



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



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

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 11th May 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 11th MAY 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
NPTH/Singleton Service Group (NPTSSG): Singleton	<ul style="list-style-type: none">• Attendance at the service group meeting is positive, with representation increased with the inclusion of medical records.• New risks added:<ul style="list-style-type: none">- 5th bed in bays on acute medical wards to increase capacity- Surgical services end of life equipment- Medicine DMARD & Biological monitoring- SCBU mobile imagine unit outdated- Staffing gap pharmacy re complex cardiac speciality- Children services staffing shortages community service- MIU waiting area- SAU environment and flow <p>Current risks identified Singleton:</p> <ul style="list-style-type: none">• 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• Other risks include:<ul style="list-style-type: none">- Health care acquired transmission of COVID-19- Insufficient isolation facilities

Item	Comments																				
	<ul style="list-style-type: none"> - Staffing shortages particularly SAU (Workforce & OD) – there has been some improvements, however, remains a risk - Lack of storage for equipment (Beds – Trolleys etc) - 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 - Staffing & retention of staff - Inappropriate attendance at MIU - Unavailability of timely transfers from MIU to ED - Physical distancing is regularly monitored, and actions updated where required. - COVID-19 risks continue to be monitored and changes implemented where necessary. <ul style="list-style-type: none"> • On-going management of fire with the changes required to facilitate the cladding works. <p>Fire:</p> <ul style="list-style-type: none"> • Fire compartmentation surveys continue to be undertaken, with a report expected in Q1 2022/23. • Fire risk assessments compliance remain at 100%. • Working with the fire team to increase the number of fire wardens. Reviewing and update fire pans. <p>Mandatory training compliance:</p> <table border="1" data-bbox="411 1155 1203 1341"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>80</td> <td style="background-color: yellow;"></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>83</td> <td style="background-color: yellow;"></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>79</td> <td style="background-color: red;"></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>90</td> <td style="background-color: green;"></td> </tr> </tbody> </table> <p>Systems are in place to increase mandatory training compliance to achieve minimum 85% target.</p> <ul style="list-style-type: none"> • No PPE issues raised. • Capital works on fire door replacement in the OPD (Singleton) area have been completed. • Security overnight continues, with temporarily funding and is continually reviewed. • 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. • Incidents to staff Q4 2021/22 <ul style="list-style-type: none"> - 1 RIDDOR incidents (over 7 day injury) 103 incidents to staff - 4 Slips/trips & falls - 72 V&A/Behaviour 	Course	Target %	Actual %	Compliance	Fire Safety	85	80		Health & Safety	85	83		Manual Handling	85	79		Violence & Aggression	85	90	
Course	Target %	Actual %	Compliance																		
Fire Safety	85	80																			
Health & Safety	85	83																			
Manual Handling	85	79																			
Violence & Aggression	85	90																			

Item	Comments																				
	<ul style="list-style-type: none"> - 2 Exposure to Environmental Health Hazard - 6 sharps - 8 Manual Handling - 3 Struck/trapped by object - 4 Noise - 4 Fire (unwanted signals) <p>There has been an increase in V&A incidents overall.</p> <p>Compartmentation survey is in the 'find and fix' review with anticipated completion date now end of March 2021 with a further update in Q1 2022/23. Working with the fire team to review and update fire plans and auditing the ski sheets.</p> <ul style="list-style-type: none"> • Regular H&S walkabouts, these are supported by PFI partners and H&S colleagues. • 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. • Work continues reviewing ligature risk assessments. 																				
Morrison Unit	<p>There was no representative at the meeting due to A/Land operational pressures, however, a report was submitted.</p> <p>The service group has identified new risks:</p> <ul style="list-style-type: none"> • Inappropriate admissions to OPAS unit out of hours causing risk to patient safety. • Avoidable harm due to lack of timely assessment and treatment for emergency patients – Risk of increased mortality and morbidity as a direct consequence of ED overcrowding. • CAMHS – Avoidable harm and poor patient experience due to limited service for a timely health assessment for children and young people attended with mental health crisis (March 22). <p>Other H&S risks on the risk register, these are continually reviewed</p> <ul style="list-style-type: none"> • COVID-19 risks continue to be monitored and changes implemented where necessary. • Staff shortages due to COVID-19 are stabilising but remain a risk. • Staff nosocomial transmission on the risk register (score 16) reflects the increase in incidents reported. • Training is being maintained where possible and current compliance for H&S related training, with action plans in place to improve training compliance. <p>Mandatory training compliance:</p> <table border="1" data-bbox="411 1758 1204 1944"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>80</td> <td style="background-color: yellow;"></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>83</td> <td style="background-color: yellow;"></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>69</td> <td style="background-color: red;"></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>78</td> <td style="background-color: red;"></td> </tr> </tbody> </table>	Course	Target %	Actual %	Compliance	Fire Safety	85	80		Health & Safety	85	83		Manual Handling	85	69		Violence & Aggression	85	78	
Course	Target %	Actual %	Compliance																		
Fire Safety	85	80																			
Health & Safety	85	83																			
Manual Handling	85	69																			
Violence & Aggression	85	78																			

Item	Comments
	<ul style="list-style-type: none"> • Working with the fire team to increase the number of fire wardens. Reviewing and update fire pans. • No PPE issues reported. • Physical distancing continues to be monitored and changes implemented where required. • Staff incidents have remained stable overall, approx. 60 per month, this is being actively monitored and identified 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.
Primary and Community Care Service Group	<ul style="list-style-type: none"> • Primary and Community provided apologised for not submitting a report. Following the appointment of a Head of Operations who is working with the Assistant Director of Health & Safety to further develop their H&S group governance structure, with the first of the new format scheduled for late May 2022. MP to present the H&S governance structure for the SG to discuss and adopt going forward. Future reports will follow the report structure currently in place for the service groups. • One of the areas being discussed in the meeting will be building/site roles and responsibilities.
Mental Health & Learning Disabilities Service Group	<ul style="list-style-type: none"> • Confirmation that the last service group H&S meeting took place on 1/2/22, with good attendance from the various services. The March meeting was postponed due to COVID-19. • There is one new risk: Personal safety alarms for Caswell Clinic. Other risks continue to be monitored/reviewed on a regular basis, last review was 9 May 2022. Caswell CCTV and Llynfi training facility risks have been closed. • COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. • Physical distancing continues to be monitored and changes implemented where required. • There are 9 risks under H&S, with 5 placed on the risk register between 2015 – 201, SG monitors, manages and update these on a regular basis. • Risks are being monitored locally, with controls in place to mitigate as far as is reasonably practicable. • No PPE issues reported. • Incidents to staff for quarter 1 <ul style="list-style-type: none"> - 5 RIDDOR's reported <p>238 Incidents to staff</p> <ul style="list-style-type: none"> - 159 resulted in no harm - 72 resulted in low harm - 6 resulted in moderate harm - 1 resulted in severe harm

Item	Comments																				
	<ul style="list-style-type: none"> Training is being maintained where possible and current compliance for H&S related training <table border="1" data-bbox="411 342 1206 533"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>84</td> <td style="background-color: yellow;"></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>86</td> <td style="background-color: green;"></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>82</td> <td style="background-color: yellow;"></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>92</td> <td style="background-color: green;"></td> </tr> </tbody> </table> <p>Programmes in place to continue improvements in compliance</p> <ul style="list-style-type: none"> Ligature works are underway at Cefn Coed, Caswell clinic, Ward F NPTH and some L&D premises, these will continue in 2022/23. Fire risk assessment completion is 100% with FRA schedule in pace. A number of fire warden training sessions have taken place increasing FW numbers for improved resilience. The Cefn Coed Fire Plan is being reviewed and will be approved at the SG H&S meeting. The SG have developed and implemented robust governance structure in relation to reducing restrictive practices 	Course	Target %	Actual %	Compliance	Fire Safety	85	84		Health & Safety	85	86		Manual Handling	85	82		Violence & Aggression	85	92	
Course	Target %	Actual %	Compliance																		
Fire Safety	85	84																			
Health & Safety	85	86																			
Manual Handling	85	82																			
Violence & Aggression	85	92																			
HQ Baglan	<p>KM provided apologise for the meeting and submitted the report.</p> <ul style="list-style-type: none"> HQ H&S meeting last held on 24th January 2022, with good attendance. Existing risks for HQ: Aging ventilation system. COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. Physical distancing continues to be monitored and changes implemented where required. New ways of working being introduced at HQ, with a blended approach, with directorates/teams managing their dedicated areas. HQ health and safety group have no immediate H&S concerns. 																				
Estates Management	<p>DK presented the estates report covering a number of specialist areas:</p> <ul style="list-style-type: none"> Medical Gases Electrical services Ventilation Fire Decontamination Asbestos <p>Overall the estates department have a number of vacancies that are impacting of the ability of the department to appoint AP's.</p> <p>Medical gases:</p> <ul style="list-style-type: none"> AP's appointed for Morriston and Singleton Hospitals, with additional AP for Morriston still required. 																				

Item	Comments
	<ul style="list-style-type: none"> • Authorised Engineer has undertaken an audit identifying a number of actions. An action plan has been developed to address these. • Training is being developed to equip senior nursing/medical staff in the use of medical gases. <p>Electrical Services:</p> <ul style="list-style-type: none"> • HB has appointed an authorised engineer (AE), who in turn has appointed APs at Singleton & Morriston Hospital. • Vacancies are impacting on the ability to fulfil appointments of LV AP's. • Issue remain on both main sites in maintaining compliance in accordance with WHTM's. • HV AP's are outsourced through specialist contractor. <p>Ventilation Systems</p> <ul style="list-style-type: none"> • Challenges persist in AP appointments for Morriston hospital due to vacancies and once filled, staff will be put through the appropriate training/assessment. • Large percentage of the ventilation system is non-compliant with current WHTM's and is included in the estates risk register. <p>Estates fire safety:</p> <ul style="list-style-type: none"> • Fire compartmentation surveys have been commissioned covering Singleton and Morriston Hospitals, reports scheduled to be received in Q1 2022/23, this includes cause & effect and a percentage of the ducting to identify fire dampers within the compartmentation. • Fire door replacement programmes in Morriston and Singleton Hospitals were completed in Q4 2021/22. <p>Emergency lighting</p> <ul style="list-style-type: none"> • The estates department have addressed emergency lighting in the majority of areas at singleton hospital, with work on-going at Morriston Hospital. <p>Decontamination:</p> <ul style="list-style-type: none"> • Aps have been appointed at Singleton and Morriston Hospitals. • IP&C have set up a working group focussing on operational challenges. <p>Asbestos Management:</p> <ul style="list-style-type: none"> • Works are on-going with the management of asbestos, with further removals planned for 2021/22 and will continue in 2022/23. <p>Water Safety Management:</p> <ul style="list-style-type: none"> • A draft water management risk assessment has been issued, this is being reviewed for accuracy/comments, with a final draft expected end Q1.

Item	Comments								
	<ul style="list-style-type: none"> • Water fountains not to be installed without appropriate maintenance contracts in place. <p>Waste:</p> <ul style="list-style-type: none"> • 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 <p>Security:</p> <ul style="list-style-type: none"> • The security management group has been re-established to focus on security issues across the HB. <p>Operations:</p> <ul style="list-style-type: none"> • COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. • Staff shortages due to COVID-19 fluctuate. • 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. • 6 FACET survey has been completed and awaiting final report. <p>Progress has been made in several areas; however, resources remain a challenge across the estates team.</p>								
<p>Support Services</p>	<p>The last support service management board meeting was held in April 2022.</p> <ul style="list-style-type: none"> • There were no new risks identified. • Staff shortages due to COVID-19 are stabilising, however, the risk remains with COVID-19 cases fluctuating. • COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. • 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. • Incidents to staff reported in month • No RIDDOR's reported <p>34 Incidents to staff</p> <ul style="list-style-type: none"> • 4 accidents/falls • 25 violence & aggression including behaviour • 1 security • 1 admin process • 3 communication <p>Mandatory training compliance:</p> <table border="1" data-bbox="411 1995 1203 2027"> <thead> <tr> <th data-bbox="411 1995 727 2027">Course</th> <th data-bbox="727 1995 879 2027">Target %</th> <th data-bbox="879 1995 1031 2027">Actual %</th> <th data-bbox="1031 1995 1203 2027">Compliance</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Course	Target %	Actual %	Compliance				
Course	Target %	Actual %	Compliance						

Item	Comments																
	<table border="1"> <tr> <td>Fire Safety</td> <td>85</td> <td>70</td> <td></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>78</td> <td></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>71</td> <td></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>92</td> <td></td> </tr> </table> <p>Systems are in place to increase mandatory training compliance to achieve minimum 85% target.</p> <ul style="list-style-type: none"> The department is involved with the Swansea Bay Travel Charter – attached The department is also involved in the decarbonisation strategy in relation to Fleet Transport and the introduction of ULEV and chargers A review of Singleton security has been undertaken. The final outcome meeting will be held in late May 2022. Food hygiene reviews have taken place with 2 sites (Singleton & NPTH) achieving 5 stars and one (Morrison) achieving 4 stars, with the environment being the reason for not obtaining 5 stars. 	Fire Safety	85	70		Health & Safety	85	78		Manual Handling	85	71		Violence & Aggression	85	92	
Fire Safety	85	70															
Health & Safety	85	78															
Manual Handling	85	71															
Violence & Aggression	85	92															
Health and Safety Alerts (MDA)	<ul style="list-style-type: none"> No alerts have been received this month <ul style="list-style-type: none"> Medical Devices alerts (Medical Devices Committee) Local Safety Notices (H&S Ops Group) <p>It was noted again for information that Medical Devices Alerts (MDA) system has been replaced with the Device Safety Information system (DSI).</p>																
Policies with Health and Safety Implications	<ul style="list-style-type: none"> There were no policies/procedures or protocols presented to the group. However, there are two policies presented to the H&S committee due to there being very minor changes, mainly the Executive Director responsible for H&S and Fire has changed recently and needs to be reflected in both the H&S Policy and Fire Safety Policy, both provided as appendices – 4.1 appendices 1 H&S Policy and 4.1 appendices 2 Fire Safety Policy. 																
Trade Unions	<ul style="list-style-type: none"> No topics were officially raised. 																
Incident Reporting & Lessons Learned	<ul style="list-style-type: none"> Overall for the HB there has been an increase of 55% of incidents reported in Q4 compared to the low numbers reported in Q3, this has mainly been V&A incidents. RIDDOR performance overall is improving, however, there were 6 RIDDOR reported late to the HSE in Q4 due to late receipt of information. RIDDOR training has been well received, with additional sessions scheduled in 2022/23. There were 8 RIDDORs reported during Q4 <table border="1"> <thead> <tr> <th rowspan="2">Row Labels</th> <th colspan="4">Service Group/Hospital</th> <th rowspan="2">Total</th> </tr> <tr> <th>MGH</th> <th>MH&LD</th> <th>NPTH</th> <th>SGH</th> </tr> </thead> <tbody> <tr> <td>Assault Patient to Employee</td> <td>1</td> <td>2</td> <td></td> <td></td> <td>3</td> </tr> </tbody> </table>	Row Labels	Service Group/Hospital				Total	MGH	MH&LD	NPTH	SGH	Assault Patient to Employee	1	2			3
Row Labels	Service Group/Hospital				Total												
	MGH	MH&LD	NPTH	SGH													
Assault Patient to Employee	1	2			3												

Item	Comments					
	Manual Handling of non-patient load	1		1		2
	Manual Handling of patient	1			1	2
	Slip, trip or fall	1				1
	Total	4	2	1	1	8
	Challenges persist in the once 4 Wales system as it is being rolled out, with feedback provided to the provider to address.					
<p>Deep Dive review</p> <p>Overview</p>	<p>A feedback session was undertaken covering the 4 deep dives undertaken during 2021/22, with feedback from all service groups covering:</p> <ul style="list-style-type: none"> • Fire safety • Manual handling • Violence & aggression • RIDDOR <p>All SG's agreed that the deep dives were beneficial as it highlighted good practice, gaps in systems to address and to look at potentially doing something different as well as learning from others, sharing good practice.</p> <p>One of the key area identified from the fire deep dive was the need to review the number of fire wardens that were in place as staff had moved around or left during the pandemic. Also identified the need to review fire evacuation plans and fire drills.</p> <p>Manual handling, again COVID-19 has impacted on the systems/ process in place prior to the pandemic, so the deep dive again identified gaps in manual handling coaches, supporting materials/aids and the competency of staff in this area, these have been addressed or working through.</p> <p>Violence and aggression identified the requirement for early intervention from mental health colleagues to assist in care and clinical management. Also identified the positive training already in place within MH&LAD and the potential for similar training to be introduced in the acute settings with the changing profiles of patients.</p> <p>RIDDOR outlined the need to develop knowledge in this areas with people not knowing what a RIDDOR was or the process, from this training has been developed and rolled out, this has been well received.</p>					
<p>Health & Safety Risk Register</p>	<ul style="list-style-type: none"> • The health & 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. It was also noted that finances have been agreed for one health and safety advisor and one manual handling advisor/training post to be advertised, these will be put on Trac in June 2022. 					

Item	Comments
Policies and Procedures	<ul style="list-style-type: none"> • High Voltage Policy. • New and Expectant Mothers Procedure
Fire Safety Group	Minutes of the Fire Safety Group are embedded for information (Appendix 1).
AOB	There were no specific topics raised

c. Logistics (PPE) Cell update

Due to the positive position of PPE the PPE group will be stood down from July 2022.

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

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	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"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	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"/>
Health and Care Standards		
<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"/>
Quality, Safety and Patient Experience		
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.		
Financial Implications		
There are no direct financial implications arising from this report.		
Legal Implications (including equality and diversity assessment)		
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.		
Staffing Implications		
Staff will be briefed on health and safety developments through managerial meetings, staff meetings and health and safety alerts and bulletins.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
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.		
Report History	This is a routine report to committee	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



AGENDA

HEALTH & SAFETY FIRE SAFETY GROUP WEDNESDAY 3 MAY 2021 12.00pm -14.00pm TEAMS

No	Agenda	Purpose	Lead	Attached/ Verbal																																																						
PRELIMINARY MATTERS																																																										
1.	Welcome & Introductions	Noting	Chair	Verbal																																																						
2.	Apologies for Absence AG – SH – EW – AW	Noting	Chair	Verbal																																																						
3.	Declarations of Interest	Noting	Chair	Verbal																																																						
4.	Minutes from Meeting Held	Approval	Chair																																																							
5.	Matters Arising	Noting	Chair	Verbal																																																						
6.	Action Log	Noting	Chair	 Health%20and%20S afety%20Fire%20Grc																																																						
FIRE SAFETY PERFORMANCE																																																										
7	Fire Risk Assessment compliance: <table border="1" data-bbox="135 1301 892 1585"> <thead> <tr> <th colspan="6">FRA Position 29nd April 2022</th> </tr> <tr> <th>Service Delivery Unit</th> <th>In Date</th> <th>Overdue</th> <th>Sleeping Risk</th> <th>Total</th> <th>Percentage Overdue</th> </tr> </thead> <tbody> <tr> <td>Morrison</td> <td>141</td> <td>0</td> <td>0</td> <td>141</td> <td>0%</td> </tr> <tr> <td>Singleton</td> <td>95</td> <td>0</td> <td>0</td> <td>95</td> <td>0%</td> </tr> <tr> <td>Neath PT</td> <td>48</td> <td>0</td> <td>0</td> <td>48</td> <td>0%</td> </tr> <tr> <td>MHLD</td> <td>56</td> <td>0</td> <td>0</td> <td>56</td> <td>0%</td> </tr> <tr> <td>PC & C</td> <td>37</td> <td>0</td> <td>0</td> <td>37</td> <td>0%</td> </tr> <tr> <td>Other</td> <td>5</td> <td>0</td> <td>0</td> <td>5</td> <td>0%</td> </tr> <tr> <td></td> <td>382</td> <td>0</td> <td>0</td> <td>382</td> <td>0%</td> </tr> </tbody> </table>	FRA Position 29nd April 2022						Service Delivery Unit	In Date	Overdue	Sleeping Risk	Total	Percentage Overdue	Morrison	141	0	0	141	0%	Singleton	95	0	0	95	0%	Neath PT	48	0	0	48	0%	MHLD	56	0	0	56	0%	PC & C	37	0	0	37	0%	Other	5	0	0	5	0%		382	0	0	382	0%	Noting	Chair	<ul style="list-style-type: none"> Morrison Hospital Singleton Hospital NPTH Mental Health & Learning Disabilities Primary Care & Community Other
FRA Position 29nd April 2022																																																										
Service Delivery Unit	In Date	Overdue	Sleeping Risk	Total	Percentage Overdue																																																					
Morrison	141	0	0	141	0%																																																					
Singleton	95	0	0	95	0%																																																					
Neath PT	48	0	0	48	0%																																																					
MHLD	56	0	0	56	0%																																																					
PC & C	37	0	0	37	0%																																																					
Other	5	0	0	5	0%																																																					
	382	0	0	382	0%																																																					
8	Fire Risk Assessment Actions: <ul style="list-style-type: none"> Morrison Hospital Singleton Hospital NPTH Mental Health & Learning Disabilities Primary Care & Community Other 	Noting	DK	No report received From a Morrison prospective, we are receiving the FRA/actions from fire officers, not able to facilitate.MP – the fire safety team are going to download each of the actions per FRA to assist in managing the actions identified, with discussions to take lace																																																						

				<p>between estates and fire team LP to set up meeting. MC/PC is there anything that you need to highlight from a fire actions perspective? MC we continue to monitor the various changes experienced due to the cladding works. Number of changes taking place, orthopaedics at NPTH and the service changes at Singleton. All FRA are up to date, need to review fire action plans and audit on ski sheets.</p> <p>PC we have updated our fire plan at Cefn coed, going through SG H&S meeting next week. Lot of work on training with 37 fire wardens trained up. Anti-ligature work that is fire compliant, fire drill at Gwelfor ward that went very well. 1 fire risk assessment out of date, this is covered by CTMUHB, this is being addressed.</p>
9	<p>Fire Safety Incidents</p> <ul style="list-style-type: none"> - Unwanted fire signals - Lessons Learned 	Noting	LH	<p>LH – we need to add Uwfs to the risk register and make sure Datix is used to record. What do other HB's do. AP some HB are more proactive than others, some use triplicate forms, where the engineer completes when resetting the alarm system.</p> <p>MP – need to raise at the all Wales group for standardisation across Wales</p>
10	<p>Fire Safety Training</p> <ul style="list-style-type: none"> - Fire Warden Training - Fire Evacuation Plans 	Noting	LH/HG	<p>MP - PC good to hear the positive numbers of FW trained.</p> <p>MP – OD can you provide an update on fire & fire warden training - OD we are linking with the FRA programme to undertake training on site and through teams, so a mixture of f2f and virtual. MP can the team bring</p>

				some figures to the next meeting please.
GOVERNANCE, RISK AND ASSURANCE				
11.	Fire Safety Risk Register	Noting	LH/HG	MP asked LH for an update: LH – some good news as we have recruited 2 fire safety officers, so could reduce the fire resources risk. The main red risks are estates related. AP – Red Dragon Court, we will add that to the system. LH think incident reporting should be on the risk register as a red, MP asked why it is a red, LH it could be a less, say an amber. MP need to look at the rational for the rating. Have the SG started using the once for Wales Datix system – no fire incidents have been reported to date.
12.	Service Group Updates: <ul style="list-style-type: none"> • NPTSSG • Morriston SG • Mental Health & LD SG • PC&C SG 	Noting	SJ SH RM JP/DR	No reports from Morriston or PC&C
13.	Update from Estates: <ul style="list-style-type: none"> • Fire compartmentation • Fire Dampers • Emergency Lighting • Fire Drawings • Fire Systems (Alarms/Detectors etc) 	Assurance	DK	No report received MP provided a brief update on the fire compartmentation surveys, with the initial survey and handed the drawings, with the more invasive surveys commencing end April and during May 2022. Hopefully, a report of findings will be received in June 2022. AP – EFAB projects, the SES fire team will be reviewing the projects that have been funded to identify, benefits, lessons learned and to feedback to WG, so these site visits will take place over the next couple of months and will let us know when.

				DK highlighted the lack of finance available for 2022/23 has been reduced and will be challenging. MP we need to be in a position where we have schemes ready should money become available towards the end of the financial year. DK asked if EFAB will be funded in the future; AP- EFAB has been seen as a positive and signs are good for this to be resurrected, no specific date yet. Let us plan for as much as we can to ensure we are ready.
14.	<p>Audits:</p> <ul style="list-style-type: none"> • (A) Internal • (B) External (Morrison Hospital – Independent review of Fire Precautions – May 22 update) NWSSP Fire Safety Management audit report (May 22 update) • Cefn Coed independent fire precautions review final audit report • Independent review of Fire Precautions action plan – (Cefn Coed) May 22 	Noting	MP/LH /HG	MP went through the action plans, with positive progress against all the action plans, with work continuing to address the various action and will upload to teams and/or set up in the Z drive.
15.	<p>Capital Projects (including discretionary)</p> <ul style="list-style-type: none"> • Morrison Hospital • Singleton Hospital • NPTH • Mental Health & Learning Development • Primary Care & Community 	Noting	MG	MP – EFAB money spent £5.5m, this was a lot of pressure and the capital team and those supporting
Any Other Business				
16.	AOB	Noting	Chair	AP Have we had any update from MWWFRS when they are going to resurrect their audits, this could have an impact on the HB priorities. This is for LP at Morrison, where are we with the fire alarm system developments, other HB's are on the same journey and it would be good to

				have joint learning. LP we are looking to meet up again with static and hopefully have something in the diary over the next couple of months and happy for other HB's to be involved.
Date and Time of Next Meeting				
17.	The next scheduled meetings are:	Site	Room	
	11 July 2022	Teams		
	12 September 2022	Teams		
	14 November 2022	Teams		

DRAFT