

Health & Safety Committee Meeting

Tue 30 March 2021, 09:00 - 12:00

Agenda

1. Welcome & Introductions

Akmal Hanuk

2. Apologies for Absence

Akmal Hanuk

3. Declarations of Interest

Akmal Hanuk

4. Minutes of the Committee Meeting held on 5th January 2021

Akmal Hanuk

 04 DRAFT minutes for January 5th Meeting.pdf (9 pages)

5. Action Log following the Meeting held on 5th January 2021

Akmal Hanuk

 05 DRAFT Action Log following Jan Meeting.pdf (1 pages)

6. Chair's Action taken since last meeting

Akmal Hanuk

7. Items for Review and Assurance

7.1. Health & Safety Overview – Verbal Update

Robert Warren

7.2. Enforcement Agencies Report

Robert Warren

 7.2 - Enforcement Agency Report.pdf (3 pages)

7.3. Lone worker Devices Report

Robert Warren

 7.3 H&S Lone Worker Report - H&S Cttee March 2021 v2.pdf (3 pages)

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7.4. Regulatory and Review Body Tracking Report

Robert Warren

-  7.4 Regulatory Review and Tracking Report.pdf (2 pages)
-  7.4 Regulatory Review and Tracking Report 19 20 Live Updated 2.pdf (3 pages)

7.5. Risk Register for Health and Safety

Robert Warren

-  7.5 Risk Register Report for Health & Safety.pdf (2 pages)

7.6. Training Requirements and Compliance

Robert Warren

-  7.6 H&S Training Compliance Project Report Progress.pdf (3 pages)
-  7.6b H&S Training - Appendix 2 Training compliance stats for H&S committee 30th Mar 2021.pdf (2 pages)
-  7.6a H&S Training - Appendix 1 - Exec summary project report 30th March.pdf (1 pages)

7.7. Health and Safety Policy Update – Verbal Update

Robert Warren

7.8. Environmental Health Update – Verbal Update

Geoff Walsh

7.9. Fire Enforcement and Management Compliance Report

Geoff Walsh

-  7.9 Fire Enforcement Compliance and Management Report March 2021.pdf (9 pages)

8. Items for Approval/Ratification

9. Items for Noting and Information

9.1. Sub Committee Minutes:

Robert Warren

1. Operational Health and Safety Group
-  9.1 MINUTES Dec 2020 H&S Operational Group notes (edited).pdf (4 pages)

9.2. Committee Annual Report

Nicola Foreman

-  9.2 Covering Report Annual Report of H&S Committee.pdf (2 pages)
-  9.2 Annual Report of Health and Safety Committee 2020 21.pdf (7 pages)

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

11. Review of the Meeting

12. Date and time of next Meeting

27th July 2021

MS Teams

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**UNCONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE HELD ON 5th
JANUARY 9:00AM
VIA MS TEAMS**

Chair:		
Akmal Hanuk	AH	Independent Member – Local Community (Committee Chair)
In Attendance:		
Rachael Daniel	RD	Interim Head of Health and Safety
Martin Driscoll		Executive Director of Workforce & Organisational Development
Stuart Egan	SE	Staff Safety Representative
Nicola Foreman	NF	Director of Corporate Governance
Michael Imperato		Independent Member – Legal
Geoff Walsh	GW	Director of Estates, Capital and Facilities
Secretariat:		
Nathan Saunders	NS	Corporate Governance Officer
Apologies:		
Janice Aspinall	JA	Staff Safety Representative
Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Fiona Kinghorn	FK	Executive Director of Public Health Wales

HS 21/01/001	Welcome & Introductions	Action
	<p>The Committee Chair (CC) noted that the meeting was not quorate.</p> <p>The Director of Corporate Governance (DCG) advised the Committee that if any decisions needed to be made, they would go to the Board.</p>	
HS 21/01/002	Apologies for Absence	
	Apologies for absence were noted.	
HS 21/01/003	Declarations of Interest	
	There were no declarations of interest.	
HS 21/01/004	Minutes of the Committee Meeting held on 24th November 2020	
	<p>The Committee reviewed the minutes of the meeting held on 24th November 2020.</p> <p>Resolved – that:</p> <p>(a) The Committee approved the minutes of the meeting held on 24th November 2020 as a true and accurate record.</p>	

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<p>HS 21/01/005</p>	<p>Action Log following the Meeting held on 24th November 2020</p> <p>The CC noted that the Actions in progress would be discussed at the meeting with the exception of HSC: 19/10/009: HSE Inspection</p> <p>The Interim Head of Health and Safety (IHHS) advised the Committee that no date had been set for the Health and Safety Executive (HSE) inspection and that due to COVID-19 the inspection had fallen off the HSE agenda.</p>	
<p>HS 21/01/006</p>	<p>Chair's Action taken since last meeting</p> <p>No Chair's Action were noted.</p>	
<p>HS 21/01/007</p>	<p>Health and Safety Policies Schedule</p> <p>The IHHS advised the Committee that at the last Health and Safety meeting she had noted to the Committee that a number of policies were out of date and needed review. She also advised that there would be a 12 to 18 month extension due to the ongoing COVID-19 pandemic</p> <p>The IHHS advised the Committee that she had added an extra column to the schedule to note when the review date should be.</p> <p>The IHHS gave the Committee assurance that the policies that had not been reviewed did not have any major content that required change and that the policies remained valid.</p> <p>The CC asked that in regards to the current COVID-19 situation, was the Health Board exposed to any areas where it needed a new policy or needed to update one.</p> <p>The IHHS responded that the team were looking at a policy around Protective Personal Equipment (PPE) and that work was ongoing.</p> <p>The CC asked if this policy was a new one or if it would be added onto an existing policy. The IHHS responded that it was a new policy and that a draft should be completed by the next Health and Safety Committee meeting being held in March 2021.</p> <p>The CC noted to the Committee that it was an important area of risk, specifically in regards to the pandemic and that it should be taken up as a priority.</p> <p>The IHHS responded that we do not have a policy in place at present but there were a number of documents in the background in relation to standard operating procedures and that the policy would formalise the position.</p> <p>The CC asked how the documents were being communicated. The IHHS responded that it varied and specific departments received relevant information based on their requirements. An example being that any service requiring airhoods would receive that information but services not using them would not.</p>	

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	<p>The IHHS advised the Committee that information could also be obtained on the COVID website and Health and Safety website.</p> <p>The IHHS confirmed that there was also a PPE cell meeting for clinicians to receive information and updates.</p> <p>The CC advised the Committee that he was cautious a PPE Policy was not in place but confirmed that if members were assured by the IHHS's comments then the meeting could continue.</p> <p>The Executive Director of Workforce & Organisational Development (EDWOD) asked if Cardiff and Vale University Health Board were in the same position as other Health Boards in Wales and asked if they had policies in place already.</p> <p>The IHHS responded that there was an intention for an All Wales approach and to share as much information as possible so that Health Board's were not reinventing the wheel. The IHHS confirmed that she would query the position with other Health Boards to compare.</p> <p>The CC confirmed that this would be beneficial.</p> <p>Resolved:</p> <p>a) The Committee noted the contents of the report.</p>	
<p>HS 21/01/008</p>	<p>Priority Improvement Plan – Verbal Update.</p> <p>The IHHS advised the Committee that the Priority Improvement Plan (PIP) needed a complete overhaul and that this would be done in conjunction with the new Head of Health and Safety who was due to start in February.</p> <p>The IHHS noted that the PIP would be in line with the risk register and would be fully reviewed to look at where the organisation would be when coming out of the COVID-19 pandemic.</p> <p>The CC asked if it was an internal appointment for the new Head of Health and Safety.</p> <p>The EDWOD responded that it was an external appointment –and that a recruitment consultant was used. He noted that the new recruit was currently the Head of Health and Safety for BOC and was an Engineer by background.</p> <p>The Independent Member – Legal (IML) asked when the new Head of Health and Safety would attend their first Health and Safety Committee Meeting. The IHHS responded that the first meeting would be 30th March 2021.</p> <p>The IML noted that the new Head of Health and Safety would have been in post for 2 months by then and asked what the Committee would be expecting them to have ticked off by their first meeting.</p>	

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	<p>The EDWOD responded that the anticipation was that they would hit the ground running. He noted that the IHHS and he had prepared a full induction programme and that the new recruit would be meeting members of the Committee.</p> <p>The CC advised the Committee that it was important to give the new recruit a good briefing in terms of where the Health Board was in relation to Health and Safety and to use their experience and knowledge.</p> <p>The CC advised the Committee that we hold an agenda item for them at the next meeting for an overview in line with the new Head of Health and Safety's initial findings.</p> <p>Resolved:</p> <p>a) The Committee noted the Priority Improvement Plan</p>	RD
<p>HS 21/01/009</p>	<p>Fire Enforcement Report</p> <p>The Director of Estates, Capital and Facilities (DECF) advised the Committee that there had been no activity in terms of audits from the enforcing authority as they had been preoccupied during the COVID-19 pandemic.</p> <p>The DECF noted to the Committee that there had been a decrease in unwanted fire signals and advised the Committee that there had been a reduction in fire activity across all sites.</p> <p>The DECF advised the Committee that in regards to fire training there was online training available but unfortunately there was a statutory obligation for clinical teams to have face to face training on an annual basis. This was a significant issue at the time of the meeting but had been an issue prior to COVID-19 due to staffing levels.</p> <p>The DECF advised the Committee that staff were under enormous pressures and it proved difficult to get close to the required target of staff undertaking face to face training.</p> <p>The DECF felt that it needed to be noted that the Health Board was not compliant on this issue.</p> <p>The DECF advised the Committee that additional staff had been brought in which included ex fire safety officers who would be manning the helideck at the University Hospital of Wales (UHW) and would provide cover for the Lakeside Wing.</p> <p>The IML asked how the management of Health and Safety areas was going in regards to the new Lakeside Wing.</p> <p>The DECF responded that he had had meetings with Executives about how to move forward with fire safety in that area. He advised the Committee that they had adopted the same approach as the Dragon Heart Hospital (DHH). This would provide cover from ex fire service officers who would be able to fight fires rather than just assist with evacuation.</p>	

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The DECF advised the Committee that a lot of clinical staff were needed to evacuate a ward and that it would not be possible with current staffing levels which is why ex fire service officers had been brought in.

The DECF advised the Committee that there had been pressures on Porter and Security services who were part of the firefighting team. A number of staff had been in self-isolation, shielding and reduced numbers in those areas necessitated bringing in support from Cardiff airport in relation to the staffing of the helideck.

The EDWOD advised the Committee that he hoped that the Lakeside Wing would not need to be at full capacity

The CC thanked the DECF for his hard work and raised two areas of concern.

- 1) Face to face training was a statutory requirement. The CC asked if there was a way to mitigate that and he commented that the fact the organisation was not compliant was worrying.

The DECF responded that it was not a problem for his team as they had the capacity to train. The pressure was due to staffing levels.

The DECF advised the Committee that it would be difficult taking staff out of areas where there were already staff members self-isolating, shielding or off sick. The pressures on Nursing and Medical were equally as bad.

The DECF advised the Committee that a large recruitment drive had occurred with Human Resources supporting.

- 2) The length of training.

The DECF responded that the training took a few hours.

The EDWOD responded that he had and his team had looked at options to undertake training offline and how to engage with the Health and Safety Executive (HSE). He advised the Committee that an offer of remote training was something that could be done because other areas of the UK such as law courts were managing to provide courses such as the Speed Awareness Course virtually.

The EDWOD advised the Committee that the United Kingdom had recognised the position and this is why the Health Board needed to liaise with the HSE. He advised that this would be rolled out in 2021 and that by that stage the organisation should be meeting the statutory requirements.

The CC advised the Committee that he would be keen to keep this item on the agenda moving forward and to monitor progress at future Committee meetings.

Resolved:

- a) The Committee considered the on-going efforts to meet the requirements of fire safety enforcement action.

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HS 21/01/010

Enforcement Agencies Report

The IHHS advised the Committee that since the last meeting there had been 1 new correspondence from the HSE in relation to a steam boiler in University Hospital Llandough (UHL). It was examined by a competent person and found to have 1 defect. The Health Board responded accordingly to the HSE and there had been no correspondence since so it was assumed that the case was closed.

The IHHS advised the Committee that there had been 2 updates for noting since the last meeting.

- 1) HSE were investigating the death of a member of staff who had tested positive for Covid-19. Since the report had come out a formal update had been provided from HSE and who noted that it was not RIDDOR reportable so they did not consider it a work related death. This item is closed.
- 2) Communication from the HSE on the 11th November 2020 in relation to face fit testing practices in a Nursing Home. A meeting took place with the IPC Department on 20th November 2020 to address the concerns raised by the HSE.

The IHHS advised the Committee that the Health Board had received a Notification of Contravention in respect of Face Fit Test reports and that the report used by the Health Board did not contain all the information required by HSE guidance. This was rectified and the correct form is now used.

The IHHS advised the Committee that the Health and Safety team took on face fitting at the beginning of the COVID-19 pandemic and that since then the team's main role was taken over by fit testing. This was being undertaken 5 days a week.

The IHHS advised the Committee that Clinical Boards (CB) should be doing fit testing and that there was a plan in place for this albeit, it was a lengthy process. The Intention was that the Health and Safety department would pick up any exceptions and the rest of the fit testing would be taken up by CBs. It was noted that during more challenging times CB's could not release staff so the Health and Safety team were undertaking more fit testing centrally.

The CC asked the IML if he was aware of any background information regarding the death of a staff member.

The IHHS responded that the investigation had looked at the timeline of where the staff member was working and 14 days prior to that. The investigation looked at the patients on the ward at the time and their COVID-19 status and had looked at PPE requirements at the time and if there had been any breaches. What the investigation found was that all correct procedures had been in place.

The IML asked if any other Health Board's in Wales had been investigated in similar situations.

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The IHHS responded that as far as she was aware, no other Health Board had been investigated. She noted that the HSE were asked to investigate by the coroner.

The Staff Safety Representative (SSR) advised the Committee that he was concerned by the Health Board not reporting staff who had fallen victim to COVID-19. He noted that teams were well aware of outbreaks in wards and in mental health for example where Staff had contracted COVID-19 and had not reported anything under RIDDOR.

The SSR advised the Committee that such incidents should be reported and that there would clearly be cases for people looking for compensation who had fallen ill by going to work.

The IHHS responded that the HSE treated outbreaks very differently to the Health Board and that they did not look at those outbreaks under RIDDOR and needed very clear evidence that the infection was work related. At the time of the meeting it remained very difficult to prove transmission at work because COVID-19 was very prevalent in the community.

The CC advised the Committee that he took assurance from what the IHHS had shared. The CC commented that there were a number of areas to learn from which it was important for the committee to be aware of.

The CC noted that resources were stretched and had been insufficient to enable a full review of some of the key areas on the agenda.

The CC asked what the cause of this was, what were the constraints and how were plans to resolve the issues to be implemented. He added that if there was a resource issue it should be discussed and then presented to Board.

The IHHS responded that the Health and Safety department were taking on things that had not been in their remit previously and that meant the normal day to day role of the Health and Safety team was not always being followed up. The Health and Safety team had an advisory team and a training team and that as of the previous day there were 4 members off work with COVID-19 from the training team.

The EDWOD advised the Committee that there were similar stories across the organisation from clinical departments who had been taking down services or finance, HR, Procurement etc who were struggling with numbers.

The EDWOD shared that the things that the Health Board wanted to do were on hold and he advised the Committee that it would not be helpful to detail what was not being done. He hoped that the Committee recognised the position and realised that staff were doing the best they could.

The SRR advised the Committee that the people left behind were taking up the slack and were prioritising the work.

The CC agreed that it was a very difficult time and he stressed that the point he tried to raise was that in terms of the UHB's priorities, the Health

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	<p>and Safety Committee should clearly set the priority items in relation to COVID-19 and winter pressures.</p> <p>Resolved:</p> <p>a) The Committee noted the contents of the report.</p>	
<p>HS 21/01/011</p>	<p>Committee Terms of Reference & Work Plan for 2021-22</p> <p>The DCG advised the Committee that there were very few changes for the next financial year and advised the Committee that the Deputy Chief Operating Officer (DCOO) had been added to the work plan as it was intended that she would be the Executive Lead who would be taking over from the EDWOD when he left the Organisation.</p> <p>The DCG advised the Committee that the Committee was currently under review as to whether it should remain a Committee of the Board and noted that if it did not remain it would likely report into the Quality, Safety and Experience Committee or the Strategy and Delivery Committee and the Terms of Reference would require amendment to take that into account.</p> <p>The DCG advised the Committee that there was no statutory requirement for it to be a Committee of the Board but that discussions were ongoing so it would continue to report to the Board.</p> <p>Resolved:</p> <p>a) The Committee noted and agreed the Terms of Reference and Work Plan update.</p>	
<p>HS 21/01/012</p>	<p>Sub Committee Minutes:</p> <p>i. Operational Health and Safety Group –</p> <p>The EDWOD advised the Committee that there was nothing to raise and that the papers should be taken as read.</p>	
<p>HS 21/01/013</p>	<p>Self-assessment of Committee Effectiveness & Forward Action Plan</p> <p>The DCG advised the Committee to be aware that the self-assessments had been to all other Committees of the board and that it was slightly delayed in coming to this Committee.</p> <p>The DCG advised that another self-assessment of the Committee was due in April.</p> <p>The DCG advised that the report was shared for noting and that she would pick up any actions with the CC directly and make sure that the committee were on track to complete the effectiveness reviews and forward action plans.</p> <p>Resolved:</p>	

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	<p>a) The Committee noted the results of the Committee’s self-assessment Effectiveness Review for 2019-20.</p> <p>b) The Committee approved the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which will feed into the 2020-21 Annual Governance Statement.</p>	
HS 21/01/014	<p>Environmental Health Inspection Report – Verbal Update</p> <p>The IHHS advised the Committee that Environmental Health were not prioritising inspections and that there had not been any inspections since the last meeting. There was no indication of when inspections would recommence.</p> <p>The CC asked if everything was still being done as it should be had inspections continued.</p> <p>The DECF responded that they were still doing what should be done and had appointed an Environmental Health Officer who would start the following week and would be undertaking internal audits and making sure that nothing fell by the wayside.</p> <p>The CC asked for an update at the next Committee meeting.</p> <p>Resolved:</p> <p>a) The Committee noted the Environmental Health Inspection Report</p>	GW
HS 21/01/015	<p>Items to bring to the attention of the Board/Committee</p> <p>No items were referred to the Board or other Committees.</p>	
HS 21/01/016	<p>Review of the Meeting</p> <p>The CC welcomed comments from the Committee.</p> <p>The IML commended the CC for moving through the agenda quickly.</p> <p>The CC asked to reiterate his thanks to the executive members and their teams.</p>	
HS 21/01/017	<p>Date and time of next Meeting</p> <p>30th March 2021 – 9am MS Teams</p>	

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ACTION LOG
FOLLOWING HEALTH AND SAFETY COMMITTEE MEETING
05th JANUARY 2021.

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
Actions Completed					
HSC: 20/01/008	Terms of Reference	Terms of Reference to be reviewed	N Foreman	05/01/21	COMPLETE On agenda item 8.1
	Risk Register	Risk Register to be reviewed	R Daniel / M Driscoll	05/01/21	COMPLETE On agenda item 7.2
HSC: 20/11/009	Training Progress	An update to be presented in respect of the progress of bespoke training.	M Driscoll	05/01/21	COMPLETE On agenda item 7.4
Actions in Progress					
HSC: 19/10/009	HSE Inspection	Chair to be informed of date of inspection	R Daniel	21/01/20	No date at time of writing Update required from R Daniel
HSC: 21/01/008	H&S Overview	New Head of Health and Safety to provide an overview on thoughts about current H&S situation.	R Daniel	30/03/21	Robert Warren to present On Agenda Item 7.1
HS 21/01/014	Environmental Health Update	New Environmental Health Officer to provide update re: internal audits	G Walsh	30/03/21	Geoff Walsh to present On Agenda Item 7.8
Actions referred to other Committees/Board					

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Report Title:	Enforcement Agencies Report					
Meeting:	Heath and Safety Committee				Meeting Date:	30/03/21
Status:	For Discussion		For Assurance		For Approval	For Information ✓
Lead Executive:	Chief Executive (Interim Executive H&S)					
Report Author (Title):	Head of Health and Safety					
Background and current situation:						
<p>As appropriate the Health and Safety Committee and the Operational Health and Safety Group is briefed about action taken in response to correspondence from the Health and Safety Executive (HSE).</p> <p>During the period there was 1 new issue raised relating to enforcement by the Health and Safety Executive (HSE).</p> <p>1 Examination Report - Horizontal Steam Boiler 1, University Hospital Llandough</p> <p><u>Examination Report – Horizontal Multi-Tubular Steam Boiler 1, University Hospital Llandough</u> The Health Board received communication from the HSE dated 3rd November 2020 in relation to the Pressure Systems Safety Regulations 2000.</p> <p>The HSE were in receipt of a copy of an examination report for a Horizontal Multi-Tubular Steam Boiler 1 at UHL carried out by a competent person. The report stated that defects had been identified that are or could become a danger and therefore the equipment must be removed from use or made safe before next use.</p> <p>The Health Board responded to the HSE on 24th November 2020 advising the report followed the 5 year examination during which a fault was identified which required immediate attention and confirmed that the boiler was removed from service immediately and the appropriate repairs to the front tube end plate was carried out by competent persons. The repair was off by the competent person from British Engineering Services.</p> <p>The Estates Department have also reviewed their maintenance regime in light of this and found all maintenance was carried out as per guidelines and all their personal are BOAS trained. All annual checks are carried out by British Engineering services. No further correspondence has been received from the HSE.</p> <p><u>Death of Member of Staff</u> As reported in the December meeting, the HSE on behalf of the coroner contacted the Health Board on 20th July 2020 requesting information following the death of a member of staff who had tested positive for Covid-19.</p> <p>The HSE have now fully investigated his event and have concluded the death was not RIDDOR reportable as they did not consider it to be a work related exposure to coronavirus. The HSE have informed the HM Coroner South Wales of their decision and provided him with a summary report and copies of relevant documents.</p>						

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Fit Testing in Nursing Home

As reported in the November meeting, the PCIC Clinical Board received communication from the HSE on the 11th 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 took place with the IPC Department on 20th November 2020 to address the concerns raised by the HSE and following this information was provided to the HSE.

The Health Board has subsequently received a Notification of Contravention in respect of:

- (1) Face fit test reports – the report used by the Health Board did not contain all the information required by HSE guidance INDG478 ‘Guidance on respiratory protective equipment (RPE) fit testing.
- (2) Training – quality assurance procedure. A procedure for quality assurance must be in place to review the competence of staff undertaking face fit testing and ensure that the testing process and completion of paperwork is consistent and to a suitable standard.

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

An action plan was developed to address the above issues and was forwarded to the HSE by 7th January 2021. The Health Board have received a formal response from the HSE who have confirmed they are satisfied with the action plan and no further action to be take, this item is now closed.

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

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

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	X	Long term	X	Integration		Collaboration	X	Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable.								



Report Title:	Lone Worker Report				
Meeting:	Health and Safety Committee			Meeting Date:	30/03/2021
Status:	For Discussion	For Assurance	For Approval	For Information	
Lead Executive:	Chief Executive (Interim Executive H&S)				
Report Author (Title):	Head of Health and Safety				

Background and current situation:

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

This report updates the Committee on device usage compliance during the period of the pandemic.

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

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

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

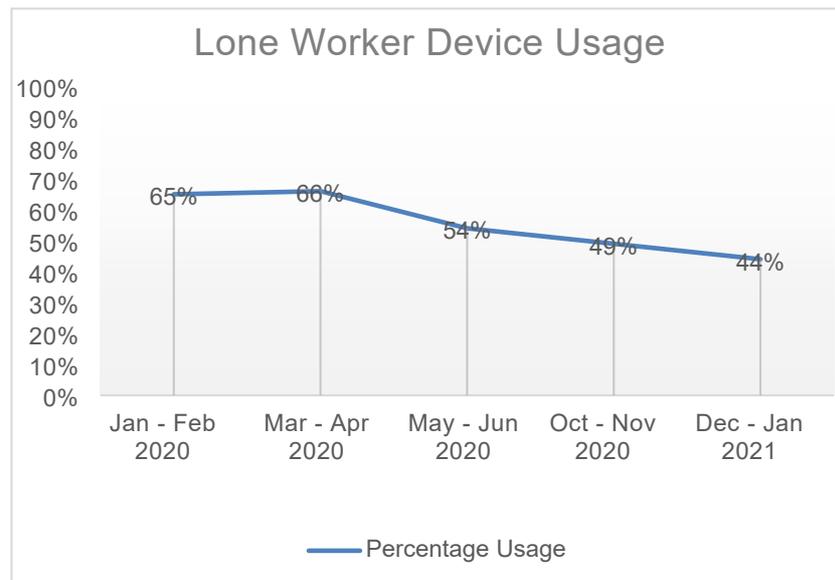
The HSE has pursued a number of prosecutions for failure to protect staff in lone worker incidents, including £100K to a Local Authority when a social worker was attacked and £900K to a utility company when a worker fell, the HSE was scathing about the company's lack of lone worker systems.

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

Prior to the Covid 19 Pandemic the overall percentage compliance showed consistent high utilisation with an average usage of 60 - 70% month on month measured against device activity and movement.

The device has seen a 21% reduction in usage as shown in the graph below. The reduction in compliance has largely been driven by a change in service delivery over the course of the pandemic.

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N.B Reports were suspended for the period July – September 2020

The service delivery was not affected during the period and the provider ‘Peoplesafe’ continuously reviewed and improved Business Continuity Plans to ensure services were provided to “key workers” and responses to alarms were not affected. There are currently 700 active devices allocated to high risk lone workers and the demand for devices remains high.

The Personal Safety Team are working closely with the company to ensure Managers receive timely bi-monthly usage reports to allow them to monitor compliance, manage devices, and identify gaps in training needs. Posters have been developed to encourage usage and provide simple user guides in those areas where devices may not have been used for some time due to changes in working practices. Remote device training and refresher sessions are being offered to ensure staff are adequately trained on its use.

During the period the team in collaboration with Safeguarding procured 10 lone worker devices funded by the Cardiff and Vale Health Charity ‘Make it Better Fund’. These devices are available for staff affected by domestic abuse or stalking as the ongoing lockdown situation increases their vulnerability.

Reports will be submitted to The Operational Health and Safety Group to monitor usage by Clinical Board and Sub Group for the remainder of the contract in order to monitor the requirement for its continued use as a means of lone worker protection.

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

Assurance is provided to the Committee by the continued monitoring of device usage undertaken at both local and corporate level to mitigate the risks posed to lone workers.

Recommendation:

The Health and Safety Committee is asked to:

- **NOTE** the report

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

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



Report Title:	Regulatory and Review Bodies Tracking Report – 1 st April 2019 – 20 th March 2021				
Meeting:	Health and Safety Committee			Meeting Date:	30/03/2021
Status:	For Discussion	For Assurance	For Approval	For Information	✓
Lead Executive:	Chief Executive				
Report Author (Title):	Health and Safety Adviser				

Background and current situation:

This report is presented to the Committee to track that relevant Board Committees are receiving reports and information regarding inspections undertaken by various inspection/review bodies as a key source of assurance. The report provides information for the period 1st April 2019 – 20th March 2021 and includes:

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

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

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

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

The attached report provides evidence that each category of review is assigned to the Health and Safety Committee. It contains a summary of 12 inspections, regulatory visits or correspondence which all took place during the period.

The report contains information in relation to fire inspections undertaken in 2019 as due to the covid pandemic the Health and Safety Committee was stood down and therefore the information has not been previously presented.

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

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

Recommendation:

The Health and Safety Committee is asked to:

- **NOTE** the report

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention		Long term		Integration		Collaboration		Involvement	
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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.



	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Regulatory and Review Bodies Tracking Report - Reports Received and Inspections/Visits Undertaken - 1 April 2019 - 20 March 2021															
2	Date of Report	Date of Visit/Review	Site/Location	Clinical Board/Directorate/Specialty	Brief Description of reason for visit/Review	Summary of Findings/Recommendations	Management Response	Executive/Operational Lead	Due Date	Position as at 30 March 2021 (unless indicated otherwise by reference to receipt by Committees)	Status (Ongoing/Complete)	Assurance Committee & Chair	If reported to another group state here	Date Reported to Assurance Committee	Date Next Scheduled Visit/Renewal of Licence/Accreditation (if applicable)	Contained within CE Important Documents Log
3	Health and Safety Executive								Health and Care Standards Overarching Theme: Governance, Leadership and Accountability Theme 2: Safe Care Standard 2.1 Managing Risk and Promoting Health and Safety Theme 3: Effective Care Standard 3.5 Record Keeping							
4	11 May 2020	11 May 2020	Woodlands House	Executive	Covid Safe Workplace	HSE contacted by member of staff who had concerns that the premises was not adhering to a covid safe workplace	Information provided in relation to cleaning regimes, social distancing, occupancy, hand sanitising stations, signage and information for staff. HSE satisfied.	Head of Health and Safety	No due date	Closed	Complete	Health & Safety -Hanuk Akmal	N/A	24 November 2020	N/A	
5	3 July 2020	3 July 2020	Radiology Department - UHL	CD&T	Self Isolating Concerns	HSE contacted by member of staff, it was alleged that 3-4 confirmed positive cases of covid-19 amongst staff, and the manager had told them to still come to work and not speak to the test and trace	Information and documentation provided in relation to procedures for covid-19 confirmed staff positives. HSE satisfied with response and item closed.	Director of Quality	08 July 2020	Closed	Complete	Health & Safety -Hanuk Akmal	N/A	24 November 2020	N/A	
6	20 July 2020	20 July 2020	Medicine	Medicine	Death of staff member as a result of covid-19	HSE were acting on behalf of the coroner to investigate whether the death was a result of work related exposure and therefore reportable under RIDDOR	CB fully co-operated with investigation and provided all information as requested. HSE concluded that death was not as a result of work related exposure.	Senior Nurse	Numerous dates as on-going investigation	Closed	Complete	Health & Safety -Hanuk Akmal	N/A	24 November 2020	N/A	
7	3 November 2020	3 November 2020	Estates - UHL	Capital, Estates and Facilities	Examination Report of Steam Boiler	HSE had received examination report from competent person that defects had been identified.	HB responded advising the report followed the 5 year examination during which a fault was identified which required immediate attention and confirmed that the boiler	Director of Capital, Estates & Facilities	N/A	Closed	Complete	Health & Safety -Hanuk Akmal	N/A	5 January 2021	N/A	

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	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
	Date of Report	Date of Visit/Review	Site/Location	Clinical Board/Directorate/Specialty	Brief Description of reason for visit/Review	Summary of Findings/Recommendations	Management Response	Executive/Operational Lead	Due Date	Position as at 30 March 2021 (unless indicated otherwise by reference to receipt by Committees)	Status (Ongoing/Complete)	Assurance Committee & Chair	If reported to another group state here	Date Reported to Assurance Committee	Date Next Scheduled Visit/Renewal of Licence/Accreditation (if applicable)	Contained within CE Important Documents Log
2	11 November 2020	11 November 2020	Willowbrook Nursing Home	PCIC	Fit testing practices	HSE contacted HB with concerns in relation to fit testing reports and quality of training. Notice of contravention was issued	HB provided the HSE with an action plan to address the concerns raised. HSE are satisfied with response and NOC closed.	Interim Head of Health and Safety	07 January 2021	Closed	Complete	Health & Safety -Hanuk Akmal	N/A	24 November 2020	N/A	
8	24 February 2021	24 February 2021	Theatres - UHW	Surgery	Death of staff member as a result of covid-19	HSE were acting on behalf of the coroner to investigate whether the death was a result of work related exposure and therefore reportable under RIDDOR	CB fully co-operated with investigation and provided all information as requested. HSE concluded that death was not as a result of work related exposure and therefore not RIDDOR reportable.	Senior Nurse	11 March 2021	Closed	Complete	Health & Safety -Hanuk Akmal	N/A	30 March 2021		
9	South Wales Fire and Rescue															
10	Health and Care Standards Overarching Theme: Governance, Leadership and Accountability Theme 2: Safe Care Standard 2.1 Managing Risk and Promoting Health and Safety															
11	9 July 2019	17 June 2019	C5 UHW	Specialist Services Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included: 3 x Management 1 x Compliance		Director of Strategic Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	3 x Management - on-going 1 x Compliance - not required through internal risk assessment	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	21 January 2020		Yes
12	9 July 2019	27 June 2019	B7 UHW	Medicine Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included: 3 x Management 1 x Compliance 1 x Estates		Director of Strategic Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	3 x Management - on-going 1 x Compliance - not required through internal risk assessment 1 x Estates - completed	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	21 January 2020		Yes
13	19 July 2019	9 July 2019	West 3 Anwwen Ward UHL	Surgery Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included: 1 x Compliance 1 x Estates		Director of Strategic Planning	IN02: not complied fully but insufficient for enforcement notice. Do not intend to return.	1 x Compliance - completed 1 x Estates - completed	Complete	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	21 January 2020		Yes
14	25 September 2019	10 September 2019	Cerys Ward ICU UHL	Surgery Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included: 1 x Compliance 1 x Estates		Director of Strategic Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	1 x Compliance - completion due March 2020 1 x Estates - Completed	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	21 January 2020		No
15	8 October 2019	19 September 2019	B5 UHW	Specialist Services Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included: 3 x Management 1 x Compliance		Director of Strategic Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	3 x Management - on-going 1 x Compliance - completion due March 2020	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	21 January 2020		Yes

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	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
	Date of Report	Date of Visit/Review	Site/Location	Clinical Board/Directorate/Specialty	Brief Description of reason for visit/Review	Summary of Findings/Recommendations	Management Response	Executive/Operational Lead	Due Date	Position as at 30 March 2021 (unless indicated otherwise by reference to receipt by Committees)	Status (Ongoing/Complete)	Assurance Committee & Chair	If reported to another group state here	Date Reported to Assurance Committee	Date Next Scheduled Visit/Renewal of Licence/Accreditation (if applicable)	Contained within CE Important Documents Log
2	8 October 2019	19 September 2019	A 5 UHW	Surgery Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included: 1 x Compliance		Director of Strategic Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	1 x Compliance - completion due March 2020	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	21 January 2020		Yes
16	8 October 2019	30 September 2019	Operating Theatres UHW	Surgery Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included: 1 x Management 1 x Compliance 1 x Estates		Director of Strategic Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.	1 x Management - ongoing 1 x Compliance - completion due March 2020 1 x Estates - completion due March 2020	On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	21 January 2020		Yes
17		21 January 2020	Lansdowne Ward, St David's Hospital	Clinical Gerontology	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included: 1 x management 1 x estates		Director of Strategic Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.		On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	30 March 2021	18 months	
18		27 January 2020	Sam Davies Ward, Barry Hospital	Clinical Gerontology	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included: 2 x estates		Director of Strategic Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.		On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	30 March 2021	18 months	
19		27 January 2020	Vale Mental Health Services, Barry Hospital	Mental Health	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included: 1 x Compliance: 1 x Estates		Director of Strategic Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.		On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	30 March 2021	18 months	
20		10 February 2020	Rookwood Hospital, Artificial Limb Centre	Specialist Services Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included: 2 x Compliance: 1 x Estates		Director of Strategic Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.		On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	30 March 2021	18 months	
21	24 February 2020	19 February 2020	A6 UHW	Surgery Clinical Board	Scheduled inspections for high risk premises	Failed to comply with requirements of safety order. Schedule of works required included: 1 x Compliance 2x Estates		Director of Strategic Planning	IN01: non-compliance but insufficient for enforcement notice. May return to check works have been done.		On-going	Health and Safety - Michael Imperato	Estate and Capital issues reported to Estates and Fire Safety meeting	30 March 2021		
22																

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Report Title:	RISK REGISTER FOR HEALTH AND SAFETY			
Meeting:	Health and Safety Committee		Meeting Date:	30/03/2021
Status:	For Discussion	x	For Assurance	For Approval
Lead Executive:	Chief Executive (Interim Executive H&S)			
Report Author (Title):	Head of Health and Safety			

Background and current situation:

A Health and safety risk register was first compiled in 2013, this has since been superseded by a move to a new corporate template.

Previous departmental understanding has been that many of the health board risks are captured in other registers however, for all party's reassurance this needs to be properly assessed any gaps identified and mitigation put in place.

On review of the current register the highest residual risks are 12. There are none at 15 or higher.

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

A review of the health boards Health and Safety is due to start imminently and one of the outputs of this will be an identification of foreseeable risk which will feed back into specific risk registers including Health and Safety.

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

ASSURANCE is provided by: A review of the current register has been conducted and the status quo has been maintained in the short term. The residual risks are tolerable.

Recommendation:

The Health and Safety Committee is asked to:

- Note the contents of this report.

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Report Title:	Manual Handling and Violence & Aggression Training Compliance Project – Progress Update				
Meeting:	Health and Safety Committee			Meeting Date:	
Status:	For Discussion	✓	For Assurance	For Approval	For Information ✓
Lead Executive:	Chief Executive				
Report Author (Title):	Senior Trainer - Strategic				

Background and current situation:

The 2018/19 health and safety annual report highlighted a decline in training compliance for all classroom based courses for manual handling and Violence & Aggression (delivered by the Health and Safety department), and also that staff in the UHB were unnecessarily repeating e-learning modules.

This prompted a need to review the current training provision in order to adapt to the changing needs of the UHB, ensuring that staff are competent to undertake their duties, therefore minimizing the likelihood of incidents and injuries occurring.

This project's overall aim is to improve training compliance for both Manual Handling and Violence & Aggression, and will focus on the following 5 key areas in order to achieve this;

1. The booking process and ESR
2. The training Model
3. The Link worker system
4. Reporting
5. Communication

Work has progressed in each of the key areas as summarized below;

1. **The booking process and ESR** – H&S and LED have been working closely together to ensure that ESR has the correct competencies matched to staff and that the courses are recorded correctly. ESR Self-serve (online booking) has now been introduced for all manual handling and violence and aggression courses.
2. **The training Model** – some change ideas have been implemented, however COVID-19 has meant that most standard training courses were stopped (to accommodate COVID bespoke manual handling and the training team began face fitting). Standard training courses have now started to be reintroduced however with limited numbers per course.
3. **The Link worker system** – a decision was made to stop the current LW system as of the 1st Sept 2020 and re-introduce a new Workplace competency assessor system in Spring 2021 with an improved governance and support structure in place
4. **Reporting** – H&S attendance training stats continue to be shared with clinical boards at their H&S meetings, however a new H&S monthly dashboard style report will now be generated containing H&S training stats and will be shared to a wider audience across the UHB
5. **Communication** – a communications plan for the H&S department is under development, and captures all of the ideas generated through this work stream to progress

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Please refer to Appendix 1 for an executive summary project report
Please refer to Appendix 2 for the current compliance rate compared to the start of the project.

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

Phase 1 of the project was undertaken in 2019 where scoping discussions were held with key staff to generate a complete picture of the current provision on offer, and to generate ideas on what changes could be made to improve compliance.

Phase 2 of the project has been actioning the implementation plan of change ideas (as summarized in Appendix 1).

Whilst there have been improvements to training compliance since the project commenced (as shown in Appendix 2), training compliance levels have started to show a decline. Throughout 2020/21, COVID-19 has had an impact, with the H&S training staffing resource being re-allocated to face fitting sessions, and delivering short bespoke COVID manual handling training.

These COVID courses did not credit staff with 'competencies' on ESR, and therefore this level of training did not improve training compliance, plus most staff attending these sessions were Temporary staff.

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

Ensuring that Cardiff and the Vale UHB staff have receive the correct level of training in order to fulfill their duties is of great importance, however the project continues to progress at a steady pace with the resource available and confines of COVID restrictions.

The important areas to measure going forward will be;

- The new Workplace competency assessor system and the number of Training Frequency Assessments being completed
- The impact of ESR Self-serve
- Improving the accuracy of the training needs analysis on ESR
- The H&S team Communication plan
- All remaining change ideas being implemented as appropriate

The project has used the UHB Cavhub model, using recommended project templates and recording its progress on Verto. The project lead is working closely with the Improvement and Innovation team on this.

Please note that Module D training has not been included in this training compliance project, as this level of training is delivered by the S.I.M.A. team in the Mental Health Clinical Board.

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Recommendation:

The Health and Safety Committee is asked to:

- Note the progress the project has made to date, and support the suggested direction of travel noted in Appendix 1
- To share the project’s progress and recommendations that come out of the discussions with the Executive team

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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Five Ways of Working (Sustainable Development Principles) considered

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

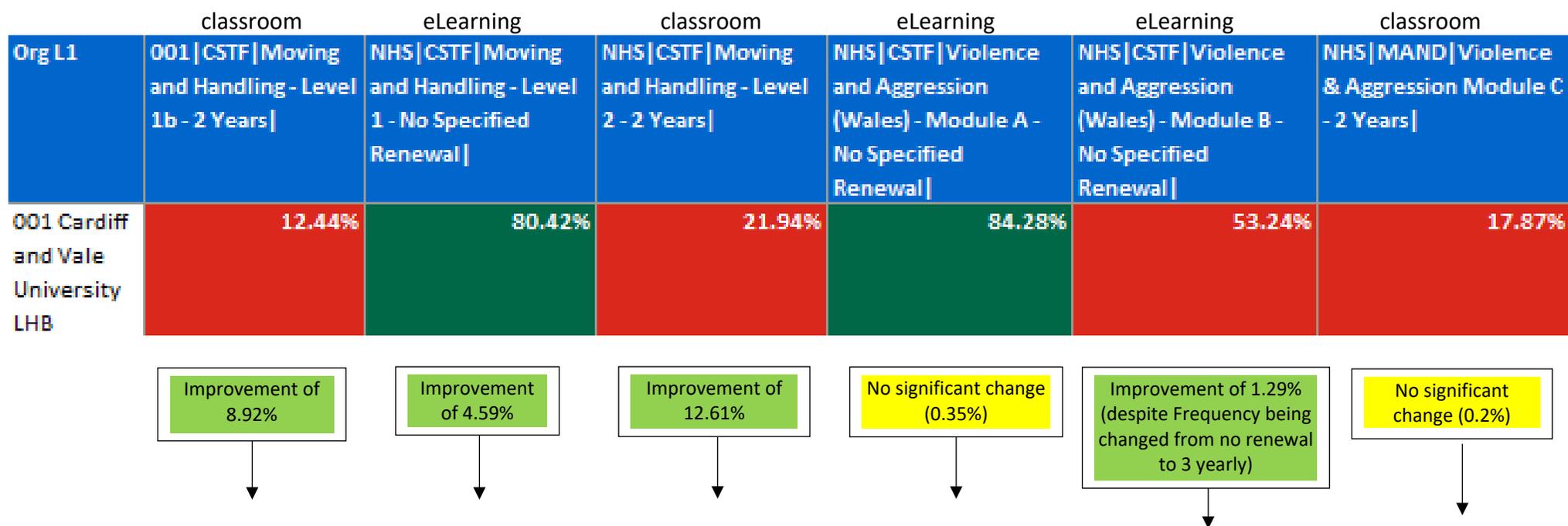
Prevention		Long term		Integration		Collaboration		Involvement	
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Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>
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Appendix 2

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



Training compliance 10th **December 2020** (phase 2 in progress – change ideas continue to be implemented, however COVID-19 is starting to have an impact)

	classroom	eLearning	classroom	eLearning	eLearning	classroom
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
001 Cardiff and Vale University LHB	21.36%	85.01%	34.55%	83.93%	54.53%	18.07%

Detailed compliance figures by clinical board (report generated on 28-1-21) – as predicted, training compliance appears to be deteriorating due to COVID

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
	Object handling	Introduction to MH	Patient handling	Introduction to V&A	V&A theory & de-escalation skills	V&A breakaway techniques
	Classroom	E-learning	Classroom	E-learning	E-learning	Classroom
001 Cardiff and Vale University LHB - UHB TOTAL	20.56%	83.74%	32.75%	53.66%	54.66%	18.51%
001 All Wales Genomics Service	20.00%	94.31%			66.42%	55.26%
001 Capital, Estates & Facilities	13.56%	84.84%			61.41%	3.64%
001 Children & Women Clinical Board	49.22%	89.78%	24.85%	50.00%	59.10%	24.19%
001 Clinical Diagnostics & Therapeutics Clinical Board	22.78%	90.44%	44.08%	100.00%	63.57%	20.43%
001 Corporate Executives	50.00%	86.73%	29.51%	100.00%	61.04%	14.81%
001 Medicine Clinical Board	0.00%	81.23%	33.39%	58.33%	44.86%	17.46%
001 Mental Health Clinical Board	33.33%	85.11%	24.81%	77.78%	49.23%	42.74%
001 Primary, Community Intermediate Care Clinical Board	33.33%	74.50%	33.53%		59.43%	19.79%
001 Specialist Services Clinical Board	17.54%	80.66%	34.00%	12.50%	46.11%	11.74%
001 Surge Hospitals		33.33%				
001 Surgical Services Clinical Board	21.77%	77.18%	36.24%	33.33%	51.24%	6.92%

Annual Update Report

Update 1

Date: 30/03/2021

Exec Summary: The project has continued at a steady pace during 2020, introducing 36 change ideas on how to improve training compliance. This has resulting in an improvement, however there are 25 more change ideas to be implemented in 2021

Headline measures for this year: the frequency of training is every 2 years, therefore the impact of reducing the training being offered during 2020 due to COVID will become more evident over the coming months

Overall Programme Report

Programme Lead	Rob Warren/Catherine Salter	Programme Status	 The project continues to progress at a steady pace	Next Major Milestone:	Implement the remaining 22 change ideas
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Done 2020/21:	Targets for 2021:
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- 75 change ideas were generated in phase 1
- 11 items were deemed no longer applicable and were consequently removed
- 6 items were merged with other change ideas
- 16 change ideas are currently being implemented
- A communication plan has been developed to raise the profile of the H&S department across the UHB (including its training provision) and incorporates several of the change ideas generated from this project which will be progressed through that work stream
- 20 change ideas were successfully introduced, such as introducing online booking via ESR self-serve, creating a more accurate training needs analysis on ESR, moving theory online and reducing the duration of some courses

- 22 change ideas are yet to be introduced
- These include 'large ticket items' such as the implementation of the new workplace competency assessor system, a review of the training model currently in place (course type, duration, frequency), and to continue working with managers to ensure ESR accurately reflects the current training needs of their staff

Major Programme Risk:	Mitigating Action:	Decision / Intervention required from Execs:
------------------------------	---------------------------	---

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Responding to increased demands of the training team due to COVID 2. Staff not being released from workplaces to attend training | <ol style="list-style-type: none"> 1. To undertake a UHB wide risk assessment to justify the reduced training provision due to COVID 2. Whilst this is out of the H&S team's control, efforts can be made to ensure training is fit for purpose |
|--|---|

- Note the progress made to date despite COVID and a change in management
- Support the targets for 2021

● Not started
 ● On Track
 ● At Risk
 ● Off Track
 ● Complete

Report Title:	Fire Enforcement Compliance and Management Report March 2021				
Meeting:	Health and Safety Committee			Meeting Date:	30/03/2021
Status:	For Discussion	For Assurance	<input checked="" type="checkbox"/>	For Approval	For Information
Lead Executive:	Executive Director Responsible for Fire Safety				
Report Author (Title):	Senior Fire Safety Officer				

Background and current situation:

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

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

Once a fire safety audit is completed SWFRS will either confirm that all relevant fire safety matters are satisfactory or if not issue a written notice detailing all fire safety deficiencies that are 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), an Enforcement Notice (a serious breach of fire safety standards), an Informal Notice (IN01- fire safety deficiencies that are deemed not so serious to warrant enforcement action and time limited, usually twelve months) or they may issue an Informal Notice (IN02 - advisory fire safety deficiencies no time limit). The FSA04 is also an official notice that confirms the standard of fire safety appeared to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 at the time of audit, no further action is therefore required to be taken by the Local Fire and Rescue Authority.

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

This paper provides an update on the progress and actions relating to four key fire safety compliance and management duties i.e.

1. **Enforcing Authority Audits**
2. **Fire Incidents and Unwanted Fire Signals (UwFS's)**
3. **Fire Risk Assessments**
4. **Training**

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(See **Appendix 1** – Pages 3 to 9 **Essential Supporting Documentation**)

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

- Assurance is provided by the continuation of the undertaking of Fire risk assessments identifying remedial works to building fabric
- Management actions identified during the fire risk assessment being fed back to Head of Health & Safety as Fire safety manager for dissemination to the deputy fire safety managers within each Clinical Board
- Monitoring of the Fire safety training

RECOMMENDATION

The Committee is asked to:

- **Note** to content of the report
- **Support** the ongoing work being undertaken to ensure fire safety 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	
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.

Essential Supporting Documentation

1. Enforcing Authority Audits

There were no prohibition, enforcement or informal notices issued during this reporting period to end February 2021.

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

2.1 Fire incidents

It is very pleasing to report that there has been no fire incident recorded in this reporting period.

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.

In February there were 26 UwFS's PAN Estate and figures for the previous rolling 12 months were 282 giving an mean average of 23.5 UwFS's per month. This figure is a reflection of the size and age of our fire alarm and detection system and the complexity of our largest sites however we have seen a decline in these figures over the preceding years with a significant reduction in 2020 on the back of a similar reduction in 2019. This reporting period has seen a huge reduction in false alarms attended by the fire service due to a reduced workforce, reduced numbers of contractors on site and fewer visitors attending our premises PAN estate as a consequence of the National emergency. (See Table 1 and 2 below)

Table 1

Performance Indicators for Cardiff & Vale University HB for UwFS's between 01/02/2021 and 28/02/2021 Unwanted Fire Signals only (attendance by Fire Brigade)

Hospital	UwFS only	Actuation devices	Grade
Hafan Y Coed	2	1274	Performance level 1
Llandough Hospital	3	5843	Performance level 1
Rookwood Hospital	2	425	Performance level 1
University Hospital of Wales	19	19000	Performance level 1
Totals	26	27000	

Table 2

Performance Indicators for Cardiff & Vale University HB for UwFS between 01/03/2020 and 28/02/2021. (Unwanted Fire Signals only (attendance by Fire Brigade))

Hospital	UwFS's only	Actuation devices	Grade
Barry Hospital	11	562	Performance level 1
Cardiff Royal Infirmary	9	2000	Performance level 1
Hafan Y Coed	23	1274	Performance level 1
Llandough Hospital	69	5843	Performance level 1
Rookwood Hospital	6	425	Performance level 1
St David's Hospital (Cardiff)	2	600	Performance level 1
University Hospital of Wales	162	19000	Performance level 1
Totals	282	30200	

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 455 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 or service or staff.

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

3.1 The 4 most common management findings 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 findings 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 findings 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

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Currently we have 16 assessments overdue and 39 ward based assessments that have been put back due to Covid 19.

4.0 Fire Training

Data supplied by Workforce Information for 1st February 2020 – 31st January 2021

Table 3

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	246	173	70.33%
All Wales Genomics Service Total		246	173	70.33%
Capital, Estates & Facilities Total		1307	572	43.76%
Children & Women	Children's Hospital For Wales	893	504	56.44%
Children & Women Total		2299	1399	60.85%
Clinical Diagnostics & Therapeutics Total		2370	1511	63.76%
Corporate Executives Total		861	501	58.19%
Medicine Total		1874	957	51.07%
Mental Health Total		1543	809	52.43%
Primary, Community Intermediate Care Total		1353	701	51.81%
Specialist Services Total		2017	1155	57.26%
Surgical Services Total		2349	1225	52.15%
Grand Total		16219	9003	55.51%

The compliance figures outlined in Table 3 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 55.51% of staff received fire training in the previous 12 month period ending 31st October 2020.

Mandatory fire training sessions at UHW & UHL conducted by members of the Fire Safety Team are organised by LED, with information in relation to venues, dates and times being available on the intranet. Whilst it is acknowledged that the current training figures above are the best C&V UHB have ever achieved to date further initiatives to try to increase this figure are being proposed.

Requests to members of the Fire Safety Management Team from managers to carry out on-site training will be accommodated where 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 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 on page 6 show some worrying trends.

Table 4 - 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
Clinical Total		6495	7716	8148
Non-Clinical	Face to Face	859	989	642
	Online e-Learning	1353	1705	2138
Non-Clinical Total		2212	2694	2780

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 4 above represent only 67.03% of the total establishment 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 5 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.

Of the 67% in year 2019-20 that were compliant Table 4 above shows that only 2780 staff or 27% actually attended a face to face session. When the numbers of staff who were non-compliant are included i.e. 5174 the compliance figure is significantly reduced i.e. only 18% of all staff are compliant more worryingly only 14.3% of clinical staff are truly compliant in attending a face to face session in 2019-20 (See Table 7 on Page 9, Exemplar training needs matrix).

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I 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 6 Page 7&8 shows the numbers of staff attending Face to Face training this financial year to date being 505.

Data supplied by Workforce Information for **1st April 2019 to 31st March 2020**

Table 5

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

Data supplied by the Fire Safety Management Team

Table 6

Venue	Date	Requestor	Dept	Type	Trainer	Nos 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
S&S UHW	29/09/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stuart Rookes	20
S&S UHW	01/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stephen Bennett	17
S&S UHW	06/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stuart Rookes	13
S&S UHW	08/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stephen Bennett	9
S&S UHW	08/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stuart Rookes	7
S&S UHW	14/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stuart Rookes	15

S&S UHW	16/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stuart Rookes	13
S&S UHW	21/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stephen Bennett	9
S&S UHW	23/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stephen Bennett	16
S&S UHW	26/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stephen Bennett	9
S&S UHW	30/10/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Stuart Rookes	15
S&S UHW	03/11/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Mal Perrett	18
Rookwood	09/11/2020	Pat Grundon	Physiotherapy	Fire Safety Training	Stuart Rookes	7
Rookwood	09/11/2020	Pat Grundon	Physiotherapy	Fire Safety Training	Stuart Rookes	7
S&S UHW	19/11/2020	LED	Various	Corporate Induction	Stephen Bennett	7
S&S UHW	11/11/2020	Nicola Giles	Health Care Workers	Fire Safety Training	Ben Perrett	10
S&S UHW	23/11/2020	LED	Various	Corporate Induction	Stephen Bennett	15
S&S UHW	27/11/2020	LED	Various	Corporate Induction	Ben Perrett	15
Cochrane Building	01/12/2020	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	6
Cochrane Building	08/12/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	10
Cochrane Building	11/12/2020	Nicola Giles	Health Care Workers	Fire Training	Ben Perrett	13
Dental Lecture Theatre	16/12/2020	Emma Stone	Dental	Fire Warden Training	Stephen Bennett	11
Cochrane Building	17/12/2020	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	10
Cochrane Building	18/12/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	13
Cochrane Building	21/12/2020	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	14
Cochrane Building	06/01/2021	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	10
Cochrane Building	07/01/2021	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	16
Cochrane Building	12/01/2021	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	13
Cochrane Building	20/01/2021	Nicola Giles	Health Care Workers	Fire Training	Ben Perrett	10
Cochrane Building	25/01/2021	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	16
Cochrane Building	01/02/2021	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	11
Cochrane Building	08/02/2021	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	9
Dental	18/02/2021	Emma Stone	Dental	Fire Training	Stuart Rookes	27
MS Teams	18/02/2021	Nicky Punter	Health Care Workers	Fire Training / via Teams	Ben Perrett	19
Cochrane Building	19/02/2021	Nicola Giles	Health Care Workers	Fire Training	Stuart Rookes	11
Cochrane Building	24/02/2021	Nicola Giles	Health Care Workers	Fire Training	Stephen Bennett	11
Dental	25/02/2021	Emma Stone	Dental	Fire Training	Stephen Bennett	6
						Total 505

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Welsh Health and Technical Memorandum – 05-01 Managing Healthcare Fire Safety

Table F1 Page 18 - Exemplar training needs matrix

Table 7

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) 45 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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Operational Health and Safety Group
16th December 2020 at 13.30
MS Teams

Present:

Martin Driscoll
 Phil Mackie
 Mal Perrett
 Rachael Sykes
 Maxine Gronow
 Sue Bailey
 Caroline Murch
 Jonathan Davies
 Stuart Egan

In attendance:

Jane Bennett

1	<p>Revised Health and Safety Departmental Arrangements</p> <p>MD welcomed everyone to the meeting.</p> <p>Since the last meeting the new Head of Health and Safety has successfully been recruited. Robert Warren (who currently works for BOC) is a long standing Health and Safety Practitioner. Robert commences in the first week of February and will have a planned induction.</p>
2	<p>Apologies for Absence</p> <p>Apologies were received from: Rachael Daniel, Clare Wade, Rowena Griffiths, Janice Aspinall, Nicola Bevan and Jon McGarrigle.</p>
3	<p>Minutes of the Operational Health and Safety Group – 27 October 2020</p> <p>The minutes of 27 October were accepted as an accurate record.</p>
4	<p>Action Log</p> <p>Items to be covered on the agenda.</p>
5	<p>Feedback from Health and Safety Committee</p> <p>The last Health and Safety Committee had been cancelled due to the ongoing pandemic. The next Committee meeting will be in January. Received report – change of chairs got stood down by Health and Safety Chair.</p>
6	<p>Enforcement Agencies Correspondence</p> <p>CM reported correspondence received regarding Woodland House. Assurance confirmed.</p>

	<p>HSE contacted UHB in June regarding the death of a member of staff. The information requested was provided in November.</p> <p>Radiology at UHL – member of staff self-isolating, effective TTP in place. No further action.</p> <p>FIT testing – PCIC received correspondence with notice of contravention. FIT testing training and action plan being put in place to be submitted by 7 January 2021.</p> <p>HSE correspondence regarding steam boiler at UHL – all action completed.</p> <p>HSE site visit regarding asbestos – completed.</p> <p>Riddor/covid incidents – SE asked for clarification on what should be reported to HSE. MD to ask RD to update SE.</p> <p>Action: RD to update SE separately and then report back to next meeting.</p> <p>RS added that the All Wales Protocol and Rapid Assessment Form is being used and is also attending all outbreak meetings.</p> <p>PM reported that he had contacted contractor to revisit UHL in August and there were no issues to report.</p>
7	<p>RIDDOR Incidents</p> <p>MD confirmed that as there was <u>(edit) limited clinical board attendance, and no clinical boards in attendance had Riddor items to discuss (edit made after 03/2021 meeting to agreed change to reflect discussion)</u>, the information to be gleaned in accompanying reports.</p> <p>PM advised that Capital and Estates had previously reported an incident regarding a member of Y Gegin staff who fell from the steps at the back of the UHW main building. She sustained three fractures in her leg, foot and ankle. She is recovering well but cannot remember much about it. The steps were investigated but no fault found apart from being wet from the rain at the time.</p> <p>MD requested that support is in place for this member of staff.</p>
8	<p>Health and Safety Training</p> <p><u>(edit) RS advised that the department is continuing to deliver manual handling and violence & aggression training. There is still emergency covid manual handling training for new ward staff and if they are to remain in substantive posts then the full foundation course will need to be completed as no competencies are achieved. Training compliance is low which is likely to be due to staff pressures and the ability to release staff for training. (edit made after 03/2021 meeting to agreed change to reflect discussion).</u></p>

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9	<p>Report on Claims</p> <p>As KL was not present, Claims Report to be carried forward to next meeting.</p>
10	<p>Fire Safety Report</p> <p>MP gave a quick update from the past three months. There had been 107 unwanted fire signals during the last quarter. One minor incident (small fire) in Unit 5, Penarth Road.</p> <p>Fire Safety Training figures have dropped to 70%. Have undertaken a Fire Warden training course with social distancing, using sanitisers and wipes etc.</p> <p>Fire Systems resolved at Lakeside wing.</p>
11	<p>Personal Protective Equipment Cell Update</p> <p>JD reported that it has been a very busy period regarding non-disposable / disposable supply of PPE.</p> <p>Fit testing is still continuing and very busy in second wave. This is provided centrally over 4 - 5 days. 5-10% of staff unable to FIT. Power units being discontinued as a unit's life span is around 3-5 years. Maintenance for devices remain in use till end of the unit's life.</p> <p>This has involved a lot of H&S staff to provide fit testing and asked for further discussion about providing additional resource going forward.</p> <p>MD advised that if we need external resource, then we will have to go ahead.</p> <p>RS advised that she had contacted all Clinical Boards and has a database with FIT testers in each of them. A lot of these staff are clinical.</p> <p>MD thanked JD and all the team and acknowledge their work.</p>
12	<p>Clinical Boards Health and Safety Group Feedback</p> <p>SB advised that CD&T have seen an increase in covid-positive staff. There have been two outbreaks in Health Records, with three members of staff in the same office. In Radiology two members of staff in the MRI mobile unit at UHL. Rapid Assessment Forms have been completed.</p> <p>SB also reported that laptops have been procured to allow Medical Records staff to work from home, but have found it difficult getting them imaged by IT staff.</p> <p>MD reported that IT had been raised in LPF and will pick up with them.</p> <p>MG reported that additional laptops had been purchased. There has been an increase in covid-positive staff and isolating. There has been some suspension of services in the Vale.</p>

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	MG also reported that there had been an outbreak at the Splott Mass Vaccination Centre with nine members of staff covid-positive.
13	<p>Health Issues</p> <p>MD reported on the work of the Covid-19 Strategic Wellbeing Group which meets on a weekly basis. This group looks at improving areas for staff to rest. A Safe Haven is to be set up at the Lakeside Wing for UHW staff to use. Areas on other sites are being looked at as well. A Click and Collect refreshment/snack service for clinical staff is going to be trialled. There is lots of work going on with financial support from the Health Charity.</p> <p>As this was MD's last meeting, he thanked everyone for all they had done over the year and reported that staff have been exceptional.</p>
14	<p>Date and Time of Next Meeting</p> <p>Wednesday 10 March 2021 09:30</p>

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Report Title:	Committee Annual Report 2020/21					
Meeting:	Health & Safety Committee				Meeting Date:	30.03.21
Status:	For Discussion	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Approval	<input type="checkbox"/>
					For Information	<input checked="" type="checkbox"/>
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Corporate Governance Officer					

Background and current situation:

The purpose of the report is to provide Members of the Health & Safety Committee with the information of the attached Annual Report which was submitted to Board for approval on 25th March 2021. The Annual Report was reviewed by the Committee Chair prior to the Board Meeting.

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 provides assurance to the Board that this is the case.

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

The Committee has achieved an overall attendance rate of 83.5% and has met on four occasions during the year.

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

The attached Annual Report 2020/21 of the Health & Safety Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

Recommendation:

The Health & Safety Committee is asked to:

NOTE the Annual Report 2020/21 of the Health & Safety Committee.

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

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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.





GIG
CYMRU
NHS
WALES

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

Annual Report of Health and Safety Committee 2020/21

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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 2020 to 31 March 2021. This is in line with its Terms of Reference. April was a special meeting. The Health and Safety Committee achieved an attendance rate of 83.5% (80% is considered to be an acceptable attendance rate) during the period 1st April 2020 to 31st March 2021 as set out below:

	30/04/2020	24/11/2020	05/01/2021	30/03/2021	Attendance
Akmal Hanuk (Chair)	Y	Y	Y	Y	100%
Michael Imperato	Y	Y	Y	Y	100%
Dawn Ward	Y	Y	N	N	50%
Total	100%	100%	67%	67%	83.5%

Please note that Independent Member Dawn Ward left her position in January 2021.

4.0 Terms of Reference

The Terms of Reference were reviewed and approved by the Committee on 5th January 2021 and were **approved by the Board on 25th March 2021**

5.0 Work Undertaken

30th April 2020

April was a special meeting held to discuss concerns around Personal Protective Equipment (PPE).

The Committee was advised that it would be aware of the media coverage surrounding the shortage of PPE and were given assurance that PPE was not a concern for the UHB.

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The Committee was advised that in relation to stock availability, the procurement department had been exceptional in procuring supplies of PPE equipment. The Executive Nurse Director added that whilst, on occasion the UHB had been low on stock, on the whole there had been very good stock levels throughout the pandemic.

The Committee was advised that 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 are a number of standing agenda items discussed at every Committee meeting, these being:

Enforcement Agency Reports, Fire Enforcement and Management Compliance Reports, Updated Health and Safety Related Policy Schedules, Minutes from the Operational Health and Safety Group and Environmental Health Inspection Reports.

There were two additional agenda items discussed at the November and March meetings, these being:

Risk Register for Health and Safety and the Health and Safety Training Update.

Enforcement Agencies Reports

24th November 2020

The Committee was advised that there were 4 new issues since the last meeting, those being;

- (i) Covid safe workplace – Woodlands House
- (ii) Death of a member of staff as a result of Covid.
- (iii) Self-isolating concerns – Radiology Department, University Hospital Llandough
- (iv) Fit testing within a Nursing Home

The Committee was informed that the Health and Safety Executive (HSE) had received a complaint from a member of staff in relation to Woodland House not being a Covid safe workplace. The HSE requested information in relation to cleaning regimes, information provided to staff and monitoring arrangements. The HSE were informed of the measures being undertaken to keep the workplace safe and were satisfied that no further action was to be taken.

The HSE were investigating whether the member of staff who had died had acquired covid-19 through work related exposure. A group of relevant personnel was formed to pull together the requested information which was provided to the HSE.

The HSE contacted the Health Board in relation to a concern that had been raised with them by a member of staff in the Radiology Department, UHL, where it was alleged that there had been 3 – 4 confirmed positive cases of covid-19 amongst staff, and the manager had told them

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to still come to work and not to speak to the test and trace service as he did not want anyone self-isolating.

This concern was fully investigated by the Clinical Board and a number of documents were provided to the HSE, following receipt of the documentation the HSE confirmed no further action would be taken.

The PCIC Clinical Board received communication from the HSE in relation to face fit testing practices in a Nursing Home, following a response to this communication, the HSE followed the matter up with the Health and Safety Department and remained under investigation.

5th January 2021

The Committee was advised that since November's meeting there had been 1 new correspondence from the HSE in relation to a steam boiler at University Hospital Llandough (UHL). It was examined by a competent person and found to have 1 defect. The Health Board responded to the HSE and there had been no correspondence since so it was assumed that the case was closed.

The Committee was advised that there had been 2 updates for noting since the last meeting:

- 1) HSE had investigated the death of a member of staff who had tested positive for Covid-19. Since the report had come out a formal update had been provided by HSE who noted that it was not RIDDOR reportable so they did not consider it a work-related death. The item was closed.
- 2) Communication from the HSE on the 11th November 2020 in relation to face fit testing practices in a Nursing Home. A meeting took place with the IPC Department on 20th November 2020 to address the concerns raised by the HSE.

30th March 2021

To be discussed

Fire Enforcement and Management Compliance Reports

24th November 2020

The Committee was informed that Covid-19 was having an impact on a number of areas.

It was reported that unwanted fire signals had reduced as a direct result of decreased footfall on the sites and to date there had been 69 calls whereas 12 months ago it had been 260.

There were also a small number of fire risk assessments that were unable to be completed as they were in Covid-19 red areas and therefore access was restricted.

The Committee was advised that whilst electronic training had seen an improvement, face to face training had reduced significantly.

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5th January 2021

The Committee was advised that there had been no activity in terms of audits from the enforcing authority as they had been preoccupied during the Covid-19 pandemic.

The Committee was advised that there had been a decrease in unwanted fire signals and that there had been a reduction in fire activity across all sites.

The Committee was advised that in regards to fire training there was online training available but unfortunately there was a statutory obligation for clinical teams to have face to face training on an annual basis and that this was a significant issue, particularly given that it was an issue before COVID-19 due to staffing levels.

The Committee was advised that additional staff had been brought in which included ex fire safety officers who would be manning the helideck at the University Hospital of Wales (UHW) and would provide cover for the Lakeside Wing.

The Committee was advised that there had been pressures on Portering and Security services who were part of the firefighting team. A number of staff had been in self-isolation, shielding and reduced numbers in that area meant bringing in support from Cardiff airport in relation to the staffing of the helideck.

30th March 2021

To be discussed at the March Meeting.

Updated Health and Safety Related Policies Schedules

24th November 2020

The Committee was advised that a number of Health and Safety Policies were out of compliance. This had been discussed at the Operational Health and Safety Group where it was agreed to seek approval from the Committee to extend the review period by a maximum of 18 months. The Committee was advised that there were no immediate concerns in relation to any of the policy content.

5th January 2021

The Committee was advised that at the last Health and Safety meeting it was noted that a number of policies were out of date and needed review. It had been advised that there would be a 12 to 18-month extension due to the ongoing Covid-19 pandemic.

The Committee was given assurance that the policies that had not been reviewed did not have any major content that required change and that the policies remained valid.

The Committee was advised that a new policy around Protective Personal Equipment (PPE) was being looked at and that it would be presented at the Committee's March meeting.

30th March 2021

To be discussed

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Environmental Health Inspection Reports

24th November 2020

The Committee was advised that no inspections had taken place since March 2020, although these were due to be recommenced in the near future.

5th January 2021

The Committee was advised that Environmental Health were not prioritising inspections and that there had not been any inspections since March 2020. There was also no indication of when they would recommence.

The Committee was advised that the Health and Safety team were still doing what should be done if inspections had continued and had appointed an Environmental Health Officer who would be undertaking internal audits and making sure that nothing fell by the wayside.

30th March 2021

To be discussed

During the financial year 2020/21, the Health and Safety Committee also reviewed the following key items at its meetings:

24th November 2020

- **Discretionary Capital Compliance**

The Committee was informed that estates compliance was initially reviewed in 2013 where there had been 41 areas of compliance in the red at the time and the Board had supported a programme of works to address these. It was reported that there had been a significant improvement and there were now only 6 areas of non-compliance. The Committee was informed that an annual spend of £3.5 million was spent on inspections and testing.

5th January 2021

- **Priority Improvement Plan**

The Committee was advised that the Priority Improvement Plan (PIP) needed a complete overhaul and that the work would be taken by the new Head of Health and Safety who was due to start in February 2021.

The PIP would be in line with the risk register and would be fully reviewed to look at where the organisation was when coming out of the COVID-19 pandemic.

- **Committee Terms of Reference & Work Plan for 2021-22**

The Committee was advised that there were very few changes for the next financial year and that the Deputy Chief Operating Officer (DCOO) had been added to the work plan as the Executive Lead.

The Committee was advised that it was currently under review as to whether it should remain a Committee of the Board and noted that if it did not remain it would likely report into the

Quality, Safety and Experience Committee or the Strategy and Delivery Committee and the Terms of Reference would require amendment to take that into account.

30th March 2021 – To be discussed

- **Health and Safety overview**
- **Lone Worker Devices Report**
- **Regulatory and Review Body Tracking Report**

6.0 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.

7.0 Opinion

The Committee is of the opinion that the draft Health and Safety Committee Report 2020/21 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.

Akmal Hanuk
Committee Chair

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