

# Health & Safety Committee Meeting

Tue 05 January 2021, 09:00 - 10:00

## Agenda

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### 1. Welcome & Introductions

Akmal Hanuk

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### 2. Apologies for Absence

Akmal Hanuk

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### 3. Declarations of Interest

Akmal Hanuk

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### 4. Minutes of the Committee meeting held on 24th November 2020

Akmal Hanuk

 04. Minutes of Meeting 24 November 2020.NF.pdf (7 pages)

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### 5. Action Log following the meeting held on 24th November 2020

Akmal Hanuk

 05. Action Log.NF.pdf (1 pages)

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### 6. Chair's Action taken since last meeting.

Akmal Hanuk

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### 7. Items for Review and Assurance

#### 7.1. Health and Safety Policies Schedules

Rachael Daniel

 7.1 Agenda Item - Policy Schedule Covering Report AF.pdf (2 pages)

 7.1 Agenda Item - Policy Schedule.NF.pdf (6 pages)

#### 7.2. Priority Improvement Plan

Rachael Daniel

Verbal Update

#### 7.3. Fire Enforcement Report


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*Geoff Walsh*

 7.3 Fire Enforcement Compliance and Management Report December 2020.pdf (9 pages)

## **7.4. Enforcement Agencies Report**

*Rachael Daniel*

 7.4 Agenda Item - Enforcement Agency Report.pdf (3 pages)


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## **8. Items for Approval/Ratification**

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

*Nicola Foreman*

 8.1 Health and Safety ToR and Work Plan covering report.pdf (2 pages)

 8.1 Terms of Reference - January 2020.pdf (8 pages)

 8.1 Health and Safety Committee Work Plan 19.20.pdf (1 pages)

### **8.2. Sub Committee Minutes:**

*Martin Driscoll*

i. Operational Health and Safety Group - 27th October 2020

 8.2 Agenda Item - Operational Health and Safety Group Minutes October 2020.pdf (6 pages)


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## **9. Items for Noting and Information**

### **9.1. Self-assessment of Committee Effectiveness & Forward Action Plan**

*Nicola Foreman*

 9.1 Self Assessment of Committee Effectiveness.pdf (2 pages)

 9.1 Appendix 1 Committee Effectiveness Results.pdf (9 pages)

 9.1 Appendix 2 Committee Effectiveness Action Plan.pdf (2 pages)

### **9.2. Environmental Health Inspection Report**

*Geoff Walsh*

**Verbal Update**

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

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## **11. Review of the Meeting**

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

30th March 2021 via MS Teams

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**UNCONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE HELD ON 24  
NOVEMBER 2020  
VIA TEAMS**

**Present:**

Akmal Hanuk	AK	Independent Member – Local Community (Committee Chair)
Michael Imperato	MI	Independent Member – Legal
Rhian Thomas	RT	Independent Member – Capital and Estates (Vice Chair)
Dawn Ward	DW	Independent Member – Trade Union

**In Attendance:**

Janice Aspinall	JA	Staff Safety Representative
Julie Cassley	JC	Deputy Director of Workforce and OD
Rachael Daniel	RD	Interim Head of Health and Safety
Stuart Egan	SE	Staff Safety Representative
Nicola Foreman	NF	Director of Corporate Governance
Geoff Walsh	GW	Director of Estates, Capital and Facilities

**Secretariat:**

Rachael Daniel	RD	Interim Head of Health and Safety
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**Apologies:**

Martin Driscoll	MD	Director of Workforce and OD
Carol Evans	CE	Assistant Director of Patient Safety and Quality
Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Fiona Kinghorn	FK	Director of Public Health

**HSC:  
20/11/001**

**WELCOME AND INTRODUCTIONS**

The Committee Chair (CC) welcomed everyone to the meeting. The CC thanked Independent Member – Legal (IML) for previously chairing the Committee and welcomed Independent Member – Capital and Estates who was undertaking the role of Vice Chair (VC) to the Committee.

The CC also noted Mr Charles Dalton's contribution to the Committee over many years and wished him well for his retirement. He also noted that the Director of Workforce and OD (DWOD) who has executive responsibility for health and safety would be leaving the Health Board in February 2021.

**ACTION**

**HSC:  
20/11/002**

**APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

**HSC:  
20/11/003**

**DECLARATIONS OF INTEREST**

	<p>The Chair invited Committee Members to declare any interest in the proceedings included in the agenda. None were declared.</p>	
<p><b>HSC: 20/11/004</b></p>	<p><b>MINUTES OF PREVIOUS MEETING</b></p> <p>The minutes of the Health and Safety Committee held on the 21<sup>st</sup> January 2020 and 30<sup>th</sup> April 2020 were reviewed.</p> <p><b>The Committee resolved – that:</b></p> <p>The Committee approved the minutes of the meetings held on 21<sup>st</sup> January 2020 and 30<sup>th</sup> April 2020.</p>	
<p><b>HSC: 20/11/005</b></p>	<p><b>COMMITTEE ACTION LOG</b></p> <p>The Committee reviewed the action log from the meeting held on the 21<sup>st</sup> January 2020.</p> <p>HSC: 20/01/008 – The IML advised at the meeting in January it was discussed that the terms of reference were to be reviewed to reflect the strategic intentions of the Committee. The terms of reference would then also determine the work programme of the committee.</p> <p>The Director of Corporate Governance (DCG) advised she would circulate the Terms of Reference to the committee.</p> <p><b>The Committee resolved – that:</b></p> <p>(a) The action log and updates in it were received and noted.</p>	<p><b>NF</b></p>
<p><b>HSC: 20/11/006</b></p>	<p><b>CHAIRS ACTION TAKEN SINCE LAST MEETING</b></p> <p>The CC informed the Committee he did not have anything to report.</p>	
<p><b>HSC: 20/11/007</b></p>	<p><b>ANNUAL REPORT OF THE HEALTH AND SAFETY COMMITTEE</b></p> <p>The DCG explained the annual report was in relation to year ending 2019/20 but due to the Health and Safety Committee being stood down during Covid this was the 1<sup>st</sup> opportunity to bring to the Committee. The DCG added the secretariat of the Committee would now be overseen by the governance team so that it could be treated the same as all other Committees.</p> <p>The Independent Member – Trade Union (IMTU) stated attendance by Executive Directors was key and the membership should be looked at as part of the terms of reference review. The IML stated the Executive Director was not always the best placed person to give updates on statutory issues.</p> <p>The VC queried whether incident data was considered by the Committee on a regular basis. The IML advised that the Committee</p>	

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	<p>considers incident data, statutory reports, and training and when setting the agenda for the meeting, themes within the statutory framework were considered.</p> <p>The IMTU observed that during the last 12 months the Committee were lacking sight of strategic high risks, and whilst the role of the Committee was that of assurance an open mind was also required in respect of key operational risks.</p> <p>The Director of Capital, Estates and Facilities (DCEF) added it was refreshing for members of his team to present their services and associated risks to the committee.</p> <p>The DCG advised she would ensure the right input was received in relation to the terms of reference and work plan.</p> <p><b>The Committee resolved that:</b></p> <p>(a) The terms of reference would be circulated for discussion at the January meeting.</p> <p><b>RISK REGISTER FOR HEALTH AND SAFETY</b></p> <p>The DCG advised the risk register would be reviewed with the DWOD.</p> <p><b>The Committee resolved that:</b></p> <p>(a) The update was noted.</p>	NF
HSC: 20/11/008	<p><b>HEALTH AND SAFETY TRAINING UPDATE</b></p> <p>The Interim Head of Health and Safety (IHS) informed the Committee that health and safety classroom training had been re-introduced, however the number of courses offered were limited due to the pandemic and the demands that it was placing on the health and safety team. In addition, course numbers had been reduced to allow for social distancing. As a result compliance for classroom based (practical skills) remains low.</p> <p>The IHS added on a risk priority basis resources were being diverted to foundation courses (new starters) as opposed to update/refresher training. The IMTU agreed with this approach as the risks to new staff would potentially be greater than those to existing staff.</p> <p>The IMTU acknowledged the health and safety training team had excelled during these extraordinary times with regards to the amount of training that had been delivered in a short period of time particularly at the height of the pandemic.</p> <p>The IMTU also raised her concern that Link Worker training had been suspended, The IHS explained this was due to the process being</p>	NF/MD
HSC: 20/11/009		

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reviewed to ensure it was fit for purpose for the needs of the Health Board and assured her it was not covid related.

The IML reflected on the discussions at the January 2020 meeting where it was imparted that more bespoke training to reflect individuals roles was being pursued, so that staff would then only undertake relevant training and considered this was key to improving compliance.

**The Committee resolved that:**

- (a) The report was noted.
- (b) An update be presented to the January meeting in respect of the progress of bespoke training.

MD

HSC:  
20/11/010

**ENFORCEMENT AGENCIES REPORT**

The IHS informed the Committee there were 4 new issues since the last meeting, these 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 IHS informed the Committee the Health and Safety Executive had received a complaint from a member of staff in relation to Woodland House 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 no further action was to be taken.

In relation to the death of a member of staff the HSE were investigating as to whether the member of staff 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 outcome of the investigation is awaited.

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 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 had subsequently followed

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up with the Health and Safety Department and this was currently being investigated.

The VC queried how reporting was normally made to the HSE. The IHS clarified that the majority of reporting was through RIDDOR reporting, however members of staff can contact the HSE directly with any health and safety concerns they may have.

**The Committee resolved that:**

- (a) The report was noted.
- (b) Agreed that appropriate actions were being pursued to address the issues raised.

**HSC:  
20/11/011**

**FIRE ENFORCEMENT AND MANAGEMENT COMPLIANCE  
REPORT**

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

Unwanted fire signals had reduced as a direct result of decreased footfall on the sites, 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 restricted.

The DCEF added whilst electronic training had seen an improvement, face to face training had reduced significantly. He added the Fire Advisers were still doing face to face training however the numbers attending were very low.

The IMTU commended to the DCEF and his team in relation to the risk assessment position, however she was concerned at the low training compliance. The CC queried whether an external arrangement could be utilised to improve the compliance. The DCEF stated he did not have a concern in relation to resources to deliver training, the issue was that specific arrangements were made with clinical areas and then staff would fail to attend.

The VC was curious as to why staff would not turn up as there was no cost implication to the Clinical Boards. The DCEF advised that pre covid Clinical Boards would be held accountable by the Executives as part of the Executives' challenge.

The IHS informed the Committee charges were introduced for manual handling and violence and aggression DNAs, this was due to the number of complaints received that courses were full and then approximately 50% of course participants would fail to attend, she added the charges had been suspended during the pandemic.

The IMTU stated that the clinical boards need to be held to account and whether internal enforcement notices should be explored.

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**The Committee resolved that:**

- (a) The report was noted.

**HSC:  
20/11/012**

**DISCRETIONARY CAPITAL COMPLIANCE**

The DCEF informed the Committee 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. The DCEF reported there had been a significant improvement and there were now only 6 areas of non-compliance. He also added there was annual spend of 3.5 million on inspections and testing.

The IMTU stated there had been a vast improvement since 2013 however was however concerned at the non-compliance in relation to the helipad. The DCEF assured the Committee that the helipad underwent daily checks as per the operational procedures and the non-compliance was in relation to documentation as opposed to an operational nature.

**The Committee resolved that:**

- (a) The report was noted.
- (b) Agreed that appropriate actions are being taken to address the issues raised.

**HSC:  
20/11/013**

**UPDATED HEALTH AND SAFETY RELATED POLICIES  
SCHEDULE**

The IHS informed the Committee 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 IHS assured the Committee that there were no immediate concerns in relation to any of the policy content.

The DCG agreed this was a sensible approach and requested that an extra column be added to the schedule detailing when the policies would now be reviewed.

**RD**

**The Committee resolved that:**

- (a) The updated schedule be noted.
- (b) The out of compliance policies be extended for a maximum of 18 months.

**OPERATIONAL HEALTH AND SAFETY GROUP**

**The Committee resolved that:**

- (a) The minutes of the Operational Health and Safety Group held in March 2020 be ratified.

**HSC:  
20/11/014**

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**HSC:  
20/11/015**

## **ENVIRONMENTAL HEALTH INSPECTION REPORTS**

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

### **The Committee resolved that:**

- (a) The update was noted.

**HSC:  
20/11/016**

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

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

## **REVIEW OF MEETING**

The CC welcomed comments from the Committee. The Committee considered the review of the terms of reference to be critical to the working of the Committee going forward.

**HSC:  
20/11/017**

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

Tuesday 5<sup>th</sup> January 2020 at 9.00am via TEAMS

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**ACTION LOG**  
**FOLLOWING HEALTH AND SAFETY COMMITTEE MEETING**  
**24<sup>th</sup> NOVEMBER 2020.**

REF	SUBJECT	AGREED ACTIONS	LEAD	DATE	STATUS/COMMENTS
<b>Actions Completed</b>					
<b>HSC: 19/10/007</b>	Health and Safety Training	Update to be provided to the next meeting	M Driscoll	24/11/20	<b>COMPLETE</b> On November agenda
<b>HSC: 20/01/018</b>	Staff Welfare Facilities	Signs be removed from staff restaurants in relation to only consuming food bought on the premises	G Walsh	22/01/20	<b>COMPLETE</b> Signs have been removed
<b>Actions in Progress</b>					
<b>HSC: 19/10/009</b>	HSE Inspection	Chair to be informed of date of inspection	R Daniel	21/01/20	No date at time of writing <b>Update required from R Daniel</b>
<b>HSC: 20/01/008</b>	Terms of Reference	Terms of Reference to be reviewed	N Foreman	05/01/21	On agenda item 8.1
	Risk Register	Risk Register to be reviewed	R Daniel / M Driscoll	05/01/21	On agenda item 7.2
<b>HSC: 20/11/009</b>	Training Progress	An update to be presented in respect of the progress of bespoke training.	M Driscoll	05/01/21	On agenda item 7.4
<b>Actions referred to other Committees/Board</b>					

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<b>Report Title:</b>	Health and Safety Policies Schedule						
<b>Meeting:</b>	Health and Safety Committee				<b>Meeting Date:</b>	05/01/21	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	✓	<b>For Approval</b>		<b>For Information</b>
<b>Lead Executive:</b>	Executive Director of Workforce						
<b>Report Author (Title):</b>	Interim Head of Health and Safety						

### Background and current situation:

The Health and Safety Committee at each of its meetings receives the updated policies schedule so that they are assured all policies are reviewed and approved in a timely manner.

During the current pandemic the Health and Safety Committee was stood down and policies that were due for review in 2020 were therefore unable to follow due process.

At the meeting in November 2020 the Committee were assured that those policies which were now out of compliance had not materially changed and the content was still relevant and current. The Committee agreed these policies could formally be extended for a maximum period of 18 months to allow for them to be appropriately reviewed and consulted upon.

The schedule now includes the revised review date for those policies that are currently out of date.

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

Assurance is provided to the Health and Safety Committee that all policies are regularly reviewed and those which are currently out of compliance are still current and relevant.

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

Whilst some policies are out of compliance their content is still relevant and current and the risk to the Health Board is low.

### 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	✓	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 <a href="#">here</a> for more information			
Prevention		Long term	
		Integration	
		Collaboration	
		Involvement	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.		



GIG  
CYMRU  
NHS  
WALES

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

### UPDATED HEALTH AND SAFETY RELATED POLICIES SCHEDULE

POLICY	UHB REFERENCE NO	AUTHOR/LEAD RESPONSIBLE OFFICER	SUBMISSION TO HEALTH & SAFETY COMMITTEE	APPROVAL DATE	REVIEW DATE	EXTENDED REVIEW DATE
Health & Safety	UHB 021	Head of Health and Safety	July 2016	November 2016 (Board approval)	November 2019	April 2021
Safe Working with Electricity	UHB 208	Director of Capital, Estates and Facilities	January 2017 (3rd review)	January 2017	January 2020	April 2021
Management of Violence & Aggression	UHB 035	Personal Safety Adviser	April 2017 (3rd review)	April 2017	April 2020	April 2021
Lone Worker	UHB 034	Health and Safety Adviser	April 2017 (3rd review)	April 2017	April 2020	April 2021
Minimal Manual Handling	UHB 036	Manual Handling Advisers	April 2017 (3rd review)	April 2017	April 2020	April 2021
Waste Management	UHB 038	Waste and Compliance Manager	April 2017 (3rd review)	April 2017	April 2020	April 2021

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NHS  
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Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

POLICY	UHB REFERENCE NO	AUTHOR/LEAD RESPONSIBLE OFFICER	SUBMISSION TO HEALTH & SAFETY COMMITTEE	APPROVAL DATE	REVIEW DATE	COMMENTS
Water Safety (previously Control of Legionella)	UHB 091	Estate Asset Manager	April 2017	April 2017	April 2020	April 2021
First Aid at Work	UHB 093	Head of Health and Safety	July 2017 (3rd review)	July 2017	July 2020	July 2021
Sharps Management Policy	UHB 269	Head of Health and Safety	July 2017 (2 <sup>nd</sup> review)	July 2017	July 2020	July 2021
Incident, Hazard and Near Miss Reporting	UHB 138	Head of Health & Safety	July 2017 - previously Quality & Safety (2 <sup>nd</sup> review)	July 2017	July 2020	July 2021
Management of Asbestos	UHB 072	Director of Capital, Estates and Facilities	July 2018 (3rd review)	July 2018	July 2021	
Fire Safety	UHB 022	Director of Capital, Estates and Facilities	July 2018 (3rd review)	July 2018	July 2021	
Latex Allergy	UHB 127	Health and Safety Adviser	January 2019 (3rd review)	January 2019	January 2022	
Environmental	UHB 143	Director of Capital, Estates and Facilities	January 2019 (3rd review)	January 2019	January 2022	
Closed Circuit Television (CCTV)	UHB 303	Director of Capital, Estates and Facilities	January 2019 (3 <sup>rd</sup> review)	January 2019	January 2022	

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

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

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Working Time Procedure	UHB 168	Business Manager, Workforce & OD/Unison	People, Performance & Delivery	Approved May 2019	May 2022	Going to EPSG on 15 May for approval
Domestic Abuse, Violence against Women & Sexual Violence Procedure	UHB 167	Senior HR Policy & Compliance Officer	People, Performance & Delivery	March 2015	March 2018	Currently linking in with Safeguarding hopefully out for consultation within the next month
Management of Stress & Mental Health Wellbeing in the Workplace	UHB 071	Employee Wellbeing	July 2014 (2nd review)	Approved January 2019	January 2022	Agreed at Strategy and Delivery Committee 5/3/19 this would now be procedure under the Employee Health and Wellbeing Policy

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

(1) LED Policy

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

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<b>Report Title:</b>	<b>Fire Enforcement Compliance and Management Report December 2020</b>					
<b>Meeting:</b>	<b>Health and Safety Committee</b>			<b>Meeting Date:</b>	<b>05/01/2021</b>	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	✓ <b>For Approval</b>		<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Director Responsible for Fire Safety</b>					
<b>Report Author (Title):</b>	<b>Senior Fire Safety Officer</b>					

### Background and current situation:

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 to the committee that all identified fire enforcement compliance, estates and management matters are being appropriately managed safely and within applicable financial constraints to enable C&V UHB to fulfil its legal duty to minimise the risk of reputational damage to as low as reasonably practicable.

## RECOMMENDATION

The Committee is asked:

- To consider on-going efforts to meet the requirements of fire safety enforcement action

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

Saunders, Nathan  
01/04/2018 11:48:29

Kind and caring  
Caredig a gofalon

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

## Essential Supporting Documentation

### 1. Enforcing Authority Audits

There were no prohibition, enforcement or informal notices issued during this reporting period i.e. 01/09/2020 to 30/11/2020.

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

#### 2.1 Fire incidents

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

On Friday 2<sup>nd</sup> October at 10:30 a minor fire incident occurred at Unit B5, West Point Industrial Estate, Penarth Road, where a high bay ceiling light overheated. The departmental manager followed the correct procedures in terms of calling the fire service and evacuating the premises. However additional advice was given to staff to inform the UHB switchboard as well as calling the fire service to enable members of the Estates team to attend and check that the premises are safe to re-occupy.

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

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

During this reporting period there has been 106 UwFS's PAN Estate (See Table 1 below). Since March there has been a leveling off of false alarms due to a reduced workforce, reduced numbers of contractors on site and fewer visitors attending our premises as a consequence of the National emergency.

**Table 1**

**Performance Indicators for Cardiff & Vale University HB for UwFS's between 01/09/2020 and 30/10/2021 Unwanted Fire Signals only (attendance by Fire Brigade)**

Hospital	UwFS's only	Actuation devices	Grade
Barry Hospital	3	562	Performance level 1
Cardiff Royal Infirmary	5	2000	Performance level 1
Hafan Y Coed	10	1274	Performance level 1
Llandough Hospital	35	5843	Performance level 1
Rookwood Hospital	2	425	Performance level 1
University Hospital of Wales	51	18500	Performance level 1
<b>Totals</b>	<b>106</b>	<b>27604</b>	

### 3. Fire Risk Assessments

The principle fire safety legislation relevant to all UHB premises is the Regulatory Reform (Fire Safety) Order 2005 (FSO) and is enforced by the Local Fire Authority. To be compliant with this legislation a Fire Risk Assessment must be completed for every building or ward or department. Currently there are 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 of service or staff.

The findings of the risk assessments are divided into three areas of responsibility: Estates and Compliance findings are managed and resolved by 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

Currently 7 fire risk assessments are overdue and 18 assessments have been put back due to access restrictions to Covid wards.

Saunders Nathan  
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## 4.0 Fire Training

Data supplied by Workforce Information for 1<sup>st</sup> September 2020 – 30<sup>th</sup> November 2020

**Table 2**

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	243	172	70.78%
<b>All Wales Genomics Service Total</b>		<b>243</b>	<b>172</b>	<b>70.78%</b>
<b>Capital, Estates &amp; Facilities Total</b>		<b>1267</b>	<b>763</b>	<b>60.22%</b>
<b>Children &amp; Women Total</b>		<b>2299</b>	<b>1427</b>	<b>62.07%</b>
Clinical Diagnostics & Therapeutics	Clinical Diagnostics and Therapeutics Management	6	6	100.00%
<b>Clinical Diagnostics &amp; Therapeutics Total</b>		<b>2360</b>	<b>1573</b>	<b>66.65%</b>
<b>Corporate Executives Total</b>		<b>858</b>	<b>494</b>	<b>57.58%</b>
<b>Medicine Total</b>		<b>1865</b>	<b>945</b>	<b>50.67%</b>
<b>Mental Health Total</b>		<b>1534</b>	<b>773</b>	<b>50.39%</b>
<b>Primary, Community Intermediate Care Total</b>		<b>1089</b>	<b>657</b>	<b>60.33%</b>
<b>Specialist Services Total</b>		<b>1996</b>	<b>1143</b>	<b>57.26%</b>
<b>Surgical Services Total</b>		<b>2375</b>	<b>1267</b>	<b>53.35%</b>
<b>Establishment Grand Total</b>		<b>15886</b>	<b>9214</b>	<b>58.00%</b>

The compliance figures outlined in Table 2 above relate to a rolling 12 month period, the fire safety e-learning package, classroom, locality based & Fire Warden training. All fire safety training records are recorded on the staff personal records Electronic Staff Records (ESR) database. LED collates all statistical information in relation to Fire Training and notifies workforce development. It can be seen that 58% of staff received fire training in the previous 12 month period ending 30<sup>th</sup> November 2020.

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

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

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

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

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

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

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

		Financial Year		
Staff category	Delivery Mode	2017-18	2018-19	2019-20
Clinical	Face to Face	1967	2553	2238
	Online e-Learning	4528	5163	5910
<b>Clinical Total</b>		<b>6495</b>	<b>7716</b>	<b>8148</b>
Non-Clinical	Face to Face	859	989	642
	Online e-Learning	1353	1705	2138
<b>Non-Clinical Total</b>		<b>2212</b>	<b>2694</b>	<b>2780</b>
<b>Overall Compliance</b>		<b>65.32%</b>	<b>67.89%</b>	<b>67.00%</b>

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

Table 3 above shows that in March 2018 the overall fire training compliance was 65.32%. In 2019 it was 67.89% and in 2020 it was 67.0%. It should be noted that the total figures in Table 3 above represent only 67.00% of the total establishment at the time of reporting (see Table 4 Page 7).

**The majority of clinical staff are mandated to attend a face to face session annually**  
 (See Table 6 on Page 9, Exemplar training needs matrix).

In year 2019-20 the UHB employed 15691 (See Table 4 on Page 7) of which 10,517 staff were recorded as receiving some form of fire safety training and 5174 i.e. 33% were recorded as receiving no fire safety training of any kind and were therefore non-compliant with 67% being compliant.



Of the 67% in year 2019-20 that were compliant Table 3 above shows that only 2780 staff or 27% actually attended a face to face session. When the 33% staff who were non-compliant are included in the total i.e. 5174 the 27% compliance figure is significantly reduced revealing only 18% of all staff were compliant. More worryingly only 14.3% of clinical staff were actually compliant in attending a face to face session in 2019-20

**It is clear that these figures reveal an alarming non-compliance of the UHB statutory duty in respect of face to face fire safety training.** It should also be noted that a complete suspension of classroom based training was introduced in March due to Covid 19. Therefore it must be expected that the above compliance figures will be further reduced for 2020-21. In an attempt to offset these figures the fire safety management team has delivered a relatively small number of face to face sessions when the requester has guaranteed social distancing and all other safety measures are in place. Table 5 Page 8 shows the numbers of staff attending face to face training this financial year to date. In addition the fire safety team have worked with LED to design, deliver the roll out of advertised MS Teams fire safety training. It is anticipated that this form of training will commence in early February 2021.

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

**Table 4**

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	235	179	76.17%
<b>All Wales Genomics Service Total</b>		<b>235</b>	<b>179</b>	<b>76.17%</b>
Capital, Estates & Facilities	Capital Planning & Admin	46	44	95.65%
<b>Capital, Estates &amp; Facilities Total</b>		<b>1212</b>	<b>885</b>	<b>73.02%</b>
<b>Children &amp; Women Total</b>		<b>2318</b>	<b>1634</b>	<b>70.49%</b>
Clinical Diagnostics & Therapeutics	Clinical Diagnostics and Therapeutics Management	7	6	85.71%
<b>Clinical Diagnostics &amp; Therapeutics Total</b>		<b>2371</b>	<b>1808</b>	<b>76.25%</b>
Corporate Executives	Chief Executive Officer	45	25	55.56%
<b>Corporate Executives Total</b>		<b>842</b>	<b>596</b>	<b>70.78%</b>
<b>Medicine Total</b>		<b>1852</b>	<b>1042</b>	<b>56.26%</b>
<b>Mental Health Total</b>		<b>1500</b>	<b>1013</b>	<b>67.53%</b>
Primary, Community Intermediate Care	Localities Cardiff North West	273	211	77.29%
<b>Primary, Community Intermediate Care Total</b>		<b>1066</b>	<b>749</b>	<b>70.26%</b>
<b>Specialist Services Total</b>		<b>1893</b>	<b>1207</b>	<b>63.76%</b>
Surgical Services	ENT & Dental Hospital	496	358	72.18%
<b>Surgical Services Total</b>		<b>2402</b>	<b>1404</b>	<b>58.45%</b>
<b>Establishment Grand Total</b>		<b>15691</b>	<b>10517</b>	<b>67.00%</b>
<b>Non-compliant total</b>				
<b>15691 – 10517 = 5174</b>				
<b>i.e. 33.00%</b>				

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**Data supplied by the Fire Safety Management Team**

**Table 5**

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
						<b>Total 347</b>

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

**Table F1 Page 18 - Exemplar training needs matrix**

**Table 6**

<p>Key:</p> <p>a = upon commencement of work in an area</p> <p>x = upon commencement of work for the organisation</p> <p>12 = 12-month interval between training</p> <p>24 = 24-month interval between training</p> <p>36 = 36-month interval between training</p> <p>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.</p> <p>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.</p>	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*

AF

Appendix F Developing the training needs analysis

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

81

Saunders Nathan  
01/04/2021 14:48:29

<b>Report Title:</b>	Enforcement Agencies Correspondence						
<b>Meeting:</b>	Heath and Safety Committee				<b>Meeting Date:</b>	05/01/2021	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	✓	<b>For Approval</b>		<b>For Information</b>
<b>Lead Executive:</b>	Executive Director of Workforce						
<b>Report Author (Title):</b>	Interim Head of Health and Safety						

### Background and current situation:

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

Since the last Health and Safety Committee Meeting 1 new issue has been raised relating to enforcement by the Health and Safety Executive (HSE).

#### 1 Examination Report - Horizontal Steam Boiler 1, University Hospital Llandough

##### Examination Report – Horizontal Multi-Tubular Steam Boiler 1, University Hospital Llandough

The Health Board received communication from the HSE dated 3<sup>rd</sup> November 2020 in relation to the Pressure Systems Safety Regulations 2000.

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.

The Health Board responded to the HSE on 24<sup>th</sup> 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 signed off by the competent person from British Engineering Services.

The Estates Department have also reviewed their maintenance regime in light of this and found that all maintenance was carried out as per guidelines and all their personnel are BOAS trained. All annual checks are carried out by British Engineering services. No further correspondence has been received from the HSE.

### The following additional updates should also be noted:

#### Death of Member of Staff

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

All requested information is with the HSE and the outcome of this investigation is awaited.

### Fit Testing in Nursing Home

As reported in the November meeting, the PCIC Clinical Board received communication from the HSE on the 11<sup>th</sup> November in relation to face fit testing practices in a Nursing Home, following a response to this communication, the HSE has followed up with the Health and Safety Department.

A meeting took place with the IPC Department on 20<sup>th</sup> 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.

An action plan is being developed to address the above issues and will be forwarded to HSE by their deadline of 7<sup>th</sup> January 2021.

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

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

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

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

### **Recommendation:**

The Health and Safety Committee is asked to:

- **NOTE** the content of this report

### **Shaping our Future Wellbeing Strategic Objectives**

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
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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	
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>			
Prevention		Long term	
		Integration	
		Collaboration	
		Involvement	
<b>Equality and Health Impact Assessment Completed:</b> Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>			

Saunders Nethen  
01/09/2021 14:48:39

Kind and caring  
Caredig a gofudgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

<b>Report Title:</b>	<b>Health and Safety Committee Terms of Reference and Work Plan for 2021-22</b>					
<b>Meeting:</b>	Health and Safety Committee				<b>Meeting Date:</b>	05.01.2021
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	x <b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Corporate Governance</b>					
<b>Report Author (Title):</b>	<b>Director of Corporate Governance</b>					

### Background and current situation:

It is good governance and good practice for Committees of the Board to review their Terms of Reference on an annual basis. It is also important for Committees to have an appropriate plan of work in place to provide assurance to the Board that all areas detailed within the Terms of Reference are reviewed and considered.

The Terms of Reference for the Health and Safety Committee were not reviewed last year due to Covid 19 and the Committee was stood down from routine reporting. However, the Terms of Reference were still in place from the previous year's review.

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

This Committee is currently under review as to whether it should remain a Committee of the Board however, this will be decided before the end of the financial year. If it does remain a Committee of the Board then there will be up to date Terms of Reference and a work plan for 2021-22 in place. If it does not remain a Committee of the Board it will likely report into the Quality, Safety and Experience Committee and the Terms of Reference will require amendment to take this into account.

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

Having up to date Terms of Reference and a work plan in place mitigates the risk to Health and Safety and ensures that the Board received appropriate assurance on the statutory requirements of Health and Safety within Cardiff and Vale University Health Board.

### Recommendation:

For the Health and Safety Committee to recommend approval to the Board of the attached Terms of Reference and Work Plan for 2021-22.

Saunders Nathan  
01/04/2021 14:48:29



## 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	x	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	x	Long term	x	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.*

Saunders Mathen  
01/09/2021 14:48:39

Kind and caring  
Caredig a gofudus

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol





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

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

# Health and Safety Committee

## Terms of Reference

**Reviewed by the Health and Safety Committee:  
5<sup>th</sup> January 2021**

**Approved by the Board: 25<sup>th</sup> March 2021**

Saunders, Nathan  
01/04/2021 14:48:29

# Health and Safety Committee

## Terms of Reference

### 1. INTRODUCTION

- 1.1 The Cardiff and Vale University Health Board (UHB) Standing Orders provide that: “The Board may and, where directed by the Welsh Government must, appoint Committees or sub Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.
- 1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the Health and Safety Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The organisation has a statutory obligation by virtue of the Health and Safety at Work Act 1974 to establish and maintain a Health and Safety Committee:
  - “Section 2 sub section 7 : “it shall be the duty of every employer to establish in accordance with Regulations (i) a safety committee having the function of keeping under review measures taken to ensure the health and safety of his employees and such other functions as prescribed”.

### 2. PURPOSE

- 2.1 The purpose of the Health and Safety Committee (“the Committee”) is to:

Advise and assure the Board and the Accountable Officer on whether effective arrangements are in place to ensure organisational wide compliance of the UHB Health and Safety Policy, approve and monitor delivery against the Health and Safety Priority Improvement Plan and ensure compliance with the relevant Standards for Health Services in Wales.

This will be achieved by encouraging strong leadership in health and safety, championing the importance of a common sense approach to motivate focus on core aims distinguishing between real and trivial issues.

Saunders, Nathan  
01/04/2021 14:48:29

- 2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where and how, its Health and Safety management may be strengthened and developed further.

### **3. DELEGATED POWERS AND AUTHORITY**

- 3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon the adequacy of assurance arrangements and processes for the provision of an effective Health and Safety function encompassing:

- Staff Health and Safety
- Premises Health and Safety
- Violence and Aggression (inc. Lone Working and Security Strategy)
- Fire Safety
- Risk Assessment
- Manual Handling
- Health, Welfare, Hazard Substances, Safety Environment
- Patient Health and Safety – Environment Patient Falls, Patient Manual Handling
- Staff healthy lifestyle/health promotion activities
- Staff health and well-being

- 3.2 The Committee will support the Board with regard to its responsibilities for Health and Safety:

- approve and monitor implementation of the Annual Health and Safety Priority Improvement Plan;
- review the comprehensiveness of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the UHB's activities, both clinical and non clinical;
- the consideration and approval of policies as determined by the Board.

- 3.3 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- objectives set out in the Health and Safety Priority Improvement Plan are on target for delivery in line with agreed timescales;
- standards are set and monitored in accordance with the relevant Standards for Health Services in Wales
- proactive and reactive Health and Safety plans are in place across the UHB
- policy development and implementation is actively pursued and reviewed
- where appropriate and proportionate, health and safety incident and ill health events are investigated and action taken to mitigate the risk of future harm

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- reports and audits from enforcing agencies and internal sources are considered and acted upon
- workforce, health, security and safety issues are effectively managed and monitored via relevant operational groups
- employee health and wellbeing activities are in place in line with the UHB commitment to be a public health practicing organisation and corporate health standards
- employee health and safety competence and participation is promoted
- decisions are based upon valid, accurate, complete and timely data and information

### **Authority**

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

### **Access**

3.6 The Chair of the Health and Safety Committee shall have reasonable access to Executive Directors and other relevant senior staff.

3.7 The Head of Health and Safety shall have unrestricted access to the chair of the Health and Safety Committee

### **Sub Committees**

3.8 The Committee may, subject to the approval of the UHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

3.9 There are no formal Sub-Committees of the Health and Safety Committee but the Committee will receive copies of the minutes of the Operational Health and Safety Group, Fire Safety Group, Security and

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Personal Safety Strategy Group and the Water Safety Group as part of its assurance framework.

## **4. MEMBERSHIP**

### **Members**

4.1 A minimum of three (3) Members, comprising:

Chair	Independent member of the Board.
Vice Chair	Independent member of the Board.
Members	A minimum of 1 other Independent member of the Board

### **Attendees**

4.2 The following officers to be in attendance:

- **Deputy Chief Operating Officer**
- Director of Corporate Governance
- Executive Director of Workforce and Organisational Development
- Executive Director of Public Health
- Executive Director of Therapies and Health Sciences
- Executive Director of Strategic Planning
- Head of Health and Safety
- Director of Capital, Estates and Facilities
- Assistant Director of Patient Safety and Quality
- Chair of Staff Health and Safety Group plus 2 other staff health and safety representatives
- Director, Occupational Safety, Health and Environment Unit, Cardiff University
- Community Health Council representative

Other Directors or nominated deputies should attend from time to time as required by the Committee Chair.

4.3 By invitation:

The Committee Chair may extend invitations to appropriate persons to attend Committee meetings as required from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration at each meeting.

### **Secretariat**

4.4 Secretary: as determined by the Director of Corporate Governance.

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## **Member Appointments**

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Assembly Government.
- 4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair.

## **Support to Committee Members**

- 4.7 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
  - ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

## **5. COMMITTEE MEETINGS**

### **Quorum**

- 5.1 At least two Independent Members one of which must be the Chair of Vice Chair of the Committee.

### **Frequency of Meetings**

- 5.2 Meetings shall be held no less than 4 times per year and otherwise as the Chair of the Committee deems necessary – consistent with the UHB's annual plan of Board Business.

### **Withdrawal of individuals in attendance**

- 5.3 The Committee may require any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **6. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the

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quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports, as well as the presentation of an annual report;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example, AGM, or to community partners and other stakeholders, where this is considered appropriate, for example, where the Committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

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## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- **Quorum**

## **9. REVIEW**

- 9.1 These terms of reference and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Board.

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Health and Safety Committee Work Plan 2021-22					
A -Approval D- discussion I - Information	Exec Lead	mar-21	jul-21	okt-21	jan-22
Agenda Item					
Standard Items					
Priority Improvement Plan	CB	D	D	D	D
Fire Enforement Report	CB	D	D	D	D
Environmental Health Inspector Report	CB	D	D	D	D
Enforcement Agencies Report	CB	D	D	D	D
Waste Management Compliance Report	CB		D		D
Lone worker Devices Report	CB	D		D	
Regulatory and Review Body Tracking Report	CB	D		D	
Risk Register for Health and Safety	CB	D	D	D	D
Standards for Health Services in Wales relevant to Health and Safety	CB				D
Strategies					
Pedestrian Safety Strategy	CB				A
Health and Safety Strategy	CB	A			
Annual Reports					
Health and Safety Annual Report	CB		A		
Fire Safety Annual Report	CB			A	
Policies					
Health and Safety Policy	CB			A	
Latex Alergy Policy	CB				A
Closed Circuit Television Policy	CB				A
Contractor Control Policy	CB		A		
Security Services Policy	CB	A			
Safe working with Electricity Policy	CB				A
Environmental Policy	CB				A
Governance					
Annual Work Plan	NF				A
Self assessment of effectiveness	NF		D		
Induction Support for Committee Members	NF				
Review Terms of Reference	NF				A
Produce annual Health and Safety Committee Annual Report	NF				A
Minutes of Health and Safety Committee Meeting	NF	D	D	D	D
Action log of Health and Safety Committee Meeting	NF	D	D	D	D

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Cardiff and Vale  
University Health Board

**MINUTES OF THE OPERATIONAL HEALTH AND SAFETY GROUP HELD AT  
2PM on TUESDAY 27<sup>th</sup> OCTOBER 2020 – MS TEAMS**

**Present:**

Martin Driscoll	Executive Director of Workforce and O D
Rachael Daniel	Interim Head of Health and Safety
Claire Mahoney	Infection Prevention and Control
Jon McGarrigle	Estates Services
Phil Mackie	H&S and Asbestos Manager Estates Services
Karen Lewis	Claims Department
Mal Perrett	Senior Fire Adviser
Nicky Bevan	Senior Occupational Health Nurse
Rachael Sykes	Health and Safety Adviser

**Clinical/Service Board Representatives**

Rhodri John	Women and Children
Mark Bennion	Surgery
Maxine Gronow	PCIC
Matthew Price	Specialist
Rowena Griffiths	Dental Services
Sue Bailey	CD&T

**Apologies:**

Clare Wade	Surgery
Caroline Murch	Environmental Health and Safety Adviser
Ian Wile	Mental Health
Jonathan Davies	Health and Safety Adviser
Janice Aspinall	Staff Representative
Lisa Dunsford	PCIC
Rhys Davies	PCIC
Stuart Egan	Staff Representative
Yvonne Hyde	IP&C

**In Attendance:**

Zoe Brooks	Health and Safety
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**OHSG: 20/20 Minutes of the Meeting held March 2020**

The minutes of the meeting held on the 3<sup>rd</sup> March 2020 were accepted as a true account without amendment.

**OHSG: 21/20 Revised Health and Safety Departmental Arrangements**

The Chair highlighted that during the period The Head of Health and Safety Mr Charles Dalton had retired. The Chair re-iterated Mr Dalton's valuable contribution to the Health Board over the years and wished him well. It was reported that Ms



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Rachael Daniel had taken up the position of Interim Head until a replacement had been found; recruitment process has been initiated.

## **OHSG: 22/20 Covid -19**

### **22/20.1 Incidents Investigation Status**

The Interim Head of Health and Safety informed the Group that there was one ongoing Health and Safety Executive (HSE) investigation involving a member of staff. It was noted that this was a very challenging investigation due to the situation being new to both the Health Board and the HSE. The Group were informed that requested information had been sent to the HSE and the Health Board was waiting for an outcome.

The Chair queried whether other Health Boards were in a similar situation and expressed the importance of information sharing.

The Interim Head of Health and Safety stated that she was not aware of any other Health Boards in this situation, however reported that meetings with the Health Boards Claims Manager had taken place to discuss this incident and lessons learnt.

The Claims Manager also highlighted that as part of this meeting the first IP claim for exposure was discussed. It was noted that the Health Board had received its first claim from a member of staff as a result of exposure to Covid-19; as this was a new claim further investigation and information was needed, however it was hopeful that the Health Board would be in a position to defend this. To be updated at next meeting. **Action KL**

It was also reported by the Senior Occupational Health Nurse that they had also received their first claim for stress and anxiety as a result of redeployment due to Covid-19; a request for further information had been pursued.

### **22/20.2 Social distancing**

Interim Head of Health and Safety re-iterated the importance of the management of social distancing. It was highlighted that useful information was available via the Covid-19 Intranet pages and Clinical Boards were asked to ensure that managers were managing own areas and ensuing risk assessments and appropriate signage were in place.

The Senior Occupational Health Nurse reported that that there was a test trace and protect system in place and also highlighted that non clinical areas were showing as problematic areas for social distancing.

The Chair asked the Clinical Board representatives to take this back and continue to be aware and remind teams.

## **OHSG: 23/20 Enforcement Agencies Correspondence Report**

The Group were informed of an unexpected visit by the HSE at Llandough in late August 2020. It was noted that the HSE was unhappy with how easily accessible it was for them to gain access to what they thought was a Covid-19 ward.

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The Health and Safety & Asbestos Manager for Estates reported that information required had been sent to the HSE, however had not received had any correspondence since. Update on outcome to be given at next meeting. **Action PM**

No other HSE correspondence reported during the period.

### **OHSG: 24/20 RIDDOR Incident Statistics**

The report was noted and accepted by the Group.

The Health and Safety Adviser – Ms R Sykes gave an overview of the report, highlighting that during April 2020-30<sup>th</sup> Sep 2020 39 reportable incidents were recorded; this was a reduction of 8 against last year's statistics.

It was noted that this was not a significant drop on the previous year and was of a similar patterns relating to cause, with lifting and handling the highest reporting reason.

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

Interim Head of Health and Safety reported that all RIDDOR's are reported to Clinical Boards at the time of incident and advice and guidance is available with completing the investigation.

Health and Safety and Asbestos Manager reported on a recent incident which involved a member of staff from The Gegin; the member of staff sustained a fracture as a result of a slip/trip and hospital admission was needed. It was noted that due to the member of staff being in hospital, it had not been possible to carry out a full investigation. The Group was informed that this had been reported as a RIDDOR and investigation would be carried out shortly.

The Chair highlighted the importance of these incidents being closed out and looking at ways to reduce or diminish this incidents from reoccurring.

### **OHSG: 25/20 Health and Safety Training**

It was noted that at the beginning of the Covid-19 outbreak both Manual handling and Violence and Aggression training was on hold with the exception of the emergency Manual handling awareness Training; that had been established to support the intake of staff. The Health and Safety Adviser reported that as a result of the predicted second wave, this training will continue to take place, however with the exception of the 2 day Managing Safely course all Health and Safety Training had recommenced.

It was noted that all Health and Safety courses had been reduced due to other demands on the training team as well as limited spaces due to social distancing. The Group were informed that these courses are available on ESR, where from the 1<sup>st</sup> November members of staff and managers can book directly themselves.

The Group was also informed that the manual handling link worker programme had been suspended and a project was underway to review and revitalise the link worker role. It was noted that from September 1st 2020 those who were active as link workers were contacted and are no longer able to complete Training Frequency Assessments on staff.

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Concerns were raised in relation to SIMA training stats within Mental Health; where ESR are reporting a compliance of 26%; it was reported that this is impacted by the requirement for a yearly refresher and had been reviewed by the Mental Health Clinical Board.

The Chair thanked the Health and Safety Training Team for all their hard work.

### **OHSG: 26/20 Report on Claims**

The Claims Manager apologised that a report had not been produced, however gave a verbal update on the Health Boards position in relation to claims.

It was reported that the Health Board had not seen any significant changes this year in the number of reported claims; with 20 claims being recorded in 2020 against 24 for 2019.

The Claims Manager highlight that less cases had been closed out as a result of Covid-19, however the Claims Team was looking at these cases to get them closed out with the aim to see a more positive figure.

It was confirmed that Legal and Risk would be providing their 6 monthly All Wales paper on Personal Injury Claims for the next meeting. The Claims Manager asked if the paper that is provide could be changed to present cases where admission had been made in Personal Injury claim; so that these issues could be discussed and actioned to satisfy the Welsh Risk pool that learning from these cases was being discussed at the earliest opportunity.

The Chair was happy for the report to be changed to support the above.

### **OHSG: 27/20 Policy Review**

The Interim Head of Health and Safety reported that there were a number of Policies and Procedures that were out of date and asked that as a result of Covid-19 demands that these documents review dates were extended for a twelve month.

The Chair agreed to this on the grounds that a quick review is carried out on these documents to ensure that any new legislative requirements are reflected in these policies and procedures and that they are fit for purpose.

### **OHSG: 28/20 Fire Safety Report**

The report was noted and accepted by the Group.

The Senior Fire Advisers queried whether the Fire Annual Report that is submitted each October will go to the next the next Health and Safety Committee.

The Chair reported that due to Covid-19 the agenda for these meetings have been changed to reflect the current situation and demands. It was noted that a Health and Safety Committee meeting is being held on the 17<sup>th</sup> November, where this will be discussed.

The Senior Fire Adviser gave an overview of the report, highlighting that there were no prohibition or enforcement notices outstanding during this reporting period i.e. 01/04/2020 to 30/09/2020.

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It was also noted that there had been a vast reduction on the number of unwanted fire signals this year, however it was reported that this was likely as a result of the reduction in visitors and contractors on site due to Covid-19.

Concerns were raised around the compliance of Face to Face training, where staff had not been able to attend due to ward shortages. It was reported that due to current climate, compliance will be significantly worse as a result of social distancing and restricted training facilities. The Senior Fire Adviser re-iterated that Fire Training is a mandatory statutory obligation.

The Chair queried whether online Teams training would be sufficient to act as face to face learning.

The Senior Fire Advisers reported that he was happy to organise and deliver this training, however access to appropriate equipment such as cameras and headsets was a challenge.

The Chair reported that he was happy to help and discuss.

### **OHSG: 29/20 Personal Protective Equipment Cell Update**

The Group were informed that the Health and Safety Department were heavily involved with PPE and attend a fortnightly Cell meeting that is chaired by Nurse Director, Corporate Management.

The Interim Head of Health and Safety reported that there were no stock issues, however there may be change to products as a result of the demand on the supplier 3M's.

It was noted that the change in masks would result in further fit testing of these new products, which in turn would put more of a demand on the Health and Safety Team, who were offering four days fit testing with the help of Medical Education.

The Interim Head of Health and Safety reported that going forward the department was looking at ways to make it more accessible for the Clinical Boards to access fit testing through their own areas, through cascade training for Fit testers within the Clinical Boards.

The Chair agreed that the Health and Safety Department was working at full capacity and asked the Clinical Boards to review their ability to release staff to become Fit testers for their areas and to report back if this was achievable or not and why.

It was highlighted that a number of queries had been received around whether visors could be used instead of masks. The Health and Safety Adviser – Ms R Sykes confirmed that visors are not a face covering and masks should be provided where a 2 meter distance can't be maintained. It was noted that a social distancing page had been set up on the Intranet where further guidance and details can be found.

It was also noted that a supplier had been sought to provide screens around desk areas; for further information the Group were advised to contact the Health and safety Department.

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## **OHSG: 30/20 Clinical Boards Health and Safety Group Feedback**

Representative for Surgery Clinical Board reported that the Clinical Board Health and Safety Group had met twice since March where social distancing is high on the agenda. It was reported that walk arounds continue to take place to monitor social distancing.

It was also noted that fit mask testing was being carried out in Peri Op, where they have done a lot of probe testing.

The Health and Safety Adviser – Ms R Sykes raised a query on behalf of Women and Children, where there were questions around work place inspections as it was noted some areas where having them and others were not.

The Head of Health and Safety reported that she had discussed this with the Staff Side Representative, where it was agreed that due to Covid-19 it was not the best time for walkabouts and only urgent issues would be looked into.

## **OHSG: 31/20 Health Issues**

Senior Occupational Health Nurse reported that a lot of work was taking place around staff wellbeing, where a lot of collaborative working with Chaplin and Health Charity to make it easier for staff to access counselling and have a place to de-compress. It was noted that further information was available on the Intranet pages where this was being updated to make it easier for staff to get access to the appropriate services.

It was also reported that Occupational Health together with Health and Safety were looking at skin issues as a result of a number of staff reporting suffering skin damage from the masks.

The Interim Head of Health and Safety informed the Group that a Group had been established where a questionnaire was being prepared that would go out shortly. It was noted that the purpose of the questionnaire was to capture all issues that may not have been picked up on the incidents reporting database.

The Representative for CD&T queried if the questionnaire would also highlight any latex issues.

The Senior Occupational Health Nurse advised that the questionnaire was broad, however had not seen it to confirm its full context.

The Interim Head of Health and Safety added that this was a general questionnaire relating to all skin damage and agreed to pick this up before the questionnaire is circulated.

The Health and Safety Adviser – Ms R Sykes reported that as a result of concerns raised around skin damage resulting from the wearing of masks, the masks were sent off to SMLT for testing, where it was confirmed that no Latex was found.

**OHSG: 32/20 DATE AND TIME OF NEXT MEETING:-** 16<sup>th</sup> December 2020 at 130PM – MS Teams Meeting



<b>Report Title:</b>	<b>Committee Effectiveness Review 2019-20 Results and Actions</b>						
<b>Meeting:</b>	Health and Safety Committee				<b>Meeting Date:</b>	5 Jan 2021	
<b>Status:</b>	<b>For Discussion</b>	x	<b>For Assurance</b>		<b>For Approval</b>	x	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Corporate Governance</b>						
<b>Report Author (Title):</b>	<b>Head of Corporate Governance</b>						

## SITUATION

It is good practice and good governance for Committees of the Board to undertake a self-assessment of their effectiveness on an annual basis, in line with the requirement of Standing Orders. This is done for all Committees of the Board.

This is the first review undertaken by the Committee and the process will be completed annually going forward. The survey questions were selected based on their inclusion as key considerations in the Good Governance Handbook and Survey Monkey was used as a tool to gather the feedback.

## ASSESSMENT

Attached at appendix 1 are the results for the Committee Effectiveness review undertaken by Committee Members in addition to the Executive Director Lead for the Committee; where comments have been provided these are also included. In total four responses were received.

Attached at appendix 2 is a proposed action plan to improve the areas in which the results had either an 'adequate', 'needs improvement' or 'no' response to the questions asked. It is of note that there are a number of actions for improvement this year however the survey period covers the pandemic which added additional pressures/challenges to the running of Committees.

The action plan will strengthen certain processes and together with the Committee now coming under the remit of the Corporate Governance Team, an improvement in next year's responses should be seen.

## RECOMMENDATION

The Committee is asked to:

- Note the results of the Committee's self-assessment Effectiveness Review for 2019-20.
- Approve 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.

**Shaping our Future Wellbeing Strategic Objectives**  
*The UHB objectives relevant to this report*

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

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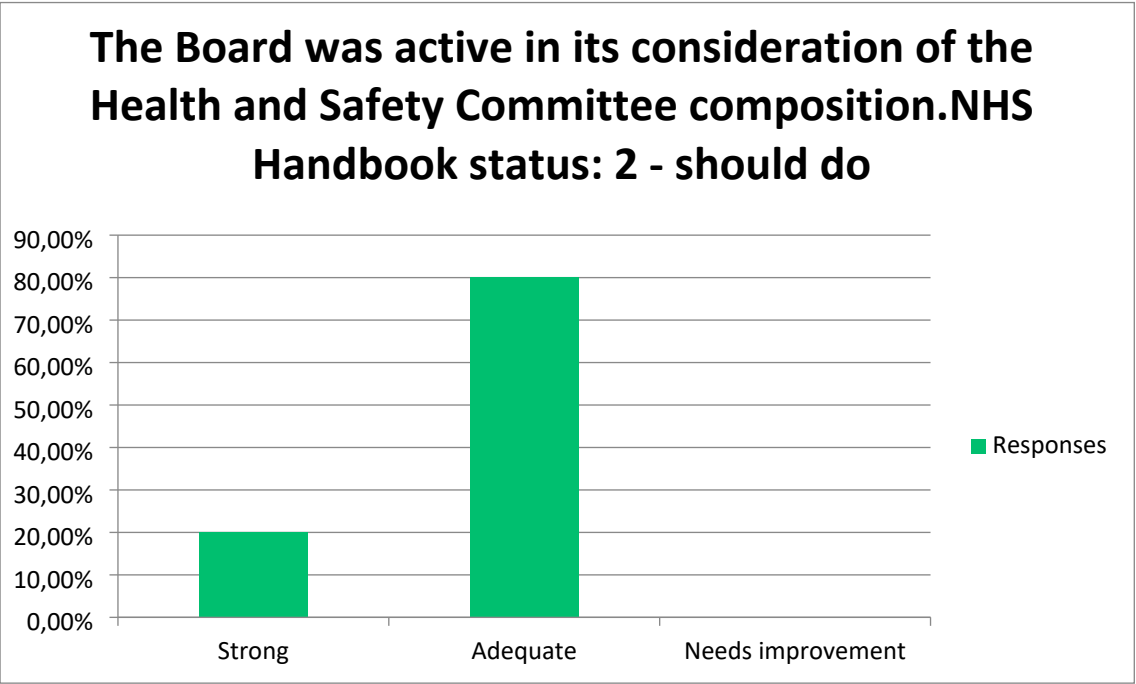
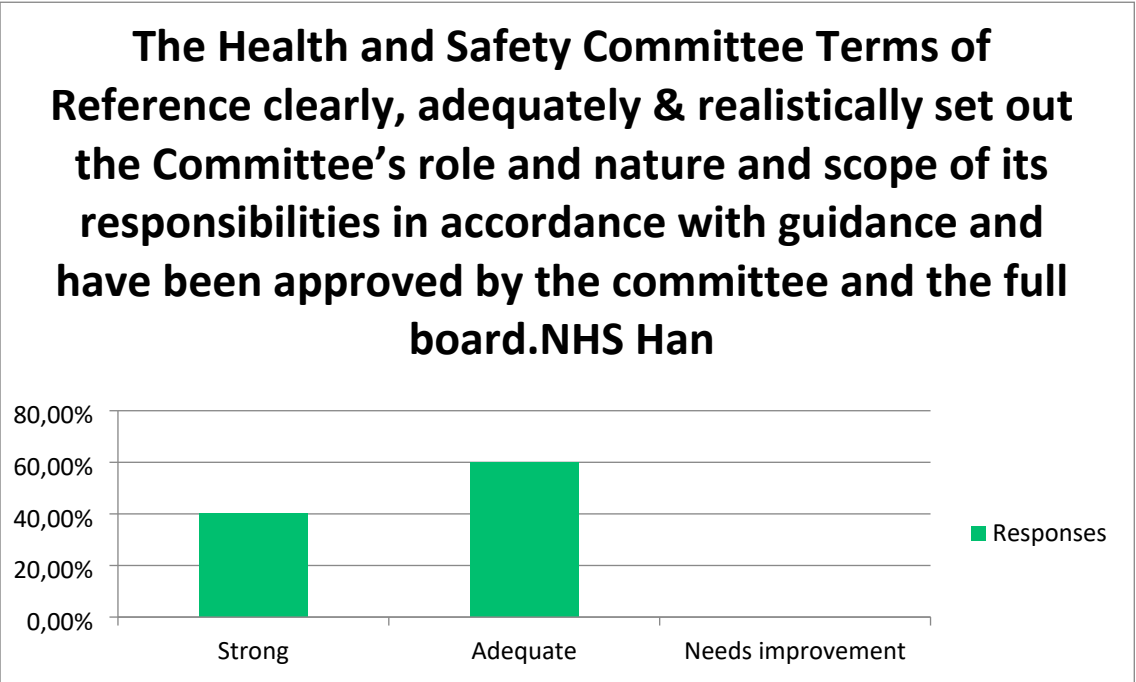
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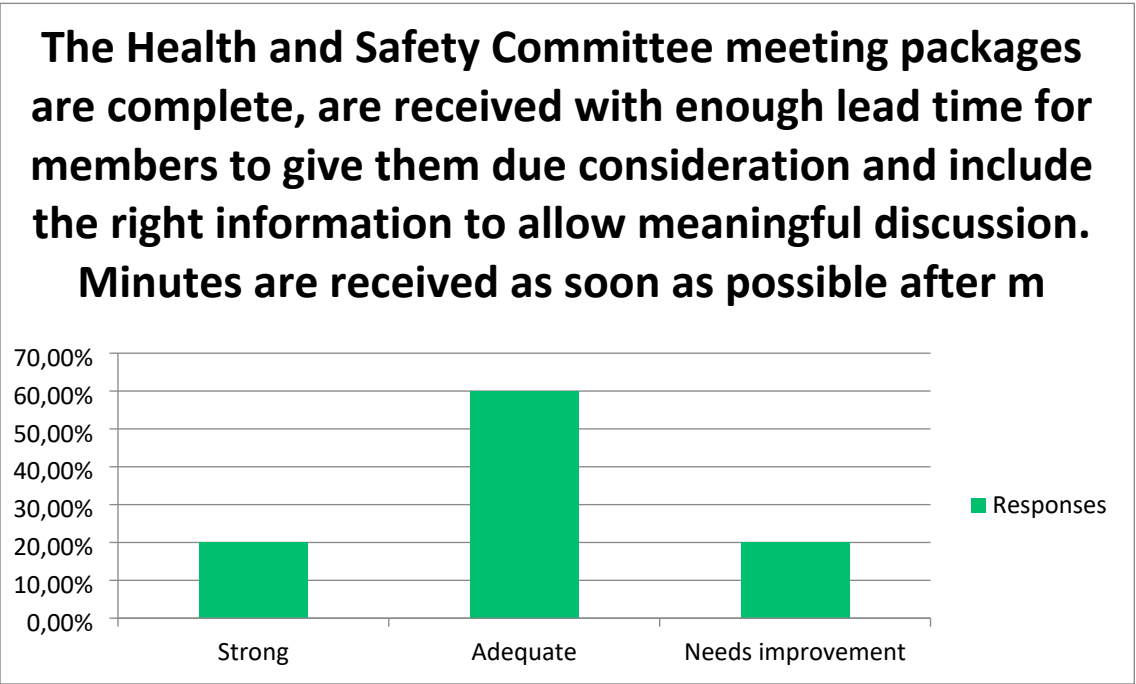
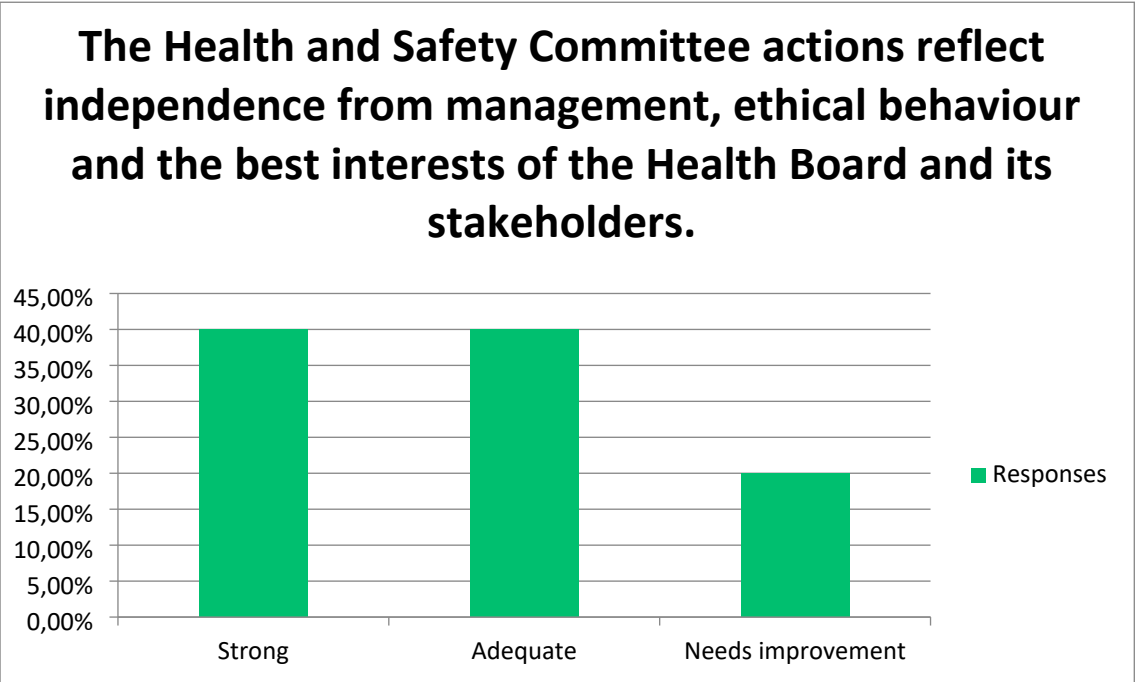
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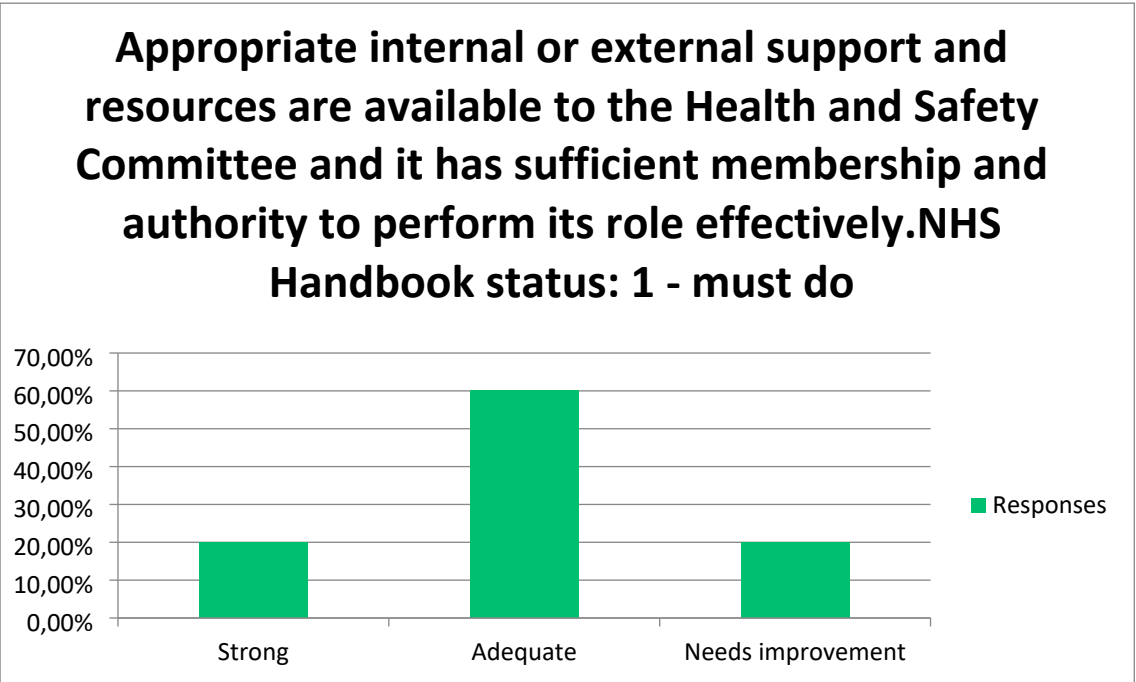
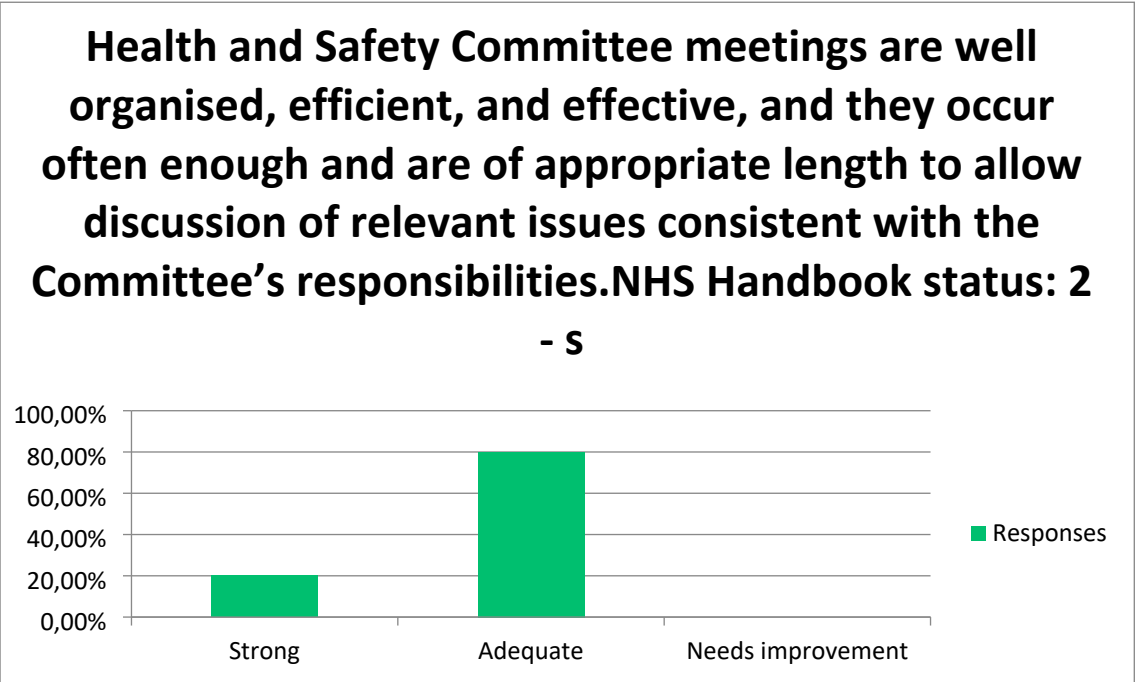




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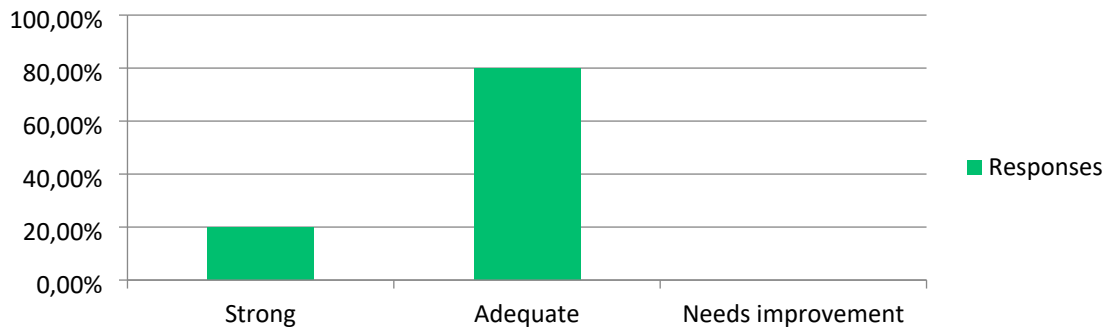


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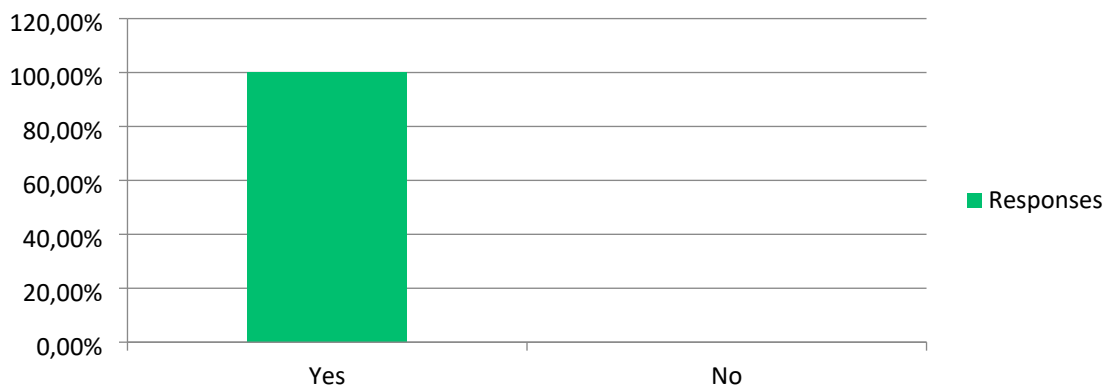


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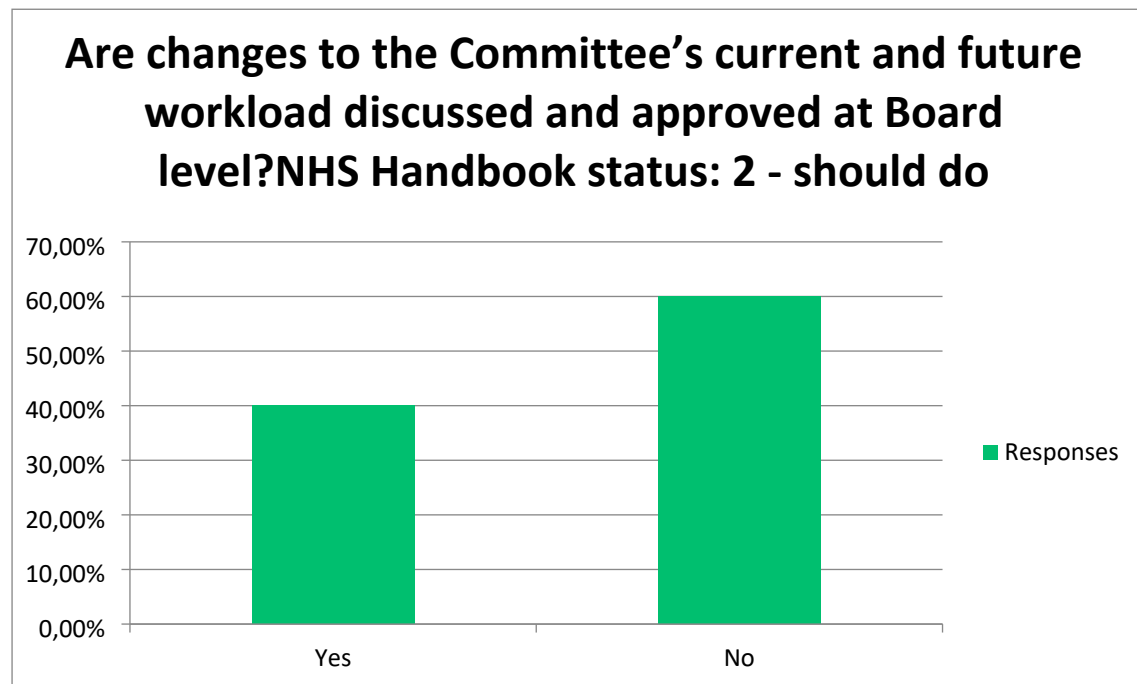
**The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other Committees.NHS Handbook status: 2 - should do**



**Are the Terms of Reference reviewed annually to take into account governance developments and the remit of other Committees within the organisation?NHS Handbook status: 2 - should do**

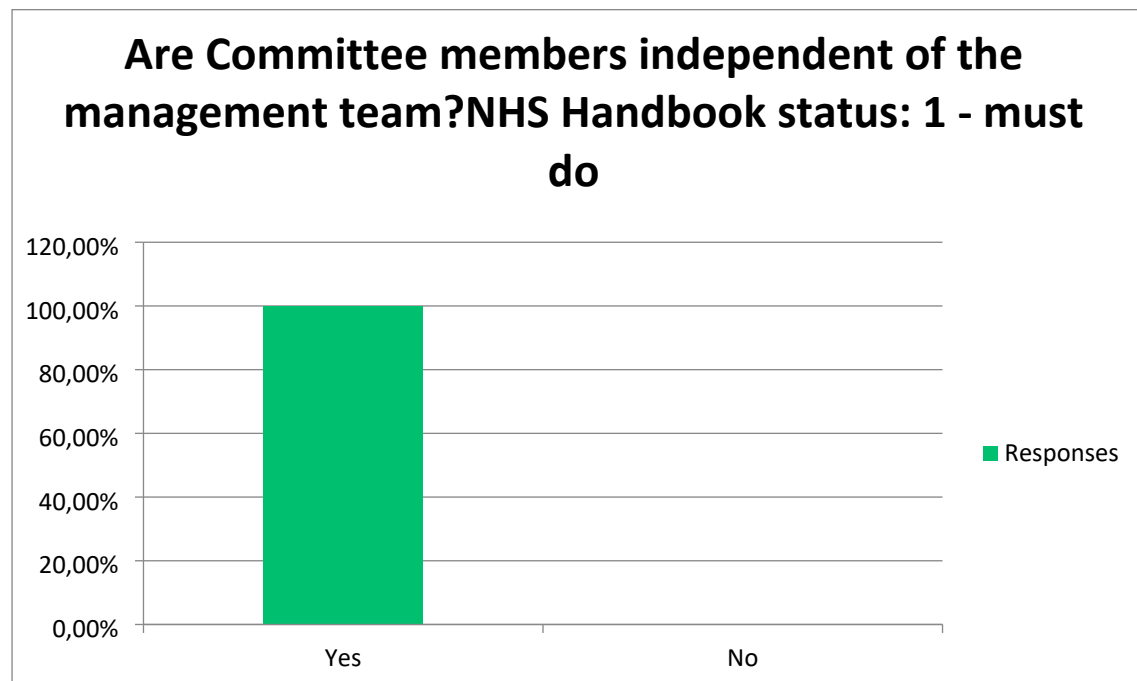


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**Comments**

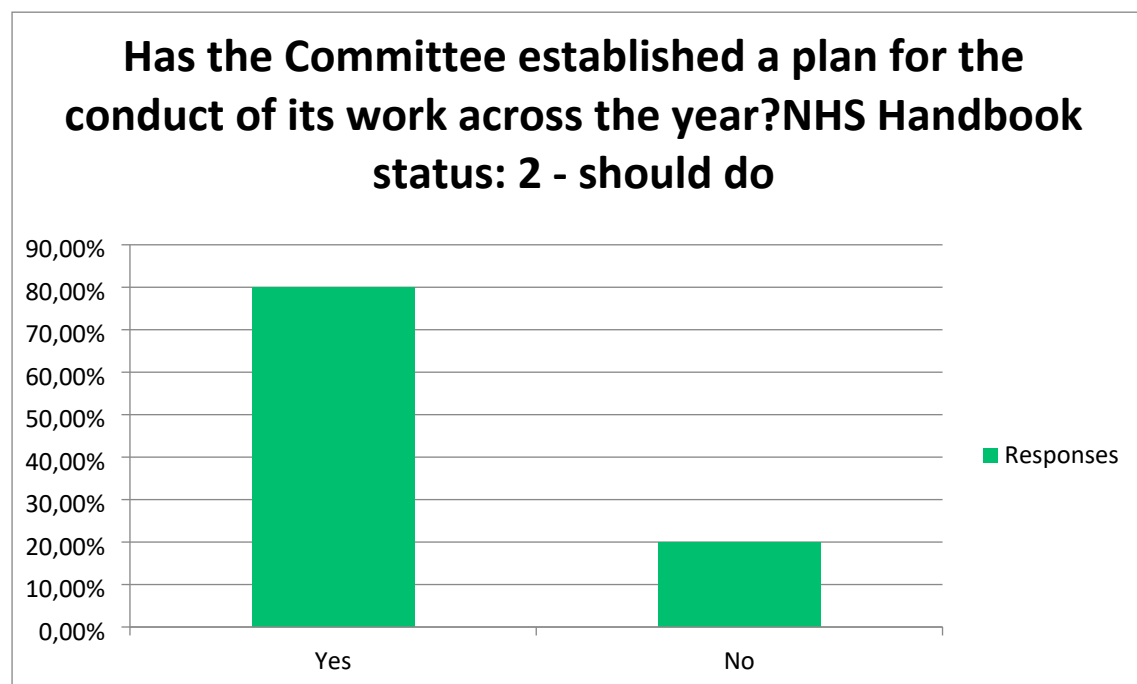
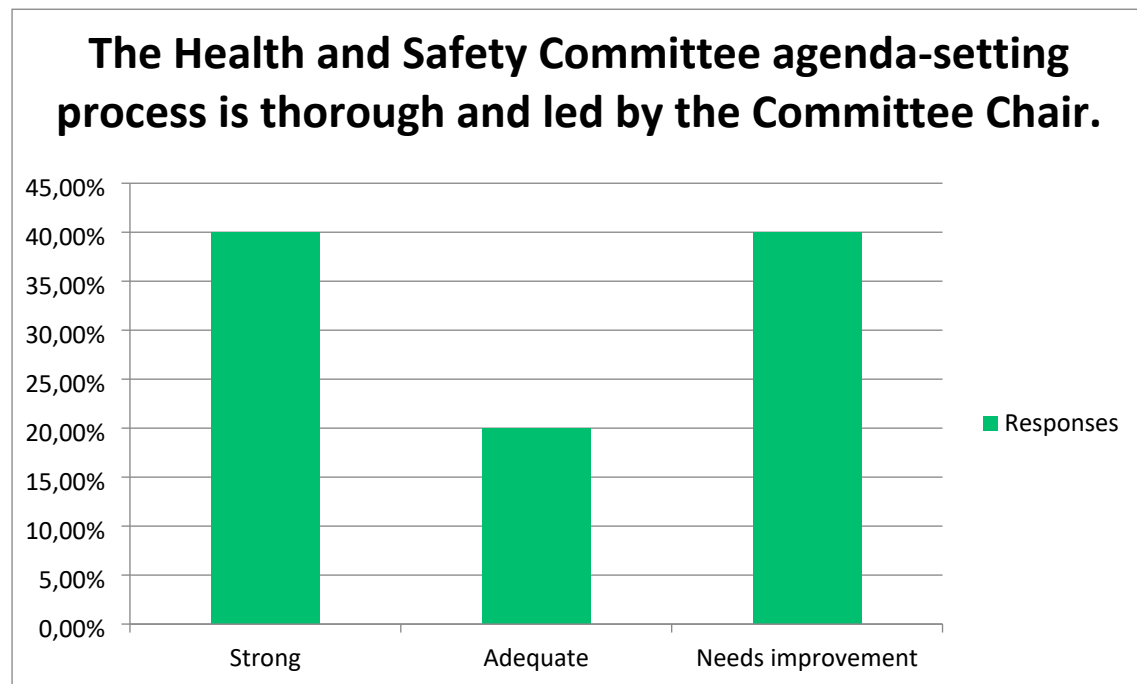
*"This hasn't happened in the past but going forward the Committee is going to be administered by Corporate Governance".*



**Comments**

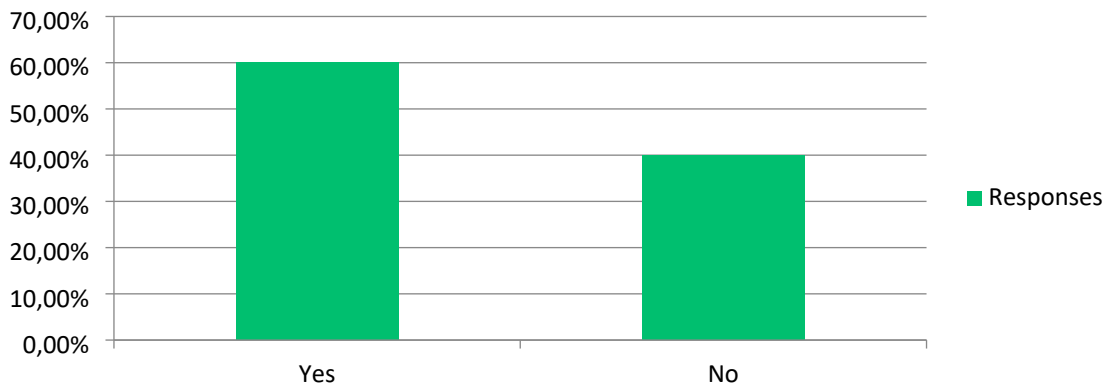
*"The Committee is a mixture of independent Board members and Executive Team members as well as organisational officers who lead on pertinent service areas".*

Saunders Nathan  
01/04/2021 14:48:29

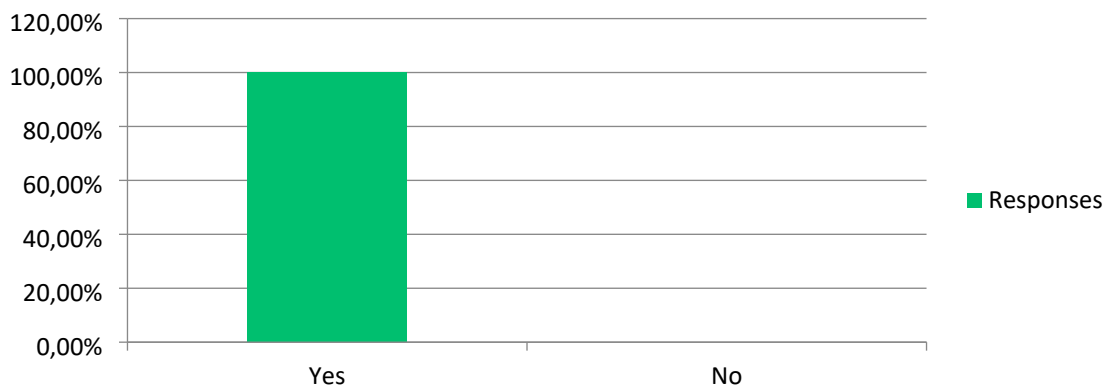


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**Has the Committee formally considered how its work integrates with wider performance management and standards compliance? NHS Handbook status: 2 - should do**



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



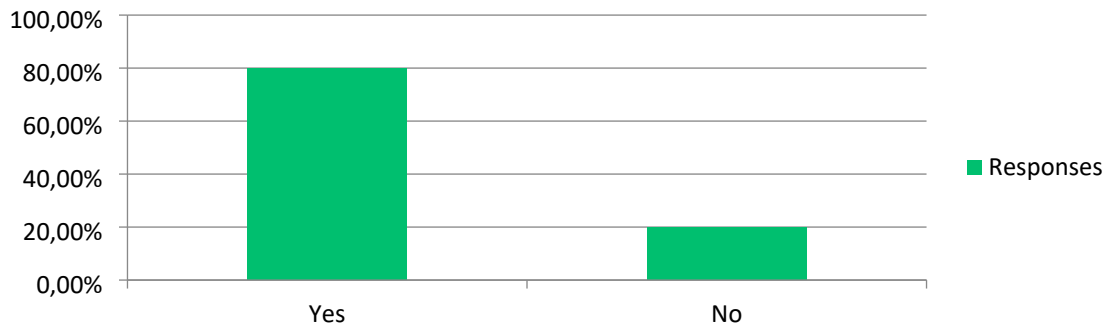
**Comments**

*"There is additional work to be done to make sure the Committee maintains a strategic focus and doesn't dip into operational discussions".*

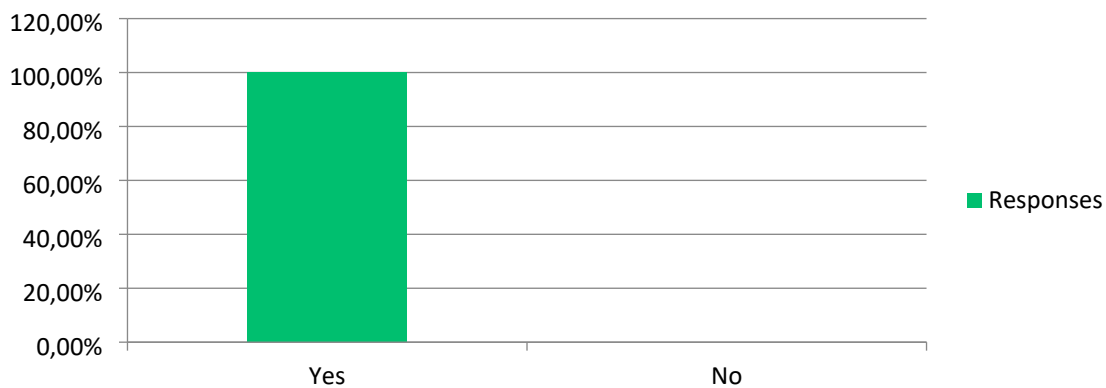
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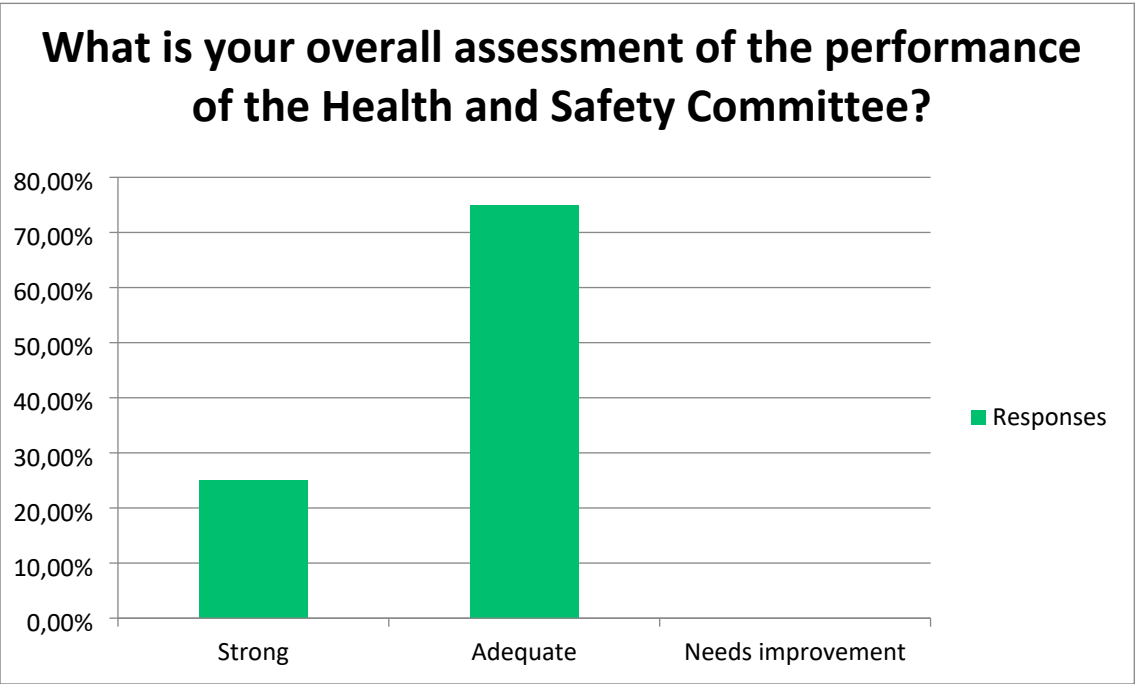
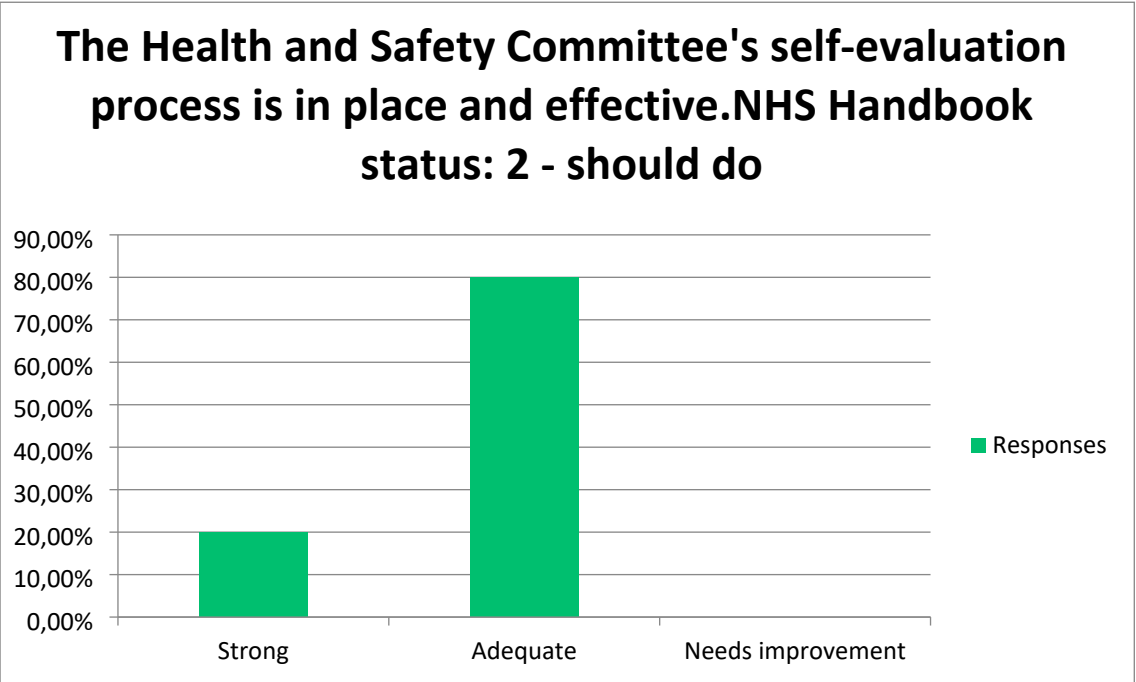


**Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters? NHS Handbook status: 2 - should do**



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





Saunders,Nathan  
01/04/2021 14:48:29

### Health and Safety Committee – Self Assessment 2020 Action Plan

Question asked	Action Required	Lead	Timescale to complete
The Health and Safety Committee Terms of Reference clearly, adequately and realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.	Terms of Reference to be reviewed and presented to January Committee and March Board.	Director of Corporate Governance	March 2021
The Board was active in its consideration of the Health and Safety Committee composition.	Terms of Reference setting out Committee composition to be reviewed and approved by the Board in March 2021. This annual review will continue.	Director of Corporate Governance	March 2021
The Health and Safety Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.	The Chair and Vice Chair of the Committee are Independent Board Members and membership composition includes other Independent Members to ensure this standard is met.	Chair/Director of Corporate Governance	March 2021 for next review
The Health and Safety Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.	Meeting packages to be reviewed and uploaded within the timescales set out within Standing Orders and timescales/process for provision of minutes to align with that of other Committees. The Committee coming under the control of the Corporate Governance team will ensure this standard is met.	Head of Corporate Governance/ Secretariat	January 2021
Health and Safety Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the Committee's responsibilities.	Robust agenda setting with Chair and Executive Director which is overseen by the Director of Corporate Governance will improve on this going forward.	Chair/Director of Corporate Governance	March 2021 for next review
Appropriate internal or external support and resources are available to the Health and Safety Committee and it has sufficient membership and authority to perform its role effectively.	To consider at next agenda setting support and resources to be provided to improve the Committee's scrutiny and effectiveness.	Chair/Director of Corporate Governance	February 2021
The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other Committees.	Approved minutes and Chair's reports will be presented to Board going forward in line with other Committees.	Head of Corporate Governance/ Secretariat	January 2021
Are changes to the Committee's current and future workload discussed and approved at Board level?	This will be achieved via the Committee work plan which is signed off by the Board.	Director of Corporate Governance	March 2021 for next review
The Health and Safety Committee agenda-setting process is thorough and led by the Health and Safety Committee Chair.	The Committee work plan will support this. The Chair, with the support of the Director of Corporate Governance, will	Chair/Director of Corporate Governance	January 2021

## Appendix 2

	lead the agenda setting and ensure that items are appropriate.		
Has the Committee established a plan for the conduct of its work across the year?	Work plan to be approved at January meeting.	Director of Corporate Governance	January 2021
Has the Committee formally considered how its work integrates with wider performance management and standards compliance?	Relevant performance management / standards to be collated for discussion and appropriate actions identified. Results will be fed back to the Committee.	Chair/Director of Corporate Governance	March 2021
Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?	To review necessary steps to improve knowledge.	Chair/Director of Corporate Governance	March 2021
The Health and Safety Committee's self-evaluation process is in place and effective.	The Committee will now continue its annual self-assessment and reflection in keeping with all other Committees of the Board.	Director of Corporate Governance	March 2021 for next review
What is your overall assessment of the performance of the Health and Safety Committee.	Completion of this action plan will improve the position.	Director of Corporate Governance	The March 2021 self-assessment will measure effectiveness of improvements made.

Saunders Nathan  
01/04/2021 14:48:29