

Health and Safety Annual Report 2021/22



Report 2021/22



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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

1. INTRODUCTION

This is the first annual health and safety report by Swansea Bay University Health Board (SBUHB) since its inception on 1st April 2019 when the former Abertawe Bro Morgannwg University Health Board became Swansea Bay University Health Board following boundary changes between Cwm Taf University Health Board who also had a name change to Cwm Taf Bro Morgannwg University Health Board.

Swansea Bay University Health Board provide many services across Swansea, Neath and Port Talbot geographical locations with specific services provided in other health board areas and employs over 13,000 staff.

The Health and Safety annual report covers the period 1st April 2021 – 31st March 2022. The report outlines the journey the Health Board has taken throughout the year, covering key issues:

- Health & safety team resources
- COVID-19 challenges
- Response to PPE and logistics
- Fire risk assessment compliance
- Training compliance
- Policy & procedure development
- Health & Safety governance
- Enforcing authority actions/site visits (HSE & Fire)
- Development of Key Performance Indicators
- Health and Safety risk register
- NWSSP internal audits/inspections and actions
- Health and Safety Committee meetings
- Health & Safety Operational Group meetings
- Supporting/input – implementation of the One for Wales (OfW) DATIX system – commencement date 1st April 2022
- Development of on-line training for electrical safety (adopted on an all Wales basis)
- Collaborative working with Occupational Health Services (Development of a single COSHH database) & Jing inspections/audits

This year has seen the continuation of the worldwide COVID-19 pandemic, which has and remains challenging for the Health Board, consequently the health & safety implications have been considerable. The Health Board introduced various control measures based on national and devolved government guidance in response to the pandemic.

2. Background

Since the inception of SBUHB in April 2019, the Health Board (HB) was issued with and addressed 12 health and safety executive improvement notices, nine of which were issues initially to Abertawe Bro Morgannwg University Health Board. A further

three notices were received in July and October 2019. In addition to the improvement notices, letters outlining recommendations were also received and covered a range of categories:

- Violence and Aggression
- Manual Handling
- Reporting and investigating incidents
- Staff/Patient/Visitor Safety (numerous points)
- Electrical Safety



All improvement notices were complied with by 7th February 2020.

As part of the compliance to the improvement notices the health and safety governance structure was updated and formed part of the key changes to start the health and safety journey towards compliance and this will continue as we learn from within the HB and from others on our continuous journey to maintain the safety of our staff, patients and others.

Given the challenges of the organisations first year as SBUHB a new challenge emerged in the form of COVID-19 a global pandemic declared in January 2020, hence there being no annual report submitted for 2019/20 or 2020/21.

3. COVID-19

On 23rd March 2020, the Welsh Government introduced measure to achieve social distancing that were underpinned by legislation. SUHB as with other organisations had a duty to implement these throughout the Health Board. Further measures were instructed on 7th April 2020 by Welsh Government, enforcing 'social distancing' at work with the law requiring employers to abide by the 2-metre rule where "reasonable and practicable" to do so.

The Health Board has undertaken a range of work to comply with the Physical Distancing Guidelines. In June 2020, the Physical Distancing Work Cell was established to focus on several areas of work to ensure the Health Board were complying with the Regulations and guidance. Areas that the work cell have been focused on include Physical Distancing Risk Assessments and Risk Assessment reviews across the Health Board. Communication to public and staff about the measures introduced, and prioritisation of equipment to aide compliance issued in guidance and regulations.

A Physical Distancing cell was established in June 2020, chaired by the Deputy Chief Operating Officer to bring together the components of work needed to ensure the ongoing safety of both staff, patients and visitors. The group's main objectives included;

- Ensuring that the guidance from Welsh Government, which was received on 3rd June, is implemented by all Health Board Service Groups, as far as is reasonably practicable.

- Reviewing risk assessments completed for consistency and any gaps in assurance.
- Consideration of the operational guide and further work required to ensure full compliance. Implementing guidance from the Nosocomial Transmission Group (NTG).
- A review of clinical areas and identifying potential reasonable steps that can be taken to reduce the risk of nosocomial transmission.
- Coordination of further risk assessment work is required, including with partners in primary care and local authorities where Health Board staff that are in other premises.
- Coordinating a communication approach for staff and public
- Working with the PPE cell to consider the implications of further guidance on PPE requirements.
- Prioritising requests for investment in further physical distancing measures to ensure a consistent approach across the Health Board is met.
- Identifying cross Unit issues that require resolution.
- Identify 'Good Practice' and cascading this across the organisation.

Swansea Bay undertook a measured approach based on Welsh Government legislation and guidance to manage the risk of COVID-19:

- ✓ COVID-19 risk assessments carried out
- ✓ Additional cleaning introduced in clinical areas
- ✓ Standard and enhanced infection prevention & control monitoring
- ✓ Staff worked remotely, with investment in technology to facilitate
- ✓ Social distancing implemented where practicable to do so – investment in screens, clear curtains and other mitigations to reduce the risk
- ✓ Implemented Test, Trace, Protect programme in the workplace
- ✓ Bay field Hospital built and established - Mass vaccination centre

Centralisation of the PPE hub was transferred from HQ to the Bay field Hospital to coordinate all PPE deliveries and distribution, with dedicated emails and ordering process to facilitate the requirements of all services. Working with local and national procurement teams to coordinate the sourcing of PPE.

Prioritisation of equipment and ICT requests to facilitate remote/home working has been established. Additional funding has been allocated for ICT equipment to ensure demand is met across the Health Board.

Regular communications were issued and a dedicated section on the Health Boards intranet was set up and maintained to keep people informed of any changes.

4. Key Achievements 2021 - 22

Given the challenges over the period it is important to outline some of our key achievements, these are listed in table 1. The Health Board response to COVID-19 and the many challenges this presented, with all staff, management and trade unions working together to implement national guidance, undertook joint risk assessments and implemented several control measures throughout the HB. This covered tertiary, acute, mental health & learning disabilities and community services.

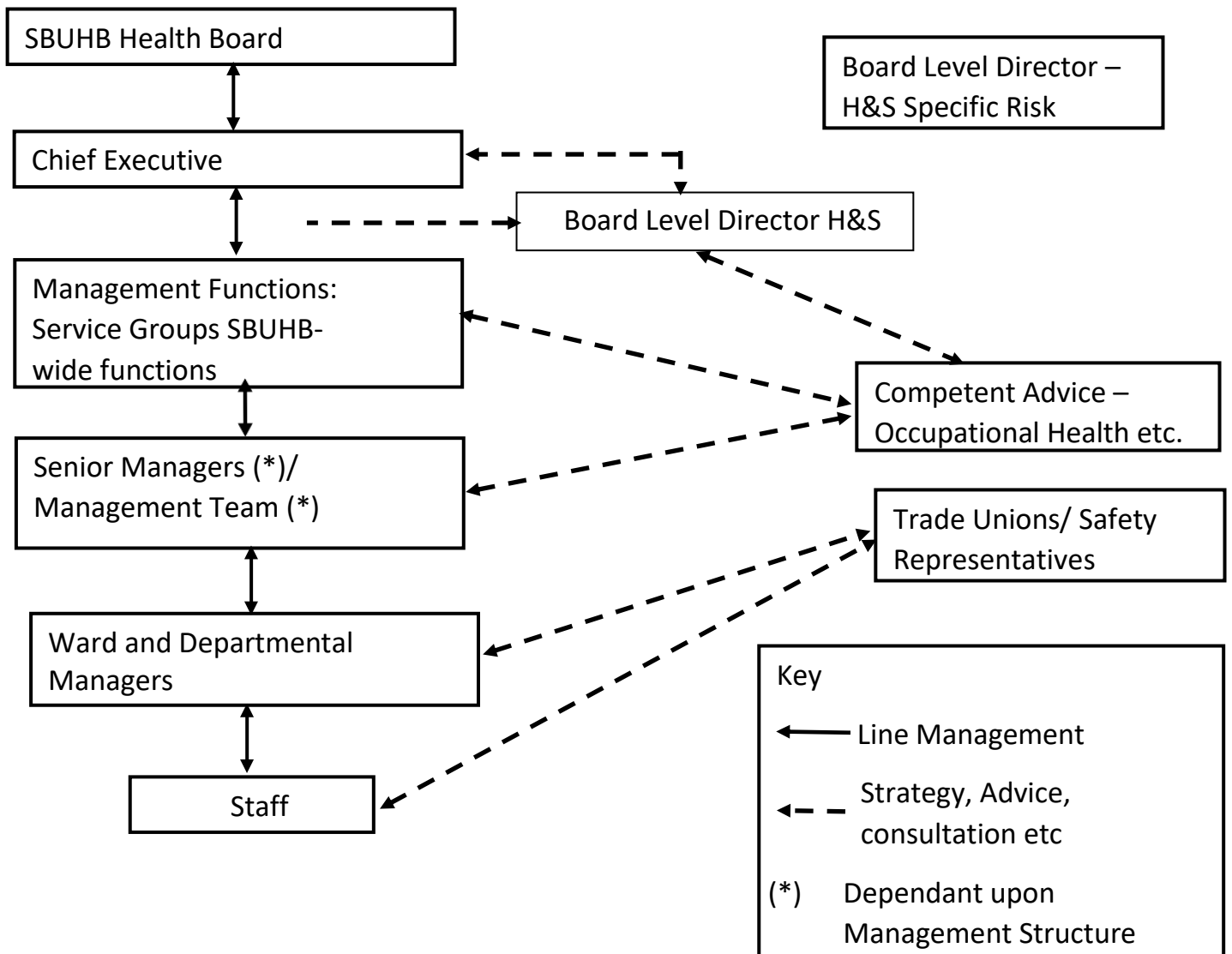
Table 1. 

- The continued provision of personal protective equipment (PPE)
- Introduction and maintenance of physical distancing
- Roll out of fit testing through identified cascade systems
- Provision of manual handling training, capturing increased numbers of health care support workers (HCSW) and new recruits from overseas (nurses)
- Fire risk assessment compliance
- Introduction of health & safety key performance indicators
- Development of online training system for electrical safety – this has been adopted on an all Wales basis
- Successful recruitment to health & safety team increasing resources
- Maintaining system for case management support for staff affected by violence and aggression
- Participating and responding to internal audit and agreeing actions to address identified areas of limited assurance
- Promotion of H&S through Health and Safety Operational Group
- Provision of assurance to the HB Health & Safety Committee
- Development and implementation of RIDDOR training for managers, supervisors and trade union colleagues
- H&S team have supported staff returning to working undertaking specific risk assessments and recommending adjustments to facilitate their return, number of assessments vary year on year

5. Health & Safety Governance Structure

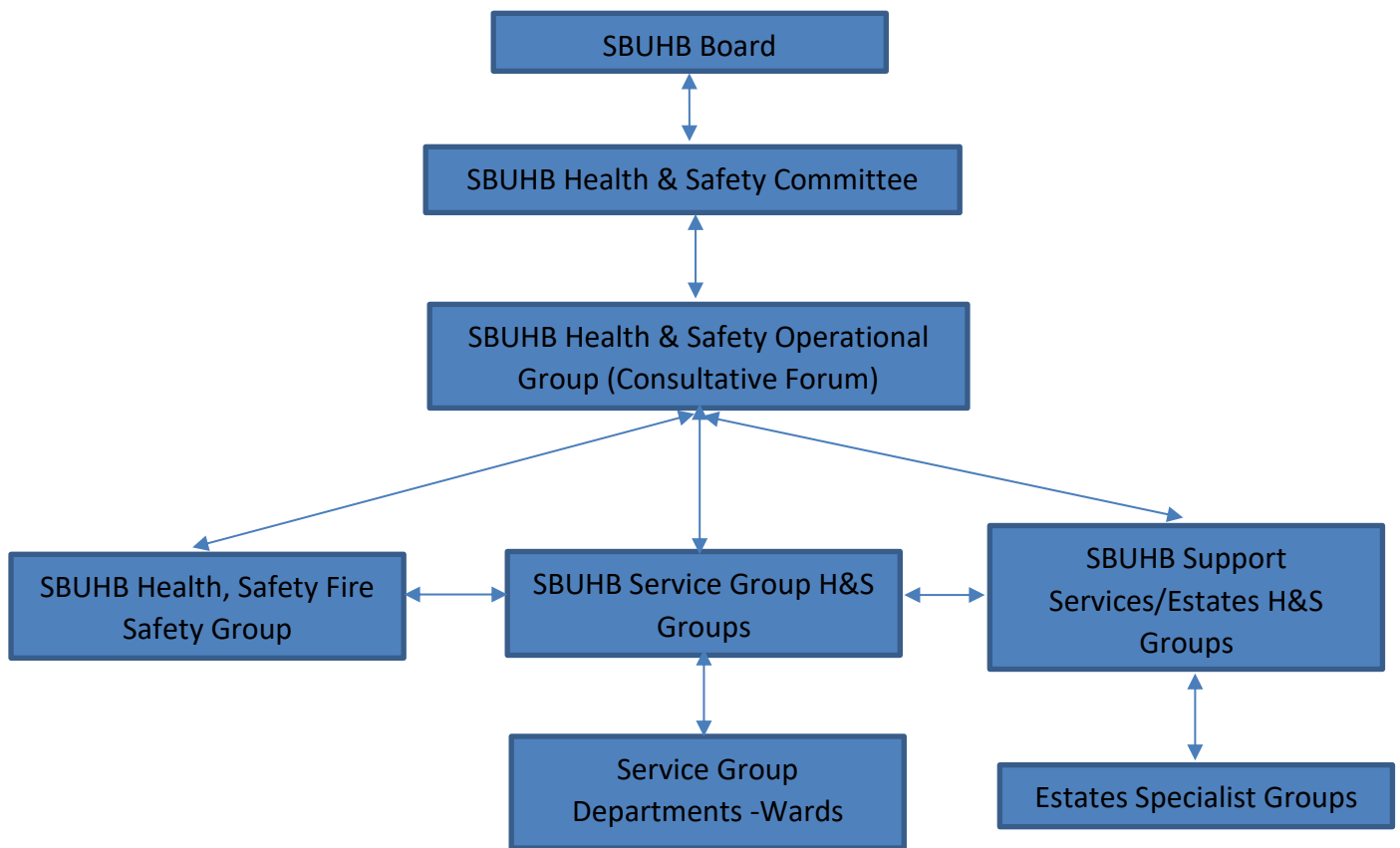
5.1 Health and Safety Management Arrangements

SBUHB Health and Safety Management Arrangements Chart



Health & safety governance is as important as any other 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, as well as direct financial costs, damage to reputations and the risk of legal prosecution.

5.2 Health & Safety Committee/Group Structure



The Health & Safety Committee/Group structure has been established for the health board, with clear links to service groups and specialist areas i.e. fire and estates to plan, manage and monitor organisational compliance with statutory health and safety requirements.

6. Training compliance



6.1 Online Health and Safety Training

Throughout the year steady progress has been made on overall training compliance. The majority of training has been provided remotely via teams or through the electronic staff records (ESR) system. The Welsh Government and Swansea Bay UHB have provided targets for training compliance and this is a minimum of 85%, with all service groups reporting compliance figures throughout the year covering H&S subjects listed:

- Health & Safety
- Manual Handling
- Violence & Aggression
- Fire Safety Training

All service groups have reported challenges in their ability to improve compliance levels due to sick absence, vacancy factor and COVID-19. All service groups have put measures in to improve on current compliance levels of training.

The following charts show the training performance by service group for 2021/22 financial year.

Chart 1. NPTH

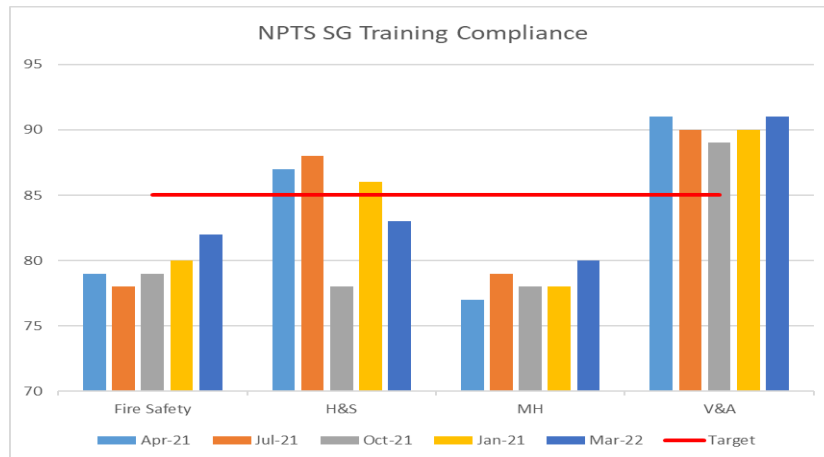


Chart 2. Morriston Hospital

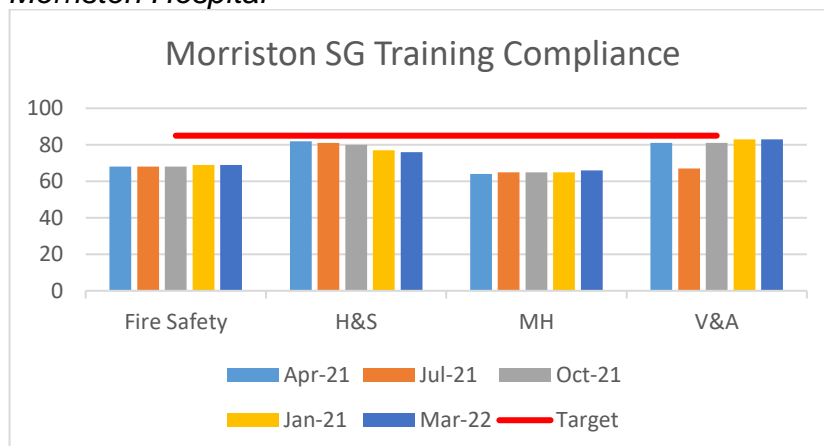


Chart 3. Primary Care & Therapies Service Group

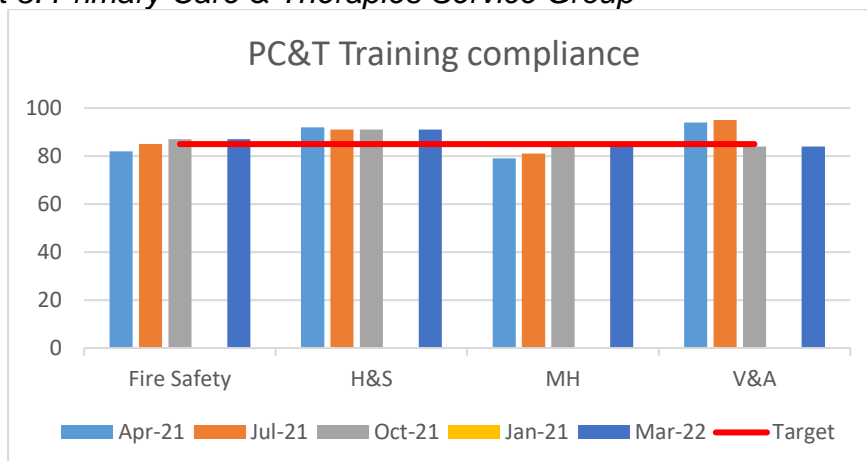
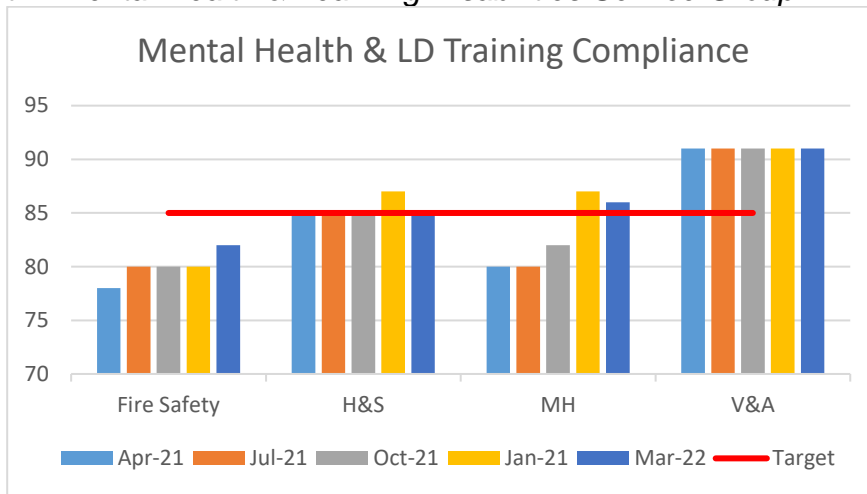


Chart 4. Mental Health & Learning Disabilities Service Group



All service groups have reported that COVID-19 absence and general staffing levels have impacted on the training compliance rates, and have action plans in place to increase training compliance going forward. This will be monitored through the HSOG and reported to the Health and Safety Committee in the HSOG key issues reports in 2022/23.

6.2 Manual Handling Training

In addition to the on-line training the manual handling team have provided onsite training and support:

- Mortuary – new interventions covering Portering staff on safe transfer of patients in the body store
- Bariatric training covering complex handling cases in theatres, working with consultants and nursing staff to maintain safe manual handling techniques to minimise risk of injury to staff and patients
- Theatres – Use a unique prone hoisting method for TEO rectal surgery (highly challenging and complex manual handling and hoisting of a patient in a prone position under anaesthetics)
- ITU – Physio team rapidly implemented a prone manual handling technique to assist in ITU and wards with COVID-19 patients
- Patient falls with query spinal cord fracture ‘off the floor lifting flat hoist training’ – This was bespoke training in the safe use of specialist equipment required for hoisting triple immobilised patient with suspected spinal cord fracture off the floor.
- Filed Hospital induction – throughout the pandemic manual handling induction was provided. Use of QR codes linked to specific video training with follow up calls/visits
- Major contributors to the total bed management framework



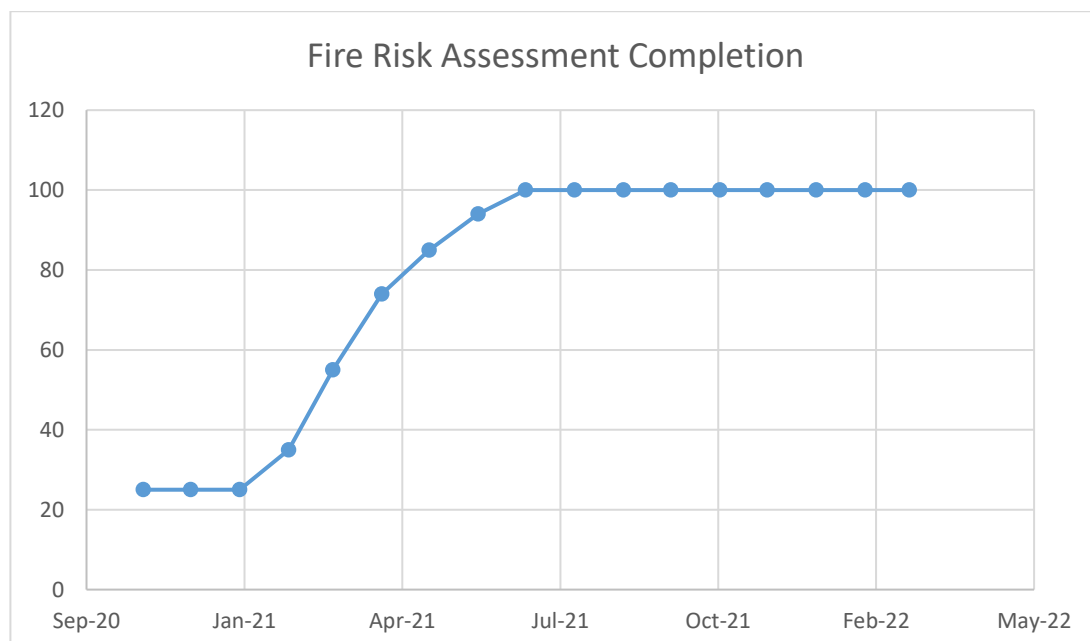
7. Fire Management

The Health Board increased resources within the health & safety team in relation to fire safety advisors during the year, initially with an internal opportunity for development. This enabled on the job coaching and development while resources were being assessed as part of an overall assessment being undertaken on health and safety resources.

The assessment identified under fire that two additional fire safety advisors were required to meet the demand on the health board. This has resulted in two additional post being advertised and filled, with the successful candidates commencing January and February 2022. One joining from another health board and the other being a SBUHB self-developed individual who has undertaken a period of on the job tuition and mentoring and the individual taken on external training and exams to achieve the necessary knowledge, experience and qualifications. This has had a positive impact in the fire risk assessment compliance and the quality of the risk assessments completed.

Picking up on the fire risk assessment programme that commenced in 2020 with a target date to achieve 100% compliance by 31 July 2021. In November 2020 FRA completion compliance was only 25%, with an action plan put in place to address the shortfall in compliance and all scheduled fire risk assessment met full compliance of completion on 16th July 2021. Chart 5 shows the progress of achieving 100% compliance. The additional resource has had a major impact in achieving this.

Chart 5 Fire Risk Assessment Compliance



8. NWSSP Audits

Audits have been undertaken by NWSSP throughout 2020 to 2022, covering Water Safety and Fire Safety Management. The key areas of focus are outlined in 8.1 and 8.2.

8.1 Water Safety:

- **Follow Up**– review of the status of previously agreed management actions
- Governance and Management – to affirm that:
 - appropriate operation of governance and management arrangements; and
 - management has implemented appropriate procedures / protocols – meeting both internal and external requirements.
- Monitoring and Reporting - to ensure that appropriate monitoring was in place, including assurance that:
- an appropriate inspection / detection regime was operated;
 - there was appropriate record retention;
 - effective monitoring procedures were in place via the established Water Safety Group;
 - there was appropriate dissemination of information through to the Executive team and Board; and
 - relevant staff received appropriate training, and appropriate resources were allocated.
- Risk Management - assurance that the UHB performed a suitable and sufficient assessment of risks; and that appropriate risk management arrangements were implemented to ensure the risk was appropriately managed/ mitigated.

From the audit a total of 11 recommendations were received, one carried over from previous audits and 10 new. NWSSP audit team did recognise that management actions are already progressing to address many of the outstanding actions. Updates submitted to the Health & Safety committee throughout the year on the continued progress against the outstanding actions.

Appropriate action plans have been developed and are being worked through with a number of actions already completed. A summary of the assurance levels, see table 2. Clearly this level of assurance is not where the Health Board wants to be and whilst a large number of outstanding actions are already complete, further focus is required in 2022/23 (and beyond) to increase and maintain higher and clearer standards of governance and compliance across the organisation.

Table 2. Assurance summary

Follow up	Limited assurance
Governance & Management	Reasonable assurance
Reporting & Monitoring	Limited assurance
Risk	Limited assurance

8.2 Fire Safety Management:

- **Follow up** from previous audits and agreed recommendations had been actioned to mitigate identified risks
- **Governance arrangements** to confirm that appropriate governance arrangements had been established and were operating effectively
- **Procedures assurance** that management had implemented robust local Fire safety procedures/protocols – meeting both internal and external requirements
- **Monitoring and reporting** to obtain assurance that effective central monitoring and reporting arrangements had been applied including drawings, risk assessments, training, incidents, actions and inspections
- **Local implementation** to obtain assurance that effective assurance mechanisms operated in respect of local compliance and implementation of defined requirements, including:
 - local management, appointment and operation of fire
 - safety officers and wardens;
 - signage;
 - equipment; and
 - records.

From the audit a total of 15 recommendations were received, three carried over from previous audits and 12 new. NWSSP audit team did recognise that management actions are already progressing to address many of the outstanding actions. Updates submitted to the Health & Safety committee throughout the year on the continued progress against the outstanding actions. A summary of the assurance levels, see table 3.

Table 3. Assurance summary

Follow up	Limited assurance
Governance arrangements	Limited assurance
Procedure assurance	Limited assurance
Monitoring and reporting	Limited assurance
Local implementation	No assurance

With the investment in fire resources, positive steps have been taken to improve compliance and assurance, providing good foundations to build on.

There were two other audit undertaken during 2020 – 2022, Waste management and Safety Notices/Alerts. A task and finish group has been set up to address the recommendations highlighted in the Safety Notices/Alerts audit and is working through the recommendations with reports provided to the Health & Safety committee. Waste is covered by the Audit & Assurance Committee.

9. Enforcing Authority Audits/Inspections

The Health and Safety Executive visited Morriston Hospital during the pandemic on 10th December 2020 to review COVID-19 measures, from which a notice of

contravention was issued. Action plan developed and evidence provided to show appropriate actions had been taken to address issues raised.

10. Incidents - RIDDOR

The Health Board records incidents on DATIX risk management software system, where staff and managers input information and undertake investigations. Throughout the year incidents are reported through the delivery group health & safety meetings and the HSOG, with higher category incidents including RIDDOR incidents reported through to the Health & Safety committee. The system enables the Health Board to analyse the data, identifying types of incidents, trends and enables identification of lessons learnt from investigations.

It is clear from the incident data that a high percentage of incidents reported are under the heading of violence and aggression. There was a decrease of 45% in reported V&A incidents, this was mainly due to the many restrictions in place for COVID-19 during 2020/21, although, the same decrease was not seen in mental health and learning disabilities. Mental Health have the highest reported V&A incidents followed by acute hospitals, particularly the emergency department.

Chart 6. All incident rates (Staff) 2021 – 2022 (10 & above reported)

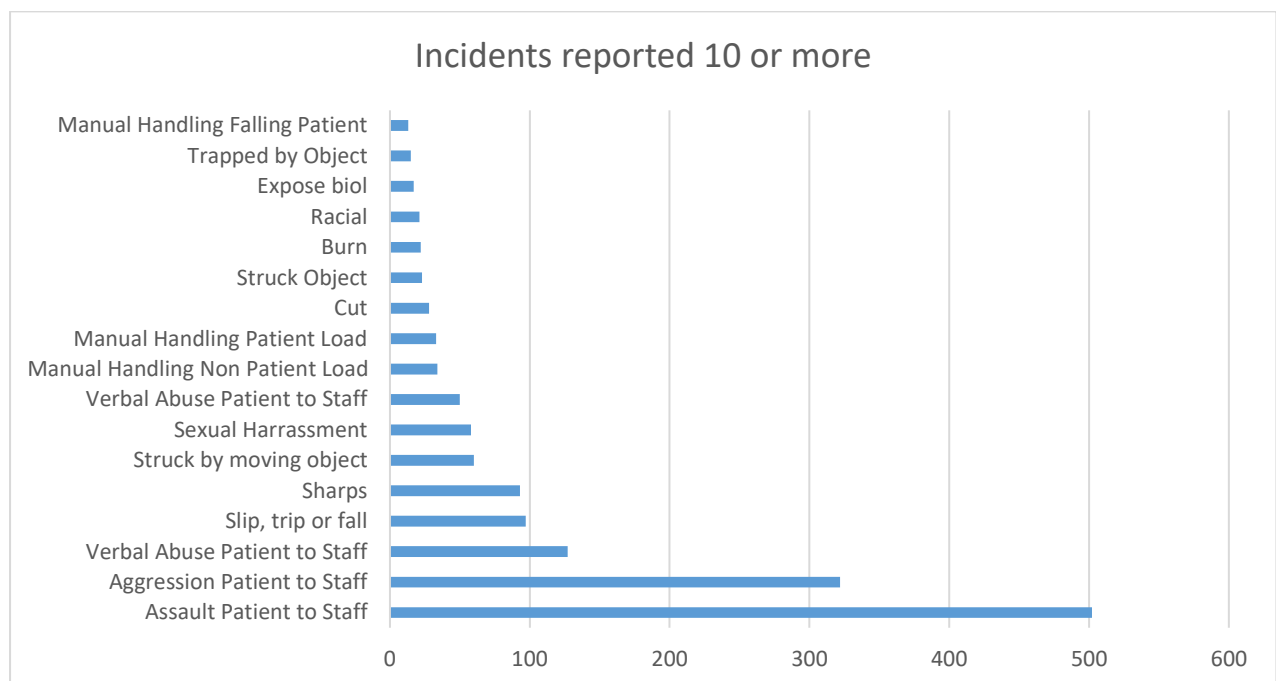


Chart 7. Identifies incidents by Service Groups 2021 - 2022

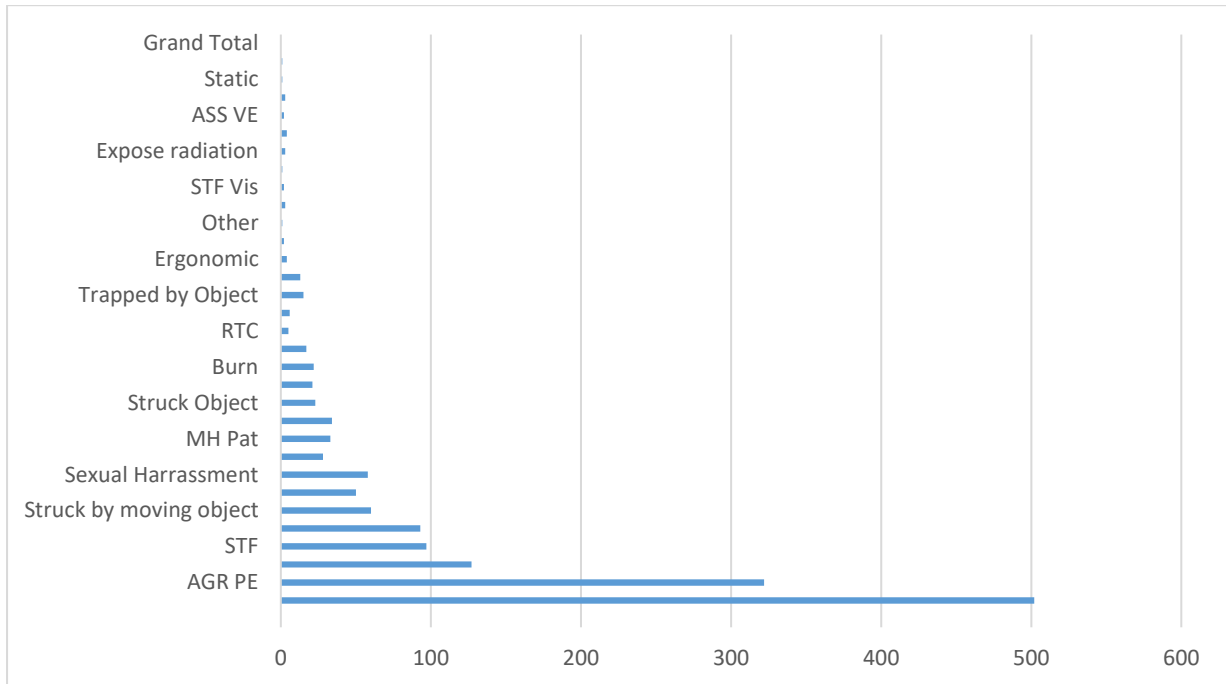
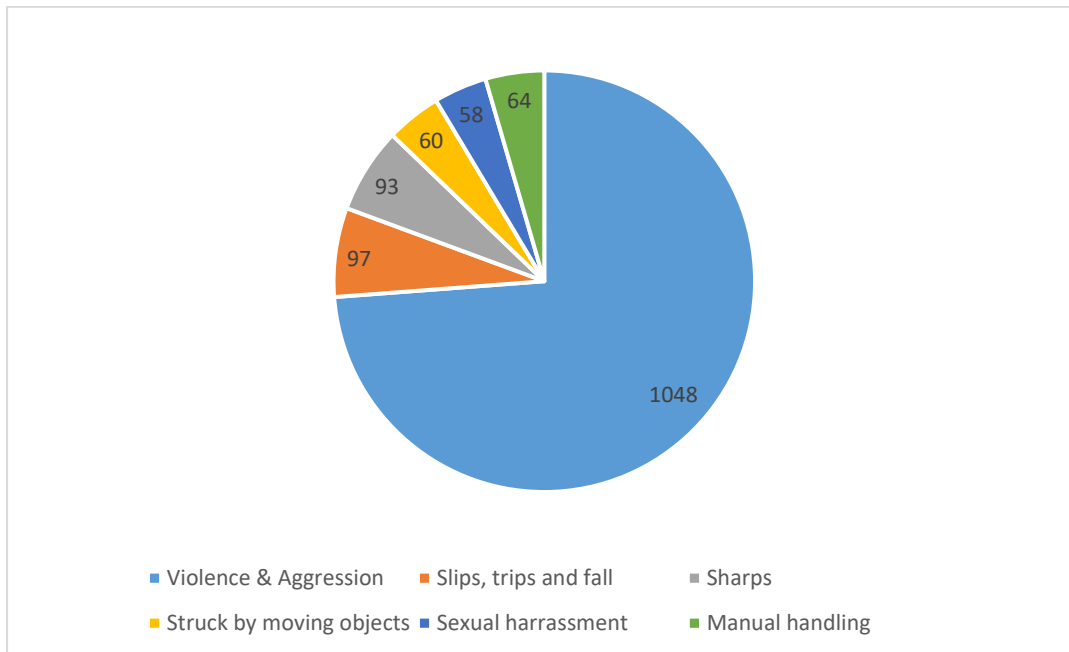
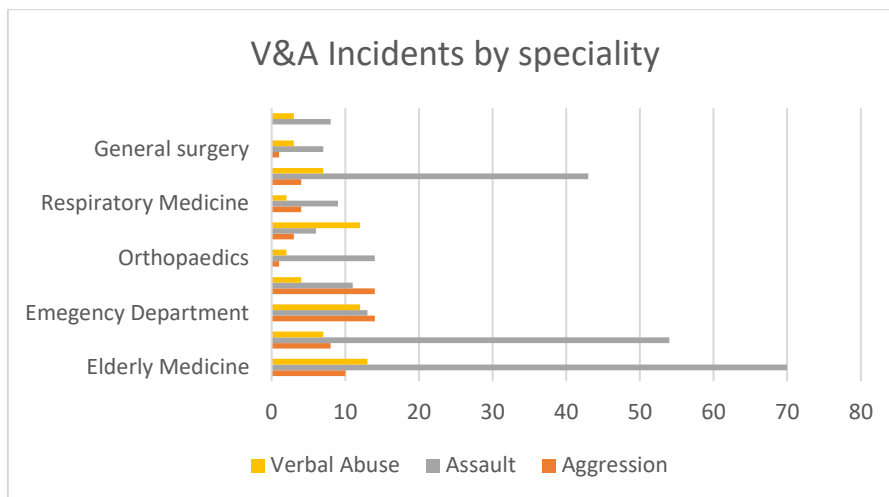


Chart 8. Top six staff incidents for 2021/22



Violence and aggression as an overall category covers several sub categories and perception on where these occur normally points to emergency departments due to this being the main access point for various conditions, however, this is not the case as is highlighted in chart 9 showing V&A incidents by speciality and excludes mental health and learning disabilities.

Chart 9. Violence and Aggression Incidents by speciality



RIDDOR reports are a legal requirement with specific guidance on what is a reportable incident, dangerous occurrence or reportable disease, all of which need to be reported to the Health and Safety Executive within prescript timeframes. During 2021/22 the Health Board reported 40 RIDDOR incidents and there were no dangerous occurrences of diseases identified as being reportable.

A breakdown of the RIDDOR incidents is shown in chart 10 and comparisons with previous years in chart 11.

Chart 10. RIDDOR breakdown by type

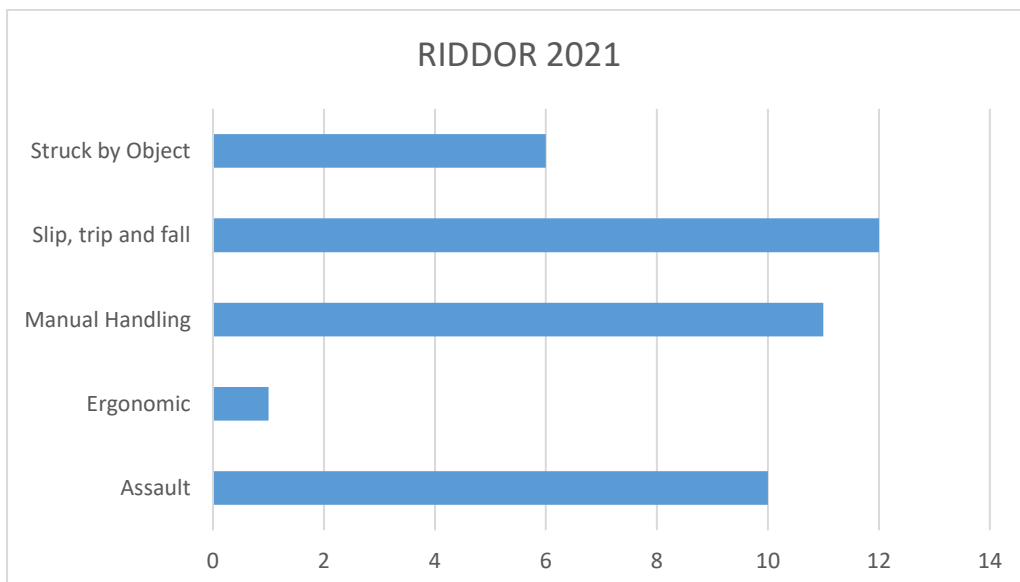
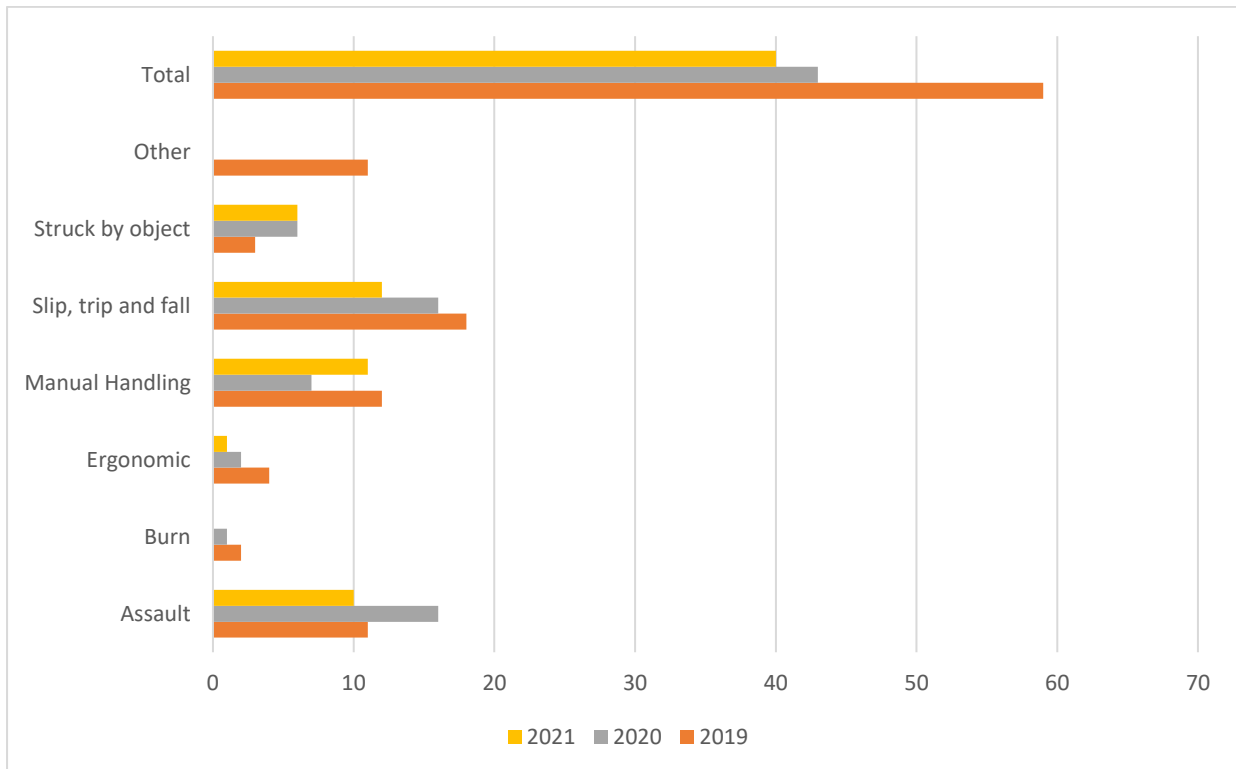


Chart 11. RIDDOR breakdown by type and by financial year 2019/20 – 2020/21 – 2021/22



The first year as SBUHB there were 59 RIDDOR's reported, this dropped in 2020 and again in 2021. A potential reason for this could be the impact of COVID-19, with a number of restrictions/controls being in place, with less activity on the various sites.

10.1 Case Management

SBUHB is part of the all Wales case manager group and in 2021 NHS Wales (CEO) along with the four Police forces in Wales, Crown Prosecution reaffirmed their commitment to the NHS Anti-Violence Collaborative 'Obligatory response to violence in healthcare' this document sets out the responsibilities of the partners when dealing with violent or aggressive incidents relating to NHS staff. Its focus is on those incidents which need to be addressed by the criminal justice system and builds on previous agreements in Wales.

Within the health and safety team support is provided by the case manager to victims of violence & aggression, with additional support through the wider H&S team if required. The case manager also acts as the single point of contact (SPOC) for the health board and attends all Wales meetings to share learning and best practice. There are several actions that can be taken, ranging from discussions/behavioural contract through to prosecution. Sanctions issued: -

- 36 anti-social behavioural orders (ASBO)
- 17 Behavioural contracts/letters
- No prosecutions pursued

11. Health and Safety Risk Register

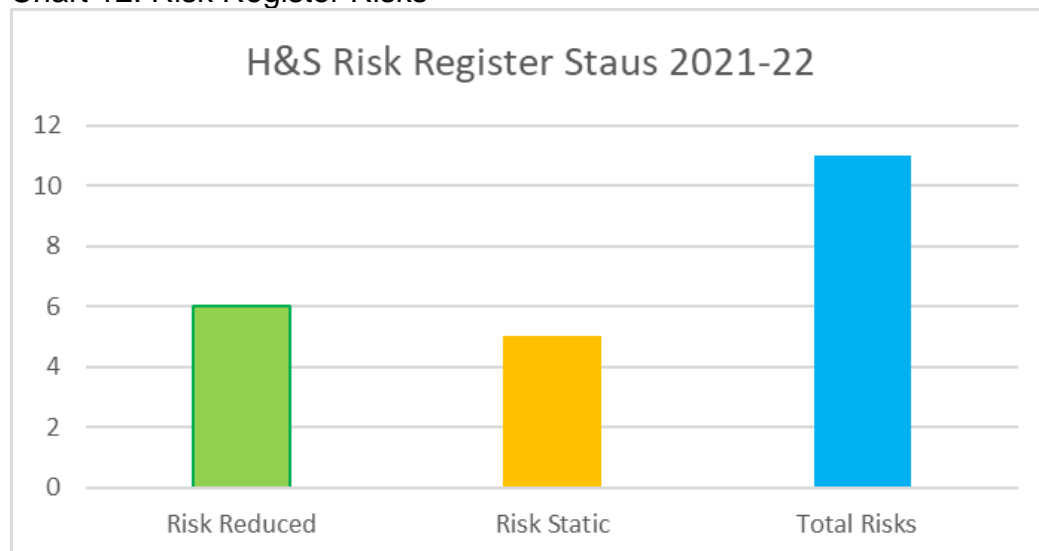
The Health Board Risk Register (HBRR) includes high risk health and safety risks, these are monitored through the Health & Safety Committee, with appropriate updates provided. At the end of March 2022 the following H&S risks remain on the HBRR:

- HBRR Ref number: 64 – Insufficient resource and capacity of the health, safety and fire function (score of 25)
- HBRR Ref number: 41 - Fire Regulation Compliance, Uncertain position in regard to the appropriateness of the cladding applied to Singleton Hospital in particular (as a high rise block) in respect of its compliance with fire safety regulations (score 16)
- HBRR Ref number: 13 - Health & Safety Compliance – Environment of Premises. Risk relates to compliance in terms of appropriate accommodation in line with Health and Safety Regulations (score 12)

The scores have remained the same throughout the year, with potential of reduction in HBRR 64 in 2022/23 with a first phase of recruitment of additional resources taken place. HBRR 41 has significant cladding replacement programme in place and is scheduled to be completed by March 2024. The risk can then be reviewed and likely to reduce.

In addition to the Health Board risk register there are delivery unit risk registers, these are presented to the Health and Safety Operational group for review at each of the meetings throughout the year. In total there are 11 risks, six of which have reduced risks scores and five have remained the same during 2021/22 as shown in chart 12.

Chart 12. Risk Register Risks



12. Policies and Procedures

Policies and procedure are taken through the scrutiny of the HSOG and H&SC and approved during 2020 – 2022:

- Health and Safety Policy
- Fire Safety Policy
- Manual Handling Policy
- Water Management Policy
- Waste Management Policy
- Respiratory Protective Equipment Policy
- Infection Control – Restricted Bed Movement SOP
- Display Screen Equipment (DSE) Procedure
- Ventilation Policy

13. Estates and Other Groups monitoring compliance

The Health Board has a number of sub-groups/specialist groups that report through to the HSOG, these are:

- Electrical Safety Group
- Ventilation Safety Group
- Piped Medical Gas Safety Group
- Asbestos Management Group
- Water Safety
- Estates Fire Safety
- Occupational Health Surveillance Group

Regular reports received outlining the compliance levels in the estates speciality groups with a constant message on the challenges with resources in all disciplines.

Occupational health attends periodically to cover specific areas i.e. respiratory functions.

The updates from estates highlighting various challenges with the last report highlighting:

13.1 Electrical - Low Voltage (LV) & High Voltage (HV)

Authorised persons (AP) have been appointed for Morriston & Singleton hospitals, however, due to absences through (COVID-19), there is still a need to develop others to take up the AP LV to ensure there is appropriate cover longer term to have more resilience in the team.

Estates have developed a health board wide estates risk register, with electricity being one of the risk identified. This covers capacity of infrastructure, distribution boards and wiring.

The HB has appointed an authorised engineer for HV that is external to the HB and have also appointed an AP with limited duties internally.

13.2 Ventilation Systems

Authorised persons (AP) have been appointed for Morriston & Singleton hospitals. The HB has received audits undertaken by the AE for ventilation, this has outlined that the plant is of an age where it is past its recommended use and parts are becoming less available when replacement parts are required. COVID-19 has also identified that ventilation should be expanded and that the current system requires upgrading and or replacement due to non-compliance and has been put on the estates HB risk register.

13.3 Piped Medical Gases

Although AP's are in place for Singleton and Morriston it has been challenging to provide normal service with staff shielding due to COVID-19. And have utilised our medical gas contractor to provide additional cover to support AP requirements. During the pandemic O² capacity was increase as part of the overall response to COVID-19.

Drawings have been updated for medical gas pipeline systems at Morriston hospital, with updated training for front line staff being rolled out.

13.4 Asbestos Management

The HB has an asbestos register as part of its asbestos management and there are plans in place to remove, enclose and/or manage. Singleton hospital poses the biggest risk, with significant amounts of asbestos being present in the void areas. Although identified and managed, outside licensed contractors are used to undertake works in suspected or known asbestos areas. Where major refurbishments are carried out, it is recommended that the asbestos be removed where practicable to do so.

13.5 Water Safety

There is a separate committee that is chaired by the Director of Finance & Performance. Over the year positive progress has be made against the water safety plan. Water risk assessments have been undertaken and works progressing well against the actions identified.

13.6 Estates Fire Safety

There are several areas highlighted in the estates risk register under fire. Fire compartmentation and fire alarm systems. Although maintenance works continue to deal with the daily challenges. A fire damper survey has been commissioned as a number of fire dampers are not accessible, so looking to contract a specialist company to undertake their maintenance. The HB are in the process of developing a tender specification to tender a compartmentation survey in the next financial year.

14. Conclusion

SBUHB has had a challenging health and safety journey since its inception on 1st April 2019, addressing 12 HSE improvement notices and the challenges of COVID-19. The improvement notices had final sign off as being complied with on 7th February 2020. COVID-19 continues to be a challenge, with the HB responded to any change in status and national guidance.

The Health Board has made positive steps with robust governance structures being put in place, increasing compliance in fire risk assessment completion from 25% to 100%. Audits have been received, acknowledged and action plans developed and positive steps taken to address issues raised. Risk registers monitored and risks reduced overall. Improved reporting from service groups and the introduction of deep dives, focussing on key areas/topics. Working collaboratively with trade union colleagues and undertaking joint visits/assessments.

The annual report has provided a brief overview and outlined some of the key achievements, however, this is the start of the journey and the HB will need to further develop and invest in resources to address the challenges already identified and those that will follow.

Areas/topics to assist the HB going forward include but, not exhaustive:

- Further develop structures/resources to meet the legislative requirements
- Develop and introduce a robust SB H&S audit/inspection programme
- Develop/commission health and safety training for managers, executive directors and independent members
- Monitor and update fire risk assessment actions
- Follow up on incident investigations and identify root causes and share lessons learned
- Further develop fire risk assessments to capture appropriate information
- Review and update specific training i.e. RIDDOR to improve understanding and compliance
- Work collaboratively with other health boards to develop all Wales systems i.e. Manual Handling passport
- Further develop of single COSHH data base and audit programme
- Attend service group H&S meetings
- Review and further develop HSOG risk register
- Incident reporting & investigation – Ensuring training is fit for purpose/accessible
- Review training needs analysis for V&A.
- Work with estates on KPI compliance covering:

➤ Water safety	➤ Medical Gas Pipeline safety
➤ Ventilation	➤ Electrical safety (LV)
➤ Asbestos management	➤ Fire Safety (Compartmentation – fire alarms)

- Produce H&S annual report for 2022/23 by July 23.

Health and safety management is key to SBUHB to actively monitor and develop appropriate controls to maintain the health, safety and wellbeing of our staff, patients and visitors who use our facilities.