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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



		Agenda Item	2.5 (v)
Freedom of Information Status		Open	
Reporting Committee	Health and Safety Committee		
Author	Leah Joseph, Corporate Governance Manager		
Chaired by	Maggie Berry, Independent Member		
Lead Executive Director (s)	Darren Griffiths, Director of Finance and Performance		
Date of last meeting	05 July 2022		
Summary of key matters considered by the committee and any related decisions made.			
Service Group highlight report: Facilities and Hotel Services			
<p>A report was received for noting. There were five key health and safety issues affecting support services: <i>Roof above Morriston Hospital catering department; Poor response to fire and intruder alarms; Review of arrangements due to car bomb attack in Liverpool; Review of security services on the Singleton Hospital site; and Issues that arose out of the deep dives' requested by the Health and Safety Operational Group.</i> Personal Appraisal Development Review (PADR) performance has increased from 20.85% to 42% and group PADR's were ongoing to increase compliance rates. The statutory and mandatory training compliance rate has increased from 64% to 77% in comparison to last year. Sickness rate was 11.98% which is too high and above the Welsh Government average. There are eight health and safety risks and actions are being considered to mitigate risk and current issues for 2022/23 were included in the report for noting.</p> <p><i>Matters raised by committee members:</i></p> <ul style="list-style-type: none">– <i>Group PADR's and feedback following the rollout;</i>– Minimised security staffing at the Singleton Hospital site;			
Service Group highlight report: Estates Services			
<p>A report was received for noting. There are a number of workforce issues at Morriston Hospital and the process to appoint a new estates manager remains ongoing. The department has continued to improve on statutory and mandatory training compliance with overall compliance moving to 70.44% and PADR compliance at 53%. Work is ongoing to improve performance in this area including group PADR's. In March the overall sickness level was 11.48%. 4.81% for long-term sickness and 6.78% for short term sickness. Action plans are in place for the long term sickness cases and concluding some of these will reduce long term sickness figures. The Medical Gas Committee has set up a task and finish group to review and update the Medical Gas Pipeline System Operational Policy and procedures. The first draft is being prepared for the next meeting. The Health Board has commissioned the completion of a review of its fire compartmentation on the Morriston Hospital and Singleton Hospital sites, and it is intended that the work will then be used as a specification to commission repairs on fire compartmentation. The Health Board has been issued with the draft Water Management Risk Assessment, which is now being reviewed for accuracy. From this Swansea Bay University Health Board (SBUHB) will develop an action plan to address the high and significant risks identified. SBUHB's Water Management Group has been</p>			

refreshed under the chair of the Director of Performance and Finance. The meeting scheduled 1st July 2022 had been postponed. SBUHB is reforming the Security Management Group to act as a focal point for security management issues across the Health Board. There have been issues for departments trying to recruit into vacancies and this was mainly due to salaries offered by the Health Board are currently lower than market rates.

Matters raised by committee members:

- *Issues around competitive salaries in the public sector and what other Health Boards were doing around proactive recruitment and retention;*
- *Succession planning;*
- *Medical gas training package to support designated nursing and medical officers*

Key risks and issues/matters of concern of which the board needs to be made aware:

Health and Safety Risk Register – The substantive report providing an update on the Health and Safety risk register and COVID-19 risk register was received. The risks that are currently assigned to the Health and Safety Committee are Health and Safety Infrastructure, Fire Safety Compliance, and Environment of Premises.

Delegated action by the committee:

Health and Safety Committee Terms of Reference were approved by committee members subject to a minor amendment.

Main sources of information received:

Tender for water risk assessments update report was received for assurance. Audits have been undertaken by an independent assessor which provided detailed analysis of the risks associated with water management, from which the Health Board is able to identify and address the high risk issues. The risk assessments have been taking place since December 2021 and the Health Board is in receipt of draft reports for each of its properties which are being reviewed for accuracy. The water safety plan is a live document and this is being reviewed by the auditors for completeness.

Progress report on the six facet review of backlog maintenance was received for assurance. The bulk of reports have been received, with two reports outstanding. Long-term solutions surrounding issues at Morriston Hospital site are under review including a planned decanting programme to assist the estates update. A deep dive on service utilisation is ongoing to highlight how space was being used within primary and community and therapies service sites.

Recent inspections and audits report was received for assurance. No formal inspections have been carried out from 2021 to 5th July 2022 and the majority of actions detailed with the action plans have been completed. Estates assurance is now scored as 'reasonable assurance' which is positive, and the team are working with internal audit on their review of the primary care and therapies service.

Fire door compliance report was received for assurance. There is a legal requirement to inspect fire doors at least six monthly, with programmes in place for each of the sites from which any defects are identified are updated onto the respective systems operated by the estates function. Risk assessments are 100%, with estates completing twice yearly checks and fire officers also completing checks. Capital funding may not be required as the team are working at tallying the number of doors needed under one procurement cost. Next steps included fire compartmentation to establish actions and works required and to update the fire door inspection schedule based on the updated fire compartmentation drawings.

Highlights from sub-groups reporting into this committee:

Health and Safety Operational Group highlight report was received for assurance. Neath Port Talbot and Singleton Service Group statutory and mandatory figures were good against the Welsh Government target of 85% and systems were in place to increase compliance further. There has been an increase in violence and aggression incidents overall at the site. Issues remain similar compared to the last report to committee. The statutory and mandatory training compliance rates were all below the Welsh Government target of 85%. There was no report received from primary community and therapies service. There were 238 reported incidents to staff members within the mental health and learning disabilities service group. The Caswell Clinic risk surrounding alarm and CCTV systems remain open; however the Llynfi training facility risks have been closed. New ways of working are being introduced at headquarters, with a blended approach and directorates/teams managing their dedicated areas. A task and finish group was in place for health and safety alerts, and no alters were received in June.

Matters raised by committee members:

- *Learning from deep dive assessments;*
- *Severe harm to staff following incidents in mental health and learning disabilities service group.*

Matters referred to other committees

Workforce and OD Committee referral

Issues around competitive salaries in the public sector and what other Health Boards were doing around proactive recruitment and retention be referred to Workforce and OD In-Committee.

Date of next meeting

4th October 2022