



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Committee Annual Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Mandy Rayani, Director of Nursing, Quality and Patient Experience

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present the Health and Safety Committee (HSC) Annual Assurance Report 2021/22 to the Board.

The Annual Assurance Report provides assurance in respect of the work that has been undertaken by the Committee during 2021/22, and demonstrates that the Terms of Reference (ToR), as set by the Board, are being appropriately discharged.

Cefndir / Background

Hywel Dda University Health Board's (HDdUHB's) Standing Orders and the ToR for the HSC require the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The purpose of the HSC, as expressed in its ToR, is to advise and assure the Board on whether effective arrangements are in place to ensure organisation-wide compliance with the Health Board's (HB) Health and Safety Policy, approve and monitor delivery against the HSC's work programme and ensure compliance with the relevant Standards for Health Services in Wales.

The Annual Assurance Report provides information on key issues considered by the Committee during 2021/22, together with key achievements and unexpected challenges, particularly in relation to the management of COVID-19 and compliance with the Health and Safety Executive (HSE) Improvement Notices and Fire Safety requirements.

During 2021/22, the HSC met on the following dates and was quorate at each meeting:

- 10th May 2021
- 6th July 2021
- 13th September 2021
- 15th November 2021
- 10th January 2022
- 14th March 2022.

Committee Terms of Reference and Principal Duties

In discharging its duties, the Health and Safety Committee has received assurance during 2021/22 against areas of responsibility including the following:

- **HSC Self-Assessment 2020/21** – The self-assessment questionnaire for 2020/21 had been refreshed in conformity with the format utilised by other Committees and an outcome report was presented in July 2021, which included suggested actions and proposals relating to further improvements that could be made. Assurance was provided that all actions resulting from the recommendations had been completed and all suggestions made for improvement had been progressed and acted upon.
- **Health & Safety Executive (HSE) Enforcement Action Update** – The Committee received regular updates relating to the HSE Enforcement Action, detailing the continuing work towards compliance with the enforcement notices served against HDdUHB by the HSE in October 2019. At the May 2021 Committee meeting, it was noted that all material breaches had been formally signed-off, and of the four Improvement Notices (INs) which remained open at the time, two had completion dates of 25th June 2021 and the remaining two of 24th September 2021. At the July 2021 meeting, in respect of the feedback that had been received following visits by HSE Inspectors to both Prince Philip Hospital (PPH) and Bronglais General Hospital (BGH) to review progress against notices relating respectively to the management of Manual Handling, and Manual Handling in Theatres, Members were advised that while HSE feedback relating to findings from the visit to PPH had been positive, the BGH visit had identified further work to be undertaken with regard to outstanding actions. Members were informed that targeted meetings have been arranged with key staff members to ensure that the necessary compliance work is undertaken, together with the issuing of managers' checklists to monitor compliance with standards relating to manual handling and sharps safety. It was noted that, notwithstanding a level of disappointment expressed in relation to progress towards compliance with specific notices, good progress had been made overall to achieve compliance with outstanding Improvement Notices. At the September 2021 meeting, the Committee received a further update on the continuing work towards compliance. It was noted that the HSE correspondence focused on four key areas for improvement, including leadership, monitoring, competence and audit, and following the concerns raised by the HSE in relation to leadership at BGH, Members were assured that work has progressed and is being monitored. It was further noted that the HSE would be returning to undertake visits to various HDdUHB sites during October 2021. At the November 2021 meeting, the Committee was pleased to note that the visit by the HSE to Withybush General Hospital (WGH), South Pembrokeshire Hospital and Amman Valley Hospital during October 2021 had been extremely positive. The hard work undertaken by the staff involved was formally acknowledged.
- **Health & Safety Update Report** – The Committee received regular reports, outlining the activity of the H&S Team for the period. Members were advised of a HB wide audit of social distancing compliance which had been undertaken as a joint exercise between the H&S Team and the Quality, Assurance and Safety Team, with findings reported back to both local managers and the relevant hospital General Manager/ Head of Nursing, and to the HSC at its meeting on 6th July 2021. Members discussed the allocation of lone-working devices to HB staff, particularly those working in community settings, and were informed that devices would be provided to staff based upon identified need, noting that, in view of restricted numbers of devices across the HB, checks would be undertaken to ensure that devices allocated are being used effectively. Members gained assurance that, overall, improvements have been made in relation to the various H&S themes, as described in the

report. Members welcomed the analysis included within the report of incidents of Violence and Aggression (V&A) directed towards staff, noting the detrimental impact upon staff and visitors alike of consistent low-level verbal abuse, and received assurance that all such incidents are followed up by the V&A Case Manager, with verbal abuse being treated equally as seriously as physical assault in terms of impact upon staff. Members were advised that further work would be undertaken to correlate data relating to incidents occurring across different services in order to identify individuals responsible for repeat offences. At the September 2021 meeting, the Committee received a further report, together with the Social Distancing Compliance Audit Report, providing an update on the activities of the Health and Safety Team for the period July to September 2021, covering a variety of health and safety topics against a background of high demand. The Committee's attention was drawn to the challenges impacting upon manual handling training associated with a lack of non-clinical accommodation space within Ceredigion, resulting in the temporary suspension of classroom based manual handling training for Ceredigion staff, with alternative accommodation requirements being pursued through the overarching Accommodation Group and discussions with partners such as Local Authority and Education. Members raised concerns regarding the lack of use of the personal safety devices issued and requested an update report after the actions to improve usage had been taken. In terms of the Social Distancing Compliance Audit, whilst acknowledging the need to remain cautious, Members noted the possibility of reducing social distancing to one-metre in low risk areas, while acknowledging the need to maintain the two-metre distance within patient areas, where possible. At the November 2021 meeting, the Committee received an update on the activities of the H&S Team for the period September to November 2021, including manual handling, violence and aggression, lone working devices, prevention and management of violence and aggression, social distancing arrangements and medical sharps safety. The Committee was pleased to note that a suitable manual handling training facility in Ceredigion had been sourced from Aberystwyth University, and that the previous low uptake of Peoplesafe lone working devices had been resolved. Challenges were acknowledged in terms of access to appropriate equipment to manage the increasing numbers of bariatric patients, with it noted that additional work would be undertaken to put appropriate pathways in place to avoid any unnecessary delays. Assurance was gained that work has progressed and improvements have been made in relation to the various health and safety themes detailed within the report. At the January 2022 meeting, the Committee received an update on the activities of the Health and Safety Team for the period November – December 2021, focusing on the Manual Handling Team's work, concerns associated with compliance with the Lifting Operations and Lifting Equipment Regulations (LOLER) and Omicron planning arrangements. At the March 2022 meeting, the report focused on COVID-19, Manual Handling, Security Management, Agile Working/Home Working, Reporting of Injuries, Diseases, Dangerous Occurrences (RIDDOR) and Policy updates. In order to alleviate pressures on the Manual Handling Team and to improve commencement dates for new starters, Members were informed that a four tier training model is being considered in line with the All Wales Manual Passport. In terms of security, Members noted that considerable work has been undertaken with Cardiff & Vale University Health Board, with an All Wales Security Management Group. It was further noted that during the forthcoming 12 months, focus will be upon security management across HDdUHB and an internal Management Group will be established. A draft HDdUHB Security Management Policy Framework is also being developed and will be shared with stakeholders. Recognising the low training compliance amongst both acute and community based staff in terms of Prevention, Assessment & Management of Violence & Aggression (PAMOVA), Members were assured by the proposal to increase the capacity of the PAMOVA Team to enable additional training to be provided.

- Health & Safety Regulations** – The Committee received regular updates with regard to H&S regulations, in order to provide assurance in regard to compliance against a number of key Health and Safety regulations which are included in the Health and Safety at Work etc. Act (HASAWA). Members recognised that legislative requirements and risk assessments should be followed for members of staff working from home, and noted at the May 2021 meeting that full consideration would be given to this matter. Assurance was received that the fundamental elements of the Management of Health and Safety at Work Regulations (MHSWR) are being complied with and that improvements required would be progressed by the responsible management teams. At the July 2021 meeting, the Committee received the Health and Safety Regulations: Management of Health and Safety at Work Regulations report, providing information relating to the HB's compliance with the Personal Protective Equipment (PPE) Regulations 1992. Members were pleased to note a high level of compliance against employer duties which are included within the regulations, thus providing the necessary assurance to the organisation, which in turn is conveyed to staff regarding the effectiveness of PPE equipment issued, and the robustness of processes in place to manage the maintenance and checking of equipment. At the November 2021 meeting, the Committee received the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 (the Sharps Regulations) report. A level of assurance was received that HDdUHB is compliant with the legislation, and that during the previous few months, all clinical areas had been visited to remove any non-safety sharps devices in use, with arrangements in place to cease the ordering of certain inappropriate devices. At the January 2022 meeting, the Committee received the Health and Safety Regulations: Control of Substances Hazardous to Health (COSHH) 2002 (as amended) report, noting the wide range of hazardous substances in use across HDdUHB, and the situations where there may be a risk of exposure to dust, fumes, asphyxiants, carcinogens, asthmagens, and work-associated biological agents. The Committee received assurance that COSHH work is progressing and is kept under the focus of the H&S Team and that a further update would be presented to the HSC in July 2022. Also at the January 2022 meeting, the Committee received the Health and Safety Regulations – Estates Low Voltage (LV) Electricity Compliance report, providing assurance against a key area of the H&S regulations, the Electricity at Work Regulations 1989.
- Health & Safety Environmental Report** – At the July 2021 meeting, the Committee received the Health and Safety Environmental Audit Report, forming one of a series of reports which provide assurance that proactive health and safety audits are being carried out in compliance with the Management of Health and Safety at Work Regulations 1999.
- Health & Safety Dashboard** – The Committee noted at its meeting in March 2022, that discussions are being undertaken with regard to developing a H&S Dashboard to ensure that meaningful and assuring data can be provided. It is anticipated that reports would be presented to the HSC from May 2022.
- Lifting Operations and Lifting Equipment Regulations** – At the March 2022 meeting, the Committee received the Lifting Operations and Lifting Equipment Regulations (LOLER) – Hoist Compliance Status in HDdUHB report, following concerns raised at the previous HSC meeting resulting in a request for a report to be presented to provide assurance that action is being undertaken in terms of LOLER compliance. It was noted that there are currently circa 31,000 devices on the HB's inventory which have their maintenance managed by Clinical Engineering using a risk based approach, and high risk equipment, e.g. ventilators, monitors, etc. has always achieved 100% compliance. Whilst 100% compliance is the aim for all equipment, this is not always feasible due to capacity and demand. It was noted that HDdUHB currently has a two year contract (commenced in January 2021) with Drive Devilbiss for the LOLER testing and maintenance of hoists.

Whilst the compliance level of 69% identified within the report falls considerably short of expectation, Members were pleased to note that as at the end of February 2022, compliance had increased to 89%. Members were assured that monthly contract and performance monitoring meetings are undertaken between representatives from Drive Devilbiss and Clinical Engineering, and during the February 2022 meeting, an action plan was agreed with the aim of achieving considerable improvement in the hoist compliance rate by the end of March 2022. The Committee gained assurance from the processes in place in terms of compliance with LOLER.

- **Fire Safety Governance Review** – At the May 2021 meeting, the Committee received an assessment of the delivery of the HB's Fire Safety Action Plan, which had been developed in order to ensure that all improvements identified in a review of Fire Safety Governance were delivered. Members were assured that good progress was being made overall. Members were further assured that Mid & West Wales Fire & Rescue Service (MWWFRS) was supportive of the HB's approach, being confident that the organisation understood the risks and issues involved, and noted an expectation that this proactive engagement with all parties will pre-empt the issue of further Fire Enforcement Notices, recognising however that a significant amount of work is required to ensure compliance with Fire Safety regulations. Members were informed that Fire Risk Assessments (FRAs) undertaken across the HB's estate identified a range of key risks which required significant capital investment to address. Members were advised of limitations upon the ability of Fire Safety Teams to address the backlog of work required due to pre-commitments on the HB's Discretionary Capital Programme for 2021/22, and were informed that discussions were being held regarding whether further Fire Enforcement Business Justification Cases could be made to WG. Members were further informed of delays to MWWFRS fire safety inspections in many areas within the region as a result of COVID-19 restrictions upon entry to hospital sites. Overall, Members welcomed the progress made to date on the delivery of fire safety compliance.
- **Fire Enforcement Notices/HSE Action Update** – At the May 2021 meeting, the Committee received a report on the progress made in managing the requirements of the Fire Enforcement Notices (FENs) and Letters of Fire Safety Matters issued by MWWFRS on WGH and GGH, and advised that WGH Advanced Works were complete, and that the FEN would be rescinded by MWWFRS once fire service members could be approved to enter hospital sites. At the November 2021 meeting, the Committee received the HSE Enforcement Action Report, providing an update on the continued work towards compliance following the enforcement notices served against HDdUHB by the HSE in October 2019. The Committee was pleased to note that the visit by the HSE to WGH, South Pembrokeshire Hospital and Amman Valley Hospital during October 2021 had been extremely positive. The hard work undertaken by the staff involved was formally acknowledged.
- **Fire Safety Update Report** – At the May 2021 meeting, the Committee received a report providing an update on Fire Safety Compliance across the HB, focusing specifically upon FRAs and associated actions, fire safety training, fire safety in field hospitals and capital availability for fire safety work. Members were assured that the current situation regarding FRAs is being managed appropriately. Members were informed that concerns remain in regard to the delivery of face-to-face fire safety training (Level 2), with compliance having been impacted by the pandemic, noting that this mainly relates to ward and department-based staff who are responsible for ward evacuations. Members were assured, however, that the Fire Safety Team was confident that sufficient capacity could be provided to achieve the HB's 2021/22 training target of 95% for all fire safety training levels. Significant concerns relating to the availability of Discretionary Capital for fire safety work in the current

financial year were re-iterated. At the July 2021 meeting, the Committee received a report providing updates in respect of FENs and Letters of Fire Safety Matters (LoFSMs), Fire Safety management and Fire Safety governance. Members noted a risk relating to Phase 2 works at WGH arising from potential challenges in identifying appropriate patient decant facilities and were advised that separate meetings are being held with WG as part of a scoping exercise for the capital cost and programme arrangements for works required to support Phase 2. In regard to Fire Safety management, Members noted that the number of outstanding FRAs had been reduced to 7, and that benchmarking this data with that of other Welsh HBs shows HDdUHB to be in a relatively good position in terms of the numbers of FRAs outstanding. With regard to Fire Safety governance, Members were informed that following a meeting with the Head of Quality & Governance, all items on the Fire Safety Governance Review Action Plan had been confirmed as completed, with the exception of one action. At the November 2021 meeting, the Committee received a further update on progress in managing FENs/LoFSMs, Fire Safety management and Fire Safety governance. It was noted that the advanced works at WGH had been delayed due to significant supply chain delivery issues and asbestos-related issues. It was further noted that substantial infrastructure work would be undertaken during the forthcoming 12 months, with funding now secured to deliver on the fire enforcements works across GGH and WGH. The Committee was pleased to note the slight improvement in fire training level 2 compliance. Confirmation was provided that assurance had been received from Welsh Government (WG) that the documentation submitted supported the necessary capital required for the business justification case stage of the demountable ward solution to support Phase 2 works, WGH. The Committee noted the updates concerning Phase 1 and 2 works at WGH, where completion on Phase 1 remains challenging, however Phase 2 works remain on target to be completed by April 2025. The Committee further noted that an appointment had been made to the vacant post of Head of Fire Safety Management following interviews held on 12th November 2021, and that compliance with fire safety training for levels 1 and 2 is on an increasing trend, with it anticipated that the re-introduction of face-to-face training would increase the level 3 compliance to the 80% target. The Committee was pleased to learn that the remaining overdue fire risk assessments would be completed by December 2021 and the Boris Fire Risk Assessment Management System would be fully implemented by the same timescale. At the January 2022 meeting, the Committee received a further update on progress in managing FENs/LoFSMs, Fire Safety management, and Fire Safety governance. The Committee noted the update concerning the overboarding works and that as a result of the required significant work, the anticipated completion date is now the end of December 2022. The Committee also noted that WG approved the sum of circa £16.5m in November 2021 for GGH Phase 1 works, with work commencing during the week of 17th January 2022. In terms of level 3 Fire Safety training, the Committee was assured that whilst compliance remains very low, this will continue to be monitored carefully. At the March 2022 meeting, the Committee received a further update on progress in managing FEN/LoFSMs, Fire Safety management, and Fire Safety governance. In terms of the fire enforcement notices/letters of fire safety matters (Phase 2), the Committee was pleased to note that works remain on programme to be completed by April 2025. The Committee was also pleased to note that the current number of overdue fire risk assessments remains at zero. Gratitude was expressed to the Director of Estates and the team involved for the substantial progress made in terms of fire safety matters.

- **Fire Safety Audit Report** – At the September 2021 meeting, the Committee received the Fire Safety Audit System Report April 2020 to March 2021, noting that an NHS Wales Shared Services Partnership - Specialist Estates Services fire audit is undertaken on an annual basis, with the latest audit report submitted to WG on 26th May 2021.

- **PREVENT and CONTEST** - The Committee received reports at the May and November 2021 meetings, providing a description of the various work streams included in the UK Government's CONTEST Counter-Terrorism Strategy, particularly the *Prevent* element, which aligns with the HB's safeguarding responsibilities, together with details of the HB's work with key community partners to support the Serious Violent Organised Crime Strategy. Members received assurance that under the *Prevent* work stream, good progress had been made, with the appointment of a dedicated V&A Case Manager within the HB freeing capacity to focus upon the work streams described. Members were informed that the *Protect* element of CONTEST relates to the HB's emergency planning, including staff protection, and will involve the development of a new definition for use in the identification of HB sites which require protection. Members were further informed that a consultation paper was being drawn up for submission to central government, which details the HB's current governance arrangements relating to areas included within *Protect* and proposes a review of these arrangements. Noting that the main concern arising from a 2018 survey by the Home Office Counter Terrorism and Security Advisers of the HB's physical security arrangements related to the lack of a dedicated Security Guard Force to support the HB's *Prepare* and *Protect* arrangements, Members queried whether there are plans to appoint security guards within HB sites. Assurance was provided that consideration is being given to the HB's security enforcement arrangements within the context of the legislative constraints which apply to action which may be taken by individual staff members in response to V&A, and the environment which the HB seeks to create in its hospitals.
- **Premises & Security** – The Committee received a premises and security deep dive presentation at the November 2021 meeting, providing an update concerning both physical and system security. The lack of a security guard force across acute hospital sites and the utilisation of portering staff to undertake this function was acknowledged as a vulnerability.
- **Manual Handling Compliance** - The Committee received a Manual Handling Compliance presentation at the November 2021 meeting, noting that compliance is being well managed with a Manual Handling Policy in place to control risks associated with the handling of loads, and where the risks are deemed significant, to reduce or eliminate them using suitable and sufficient control measures. Members noted that external assurance had been received from the HSE endorsement that HDdUHB had satisfactorily complied with the effective arrangements for the monitoring and reviewing of the implementation of the Manual Handling Policy.
- **Deep Dive: Electrical Safety** – At the March 2022 meeting, the Committee received a presentation relating to a deep dive of electrical equipment safety awareness, noting the substantial work undertaken in regard to raising awareness of the electrical safety of equipment across HDdUHB. It was noted that extremely positive feedback had been received from the visits undertaken to date.
- **Operational Risks** – The Committee received regular reports relating to “deep dive” reviews of the operational risks which are assigned to the HSC, including Risk 652 (Site Security) and Risk 423 (Legionella). It was noted that a key risk to site security lay in the HB's lack of ability to lock down sites with an automated system at all critical access/egress points. Members supported the recommendation at the May 2021 meeting for each hospital site to review its Major Incident Plans to reflect the need to identify individuals who could operate access control systems efficiently, and to undertake a review of site security to reflect the CONTEXT Cymru duty as well as other associated issues, including anti-violence collaborative and smoke free legislative compliance. Members were informed of the mitigations implemented within HB sites to address the risk of harm to patients from Legionella, recognising the age of much of the HB's estate, and were advised of the

extensive maintenance work required to map, lag and label water pipes. Members were assured that funding has been allocated within the Estates Directorate to support the identification of legionella-related risks within acute sites and to implement associated mitigations with water testing routinely undertaken. To mitigate legionella risk, the Committee supported the development of CAD (software) schematics for all sites, and audit of legionella run-off logs for low water usage areas, and where any control measures fail, for a site responsible person to undertake a further risk assessment of the individual circumstances, and if deemed a significant risk, for legionella sampling to be undertaken in that area.

In terms of needle stick injuries, being advised at the July 2021 Committee meeting of concerns relating to the high number of reported incidents involving 'sharps', with significantly higher numbers of incidents occurring in patients' homes, Members were assured by the following mitigations in place: review of safety engineered devices; circulation of a Sharps investigation checklist, with each sharps incident being followed up by Health and Safety Team; re-establishment of the Safer Sharps Group; consideration given to the re-appointment of a Procurement Nurse.

In terms of Environmental Risk - Possible Exposure to Radiation/ Chemicals to Hospital Sterile Disinfection Unit (HSDU) staff at GGH, Members were informed at the July 2021 meeting, that following concerns raised by the GGH HSDU Service Manager relating to the safety of staff working in the unit and specifically to the integrity of the floor slab separating the Radiology department and HSDU following recent construction work, a deep dive review of potential risks had been undertaken. Members were assured that initial concerns relating to ionising radiation exposure arising from the Radiology Department had been allayed following investigation and provision of expert advice, and noted that historical reviews of processes relating to the control of hazardous substances in the HB's HSDUs are being undertaken. Members were further assured that current processes relating to the control of hazardous substances in the HB's HSDUs are robust, and that the number of HB staff reporting health issues which may relate to exposure to radiation or to other hazardous substances is extremely low, with these issues not having been demonstrably linked with workplace exposure. Members noted that no similar issues had been reported for other HB hospital sites, and were advised that work undertaken in line with *Control of Substances Hazardous to Health* requirements would ensure that any future issues would be rapidly identified and reported.

In terms of V&A (including Lone Workers), the Committee received a presentation at the September 2021 meeting, providing assurance that all actions required of HDdUHB included within "Welsh Health Circular (WHC/2021/12) implementing the agreed approach to preventing violence and aggression towards NHS staff" are being complied with.

At the January 2022 meeting, the Committee received a presentation relating to a deep dive of the Corporate, Directorate and Service H&S themed risks, noting that there were 572 risks recorded on Datix which are scrutinised by the H&S Team periodically in order to review their scores, and 48 risks where the HSC is identified as the lead Committee. Members noted that as part of an exercise to review operational risk registers, all risks are being updated by the Assurance & Risk Team to ensure there is standardisation in terms of risk scores and identification. Assurance was provided that all H&S risks, at all levels, are being managed and actively reviewed.

- At the March 2022 meeting, the Committee received the Operational Risks Assigned to Health and Safety Committee report, noting the five risks presented in the Risk Register:
 1. Risk 708 – Inappropriate storage solutions associated with patient files/documents affecting Ceredigion Community sites.

2. Risk 1167 – Volume of remedial works at community sites.
3. Risk 951 – Improperly functioning fire alarm detection and operation (Withybush General Hospital).
4. Risk 503 – Risks relating to the evacuation of bariatric (plus sized) patients in the event of an emergency.
5. Risk 425 – Failure to undertake electrical testing or fixed electrical boards.

The Committee recognised a number of inconsistencies in terms of risk scoring and noted that this matter would be progressed by the Director of Nursing, Quality & Patient Experience, and the Director of Operations. The Committee gained assurance that all relevant controls and mitigating actions are in place to address the risks identified.

- **Corporate Risks** – The Committee reviewed the following corporate-level risks, which were assigned to the HSC: Risk 1016 Increased COVID-19 infections from poor adherence to Social Distancing, Risk 813 Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005, and Risk 1328 Security Management. The Committee gained assurance that all identified controls are in place and working effectively, and that all planned actions would be implemented within the stated timescales and would reduce the risks further and/or mitigate the impact, if the risks materialise.
- **Welsh Health Circulars** – At the September 2021 meeting, the Committee received the Welsh Health Circulars (WHC) Assurance report, including an update on progress in relation to the implementation of WHCs, which fall under the HSC’s remit. The Committee was pleased to note there were no red or amber status WHCs under the remit of the HSC, and only one WHC ascribed to HSC “012-21 Implementing the agreed approach to preventing Violence and Aggression towards NHS Staff in Wales”, which is currently rated green status.
- **Planning Objectives Update** - The Committee received regular Planning Objectives (PO) reports, providing an update on the progress made in the development of the two POs under the Executive leadership of the Director of Public Health that are aligned to the HSC:
 - 4H – Review and refresh the Health Board’s emergency planning and civil contingencies/public protection strategies and present to Board by December 2021. This should include learning from the COVID-19 pandemic.*
 - 4I – Achieve Gold level for the Defence Employers Recognition scheme by March 2022.*

The Committee noted that PO 4I has been achieved and is therefore closed. The Committee was informed at the November 2021 meeting that the Director of Therapies & Health Science would cover the portfolio for the two POs aligned to the HSC for the coming six months. Congratulations were expressed to HDdUHB for gaining the Defence Employer Scheme Gold Award in recognition of the support provided to the Armed Forces Community. In regard to PO 4H, the Committee noted that work on this has been deferred due to the COVID-19 pandemic and the new major trauma network. It is anticipated that the Major Incident Plan would be presented to the HSC in the Summer or Autumn of 2022 and that PO 4I is to be revised for 2022/23.

- **Health and Safety Performance Standards & Targets** – At the January 2022 meeting, the Committee received the Health and Safety Performance Standards and Targets report, setting out the Health, Safety and Security Department’s objective of using information available to assure the HSC that throughout HDdUHB, arrangements to control health and safety risks are in place; comply with the law as a minimum; and operate effectively. It was noted that there is no single reliable measure of health and safety performance, and that what is required is a “basket” of measures or a “balanced scoreboard”, providing information on a range of health and safety activities. With this in mind, the Health, Safety and Security

Team have agreed Key Performance Indicators to enable HDdUHB to better measure and monitor health and safety performance. It was emphasised that this is a topic which the HSE is focused upon, and although work is progressing in terms of leading indicators, further focus on areas for progression is being undertaken. The Committee received assurance from the report that work is progressing in relation to how health and safety is being measured.

- **Operational Security Model Update** – At the January 2022 meeting, the Committee received a verbal update with regard to the Operational Security Model, noting that this would be incorporated into the new Security Planning Objective (PO).
- **Policy Approval** – The Committee approved the following policies during 2021/22:
 - Business Continuity Policy.
 - Lone Worker Policy.
 - Electrical Safety Policy.
 - Health & Safety Policy.
 - New and Expectant Mothers/Birthing Parents Procedure (Version 2).
 - Control of Substances Hazardous to Health (COSHH) Policy & Procedure (Version2).
 - Approval to the Extension of Health and Safety Policies (Lockdown Policy and Latex Policy).
 - Closed Circuit Television (CCTV) Policy.
 - Estates Ventilation Policy.
 - Medical Gas Policy.
 - First Aid at Work Procedure (Version 2).
 - Lone Worker Policy.
 - Latex Policy (Version 2).
 - Approval of a 6-month extension to Policy 144 – Operational Maintenance Policy.
- **Key Risk and Issues/Matters of Concern** – A number of key risks, issues and matters of concern were presented to Public Board following HSC meetings.

May 2021:

- Significant concerns relating to the availability of Discretionary Capital for fire safety work in the current financial year, with Members informed that surveys carried out across the HB estate had identified fire safety requirements which would require significant capital expenditure to address. Members were assured that limitations upon the ability of Fire Safety Teams to address the backlog of Fire Safety work as a result of pre-commitments on the Discretionary Capital Programme for 2021/22 and the impact of the COVID-19 pandemic upon team capacity had been highlighted to the People, Planning and Performance Assurance Committee at its meeting on 27th April 2021, and that discussions were held regarding whether further Fire Enforcement Business Justification Cases could be made to WG.
- Concerns remain in regard to the delivery of face-to-face fire safety training, with compliance having been impacted by the COVID-19 pandemic. Members were advised that this mainly relates to ward and department-based staff who are responsible for ward evacuations, and were assured that the Fire Safety Team is confident that sufficient capacity can be provided to achieve the HB's 2021/22 training target of 95% for all fire safety training levels, and that opportunities to deliver all levels of fire safety training online are being explored, where deemed safe and appropriate.
- A key risk to site security lies in the HB's lack of ability to lock down sites with an automated system at all critical access/ egress points and there is a need to identify key individuals who have responsibility for operating access control systems, and to clarify

their responsibilities. Members were informed that evidence that all HB areas have site security plans in place would be provided to the Committee in future CONTEST reporting.

- Concern relating to the lack of a dedicated Security Guard Force to support the HB's *Prepare* and *Protect* arrangements, highlighted in a 2018 survey undertaken by the Home Office Counter Terrorism and Security Advisers in relation to the HB's physical security arrangements. Members were advised that consideration is being given to the HB's security enforcement arrangements within the context of the legislative constraints which apply to action which may be taken by individual staff members in response to V&A, and the environment which the HB seeks to create in its hospitals.
- The need for directorate and operational engagement in ensuring that actions relating to HSE Notice compliance are delivered, particularly given the overarching requirement to re-establish governance processes as the HB moves out of the pandemic response phase. Members were informed that the Director of Nursing, Quality and Patient Experience had written to all site General Managers and senior managers to reinforce the need for individual ownership of actions to comply with IN requirements, particularly given that the HSE wish to see evidence of ownership of action plans at operational level.
- The need to ensure that MHSWR legislative requirements and risk assessments are followed for members of staff who are working from home, and to evidence that staff are working safely in a home-working environment. Members were informed that discussions had been held with the NWSSP Legal and Risk Team in relation to how compliance with ergonomic requirements may be demonstrated in the case of staff who choose to, or are required to, work from home.

July 2021:

- Concerns expressed in regard to consistent low-level verbal abuse directed towards staff, and the need to recognise the detrimental impact of this type of abuse, upon patients and visitors in addition to staff members subject to this type of abuse. Members received assurance that staff are reporting verbal abuse, and that all such incidents are followed up by the V&A Case Manager, and were informed that warning letters formally signed by the Director of Operations are issued to patients and visitors who are identified as perpetrating incidents of V&A.
- Disappointing HSE feedback relating to findings from the visit to BGH which identified further work to be undertaken with regard to outstanding Improvement Notice actions relating to Manual Handling in Theatres. Members were informed that targeted meetings had been arranged with key staff members to ensure that the necessary work is undertaken.
- The identification by MWWFRS of nine fire doors in WGH which are of sub-standard installation, as a result of which MWWFRS is unable to lift the Fire Enforcement Notice and has issued a further notice issued requiring action to address its concerns. Members noted that corrective works would be completed by 20th August 2021, and were assured that prevention measures were in place to mitigate against the procurement of sub-standard doors and other estates fittings.
- Potential risk relating to Phase 2 Fire Safety works in WGH arising from challenges in identifying appropriate patient decant facilities. Members were advised that work has been progressing to identify opportunities for appropriately-sized ward decant accommodation to be provided at WGH in the form of a demountable solution, and that meetings are being held with WG as part of a scoping exercise for the capital cost and programme arrangements for works required to support Phase 2.

September 2021:

- The challenges impacting upon manual handling training associated with a lack of accommodation space within Ceredigion, resulting in the suspension of classroom based manual handling training for Ceredigion staff.
- Concerns raised by the HSE associated with leadership in BGH, which is being monitored as work progresses.

November 2021:

- Concerns relating to the lack of a security guard force across acute hospital sites with a security report to be presented to the Executive Team prior to 31st December 2021, followed by a report to the Health & Safety Committee early in 2022.
- The significant progress made in terms of the actions required of the Health Board by the MWWFRS.
- The concerns raised by the HSE associated with leadership in BGH, reported in the previous HSC Update Report to Board, have been resolved.

January 2022:

- Concerns relating to the inspection of hoist equipment. A further update will be presented to the HSC in March 2022 with representatives of the Clinical Engineering Team and Therapies & Health Science Department in attendance.
- Assurance was provided to the Board that work relating to COSHH and fire safety is being progressed, with a further update scheduled to be presented to the HSC.

March 2022:

- A firm timescale for the development of a meaningful H&S dashboard/performance report is required.
- Assurance was received in terms of the improvements made relating to LOLER compliance since the previous HSC meeting.
- Assurance that a draft HDdUHB Security Management Policy Framework is being developed.
- The significant progress made in terms of fire safety compliance.
- Recognising inconsistencies in terms of risk scoring, this matter will be progressed as part of the risk review sessions being led by the Director of Operations and the Director of Nursing, Quality and Patient Experience.

Argymhelliad / Recommendation

The Board is requested to endorse the Health & Safety Committee Annual Assurance Report 2021/22.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:
Datix Risk Register Reference and
Score:

Not Applicable

Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Committee meetings held in 2021/22
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Health & Safety Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A sound system of internal control, as evidenced in the Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	SBAR template in use for all relevant papers and reports.
Risg: Risk:	SBAR template in use for all relevant papers and reports.
Cyfreithiol: Legal:	A sound system of internal control, as evidenced in the Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed. Compliance with the Health Board's Standing Orders, and the Committee's Terms of Reference, requires the submission of an Annual Report to the Board.
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable

Cydraddoldeb:
Equality:

SBAR template in use for all relevant papers and reports.