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CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>01 July 2021</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>	Christine Williams, Interim Director of Nursing and Patient Experience		
<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 11 <sup>th</sup> May 2021.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• The Health and Safety Operational group meets 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>• Manual handling deep dive.</li> <li>• HSE Notice of contravention update</li> <li>• Fire safety audit report update.</li> <li>• PPE update report outlining arrangements presented and discussed.</li> <li>• Building infrastructure (Morrison Roof)</li> <li>• Cladding works (Singleton)</li> <li>• Policies/procedure: Water Systems Policy; Display Screen Equipment guidance/procedure.</li> <li>• Welsh Health circular (Violence &amp; Aggression).</li> <li>• Welsh Government Health &amp; Safety campaign.</li> <li>• Health &amp; Safety KPI's</li> <li>• Smoking legislation overview.</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input 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 and the DSE guidance/procedure</li> <li>• <b>ENDORSE</b> the policy,</li> <li>• <b>Discuss and Approve</b> the draft example KPI's</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 11<sup>th</sup> May 2021.

### 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 11<sup>th</sup> May 2021

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

In line with the Health & Safety Operational group terms of reference reports were received from all service groups using then 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>Singleton/NPTH Group: Singleton</b>	<ul style="list-style-type: none"><li>• Inaugural meeting of the NPTSSG will take place on 18<sup>th</sup> May 2021, with a cross section of the services invited to attend.</li><li>• New terms of reference and a standing agenda mirroring the H&amp;S Ops group have been put forward for adoption by the new group.</li><li>• The first joint exception report was submitted for the H&amp;S Ops group meeting on 11<sup>th</sup> May 2021.</li><li>• Cladding – cladding still remains as one of the main risks for the Singleton Site. Phase two covering the front elevation removal and replacement work, with initial enabling works for the car park commenced with hand over in early June of the car park, with the cladding works having commenced in May.</li><li>• On-going management of fire with the changes required to facilitate the cladding works.</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></ul>

<b>Neath Port Talbot</b>	<ul style="list-style-type: none"> <li>• Excellent progress has been made on overdue fire risk assessments, with Singleton now 100% compliance.</li> <li>• Mandatory training is running at 78-87%, programmes in place to continue improvements in compliance.</li> <li>• Ongoing work around developing governance structures associated with the Singleton/Neath Port Talbot reorganisation.</li> <li>• No PPE issues raised.</li> </ul> <ul style="list-style-type: none"> <li>• No new risk identified since the previous H&amp;S Ops meeting in February 2021.</li> <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> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 78% &amp; 91%.</li> <li>• No PPE issues reported.</li> <li>• Ongoing work around developing governance structures associated with the Singleton/Neath Port Talbot reorganisation.</li> <li>• Compartmentation survey is in the 'find and fix' review with anticipated completion date July 2021.</li> <li>• Good progress has been made on overdue fire risk assessments, with NPTH now 56% compliance.</li> </ul>
<b>Morrison Unit</b>	<ul style="list-style-type: none"> <li>• COVID-19 risks continue to be monitored and changes implemented where necessary.</li> <li>• CCTV funding has been approved with works scheduled to be completed this financial year.</li> <li>• Previous risk relating to V&amp;A mandatory training has now been closed.</li> <li>• Incident governance being reviewed to increase the reviewing of incidents.</li> <li>• Staff nosocomial transmission on the risk register (score 16) reflects the increase in incidents reported (number of these are back dated incidents).</li> <li>• Q4 there were 11 RIDDOR's reported, 10 were a result of an accident or fall and 1 V&amp;A incident.</li> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 65% &amp; 81%.</li> <li>• No PPE issues reported.</li> <li>• Physical distancing continues to be monitored and changes implemented where required.</li> <li>• No additional risks raised in addition to those reported in the last meeting.</li> </ul>

<b>Primary Care and Community Car Unit</b>	<ul style="list-style-type: none"> <li>• COVID-19 risks continue to be monitored and changes implemented where necessary</li> <li>• Physical distancing continues to be monitored and changes implemented where required.</li> <li>• Still challenges on the identification of staff who are responsible for the various sites, work continuous to address this.</li> <li>• Terms of reference for the service group are being reviewed.</li> <li>• CCTV for Cimla has been assessed, with options put forward.</li> <li>• Car parking has also been reviewed with a new parking permit to be introduced.</li> <li>• There were 124 staff incidents reported 01/06/20 – 31/08/20.</li> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 83% &amp; 95%.</li> <li>• No PPE issues reported.</li> </ul>
<b>Mental Health &amp; Learning Disabilities Unit</b>	<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>• Physical distancing continues to be monitored and changes implemented where required.</li> <li>• New TOR have be developed for the Service Group Health &amp; Safety group, with attendance at the initial meetings being well attended.</li> <li>• A review of the Cefn Coed fire plan has taken place and has been circulated for further feedback.</li> <li>• The risk register has a number of legacy risks for H&amp;S (5) 2015 – 2017, with 3 other risks added later. <ul style="list-style-type: none"> <li>○ Llynfi Training Centre at Glanrhyd Hospital has been highlighted as an increasing risk, with no venue identified to provide the training from as the current venue has to be vacated by 31<sup>st</sup> March 2022.</li> </ul> </li> <li>• There were 2 incidents that met the criteria for RIDDOR during Q4.</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>• There were 722 Incidents reported for the reporting period Q4. 169 identified as V&amp;A incidents against staff.</li> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 78% &amp; 91%.</li> </ul>

<b>HQ Baglan</b>	<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>• Physical distancing continues to be monitored and changes implemented where required.</li> <li>• HQ health and safety group have no immediate H&amp;S concerns.</li> <li>• The ageing heating system and the roof remain the main risks identified for the building.</li> </ul>
<b>Estates Management</b>	<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>• Physical distancing continues to be monitored and changes implemented where required.</li> <li>• Bids against the funding by Welsh Government for Decarbonisation; Fire; Infrastructure and mental health submitted with agreed funding of £5,468,000 covering: <ul style="list-style-type: none"> <li>○ Decarbonisation</li> <li>○ Fire</li> <li>○ Infrastructure</li> <li>○ Mental Health</li> </ul> </li> <li>• Additional funding has been agreed for compliance related posts.</li> <li>• Estates sub groups Compliance with WHTM's in a number of areas was highlighted in the estates report: <ul style="list-style-type: none"> <li>○ Medical Gases</li> <li>○ Electrical services</li> <li>○ Ventilation</li> <li>○ Fire</li> <li>○ Emergency lighting</li> </ul> </li> <li>• Medical gases – additional capacity has been provided at Morriston and Singleton hospitals.</li> <li>• Medical gas drawings have been updated and training for senior nursing staff has been identified for 2021/22.</li> <li>• Authorised Engineer (AE) has been appointed by NWSSP and will now start assessing Authorised Persons (AP's).</li> <li>• Currently reviewing electrical drawings.</li> <li>• Works continue on the fire cause and effect at the hospital sites.</li> <li>• A survey is to be undertaken on fire dampers in clinical areas, with a schedule to be agreed.</li> <li>• Works on fire compartmentation continue with AE fire NWSSP – SES.</li> <li>• Works are on-going with the management of asbestos, with further removals planned for 2021/22.</li> </ul>

	<ul style="list-style-type: none"> <li>The independent review of Morriston fire safety management was shared and discussed along with the Fire Safety Group updated ToR, standard agenda and action log.</li> </ul>
<b>Support Services</b>	<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>Physical distancing continues to be monitored and changes implemented where required.</li> <li>Laundry services transferred to Shared Services Partnership.</li> <li>Waste issue for Morriston Hospital continues to provide challenges and has been added to the risk register.</li> <li>No RIDDOR's reports received during Q4.</li> <li>Training a main priority for support services as numbers have dripped due to COVID-19 pressures, with current compliance between 51% &amp; 68%</li> </ul>
<b>Health and Safety Alerts (MDA)</b>	<ul style="list-style-type: none"> <li>There has been a significant reduction in the number of safety notices received during the recent period and it was suggested that the types of alerts be reviewed to ensure these are monitored at the appropriate group or committee.</li> </ul>
<b>Policies with Health and Safety Implications</b>	<ul style="list-style-type: none"> <li>Policies/procedures and protocols recommended through the Health and Safety Operational Group: <ul style="list-style-type: none"> <li>The Water Systems Policy was submitted and no additional comments were received and the group were approved for it to be submitted to the H&amp;S committee.</li> <li>The DSE procedure/guidance was also presented and no additional changes raised and endorsed the procedure and asked for it to be submitted to the H&amp;S committee to note.</li> </ul> </li> </ul>
<b>Trade Unions</b>	<ul style="list-style-type: none"> <li>Incident reporting and RIDDOR were requested.</li> <li>MP confirmed that there has been no change to the incident reporting policy and noted that some incidents had been reported 12 months after the alleged incident.</li> </ul>
<b>Incident Reporting &amp; Lessons Learned</b>	<ul style="list-style-type: none"> <li>It was agreed that the reporting format and report submitted contained the changes request by TU colleagues.</li> <li>There were no significant changes in the overall incident rates and it was recognised that further work with service groups to focus on particular areas.</li> <li>It has been noted that a number of incidents have been submitted where the incident allegedly occurred a year ago. These are being reviewed locally with assistance from the H&amp;S team.</li> <li>Key lessons learnt relating to electric shock accidents, with a number sockets identified as bring cracked with</li> </ul>

	<p>no system in place for checking of sockets prior to inserting the plug by all staff. A system has now been put in place to identify sockets that are damaged and to report it to estates and not use the socket.</p>
<p><b>Deep Dive: Manual Handling</b></p>	<p><b><u>Key questions to Manual Handling deep dive against the current competency assessment model.</u></b></p> <ul style="list-style-type: none"> <li>• How many clinical staff on the wards/departments undertake patient manual handling?</li> <li>• How many Manual Handling Coaches are active on the wards/departments? (ratio by policy is agreed at 1:15)</li> <li>• How many Manual Handling Coaches have received their annual 1½ day update?</li> <li>• How many staff have received either foundation manual handling training or received their competency assessments in the last 12 months (policy requires 5 core competencies annually with the manual handling task type rotating each year)</li> <li>• Number of manual handling incidents recorded in the last 12 months <ul style="list-style-type: none"> <li>○ Patient handling</li> <li>○ Inanimate load handling</li> </ul> </li> <li>• Number of days lost due to injury related only to manual handling.</li> <li>• Manual handling risk assessments – full list of tasks assessed – when were these last reviewed?</li> <li>• Are there specific SOP's in place for manual handling?</li> <li>• Is equipment being used required to have Lifting Operations and Lifting Equipment Regulations (LOLER) inspection - is a list of such equipment kept - when was the last inspection?</li> <li>• How many bariatric patients have been cared for in each ward/department over the past 12 months? (This can be a rough estimate if actual figures not known).</li> <li>• Is there any manual handling equipment you have difficulty in accessing.</li> </ul>
<p><b>Morrison SG</b></p>	<p>Morrison Hospital SG found it difficult to obtain the necessary information as this was not held centrally by the service group. This has been a consistent finding when undertaking deep dives. The systems in place are in its early stage and as it matures the information will be available.</p> <p>A number of the questions posed the answers were either not captured at the moment or in the process of collating, with challenges of appropriate equipment identified as 'lateral lifting' equipment. As part of this deep dive a number of areas for improvement have been identified and are</p>

<p><b>NPTSSG</b></p>	<p>being worked on to be able to provide this information going forward. Provision of training for MH coaches has been put on hold as the MH team have been concentrating in other areas due to COVID-19. MH coaches have not been as active during the pandemic.</p> <p>All questions were answered, with systems in place and a number of gaps identified as part of this deep dive. Overall despite the challenges of COVID-19 NPTSSG have shown that systems are in place and service information was readily available through the contract with ARJO. Manual handling coaches were identified, however, this has identified that more coaches are required. Staff often move around and this has been increased with people being moved around to meet the challenges of COVID-19. Provision of training for MH coaches has been put on hold as the MH team have been concentrating in other areas due to COVID-19. MH coaches have not been as active due to COVID-19.</p>
<p><b>Mental Health &amp; LD</b></p>	<p>All questions again were answered with good overall systems in place, with gaps identified during the deep dive and although coaches were in place in a number of areas, there were no coaches. Some areas had challenges with access to appropriate equipment. This is due to be rectified as equipment has been ordered. Service information has been provided through the contract with ARJO. Provision of training for MH coaches has been put on hold as the MH team have been concentrating in other areas due to COVID-19. MH coaches have not been as active during the pandemic.</p>
<p><b>Primary Care &amp; Community</b></p>	<p>Good responses to the questions showing that systems are in place and again has identified gaps in certain areas. Records were available and dates provided for equipment covered under the Lifting Operations Lifting Equipment Regulations (LOLER). Some equipment is not always readily available in the community, with some delays experienced. The deep dive has raised some interesting points and areas for improvement, risk assessments being one of the areas where improvements can be made.COVID-19 has had an impact on community services with redeployments due to the pandemic.</p>



<b>Support Services</b>	Due to the number of teams and cross cutting across the HB there were varying compliance levels across the list of questions. A number of areas either had not reviewed their risk assessments, no risk assessments in place or had not been reviewed for 7 years. There was a varying compliance for MH coaches and activity over the past year has been minimal due to COVID-19. A number of areas are being further reviewed following this deep dive.
<b>Overview</b>	<p>It was clear from the deep dive that there are some good systems in place as well as a number of areas for improvement. All service groups have further actions to ensure such information is readily available for future deep dives or inspections. All SG are reliant on the corporate H&amp;S team to be able to provide the information requested, some were not sure on what was identified in the training needs analysis for the various groups of staff. This was shared as part of the work completed after the HB were issued a number of improvement notices in 2019.</p> <p>COVID-19 has had a huge impact on the provision of MH training, with prioritisation to other areas. Current resources within the H&amp;S team have also impacted on facilitating training during the pandemic.</p>
<b>Health &amp; Safety Risk Register</b>	<ul style="list-style-type: none"> <li>The health &amp; Safety risk register was reviewed with agreement on risks where scores had been reviewed and amended, added or where there were no significant changes.</li> </ul>
<b>Policies and Procedures</b>	<ul style="list-style-type: none"> <li>The Water Systems Policy was resubmitted with no comments received and it was agreed to submit to the H&amp;S committee for approval.</li> <li>The Display Screen Equipment Procedure/Guidance was submitted to the group and as this was a late addition the group were asked to comment by the 28<sup>th</sup> May 2021, if no comments received, the procedure was to be submitted to the H&amp;S committee for information and noting.</li> </ul>
<b>AOB Smoking Legislation</b>	<ul style="list-style-type: none"> <li>LND (Public Health Wales) presented an overview of the new smoking legislation making smoking illegal in hospital grounds. As part of tobacco control strategy: <ul style="list-style-type: none"> <li>Smoking will not be accepted as normal practice in society.</li> <li>Legally enforced by local authorities with enforcement powers.</li> <li>Health Board steering group in place.</li> <li>Significant work undertaken by estates, introducing appropriate signage.</li> <li>No significant change to current smoke free policy.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ No designated smoke areas with the exception of mental health.</li> <li>○ Smoking cessation support for staff and patients being reviewed and improved.</li> <li>○ Questions on staff safety when challenging those smoking on hospital grounds – no expectation that staff will approach and challenge smokers unless they have received appropriate training.</li> </ul>
<b>Action Log</b>	<ul style="list-style-type: none"> <li>• MP presented the updated action log for adoption by the H&amp;S Operational group and it was agreed to adopt the reviewed action log.</li> </ul>
<b>Welsh Health Circular – Violence and Aggression</b>	<ul style="list-style-type: none"> <li>• The Welsh health circular issued 22<sup>nd</sup> April 2021 <b>“Obligatory Responses to Violence in Healthcare”</b> was shared with the group and sets out what HB’s should have in place in relation to violence and aggression.</li> </ul>
<b>Welsh Government Health &amp; Safety Campaign</b>	<ul style="list-style-type: none"> <li>• Phase 3 of the workforce rights and responsibilities campaign concentrates on Health &amp; Safety. This was shared with the group and they were asked to circulate through their various groups/committee structures. It concentrates on COVID-19 and health &amp; safety.</li> </ul>
<b>Health &amp; Safety Key Performance Indicators (KPI’s)</b>	<ul style="list-style-type: none"> <li>• A proposed set of KPI’s was shared with the group for comment by the 28<sup>th</sup> May 2021, no comments were received and will be presented to the H&amp;S committee for comment and adoption. The KPI’s are proposed to be Tier 1 and Tier 2.</li> </ul>

#### c. Health and Safety Executive (Update)

As part of the HSE inspections relating to COVID-19 (hospital hot spots –COVID-19), Morriston hospital was identified to be visited. This took place on 10<sup>th</sup> December 2020 and they reviewed clinical and non-clinical areas, with verbal feedback provided on the day and this was followed up in writing in the form of a notice of contravention. The HB have produced an action plan and have worked through the actions, this was submitted with one area requiring further action. The action required was on the audit undertaken twice weekly as it did not cover all areas, so this was amended implemented and resubmitted to the HSE.

#### d. Logistics (PPE) Cell update

A report was received outlining the systems and process in place and the current position on PPE nationally and locally, both reporting positive levels of PPE, with nationally supplies

through NWSSP having over 27 weeks of most lines of PPE. The only exception to achieving 24 weeks supply was nitrile examination gloves showing 11 weeks supplies.

There were only 6 incidents reported during Q4 where PPE was indicated, five had no harm and one was of low harm, there were no identified issues with PPE following investigation in any of these incidents.

#### **e. Fire Safety Audit**

An update was provided on the NWSSP fire safety audit and the actions identified in the action plan, with a number of the actions already closed. The action plan was shared with the group along with the progress made, with significant improvement in compliance with fire risk assessments, moving from a position of over 72% of fire risk assessments overdue to just over 30% at the end of April 2021. Completion of the fire risk assessments that are currently out of date are expected to be achieved by the end of July 2021 or sooner. The most recent information as of 14<sup>th</sup> June 2021 shows only 10% are in the overdue category.

### **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, action plan and the DSE Procedure/Guidance and;
- **Approve** the Water Systems Policy
- **Discuss and Approve** the draft example KPI's

<b>Governance and Assurance</b>
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<b>Link to Enabling Objectives</b> (please choose)	<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>		
(please choose)	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 work place 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>		
<b>Supporting documents</b>	Fire safety Audit – Appendix 1	

<b>Policy</b>	Water Safety policy – Appendix 2
<b>Procedure Guidance</b>	DES Procedure Guidance – Appendix 3
<b>KPI's (Tier 1 &amp; Tier 2)</b>	H&S tier 1 and 2 KPIs – Appendix 4 and 5