis.
3. Records which indicate in any way that the learning was incomplete, or courses were cancelled have also been removed. This equates to 2289 enrolments, for 1577 staff.

In March 2018 the overall Fire training compliance was 65.32%. In 2019 it was 67.89% and in 2020 it was 67.03%. It should be noted that the total figures in Table 3 above represent only 67.03% of the total workforce at the time of reporting.

**The majority of clinical staff are mandated to attend a face to face session annually**

In year 2019-20 the UHB employed 15691 (See Table 4 on Page 7) of which 10,517 staff were recorded as receiving some form of fire safety training and 5174 i.e. 33% were recorded as receiving no fire safety training of any kind and were therefore non-compliant.

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Of the 67% who were compliant Table 4 above shows that only 2880 staff i.e.27% actually attended a face to face session. When the numbers of staff who were non-compliant are included i.e. 5174 this compliance figure is significantly reduced i.e. only 18% of all staff are compliant more worryingly only 14.3% of clinical staff are actually compliant in attending a face to face session in 2019-20 (See Table 6 on Page 9, Exemplar training needs matrix).

**It is clear that these figures reveal alarming noncompliance with this statutory duty.** It should also be noted at the time of reporting a complete suspension of classroom based training was introduced across the board due to the Covid 19 pandemic. Therefore it must be expected that the above compliance figures will be further reduced over the coming months. Table 5 Page 8 shows the numbers of staff attending Face to Face training this financial year to date.

**Data supplied by Workforce Information for 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020**

**Table 4**

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	235	179	76.17%
<b>All Wales Genomics Service Total</b>		<b>235</b>	<b>179</b>	<b>76.17%</b>
Capital, Estates & Facilities	Capital Planning & Admin	46	44	95.65%
<b>Capital, Estates &amp; Facilities Total</b>		<b>1212</b>	<b>885</b>	<b>73.02%</b>
<b>Children &amp; Women Total</b>		<b>2318</b>	<b>1634</b>	<b>70.49%</b>
Clinical Diagnostics & Therapeutics	Clinical Diagnostics and Therapeutics Management	7	6	85.71%
<b>Clinical Diagnostics &amp; Therapeutics Total</b>		<b>2371</b>	<b>1808</b>	<b>76.25%</b>
Corporate Executives	Chief Executive Officer	45	25	55.56%
<b>Corporate Executives Total</b>		<b>842</b>	<b>596</b>	<b>70.78%</b>
<b>Medicine Total</b>		<b>1852</b>	<b>1042</b>	<b>56.26%</b>
<b>Mental Health Total</b>		<b>1500</b>	<b>1013</b>	<b>67.53%</b>
Primary, Community Intermediate Care	Localities Cardiff North West	273	211	77.29%
<b>Primary, Community Intermediate Care Total</b>		<b>1066</b>	<b>749</b>	<b>70.26%</b>
<b>Specialist Services Total</b>		<b>1893</b>	<b>1207</b>	<b>63.76%</b>
Surgical Services	ENT & Dental Hospital	496	358	72.18%
<b>Surgical Services Total</b>		<b>2402</b>	<b>1404</b>	<b>58.45%</b>
<b>Grand Total</b>		<b>15691</b>	<b>10517</b>	<b>67.03%</b>

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## Data supplied by the Fire Safety Management Team

**Table 5**

Venue	Date	Requestor	Dept	Type	Trainer	Numbers Attending
Dental	22/07/2020	Emma Stone	Dental	Medical Gas	Stephen Bennett	4
Dental	23/07/2020	Emma Stone	Dental	Medical Gas	Stephen Bennett	3
Ty Dewi Sant	16/07/2020	LED	Various	Corporate Induction	Stephen Bennett	25
Sports and Social UHW	22/09/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	15
Sports and Social UHW	29/09/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stuart Rookes	20
Sports and Social UHW	01/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stephen Bennett	17
Sports and Social UHW	06/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stuart Rookes	13
Sports and Social UHW	08/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stephen Bennett	9
Sports and Social UHW	08/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stuart Rookes	7
Sports and Social UHW	14/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stuart Rookes	15
Sports and Social UHW	16/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stuart Rookes	13
Sports and Social UHW	21/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stephen Bennett	9
Sports and Social UHW	23/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stephen Bennett	16
Sports and Social UHW	26/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stephen Bennett	9
Sports and Social UHW	30/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stuart Rookes	15
						<b>Total 272</b>

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Table F1 Page 18 - Exemplar training needs matrix

Table 6

Key: a = upon commencement of work in an area x = upon commencement of work for the organisation 12 = 12-month interval between training 24 = 24-month interval between training 36 = 36-month interval between training  Note: Where a member of staff has attended a fire lecture in the previous 12-month period, the use of e-learning is not required.  The use of e-learning for fire safety training is described in Chapter 11; it should not be used as the sole method of delivering fire safety training.	Fire safety induction (Local)	Fire safety induction (Corporate) 4.5 minutes)	General fire safety (e-learning)	General fire safety (classroom session) (30 minutes)	Combustibles, flammables & equipment (15 minutes)	Fire safety including medical gases (30 minutes)	Fire & smoke spread etc (30 minutes)	Using fire extinguishers (Practical) (1 hour)	Fire evacuation drill	Assisting independent patients & visitors. (15 minutes)	Evacuating dependent patients (Theory) (30 minutes)	Evacuating dependent patients (Practical) (1 hour)	Evacuating very high dependency patients (Theory)(30 mins)	Evacuating very high dependency patients (Practical) (1 hour)
An administrator that works in an office and does not enter patient or public access areas as part of their role	a	x	12	36					12					
An administrator that is ward-based or often enters ward areas	a	x		12						12				
A member of ward housekeeping staff	a	x		12	12					12				
A member of the food delivery catering staff.	a	x		12	12					12				
A member of the nursing staff on a general ward.	a	x		12		12					12	24		
A member of nursing staff on a critical care unit.	a	x		24		24	24	24					24	24
A member of working in an operating theatre	a	x		24		24	24	24					24	24

Table F1 Exemplar training needs matrix



Appendix F Developing the training needs analysis

Welsh Health Technical Memorandum 05-01 – Managing healthcare fire safety

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<b>Report Title:</b>	<b>Discretionary Capital Compliance</b>					
<b>Meeting:</b>	H&S Committee				<b>Meeting Date:</b>	24/11/20
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	X	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Director of Planning</b>					
<b>Report Author (Title):</b>	<b>Head of Discretionary Capital &amp; Compliance</b>					

**Background and current situation:**

An independent report was commissioned by the UHB to establish the level of compliance in all areas of the Estate. The outcome of the report identified a significant gap in both statutory and mandatory compliance with the relevant documentation.

In order to address the issues, the UHB supported the establishment of a Estate Compliance team which has been developed and had, and continues to have, specific responsibility for identifying all services that require statutory or mandatory inspections.

Over 41 individual elements of the Estate infrastructure required annual inspections necessary to meet the relevant statutory and mandatory obligations, which ranged from water safety, critical ventilation plant and fire compartmentation etc.

The team identified a number of key activities that were required in order to establish a comprehensive monitoring system which included;

- Development of a comprehensive asset data base as this did not exist within the UHB.
- To review and set up the estates management system (Baq Trac) to ensure maximum benefits are drawn to improve efficiency and provide a planned maintenance programme
- Develop maintenance specifications for all assets
- Procure suitable contractor partners to undertake periodic inspections in line with the specifications, undertake annual maintenance and remedial works.
- Input data from new and refurbished developments to ensure the appropriate maintenance is undertaken
- Set up appropriate record systems for ease of audit

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

- Given that the UHB had no meaningful strategy for managing and monitoring estates statutory and mandatory compliance, the UHB are in a much improved position moving forward.
- Each of the compliance areas was risk assessed to ensure that the highest risk areas were addressed in the first phase of the overall plan.
- There remain a small number of areas that are non-compliant. However even within these areas a significant amount of work has been undertaken with only minor issues to

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address.

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

Table 1 below identifies the 41 areas which require periodic inspections which vary for each individual element. 33 of the 41 are compliant, many of which have the appropriate contracts in place.

The estates department have a water safety team which undertakes the legionella risk assessments required under the water safety regulations. This includes monitoring temperatures, flushing of under used outlets and responding to any potential risks identified by the IP&C team.

The final element of the table refers to a small number of non-compliant elements which may not be fully compliant due to difficulty in identifying the assets.

### Current Compliance Status (Table 1)

COMPLIANT				NON - COMPLIANT			
No.	Description	Tender Type	Long term Contract	No.	Description	Tender Type	Rating
1	Legionella (RO Plant)	OJEU	Yes	1	Fire Doors compliance check		in house
2	Medical Gas	OJEU	Yes	2	Legionella risk assessments		in house
3	Lifts	OJEU	Yes				
4	Annual asbestos survey and re-inspections	OJEU	Yes				
5	Periodic Inspections		Yes				
6	Dry Risers & Hydrants		tendering				
7	High Voltage		Yes				
8	Generators		Yes				
9	Fire Hoses		tendering				
10	Fire Alarms	OJEU	Yes				
11	Ventilation/AHU (annual)	OJEU	Yes				
12	Gas Safety (inc proving)		Yes				
13	Fire Extinguishers		tendering				
14	Air conditioning units/chillers	OJEU	Yes				
15	Commercial Kitchen		Yes				
16	Kitchen Canopy & Ductwork: Main		Yes				
17	Kitchen Canopy & Ductwork: Ward		Yes				
18	BMS Controls	OJEU	Yes				
19	Emergency Backup (UPS)		Yes				
20	Patient Hoist		Yes				
21	Lightning Conductors						
22	Pools		Yes				
23	PAT Testing		Yes				
24	Sprinklers		tendering				
25	Fire Suppression		tendering				
26	IPS		Yes				
27	Sterile Services	OJEU	Yes				
28	Legionella (annual)	OJEU	Yes				
29	Ventilation/AHU Verification	OJEU	Yes				
30	Emergency Lighting	OJEU	Yes				
31	Ventilation/AHU (Smoke / Fire Dampers)	OJEU	Yes				
32	Steam	OJEU	Yes				
33	Insurance	OJEU	Yes				

Table 2 indicates the financial position with regards to compliance, surveys, inspections and remedial works identified during the current financial year.

**Table 2**

2020-21				
Category	Surveys and Inspections	Remedial Works	Other £m	Total £m
Mechanical Spend to date	392,459	147,909		
Electrical Spend to date	98,777	126,022		
Building Spend to date	9,047	8,844		
Dedicated Team			200,000	
Asbestos Works (200k)			244,351	
Yearly Inspection Commitment	2,725,319			
Other				3,641,000
<b>Total Funding</b>	<b>2,725,319</b>	<b>415,681</b>	<b>500,000</b>	<b>3,641,000</b>
<b>Spend</b>	<b>2,725,319</b>	<b>282,775</b>	<b>444,351</b>	<b>3,452,445</b>
<b>Total budget available</b>	<b>0</b>	<b>132,906</b>	<b>55,649</b>	<b>188,555</b>

**Recommendation:**

The committee is asked to:

**NOTE** the content of the report and the work that has been undertaken to date

**SUPPORT** the continued programme of Estate 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:**

Not Applicable  
*If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Dangos parch

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### 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
Health & Safety	UHB 021	Head of Health and Safety	July 2016	November 2016 (Board approval)	November 2019	
Safe Working with Electricity	UHB 208	Director of Capital, Estates and Facilities	January 2017 (3rd review)	January 2017	January 2020	
Management of Violence & Aggression	UHB 035	Personal Safety Adviser	April 2017 (3rd review)	April 2017	April 2020	
Lone Worker	UHB 034	Health and Safety Adviser	April 2017 (3rd review)	April 2017	April 2020	
Minimal Manual Handling	UHB 036	Manual Handling Advisers	April 2017 (3rd review)	April 2017	April 2020	
Waste Management	UHB 038	Waste and Compliance Manager	April 2017 (3rd review)	April 2017	April 2020	

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<b>POLICY</b>	<b>UHB REFERENCE NO</b>	<b>AUTHOR/LEAD RESPONSIBLE OFFICER</b>	<b>SUBMISSION TO HEALTH &amp; SAFETY COMMITTEE</b>	<b>APPROVAL DATE</b>	<b>REVIEW DATE</b>	<b>COMMENTS</b>
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 <sup>nd</sup> review)	July 2017	July 2020	
Incident, Hazard and Near Miss Reporting	UHB 138	Head of Health & Safety	July 2017 - previously Quality & Safety (2 <sup>nd</sup> review)	July 2017	July 2020	
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	January 2019 (3rd review)	January 2019	January 2022	
Environmental	UHB 143	Director of Capital, Estates and Facilities	January 2019 (3rd review)	January 2019	January 2022	
Closed Circuit Television (CCTV)	UHB 303	Director of Capital, Estates and Facilities	January 2019 (3 <sup>rd</sup> review)	January 2019	January 2019	

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POLICY	UHB REFERENCE NO	AUTHOR/LEAD RESPONSIBLE OFFICER	SUBMISSION TO HEALTH & SAFETY COMMITTEE	APPROVAL DATE	REVIEW DATE	COMMENTS
Security Services	UHB 037	Director of Capital, Estates and Facilities	April 2019 (3rd review) <b>4<sup>th</sup> review**</b>	April 2019	April 2022	
Contractor Control	UHB 163	Director of Capital, Estates and Facilities	October 2019 (4th review)	October 2019	October 2022	

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<b>POLICY</b>	<b>UHB REFERENCE NO</b>	<b>AUTHOR/LEAD RESPONSIBLE OFFICER</b>	<b>APPROVING COMMITTEE</b>	<b>APPROVAL DATE</b>	<b>REVIEW DATE</b>	<b>COMMENTS</b>
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	

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Working Time Procedure	UHB 168	Business Manager, Workforce & OD/Unison	People, Performance & Delivery	Approved May 2019	May 2022	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
Management of Stress & Mental Health Wellbeing in the Workplace	UHB 071	Employee Wellbeing	July 2014 (2nd review)	Approved January 2019	January 2022	Agreed at Strategy and Delivery Committee 5/3/19 this would now be procedure under the Employee Health and Wellbeing Policy

**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

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**MINUTES OF THE OPERATIONAL HEALTH AND SAFETY GROUP HELD AT  
2PM on TUESDAY 3<sup>rd</sup> MARCH 2020 – NANT FAWR UN, WOODLAND HOUSE**

**Present:**

Martin Driscoll	Executive Director of Workforce and O D
Charles Dalton	Head of Health and Safety
Caroline Murch	Environmental Health and Safety Adviser
Derek King	Infection Prevention & Control
Jonathan Davies	Health and Safety Adviser
Janice Aspinall	Staff Representative
Jon McGarrigle	Estates Services
Karen Lewis	Claims Department
Mal Perrett	Senior Fire Adviser
Nicky Bevan	Occupational Health
Rachael Daniel	Health and Safety Adviser
Stuart Egan	Staff Representative

**Clinical/Service Board Representatives**

Alicia Christopher	Women and Children
David Pitchforth	Medicine Clinical Board
Matthew Price	Specialist
Sue Bailey	CD&T

**Apologies:**

Clare Wade	Surgery
Ian Wile	Mental Health
Rachael Sykes	Health and Safety Adviser
Rowena Griffiths	Dental Services
Rhys Davies	PCIC

**In Attendance:**

Zoe Brooks	Health and Safety
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**OHSG: 01/20 Minutes of the Meeting held December 2019**

The minutes of the meeting held on the 11<sup>th</sup> December 2019 were accepted as a true account without amendment.

**OHSG: 02/20 Action Log**

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

**OHSG: 39/19** It was agreed that the status of CCTV cameras be agenda at the Anti-Violence/Security Group meeting.

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## **OHSG: 03/20      Feedback from Health and Safety Committee**

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

The Health and Safety Adviser – RD outlined the key aspects from the Chairmans report. It was highlighted that the Committee received a very informative presentation on Food Safety. It was also noted that there would be a planned review of the strategic role of the Health and Safety Committee, including the effects it may have on this Group.

## **OHSG: 04/20 Industrial Injury Absence**

A report and graphical evidence was submitted on the number of lost days and cost of staff incidents and injury absence. Discussions took place on the importance of this data and the Chair outlined his intentions to bring this to the notice of the Board.

It was agreed that each Clinical Board would be given expanded details of their events for high scrutiny and action. **Action CD**

## **OHSG: 05/20 Clinical Board Reported Investigations**

The Chair highlighted that some investigations were not completed three months after the event. It was agreed that a time scale of three weeks was reasonable to respond.

The Chair reported that he would bring to the attention of the Chief Operating Officer, items which had not been appropriately progressed.

## **OHSG: 06/20      Sharps Injuries**

The report was received and noted by the Group.

The Lead Health and Safety Adviser reported that there was a discrepancy between those events reported within DATIX and the reporting to Occupational Health; some of which maybe Health and Safety Executive (HSE) reportable.

The Group were reminded of the previous HSE action, which raised concerns about under reporting and were asked to re-iterate to staff the importance of reporting sharp incidents.

## **OHSG: 07/20      Enforcement Agencies Correspondence Report**

The report was received and noted by the Group.

The Head of Health and Safety reported that there were no new issues of correspondence, however the HSE had complimented the Health Board on the comprehensive response and actions in relation of legionella risks within Barry and the management of the risks at Barry Hospital.

## **OHSG: 08/20 Fire Safety Report**

The report was noted and accepted by the Group.

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11/20/2020 10:06:01

The Senior Fire Officer presented his report highlighting that there had been no reported fires during the period. He also reported that the number of unwanted fire signals were lower than the previous year.

It was noted that fire training compliance status was at 67.58%, although discussions are taking place to improve this figure to reach the 80% target. The Chair re-iterated the importance of fire training.

#### **OHSG: 09/20 Health and Safety Priority Improvement Plan / Health and Safety Risk Register**

The Priority Implementation Plan and the Risk Register was submitted, including areas of improved status during the period. The Clinical Boards were asked to submit to the Head of Health and Safety their local risk registers; items that relate to health and safety in-order for a combined Health and Safety risk register be developed.

**Action: Clinical Boards**

#### **OHSG: 10/20 Report on Claims**

The Claims Manger tabled a report on legal actions over the period, including settlements and actions were lessons were learnt.

#### **OHSG: 11/20 Health and Safety LOLER / MSD / V&A Audit Action Plan**

The Health and Safety Adviser – RD submitted a status report highlighting areas of concern. It was noted that the HSE are yet to confirm any dates for audit. The Head of Health and Safety stated that he would be meeting the HSE shortly and hoped to get an indication of timeframe; however continued action was still justified to the level of risk.

#### **OHSG: 12/20 Items raise by Staff Side**

No items raised by staff side.

#### **OHSG: 13/20 Lone Worker**

The Head of Health and Safety outlined that a Working Group had been formed for the review of the Lone Worker Procedure and Risk Assessment, in relation to staff working on Healthcare premises.

#### **OHSG: 14/20 Respiratory protective equipment Guidance Discussion**

The Health and Safety Adviser – CM reported on the development and urgent need in relation to the Corona Virus to enhance RPE/facemask fit.

#### **OHSG: 15/20 Clinical Boards Health and Safety Group Feedback**

No issues reported.

#### **OHSG: 16/20 Policies and Procedures**

The following Procedures/documents were discussed at this meeting:-

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11/20/2020 14:06:01

Thermal Comfort was approved

The following Policies/ procedures were out for consultation and required any comments to be fed back to their author by the 25<sup>th</sup> March:-

- Management of Violence and Aggression
- Minimal Manual Handling
- Waste Management
- Water Safety

The Asbestos Management Plan was submitted for information.

**OHSG: 17/20 for Information**

The Chair asked that the Part 2 of the Agenda be recorded as received and noted for information.

This included:-

Health and Safety Related Procedure Schedule.  
Pro Act Audit Report  
The full report of the Priority Implementation Plan

It was noted that this was the last meeting for the Head of Health and Safety as he was due to retire at the end of April. The Chair thanked him for his work and wished him a happy retirement.

**OHSG: 19/20 DATE AND TIME OF NEXT MEETING:-** 27<sup>th</sup> October 2020 at 2PM – MS Teams Meeting

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11/20/2020 10:06:01