



**GIG  
CYMRU  
NHS  
WALES** | Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



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| <b>Meeting Date</b>  | <b>05 April 2022</b>   | <b>Agenda Item</b>                  | <b>4.1</b>               |
| <b>Report Title</b>  | <b>Health &amp; Safety Operational Group Key Issues Report</b>   |                                     |                          |
| <b>Report Author</b>   | Mark Parsons, Assistant Director of Health & Safety  |                                     |                          |
| <b>Report Sponsor</b>  | Darren Griffiths, Director of Finance & Performance  |                                     |                          |
| <b>Presented by</b>  | Mark Parsons, Assistant Director of Health & Safety  |                                     |                          |
| <b>Freedom of Information</b>                                      | Open   |                                     |                          |
| <b>Purpose of the Report</b>                                       | The purpose of this report is to update the Committee on the business discussions of the Health and Safety Operational group meeting 2 <sup>nd</sup> February 2022.  |                                     |                          |
| <b>Key Issues</b>  | <ul style="list-style-type: none"> <li>• The Health and Safety Operational group meet on a quarterly basis and reports to the Health &amp; Safety Committee.</li> <li>• Overview of service group and support services exception reports.</li> <li>• Electrical safety deep dive.</li> <li>• Estates discipline updates</li> <li>• PPE update</li> </ul> |                                     |                          |
| <b>Specific Action Required</b><br><i>(please choose one only)</i> | <b>Information</b>   | <b>Discussion</b>                   | <b>Assurance</b>         |
|  | <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Recommendations</b>   | Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> <li>• <b>APPROVE</b> the Health and Safety Policy</li> <li>• <b>APPROVE</b> the Fire Safety Policy</li> </ul>   |                                     |                          |

## HEALTH & SAFETY OPERATIONAL GROUP REPORT

### 1. INTRODUCTION

The purpose of this report is to update the Committee on the business discussions of the Health & Safety Operational Group meeting on 2<sup>nd</sup> February 2022.

### 2. BACKGROUND

The Health and Safety Operational Group report is intended to summarise the business discussions and key issues identified.

#### 2.1 HEALTH & SAFETY OPERATIONAL GROUP MEETING 2<sup>nd</sup> FEBRUARY 2022

##### a. Health & Safety Operational Group

In line with the Health & Safety Operational group terms of reference reports were received from all service groups using a standard report template. The meeting was via teams to adhere to social distancing and minimise unnecessary travel.

##### b. Service Group Director & Cross Cutting Services Updates

Individual Service Group Director Representatives provided updates on health and safety issues within their respective areas. Health and Safety updates were also received from Estates, Support Services, Security and HQ Corporate departments. There is also a section specifically for our trade union colleague's topics. Key elements are set out in the table below:

| Item  | Comments   |
|---|--|
| <b>NPTH/Singleton Group (NPTSSG): Singleton</b> | <ul style="list-style-type: none"><li>• Attendance at the service group meeting is positive, with representation increased with the inclusion of medical records.</li><li>• Singleton risk added:<ul style="list-style-type: none"><li>- SAU Environment and Flow</li></ul></li></ul> <p>Current risks identified:</p> <ul style="list-style-type: none"><li>• Cladding – cladding remains as one of the main risks for the Singleton Site, this has an impact on operational services. Due to the discovery of asbestos and expert investigations, the project is now scheduled to be completed March 2024. There is a Singleton Hospital Project Board Group that oversee the project and meet at least quarterly basis</li><li>• Other risks include:<ul style="list-style-type: none"><li>- Health care acquired transmission of COVID-19</li><li>- Insufficient isolation facilities</li></ul></li><li>• Addition risks identified:<ul style="list-style-type: none"><li>- Staffing shortages particularly SAU (Workforce &amp; OD) – there has been some improvements, however, remains a risk</li></ul></li></ul> |

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| <p><b>Neath Port Talbot</b></p> | <ul style="list-style-type: none"> <li>- Lack of storage for equipment (Beds – Trolleys etc)</li> <li>- Decanting of wards (45 beds lost as part of decant for cladding works) is challenging with the increase in staff shortages through COVID-19 related absences</li> <li>• On-going management of fire with the changes required to facilitate the cladding works.</li> <li>• Fire compartmentation surveys continue to be undertaken, with a report expected early in Q1 2022/23.</li> <li>• Physical distancing is regularly monitored, and actions updated where required.</li> <li>• COVID-19 risks continue to be monitored and changes implemented where necessary.</li> <li>• Fire risk assessments compliance remain at 100%.</li> <li>• Mandatory training is running at 79-91%, programmes in place to continue improvements in compliance.</li> <li>• No PPE issues raised.</li> <li>• Capital works on fire doors have commenced in the OPD area.</li> <li>• Security overnight continues, with temporarily funding and continually reviewed.</li> <li>• Acute medical redesign works, this has workforce challenges and being worked through as part of the centres of excellence. Also, various capital works taking place, adding to an already busy hospital environment.</li> <li>• Work continues reviewing ligature risk assessments</li> <li>• Incidents to staff <ul style="list-style-type: none"> <li>- 2 RIDDOR incidents</li> </ul> </li> <li>96 incidents to staff <ul style="list-style-type: none"> <li>- 24 accident/falls</li> <li>- 48 V&amp;A/Behaviour</li> <li>- 13 Communication</li> <li>- 3 Exposure to Environmental Health Hazard</li> <li>- 1 Infection</li> <li>- 2 Medical Devices, Equipment, Supplies</li> <li>- 5 Property</li> </ul> </li> <li>• NPTH new risks added: <ul style="list-style-type: none"> <li>- Inappropriate attendance at MIU</li> <li>- MIU Waiting Area</li> <li>- Unavailability of timely ambulance transfers from MIU to ED</li> </ul> </li> </ul> <p>Current risks identified:</p> <ul style="list-style-type: none"> <li>• COVID-19 risks continue to be monitored and changes implemented where necessary.</li> <li>• Physical distancing is regular monitored and actions updated where required.</li> </ul> |
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|                       | <ul style="list-style-type: none"> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 79% - 91%, plans in place to increase training compliance.</li> <li>• No PPE issues reported.</li> <li>• Compartmentation survey is in the 'find and fix' review with anticipated completion date now end of March 2021.</li> <li>• Fire risk assessments compliance remain at 100%.</li> <li>• Regular H&amp;S walkabouts, these are supported by PFI partners and H&amp;S colleagues.</li> <li>• As part of the redesign of services, NPTH will become a centre of excellence for orthopaedics, number of capital projects identified, with works progressing with capital and PFI partners.</li> <li>• Work continues reviewing ligature risk assessments</li> <li>• Incidents to staff <ul style="list-style-type: none"> <li>- 2 RIDDOR incidents (under investigation)</li> </ul> </li> </ul> <p>56 Incidents to staff</p> <ul style="list-style-type: none"> <li>- 12 accident/falls</li> <li>- 39 V&amp;A/Behaviour</li> <li>- 1 Communication</li> <li>- 1 Exposure to Environmental Health Hazards</li> <li>- 1 Medical Devices, Equipment, Supplies</li> <li>- 2 Property.</li> </ul> |
| <b>Morriston Unit</b> | <ul style="list-style-type: none"> <li>• The service group has 18 explicit H&amp;S risks on its risk register, these are continually reviewed</li> <li>• Tender for CCTV and affray alarm system has been published, with works expected to be completed in Q4, however, access to ED has been hampered due to COVID-19 and general attendance, this is being reviewed regularly. SH thanked the group for their support on the risk and other risk challenges.</li> <li>• COVID-19 risks continue to be monitored and changes implemented where necessary.</li> <li>• Staff shortages due to COVID-19 are stabilising but remain a risk.</li> <li>• Staff nosocomial transmission on the risk register (score 16) reflects the increase in incidents reported.</li> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 69% - 83%, programmes in place to continue improvements in compliance.</li> <li>• No PPE issues reported.</li> <li>• Physical distancing continues to be monitored and changes implemented where required.</li> <li>• Staff incidents have remained stable overall, approx. 60 per month, this is being actively monitored and identified</li> </ul>           |

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|  | <p>multiple incidents involving same staff. Appropriate support is in place and lessons identified are implemented and shared across the service group to see if this will influence changes and reduce incidents. Various methods are being worked through to ensure appropriate support is in place, this includes training to meet the demands of the changing patient acuity.</p> <p>SH informed the group that this could be her last H&amp;S Ops meeting, with responsibility being passed to the hospital management group as these currently chair the group. MP thanked SH for her valuable contribution and her input would be missed going forward and the group look forward to welcoming the new attendees to the group and working with them going forward.</p>   |
| <p><b>Primary Care and Community Car Unit</b></p>            | <ul style="list-style-type: none"> <li>• MP welcomed EW to the group as the representative for Primary Care.</li> <li>• Emily introduced herself (Head of Operations) and said that she is taking on the mantle of H&amp;S for primary care.</li> <li>• PC continue to review the named contact and responsible person for the various community sites, with this expected to be completed in Q4.</li> <li>• It has been confirmed that JP represents PC&amp;C as fire safety lead</li> <li>• MP is working with BO and H&amp;S governance structures, with a target completion date in Q4.</li> <li>• No new risks identified.</li> <li>• Incidents to staff <ul style="list-style-type: none"> <li>- No RIDDOR's reported</li> </ul> </li> <li>33 Incidents to staff <ul style="list-style-type: none"> <li>- 8 accident/falls</li> <li>- 12 V&amp;A/Behaviour</li> <li>- 10 Communication</li> <li>- 2 Exposure to Environmental Health Hazards</li> </ul> </li> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 84% - 96%, programmes in place to continue improvements in compliance.</li> </ul> |
| <p><b>Mental Health &amp; Learning Disabilities Unit</b></p> | <ul style="list-style-type: none"> <li>• Confirmation that the last service group H&amp;S meeting took place on 1/2/22, with good attendance from the various services.</li> <li>• COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary.</li> <li>• Physical distancing continues to be monitored and changes implemented where required.</li> </ul>  |

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|                           | <ul style="list-style-type: none"> <li>• A review of the Tonna fire plan has been drafted and is being presented to the November MH&amp;LD H&amp;S meeting.</li> <li>• There are 9 risks under H&amp;S, with 5 placed on the risk register between 2015 – 201, SG monitors, manages and update these on a regular basis. <ul style="list-style-type: none"> <li>○ Llynfi Training Centre at Glanrhyd Hospital has been highlighted as an increasing risk, however, a new venue has been sources, with expected occupation in Q1 2022/23.</li> </ul> </li> <li>• Risks are being monitored locally, with controls in place to mitigate as far as is reasonably practicable.</li> <li>• No PPE issues reported.</li> <li>• Incidents to staff for the last quarter <ul style="list-style-type: none"> <li>- 4 RIDDOR's reported</li> </ul> </li> <li>146 Incidents to staff <ul style="list-style-type: none"> <li>- 93 resulted in no harm</li> <li>- 47 resulted in low harm</li> <li>- 6 resulted in moderate harm</li> </ul> </li> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 79% - 91%, programmes in place to continue improvements in compliance.</li> <li>• Ligature works are underway at Cefn Coed, Caswell clinic, Ward F NPTH and some L&amp;D premises.</li> </ul> |
| <b>HQ Baglan</b>          | <ul style="list-style-type: none"> <li>• HQ H&amp;S meeting last held on 27<sup>th</sup> July 2021, with good attendance.</li> <li>• COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary.</li> <li>• Physical distancing continues to be monitored and changes implemented where required.</li> <li>• Majority of staff based at HQ are working from home where practicable to do so due to COVID-19 and in line with WG recommendations</li> <li>• HQ health and safety group have no immediate H&amp;S concerns.</li> <li>• Flexible working arrangements are being introduced in HQ to enable staff to have a more formal approach to hybrid working.</li> </ul>   |
| <b>Estates Management</b> | <p>There was no representative from estates, with apologies received from DK, with a paper provided that outlined:</p> <ul style="list-style-type: none"> <li>• COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary.</li> <li>• Staff shortages due to COVID-19 fluctuate.</li> </ul>   |

- Physical distancing continues to be monitored and changes implemented where required.
  - Resources in estates disciplines is still a risk and less than other HB's
  - A review of the estates specific risks has been undertaken and presented to the management board.
  - Estate's subgroups Compliance with WHTM's in a number of areas was highlighted in the estates report:
    - Medical Gases
    - Electrical services
    - Ventilation
    - Fire
    - Decontamination
    - Asbestos
    - Emergency lighting
- Medical gases:
- AP's appointed for Morriston and Singleton Hospitals.
  - Authorised Engineer has undertaken an audit, with a draft report received with a number of recommendations, with action plans being developed to address the recommendations.
  - Medical gas drawings have been updated and training for senior nursing staff has been identified as a key issue for 2021/22.
- Electrical Services:
- HB has appointed an authorised engineer (AE), who in turn has appointed APs at Singleton & Morriston Hospitals.
- Ventilation Systems
- Additional estates officer resources have been appointed, with training identified to enhance knowledge.
  - Large percentage of the ventilation system is non-compliant with current HTM's and is included in the estates risk register.
  - Works continue the fire cause and effect at the hospital sites.
- Fire safety:
- Fire compartmentation surveys have been commissioned covering Singleton and Morriston Hospitals, reports scheduled to be received in Q1 2022/23.
  - Fire door replacement programmes commenced in Morriston and Singleton Hospitals.
- Decontamination:
- Aps have been appointed at Singleton and Morriston Hospitals.
- Asbestos Management:

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|                         | <ul style="list-style-type: none"> <li>• Works are on-going with the management of asbestos, with further removals planned for 2021/22.</li> </ul> <p>Water Safety Management:</p> <ul style="list-style-type: none"> <li>• Water fountains – issues raised around maintenance and all such requests should go through the Water Safety Group.</li> </ul> <p>Emergency Lighting:</p> <ul style="list-style-type: none"> <li>• Significant progress on the upgrading of emergency lighting has been achieved at Singleton Hospital, with some progress made at Morriston, with further improvement scheduled for 2022/23.</li> </ul> <p>Waste:</p> <ul style="list-style-type: none"> <li>• Nationally there has been challenges around the management of waste, with additional pressures from the pandemic – PPE disposal (bulky items, create large volumes of waste). This continues to be monitored local and nationally with contingencies in place.</li> </ul> <p>Progress has been made in several areas; however, resources remain a challenge across the estates team.</p>  |
| <b>Support Services</b> | <ul style="list-style-type: none"> <li>• A new risk has been added relating to the catering department roof, this is also on the main Morriston site risk register.</li> <li>• Staff shortages due to COVID-19 are stabilising, however, the risk remains with COVID-19 cases fluctuating.</li> <li>• A review of security has taken place following the Liverpool car bomb attack.</li> <li>• COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary.</li> <li>• Physical distancing continues to be monitored and changes implemented where required. A number of staff are questioning this in the canteen areas, this is based on rules outside the NHS having been relaxed.</li> <li>• Incidents to staff reported in month <ul style="list-style-type: none"> <li>- No RIDDOR's reported</li> </ul> </li> </ul> <p>24 Incidents to staff</p> <ul style="list-style-type: none"> <li>- 4 accidents/falls</li> <li>- 1 behaviour</li> <li>- 14 violence &amp; aggression</li> <li>- 5 property related</li> <li>- 1 security of property</li> <li>- 14 relating to security</li> </ul> <ul style="list-style-type: none"> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 67% -</li> </ul> |



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|   | <p>86%, programmes in place to continue improvements in compliance.</p> <ul style="list-style-type: none"> <li>The department are involved in the decarbonisation strategy in relation to fleet management and also the travel charter – looking at electrical vehicles and charging points.</li> </ul>  |
| <b>Health and Safety Alerts (MDA)</b>               | <ul style="list-style-type: none"> <li>No alerts have been received this month <ul style="list-style-type: none"> <li>Medical Devices alerts (Medical Devices Committee)</li> <li>Local Safety Notices (H&amp;S Ops Group)</li> </ul> <p>It was noted again for information that Medical Devices Alerts (MDA) system has been replaced with the Device Safety Information system (DSI).</p> </li> <li>Internal audit are reviewing the alert system and will feed back shortly, LH to update the group of their findings at the next meeting.</li> </ul> |
| <b>Policies with Health and Safety Implications</b> | <ul style="list-style-type: none"> <li>There were no policies/procedures or protocols presented to the group. However, there are two policies presented to the H&amp;S committee due to there being very minor changes, mainly the Executive Director responsible for H&amp;S and Fire has changed recently and needs to be reflected in both the H&amp;S Policy and Fire Safety Policy, both provided as appendices – 4.1 appendices 1 H&amp;S Policy and 4.1 appendices 2 Fire Safety Policy.</li> </ul>   |
| <b>Trade Unions</b>                                 | <ul style="list-style-type: none"> <li>No topics were officially raised.</li> </ul>  |
| <b>Incident Reporting &amp; Lessons Learned</b>     | <ul style="list-style-type: none"> <li>Slight rise in burns incidents in catering, mainly scalds. A reminder on the potential of incidents being RIDDOR reportable and to ensure occupational health are informed, who in turn will inform the H&amp;S team.</li> <li>RIDDOR performance overall is improving, with only two incidents not reported to the HSE within the required timeframe.</li> <li>RIDDOR training has been well received and sessions still available.</li> <li></li> </ul>   |
| <b>Deep Dive: Violence &amp; Aggression</b>         | <p><b><u>Key questions for Electrical Safety Deep Dive</u></b></p> <ul style="list-style-type: none"> <li>Is there a mechanism in place to check portable appliances, if so, please stipulate what is in place?</li> <li>Do you know where your electrical consumer units are?</li> <li>Is there a current 5-year fixed wiring certificate in place, please provide dates?</li> <li>Do you know if the actions (if any) identified have been completed or scheduled to be completed?</li> </ul>  |

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| <p><b>NPTSSG</b></p>      | <ul style="list-style-type: none"> <li>• Are portable appliances free from clutter and/or combustible materials?</li> <li>• What system is in place to report defective items?</li> <li>• Are extension leads used and do you know the load capacity to ensure they are not overloaded?</li> <li>• Is there a system in place for medical equipment including beds to be checked, what is it?</li> </ul><br><ul style="list-style-type: none"> <li>• No specific training in place covering electrical safety</li> <li>• Only general knowledge</li> <li>• PAT testing guidance not in place</li> <li>• Staff aware of responsibilities to check areas plug integrity and equipment</li> <li>• Contracts in place for beds etc</li> <li>• 5 year rolling programme in place for fixed wiring, this is facilitated through estates</li> <li>• Support in place from estates and MEMS</li> <li>• Support in place with PFI partners</li> <li>• Help desk available to arrange repairs – estates – PFI &amp; MEMs</li> <li>• V&amp;A is monitored through the SG H&amp;S group quarterly.</li> <li>• Escalation processes in place</li> <li>• Any personal equipment must be agreed through the H&amp;S governance procedures</li> </ul> |
| <p><b>Morrison SG</b></p> | <ul style="list-style-type: none"> <li>• Due to A/L and other pressures, so ill submit a formal report retrospectively. Can confirm that the update from NPTSSG is also reflective of Morrison.</li> <li>• Issues identified during COVID-19, particularly with visiting with a purpose being in place, patients have been encouraged to bring in mobile devices to ensure communication is possible with their families and friends. This is an area that needs to be reviewed to ensure systems are in place to minimise the risk of multiple devices (power plugs) being in place on wards. This is very different to what was in place prior to COVID-19.</li> <li>• A particular incident that involved machinery had come to light and on review it was recommended that the quality of investigations be reviewed to ensure consistency. This incident was put down as relating to a wet floor, it did not pick up that the catering equipment was causing steam that then resulted in water accumulating on the floor, so questions asked about the piece of equipment and was it supposed to omit so much steam.</li> </ul>  |

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| <p><b>Primary Care &amp; Community</b></p> | <ul style="list-style-type: none"> <li>• There was no deep dive submitted by primary care; this was due to EW having just commenced her post. EW said this would be reviewed and will take on the points raised by the other service groups.</li> </ul>   |
| <p><b>Mental Health &amp; LD</b></p>       | <ul style="list-style-type: none"> <li>• We have had assistance from Singleton estates team, so we will be rolling out to our LD sites over the next week or so as they are managed by other estates teams.</li> <li>• Similar issues and processes in place identified by NPTSSG, with work to be done around training, instruction, and information.</li> </ul>   |
| <p><b>Support Services</b></p>             | <ul style="list-style-type: none"> <li>• Staff are asked to check plugs, not sure of actual competencies based on what they are required to do.</li> <li>• No periodic reviews of equipment undertaken.</li> <li>• Domestic staff trained to undertake visual checks of plugs before use.</li> <li>• PAT testing regime is not understood.</li> <li>• Staff advised not to make any alterations to electrical equipment.</li> <li>• No specific system in place for portable appliance (mobile devices – phones)</li> </ul> |
| <p><b>HQ Baglan</b></p>                    | <ul style="list-style-type: none"> <li>• HQ have a contract in place with a facilities management company and PAT testing is arranged through the contract.</li> <li>• Staff have a responsibility to visually check the electrical plug/cables prior to using the equipment.</li> <li>• Estates and/or the FM company have help lines to deal with queries.</li> </ul>   |
| <p><b>Overview</b></p>                     | <p>Overall, the SG's have a reasonable understanding, however, there are several areas identified that require further work:</p> <ul style="list-style-type: none"> <li>• Training</li> <li>• PAT testing policy/procedure/guidance</li> <li>• Staff working from home and their work equipment</li> <li>• Recording and monitoring</li> <li>• Roles and responsibilities</li> </ul> <p>It was recommended that the H&amp;S group look at these areas and develop training material to assist staff in what</p>             |

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|  | <p>checks are required, provide standard template for service groups to follow.</p> <p>Protocol is being developed by the Electrical safety group. This takes in to account the guidance issued by the HSE for pre-use checks, visual checks, and portable appliance testing and links to homeworking. The training presentation for staff will be available via ESR.</p>   |
| <b>Health &amp; Safety Risk Register</b> | <ul style="list-style-type: none"> <li>The health &amp; Safety risk register was reviewed and there were no significant changes, although, it was noted that two additional fire safety advisors have been appointed, this will enable the team to plan better going forward and provide fire safety support to service groups.</li> </ul>  |
| <b>Policies and Procedures</b>           | <ul style="list-style-type: none"> <li>No policies or procedures were brought the H&amp;S group for approval.</li> </ul>  |
| <b>Fire Safety Group</b>                 | <ul style="list-style-type: none"> <li>Due to operational challenges, the fire safety group was cancelled.</li> </ul>   |
| <b>AOB</b>                               | <ul style="list-style-type: none"> <li>MP proposed bringing forward some of the deep dive programmes, this is due to the next one being asbestos, this primarily impacts on estates and will probably be a separate paper on asbestos from estates going forward. It was also proposed not to have a deep dive at the next meeting, this will help service groups undertake the actions identified in previous deep dives.</li> </ul> |

### c. Logistics (PPE) Cell update

Due to the positive position of PPE, a verbal update on the current position on PPE nationally and locally, both reporting positive levels of PPE, with nationally supplies through NWSSP having over 26 weeks of most lines of PPE. It was agreed at Gold in February 2022 to move away from the HB central PPE hub, to almost business as usual, this means areas will order PPE direct, so back to pre-pandemic ordering.

### 3. GOVERNANCE AND RISK ISSUES

Health and Safety governance is as important as any other aspect of governance. It is a fundamental part of an organisation's overall risk management function which is a key responsibility of directors. Failure to manage health and safety risk effectively has both human and business costs. The price of failure can be the damaged lives of workers, patients, their families, and friends, as well as direct financial costs, damaged reputations, and the risk of legal prosecution.

### 4. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

## 5. RECOMMENDATION

Members are asked to:

- **NOTE** the report
- **APPROVE** the Health and Safety Policy
- **APPROVE** the Fire Safety Policy

| <b>Governance and Assurance</b>   |   |                                     |
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| <b>Link to Enabling Objectives</b><br><i>(please choose)</i>  | <b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b> |                                     |
|   | Partnerships for Improving Health and Wellbeing   | <input checked="" type="checkbox"/> |
|   | Co-Production and Health Literacy   | <input type="checkbox"/>            |
|   | Digitally Enabled Health and Wellbeing  | <input type="checkbox"/>            |
|   | <b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>         |                                     |
|   | Best Value Outcomes and High Quality Care   | <input checked="" type="checkbox"/> |
|   | Partnerships for Care   | <input type="checkbox"/>            |
|   | Excellent Staff   | <input type="checkbox"/>            |
|   | Digitally Enabled Care  | <input type="checkbox"/>            |
|   | Outstanding Research, Innovation, Education and Learning  | <input type="checkbox"/>            |
| <b>Health and Care Standards</b>  |   |                                     |
| <i>(please choose)</i>  | Staying Healthy   | <input type="checkbox"/>            |
|   | Safe Care   | <input checked="" type="checkbox"/> |
|   | Effective Care  | <input checked="" type="checkbox"/> |
|   | Dignified Care  | <input checked="" type="checkbox"/> |
|   | Timely Care   | <input checked="" type="checkbox"/> |
|   | Individual Care   | <input checked="" type="checkbox"/> |
|   | Staff and Resources   | <input checked="" type="checkbox"/> |
| <b>Quality, Safety and Patient Experience</b>   |   |                                     |
| The effective communication of information and coordination of team activities is essential to providing safe patient care. The Health and Safety Operational group are responsible for managing and overseeing effective quality, safety, and patient experience.  |   |                                     |
| <b>Financial Implications</b>   |   |                                     |
| There are no direct financial implications arising from this report.  |   |                                     |
| <b>Legal Implications (including equality and diversity assessment)</b>   |   |                                     |
| SBUHB is committed to providing and maintaining a safe and healthy workplace and to provide suitable resources, information, training and supervision on health and safety to all members of staff, patients Contractors and visitors to comply with the legislative and regulatory framework on health and safety.   |   |                                     |
| <b>Staffing Implications</b>  |   |                                     |
| Staff will be briefed on health and safety developments through managerial meetings, staff meetings and health and safety alerts and bulletins.   |   |                                     |
| <b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>   |   |                                     |
| The Act requires the Health Board to think more about the long term, how we work better with people and communities and each other, look to prevent problems and take a more joined up approach with partners. There will be long term risks that will affect both the delivery of services; therefore, it is important that you use these five ways of working (Long Term Thinking, Prevention, Integration, Collaboration, and Involvement) and the wellbeing goals identified in the Act in order to frame what risks the Health Board may be subject to in the short, medium and long term. This will enable The Health Board to take the necessary steps to ensure risks are well managed now and in the future. |   |                                     |
| <b>Report History</b>   | This is a routine report to committee   |                                     |
| <b>Appendices</b>   | 1. Health and Safety Policy<br>2. Fire Safety Policy  |                                     |

