

Health, Safety & Fire Sub Committee

Tue 01 April 2025, 14:00 - 16:00

Virtually via Microsoft Teams

Agenda

14:00 - 14:00 1. PRELIMINARY MATTERS

0 min

1.1. Welcome and Introductions

Information Dilys Jouvenat, Independent Member/Sub Committee Chair

1.2. Apologies for absence

Information Dilys Jouvenat, Independent Member/Sub Committee Chair

1.3. Declarations of Interest

Information Dilys Jouvenat, Independent Member/Sub Committee Chair

14:00 - 14:00 2. CONSENT AGENDA BUSINESS

0 min

The Sub Committee Chair will ask if there are any items from the Consent Agenda (Section 8) that Sub Committee Members wish to bring forward to the main agenda for discussion

14:00 - 14:00 3. COMMITTEE GOVERNANCE ARRANGEMENTS

0 min

3.1. Action Log

Discussion Dilys Jouvenat, Independent Member/Sub Committee Chair

 3.1. Draft HSFSC Action Log HSFSC 1 April 2025.xlsx (4 pages)

3.2. Action Log and Matters Arising not considered within the Action Log

Discussion Dilys Jouvenat, Independent Member/Sub Committee Chair

14:00 - 14:00 4. STAFF AND SERVICE USER EXPERIENCE

0 min

4.1. Shared Listening & Learning Story - Spotlight on Health, Safety & Fire issues at the Royal Glamorgan Hospital (with particular focus on the blocking of fire doors)

Discussion Unscheduled Care & Planned Care Joint Presentation






 4.1 Spotlight on Health, Safety & Fire issues at the Royal Glamorgan Hospital.pdf (14 pages)

14:00 - 14:00 5. SETTING THE SCENE - SERVICE DELIVERY

0 min

5.1. Assistant Director of Health, Safety & Fire Report

Discussion *Chris Beadle, Assistant Director of Health, Safety & Fire*

-  5.1. Assistant Director for Health Safety and Fire (HSFC 1 April 2025) ch.pdf (15 pages)
-  5.1.a. Appendix 1 -NHS Chief Executive Letter and Report on MSDs and VA Int.pdf (10 pages)
-  5.1.b Appendix 2 - HSF Team Achievements Jan - Dec 2024.pdf (15 pages)
-  5.1.c. Appendix 3 - Violence and Aggression Dashboard.pdf (2 pages)
-  5.1.d. Appendix 4 - Risks for HSFC April 2025.pdf (13 pages)

5.2. Fire Safety Report

Discussion *Carl Edwards, Senior Fire Officer*

-  5.2.a. Copy of Fire Strategy 2024 - 2027.xlsx (7 pages)

5.3. Overarching Care Group - Health, Safety & Fire Highlight Report

Discussion *Sarah James, Deputy Chief Operating Officer*

-  5.3. Highlight Report -COO Overarching Report (HSFC 3 April 2025) (Updated).pdf (10 pages)

5.3.1. Planned Care - Care Group Health, Safety & Fire Highlight Report

Discussion *Sarah James, Deputy Chief Operating Officer*

To include an update on the local arrangements that Care Group have in place in regards to Health, Safety & Fire

-  5.3.1. Planned Care HS+F Sub Committee Highlight Report.pdf (5 pages)

5.3.2. Unscheduled Care - Care Group Health, Safety & Fire Highlight Report- To follow

Discussion *Sarah James, Deputy Chief Operating Officer*

To include an update on the local arrangements that Care Group have in place in regards to Health, Safety & Fire

-  5.3.2. Highlight report - Unscheduled Care HSF committee April 1st (002).pdf (6 pages)

5.4. Estate Safety & Compliance Report – Annual Report Medical Gasses - Deferred to next Committee Meeting

Discussion *Alan Martin, Head of Operational Estates*

This item was deferred from the January 2025 meeting




Update: April 2025 CTMUHB did not receive the audit report in time for this meeting. Therefore, this item has been deferred to the next committee meeting.

14:00 - 14:00 6. DELIVERING OUR PLAN

0 min

6.1. Health, Safety & Fire Performance Report

Discussion *Chris Beadle, Assistant Director of Health, Safety & Fire*



-  6.1. Performance Report (HSFC 1 April 2025).pdf (11 pages)
-  6.1.a. Appendix 1 - Copy of HS Performance Report Q3 2024-2025.xlsx (8 pages)
-  6.1.b. Appendix 2 - Core Learning Compliance Summary - SME's - as at 5.3.25.pdf (22 pages)

14:00 - 14:00 7. GOVERNANCE, RISK AND ASSURANCE

0 min

7.1. Organisational Risk Register – Risks Assigned to Health, Safety & Fire Sub Committee

Discussion *Emma Walters, Head of Corporate Governance & Board Business*

-  7.1a Org RR - March 2025 CP - HS&FSC.pdf (5 pages)
-  7.1b App 1 - Org RR March 2025 - HS&FSC.xlsx (3 pages)

14:00 - 14:00 8. CONSENT AGENDA

0 min

8.1. FOR APPROVAL

8.1.1. Unconfirmed Minutes of the meeting held on 24 January 2025

Decision Dilys Jouvenat, Independent Member/Sub Committee Chair

 8.1.1. Unconfirmed Minutes Health Safety and Fire Sub Committee 24 January 2025 final.pdf (11 pages)

8.2. FOR NOTING

8.2.1. Sub Committee Annual Cycle of Business 2025

Information Emma Walters, Head of Corporate Governance & Board Business

 8.2.1. CTMUHB HSFSC Cycle of Business - 17.01.2025.pdf (2 pages)

14:00 - 14:00 9. CLOSE OUT BUSINESS

0 min

9.1. Any Other Business

Information Dilys Jouvenat, Independent Member/Sub Committee Chair

9.2. Sub Committee Highlight Report to the Quality, Safety & Experience Committee

Discussion Emma Walters, Head of Corporate Governance & Board Business

9.3. Meeting Feedback

Discussion Dilys Jouvenat, Independent Member/Sub Committee Chair

Is there anything we should do more or less of?

Have we managed our time and allowed open and balanced discussion?

Have we considered our values and acted in a way that supports embedding our values across CTM?

Have we maintained a Strategic Focus?

Have we received sufficient assurance from a range of sources?

Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our strategic goals?

14:00 - 14:00 10. Private / Closed Session Business

0 min

Information Dilys Jouvenat, Independent Member/Sub Committee Chair

To be confirmed

14:00 - 14:00 11. Date & Time of the Next Meeting

0 min

Information Dilys Jouvenat, Independent Member/Sub Committee Chair

Thursday 5 June 2025 at 9:30am

Sub Committee Action Log

Name of Meeting: Health, Safety & Fire Sub Committee

Committee Chair: Dilys Jouvenat, Independent Member, Third Sector

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
05-sep-24	3,4	Page 3 and 4	Fire Safety Report	Discussion to be held with the Hospital General Manager in relation to concerns raised regarding issues being experienced with equipment blocking landings at Prince Charles Hospital. Update to be provided at the next meeting.	Deputy Chief Operating Officer	Chief Operating Officer	des-24	Open	Proposed for Closure This matter was discussed at the February meeting of the Operational Management Board where a request was made by the Chief Operating Officer for Hospital Managers to undertake a review of the position across sites. Mitigations have been put into place as a result. A focussed presentation was shared at the March 2025 Operational Management Board in regards to issues being experienced at Royal Glamorgan Hospital with equipment blocking fire escape routes. This presentation will also be shared at the April Health, Safety & Fire Sub Committee
24.01.2025	3,3	Page 3	Sub Committee Annual Cycle of Business	Further consideration to be given to reporting of Estates matters into this Sub Committee, following debrief session on SDC and ODC on 20 February 2025	Assistant Director of Governance & Risk	Executive Director for People	01.04.2025	Open	In progress Debrief session held on 20 February 2025. Discussions ongoing with Executive Directors regarding reporting routes for Estates issues.
24.01.2025	5,1	Page 7	Assistant Director of Health, Safety & Fire Report	Issues highlighted in relation to blocked fire doors, lack of risk assessments and inappropriate storage of equipment to be included within the alert/escalate section of the Sub Committee Highlight Report. Further discussion to be held with Executive colleagues regarding the concerns raised.	Assistant Director of Governance & Risk	Executive Director for People	25.03.2025	Open	Proposed for Closure Highlight report submitted and discussed at the Quality, Safety & Experience Committee held on 25 March 2025
24.01.2025	5,2	Page 8	Fire Safety Report	Extreme Fire Safety risks to be presented to and discussed at the Operational Management Board in the first instance prior to being presented to this meeting in future. Next iteration of the report to highlight where the risks were being reported to and what stage they were at.	Assistant Director of Health, Safety & Fire	Executive Director for People	01.04.2025	Open	Proposed for Closure Extreme Fire Safety risks and health, safety & fire issues have been added to the forward work programme for discussion at future Operational Management Board meetings
24.01.2025	6,1	Page 9	Health, Safety & Fire Performance Report	Issues reported in regards to training equipment to be included in the alert/escalate section of the Highlight Report to the Quality, Safety & Experience Committee	Assistant Director of Governance & Risk	Executive Director for People	25.03.2025	Open	Proposed for Closure Highlight report submitted and discussed at the Quality, Safety & Experience Committee held on 25 March 2025

24.01.2025	7,1	Page 10	Organisational Risk Register	Further consideration may need to be given to how Estates risks were being captured in order to provide Members with increased assurance and visibility	Head of Operational Estates	Executive Director of Finance	01.04.2025	Open	In progress Team are currently collating all of the information between the teams. Two new operational Estates managers one at POW and the other at PCH, have been reviewing the main operational risks, and first drafts have been shared with Head of Operational Estates for consideration. Progress meeting being held shortly to finalise, with an aim to complete by second week of April. This will then form the basis of a live document, subjected to regular updates and review.
24.01.2025	7,1	Page 10	Organisational Risk Register	Estates Directorate to revisit the estates risk register to consider if any estates related risks should be escalated to the Organisational Risk Register, with particular attention to the maintenance backlog risk.	Head of Operational Estates	Executive Director of Finance	01.04.2025	Open	In progress Team are currently collating all of the information between the teams. Two new operational Estates managers one at POW and the other at PCH, have been reviewing the main operational risks, and first drafts have been shared with Head of Operational Estates for consideration. Progress meeting being held shortly to finalise, with an aim to complete by second week of April. This will then form the basis of a live document, subjected to regular updates and review.
24.01.2025	9,1	Page 11	Meeting Feedback	Task to be undertaken to review the effectiveness of the escalation routes as there had been examples in the meeting where this process had not been followed. Further clarity to be provided at the next meeting.	Executive Director for People	Executive Director for People	01.04.2025	Open	Proposed for Closure Executive Director for People has confirmed that he has undertaken a review of the effectiveness of escalation routes and will provide a verbal update at the April meeting if required.

Sub Committee Action Log

Name of Meeting: Health, Safety & Fire Sub Committee

Sub Committee Chair: Dilys Jouvenat, IM, Third Sector

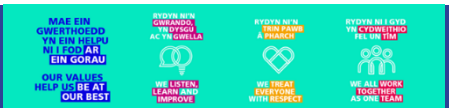
Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
13-sep-21			Organisational Risk Register	Review of the Merthyr & Cynon ILG Emergency Department risks to be undertaken by Major Projects Team colleagues as this relates to Phase 2 Redevelopment of Prince Charles Hospital	Head of Operational Estates	Executive Director of Finance	Ongoing	Closed	Completed Risk ID 3562 - closed in December 2021 as risk mitigated. Further detail on closure available on request as captured in Datix. Risk ID 4684 - closed in September 2024 as risk mitigated. Further detail on closure available on request as captured in Datix.
30-nov-21	3,4		Health & Safety Performance Report – Themes and Trends	Further interrogation to be undertaken of the data being reported in relation to incidents to determine the incident rate and reporting culture and the reasons behind this.	Assistant Director of Health, Safety & Fire	Executive Director for People	Ongoing	Closed	Completed The All Wales Datix Coding Workstream continues to meet monthly to address issues with the current coding structure. Given that these issues will take some time to address on a national basis, it is proposed that this action is closed on the action log and annual updates on progress will be included in the Assistant Director for Health Safety & Fire Report
19-jun-24	3,4	Page 5	Fire Safety Report	Escalate issues to the Quality and Safety Committee regarding the concerns experienced with items blocking all central core landings at Prince Charles Hospital.	Deputy Chief Operating Officer	Chief Operating Officer	sep-24	Closed	Completed This matter was included in the alert/escalate section of the Highlight Report presented to the Quality & Safety Committee at its meeting on the 23 July 2024.
19-jun-24	3,5	Page 5	Estates, Safety & Compliance Report	Escalate the issues in relation to workforce sustainability issues within the Fire Safety Team and within specialist areas within the Estate Teams.	Deputy Chief Operating Officer	Chief Operating Officer	Ongoing	Closed	Completed The risks associated with the future recruitment of competent Fire Officers has been added to the Health Board's risk register. Discussions are underway to explore the use of apprenticeships. This is being proposed for closure as the position will be monitored via the Risk Register. In relation to workforce sustainability within Estates, both Senior Operational Estates Manager posts have now been filled and staff will commence in post over the new few weeks.

05-sep-24	3,2	Page 2	Assistant Director of Health, Safety & Fire Report	Future report on risks to only include the most recent update on progress within the progress to ensure the report was easier to navigate for Members.	Assistant Director of Health, Safety & Fire	Executive Director for People	des-24	Closed	Completed This has now been completed and latest report only includes most recent update on actions being taken
05.09.2024	4,1	Page 5 and 6	Highlight Report to the Quality & Safety Committee	Escalate blocked stairways and PCH issues to the Quality & Safety Committee and ensure it remains a live risk.	Head of Corporate Governance & Board Business	Director of Corporate Governance/Board Secretary	sep-24	Closed	Completed This matter was included in the alert/escalate section of the Highlight Report to the Quality & Safety Committee which was presented to the meeting held on 18 September 2024



(Agenda Item)	(April 1st 2025)	(Health, Safety & Fire Sub Committee)	(Spotlight on Health, Safety & Fire issues at the Royal Glamorgan Hospital)
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Report Details:		Impact Assessment:	
FOI Status:	Open (Public)	Indicate the Quality / Safety / Patient Experience Implications:	Quality, Safety & experience could be impacted if not addressed.
If closed please indicate reason:	NA	Related Health and Care Standard	Governance, Leadership & Accountability
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Deborah Matthews - Assistant Director of Nursing (Acute Services) and Hospital General Manager at the Royal Glamorgan Hospital Chris Beadle – Assistant Director- Health, Safety & Fire	Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No – not required , an investigation into the issues identified at previous HSF Sub Committee
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Deborah Matthews - Assistant Director of Nursing (Acute Services) and Hospital General Manager at the Royal Glamorgan Hospital	Are there any Legal Implications /Impact.	No – However, if standards are not maintained /improved the HB risks are higher and could result in accidents/incident leading to legal implications. Actions taken are addressing this risk.
Approving Executive Sponsor:		Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes – one recommendation is for a budget review which could result in a cost pressure as funding is no longer provided.
Report Purpose	Discussion & Noting	Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care
Engagement undertaken to date:	The Health, Safety, & Fire Team, Hospital General Manager and Trade Union colleagues have collaboratively investigated these issues, involving Facilities and Estates in their discussions.		



Purpose

In January 2025, Health, Safety and Fire Sub Committee requested a spotlight presentation on Fire Safety at Royal Glamorgan Hospital, specifically addressing the issue of blocked fire doors.

The Hospital General Manager at Royal Glamorgan Hospital has been tasked with conducting a review to explore these concerns and to provide reassurance to the Sub Committee regarding any actions taken to mitigate or lessen the associated risks.

The concerns and observations were presented at OMB March 19th, 2025.

Investigation/Findings

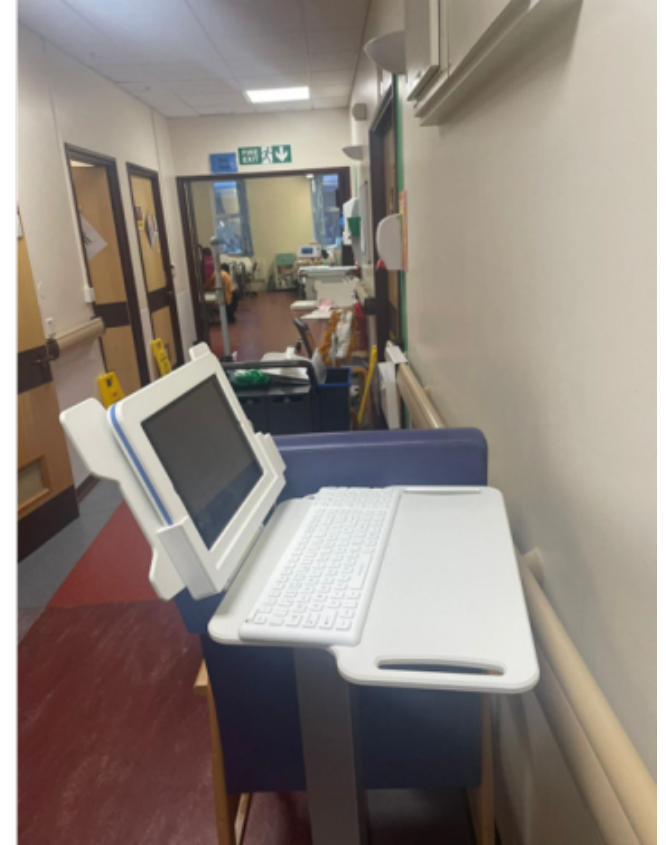
The Health, Safety, & Fire Team, Hospital General Manager and Trade Union colleagues have collaboratively investigated these issues, involving Facilities and Estates in their discussions.

A walkthrough of the Royal Glamorgan Hospital was conducted with the Fire Officer and a Union Representative, covering all areas, both clinical and non-clinical, with the most significant concerns noted in the clinical wards.

During the investigation risks were identified and escalated to relevant persons and the fire safety team discussed and reminded staff of appropriate fire safety.

OMB received an update on the findings and the concerns were raised with senior leaders.

Blocked Corridors



Blocked Fire Exits



Blocked Fire Extinguisher



Corporate Health, Safety and Fire measures in place

- Fire Officers and Health and Safety Coordinators are allocated to each site and Care Groups across the Health Board.
- Fire Officers undertake Fire Risk Assessments for all Wards/Department at regular intervals and findings are shared with Ward/Departmental Managers, Directorate Managers
- Fire Risk Assessments are also provided to the Capital and Estates Team so that any Estate related issues are recorded on their helpdesk for action.
- Systems and processes are in place for all Health, Safety and Fire related issues and guidance is available via the Health, Safety and Fire website.

Operational Mitigations

- New Site leadership fully briefed of concerns, supportive of measures to mitigate risk
- Working closely with fire Safety officers (weekly fire check with FO commenced) to address the risk and identify the causes
- First meeting with Director of Facilities 12.03.25 to address the issues and agree the plan for early escalation to support monitoring and ensure site appears clean, uncluttered
- Escalating issues immediately to facilities and other members of the MDT to support removal of equipment left.
- Daily attendance to wards and reviewing Fire Exits to ensure compliance.
- Weekly MDT walkabouts commenced 13.02.25 as described to sustain the improvements.
- Main hospital streets are now a “sterile” area with no obstructions.
- Improved Communication – **with Fire safety discussed at ‘Safe to Start’ meetings which include all Wards and Departments for that site.**

Conclusion

Whilst steps have been taking to address the concerns raised, there are several concerns that have been flagged that require on going monitoring to maintain compliance, promote good practice, with potential longer-term solutions to be identified.

Further Operational Action – all sites

- Site teams to review their health, safety and fire monitoring processes
- Remind teams of the importance of health safety and fire compliance and their responsibility under health and safety law
- Review training across teams (Health, safety and fire)

Recommendations/Next steps

For all locations, where concerns are identified, a collaborative action plan should be developed with the Hospital Manager and Health and Safety team, and it should be continuously monitored until improvements are observed.

Assess the current risk rating and the actions taken to mitigate it.

A budget is being evaluated across all locations to establish a dedicated position for managing stock and equipment. This could serve as an additional measure, if approved, to address issues at RGH.

The Health, Safety, and Fire agenda item will be included in the OMB agenda to ensure escalation and oversight of site health, safety, and fire issues, with reports sent to the HSF Sub Committee.

Examine the responsibilities, governance, and practices of each site or care group concerning the monitoring and escalation of HSF concerns.

OMB Outcome

The Operational Management Board acknowledged the issues highlighted in the presentation.

The Operational Management Board supported the proposed recommendations.

Sarah James, the Deputy Chief Operating Officer, will oversee the implementation of the actions and recommendations to improve standards and compliance at RGH and all sites meet the required levels and mitigate risk.

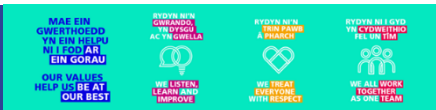


Specific Matters for Consideration:

Please note the slides 10-12

Key Risks / Matters for Escalation:

Without the measures and support from relevant stakeholder issues that have been brought to light could have significant risk to patients, staff and the health board. The risks are being closely monitored and appropriate action taken to lessen the risks.





Recommendation

The Committee are asked to:

- Consider whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.

Next Steps

The Committee are asked to:

- Consider whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks. Making note of actions taken and further action identified, the Committee are asked to consider that appropriate assurance has been provided , issues are closely monitored and given attention to ensure robust governance and scrutiny is in place by the health board.



Agenda Item

5.1.

Health, Safety & Fire Sub Committee

**Assistant Director for Health, Safety and Fire
- Update Report**

Dyddiad y Cyfarfod / Date of Meeting	01/04/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Chris Beadle – Assistant Director for Health, Safety and Fire
Cyflwynydd yr Adroddiad / Report Presenter	Chris Beadle – Assistant Director for Health, Safety and Fire
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

For Noting

Pwrpas yr Adroddiad / Report Purpose	Endorse for Committee Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health and Safety Coordinators Group	13/03/2025	Discussion and Noted

Acronyms / Glossary of Terms	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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1. Situation /Background

- 1.1 The purpose of this report is to update the Health, Safety and Fire Sub Committee of the main issues associated with the management of Health, Safety and Fire risks within the Health Board.

2. Specific Matters for Consideration

- 2.1 This report will cover the following areas:

- Health and Safety Executive involvement
- Health & Safety Audits 2025
- Managing Safely – On line training
- Safety & Fire Alerts
- Occupational Health - Health surveillance
- COSHH – SYPOL - Operational issues
- Face Fit Training and the Team
- Health & Safety Podcasts
- Health & Safety Newsletter – “Safety Watch”
- Health, Safety and Fire Team Performance 2024
- Manual Handling
- Violence and Aggression
- Organisational Health, Safety & Fire Risks
- Health Board Health and Safety Policy

3. Key Risks / Matters for Escalation

3.1 Health and Safety Executive Involvement

Since the last report, there are currently no active Health and Safety Executive investigations in place in the Health Board.

It is worth noting that the HSE are conducting structured inspections of the NHS in the UK. The HSE have set out to inspect 30 NHS bodies annually and their focus is compliance with the management of Manual Handling and Violence and Aggression risks. Several Health Boards in Wales have been subject to these inspections and Cardiff and Vale University Health Board have just had theirs completed. Cwm Taf Morgannwg University Health Board has not received confirmation to when it is likely to be inspected to date. Attached as Appendix 1 is a copy of the current HSE findings from the Inspections they have undertaken to date.

3.2 Health & Safety Audits 2025

Further to a very productive and beneficial audit programme that was undertaken in 2024, the Health & Safety Team are yet to start their programme for 2025 in respect of undertaking any audits.

This however does not mean that there is no work going on in the background. It has been agreed that in 2025, the team would undertake three audits using the Microsoft "Forms" package. This has now become the "go to" system for audits for the Health & Safety Co-ordinators Team.

The audit programme will commence with a "Flash" audit that is planned for April 2025, and will support our team colleagues in conducting a "Violence & Aggression" audit. The audit questions are now completed from its design perspective and is on course to be undertaken as was originally planned around April / May.

The second audit will be far more involved as it is a general Health & Safety audit covering the main dominant topics that are dealt with on a daily basis. This audit will "drill down" further across the organisation and will be far more time consuming than a "flash audit". Upon completion it should provide the Health Board with a snapshot of what is in place across the board in relation to Health & Safety compliance and what remedial actions need to be undertaking following the observations.

The third and final audit is again a "Flash audit" which will support another arm of our team and that is Manual Handling. This is a subject regularly under the Health & Safety spotlight and it is expected that any findings going forward will be beneficial to the team.

3.3 **Managing Safely – On line training**

It should be noted that later this year the Health, Safety & Fire Team will be launching this course in an e-learning format.

For those that prefer the more traditional learning methods, the Team will still be holding in-person sessions – aiming for four over the year, spread across the Health Board. There are three more face-to-face sessions booked for later this year.

These courses are designed to give managers the tools needed to incorporate good health and safety practices into their working activities.

It will hopefully be going into the testing phase within the next few months and will launch the finalised package soon afterwards. The package will be communicated and advertised on SharePoint.

3.4 **Safety & Fire Alerts**

For noting, there have been some Health & Safety and Fire "alerts" that have been developed and shared across the organisation. Details and references are as follows with the actual documents on SharePoint at the

time of release. They are still available to access further on the Health & Safety Teams' website on SharePoint:

- **039 – Blocked pipework and drains.**
- **040 – Fire - Decorations.**

3.5 Occupational Health – Health Surveillance

Members of the Health & Safety Co-ordinators team have been working closely with the Occupational Health Department for some time to help ensure that all organisational requirements around staff "Health surveillance" are met.

Although a couple of topics are on the plan for consideration, focus at present is on "noise" and "noise induced hearing loss" (NIHL).

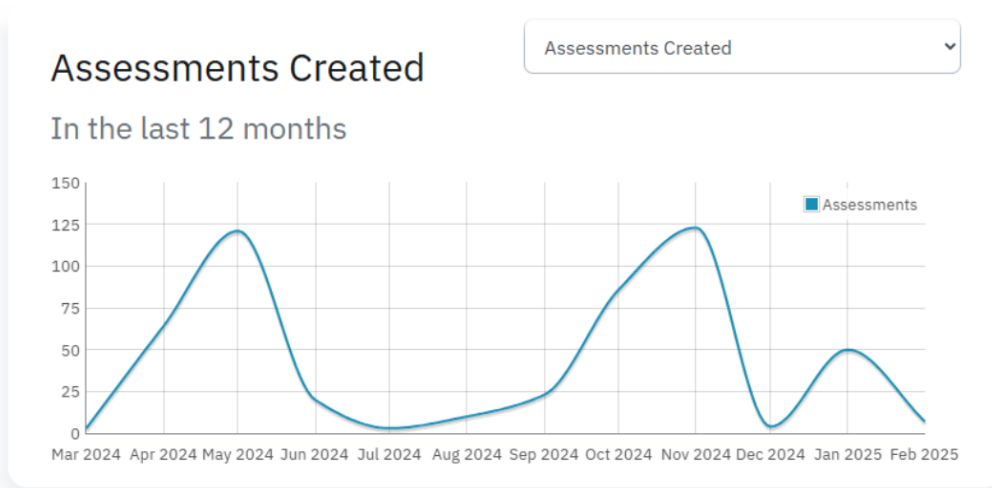
Good progress has been made in respect of partnership working with the Audiology department with an agreed process being introduced within the next few months.

3.6 COSHH – SYPOL - Operational Issues

Many of the original issues and concerns reported at previous Sub Committees with SYPOL have now been alleviated. All COSHH Assessments are being updated and managed locally as the system requires.

Following recent training sessions it can be confirmed that there are at present 83 active SYPOL "Editors" across the Health Board.





3.7 Face Fit Training and the Team

Following the approval of a business case in 2024, CTMUHB created a face fit team. The team consists of one face fit coordinator as well as two fit testers.

For anyone who requires enhanced PPE (Personal Protective Equipment) such as a respirator or face mask, they need to undergo testing of the mask to ensure it fits comfortably and provides protection to the wearer within the environment. This can be done via two different test methods: Qualitative method (taste) or Quantitative method (particle).

Within the first 7 months of us fit testing the Team have managed to fit test just over 1600 staff members.

3.8 Health & Safety Podcasts

The recording facility at "The Hwb" has been used frequently to produce informal podcast discussion sessions that have been released onto SharePoint news. Additional methods of sharing the recordings to help get the messages out to staff are being examined at present. To date has been very well accepted with positive feedback on the topics and themes covered this far.

Some of the topics that have been covered to date include:

- *Face-fit testing.*
- *Driving in work.*



- *Display Screen Equipment.*
- *Electricity at work.*
- *Smoking on hospital sites.*

A podcast will be released each month, with some "guest" speakers having been confirmed.

3.9 **Health & Safety Newsletter – "Safety Watch"**

The Health, Safety & Fire Team can now confirm that it now has in place its own Health & Safety Newsletter (Safety Watch). Named by one of the team, it is hoped that "Safety Watch" will be of interest to all staff, delivering information across CTM from a Health & Safety perspective.

It will be published on a quarterly basis, with issue No1 to be "unveiled" on SharePoint News very soon. It will be presented to its audience utilising the Microsoft "SWAY" format.

3.10 **Health, Safety and Fire Team Performance 2024**

Attached as Appendix 2 are the key performance outputs from the Health, Safety and Fire Team for 2024. Key highlights include:

- 2221 staff trained by the Manual Handling Team
- 1971 staff trained by the Violence and Aggression Team
- 3160 staff trained by the Fire Team
- 1402 staff Fit Tested with FFP3 masks by the Fit Testing Team

3.11 **Manual Handling**

3.11.1 *Barriers to Compliance*

Currently the biggest risk to our projected timings to hit an 85% compliance target by April 2026 is the Glanrhyd Training Room (Block 1) being in a state of disrepair caused by a lack of maintenance (PPM's) which has resulted in damp and mould. This poses a risk to those with respiratory conditions and those who are immunosuppressed that may need to work from this site. The Assistant Director of Health, Safety and Fire has entered a risk on to the Health Board's risk register and submitted a Capital Statement of Need. It is hoped the repair work will be funded and carried out this summer at the latest.

3.11.2 *Equipment*

Currently the Health Board have issues with our emergency lifting and recovery equipment on each site. It is not being looked after or

managed appropriately which has resulted in damage as well as items being removed. The Manual Handling Team conducts monthly checks as reassurance it is in working order.

A Business Case is being developed to replace all aging and obsolete hoisting equipment, baths, shower trolleys and to purchase Flat Lifting Kits to bring us up to speed with national guidance and best practice and to consider the supply of slide sheets to our frontline is being developed. It is hoped the Business Case will be finished in the coming weeks.

Our Assistant Director of Nursing, has taken on the slide sheet issue currently as we have received many incidents about the lack of supply in our hospitals. We have lost many slide sheets due to advice not being sought prior to them being purchased and them not being labelled. With the current laundry system and lack of access to a labelling service the cost benefits of washable slide sheets cannot be realised as they are used once and disappear when sent to the laundry which has now caused apathy with purchasers. The Assistant Director of Nursing is working across Facilities and Health, Safety and Fire to establish the best way forward. Currently this is favouring Single Patient Use (SPU) Slide Sheets, the favoured option to remove the need for laundering as when the slide sheet is dirty or shows signs of wear and tear it is thrown out. Single Patient Use are different to Single Use in that Single Use are used once and disposed of, whereas SPU slide sheets, are used on the one patient for the duration of their stay or replaced every two weeks or so.

3.11.3 *DNA's and Compliance*

Did Not Attend (DNAs) for the current period show an expected pattern. One of our highest areas of non compliance here is our Bank Dept however the Manual Handling Team have to maintain the offering as our front line needs a continuous supply of trained reserve staff. There will be a decline in Bank recruitment over the coming months and so the Manual Handling Team will use the training days ringfenced for Bank to provide assessments and updates instead to improve the Bank's longer-term compliance. Our least compliant staff group is Medical and Dental at 25.73%, this figure is having a negative impact on overall organisation compliance. Currently overall compliance with statutory manual handling training is 69.17%. The Manual Handling Adviser has arranged to meet with Directorate Manager (Medical), to discuss the Medical and Dental requirement as it is obvious either the awarded level of training is wrong or there is an apathy to the subject matter. A Teams meeting is scheduled for the 19th March.

	Jan - March 2024 (Q4)	April - June 2024 (Q1)	July - Sept 2024 (Q2)	Oct - Dec 2024 (Q3)
Manual Handling Training Courses				



2 Day Foundation Patient Handling Courses Provided	16	17	31	34
Number of Available Spaces on 2 Day FPH	129	187	248	272
Number of staff that attended and completed training	92	136	153	168
Number of DNA's on 2 Day Foundation Patient Handling (Locations below)	37	51	45	46
Bank Staff	11	21	10	8
Localities & Primary Care	2	0	15	8
Mental Health	4	5	5	2
POW	6	6	4	9
PCH	2	15	4	7
RGH	8	4	6	12
YCC	2	0	1	0
YCR	2	0	0	0
1 Day Foundation Patient Handling Courses Provided	17	15	19	25
Number of Available Spaces on 1 Day FPH	155	132	152	200
Number of staff that attended and completed training	130	107	91	126
Number of DNA's on 1 Day Foundation Patient Handling (Locations below)	25	25	38	48
Localities & Primary Care	5	4	16	15
Bank Staff	1	1	0	0
Dental	0	0	0	4
POW	2	3	6	6
Mental Health	5	12	10	8
PCH	2	2	3	7
RGH	10	3	3	8
Patient Handling Update Day Courses Provided	3	3	7	12
Number of Available Spaces on Updates	24	24	56	96
Number of staff that attended and completed training	0	20	7	3
Number of DNA's on Patient Handling Update Day (Locations below)	0	3	1	1
Localities & Primary Care	0	0	1	0
POW	0	0	0	0
Porters	0	0	0	0
PCH	0	3	0	0
Radiology	0	0	0	0
RGH	0	0	0	1
YCC	0	0	0	0
YCR	0	0	0	0
Inanimate Load Handling Courses Provided	22	21	55	55



Number of Available Spaces on ILH	320	398	660	660
Number of staff that attended and completed training	242	303	187	289
Number of DNA's on Inanimate Load Handling (Locations below)	78	95	111	92
Bank Staff	2	2	8	0
CAMHS	2	9	19	11
Children and Young People	6	0	8	4
Corporate Services	3	1	3	2
Facilities	2	9	6	9
IT	0	0	2	3
Localities & Primary Care	42	24	28	18
Mental Health	6	14	16	11
Obs & Gynae	1	0	2	3
PCH	2	8	7	8
POW	4	21	9	10
RGH	8	6	4	11
Therapies	0	1	0	2
YCR	0	0	0	0
Total Attendees on Manual Handling Training	464	566	438	586
Total DNA's on Manual Handling Training	140	174	195	187

3.11.4 Monitoring of Manual Handling Incidents

The Manual Handling Adviser has been meeting with our Health & Safety Coordinators to review incidents and support our managers with corrective or risk mitigating actions. There is a consistent issue with staff listing violence and aggression incidents as manual handling incidents though due to the activity being undertaken at the time e.g., whilst the patient was in a sling using a hoist they hit a member of staff. This would be listed as a manual handling incident not a V&A incident. The Manual Handling Team are providing guidance to educate our managers who use Datix, particularly around categories and sub-categories.

Incidents by Sub Subtype and Incident date (Financial quarter)

	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Total
Bed mobility patient/service user	0	2	4	0	6



Bending +/- or twisting	4	1	1	1	7
Carrying/supporting a load	2	1	1	0	4
Hoisting patient/service user	3	2	1	2	8
Injured during a manual handling manoeuvre	6	5	10	4	25
Injured whilst being moved with manual handling equipment	1	1	0	2	4
Lifting/lowering a load	3	2	3	0	8
Management of the falling patient/service user	2	1	4	1	8
Manual handling aid / equipment required but unavailable	2	3	6	6	17
Other	4	7	2	7	20
Pushing/pulling a load	3	3	1	6	13
Reaching +/- or stretching	0	0	0	1	1
Sitting/standing/walking patient/service user	3	1	2	1	7
Toileting patient/service user	0	0	1	1	2
Using manual handling equipment	0	0	0	0	0
Total	33	29	36	32	130

3.11.5 *Manual Handling Team - other work ongoing*

- Engaging with the Dementia team to explore how we can improve moving and handling assistance for this patient group.
- All Manual Handling staff have almost finished the Dementia Courses provided in-house. These courses are excellent for informing our practice and helping us to support this patient group when working clinically in our Wards and Departments.
- Engaging with the Head of Nursing for Localities and our Occupational Therapists to establish enhanced rehabilitation in our community hospitals. Hopefully when up and running this project will have a positive impact on quality, dignity and patient flow.

3.12 **Violence and Aggression**

3.12.1 *Violence and Aggression Incidents*



During 1st October 2024 – 31st December 2024, 22% of the incidents reported can be classified as non-gratuitous and can be attributed to the patient's medical or physical condition. Further analysis reveals that 58% of the physical assaults reported can be attributed as non-gratuitous. This may be a reporting issue where staff are not reporting incidents within the correct category. In order to address this issue reporting guidance has been issued to all clinical areas.

The vast majority of violent incidents reported within are in the following areas;

- Mental Health inpatient services,
- Accident and Emergency Departments,
- Medical and Surgical wards,
- Children`s Mental Health Services (CAMHS)
- Community Hospitals

Appendix 3 provides detailed Security and Management of Violence Key Performance Indicator Dashboard, for 1st October – 31st December 2024 and the three previous quarters.

The main violence and aggression risk continues to be the management of clinically challenging behaviour where the patient lacks capacity. These incidents have occurred regularly with confused patients being nursed on our medical wards and community Hospitals. This effects both patients and staff. This type of patient to staff physical assault is the highest reported non-patient safety incident reported within the Health Board. There has been a concerted effort to increase training courses to meet the training need. Training has commenced within the Community Hospitals in the management of clinically challenging behaviour which will continue throughout the year. The Personal Safety Team are experiencing an increased demand for training and support from our community hospitals in the management of patients with behaviours that challenge.

3.12.3 *Security and Violence Strategy 2025-2027*

The current Strategy is to be reviewed and revised to identify the delivery plan goals over the next 3 years. The violence and aggression management sections will cover the higher risk areas and identify control measures to reduce the risk of violence. The strategy delivery plan will be reviewed on a 3 monthly basis by the Security and Violence Operational group. The higher risk areas include Emergency Departments, Mental Health inpatient wards, and the Community Hospitals.

3.12.4 *Violence and Aggression Case Management*

Please see Appendix 3 KPI Case Management Dashboard

3.12.5 *Hate Crime Awareness*

The Violence and Aggression Case Manager will relaunch the Hate Crime Awareness sessions in conjunction with South Wales Police commencing at POW.

3.12.6 *Violence and Aggression training*

Appendix 3 demonstrates training numbers have increased over the past year and training compliance is at 72%. Overall training staff figures have increased significantly from previous quarters. This can be attributed to the introduction of a further Risk and Safety advisor delivering training. Further training and resource however is still required to deliver training to our high-risk staff in particular the management of clinically challenging patients.

Appendix 3 shows the numbers of non-attendance. Modules A&B has a 32% nonattendance rate. Module C has 26% non-attendance rate. Safe Management of Clinically related challenging behaviour has a 26% non-attendance rate. Module D higher (physical restraint training) has a 16% non-attendance rate.

3.13 **Organisational Health, Safety & Fire Risks**

Please see Appendix 4 for a list of the Health, Safety and Fire risks managed by the Health, Safety and Fire Team. All risks are updated in line with their review dates.

3.14 **Health Board Health and Safety Policy**

The Health Board's 3-year Health and Safety Policy, which is available on request, has recently expired and minor amendments have been made to it to address some organisational structural changes. As a result, the Sub Committee is asked to endorse for Committee approval and extend the current Policy for a further 3 years.

4 **Assessment**

Objectives / Strategy



Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Update Report
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:



<i>Have you undertaken an Equality Impact Assessment Screening?</i>		Update Report
Cyfreithiol / Legal	Yes (Include further detail below)	
	Prosecution for non-compliance. Civil litigation	
Enw da / Reputational	Yes (Include further detail below)	
	Failure to comply with legislation	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5 Recommendation

- 5.11 The Sub Committee are asked to note this update report and endorse for Committee approval the Organisational Health and Safety Policy for a further 3-year period.

6 Next Steps

- 6.11 A further update report from the Assistant Director for Health, Safety and Fire will be provided to the Sub Committee at the next meeting.

By email

Helen Jones

Health and Safety Executive
Redgrave Court
Merton Road
Bootle
L20 7HS

<http://www.hse.gov.uk/>

10th December 2024

To NHS Chief Executives

Health and Safety Executive (HSE) - Managing worker risk from Violence and Aggression and Musculoskeletal Disorders in the NHS

Please find attached our summary report on HSE's findings on the management of risks from violence and aggression (V&A) and musculoskeletal disorders (MSDs) in the NHS, following an inspection programme carried out in 2023 and 2024. This programme followed a previous HSE inspection campaign, carried out between 2018 and 2022 which assessed NHS organisations' management of these risks.

HSE invites you to consider the findings of the report and review your operations to ensure your Trust / Board is managing these areas in compliance with your duties under health and safety law.

This letter and report are being circulated to all NHS Trusts and Boards in Great Britain via internal NHS EPRR channels. It is also being shared with relevant NHS employer and employee groups, employee representative groups and trade unions.

The report on the 2018-2022 inspection campaign was similarly distributed in March 2023. A copy of this previous report is included in the appendix for reference and information.

If you have any queries on the above, please do not hesitate to contact us at public.services-sector@hse.gov.uk

Yours faithfully,

Helen Jones | Head of Health and Public Services Sector

Health and Safety Executive | Engagement and Policy Division

Enc: Summary Report and Appendix 1

MANAGING RISK IN NHS FROM WORKPLACE VIOLENCE AND AGGRESSION AND MUSCULOSKELETAL DISORDERS

Findings from 2023 – 24 HSE inspections

Background

Over 2023-24 HSE carried out a series of inspections in the NHS, to assess learning from previous HSE inspections carried out over 2018-22 on the management and control of risk from musculoskeletal disorders (MSDs) and violence and aggression (V&A). HSE originally selected these two areas for proactive inspection because they aligned with HSE's strategic priority of reducing work-related ill health. Violence and aggression is a stressor and therefore a contributory factor to work-related stress, which along with MSDs are the two most common causes of new and long-standing, work-related ill health.

A letter and report on the 2018-22 inspections was produced and shared with NHS Trust / Board Chief executives in England, Scotland and Wales, and also with relevant stakeholder groups (see Appendix 1).

A total of 20 NHS trusts and boards were inspected over 2023-24, including acute, mental health, community, and ambulance trusts. Each of these inspections were conducted in two steps:

- 'Step One' - 'high level' interventions between the NHS Trust / Board Chief Executive, and a local HSE Operations Manager. This meeting was to discuss the findings and the organisational measures taken at the Trust / Board Director level in response to the issues highlighted in the report summarising the 2018-22 inspections.
- 'Step Two' - Inspections to establish the extent to which the measures described at the high-level meetings were happening in practice. These involved planned management inspections and engagement with relevant personnel e.g., Managers, Supervisors, Staff and Trades Union / Employee Representatives, to assess the effectiveness of the measures implemented to control risk from MSDs and V&A.

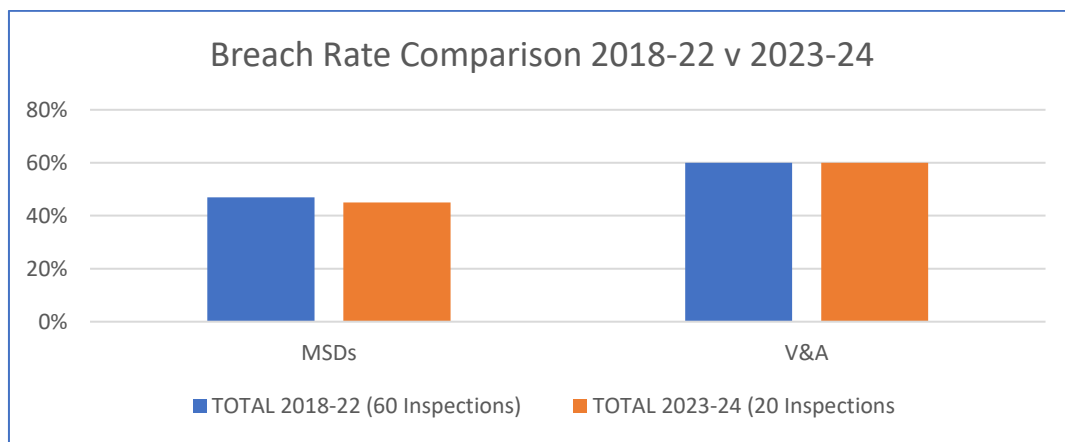
Enforcement

The number of organisations found to be in contravention of health and safety law from the 2023-24 inspections was as follows:

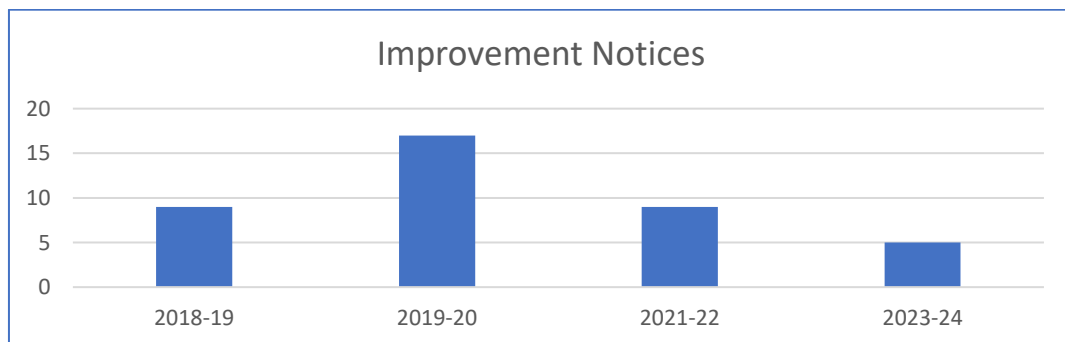
Contravention Rate		
Inspection period	MSDs	V&A
2023-24	9 (45%)	12(60%)

The contravention rate for V&A (60%) was slightly higher than that for MSDs (45%). In 13 (65%) of the 20 NHS organisations inspected at least one contravention of health and safety law was identified in respect of management of risk from either MSDs or V&A. Eight (40%) of the organisations inspected had contraventions across both areas.

These levels are similar to those observed over the 2018-22 campaign, where overall there was a 47% rate for MSDs, and 60% for V&A.



With respect of additional enforcement by way of Improvement Notices (INs), the cumulative number of INs served in 2023-24 (5) is lower over the same number of inspections (20) than in each year of the previous campaigns (9 in 2018/19, 17 in 2019/20, 9 in 2021/22).



Whilst care should be taken applying trends with comparatively small sample sizes, the enforcement levels seen do indicate that issues remain, and NHS

organisations must continue to assess and review how effectively they are controlling the risks from MSDs and V&A.

Inspection Findings

Failings identified could, as in 2018-22, be categorised under the four headings of risk assessment, training, roles and responsibilities, monitoring and review. However, there were also several other areas identified:

Risk assessment - This refers to conducting suitable and sufficient risk assessments to control the risk to employees from MSDs and V&A.

- Issues identified included assessments being too generic, not site/area specific, failing to include non-clinical staff, limited or no staff access to assessment findings, failure to consider the physical work environment, focussing on mitigating consequences rather than eliminating or designing out risk.

Training - This refers to the provision of effective training on controlling risk from MSDs and V&A

- Issues identified included no training needs analysis carried out, staff missing training identified as mandatory, non-clinical staff excluded from training, content outdated or not relevant to the task, no measures in place to assess the competency of providers or delegates post-training.

Roles and Responsibilities - This refers to the allocation of specific roles and responsibilities within the organisation to effectively supervise and manage the risk to employees from MSDs and V&A.

- Issues identified included outdated descriptions of roles in policy documentation, insufficient measures to ensure and check competencies, control measures not allocated to identified / appropriate personnel.

Monitoring and Review - This refers to the effective monitoring and review of existing risk control measures to ensure they are effective and that the risks to employees from MSDs and V&A are managed.

- Issues identified included little or no proactive monitoring taking place, serious incidents not being reported, no health and safety team involvement in review process, overreliance on 'after the event' measures rather than prevention, lack of a review process,

maintaining the status quo and adversely affecting adoption of new techniques.

Other issues identified.

- Reluctance to report serious V&A incidents to police, little collaboration with third party contractors to ensure risks managed for all, minimum staff numbers to ensure safety not allocated to task (e.g. for restraint techniques, to maintain response times), conflicting and contradicting guidance within same organisation (e.g. alarm protocols deviate depending on what document is referred to)

The findings reinforce the importance of an effective and comprehensive health and safety management system, ensuring that competent people carry out suitable and sufficient risk assessments, control measures are effectively implemented, and a robust review process is in place. It was found that this was best achieved when driven by senior leadership, fully supported and resourced, with measures in place to ensure staff are engaged effectively in the process.

Appendix 1 – Copy of HSE Letter and Report sent to NHS Trust / Board Chief Executives March 2023

By email

John Crookes

Health and Safety Executive
10 South Colonnade
Canary Wharf
London
E14 4PU

<http://www.hse.gov.uk/>

28th March 2023

To: all NHS Trust and Board Chief Executives

Health and Safety Executive (HSE) - Recommendations for Managing Violence and Aggression and Musculoskeletal Disorders in the NHS

Please find attached HSE's summary findings on the management of risks from workplace violence and aggression (V&A) and musculoskeletal disorders (MSDs) in the NHS, following an inspection programme carried out between 2018 and 2022.

HSE is recommending that you consider the four main categories where management failings have been identified (Risk Assessment, Training, Roles and Responsibilities, and Monitoring and Review) and satisfy yourself that your Trust / Board is managing these areas in such a way as to comply with health and safety law.

This document is being circulated to all NHS Trusts and Boards in Great Britain via internal NHS EPRR channels. Copies of the recommendations are also being shared with relevant NHS employer and employee groups, employee representative groups and trade unions.

For HSE to be assured that suitable action has been taken, we will be undertaking further interventions with the NHS over the next 12 months. These interventions will follow a two-step approach as follows:

Step One: Several high-level interventions by appointment between NHS Trust Chief Executives and HSE Field Operations Division (FOD) Operational managers, to discuss what is being done at senior management level to address the risks from V&A and MSDs.

These interventions will focus on the findings from the 2018-22 inspections as detailed in the attached summary report. In addition, they will explore the following areas:

- steps taken by your organisation over recent years at senior level to address the risks from V&A and MSDs;

- leadership in ensuring that sufficient organisational attention, resources and priority are given to the reduction of V&A and MSD risks.

Step Two: Inspectors will carry out several site inspections to seek assurance that what was described to us, in the high-level interventions, is being delivered on the ground.

Inspectors will engage with a cross-section of management and the workforce to assess the measures taken. Feedback on findings, including details of any action required, will be given at the end of the visits, at senior level where possible.

If you have any queries on the above, please do not hesitate to contact us at public.services-sector@hse.gov.uk

Yours faithfully,

John Crookes HM Principal Inspector of Health and Safety

Head of Health and Social Care Services Sector

Transport and Public Services Unit, Operational Strategy Branch
Health and Safety Executive

Enc: Summary Report

MANAGING VIOLENCE AND AGGRESSION AND MUSCULOSKELETAL DISORDERS IN THE NHS

A Summary of findings from April 2018 – March 2022 inspections of NHS Trusts / Boards focusing on workplace violence and aggression and musculoskeletal disorders.

- Between 2018 and 2022, HSE carried out a series of inspections to assess the management and control of risk from musculoskeletal disorders (MSDs) and violence and aggression (V&A) in the NHS.
- HSE selected these two areas for proactive inspection because they aligned with HSE’s strategic priority of reducing work-related ill health. Violence and aggression is a stressor and therefore a contributory factor to work-related stress, which along with MSDs are the two most common causes of new and long-standing, work-related ill health [Statistics - Work-related ill health and occupational disease \(hse.gov.uk\)](https://www.hse.gov.uk/statistics/work-related-ill-health-and-occupational-disease/)
- A total of 60 NHS trusts and boards (hereby referred to as NHS Employers for ease of reference) were visited across Great Britain (England, Scotland and Wales). This included acute, mental health and community trusts, but not specialist trusts such as ambulance services and represents approximately one in four of these NHS employers. Twenty organisations were inspected in each of three work years (2018-19, 2019-20, and 2021-22).
- In 38 (63%) of the NHS employers inspected over the course of the three work years at least one contravention of health and safety law in respect of management of risk from MSDs or V&A was identified. In 26 (43%) of the organisations inspected they were found to have contraventions across both areas.
- The level of contraventions of the law for V&A (60%) was slightly higher than that of MSDs (47%).
- The rate of contraventions of health and safety law that were found across each of the inspection years was as follows:

Contravention Rate		
	MSDs	V&A
2018-19	10 (50%)	11(55%)
2019-20	11 (55%)	14 (70%)
2021-22	7(35%)	11 (55%)
TOTAL	28 (47%)	36 (60%)

- Whilst this summary necessarily focuses on the issues identified during the inspections, it is important to note that nearly 40% of NHS employers were compliant or only needed some verbal advice (37%).
- The common feature where contraventions were identified were management failings. These are failings of the management systems and relate to the following four categories:
 - Risk assessment
 - This refers to the steps taken by NHS employers to conduct suitable and sufficient risk assessments to control the risk to employees from MSDs and V&A.
 - Issues identified during the visits included:
 - assessments being too generic, with high-risk areas not being identified;
 - assessments not including non-clinical workers who were exposed to the risk;
 - inconsistencies in the approach to risk assessment across the same organisation.
 - Training
 - This refers to the training on controlling risk from MSDs and V&A provided to employees.
 - Issues identified during the visits included:
 - training was too generic and lacked evidence it was based on a training needs analysis;
 - where training was identified as being mandatory, in practice it was optional for relevant workers to attend;
 - non-clinical workers who were exposed to the risk were not included in training;
 - no suitable assessment of the competency of the trainers.
 - Roles and Responsibilities
 - This refers to the allocation of specific roles and responsibilities within the organisation to effectively supervise and manage the risk to employees from MSDs and V&A.

- Issues identified during the visits included:
 - a lack of clarity over roles and responsibilities;
 - a lack of wider organisational awareness of who does what;
 - inadequate provision of time and resource given to those with roles and responsibilities;
 - no suitable assessment of the competence of those with specific roles and responsibilities to carry out that work.
 - Monitoring and Review
 - This refers to conducting effective monitoring and review of existing risk control measures to ensure they are effective and that the risks to employees from MSDs and V&A are being effectively managed.
 - Issues identified during the visits included:
 - failure to actively monitor and review control measures to ensure they are effective;
 - insufficient time and resource being allocated to monitoring and review;
 - failure to use available data sources (eg absence data, incident reporting) in the review process;
 - a lack of clarity over what should be reported and how, leading to non-reporting.
- **In particular, the inspections found that, whilst NHS employers generally do have policies and procedures for MSDs and V&A in place, these are often not monitored or reviewed to ensure that they work in practice or remain effective.**
- These findings have been shared with a number of NHS stakeholder groups at national level and NHS unions. It is expected that all NHS employers will review their management systems for these common failings and take any remedial action identified by that review process.

END

Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

Training – Face to Face

Manual Handling

Within the Manual Handling Team, we have the Manual Handling Advisor, 3 Manual Handling Trainers and 3 Training Assistants. Their training covers both the 1 day and 2 day Foundation Patient Handling, Inanimate Load and Patient Handling Updates.

We also have 2 Risk and Safety Officers who deliver Manual Handling Assessors and Key Trainer courses, Violence and Aggression (Safe Management & Module C) and Fire Evacuation Training.

The Key Trainers course (originally developed in 2023) was updated in 2024, this has saved us at least £2.5K per course delivered. Also, organisational compliance was at an all-time low and during Covid dropped to around 20%, we are now at 69.9% (average for all levels) and the additional posts (Manual Handling Trainer and Training Assistant) started in 2024 have had an incredibly positive impact.

Classroom Training	Number of Staff Trained by Manual Handling Trainers	Number of Staff Trained by Key Trainers	Total Number of Staff Trained in 2024
Total	2221	1161	3382

In addition to the above, a large number of staff have received workplace assessments, both patient and non-patient. These have been delivered/undertaken by staff within the organisation who have completed the assessor's course and also attend regular updates. Please see details below.

Assessments Undertaken at Workplace	Total Number of Staff Assessed 1,696
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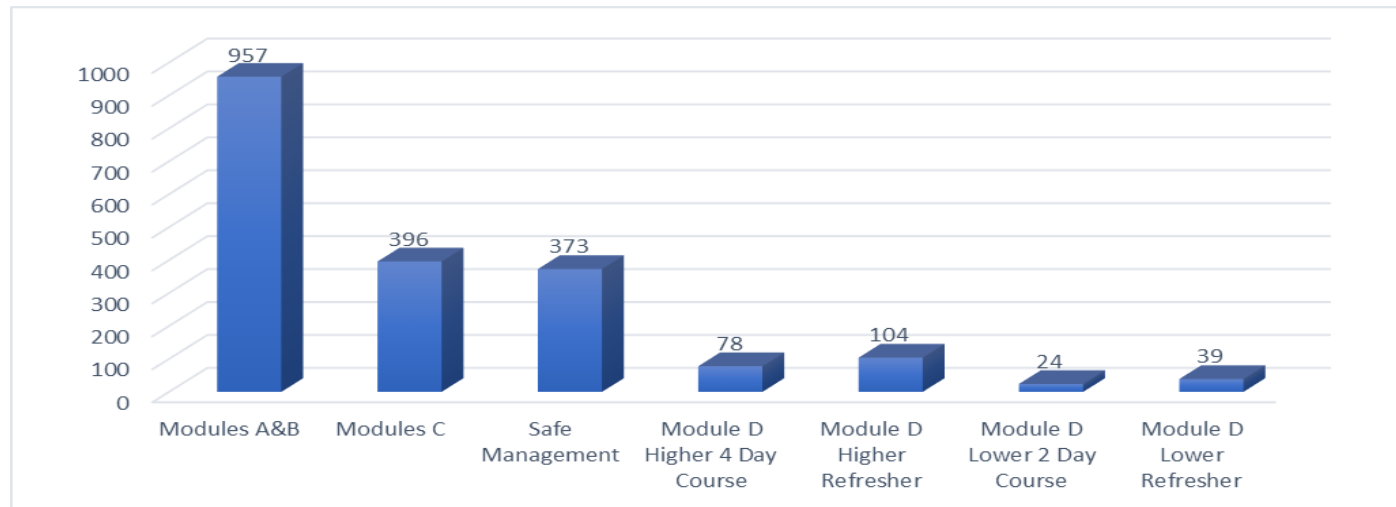
Fire Evacuation Training	Total Number of Staff Trained 276
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Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

V&A

The Violence & Aggression Team consists of the Personal Safety Advisor and Case Manager, who along with support from the Risk and Safety Officers, deliver the training. This training consists of Modules A&B, Module C, Safe Management, Module D Higher 4 Day Course, Module D Higher Refresher, Module D Lower 2 Day Course and Module D Lower Refresher. **Total Number of Staff Trained in 2024 is 1971.**

The violence and aggression CTM training compliance has increased quarter upon quarter resulting in the highest percentage training compliance figure of **72%** we have ever achieved. This improvement can be attributed to the dedication of the team who have delivered a great number of training courses over 2024.



Due to a number of high-risk violent incidents with Critical Care PCH, the team worked collaboratively with senior clinical management to develop and implement the following:

- A training package was developed training restraint techniques and safe holding.
- Training was developed in mechanical and chemical restraint.
- A techniques manual was developed and showcased on each ward.
- The course was mandated to this care group using ESR, which was named Maintaining a Safe Environment for the Critical Care Patient
- A policy was developed and approved, **Guideline for The Use of Restraint in The Critical Care Unit.**

Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

Training Strategies

Updated Manual Handling, Violence & Aggression Training Strategies

The Manual Handling Strategy

This is based on the training standards and modular content set out in the revised Manual Handling Passport and Information Scheme, along with the levels and competency renewal criteria of the Core Skill Training Framework. Employees should not undertake any handling activities until they have been trained, which should be on, or as soon as reasonably practicable after commencement of employment, or change of role. Our new Training Strategy explains our increase in competency duration, for patient handlers, from one year to two years, increasing compliance and decreasing the pressure on our frontline managers.

The Security and Violence Strategy

This outlines key goals from 2024-2027 to reduce and mitigate the risks of violence towards our staff within CTM. We have identified the key areas of risks and targeted training resources into these areas. The delivery plan goals which cover Emergency Care, Community hospital wards, medical wards, Mental Health and CAMHS services. The delivery plan will also identify how the Health Board will support staff following assaults, working in collaboration with South Wales Police.

Additional V&A Responsibility includes reviewing Code of Conduct Letters (**22** were issued in 2024) and Violent Markers which are added to patients' hospital records (**5** were added in 2024).

Fire

The Fire team consists of the Senior Fire Officer and 4 Fire Officers, all deliver fire training to the organisation.

Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

- Available places **10548**
- Total Number of Staff Trained **3160**

Fire Safety Awareness Training Delivered by Fire Officers 01.01.2024 – 31.012.24		
Fire Awareness	Available Places	Attended
PCH	1935	606
RGH	1992	848
POWH	4980	666
OTHER	741	526

Fire Safety Management Training Delivered by the Senior Fire Officer 01.01.2024 – 31.012.24		
Fire Safety Management	Available Places	Attended
PCH	270	165
RGH	270	210
POWH	360	139

Face Fit

In April 2024 a new Face Fit Testing Team was established, comprising of one Fit Test Co-ordinator and two Fit Testers.

This team conducted their first session on Wednesday 24th April 2024 and have since undergone training on fit testing FFP3 masks with our staff through both the qualitative (taste) and quantitative (particle count) methods.

The rationale for establishing this team was to ensure that staff were given the correct mask that not only fits but provides adequate protection when needed via fit testing. Due to the attainment of this "skillset" the Face fit team are now in the process of casting their net wider and providing their service to CTMUHB departments that would usually rely upon external training providers at a cost to them.

Since the formation of the team, it has successfully fit tested **1,402** staff.

Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

Breakdown of numbers of staff that have passed on mask types.

Mask Type	Bridgend	Merthyr	RCT	Total
1863+	240	286	205	731
1873V+	104	90	60	254
8833	44	20	42	106

89 passed on either a 9332 or 9330 mask that are no longer available. The Team are currently working on retesting them.

The remaining 222 have been tested with no mask that fits, so have been recommended a hood instead.

Managing Safely Training

Following the lifting of restrictions on face-to-face training during the pandemic, the Practical Approach to Managing Safely course was reinstated during 2024 and six sessions were offered across the Health Board where 54 staff attended. This is a 3-day course which utilises group work, shared experiences delivered primarily by the Assistant Director of Health, Safety & Fire, with input from subject matter experts (Fire, V&A, Manual Handling, Infection Prevention & Control and Occupational Health). The aim of the course is to instil the principles and practices of managing the health, safety and welfare of staff in the workplace.

The pandemic did, however, highlight the possibilities of delivering training in different ways and this course is in the process of being converted to an e-learning package. This will be accessible 24-7 via ESR.

It is recognised that people have different learning styles so this course will be offered as either via the in-person or e-learning formats.

Health, Safety and Fire Web Page

The web page was developed to provide staff with a series of information pages, covering a range of topics from Fire, Violence & Aggression, Manual Handling, Alerts, Templates & Guidance documents, H&S Manual, Briefings and Podcasts.

Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

Links to Incident Reporting & Investigation and Risk Assessment & Management can also be found here.

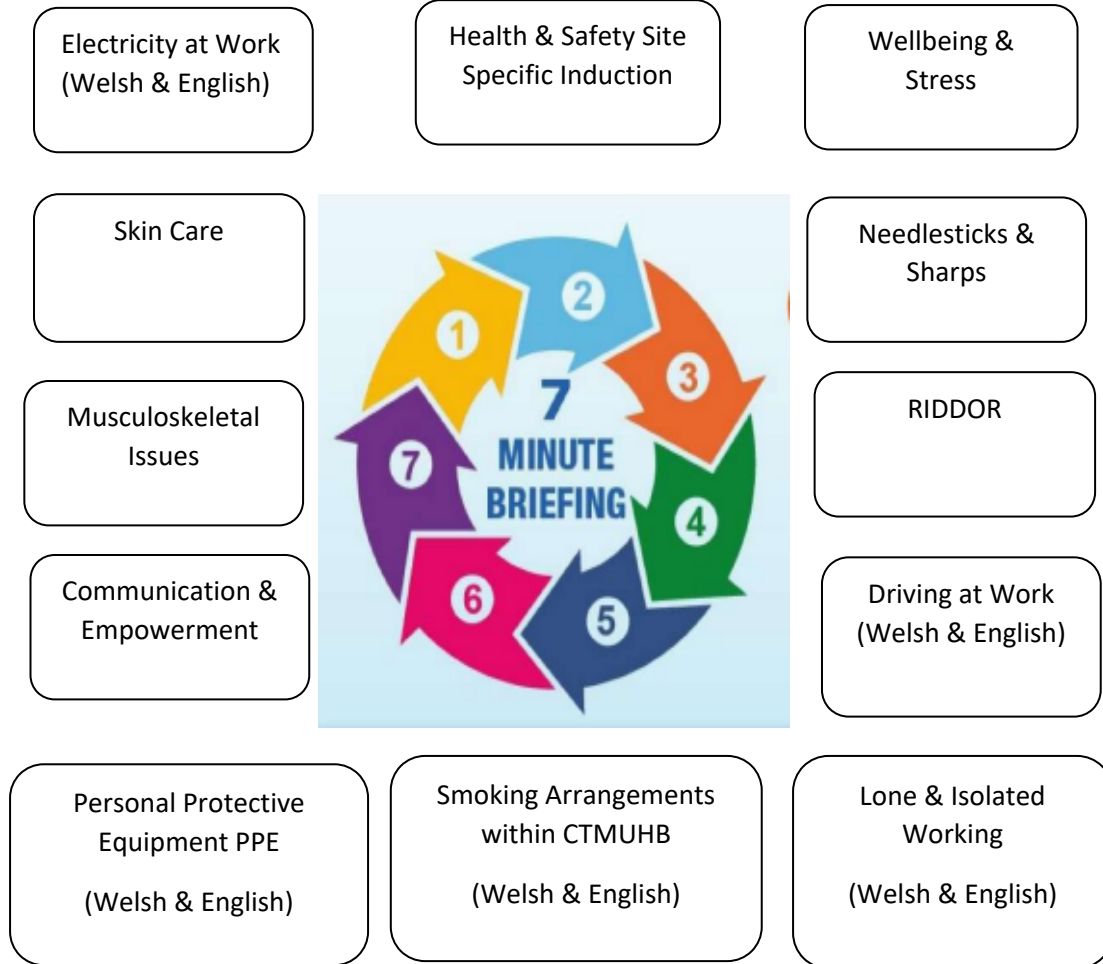
This page continues to be updated on a regular basis and during 2024, new topics were added which included 7-Minute Briefings, to support managers with a variety of topics which could be discussed at team handovers, meetings, etc. and Podcasts.

Parc Prison

The Health and Safety Team members based in Glanrhyd Hospital have done a great deal of work with Parc Prison, Pharmacy and IPC to improve the working conditions of Health Board staff within the prison environment and also to upgrade security protocols (developed and rolled out action cards) for prisoners attending hospital sites. Monthly catch-up meetings now take place.

Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

7 Minute Briefings (topics included)



On the back of an extremely successful 2023, whereby the Health & Safety Co-ordinators Team provided the organisation with a series of monthly "Toolbox Talk Training Sessions" via SharePoint, it was important to ensure that the positive momentum was not lost.

Rather than continue with the toolbox talks, it was agreed in 2024 to launch a series of "7-minute briefings" (based on Health & Safety themes) that Managers could deliver to their staff via their usual channels. This did not step too far away from what had gone before.

The 7-minute element, although not critical to adhere to, offered a guide to how long each session should take to deliver.

Released at the beginning of each month, the 7-minute briefing proved to be as successful as their Toolbox Talk predecessor, with extremely positive feedback being received back by the team.

Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

Podcasts



Podcast facilities are available within the organisation to record topical sessions on any themes that are found of interest.

Speaking / participating on a podcast is not for everyone, but the Health & Safety Co-ordinators have enough volunteers to use the podcast studio (located in the Hub) to produce monthly training sessions as a follow on to the outgoing "7-Minute briefings".

During 2024 the following sessions were recorded

- Smoking Arrangements in CTMUHB
- Electricity at Work
- Driving at Work

Further topics have been identified monthly for 2025.

Contact the Team

To enable staff to be able to contact the correct member of the team, we have a list of all our staff in the '[Contact the Team](#)' section of the Health, Safety and Fire web page. Also, on the right-hand side of the page is the 'H&S Queries mailbox' which is checked regularly and passed to the most appropriate person to respond.

Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

Health Surveillance

From both a legal and moral perspective, the organisation is required to provide a “sound” Health surveillance foundation for its staff. In respect of this and throughout 2024, members of the Health & Safety team have been meeting with Occupational Health representatives, working closely to help ensure that the organisation has the necessary arrangements in place to meet its obligations.

The initial topic that was tackled was “Noise” within CTMUHB, with the two internal qualified noise specialists contributing to the programme of work. Once everything is in place in respect of noise, then the next topic to tackle will be H.A.V.S. (Hand, Arm Vibration Syndrome). This is expected later in 2025. Regular monthly meetings will continue to be arranged throughout 2025 to ensure that the activity does not lose any momentum at all, helping to ensure that efficient, documented procedures are in place.

COSHH (Control of Substances Hazardous to Health).

The organisation has utilised the services of an electronic database programme (SYPOL) for many years now. It has managed our hazardous substances risk assessments on a departmental basis and the majority of staff are familiar with what it is and what it does.

During 2024, the provider went through ownership changes, which did have an impact on the provision of services that we receive. The then owner ALCUMUS, sold SYPOL to “EcoOnline” who revised our financial agreement with them and altered the format of the database itself. The revised system has had its “teething problems” some of which still continue today.

It can be recognised however that as an organisation we have a total 86 “Editors” that have been trained to use the system. All Health & Safety Co-ordinators are trained, while the balance of editors has been carefully selected from respective departments across all sites. Currently we are at the highest level of local area database, the SYPOL system is in the healthiest position that it has been in for many years.

There are currently **5587** active COSHH assessments on the system.



Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

Health & Safety Audit.

Over the past few years, the Health & Safety Team have been trying to establish the most efficient methodology for undertaking "audits" within the organisation. Historically, audits have been undertaken with a pen, paper and clipboard on a "face to face" basis with the source department.

It was decided to bring this up to speed with ongoing technological changes and an attempt was made to move away from tried and tested but "older" processes. In respect of this, numerous electronic audit packages were considered at great length. This involved undertaking actual on-site system trials. Disappointingly none of the systems tested met the requirements of what was needed at the time. In 2024 the Health & Safety Team hit upon using "Microsoft Forms" in a trial and with adaption it adequately met their needs. It has since been used successfully for a series of audits that were undertaken in 2024.



Some of the audits undertaken using "Microsoft Forms" in 2024 can be listed as follows:

- Sharps
- COSHH
- Medical Sharps
- Personal Protective Equipment (PPE)

These audits listed were called "Flash Audits" as they zoned in on a particular topic. The "Flash" audits do not drill down to the depth of a full audit but do offer great insight within a department around a particular theme. As with any meaningful audit, the accumulated data is pulled together in the form of a final summary report.

Individual Health & Safety Co-ordinators were given "leadership opportunities" for the audit topics covered to help them develop their own personal skills.

The importance of Health & Safety audits will follow through into 2025, with a large general Health & Safety audit planned for mid-year, this being straddled by two additional "Flash Audits".

Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

Fire

Fire Enforcements 2

POWH – Theatre enforcement for compartmentation breaches at plant room level, enforcement notice lifted in December 2024 due to roof repairs, access to the theatre plant room will allow necessary compartmentation repairs.

PCH – Site enforcement still in place for compartmentation breaches, however this enforcement notice has allowed for upgrading of all departments. Works continue phase by phase.

Fire Service Audits 3

February 2024 – RGH South Wing 1st floor – IN01 (Notice of Deficiency) issued, general fire safety precautions for maintenance, training and boarding spaces.

March 2024 – RGH North Wing 1st floor – IN01 (Notice of Deficiency) issued, general fire safety precautions for maintenance, training and boarding spaces.

September 2024 – PCH residences Block 1-5 & 7 – IN01 (Notice of Deficiency) issued for fire compartmentation and fire doors.

IN01 – Information Notice (Levels 1-4)

- Level 1 - requires attention as detailed in an agreed timescale.
- Level 4 – Suitable and satisfactory requires no attention

Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

Fire Alerts 5

- Fan Heaters
- Recent Fires / UwFS
- Halogen Heaters
- Faulty Label Maker
- Christmas Decorations

Fire Risk Assessments

239 FRA's completed across CTM UHB.

Fires/ Unwanted Fire Signals

Fire 14

Unwanted Fire Signals 198

Glanrhyd hospital fire incident, 22/11/2024 @ 14:26hrs.

Mental health patient started a deliberate fire, engulfing Taith Newydd ward, all staff and patients evacuated safely with no serious injuries.

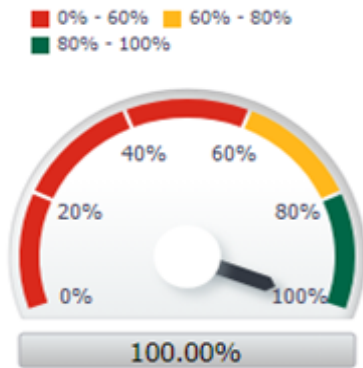


Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

Additional Team Achievements

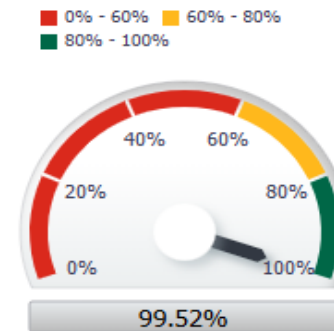
PDR's

The team appraisals are constantly running at 100%



Statutory Mandatory Training

The team's compliance with statutory mandatory training consistently runs between 97% - 100%



The following training / qualification / nominations were completed / achieved:

Ian Williams - Level 3 Learning & Development (Teaching Qualification)

Rachel Coates -Started and making excellent progress with level 4 Talk Training qualification in Business Administration

Amanda Carey - PGCE Post Grad with a first-class Honour

Kelly Lloyd - Nominated and shortlisted for a "Rising Star" award at the National Back Exchange in Birmingham

Health Safety & Fire Team Achievements Jan 2024 – Dec 2024



The team had 2 staff nominated for Seren Awards in 2024

In February Nicole Overton, one of our Health & Safety Coordinators received a Seren of the Month Award and in December Sally Warren-Evans, Face Fit Coordinator also received an award.

Big Team Challenge - The Love Handlers (Manual Handling Team) came 2nd overall with Ian Williams coming 4th and Rachel Coates coming 7th in the individual achievement.

The Health & Safety Coordinating Team participate in the national wheelchair day.

Carl Edwards (Senior Fire Officer) completed the Tenerife Ironman, Chester Metric Marathon and the Sharm El Sheik Half Marathon. He has also been accepted to take part in this year's New York Marathon.

Health Safety & Fire Team Achievements Jan 2024 – Dec 2024

Incident Reporting / RIDDOR / Personal Injury Claims

During 2024 there were **1784** non-patient staff/contractor, **70** public/visitor and **1615** Organisational incidents reported on Datix.

There were **58** RIDDOR incidents reported (Based on Date RIDDOR Notified)

There were **27** staff PI claims (Based on Date Case Confirmed)

Active Team Risks and Actions

There are **11** active Health, Safety and Fire risks (**9** of which the team are responsible for) and **9** active actions (**6** of which the team are responsible for).

Current Risk Rating	Fire	Health and Safety	Total
High	0	2	2
Moderate	6	3	9
Total	6	5	11

Appendix 3 Cwm Taf Morgannwg UHB - Violence & Aggression and Security Compliance Key Performance Dashboard

VIOLENCE & AGGRESSION KPIs	Jan - Mar 2024 (Q4)	Apr- June 2024 (Q1)	July - Sept 2024 (Q2)	Oct - Dec 2024 (Q3)
1. Incidents Attributed to Clinically Challenging Behaviour by Category	6	27	57	94
Physical Assault	4	20	50	86
Aggressive behaviour	0	0	0	0
Verbal Assault	2	6	6	7
Sexual Inappropriate Behaviour	0	11	1	1
2. Incidents Attributed to Gratuitous Behaviour Total by Category	266	301	340	329
Physical Assault	82	83	63	62
Aggressive behaviour	174	202	201	252
Verbal Assault	9	25	67	8
Sexual Inappropriate Behaviour	1	1	9	7
3. Incidents Attributed to Clinically Challenging Behaviour by Department	6	27	57	94
Acute Sites	2	9	5	53
Community Sites	0	2	9	14
A&E	0	3	5	2
Mental Health	4	13	42	25
4. Incidents Attributed to Gratuitous behaviour by Department	266	301	340	329
Acute Sites	50	33	12	33
Community Sites	12	12	30	10
A&E	28	31	16	20
Mental Health	180	225	272	265
5. Severity of Physical Assaults	266	301	340	329
No Harm	8	30	10	25
Low	67	46	81	117
Moderate	9	9	19	5
Major/Severe	2	1	0	1
Death	0	0	0	0
6. Number of RIDDOR Reported Incidents	1	3	1	2
7. Total Number of Reported Violent & Aggression Incidents Overall	272	328	397	423
STAFF TRAINING KPIs	Jan - Mar 2024 (Q4)	Apr- June 2024 (Q1)	July - Sept 2024 (Q2)	Oct - Dec 2024 (Q3)
1. Total Number of Staff Trained	320	390	584	420
Module A&B	222	265	312	153
Module C	90	75	122	108
Module Safe Management	8	50	150	159
CASE MANAGEMENT KPIs	Jan - Mar 2024 (Q4)	Apr- June 2024 (Q1)	July - Sept 2024 (Q2)	Oct - Dec 2024 (Q3)
1. Total Number of Cases being Managed	32	8	21	16
Cases this quarter	32	8	21	16
Violent Patient Markers Applied	2	1	2	0
Code of Conduct Letters Issued	11	2	7	2
Cases with police involvement	2	3	5	6

Cases awaiting trial / verdicts	0	4	2	1
Anti Social Behaviour Referrals	16	5	3	2
Police actions - Police cautions	2	0	1	0
Fixed Penalty Noticed Issued	1	0	0	0
Other Police Actions	1	0	1	0
Repeat Offenders	0	5	6	4
Number of incidents repeat offenders responsible	0	0	6	4
Prosecution and sentencing	0	0	0	2
Incidents that involved physical assault	4	0	2	1
Incidents that involved verbal assault	0	0	1	0
Hate Crime/Racial	0	0	8	0
Harrassment	0	0	4	0
Threatening behaviour	19	1	20	14
Other Incidents	0	0	0	0
SECURITY KPIS	Jan - Mar 2024 (Q4)	Apr- June 2024 (Q1)	July - Sept 2024 (Q2)	Oct - Dec 2024 (Q3)
1. Total Number Of Reported Security Incidents by Acute Hospital	12	39	38	27
RGH	5	19	19	10
PCH	0	8	9	7
POW	2	8	6	8
Community/Localities	5	4	5	2
2. Total Number Of Reported Security Incidents by Category	12	39	38	27
Auto Crime Theft of Vehicle	1	0	0	0
Auto Crime Damage to Vehicle	2	0	0	0
Auto Crime Theft from Vehicle	0	0	0	0
Anti-Social Behaviour	0	22	15	14
Theft of Property UHB	4	0	0	0
Theft/Loss of Property Person	1	8	8	9
Security Major Incidents	0	1	0	0
Security of Premises/Alarms/Access etc	4	7	15	4

Risks for Health, Safety and Fire Team

There are 37 risks on the system for Health, Safety and Fire

11 have been approved

25 have been closed/archived

1 rejected as a duplicate

November 2024 –February 2025

No risks have been closed/archived

Below is a chart of open risks for Health, Safety and Fire

Health, Safety & Fire Risk Report for the Health, Safety & Fire Sub Committee April 2025

ID	Handler	Title	Description	Controls in place	Rating current	Rating Target	Opened	Review date	Action ID	Description	Progress	Due date	Done date
6094	Beadle, Mr Chris	Providing a safe environment for staff to use for manual handling training in Glanrhyd	If Llynfi Training Rooms in Block 1, Glanrhyd Hospital are not treated for black mould and corrective building works are not undertaken to prevent future reinfection and damp then immunocompromised and staff with chronic respiratory conditions may suffer adverse effects to their health resulting in sickness, adverse publicity and possible claims.	Reduction of exposure to healthy Trainers as time training restricted to three days per week. All staff undertake a health questionnaire prior to training so those with underlying respiratory conditions can be offered an alternative venue. There are two industrial Hepa filters in situ to reduce airborne contaminants and spores. Meeting held with Estates to discuss works required	12	2	13/02/2025	30/05/2025	7464	Capital Statement of Need	SoN submitted	30/05/2025	

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2787	Beadle, Mr Chris	Absence of a robust health Surveillance programme for employees	<p>If: No monitoring in place for staff who work in areas of the organisation where known health risks could develop e.g. Hand, Arm Vibration (HAVs), noise, skin conditions such as contact dermatitis, respiratory etc.</p> <p>Then: Should a reportable incident occur the UHB will be liable to criminal repercussions by the HSE</p> <p>Resulting in: Criminal Actions by the HSE</p>	<p>OH linking with H&S to re-establish the skin surveillance programme.</p> <p>Plan to submit a briefing to execs in relation to the associated risks due to the absence of a health surveillance programme.</p> <p>Report provided to the Health, Safety and Fire Committee outlining the work undertaken in developing SOPs for Respiratory, HAVs, Noise and Skin Surveillance. Noise and HAVs assessments are now underway across the UHB.</p>	12	8	26/06/2017	30/06/2025	6807	Scoping Exercise for Health Surveillance	Update Feb 2025 - SOPs are agreed within Occupational Health and the H&S Team are currently prioritising Noise and HAVs assessments. These will be completed by June 2025.	30/06/2025
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Health, Safety & Fire Risk Report for the Health, Safety & Fire Sub Committee April 2025

4549	Beadle, Mr Chris	Breach of Statutory Legislation RRFSO (2005) Fire Safety - Enforcement GF/FF Merthyr Block	If the organisation fails to comply with the enforcement, then there could be further increased levels of enforcement action against the Health Board. Resulting in possible restriction of use of the areas concerned, legal action against the Health Board or prosecution. Main issues were lack of compartmentation. HB utilising the fire works to modernise the services covered in these areas. Enforcement is a long-term risk.	HB has submitted a business case for funding to WG. Funding is applied for each year. Works and phasing have been agreed and is on a phased approach. Works are progressing and each year the HB (CEO) has to apply to extend the enforcement timescale as per enforcement requirements. The HB applies for funding to WG for each phase of works via the PCH ground & first floor capital project team.	12	6	16/02/2021	31/07/2025	4583	Enforcement extension and funding application.	Update October 2024 - Application for extension of the Enforcement Notice approved by Fire Service for a further 12 months.	31/08/2025
5269	Beadle, Mr Chris	Development of Appropriate Systems to Allow the Production of Basic Management Information in Relation to Risk Assessments	If there is no control over the All Wales Fire Management System. Then the Health Board will be unable to provide accurate management information. Resulting in non-compliance and limited assurance	Very old All Wales IT system in place that only records information and does not provide management reports. FRAs are therefore sent to Relevant Managers, ILG Leads and Estates Team. Managers are asked to enter high risks on to Datix should they not be easily remedied.	12	4	25/10/2022	31/08/2025	6985	Support NWSSP Estates to develop new package	Update Feb 2025 - As previous update. CTM is waiting for teething issues in system to be rectified and will then start adding fire risks as and when they are reviewed.	31/08/2025

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4584	Beadle, Mr Chris	Failure to Act Upon Fire Risk Assessments (FRA) Significant Findings	If wards/department managers fail to address the significant findings made known to them through the FRA process, then risks will remain unaddressed resulting in risks to life, increased risks of fire and possible enforcement.	FRAs are being undertaken by the HB competent persons (HB Fire Officers) and completed FRAs are provided to the relevant area manager, and the ILG leads.	9	9	24/03/2021	31/10/2025	5265	Monitor and address Fire Risk Assessments (Bridgend)	Email request to FRO to advise on progress. Will be discussed through ILG Health, Safety and Fire group on 7th October. Findings are reviewed as they are received and through the bi monthly ILG Health Safety and Fire Committee meetings. Robust process in place	08/10/2021	04/01/2022
									5268	Monitor and address Fire Risk Assessments (RTE)	review FRA as they arrive and action as necessary. Review again in 1 month. This is now in place in RTE ILG and forms part of the work of their Health, Safety and Fore Group	30/09/2021	25/11/2021
									5269	Monitor and address Fire Risk Assessments (Merthyr & Cynon)	Findings are reviewed as they are received and through the bi monthly ILG Health Safety and Fire Committee meetings. Robust process in place	30/09/2021	29/10/2021
									5534	FRAs to be provided to ILG Directors	This is being currently undertaken.	05/07/2021	05/07/2021

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4824	Beadle, Mr Chris	Inadequate provision for noise assessment across the organisation	<p>If specialist noise training skills are not updated with appointed competent person(s).</p> <p>Then the organisation is open to prosecution as a result of non-compliance with current regulation and legislation.</p> <p>This could result in long-term hearing loss for members of staff, and as a consequence the organisation is open to future personal injury claims / complaints.</p>	<p>At the time of writing, all competent noise assessor's licenses have expired but update training is planned for the first quarter of 2022.</p> <p>01/11/2022 - 2 x H&S Coordinators are now trained to conduct noise assessments and the noise equipment is in the process of being calibrated.</p> <p>Both trainers are now competent to undertake noise assessments and equipment has been calibrated for use.</p> <p>Programme of assessments is currently being arranged with the HB's Occ Health Team.</p> <p>Sept 2024 - H&S Team have a programme in place (alongside OH) to undertake a series of Noise assessments by the end of 2024. High risk areas have been identified and dates being set for these assessments.</p> <p>December 2024 - Work continues to identify high risk areas for noise that require assessments.</p> <p>January 2025 - List of high risk areas have been identified and noise assessments</p>	9	6	16/09/2021	31/03/2025	5968	Training	01/08/2022 - As with Action 5969 the training has been completed x2 staff and noise equipment is currently being calibrated. Noise assessments will commence once equipment is returned calibrated.	31/10/2022	03/10/2022
									5969	Identification of areas of concern	June 2023 - The month of June was designated as noise awareness month to help support the identification of high risk noise areas across the UHB. Action will be completed by end of July 2023.	31/08/2023	19/09/2023

Health, Safety & Fire Risk Report for the Health, Safety & Fire Sub Committee April 2025

				are currently being undertaken.									
4809	Beadle, Mr Chris	Non-Compliance with Mandatory Violence and Aggression Training	A training review was undertaken to identify HB violence and aggression training requirements. Following review, the HB is unable to achieve full compliance on any training module. This is due to a lack of training resource within the Health Safety and Fire Team. If the training is not delivered, then the organisation will not	Personal Safety Advisor delivers training modules with some support from part time trainers within Mental Health and CAMHS. However, there is insufficient resource to ensure compliance within the entire organisation. Trained tutors available from clinical areas. The PSA regularly has to support training due	16	9	31/08/2021	31/03/2025	6301	Review of V&A Training Programme	17.12.21 PMVA report completed, sent to Chris Beadle and added to the documents section of the risk.	24/12/2021	17/12/2021

Health, Safety & Fire Risk Report for the Health, Safety & Fire Sub Committee April 2025

			<p>be compliant with mandatory Violence and Aggression Training. Restraint training is mandatory for inpatient acute services for Mental Health and CAMHS. Training is delivered by inpatient staff and the Health Safety and Fire Personal Safety Advisor. If there is insufficient training resource available then the organisation will be unable to maintain compliance on annual refreshers. If the PSA is unable to deliver key aspects of their role due to the high demand for violence and aggression training delivery then advice to clinical areas is greatly reduced. Resulting in non-compliance of mandatory training and a risk of injuries to both staff and patients and possible claims.</p>	<p>to ward-based trainers unable to be released to deliver. This role is not currently included in their job description which has resulted in some trainers resigning from delivering, hence compounding the lack of training resource. The availability of the PSA to offer personal advice to clinical areas is greatly reduced due to the excessive training requirement. From April 20205 the training programme will be transferred to the Mental Health Directorate. The Directorate will be engaging with an external provider to deliver this training going forward. Current compliance with this training need is approx. 80%.</p>					6372	Module D PMVA Training Provision / Programme Delivery	<p>The Health and Safety Committee has requested a further options paper. EJ met with MA Service Improvement Manager and LG Head of Nursing to discuss training options. Options discussed employing dedicated team or buying in training both options involve a significant financial commitment. Further meeting arranged for September 2nd. In the meantime, PMVA training will be delivered up until December 24. MA Service Improvement Manager is currently re writing the PMVA options seeking funding for 3 full time trainers within Mental Health to deliver training.</p>	01/04/2025	23/12/2024
									6374	Addition Training Resource Required	<p>26/06/2024 - A series of meetings have been set up with the V&A Team and Mental Health Service Group to look at means to ensure a suitable training provision form their Care Group. A paper highlighting the risks along with recommendations to ensure a separate contract is provided to the part time trainers is being considered.</p>	31/12/2024	23/12/2024
4392	Beadle, Mr Chris	Site Specific documents require updating on some sites	<p>Site specific documents on a number of sites have outdated information. We have a duty under the RR(FS) 2005 to provide site specific information for oncoming fire crews.</p>	<p>There are site specific documents available on a number of our sites throughout CTMUHB, however where changes to our sites have occurred it should be ensured the site-specific documents are</p>	8	8	30/10/2020	31/03/2025	4224	Update Site Specific Documentation	<p>Fire Officer Appointed on 1st September 2021 on a 12-month fixed term contract.</p>	06/09/2021	01/09/2021

Health, Safety & Fire Risk Report for the Health, Safety & Fire Sub Committee April 2025

			<p>Hospital and other healthcare estates are constantly evolving environments that must be flexible enough to accommodate new layouts and changes of use as and when required.</p> <p>It is important to provide up to date site specific information for attending fire crews to highlight hazards etc, and for the crews to make informed decisions, failure to do so could put persons at risk and the possibility of enforcement action from the Enforcing Authority.</p> <p>IF Site Specific information is not provided THEN The Health Board does not meet its legal duties RESULTING IN the Fire Service being unclear on their firefighting plans which could result in loss of life, damage to buildings and possible prosecution.</p>	<p>updated to reflect the change.</p> <p>There are several site-specific documents out of date still due to losing one fire officer post and the retirement of the Senior Fire Officer. A plan is being devised by the Fire Team to complete this work. 01/11/2022 - New Senior Fire Officer appointed and due to start on 07/11/2022. Priority will be given to ensuring these documents are up to date.</p>					7063	Site Specific Documentation	December 2024 - Following advice from SWF&RS these documents will have to be further amended due to changes in Fire Service responses to fire alarm activations. This is to be completed by end March 2025.	31/03/2025	
4826	Beadle, Mr Chris	Vibration at Work	<p>If HB fails to properly manage the risk of vibration, then the HB is failing its duties under various Acts and Regulations. Resulting in members</p>	<p>Vibration Information Page available on H&S Handbook via SharePoint. Member of the H&S Team is trained as a competent assessor.</p>	12	9	16/09/2021	30/04/2025	5971	Development of Self-Assessment / Benchmark Assessment	26/06/2024 - Meetings continue with colleagues in Occ Health. A programme of work has been agreed between both departments and an SOP is in place in Occ Health for the management of HAVS. The H&S	30/04/2025	

Health, Safety & Fire Risk Report for the Health, Safety & Fire Sub Committee April 2025

			of staff continue to be exposed to potentially dangerous levels of vibration causing conditions such as Hand Arm Vibration Syndrome. Currently no competent person within organisation.								Team are currently considering the use of equipment to measure vibration. Options include purchase, hire or loan from C&V UHB. Current plans are for this work to commence in Quarter 3 of 2024.		
								5972	Development of Vibration Information Page		Available on SharePoint, H&S Manual Section	31/12/2021	08/12/2021

Additional Open Approved Risks

ID	Handler	Title	Description	Controls in place	Rating (current)	Rating (Target)	Opened	Review date	ID	Description	Progress	Due date	Done date
5270	Jason Williams	Update Drawings in Respect of Compartmentation for all Sites	If management is unable to confirm an appropriate timeline to update drawings in respect of compartmentation for all sites. Then the Health Board will be unaware of fire risks in relation to fire compartmentation. Resulting in non-compliance with audit findings and potential Enforcement Action by the Fire Service.	Some Health Board Sites already have compartmentation surveys in place. Capital and Estates employing additional support to undertake this exercise.	8	4	25/10/2022	31/07/2024	6987	All Sites to have full compartmentation surveys	26/06/2024 - following a review, this risk and action has been transferred to Jason Williams in Capital and Estates	31/07/2024	

Health, Safety & Fire Risk Report for the Health, Safety & Fire Sub Committee April 2025

2987	Foley , Mr Robert	Fire Enforcement Order ground and first floor for compamentation ground and first floor PCH Estates Fire Scorecard point 14	<p>IF: the Health Board fails to meet fire standards required in this area.</p> <p>Then: the safety of patients, staff, contractors/visitors etc. and the protection of the buildings could be compromised.</p> <p>Resulting in: potential harm, risk of fire.</p>	<p>Fire Enforcement Order. An action plan and target dates for the 1st and ground floor areas at PCH is available and is subject to available finance for completion.</p> <p>12/10/20 Phase 1 on track with restaurant and pharmacy opening 2021, awaiting outcome of meeting 1 Oct 2020 with WG with regards to further funding for Phase 2, estimated timescale for 5-6years</p> <p>02/02/20 - Phase 1b of the wider programme has progressed to the point that the UHB has now achieved remediation for physical fire issues identified in the FEN in the majority of the new Pharmacy, Dining Room and Kitchen areas at PCH which opened in January 2021. This has tackled the higher risk for fire areas of the old kitchens and improved the fire stopping below ITU as well as reducing the overall volume of area remaining in the FEN to be remediated. In addition, the UHB secured Welsh Government approval in October 2020 for the Phase 2 FBC, in the sum of £220m, which will see progressive improvement of the majority of the remaining G&FF areas to be remediated for fire over the next 5 and a half years. As a reminder these works are</p>	12	6	29/11/2017	01/01/2026	2170	Fire enforcement order PCH for fire compartments	<p>26/10/21 (Chris Beadle)- Programme has been agreed for five and a half years from today. A review will take place 6 months prior to action completion date.</p> <p>An extension of a further 12 months has been granted by the Fire Service and will now expire on 31/07/2022.</p>	01/01/2026
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Health, Safety & Fire Risk Report for the Health, Safety & Fire Sub Committee April 2025

				<p>progressive due to the need to balance them against maintaining service delivery as best as we are able and are intended to be supplemented (to run concurrently with final years of the Phase 2) by a final Phase 3 business case intended to address the final physical accommodation areas included within the FEN.</p> <p>06/06/2022 The need for capital investment is recognised and is recognised on the Health Board list of schemes. The plans have been drawn up so the project can be progressed when the funding becomes available. The capital funding challenges, in NHS Wales, however, are recognised and so in the meantime to ensure safe respiratory and non respiratory pathways fracture clinic has been moved to Ysbyty Cwm Cynon to allow the PCH ED to move into the vacated space.</p> <p>01/11/2022 - This risk has been transferred from Catherine Roberts to Neil Cooper. See Communication and Feedback.</p> <p>04/07/2023 - Updated by C Beadle. Risk scoring has been amended appropriately as this risk is in the process of reducing as further works on the site are completed.</p>									
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Health, Safety & Fire Risk Report for the Health, Safety & Fire Sub Committee April 2025

FIRE SAFETY 3 YEAR STRATEGIC PLAN (2024 – 2026)

Aspects of this medium term fire plan will require capital expenditure
Fire Risk Assessment – FRA (Initial)

Ref	Strategic Requirement
	High (Red) Sleeping Risk Areas
	Medium (Amber) Day Patient Risk Areas
	Low (Green) Community Risk Areas

Training (Statutory Update)

Ref	Strategic Requirement
	Provide annual ongoing training to meet a 50% audience (approximately 6,000 staff).
	Training sessions will be pre-booked 3 months in advance.
	Develop an On-Line Fire Manager package to suit, April 2024,

Training (Evacuation) It is proposed to undertake 2 hospital e

Ref	Strategic Requirement
	Prince Charles Hospital (outbuilding)
	Ysbyty George Thomas
	Prince Charles Hospital (ward)
	Dewi Sant Health Park
	Princess of Wales Hospital (ward)
	Glanrhyd - Angleton Clinic
	Royal Glamorgan Hospital (ward)
	Kier Hardy Health Park

Site Specific Fire Information.

Ref	Strategic Requirement
	Dewi Sant Health Park
	Glanrhyd Hospital
	Pinewood House
	Royal Glamorgan Hospital
	Princess of Wales Hospital
	Prince Charles Hospital
	Ysbyty George Thomas
	Ysbyty Cwm Cynon
	Ysbyty Cwm Rhondda
	Kier Hardy Health Park
	Maesteg Hospital
	CAMHS - Ty Llidiard

Site Fire Compartmentation Surveys

Ref	Strategic Requirement
	All Sites

	All Sites
	All Sites

Site Fire Orientation Drawings

Ref	Strategic Requirement
	All Sites
	All Sites
	Prince Charles Hospital

Fire Doors/Fire Alarms Two pronged approach to upg

Ref	Strategic Requirement
1	All Sites
2	All Sites

Cause And Effect Testing

Ref	Strategic Requirement
	All Sites

Fire Service Audits

Audits are undertaken annually, amounts/frequency defined by Sou

Operational and Strategic Planning Directorat

As required

Welsh Health Estates Audit

Audit completed annually (End of March)

Upgrades/Work required - Hospital sites

RGH - site upgrade to all fire doors identified under fire door s

PCH - Major refurbishment of building under EN79/10 Ground

POWH - Major refurbishment of theatres under enforcement

DSHP - Compartmentation upgrade (fire doors) within the nex

KHHP - Fire alarm cause and effect and upgrade from C&A res

Note all above upgrade priorities may vary du

027 inclusive).

Capital investment to ensure completion of significant risks. Lack of t

Description of Actions	Completion Date
Initial FRA to be completed or reviewed for all areas by April 2024	apr-24
Initial FRA to be completed or reviewed for all areas by April 2025	apr-25
Initial FRA to be completed or reviewed for all areas by April 2026	apr-26

Description of Actions	Completion Date
Each Fire Officer will arrange training locality and feed the organisations training calendar accordingly.	Continuous
Each Fire Officer will arrange training locality and feed the organisations training calendar accordingly.	Continuous
Commence delivering August /September 2024.	

Evacuations per year

Description of Actions	Completion Date
	2024
	2024
	2025
	2025
	2026
	2026
	2027
	2027

Description of Actions	Completion Date
Compilation of site specific fire safety folders	2024
Compilation of site specific fire safety folders	2024
Compilation of site specific fire safety folders	2024
Compilation of site specific fire safety folders	2025
Compilation of site specific fire safety folders	2025
Compilation of site specific fire safety folders	2025
Compilation of site specific fire safety folders	2026
Compilation of site specific fire safety folders	2026
Compilation of site specific fire safety folders	2026
Compilation of site specific fire safety folders	2027
Compilation of site specific fire safety folders	2027
Compilation of site specific fire safety folders	

Description of Actions	Completion Date
Complete identification of Health Board sites that have had a fire compartmentation survey, identifying risks and completing action plans.	2024

From above survey complete fire compartmentation surveys as required	2025
Complete actions identified from surveys	2026/27

Description of Actions	Completion Date
Complete identification of Health Board status, identifying site standards	2024
Update site requirements to ensure standardisation across the Health Board	2025/26
Prince Charles Hospital - Enforcement works nearing completion. All efforts will be concentrated at PCH as highlighted in EN79/10 Sec1.7 Fire Plans	2027

grading the fire alarm systems and fire door protection

Description of Actions	Completion Date
Highlighted through Fire Risk Assessments	2025-2027
EFAB project for Fire Door Replacement	

Description of Actions	Completion Date
In conjunction with the Health Board Estates Team, Fire Alarm incumbent engineer and site fire officers ensure a standardised approach to cause and effect testing across Wales	2025 - 2027

North Wales Fire and Rescue

e

Surveying all patient high risk areas to be achieved within the next 3 years. Following that and First Floor H Block, wards first plan already submitted for next 5 years with long term

at 2 years

ults, within next 2 years. Compartmentation upgrade (fire doors) within the next 2 years.

ie to Fire Risk Assessment findings, or a fire related incident.

this investment will not see completion of this plan.

Responsible Manager	Current Update on Actions
All Fire Officers	Initial FRA's completed, Reviews ongoing.
All Fire Officers	Initial FRA's completed, Reviews ongoing.
All Fire Officers	Initial FRA's completed, Reviews ongoing.

Responsible Manager	Current Update on Actions
SFO	Each FO continues to deliver weekly training sessions at each DGH.
SFO	Bookings are made by each FO and then posted to ESR / SharePoint.
SFO	Package has been developed and reviewed, changes to be made by CTM IT Team before a trial release commences, no date confirmed.

Responsible Manager	Current Update on Actions
FO	Completed 09/2024
SFO	Desktop completed 10/2024
FO	
FO	
FO	
FO	Planned for 04/2025
FO	
FO	

Responsible Manager	Current Update on Actions
SFO	
SFO	Completed.
SFO	Completed.
SFO	Completed.
SFO	Completed.
SFO	75% complete with changes.
SFO	Completed.
SFO	Completed.
SFO	Completed.
SFO	
SFO	

Responsible Manager	Current Update on Actions
SFO	

SFO	
SFO	

Responsible Manager	Current Update on Actions
SFO	
SFO	
FO	

Responsible Manager	Current Update on Actions

Responsible Manager	Current Update on Actions
SFO / FO	C&E testing is carried out across all sites weekly. A standardised report document is under trial at 2 sites.

all the adjacent, above and below areas in the following 5 years with long term plans of upgrades
 m plans of upgrades changing annually

changing annually.



Agenda Item

5.3

Health, Safety & Fire Sub Committee

Overarching Highlight Report - Chief Operating Office

Dyddiad y Cyfarfod / Date of Meeting	01/04/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gemma Cummings – Business Support Manager- Chief Operating Office
Cyflwynydd yr Adroddiad / Report Presenter	Sarah James – Deputy Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
Operational Management Board	19/02/2025	Nothing to note

Acronyms / Glossary of Terms

POW: Princess of Wales Hospital
RGH: Royal Glamorgan Hospital
PCH: Prince Charles Hospital
YCR: Ysbwty Cwm Rhondda



YCC: Ysbwty Cwm Cynon
YGT: Ysbwty George Thomas
DSH: Dewi Sant Hospital
OOH: Out of Hours
OPD: Outpatients Department
JCF: Junior Clinical Fellow
COTE: Care of The Elderly
RCT: Rhondda Cynon Taff
C&VUHB: Cardiff & Vale University Health Board
CTM: Cwm Taf Morgannwg
MHLD: Mental Health & Learning Disabilities
NPTH: Neath Port Talbot Hospital
O&G: Obstetrics & Gynaecology
SLA: Service Level Agreement
QIA: Quality Impact Assessment
HGM: Hospital General Manager
STAMP: Strategic Transformation of Acute Medicine Programme
DTPS: Diagnostics, Therapies, Pharmacy and Sciences
SEHS: School Entry Hearing Screening
ITU: Intensive Care Unit
OMFS: Oral Maxillofacial Service

1. Introduction

- 1.1 This report had been prepared to provide the Health, Safety and Fire Sub Committee with details of the key issues considered by the Chief Operating Office at its Operational Management Board Meeting.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The purpose of this report is to provide an update to the Health, Safety and Fire Committee and provide assurances of any actions and mitigations against health, safety and fire matters, that has the potential to impact staff, patients and assets. To provide assurance to the committee of any risks escalated to the Organisational Risk Register and consider whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.



3. Highlight Report

Alert
Escalate

Planned Care Group: providing in depth report.

Unscheduled Care Group: providing in depth report.

Primary Care and Community Care Group: have noting to escalate on this occasion

Diagnostics, Therapies, Pharmacy & Sciences Care Group drew alert/ escalation to the following:

Respiratory Physiology: The respiratory physiology department at POW is undertaking a full risk assessment as the accommodation does not have the required air changes through the ventilation system. The risk assessment will identify further measures we can take to maintain staff and patient safety.

Children and Families Care Group drew alert/ escalation to the following:

Maternity/Neonatal Temporary Closure: The temporary move of Maternity and Neonatal services from POW to PCH has now been safely returned into their refurbished environment. Full service resumed week commencing 17th February 2025. The completion of this has removed a high risk from the organisational risk register.

Royal Glamorgan Hospital (RGH): There are some outstanding estates remedial works to ward 17 paediatric ward at RGH to accommodate safe entry / exit points (with maglocks) and some estates work to convert a sluice room into safe storage space on Ward 17. Mitigating actions are being worked through, and a work plan with estates team has been agreed.

Mental Health and Learning Disabilities Care Group have no advise for update

Facilities drew alert/ escalation to the following:

Car Parking at Royal Glamorgan Hospital (RGH): The installation of temporary modular units at RGH has impacted



parking capacity. An action plan was put in place to manage site traffic flow and parking contingency, ensuring safety and access for emergency vehicles, helicopter landing, disabled parking, public transport, and general traffic flow.

Enabling works commenced in the car park between the outpatients and mental health departments, resulting in a loss of 67 parking spaces. To offset this, disabled parking spaces are provided at the main car park across the river bridge, resulting in a loss of 70 car parking spaces.

Temporary parking segregation between patient and staff at the main car parking area over the river bridge have been introduced.

The work to install additional capacity for theatres and endoscopy services has caused significant car parking challenges on site.

Patient Safety – Patient Service: A quality improvement project to improve patient safety at mealtimes was conducted on wards 9 & 10 at PCH during November/December 2024. A new catering bed plan was drafted to address issues related to the correct international dysphagia diet standardisation initiative framework (IDDSI) food and drink levels, allergens, intolerances, and specific requirements.

ACTIONS from Health, Safety & Fire Sub Committee:

Concerns raised regarding equipment blocking landings and corridors at Prince Charles Hospital.

The committee is not satisfied with the current arrangements for biosafety, manual handling, and storage of stock and equipment.

Historical Context: An unfunded position was put into PCH during COVID to manage corridor clutter. Following the designated Shared Services funding being withdrawn the position has been subsequently removed, and the responsibility has reverted to the wards.

Current measures to mitigate risk include

1. Stock/equipment Management: Reminders shared with all wards that the responsibility of putting away stock lies with the individual ward that the stock is for.
2. Environmental Walk Arounuds: To ensure vigilance, a three times a week environmental walk around has been initiated to gain assurance around the issues raised. This has been yielding



	<p>positive results in lieu of how things are looking – completed in conjunction with our Fire Safety Officer, EBME Bed Store Manager and Facilities</p> <p>3. A SOP to manage the safe storage and removal of beds and mattresses at PCH, preventing storage on landing posing a health, safety and fire risk, is currently in draft.</p> <p>Proposed longer term Solution: It was proposed at OMB for care groups to consider the possibility of allocating some of their budgets to create a substantive post to address the issue</p> <p>This was presented to OMB on 19th February 25 with the view to return to a future OMB providing an update on the possibility to fund a substantive post.</p> <p><u>ACTION from Health, Safety & Fire Sub Committee:</u></p> <p>Request made for a spotlight presentation on Fire Safety at Royal Glamorgan Hospital to be presented at Health, Safety and Fire sub committee following concerns raised around equipment blocking fire doors and exits.</p> <p>The matter has been scheduled to be raised at OMB on the March 19th 2025, to escalate the concerns, with a presentation to follow for the Health, Safety and Fire sub committee, April 1st 25.</p>
Advise	<p><u>Planned Care Group:</u> providing in depth report.</p> <p><u>Unscheduled Care Group:</u> providing in depth report.</p> <p><u>Primary Care and Community Care Group:</u> have no advise for update</p> <p><u>Diagnostics, Therapies, Pharmacy & Sciences Care Group</u> advise the following:</p> <p>Stroke Rehab Space: The rehab space has been signed off from a health and safety perspective, and procedures are in place</p> <p><u>Children and Families Care Group</u> have no advise for update</p>



	<p><u>Mental Health and Learning Disabilities Care Group Advise the following:</u></p> <p>Health Inspectorate Wales (HIW) Inspection: An unannounced inspection of Ward 7 in YCC by HIW resulted in positive feedback, with high-quality care being provided. However, some estates and environmental issues were highlighted, which are already being addressed</p> <p><u>Facilities Advise of the following:</u></p> <p>Security Systems and Site Risk Management: Security vulnerability risk assessments (SVRA) have been carried out at various sites, and upgrades to CCTV and access control systems are planned or in progress. Specific updates include the replacement and upgrade of CCTV and access control systems at various sites.</p> <p>Patient Beverage Trolleys: There is an urgent need for funding to replace old and beyond-repair patient beverage trolleys due to health and safety risks.</p> <p>Management of security doors at all sites - Progress is being made with dates provided for one site. Budget approval has been given, and commencement dates are awaited for one site. A commencement date of March 31st, 2025 has been set to change all door access readers at another site. Additional works have been requested and funding approved to include maternity. The work also includes tasks at one site involving Kier Hardie and Williamstown Medical Records Hub.</p>
Assure	<p><u>Planned Care Group:</u> providing in depth report.</p> <p><u>Unscheduled Care Group:</u> providing in depth report.</p> <p><u>Primary Care and Community Care Group:</u> have no assurances to report.</p> <p><u>Diagnostics, Therapies, Pharmacy & Sciences Care Group</u> have no assurances to report.</p> <p><u>Children and Families Care Group</u> have no assurances to report.</p>



	<p><u>Mental Health and Learning Disabilities Care Group</u> have no assurances to report.</p> <p><u>Facilities</u> Assure the following:</p> <p>Cleanliness Standard Compliance: The health board is achieving the average overall score required for a clean environment in accordance with the policy and cleanliness standards. Capital funding has been allocated for the replacement of 12 Hydrogen Peroxide Vapour (HPV) decontamination machines.</p> <p>Waste Management: Compliance across sites is currently at a good level, with some minor improvements required across certain waste streams. Tiger Offensive Hygiene waste compliance has seen a rise of 17% over the last quarter across the Health Board.</p>
<p>Inform</p>	<p><u>Planned Care Group:</u> providing in depth report.</p> <p><u>Unscheduled Care Group:</u> providing in depth report.</p> <p><u>Primary Care and Community Care Group:</u> have no updates to inform.</p> <p><u>Diagnostics, Therapies, Pharmacy & Sciences Care Group</u> inform the following:</p> <p>Medical Device Regulations: Core elements of new regulations for medical devices are expected to be in place in 2025, and work is ongoing to ensure compliance</p> <p>Pathology Risks:</p> <p>Microbiology Lab (ID5554): The CL3 facility at RGH is not fully compliant, and regular audits and safety checks are in place to ensure safe use.</p> <p>Cellular Pathology Lab (ID3567): Workflows and controls in place but there is no further space to undertake additional work now that breast sampling has been brought in house from SBU since 1st April</p> <p>Respiratory Physiology: The respiratory physiology department at POW has unsuitable accommodation for performing clinical investigations due to a lack of ventilation, which is a health and safety concern</p>



	<p><u>Children and Families Care Group</u> have no updates to inform.</p> <p><u>Mental Health and Learning Disabilities Care Group</u> have no updates to inform.</p> <p><u>Facilities</u> inform the following:</p> <p>The CTMUHB 'Environmental Policy': This has been reviewed and approved.</p>
Appendices	

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A Globally Responsible Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</i>	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i>	Safe
	If more than one applies please list below:



<i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: The report is an overarching report and any equality and Welsh language requirements will be considered by the care group responsible.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) / Resource Impact</i> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Some areas of the report do require resource, E.g. pest control activity and CCTV, this will be considered and escalated in accordance with financial procedure as required, and the necessary consideration of funding with the appropriate officers/budget holder. POW roof replacement will have not been forecast into existing budget, however, Executives have escalated and reported costs incurred to WG, and approval has been sought for the repairs including other areas of work to bring the roof and identified areas to the required standards, including Fire compliance.	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

5. Recommendation

- 5.1 The Health, Safety and Fire Sub Committee is asked to **NOTE** the highlights outlined in section 3 of this report.



Agenda Item

5.3.1.

Health, Safety & Fire Sub Committee

**Highlight Report from the
Planned Care Group**

Dyddiad y Cyfarfod / Date of Meeting	01/04/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Tarek Allouni Service Director
Cyflwynydd yr Adroddiad / Report Presenter	Sarah James, Deputy Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Quality Safety Patient Experience – Care Group		Health, Safety & Fire matters raised with seniors.

Acronyms / Glossary of Terms	
POW	Princess of Wales

1. Introduction

1.1 This report had been prepared to provide the Health, Safety and Fire subcommittee with details of the key issues considered by Planned Care Care Group.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 As a minimum Care Groups are asked to cover the following areas of activity within the Highlight Report to the Health, Safety & Fire Sub Committee (Sub Committee of the Board). If any of these areas are not applicable, please indicate this in the report.

- Fire enforcement Notice issued and actions status
- Health and Safety Executive Improvement Notices
- Fire alarm system activations and false alarms (data)
- Health, Safety and fire Risk Assessments
- New Risk Assessments or significant changes
- RIDDOR reportable incidents – any themes / spikes
- High incidence of needle stick injuries
- Security & Violence - significant issues
- Mandatory training performance – % compliance and improvement trajectory where necessary
- Health Safety & Welfare Training
- Fire Safety
- Moving and Handling
- Violence and aggression

3. Highlight Report

**Alert /
Escalate**

Vanguard temporary mobile theatres:

- Risk assessments being undertaken for the units. With enhanced assessments for the additional mitigations to allow the required radiology to be undertaken in the theatres.
- Endoscopy unit space in the decon room on the unit is being reviewed.



Advise	<p>Door Issues</p> <ul style="list-style-type: none">• Modifications are being assessed for the treatment room that the new SurgiCube is in on the POW site. <p>Fire Safety</p> <ul style="list-style-type: none">• The Care group are working with the Hospital General managers for the alarm activations and false alarms by site and by area. <p>Security & Violence</p> <ul style="list-style-type: none">• No issues have been reported. The Care Group will continue to monitor V&A incidents closely through local governance forums, ensuring appropriate escalation where necessary. <p>Princess of Wales Theatres</p> <ul style="list-style-type: none">• The Fire Enforcement Notice has been lifted and the work commenced on the theatres at Princess of Wales.
Assure	<p>Risk Management</p> <ul style="list-style-type: none">• All identified risks are being reviewed and updated as necessary, with escalated risks highlighted for further consideration.• Due to current limitations in Datix configuration, not all managers have access to their respective risks. The Head of Nursing has been working with the corporate Datix team to address this issue.
Inform	<p>Fire Safety Update</p> <ul style="list-style-type: none">• No fire enforcement notices have been issued, and no outstanding actions remain.
Appendices	



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:



Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Cyfreithiol / Legal	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	
Enw da / Reputational	If no, please include rationale below:	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Health, Safety & Fire sub-committee is asked to **NOTE** the highlights outlined in section 3 of this report.



Agenda Item

5.3.2.

Health, Safety & Fire Sub Committee

**Highlight Report from the
Unscheduled Care Group**

Dyddiad y Cyfarfod / Date of Meeting	01/04/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Sarah Follows Service Director
Cyflwynydd yr Adroddiad / Report Presenter	Sarah James , Deputy Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Quality Safety Patient Experience – Care Group	Click or tap to enter a date.	Health, Safety & Fire matters raised with seniors.

Acronyms / Glossary of Terms	
POW	Princess of Wales

1. Introduction

1.1 This report had been prepared to provide the Health, Safety and Fire subcommittee with details of the key issues considered by the Unscheduled Care Care Group.

1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

2.1 As a minimum Care Groups are asked to cover the following areas of activity within the Highlight Report to the Health, Safety & Fire Sub Committee (Sub Committee of the Board). If any of these areas are not applicable, please indicate this in the report.

- Fire enforcement Notice issued and actions status
- Health and Safety Executive Improvement Notices
- Fire alarm system activations and false alarms (data)
- Health, Safety and fire Risk Assessments
- New Risk Assessments or significant changes
- RIDDOR reportable incidents – any themes / spikes
- High incidence of needle stick injuries
- Security & Violence - significant issues
- Mandatory training performance – % compliance and improvement trajectory where necessary
- Health Safety & Welfare Training
- Fire Safety
- Moving and Handling
- Violence and aggression

3. Highlight Report

**Alert /
Escalate**

- There are no items requiring escalation on this occasion



Advise	<p>Door Issues</p> <ul style="list-style-type: none">• Patient safety risk with damaged fire doors on Ward 14/15 at POW. SON raised to replace as they are damaged beyond repair.• Ward 15 POW has a leaking conservatory roof and doors that do not close properly. The care group has assessed the situation and determined there is no safety risk to patients, as the area is not accessed by them. The Health and Safety team conducted an assessment during a walkaround, and the care group is awaiting the full report. Measures have been implemented to mitigate risk to staff and monitor the water ingress. <p>Fire Safety</p> <ul style="list-style-type: none">• The Care group are working with the Hospital General managers for the alarm activations and false alarms by site and by area.• Risk of beds and condemned equipment being left by the evacuation lifts on the PCH floors from 1st to 4th. This is monitored daily by the Ward Managers and Senior Nursing Team along with the fire officer and appears to be happening out of hours. Escalated immediately for removal by facilities staff to appropriate areas.• Double and Triple Boarding to the Wards. Although no fire exits are compromised there would be more patients up to three extra patients to evacuate from the Ward in the event of a fire <p>Security & Violence</p> <ul style="list-style-type: none">• No issues have been reported. The Care Group will continue to monitor V&A incidents closely through local governance forums, ensuring appropriate escalation where necessary.
Assure	<p>Risk Management</p> <ul style="list-style-type: none">• All identified risks are being reviewed and updated as necessary, with escalated risks highlighted for further consideration.• Due to current limitations in Datix configuration, not all managers have access to their respective risks. The Head of Nursing has been working with the corporate Datix team to address this issue.



<ul style="list-style-type: none"> Inform 	<p>Fire Safety Update</p> <ul style="list-style-type: none"> No fire enforcement notices have been issued, and no outstanding actions remain. There was a fire in the cardiac catheter laboratory in RGH on 16.02.25 affecting the UPS switch, the fire was contained with minimal damage and the lab was back up and running after 48hrs. The post incident review did highlight some storage issue within the area which the care group are in the process of resolving.
<p>Appendices</p>	

4. Assessment

Objectives / Strategy	
<p>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</p>	<p>Creating Health</p> <p>If more than one applies please list below:</p>
<p>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</p>	<p>Not Applicable</p> <p>If more than one applies please list below:</p>
<p>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <i>150623-guide-to-the-fg-act-en.pdf</i> <i>(futuregenerations.wales)</i></p>	<p>Not Applicable</p> <p>If more than one applies please list below:</p>
<p>Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i></p>	<p>Not Applicable</p> <p>If more than one applies please list below:</p>
<p>Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i></p>	<p>Safe</p> <p>If more than one applies please list below:</p>



Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below:
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) / Resource Impact</i> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

- 5.1 The Health, Safety & Fire sub-committee is asked to **NOTE** the highlights outlined in section 3 of this report.



Agenda Item

6.1

Health, Safety & Fire Sub Committee

HEALTH, SAFETY AND FIRE PERFORMANCE REPORT

Dyddiad y Cyfarfod / Date of Meeting	01/04/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Chris Beadle – Assistant Director for Health, Safety and Fire
Cyflwynydd yr Adroddiad / Report Presenter	Chris Beadle – Assistant Director for Health, Safety and Fire
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health and Safety Coordinators Group	13/03/2025	Discussion and Noted

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 The purpose of this report is to inform the Health, Safety & Fire Sub Committee of the main issues identified from the current Health, Safety and Fire Dashboard for the recent period 1st October 2024 to 31st December 2024. As a result of changes to the Dashboard, the data is now provided on a month by month basis. The Dashboard is attached as Appendix 1.

2. Specific Matters for Consideration

- 1.2 The Health Safety and Fire Team have been developing a matrix containing information on health and safety incidents, risk assessments, training compliance and personal injury claims to aid the Health Board to understand and make changes where non-compliance is identified or standards need improving. The attached spreadsheet contains quarterly information on the following areas:

- Non-Patient Safety Incidents
- Manual Handling Incidents
- Violence and Aggression Incidents
- Number of RIDDOR Reports
- Risk Assessments
- Personal Injury Claims
- Training Compliance (information from Electronic Staff Records)

This information is provided from live Dashboards in the Health Board's Risk Management System (Datix) and Electronic Staff Record to allow Wards, Directorates, Care Groups and the Board to have consistent and comparable data. Due to major changes in the new Datix Cymru coding structure compared to the Health Board's previous coding structure, the granularity of information in the Dashboard is far less than previously reported. Work is underway within the Health Board's Datix Team to address this shortfall as well as Nationally by the Welsh Risk Pool.

3. Key Risks / Matters for Escalation

- 3.1 The data is captured from the Incident, Risk and Claims Modules from the Health Boards Risk Management System (Datix) as well as the Electronic Staff Record and analysed by the Health, Safety and Fire Team. Any issues identified from the data are investigated to support better compliance or improvement.
- 3.2 The information captured is from the Datix Cymru system (All Wales Datix System) and is in its early stages of development. Information from the Dashboard is being used to populate the Organisational Health, Safety and Fire Action Plan where improvement or assurance is required. As with the

Dashboard, the action plan will also mature in time. Detailed below are some headline issues from this quarters Dashboard.

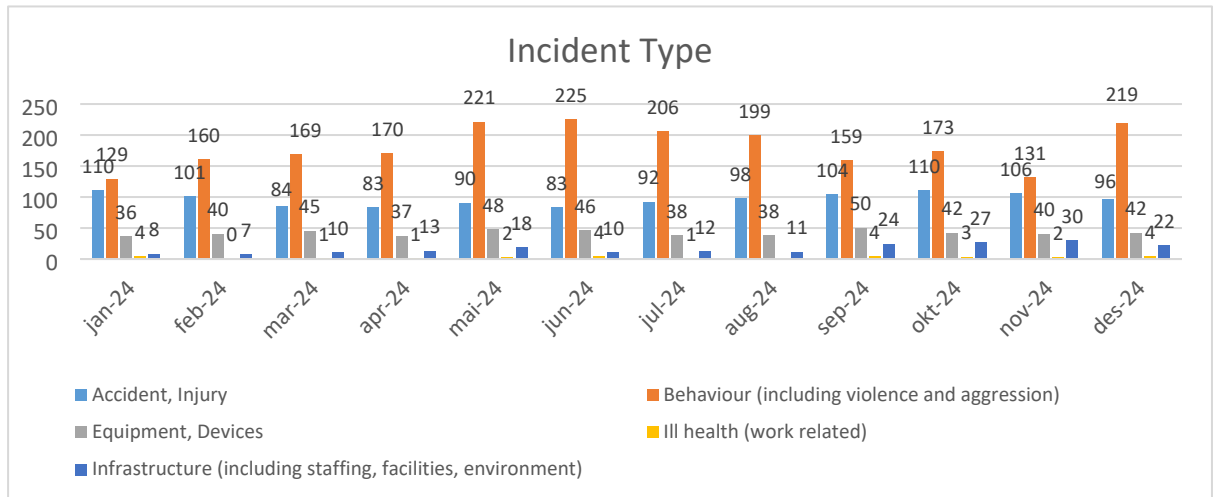
3.2.1 Non Patient Safety Incidents

Highlights from the high-level data confirms that there is a reduction with the category 'Patient clinically challenging behaviour.' This previously has been the Health Board's highest reported incident but since the introduction of the new system has reduced in number. It appears that staff are now reporting this previous category as Aggressive/Threaten Behaviour instead. Work continues with Care Groups for them to understand the appropriate reporting codes.

Aggressive/Threatening Behaviour incidents remain the highest reported on the system over the last 12 months. Although the numbers have fluctuated significantly month on month.

The incident type of Accident/Injury is still causing some issues with confusion for reporters and work is underway with the Datix Cymru Team to review the whole coding structure within the system. A task and finish group has been set up by the Welsh Risk Pool with Health Boards/Trusts which meets on a monthly basis to address these coding issues. A meeting took place on the 18th November where the Category Accident/Injury has been removed and more appropriate codes developed to replace it.

Listed in the chart below are the current top 5 incidents reported in the Datix system's Type Category in the Health Board:





Breakdown of Manual Handling Incidents

	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Total
Bed mobility patient/service user	0	2	4	0	6
Bending +/- or twisting	4	1	1	1	7
Carrying/supporting a load	2	1	1	0	4
Hoisting patient/service user	3	2	1	2	8
Injured during a manual handling manoeuvre	6	5	10	4	25
Injured whilst being moved with manual handling equipment	1	1	0	2	4
Lifting/lowering a load	3	2	3	0	8
Management of the falling patient/service user	2	1	4	1	8
Manual handling aid / equipment required but unavailable	2	3	6	6	17
Other	4	7	2	7	20
Pushing/pulling a load	3	3	1	6	13
Reaching +/- or stretching	0	0	0	1	1
Sitting/standing/walking patient/service user	3	1	2	1	7
Toileting patient/service user	0	0	1	1	2
Using manual handling equipment	0	0	0	0	0
Total	33	29	36	32	130

Breakdown of Violent Incidents

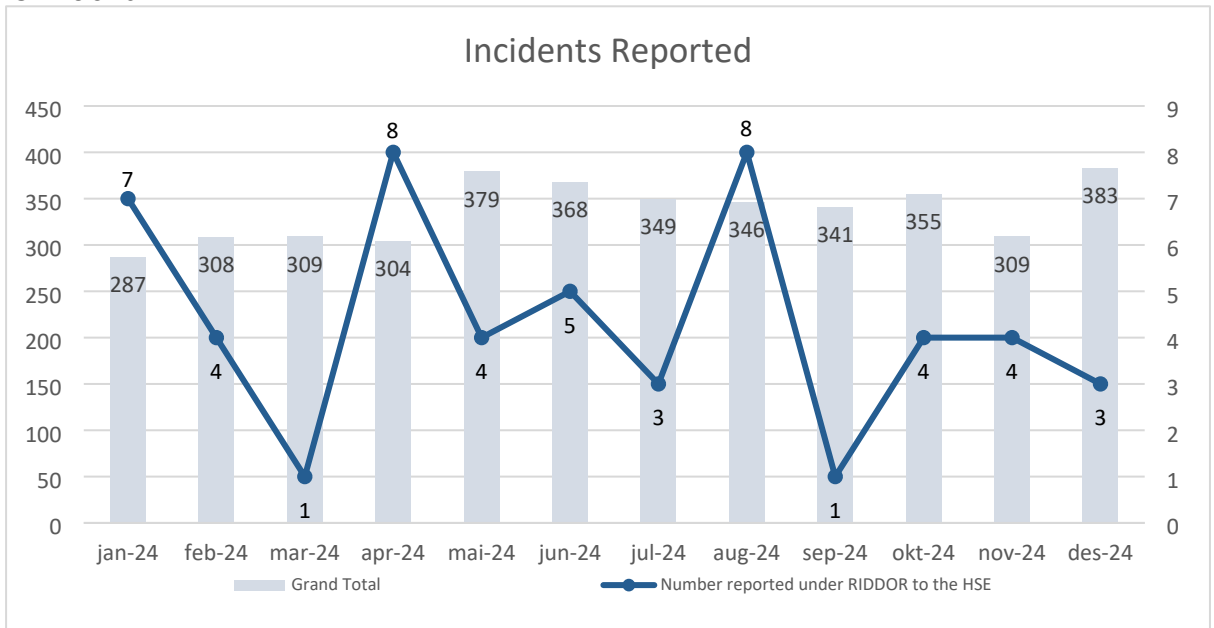
During October 1st 2024 –December 2024, 22% of the incidents reported can be classified as non-gratuitous and can be attributed to the patient’s medical or physical condition. Further analysis reveals that 58% of the physical assaults reported can be attributed as non-gratuitous. This may be a reporting issue where staff are not reporting incidents within the correct category. In order to address this issue reporting guidance has been issued to all clinical areas.

The vast majority of violent incidents reported within are in the following areas;

- Mental Health inpatient services,
- Accident and Emergency Departments,
- Medical and Surgical wards,
- Children`s Mental Health Services (CAMHS)
- Community Hospitals

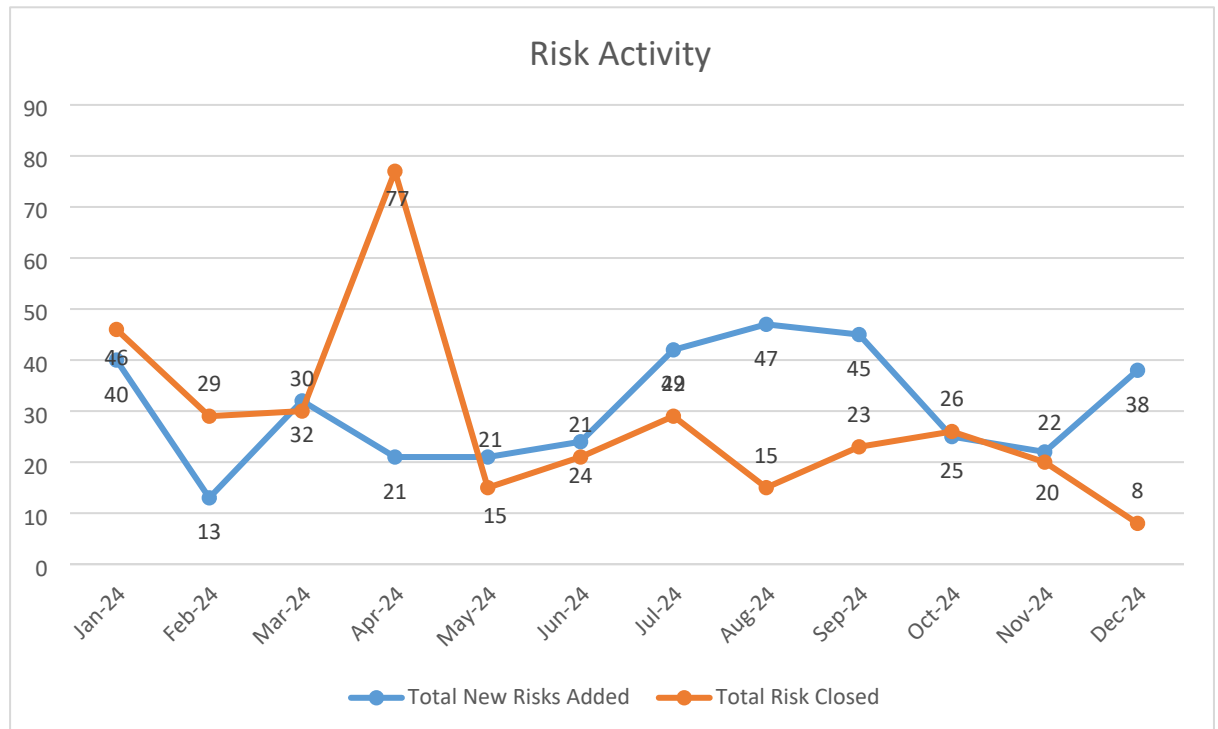
3.2.2 Number of RIDDOR Reports

In relation to the Health Board’s responsibilities to report certain accident/incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), for Quarter 3, the figures are now more in line with other quarters. Slip, Trip and Fall incidents and Manual Handling incidents remain the highest cause reported. 1.29% of reported incidents throughout the year resulted in a RIDDOR submission to the HSE. For the current quarter (Q3) this figure is 1.06%.



3.2.4 Risk Assessments

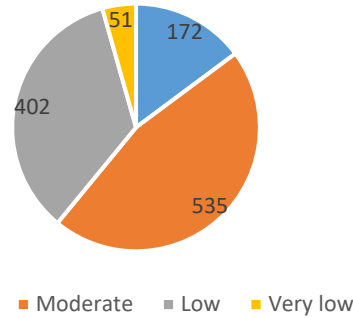
The information presented in the Dashboard attached presents the number of new risks that have been entered on the Health Board system (Datix) over the past year. The data is a snapshot in time and is constantly changing. Amendments have been made recently to the Risk functionality on the system to allow better reporting going forward. Each current risk is in the process of being updated with the new information which will allow the Health Board further information on the profile of these risks. Like incidents, this data is now presented in line with the Health Board's New Operating Model.



There are 1323 open risks as at 13.03.25. Of these, 559 are overdue for review. 22 have no Care or Service Group allocated.



Total Open Risks by Current Level of Risk

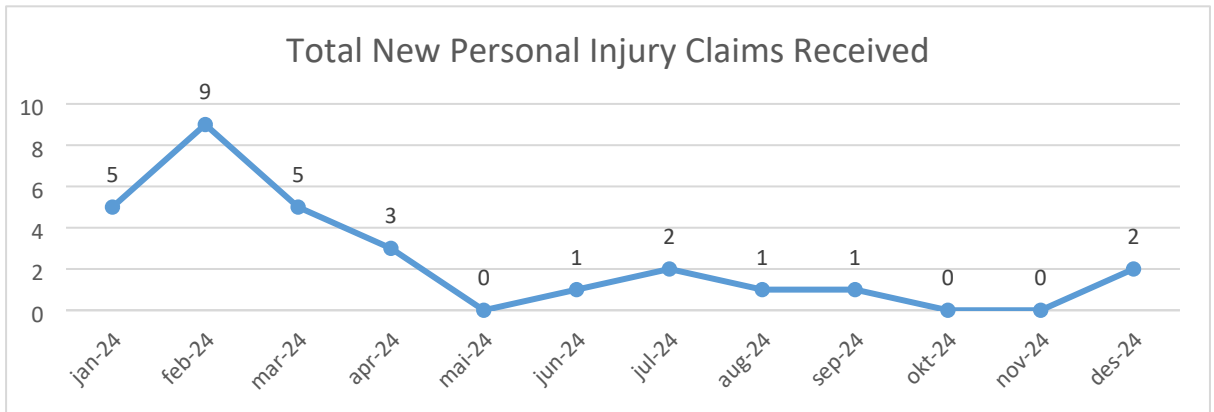


Total Open Risks by Care Group @ 13/03/2025	Awaiting Review	Risk Approved	Total
Corporate Function / Operations	59	576	635
Diagnosis, Therapies and Specialist Care	17	142	159
Families and Children	2	51	53
Mental Health	7	57	64
Planned Care	42	125	167
Primary & Community	4	35	39
Unscheduled Care	47	82	129
Total	178	1068	1246

More detailed information on these risks is provided in the accompanying Performance Dashboard (Appendix 1).

3.2.5 PI Claims

Total Number of Personal Injury Claims as at 13.03.2025 is 136. Robust detail in relation to current stage and incident classification is currently not available.



24 Claims were closed during the 12 month period 01.01.2024 to 31.12.2024. 11 of which have triggered a learning from events report following a decision to settle.

Below is the current list of claims that have been categorised.

Classification of Open Personal Injury Claims	
Accident, Injury	111
Assessment, Investigation, Diagnosis	7
Behaviour (including violence and aggression)	4
Consent, Mental Capacity Act (including DoLS)	1
Equipment, Devices	1
Ill health (work related)	5
Infection Prevention and Control	1
Patient/service user death	1
Records, Information	1
Safeguarding	1
Treatment, Procedure	3
Total	136

Further detail is unable to be provided at the current time due to incomplete information and system functionality in some areas. Work will be undertaken to address the gaps in data and system functionality issues will be escalated to the National Team.

3.2.5 Health and Safety Training Delivery

The Health, Safety and Fire Team have been working closely with the Health Board's Learning and Development Team to review all staff health, safety and fire competencies required for their posts and this information has been uploaded to their Electronic Staff Record (ESR).

Each subject matter expert within the Health, Safety and Fire Team are working with the Care Groups and Learning and Development Team to support improvement in these areas. Items being considered range from establishing different means to deliver training, to more robust local competency assessments to prevent the requirement for unnecessary repeated training.

Attached as Appendix 2 is the current compliance levels across the Health Board for Health, Safety & Fire Training at the various competency levels i.e. Health and Safety, Fire Safety, Manual Handling and Violence and Aggression.

Health, Safety and Welfare Training – whilst the overall compliance with all levels of this training sits at 74.48%, it should be noted that compliance with level 1 is currently at 85.42%. Work is ongoing with the development of an interactive e-learning package for level 2. Quarterly Face to Face Managing Safely Training has been scheduled for 2025.

Fire Safety Training – overall compliance with all levels of training for this competency currently stands at 79.44%. For level 1 training, compliance is currently 79.03%. Fire Management Training resumed in February 2024 and will also be accompanied by an e-learning package. Take up of this training has been very positive and is reflected in the Fire Safety Report attached to this meeting's agenda.

Moving and Handling Training – overall compliance for all levels of this training is currently 69.17%. Whilst compliance with level 1 of this training is at 83.61% it should be noted that patient handling training, which includes the practical training in the use of all patient handling equipment, whilst poor is now improving. A combination of lack of training resource and non-attendance at these courses has seen the significant reduction in compliance. This figure is expected to rise further over the coming 3 years following the approval of a business case to provide more training staff to deliver this training.

Violence and Aggression – overall compliance with all levels of this training is currently 70.89%. Compliance with level 1 is currently 78.99%, although improvement to the higher risk areas and breakaway training is required. The Health Board's Personal Safety Adviser has been working closely with the Mental Health Care Group to address this and additional



training has now been agreed to make up this shortfall. The training programme for this competency now sits with the Mental Health Care Group.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Update Report on Topics



Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Update Report on Topics
Cyfreithiol / Legal	Yes (Include further detail below)	
	Civil or Criminal sanctions	
Enw da / Reputational	Choose an item.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

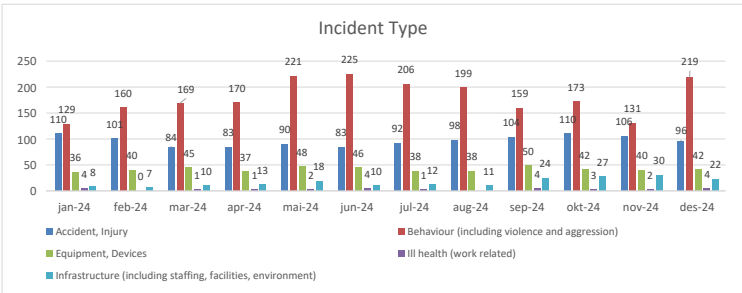
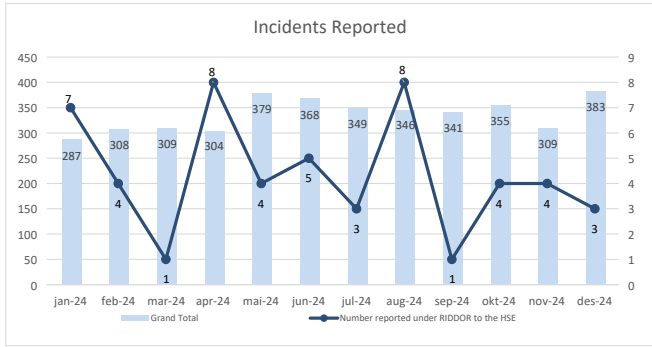
- 5.1 The Health, Safety and Fire Sub Committee are asked to NOTE the Health and Safety Performance Report.

6. Next Steps

- 6.1 More work is to be undertaken locally and nationally to improve the quality and granulation of the information contained within the Health Board's Risk Management System (Datix Cymru). The report highlights these areas for improvement going forwards.

Person Affected	jan-24	feb-24	mar-24	apr-24	mai-24	jun-24	jul-24	aug-24
Organisation	28	22	21	18	23	34	25	24
Patient/Service User	135	145	161	160	202	208	193	188
Public/Visitor	5	8	6	4	3	3	5	3
Staff/Contractor	119	133	121	122	151	123	126	131
Grand Total	287	308	309	304	379	368	349	346
Of the total number of incidents reported, Number reported under RIDDOR to the HSE	7	4	1	8	4	5	3	8
% of incidents reported as RIDDOR	2,44	1,30	0,32	2,63	1,06	1,36	0,86	2,31
Incident Classification	jan-24	feb-24	mar-24	apr-24	mai-24	jun-24	jul-24	aug-24
Accident, Injury	110	101	84	83	90	83	92	98
Behaviour (including violence and aggression)	129	160	169	170	221	225	206	199
Equipment, Devices	36	40	45	37	48	46	38	38
Ill health (work related)	4	0	1	1	2	4	1	
Infrastructure (including staffing, facilities, environment)	8	7	10	13	18	10	12	11
Grand Total	287	308	309	304	379	368	349	346
Incident Category	jan-24	feb-24	mar-24	apr-24	mai-24	jun-24	jul-24	aug-24
Grand Total	287	308	309	303	379	368	348	346
Aggressive/threatening behaviour	56	58	61	65	63	74	74	74
Restrictive practices	14	44	35	39	47	76	55	52
Patient injury	44	33	36	29	37	27	42	39
Physical assault (physical contact)	23	26	33	29	36	18	22	27
Medical devices	14	14	23	19	26	22	22	26
Inappropriate behaviour / attitude	19	22	27	22	31	19	13	17
Non-medical equipment	19	22	19	14	20	22	15	12
Patient clinically challenging behaviour	3	1	2	2	21	11	23	13
Contact with needles or medical sharps	20	17	10	10	15	13	8	17
Slip, trip or fall	11	20	15	6	10	10	10	8
Environmental hazards / issues	5	2	5	12	9	6	9	5
Contact with object or animal	12	10	4	7	8	11	7	7
Struck against or by an object	8	5	6	8	7	2	10	8
Manual Handling - Patient/service user handling	6	5	3	8	6	5	3	4
Anti social behaviour	8	7	1	3	6	13	7	4
Burns or scalds	4	5	3	4	2	7	5	8
Verbal assault (swearing etc.)	2	0	6	5	4	9	4	6
Manual Handling - Non patient/service user handling	2	3	2	8	0	4	1	5
Contact with or exposure to hazardous substance	3	2	1	1	3	2	3	2
Other				1	1	1		
Fire safety	2	2	1	0	5	1	3	4
Ill health	3	0	0	1	2	3	1	0
Smoking	3	0	0	2	7	1	2	2
Manual Handling - Equipment	2	3	2	1	1	0	1	0
Choking	1	0	0	4	1	2	0	0
Harassment	1	0	1	0	0	0	2	1
Verbal assault (racial abuse)	0	0	1	0	3	1	2	0
Clinical waste disposal - Sharps	1	2	2	1	1	0	0	1
Road traffic collision	0	0	2	1	0	1	1	0
Entrapment / Drawn in	0	2	1	0	2	0	2	0
Sexual (inappropriate) behaviour	0	1	0	1	0	0	1	2
Indecent exposure	0	1	2	0	1	1	0	0
Temperature levels				0	2	1	0	1
Clinical waste disposal	0	0	2	0	1	2	0	0
Musculoskeletal disorder (MSD)	1	0	1	0	0	1		
Contact or exposure to electricity (electric shock)	0	0	2					
Verbal assault (gender/sexual orientation)				0	1	1		
Sexual assault				0	0	1	0	1
Domestic waste disposal								
Noise Level	0	1	0					
Traffic Management								
Care / Service Group	jan-24	feb-24	mar-24	apr-24	mai-24	jun-24	jul-24	aug-24
Community	21	20	23	23	24	34	30	22
Corporate Services				1	1	1	1	
Diagnostics, Therapies & Specialist Care	18	11	7	11	11	10	9	7
Emergency Ambulance Services Committee	0	1	1				1	
Facilities	5	6	10	4	9	10	9	16
Facilities Hub	4	2	2	1	5	6	5	1
Families & Children	28	24	19	24	14	22	24	19
Finance	1	1	0		1	1		1
Health, Safety & Fire						1	1	1
Mental Health	75	86	88	83	113	138	125	125
National Imaging Academy								
Patient Care & Safety	1	0	3	1	1	4		3
Pharmacy & Medicines Management	3	3	1	1	5		1	1
Planned Care (Surgery)	41	31	41	37	45	39	42	38
Planning & Partnerships	4	5	6	3	7	5	2	2
Primary Care	0	1	3	1		1		1
Primary Care - Bridgend	1	1	0	1			1	
Primary Care - Merthyr & Cynon	0	1	1		3	1		1
Primary Care - Prison Service	3	4	6	5	10	7	3	4
Primary Care - Rhondda & Taff	1	2	2	4	1	2		1
Research and Development								
Unscheduled Care (Medicine)	81	98	92	103	117	80	92	98
Welsh Health Specialised Services Committee	0	3	1		8			1
Workforce & Organisational Development	0	1	0		1	3	1	1
Not Reported at Care Group Level	0	7	3	1	3	3	2	3
Grand Total	287	308	309	304	379	368	349	346

sep-24	okt-24	nov-24	des-24	Grand Total
34	36	34	28	327
158	171	168	227	2116
5	5	3	2	52
144	143	104	126	1543
341	355	309	383	4038
1	4	4	3	52
0,29	1,13	1,29	0,78	1,29
sep-24	okt-24	nov-24	des-24	Grand Total
104	110	106	96	1157
159	173	131	219	2161
50	42	40	42	502
4	3	2	4	26
24	27	30	22	192
341	355	309	383	4038
sep-24	okt-24	nov-24	des-24	Grand Total
341	355	309	383	4036
46	51	31	46	699
33	27	45	93	560
27	46	37	44	441
15	21	9	13	272
21	22	21	22	252
18	19	17	16	240
24	18	16	16	217
27	44	19	37	203
15	24	20	14	183
9	9	15	6	129
22	24	13	7	119
12	7	8	4	97
11	4	9	7	85
10	11	6	7	74
4	5	5	5	68
11	5	3	5	62
5	1	3	6	51
3	1	3	2	34
6	1	5	3	32
	1	13	10	27
0	0	2	4	24
4	3	2	2	21
0	3	0	0	20
2	0	2	4	18
1	1	0	2	12
4	1	0	1	11
2	0	1	1	11
0	1	2	0	11
2	2	1	0	10
0	0	0	2	9
2	1	0	1	9
3	0	0	0	8
1	1	1	0	7
1	0	0	0	6
	0	0	2	5
	1	0	0	3
	0	0	0	2
0				2
	0	0	1	1
				1
				0
sep-24	okt-24	nov-24	des-24	Grand Total
32	31	26	29	315
1	3	0	1	9
17	11	21	7	140
	1	0	0	3
10	11	10	11	111
1	2	3	1	33
21	28	20	24	267
				5
2				5
82	95	93	154	1257
	0	0	1	
1				14
	2	1	2	20
50	43	32	44	483
8	6	7	6	61
	0	1	2	7
	2	0	0	4
1	1	1	1	9
4	0	4	1	51
1	3	1	1	19
				0
105	111	85	93	1155
1	0	1	0	15
2	3	2	4	18
2	2	1	1	28
341	355	309	383	2991



Incident Category	jan-24	feb-24	mar-24	apr-24	mai-24
Aggressive/threatening behaviour	56	58	61	65	63
Restrictive practices	14	44	35	39	47
Patient injury	44	33	36	29	37
Physical assault (physical contact)	23	26	33	29	36
Medical devices	14	14	23	19	26
Inappropriate behaviour / attitude	19	22	27	22	31
Non-medical equipment	19	22	19	14	20
Patient clinically challenging behaviour	3	1	2	2	21
Contact with needles or medical sharps	20	17	10	10	15
Slip, trip or fall	11	20	15	6	10
Top 10 Total	223	257	261	235	306
Total Number	287	308	309	303	379
Top 10 % of Total Incidents	77,70	83,44	84,47	77,56	80,74

jun-24	jul-24	aug-24	sep-24	okt-24	nov-24	des-24	Grand Total
74	74	74	46	51	31	46	699
76	55	52	33	27	45	93	560
27	42	39	27	46	37	44	441
18	22	27	15	21	9	13	272
22	22	26	21	22	21	22	252
19	13	17	18	19	17	16	240
22	15	12	24	18	16	16	217
11	23	13	27	44	19	37	203
13	8	17	15	24	20	14	183
10	10	8	9	9	15	6	129
292	284	285	235	281	230	307	3196
368	348	346	341	355	309	383	4036
79,35	81,61	82,37	68,91	79,15	74,43	80,16	79,19

New Risks Opened			
	jan-24	feb-24	mar-24
Organisational risk	15	1	12
Locality risk	0	0	0
Service Group risk	13	1	13
Specialty risk	0	5	2
Sub specialty risk	1	0	0
Site risk	2	0	0
Ward/Department risk	9	6	5
Total	40	13	32

New Risks Opened where Care Group has been assigned			
	jan-24	feb-24	mar-24
Corporate Function / Operations	13	1	3
Diagnositcs, Therapies and Specialist Care	7	4	10
Families and Children	5	1	3
Mental Health	1	2	2
Planned Care	5	1	2
Primary & Community	6	1	0
Unscheduled Care	1	3	9
Care Group not allocated	2	0	3
Total	40	13	32

Open Risks @ 13.03.25			
Total Open Risks	Awaiting Review	Risk Approved	Total
Corporate Function / Operations	59	576	635
Diagnositcs, Therapies and Specialist Care	17	142	159
Families and Children	2	51	53
Mental Health	7	57	64
Planned Care	42	125	167
Primary & Community	4	35	39
Unscheduled Care	47	82	129
Total	178	1068	1246

Overdue Risks	Awaiting Review	Risk Approved	Total
Corporate Function / Operations	30	250	280
Diagnositcs, Therapies and Specialist Care	3	46	49
Families and Children	0	23	23
Mental Health	1	21	22
Planned Care	7	77	84
Primary & Community	0	14	14
Unscheduled Care	6	59	65
Total	47	490	537

Open Risks by Current level of risk

NB 163 Risks do not contain current level of risk

	Awaiting Review	Risk Approved	Total
High	18	154	172
Moderate	36	499	535
Low	7	395	402
Very low	2	49	51
Total	63	1097	1160
	Jan-24	Feb-24	Mar-24
Total New Risks Added	40	13	32
Total Risk Closed	46	29	30

apr-24	mai-24	jun-24	jul-24	aug-24	sep-24	okt-24	nov-24	des-24	Total
5	4	4	8	18	14	6	4	6	97
1	1	0	0	0	0	1	0	2	5
8	4	4	4	16	10	4	6	12	95
2	7	3	8	2	4	4	6	6	49
0	1	1	6	0	0	0	0	0	9
0	0	4	6	2	3	4	0	1	22
5	4	8	10	9	14	6	6	11	93
21	21	24	42	47	45	25	22	38	370

apr-24	mai-24	jun-24	jul-24	aug-24	sep-24	okt-24	nov-24	des-24	Total
3	3	8	8	4	7	2	3	6	61
2	9	2	4	12	6	5	4	4	69
4	2	5	0	3	4	3	4	8	42
2	0	4	1	4	6	3	5	5	35
1	3	1	13	6	6	3	3	8	52
5	0	1	2	3	3	3	0	0	24
1	2	1	7	1	6	0	0	2	33
3	2	2	7	14	7	6	3	5	54
21	21	24	42	47	45	25	22	38	370

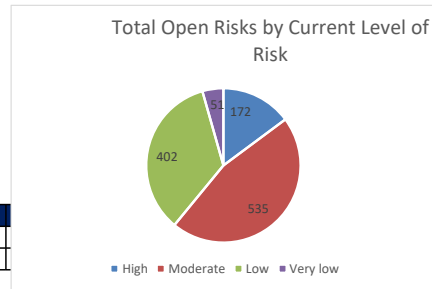
Total open risks: 1323

Please note: The overall number of risks awaiting review is 226 - therefore 48 have no care or service group allocated

Please note: The overall number of approved risks is 1097 - therefore 29 have no care or service group allocated

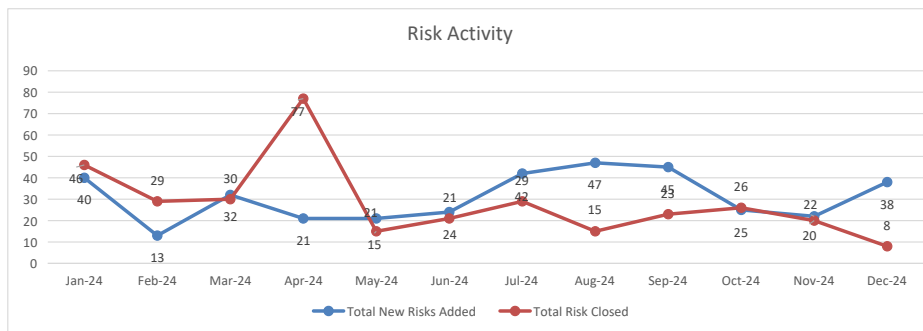
% of risks overdue for review
44,09
30,82
43,40
34,38
50,30
35,90
50,39
43,10

There are 1323 open risks as at 13.03.25. Of these, 559 are overdue for review. 22 have no Care or Service Group allocated.



Apr-24	May-24	Jun-24
21	21	24
77	15	21

okt-24	nov-24	des-24	Total
25	22	38	370
26	20	8	339



New Claims Received

	jan-24	feb-24	mar-24	apr-24	mai-24	jun-24	jul-24	aug-24	sep-24	okt-24	nov-24	des-24	Total
Total New Personal Injury Claims Received	5	9	5	3	0	1	2	1	1	0	0	2	29
Care Group Information is not available for 8 cases													
Care Group	jan-24	feb-24	mar-24	apr-24	mai-24	jun-24	jul-24	aug-24	sep-24	okt-24	nov-24	des-24	Total
Community				1									1
Corporate Services													0
Diagnostics, Therapies & Specialist Care	2	1											3
Facilities	1	2	2	2		1							8
Facilities Hub	0	2	0				1						3
Mental Health	1		1						1				3
Planned Care (Surgery)	0	2											2
Planning & Partnerships								1					1
Unscheduled Care (Medicine)	1	0	1										2
Families and Children							1						1
Care Group Not assigned	0	2	1									2	5
Total	5	9	5	3	0	1	2	1	1	0	0	2	29

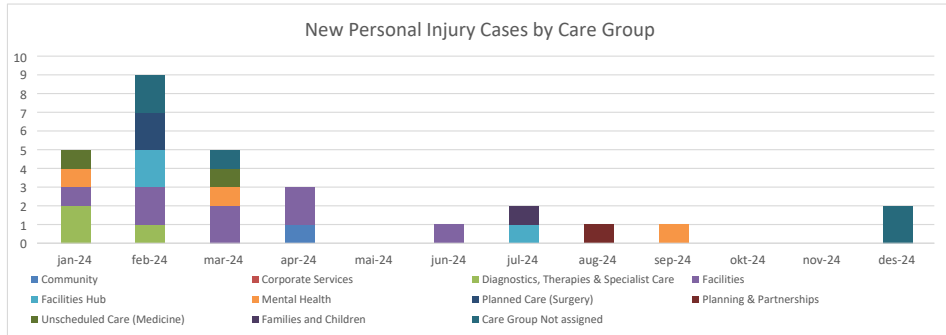
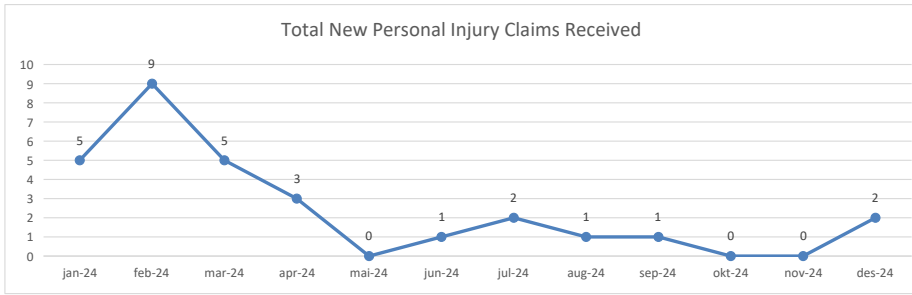
New Claims Received by Incident Type

	jan-24	feb-24	mar-24	apr-24	mai-24	jun-24	jul-24	aug-24	sep-24	okt-24	nov-24	des-24	Total
Accident, Injury	3	7	4	3			2	1				1	21
Assessment, Investigation, Diagnosis									1				1
Behaviour (including violence and aggression)			1										1
Equipment, Devices													0
Ill health (work related)	2	1				1							4
Safeguarding												1	1
Treatment, Procedure		1											1
Total	5	9	5	3	0	1	2	1	1	0	0	2	29

Total Number of Personal Injury Claims as at 13.03.2025 is 136. Robust detail in relation to current stage and incident classification is currently not available.

Classification of Open Personal Injury Claims	
Accident, Injury	111
Assessment, Investigation, Diagnosis	7
Behaviour (including violence and aggression)	4
Consent, Mental Capacity Act (including DoLS)	1
Equipment, Devices	1
Ill health (work related)	5
Infection Prevention and Control	1
Patient/service user death	1
Records, Information	1
Safeguarding	1
Treatment, Procedure	3
Total	136

24 Claims were closed during the 12 month period 01.01.2024 to 31.12.2024. 11 of which have triggered a learning from events report following a decision to settle. Further detail is unable to be provided at the current time due to incomplete information and system functionality in some areas. Work will be undertaken to address the gaps in data and system functionality issues will be escalated to the National Team.





**DYSGU CRAIDD
CORE LEARNING**

Cwm Taf Morgannwg

CORE LEARNING UPDATE

Compliance data as at 5.3.25



STARTING WELL



GROWING WELL



LIVING WELL



AGEING WELL



DYING WELL



**DYSGU CRAIDD
CORE LEARNING**

Cwm Taf Morgannwg

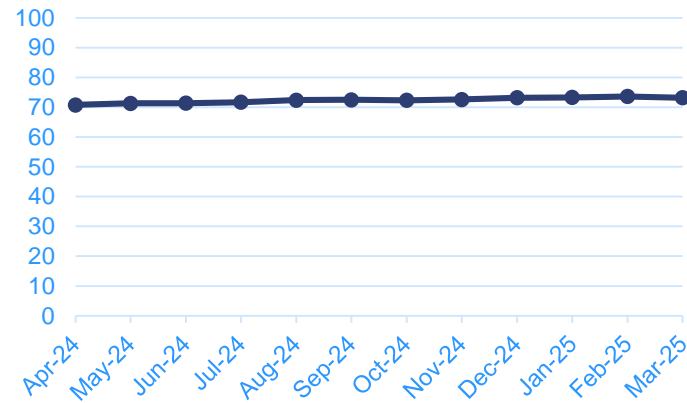
CSTF Subjects



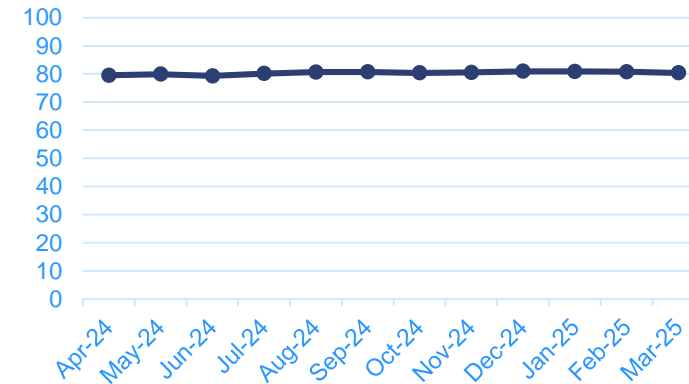
Health Board Compliance

Overall Health Board compliance for all levels of training currently sits at **73.20%**. This is **-0.43%** on the previous month and **+2.40%** year on year. Compliance for level 1 currently sits at **80.39%**. This is **-0.37%** on the previous month and **+0.88%** year on year.

Core Learning Compliance - All Levels of Training



Core Learning Compliance - Level 1 Training



Subjects Overview

* Subject Compliance Reports available [here](#).

Combined Core Mandatory (all levels):

Subject	Current	MoM	YoY
Equality, Diversity & Human Rights	84.94	0.42	-0.36
Fire Training	66.05	0.20	2.81
Health, Safety and Welfare	74.48	-0.34	1.29
Infection Prevention and Control	76.34	-0.11	5.21
Information Governance	82.36	0.81	2.47
Moving & Handling	69.17	-0.25	4.49
Resuscitation	60.94	-3.77	1.28
Safeguarding Adults	77.60	0.18	3.31
Safeguarding Children	84.48	-0.64	-0.33
Violence & Aggression	70.89	-1.12	2.17

Level 1 Core Mandatory:

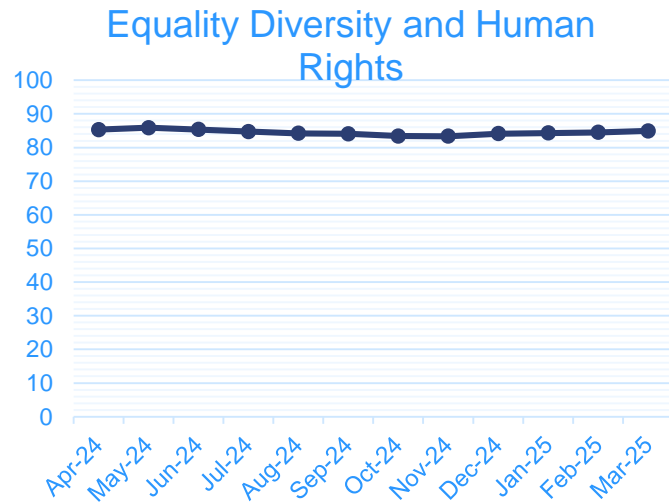
Subject	Current	MoM	YoY
Equality, Diversity & Human Rights	84.94	0.42	-0.36
Fire Training	79.44	0.08	1.60
Health, Safety and Welfare	85.42	0.26	1.33
Infection Prevention and Control	76.34	-0.11	1.73
Information Governance	82.36	0.81	2.47
Moving & Handling	83.61	0.36	-0.22
Resuscitation	63.67	-3.42	0.89
Safeguarding Adults	84.88	-0.11	0.80
Safeguarding Children	84.48	-0.64	-0.33
Violence & Aggression	78.99	-1.58	1.25

Level 1 Compliance for Health, Safety and Welfare is the highest at **85.42%** followed closely by Equality, Diversity and Human Rights at **84.94%** and Safeguarding Adults at **84.88%**. All subjects (apart from Resuscitation) are now above 76%. Focus across the HB needs to be provided to improve Resuscitation Training which is at **63.67%**.

Equality, Diversity and Human Rights

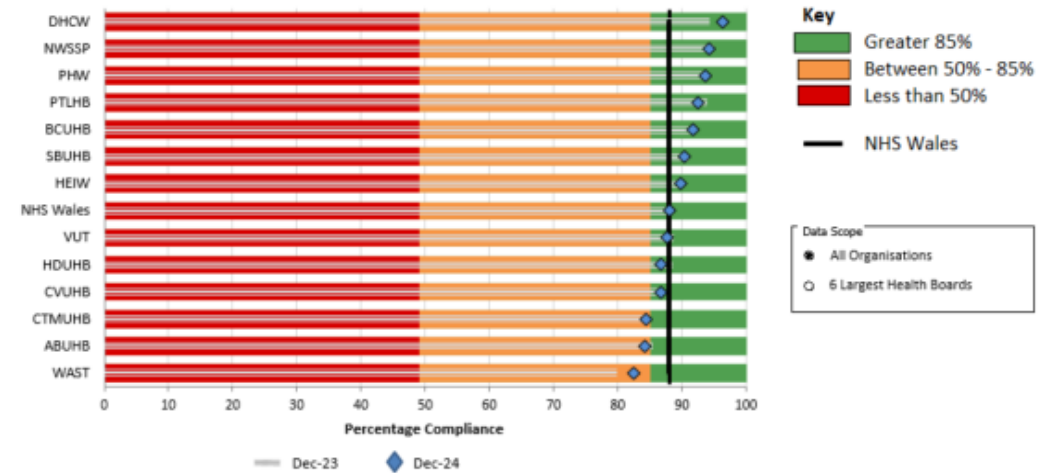
There is only one level of training within Equality, Diversity and Human Rights

Level 1 Compliance across Wales as at 31.12.24



Compliance for all levels of training is currently **84.94%** which is **+0.42%** on the previous month and **-0.06%** on the 85% target.

Equality, Diversity and Human Rights Compliance by Organisation for All Staff Groups

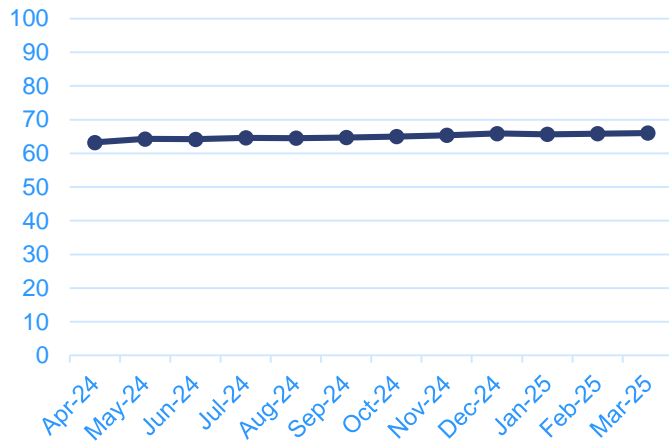


CTM is currently 11th from an All Wales perspective

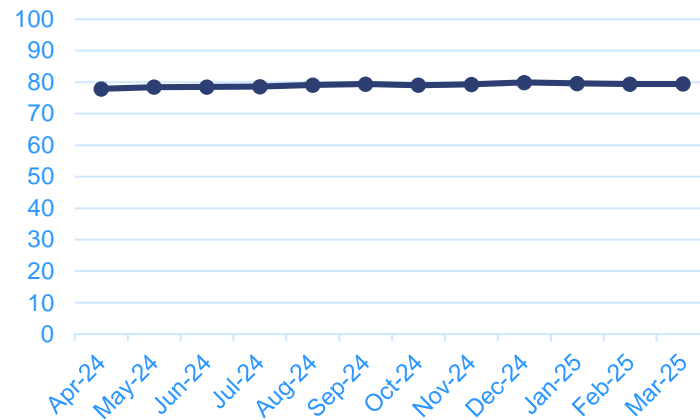
Fire Safety

There are 5 levels of training within Fire Safety

Fire Training



Fire Safety - Level 1 Only

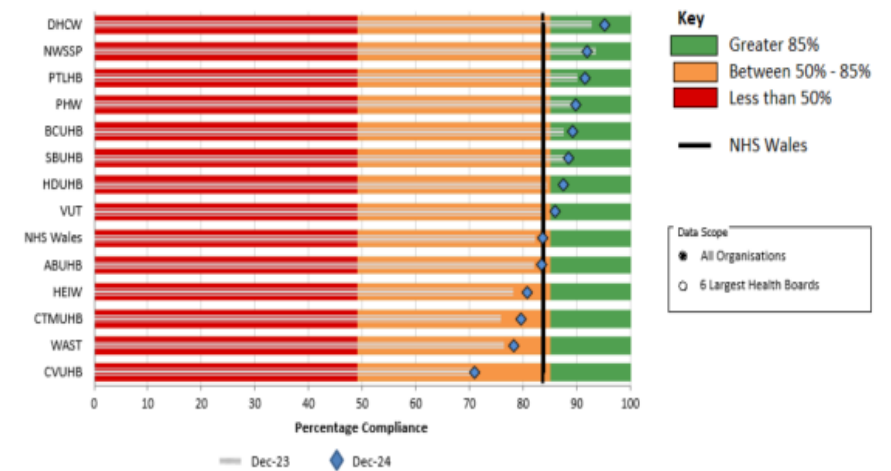


Compliance for all levels of training is currently **66.05%** which is **+0.20%** on the previous month and **-18.95%** on the 85% target.

Compliance for Level 1 training is currently **79.44%** which is **+0.08%** on the previous month and **-5.56%** on the 85% target.

Level 1 Compliance across Wales as at 31.12.24

Fire Safety Compliance by Organisation for All Staff Groups

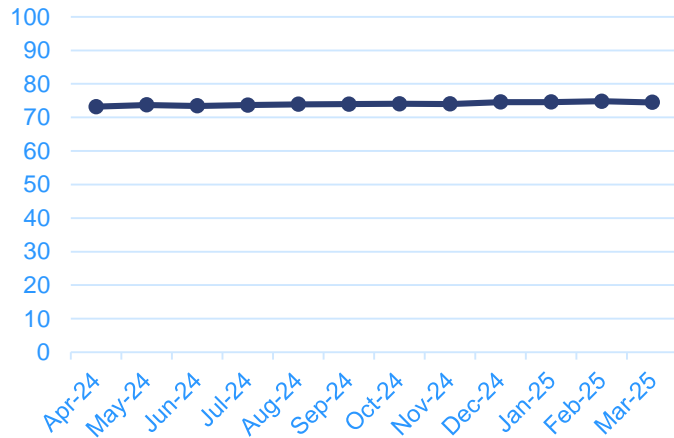


CTM is currently 11th from an All Wales perspective

Health, Safety and Welfare

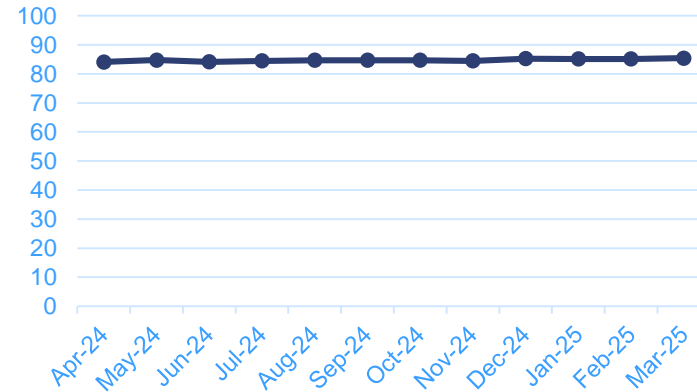
There are 4 levels of training within Health, Safety and Welfare

Health, Safety and Welfare



Compliance for all levels of training is currently **74.48%** which is **-0.34%** on the previous month and **-10.52%** on the 85% target.

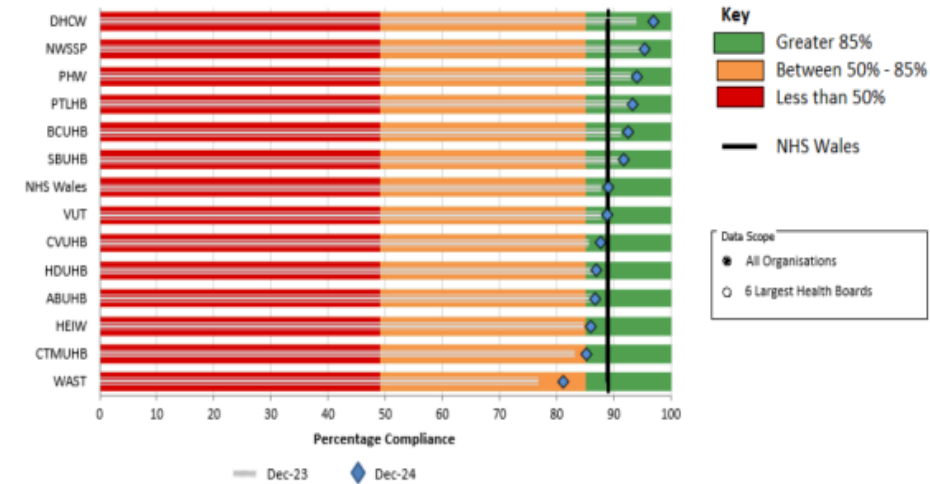
Health, Safety and Welfare - Level 1 Only



Compliance for Level 1 training is currently **85.42%** which is **+0.26%** on the previous month and **+0.42%** on the 85% target.

Level 1 Compliance across Wales as at 31.12.24

Health, Safety and Welfare Compliance by Organisation for All Staff Groups

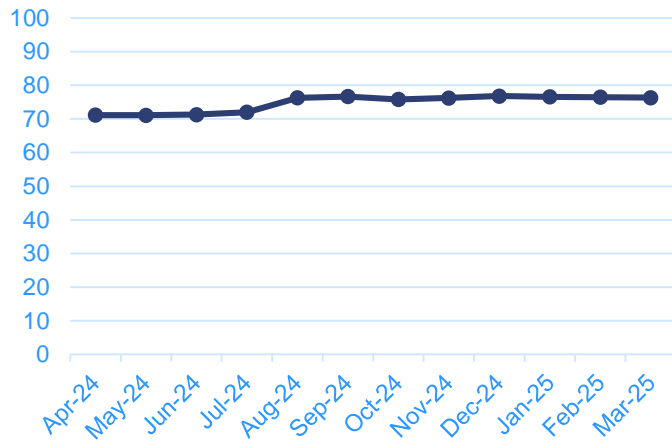


CTM is currently 12th from an All Wales perspective

Infection, Prevention and Control

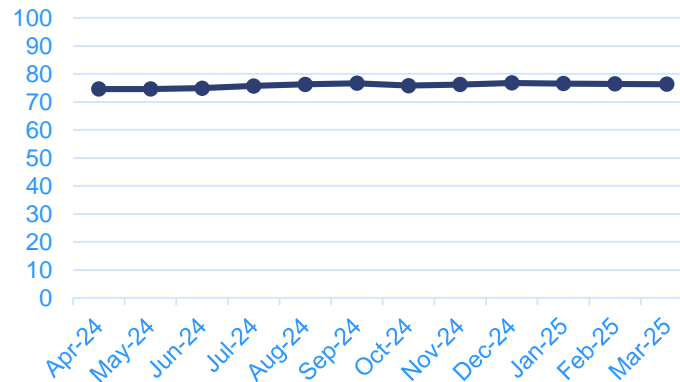
There are 3 levels of training within Infection, Prevention and Control

Infection Prevention and Control



Compliance for all levels of training is currently **76.34%** which is **-0.11%** on the previous month and **-8.66%** on the 85% target.

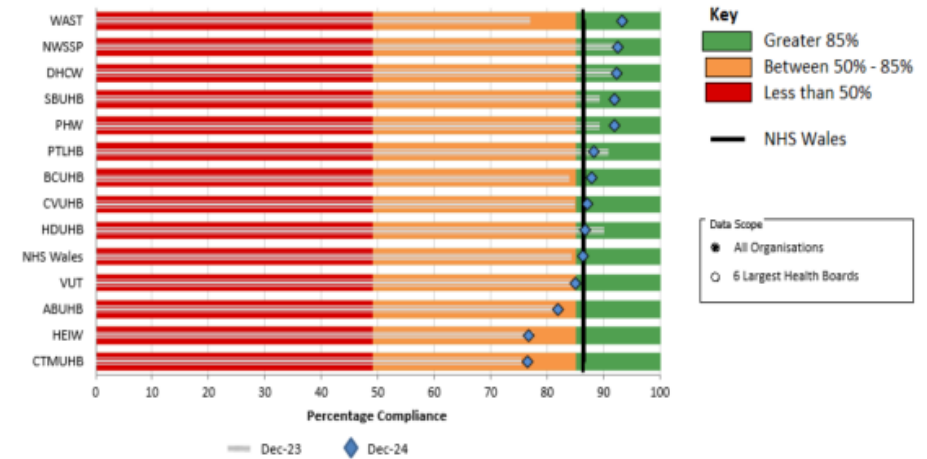
Infection, Prevention and Control - Level 1 Only



Compliance for Level 1 training is currently **76.34%** which is **-0.11%** on the previous month and **-8.66%** on the 85% target.

Level 1 Compliance across Wales as at 31.12.24

Infection Prevention and Control - Lv1 Compliance by Organisation for All Staff Groups

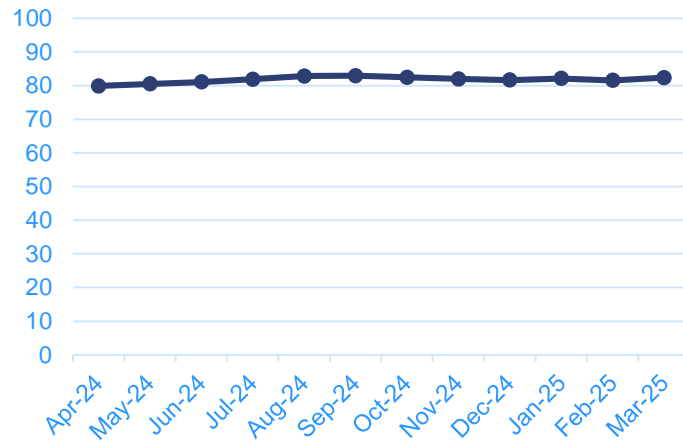


CTM is currently 13th from an All Wales perspective

Information Governance

There is 1 level of training within Information Governance

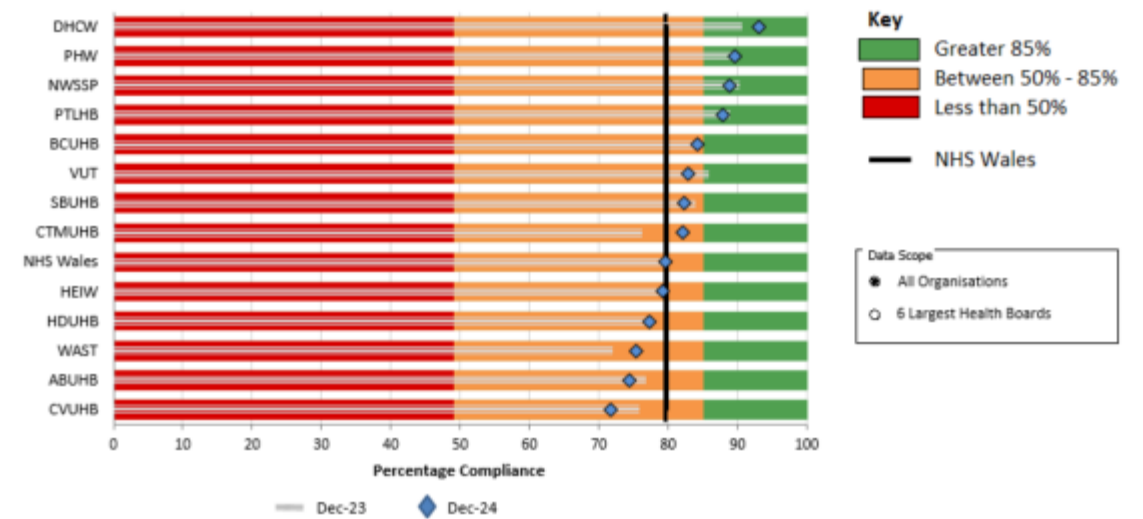
Information Governance



Compliance for all levels of training is currently **82.36%** which is **+0.81%** on the previous month and **-2.64%** on the 85% target.

Level 1 Compliance across Wales as at 31.12.24

Information Governance (Wales) Compliance by Organisation for All Staff Groups

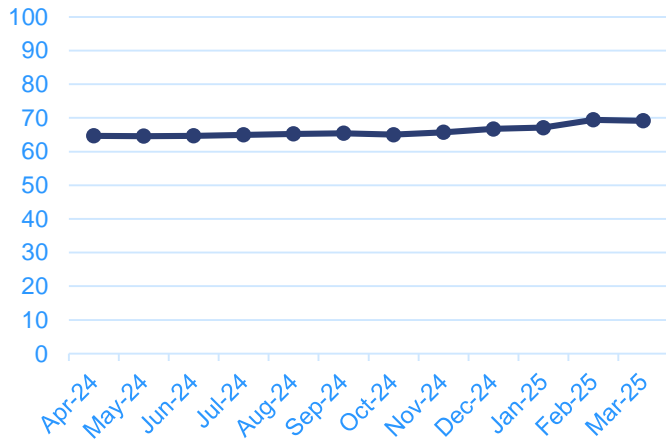


CTM is currently 8th from an All Wales perspective

Moving and Handling

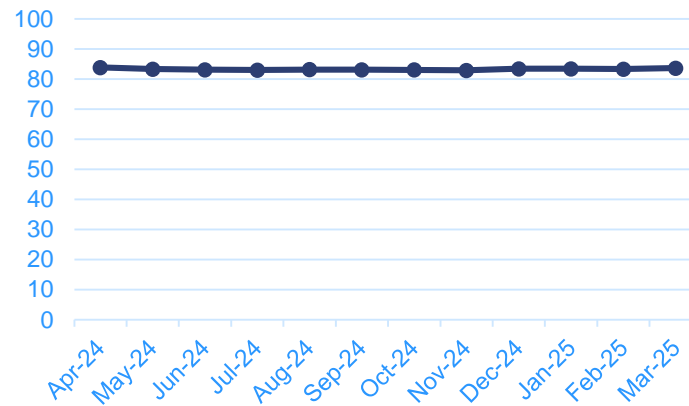
There are 4 levels of training within Moving and Handling

Moving and Handling



Compliance for all levels of training is currently **69.17%** which is **-0.25%** on the previous month and **-15.83%** on the 85% target.

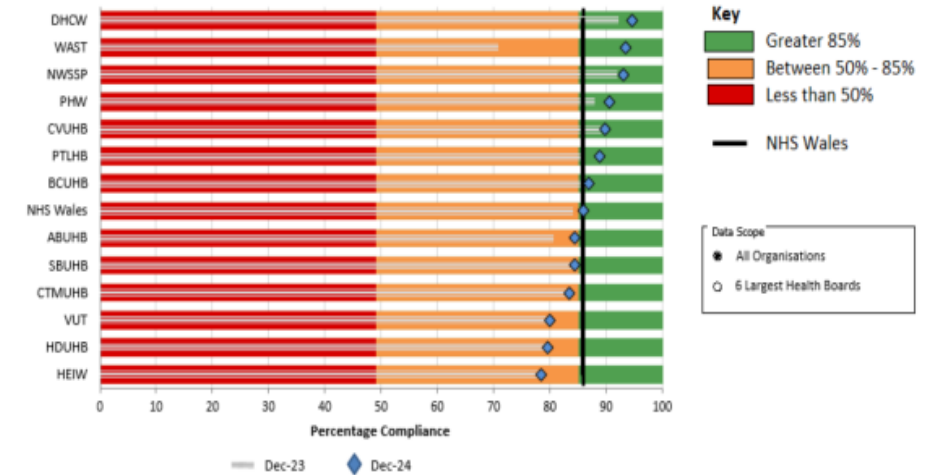
Moving and Handling - Level 1 Only



Compliance for Level 1 training is currently **83.61%** which is **+0.36%** on the previous month and **-1.39%** on the 85% target.

Level 1 Compliance across Wales as at 31.12.24

Moving and Handling - Lv1 Compliance by Organisation for All Staff Groups

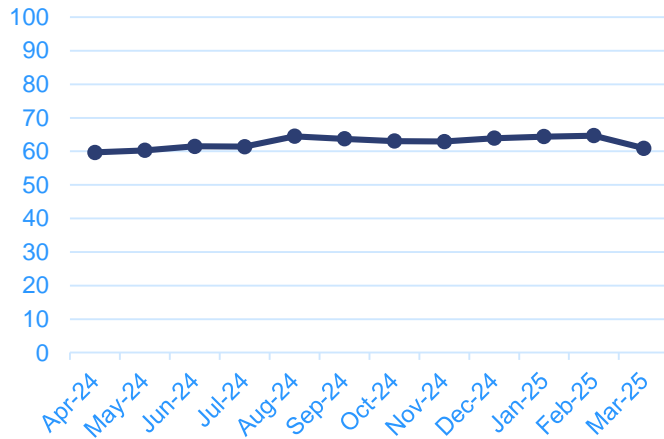


CTM is currently 10th from an All Wales perspective

Resuscitation

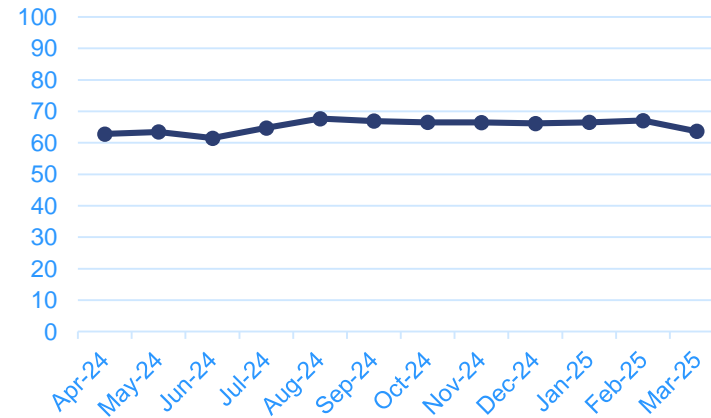
There are 10 levels of training within Resuscitation

Resuscitation



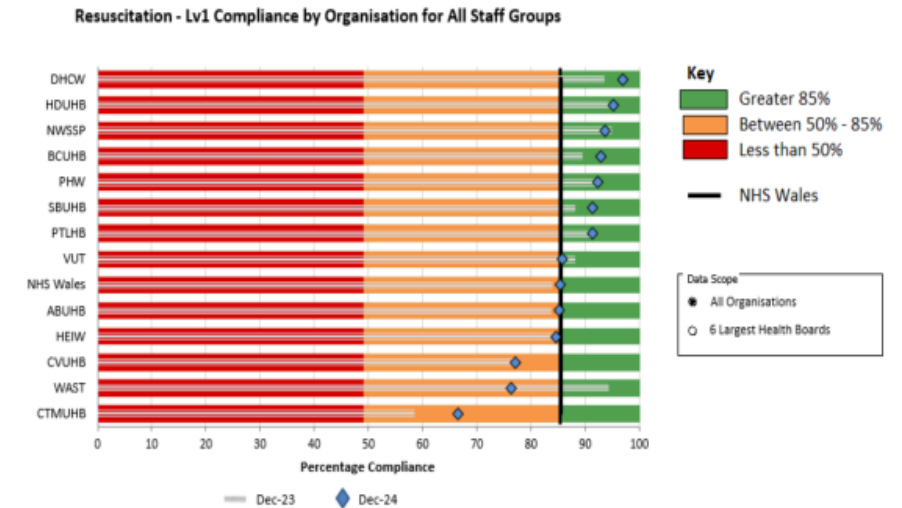
Compliance for all levels of training is currently **60.94%** which is **-3.77%** on the previous month and **-24.06%** on the 85% target.

Resuscitation - Level 1 Only



Compliance for Level 1 training is currently **63.67%** which is **-3.42%** on the previous month and **-21.33%** on the 85% target.

Level 1 Compliance across Wales as at 31.12.24

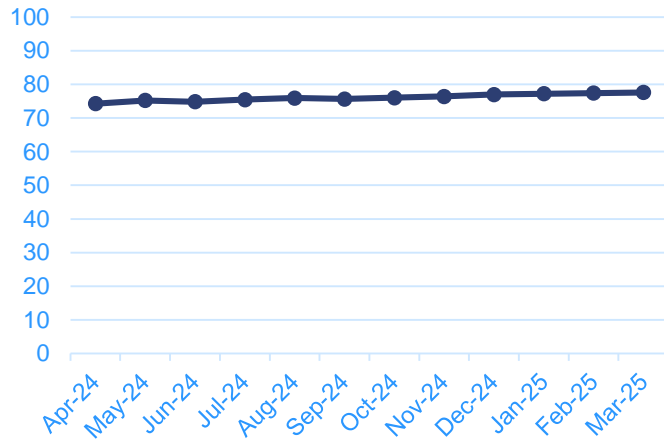


CTM is currently 13th from an All Wales perspective

Safeguarding Adults

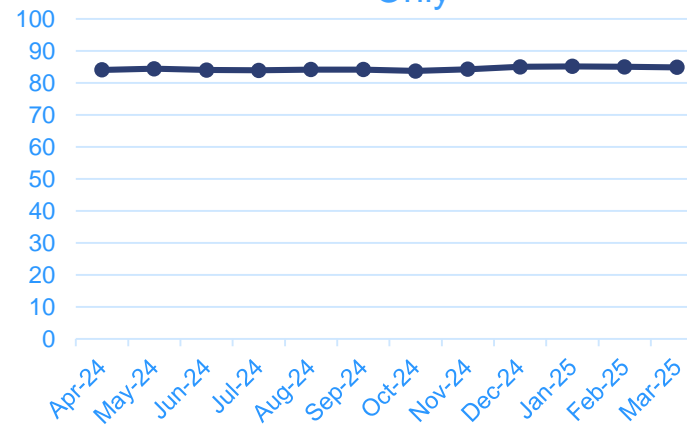
There are 3 levels of training within Safeguarding Adults

Safeguarding Adults



Compliance for all levels of training is currently **77.60%** which is **+0.18%** on the previous month and **-7.40%** on the 85% target.

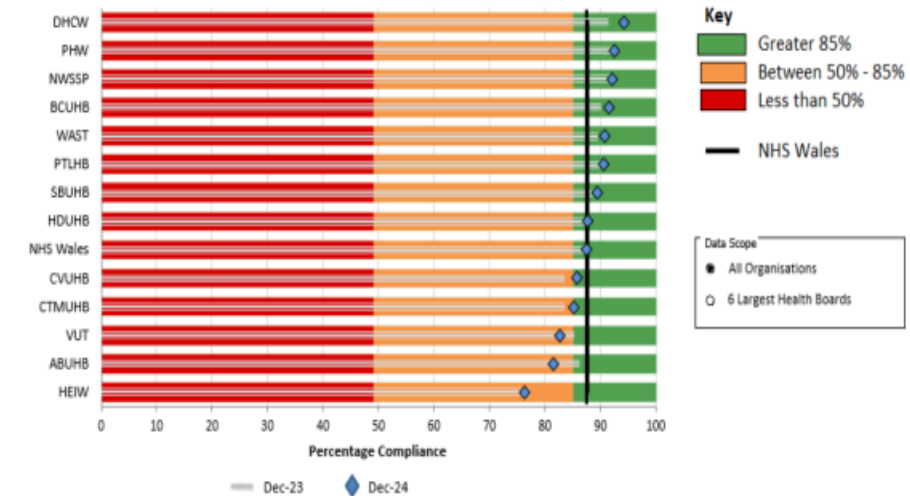
Safeguarding Adults - Level 1 Only



Compliance for Level 1 training is currently **84.88%** which is **-0.11%** on the previous month and **-0.12%** on the 85% target.

Level 1 Compliance across Wales as at 31.12.24

Safeguarding Adults - Lv1 Compliance by Organisation for All Staff Groups

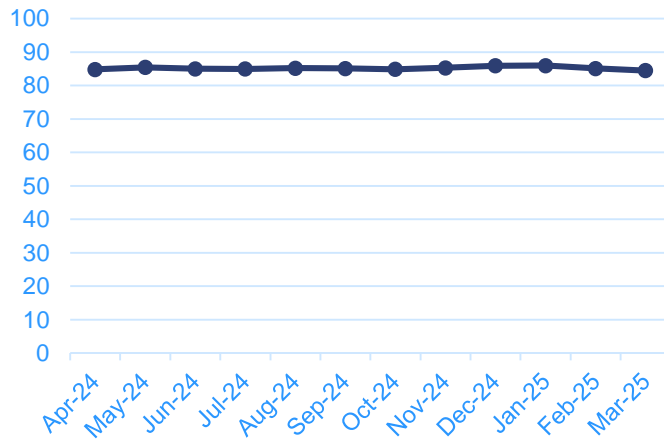


CTM is currently 10th from an All Wales perspective

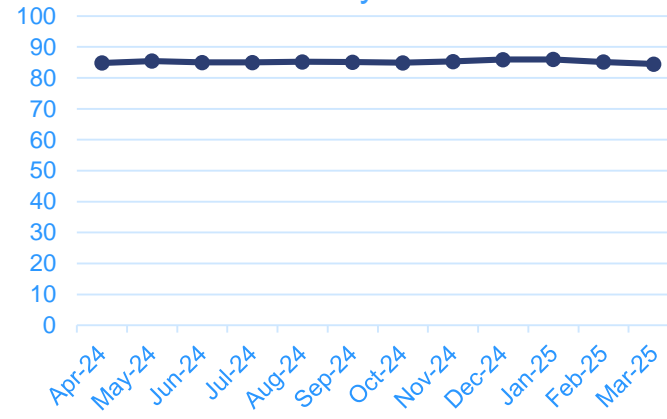
Safeguarding Children

There are 2 levels of training within Safeguarding Children

Safeguarding Children



Safeguarding Children - Level 1 Only

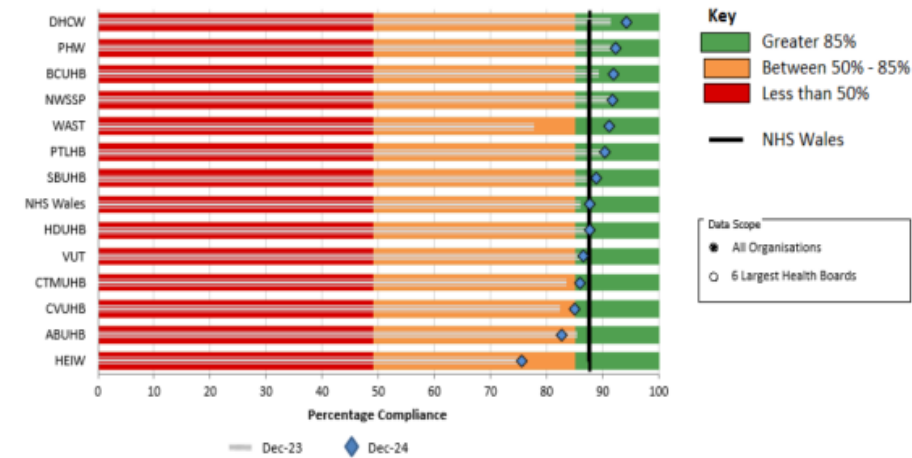


Compliance for all levels of training is currently **84.48%** which is **-0.64%** on the previous month and **-0.52%** on the 85% target.

Compliance for Level 1 training is currently **84.48%** which is **-0.64%** on the previous month and **-0.52%** on the 85% target.

Level 1 Compliance across Wales as at 31.12.24

Safeguarding Children - Lv1 Compliance by Organisation for All Staff Groups

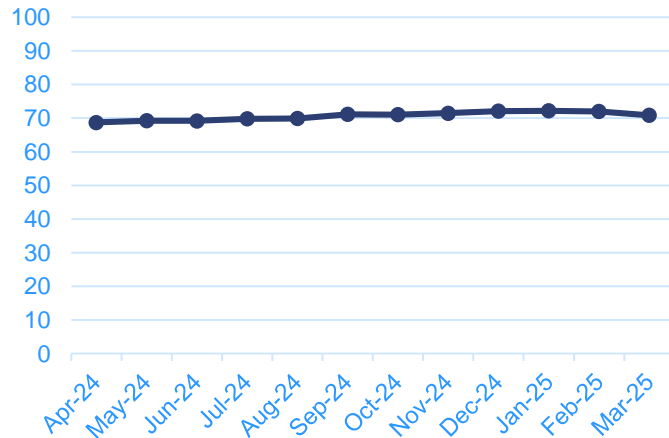


CTM is currently 10th from an All Wales perspective

Violence & Aggression

There are 7 levels of training within Violence & Aggression

Violence & Aggression



Compliance for all levels of training is currently **70.89%** which is **-1.12%** on the previous month and **-14.11%** on the 85% target.

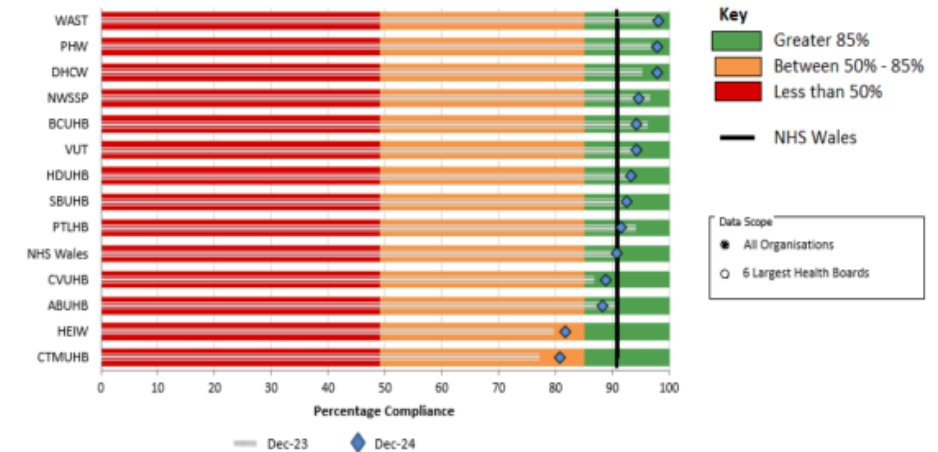
Violence & Aggression - Level 1 Only



Compliance for Level 1 training is currently **78.99%** which is **-1.58%** on the previous month and **-6.01%** on the 85% target.

Level 1 Compliance across Wales as at 31.12.24

Violence and Aggression (Wales) Compliance by Organisation for All Staff Groups



CTM is currently 13th from an All Wales perspective



**DYSGU CRAIDD
CORE LEARNING**

Cwm Taf Morgannwg

Additional Mandated Subjects



STARTING
WELL



GROWING
WELL



LIVING
WELL



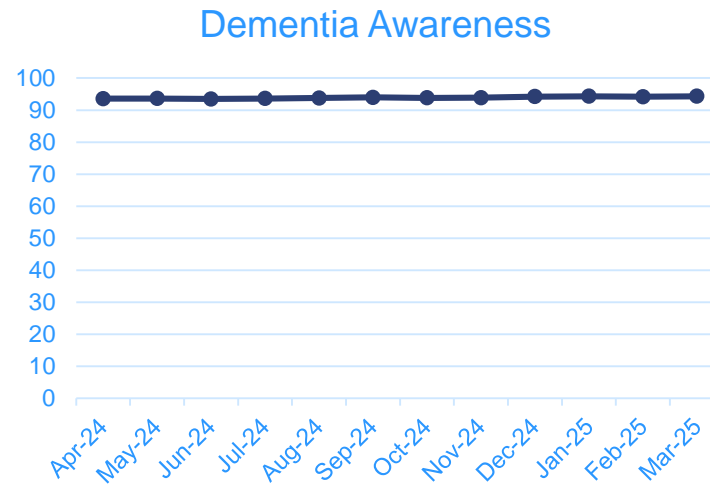
AGEING
WELL



DYING
WELL

Dementia Awareness

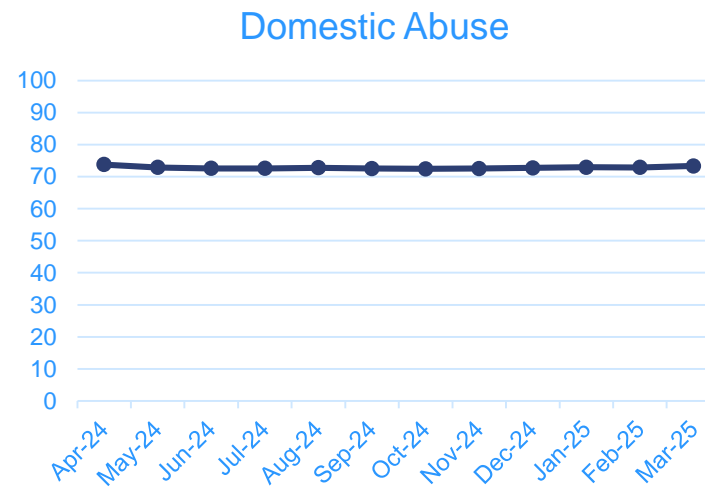
There is 1 levels of training within Dementia



Compliance for level 1 training is currently **94.32%** which is **+0.15%** on the previous month.

Domestic Abuse

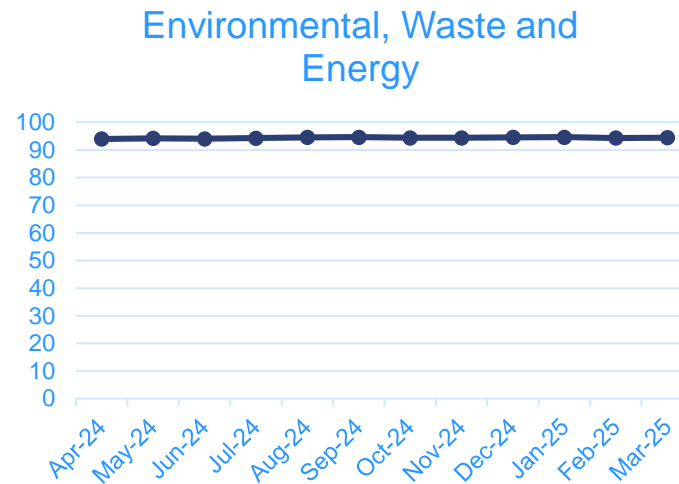
There is 1 levels of training within Domestic Abuse



Compliance for level 1 training is currently **73.33%** which is **+0.45%** on the previous month.

Environmental Waste and Energy

There is 1 levels of training within Domestic Abuse

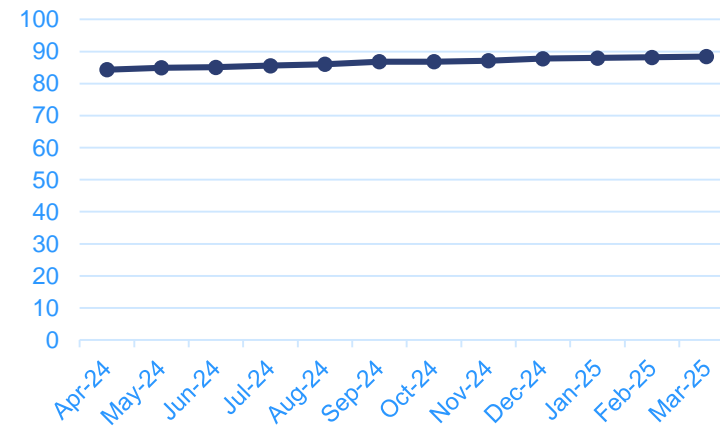


Compliance for level 1 training is currently **94.46%** which is **+0.12%** on the previous month.

Learning Disabilities

There is 1 levels of training within Learning Disabilities

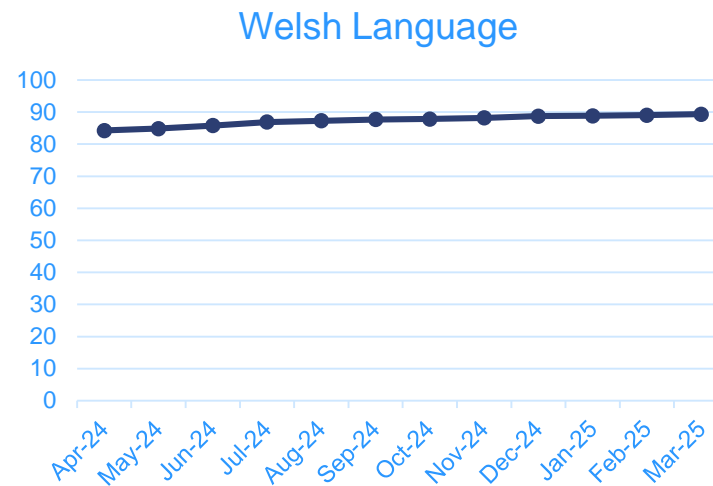
Learning Disabilities



Compliance for level 1 training is currently **88.45%** which is **+0.25%** on the previous month.

Welsh Language Awareness

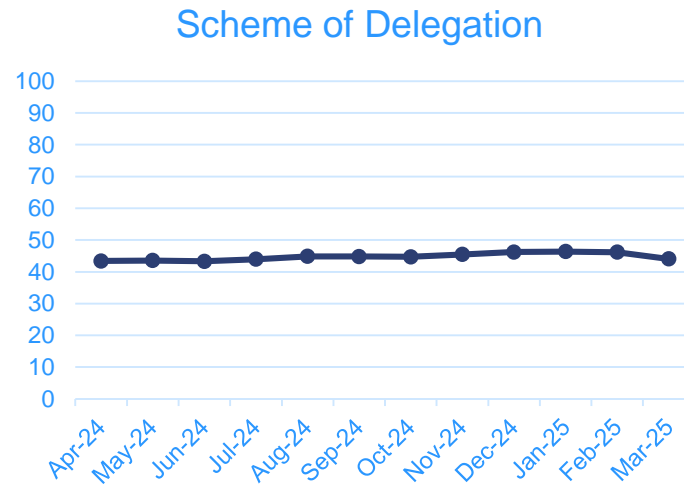
There is 4 levels of training within Welsh Language. This includes the 3 Welsh Skills as well as the E-learning package.



Compliance for all levels of training is currently **89.33%** which is **+0.26%** on the previous month.

Scheme of Delegation

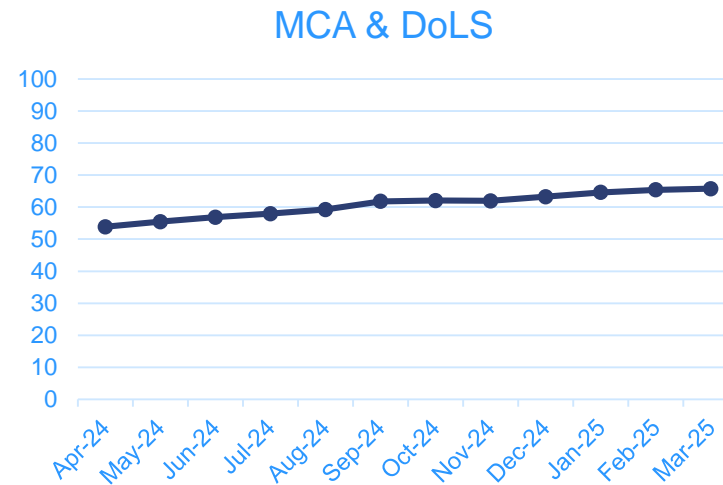
There is 1 levels of training within Scheme of Delegation



Compliance for level 1 training is currently **44.06%** which is **-2.12%** on the previous month.

Mental Capacity Act (MCA) & Deprivation of Liberty Safeguarding (DoLS)

There is 3 levels of training within MCA & DoLS



Compliance for all levels of training is currently **65.72%** which is **+0.33%** on the previous month.



Agenda Item

7.1

Health, Safety & Fire Sub Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	1 April 2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Emma Walters, Head of Corporate Governance & Board Business
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	FOR REVIEW
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	February / March	RISKS REVIEWED
Operational Management Board	February 2025	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	17 March 2025	MANAGEMENT SIGN OFF RECEIVED

Acronyms / Glossary of Terms	

1. Situation /Background

- 1.1 The purpose of this report is for the Sub Committee to review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.

2. Specific Matters for Consideration

Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks considering feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 7 March 2025.

Training

- 2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.
- 2.7 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
 - Risk Management Approach
 - Practical Approach to Managing Risk
 - Risk Assessment and Scoring
 - Datix Risk Management Module
- 2.8 To date **771** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2.
- 2.9 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.



- 2.10 108 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.80 out of a maximum score of 5.
- 2.11 100% of the 108 attendees providing formal feedback found that:
- The session provided the right amount of information.
 - They gained more confidence and knowledge in risk management having attended.
 - They would recommend this training to a colleague.
- 2.12 98% of the 108 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.13 Some of the recent comments from the session in June, received through evaluation, have been included below:
- *"This course was extremely useful being new to risk assessments in CTM it was the right amount of content/information and well delivered".*
 - *"yes, would like all qualified nurses be aware how to do this. ... training, well rounded, concise and very informative*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Nil as assigned to this Sub Committee.

3.2 CHANGES TO RISKS

Nil as assigned to this Sub Committee.

Risk Score Decreased

Health, Safety & Fire

- Datix ID 4809 – Non-Compliance with Mandatory Violence and Aggression Training. Risk score reduced from a 16 to a 9. Compliance is currently at approx. 80% and a plan is in place for 2025 for the Care Group to deliver this training via an external provider. The training needs analysis has identified the number of courses required.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

Fire

- Datix Risk ID 3993 – Fire Enforcement Notice (FEN) – Princess of Wales Theatres. Fire enforcement notice has been closed as South Wales Fire and Rescue (SWFR) service are satisfied that areas of improvement will be addressed through significant work internally and externally to address fire enforcement and roof issues. FEN project board formally stood down by Linda Prosser. Ongoing assessment work will be undertaken as part of ongoing Capital programme of work and theatre recommissioning.



3.4 ORGANISATIONAL RISK REGISTER – VISUAL HEAT MAP BY DATIX RISK ID (RISK RATED 15 AND ABOVE)

Consequence	5	Yellow	Orange	Red	5932	Red
	4	Yellow	Orange	Yellow	4417	Red
	3	Green	Yellow	Orange		Red
	2	Green	Yellow	Yellow		Orange
	1	Green	Green	Green		Yellow
	CxL	1	2	3	4	5
Likelihood						

3.5 EMERGING RISKS

Nil as assigned to this Committee.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
No - Not Applicable	



Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:
--	---

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below) See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below) See detail captured for each risk	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) See detail captured for each risk	

5. Recommendation

- 5.1 The Sub Committee are asked to:
- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
 - **Consider** whether the Sub Committee can seek assurance from the report that all that can be done is being done to mitigate the risks

6. Next Steps

- 6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (Current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
5932	Executive Director of Finance	Central Corporate - Estates	Assistant Director of Planning - (Capital and Estates), Strategic and Operational Planning	Sustaining Our Future	Environmental / Estate / Infrastructure	Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1.	<p>If the Health Board fails to act upon the recommendations of the findings of the report from the appointed Structural Engineers in relation to the roof area at the POWH:</p> <p>There is a risk of collapse of the roof coverings which could result in the roof coverings falling through the roof void into occupied clinical/non-clinical areas and externally from the edge of Phase 1. This risk increases in adverse weather with additional loading on the roof.</p> <p>Resulting in: significant impact/harm to patient, staff and public safety.</p> <p>Healthcare facilities which are not fit for purpose or sustainable for the future.</p> <p>Service delays impacting the patient experience and service performance of the Health Board.</p> <p>Potential legislative challenge and reputational damage.</p> <p>Loss of confidence in the Health Board estate infrastructure across CTM.</p>	<p>Command structure established to manage the critical incident following identification of roof structure failings.</p> <p>Immediate mitigations being considered under 4 key Cells:</p> <p>1) Discharge Cell - Objectives: The safe but rapid discharge of patients and services from top floor phase 1 POW site and to maintain quality of care and patient safety</p> <p>2) Decant Cell - Objectives are the safe but rapid decant of patients and services from top floor phase 1 POW site, to maintain quality of care and patient safety and to maintain staff safety and the deployment of the right staff to the right place.</p> <p>3) Redirect Take - Objective - Reduce demand for inpatient beds on the POW site</p> <p>4) Estates - focusing on ensuring decant areas are fit for purpose as well as overseeing the plans for the works on the roof.</p> <p>Enabling Support Cells Established:</p> <p>Patient Transport</p> <p>Workforce</p> <p>Digital</p> <p>Facilities</p> <p>Patient Safety</p> <p>Communication</p> <p>In addition barriers are in place around the footpaths to keep pedestrians away from the edge of Phase 1 roofs.</p>	<p>Update March 2025:</p> <p>Removal of Roof Coverings at the Princess of Wales Hospital site in accordance with the recommendations in the structural engineering report of 9th October 2024. Contractor started the roof replacement programme on Monday 11th November. Phase 1 prioritised Maternity and Special Care Baby Unit, these areas are complete and were handed back 13th January. Contractors have removed the old tiles above Main Theatres and working on Wards 7, 8, 9, 10, TU and Endoscopy so risk of falling tiles has reduced considerably with the large area of roof where the old tiles have been removed. Remaining Wards 5 and 6 will start roof works soon.</p> <p>Full programme including Theatre F&E works and fire compartmentation above vacated wards and depts due to be completed mid August 2025.</p>	<p>Operational Delivery Committee</p> <p>Quality, Safety & Experience Committee</p> <p>Health, Safety & Fire Sub Committee</p>	15	C5xL4	10 (C5xL2)	↔	23.09.2024	10.03.2025	10.04.2025
4417 <small>(Linked to Risk IDs 4706 and 4703)</small>	Chief Operating Officer	All Care Groups	Deputy COO (Acute Services & Primary, Community & Mental Health)	Improving Care	Patient / Staff /Public Safety	Management of Security Doors in All Hospital Settings	<p>Following several serious incidents following patients absconding from clinical areas, the HSE have issued an Improvement Notice on Bridgend Integrated Locality Group (see Documents) outlining the following actions:</p> <p>In consultation with employees and involving competent persons:</p> <p>1. Identify the units, wards and premises where in-patients may be at risk from wandering, absconding or escaping.</p> <p>2. For each of these, undertake a suitable and sufficient risk assessment of physical and procedural measures to prevent in-patients from wandering, absconding or escaping.</p> <p>3. Identify the measures needed to protect patients at risk</p> <p>4. Record the significant findings.</p> <p>Any lessons learned from the above should be formally shared with the other 2 Integrated Locality Groups for action.</p> <p>If the Health Board do not comply with the notice, THEN, the Health Board may be subject to prosecution by the HSE RESULTING IN: Large Fines and poor publicity.</p>	<p>Clinical areas across the Health Board should have in place local arrangements/procedures to prevent patients from absconding.</p> <p>A document has been circulated from Estates which outlines procedures around how and where staff should be reporting failures in doors.</p>	<p>Update March 2025:</p> <p>Princess of Wales (POW) Hospital - Budget approval has been provided, awaiting commencement dates, works priorities have altered due to POW roof issues. Additional works have been requested and funding approved to include maternity.</p> <p>Prince Charles Hospital (PCH) - Budget approved work to commence 31st March to change all door access readers, completion date likely August 2025. Work also includes works to Kier Hardy and Williamson Medical records hub.</p> <p>No works currently planned in Royal Glamorgan Hospital.</p>	<p>Health Safety & Fire Sub Committee</p>	15	C4 x L4	8 (C6xL2)	↔	30.09.2020	05.03.2025	31.05.2025

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)
4809	Executive Director for People	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm & Statutory Duty / Legislation	Non Compliance with Mandatory Violence and Aggression Training	<p>A training review was undertaken to identify HB violence and aggression training requirements. Following review the HB is unable to achieve full compliance on any training module. This is due to a lack of training resource within the Health Safety and Fire Team.</p> <p>If the training is not delivered, then the organisation will not be compliant with mandatory Violence and Aggression Training. Restraint training is mandatory for inpatient acute services for Mental Health and CAMHS. Training is delivered by inpatient staff and the Health Safety and Fire Personal Safety Advisor.</p> <p>If there is insufficient training resource available then the organisation will be unable to maintain compliance on annual refreshers.</p> <p>If the PSA is unable to deliver key aspects of their role due to the high demand for violence and aggression training delivery then advice to clinical areas is greatly reduced.</p> <p>Resulting in non compliance of mandatory training and a risk of injuries to both staff and patients and possible claims.</p>	<p>Personal Safety Advisor delivers training modules with some support from part time trainers within Mental Health and CAMHS. However there is insufficient resource to ensure compliance within the entire organisation. Trained tutors available from clinical areas. The PSA regularly has to support training due to ward based trainers unable to be released to deliver. This role is not currently included in their job description which has resulted in some trainers resigning from delivering, hence compounding the lack of training resource.</p> <p>The availability of the PSA to offer personal advice to clinical areas is greatly reduced due to the excessive training requirement.</p>	<p>Update January 2025 - This risk has now been transferred to the Mental Health Directorate and not longer sits within the Corporate H&S Team. From 1st April 2025 Mental Health will be contracting with an external provider to deliver this training.</p> <p>The requirement for delivery of this training has now moved to the Mental Health Care Group. Compliance is currently at approx. 80% and a plan is in place for 2025 for the Care Group to deliver this training via an external provider. The training needs analysis has identified the amount of courses required.</p> <p>I have therefore reduced this risk accordingly and provided rationale in the risk record.</p>	Health Safety & Fire Sub Committee	9 Risk decreased from a 16 to a 9	9 Being considered for closure.

De-escalation Rationale

This risk has now been transferred to the Mental Health Directorate and no longer sits within the Corporate H&S Team.
From 1st April 2025 Mental Health will be contracting with an external provider to deliver this training. Currently the compliance for the Mental Health Directorate is approx. 80% and a plan is in place to improve this from April 2025.

This risk has been de-escalated from the Organisational Risk Register but will continue to be monitored via the Care Group.

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
1	3993	Executive Director of Strategy & Transformation	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Fire Enforcement Notice - POW Theatres.	<p>IF: The Health Board fails to meet fire standards required in this area.</p> <p>Then: the safety of patients, staff, contractors/visitors etc. and the protection of the buildings could be compromised.</p> <p>Resulting in: potential harm, risk of fire. Possible further enforcement in the form of prosecution.</p>	<p>Storage room obtained on ward 16 to store theatre equipment to ensure evacuation corridor is kept free for evacuation.</p> <p>Staff training on lift evacuation.</p> <p>Closed storage cupboards purchased for safe storage of equipment. "safe" areas identified with Senior Fire officer for storage of equipment in corridors. Weekly meetings to discuss and plan building work necessary to meet requirements of the enforcement notice.</p> <p>Enforcement notice has been extended to December 2023. A meeting has been arranged with FRS in November with plans with a view to gaining a further extension.</p> <p>Need to plan for drop in theatres to mitigate work commencing</p>	<p>Update January 2025: Following the identification of risks with the hospital roof in Princess Of Wales Hospital, the first floor of the Hospital has had to be vacated to allow the remedial roofing works to take place. As a result, this has emptied the Theatre template and will therefore make the current FEN invalid. Discussions with South Wales Fire & Rescue Service have led to them withdrawing the Fire Enforcement Works in this area due to the area now being unoccupied and the ongoing programme of work to satisfy the issues in the FEN. The Fire Service will continue to monitor the Health Board's progress with these works to ensure the Main Theatres are fully fire safety compliant prior to the Health Board taking back occupancy of this area.</p>	<p>Quality, Safety & Experience Committee</p> <p>Health, Safety & Fire Committee</p>	March 2025	<p>04/03/2025 - Fire enforcement notice has been closed as SWFR service are satisfied that areas of improvement will be addressed through significant work internally and externally to address fire enforcement and roof issues. FEN project board formally stood down by Linda Prosser. Ongoing assessment work will be undertaken as part of ongoing capital programme of work and theatre recommissioning.</p>
2											



Agenda Item

Unapproved Minutes of the Health, Safety & Fire Sub Committee

Date and Time of Meeting	Friday 24 January 2025 at 09:30hrs
Venue	Virtual via Microsoft Teams

Members Present	Dilys Jouvenat	Independent Member (Sub Committee Chair)
	Geraint Hopkins	Independent Member (Sub Committee Vice Chair)
	Carolyn Donoghue	Independent Member
In Attendance	Hywel Daniel	Executive Director for People
	Chris Beadle	Assistant Director of Health, Safety & Fire
	Jill Venables	Divisional Director of Facilities (In part)
	Alan Martin	Head of Operational Estates
	Carl Edwards	Senior Fire Officer
	Julie Denley	Deputy Chief Operating Officer (In part)
	Emyr Jones	Personal Safety Advisor (In part)
	Sophie Bow	Practice Development Nurse, ITU (In part)
	Cally Hamblyn	Assistant Director of Governance & Risk
	Emma Walters	Head of Corporate Governance & Board Business (Secretariat)
	Meeting Observers	There were no observers present

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Committee Chair welcomed everyone to the meeting.
1.2	Apologies for Absence
	Apologies were received from: <ul style="list-style-type: none"> • Hayley Proctor, Independent Member • Sarah James, Deputy Chief Operating Officer



1.3	Declarations of Interest
	There were none.
2.	CONSENT AGENDA BUSINESS
2.1	The Committee Chair reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the consent agenda (Item 8) that the Committee Members wished to bring forward to the Main agenda for discussion. There were none.
3.	CORPORATE GOVERNANCE ARRANGEMENTS
3.1	Action Log
	<p>Sub Committee Members received the action log and supported the actions being proposed for closure.</p> <p>Action Reference 3.4 – Fire Safety Report The Sub Committee Chair sought an update on progress in relation to the open action which related to issues being experienced with equipment blocking landing areas at Prince Charles Hospital.</p> <p>C Edwards advised that he had been advised by the Hospital General Manager at Prince Charles Hospital that daily environmental walk-rounds had now been implemented on the site to review the position in relation to landing areas and whether there were any blockages in place that needed to be addressed. H Daniel welcomed this initiative and suggested this area of good practice could be shared with other sites.</p> <p>J Denley advised that the Executive Director of Nursing had also tasked the Nurse Directors to explore whether any funding could be released to support this practice longer term, given this had been a recurring issue.</p> <p>The Sub Committee Chair sought confirmation from Members as to whether they were happy to close this action on the action log. C Donoghue advised that she felt this action needed to remain open given that this had been raised as an area of concern for some time and suggested that it may be helpful for Committee Members to receive an update at a future meeting on the feedback received from the environmental walk-rounds so that assurance could be provided to Members that the position was being managed.</p> <p>H Daniel suggested that due to the operational nature of this matter it be referred to the Operational Management Board. H Daniel recognised that Sub Committee Members would need assurance following discussions at the Operational Management Board.</p> <p>C Hamblyn suggested that the action was reframed into a referral into Operational Management Board with assurance being provided to Sub Committee Members via the Care Group Highlight Reports. The Sub Committee supported this suggestion.</p>
Resolution:	The Action Log was NOTED.



Action:	Concerns relating to the issues regarding blocked landing areas to be referred to the Operational Management Board for further discussion and action. Assurance to be provided to Sub Committee members in future iterations of the Care Group Highlight Reports.
3.2	Matters Arising Not Captured on the Action Log
	There were no matters arising.
3.3	Sub Committee Annual Cycle of Business
	<p>The Sub Committee received the Annual Cycle of Business. H Daniel suggested that the visibility of estates information being received by the Sub Committee could be improved, adding that whilst consideration was being given to what information was being received at the Strategic Development Committee (SDC) and Operational Delivery Committee (ODC), further consideration needed to be given as to what information needed to be received by the Health, Safety & Fire Sub Committee in relation to Estates, given the significant estates challenges being faced by the Health Board which impacts on the Health & Safety of staff and patients.</p> <p>C Hamblyn advised that a debrief meeting was being scheduled following the first meetings of the Strategic Development Committee and Operational Delivery Committee with Committee Chairs and Lead Executives to reflect on the business considered at the inaugural meetings. She suggested that built into this there is a particular focus as to whether Estates matters were being captured appropriately and whether further reporting on Estates matters needed to be fed into this Sub Committee. C Hamblyn suggested that this was added as an action to the action log for future monitoring.</p>
Resolution:	The Sub Committee Annual Cycle of Business was APPROVED
Action:	Further consideration to be given to reporting of Estates matters into this Sub Committee, following debrief session on SDC and ODC on 20 February 2025
4.	STAFF AND SERVICE USER EXPERIENCE
4.1	Listening & Learning Story – Violence & Aggression
	<p>E Jones and S Bow shared a presentation with Members which related to Violence and Aggression received by several nursing staff within the Intensive Care Unit at Prince Charles Hospital and the subsequent review that had been undertaken in relation to these incidents.</p> <p>C Donoghue welcomed the presentation which she found to be impressive and educational, recognising the positive action that had been taken and the fact that this piece of work would be rolled out into other areas. C Donoghue queried how the Team were going to be able to demonstrate the evaluation of the impact and added that whilst she was disappointed to hear of the lack of medical staff engagement in regards to uptake of training, she recognised that there was</p>



	<p>good medical leadership in place which should hopefully address the training issue.</p> <p>S Bow advised that she felt it was important for staff to see that incidents were being responded to, given that there had been feedback where staff felt that they were not always being provided with feedback on incidents reported via the Datix system. In regards to monitoring, S Bow advised that staff had started to report restrictive practice which would be one way to undertake monitoring of the incidents that were occurring in addition to the type of restrictive practice staff were having to use during these incidents.</p> <p>G Hopkins extended his thanks to E Jones and S Bow for sharing the presentation and advised that it was evident from the presentation shared that the actual experience at the bed side was on occasion challenging, distressing and physically harmful to staff within the Health Board.</p> <p>G Hopkins sought clarification on the balance between mechanical and chemical restraint and queried whether there was a feeling that the balance between these two methods was not correct, with staff being overly cautious to use chemical restraint on occasion. S Bow advised that up until recently mechanical restraint had never been used within the Health Board. Members noted that following on from the incidents that occurred in April 2024, S Bow advised that she was asked to source mechanical restraints and these were now being used as an option where appropriate.</p> <p>H Daniel echoed the comments made by Members and sought clarity as to whether medical colleagues not engaging in training was a risk, and if so, queried whether the Executive Team could provide assistance in trying to address this, particularly from a Medical Director perspective. S Bow advised that whilst there was good uptake from nursing staff for the training, there was poor uptake from medical staff and added that future consideration could be given to factoring in some dedicated training into the roster periods for medical staff.</p> <p>The Sub Committee Chair extended her thanks to E Jones and S Bow for sharing the presentation..</p>
Resolution:	The presentation was NOTED.
5. SETTING THE SCENE – SERVICE DELIVERY	
5.3	Overarching Care Group Health Safety & Fire Report
	<p>J Denley presented the report and highlighted the key matters for Members attention.</p> <p>The Sub Committee Chair made reference to the car parking situation at the Royal Glamorgan Hospital which had created a significant amount of activity via social media channels from patients and relatives who were visiting the hospital and reiterated the importance of resolving the car parking challenges. . In</p>

	<p>response, J Denley advised that some of the car parking issues would be resolved as soon as services were moved back to the Princess of Wales Hospital and added that work was being undertaken to review alternative solutions for staff parking in particular.</p>
Resolution:	The report was NOTED.
5.3.1	Primary & Community Care – Care Group Highlight Report
	<p>J Denley presented the report and highlighted the key matters for Members attention.</p> <p>The Sub Committee Chair reflected on a recent positive personal experience following a visit to the Vaccination Centre at Ysbyty George Thomas and added that she had fed back her comments to the Executive Director of Nursing so that her feedback could be shared with staff.</p>
Resolution:	The report was NOTED.
5.3.2	Mental Health & Learning Disabilities – Care Group Highlight Report
	<p>J Denley presented the report and highlighted the key matters for Members attention.</p> <p>The Sub Committee Chair recognised the difficulties being experienced by staff when challenging patients on smoking in prohibited areas, particularly within Mental Health.</p> <p>H Daniel extended his thanks to J Denley for presenting the Care Group Highlight Reports and made reference to the situation at Princess of Wales Hospital in regards to the work being undertaken to repair the roof, which was on target for completion in the timescale allocated, which was hugely beneficial for staff and patients. H Daniel advised that from a fire safety perspective, he was pleased that work was also being undertaken to address the fire compartmentation issues within the Princess of Wales Hospital Theatres, which would make the site safer and more appropriate for staff to work in. On this basis, Members noted that the South Wales Fire & Rescue service had now lifted the Fire Enforcement notice at the Princess of Wales Hospital Main Theatres as a result of the work being undertaken and the fact the area is no longer occupied whilst the remedial works are ongoing.</p> <p>The Sub Committee Chair reiterated the thanks that had been expressed by H Daniel.</p>
Resolution:	The report was NOTED
5.1	Assistant Director of Health, Safety & Fire Report
	<p>C Beadle presented the report and highlighted matters for members attention. Members noted that given that the report had been provided for the meeting originally scheduled for December 2024, there had been some progress made against some areas.</p>



C Donoghue welcomed the consideration being given to alternative methods of training, podcasts for example, which she supported, and added that she would welcome sight of the impact of this training moving forwards. C Donoghue advised that space for training appeared to be a recurrent theme and sought clarity as to whether there was an overall strategy in place in regard to reviewing training accommodation moving forwards given that this was being referenced as a limiting factor in the delivery of training.

C Donoghue also referred to the training Key Performance Indicators and queried whether it would be possible to identify how many staff needed FIT training compared to how many staff had been trained. C Beadle advised that in relation to FIT testing, some difficulties were being experienced in identifying how many staff needed to undertake FIT testing and added that work was being undertaken with colleagues within Learning & Development to upload information into ESR which would help to produce data in regards to compliance in this area.

In response to the query raised by C Donoghue in regards to the training estate, H Daniel requested that A Martin has a discussion with his Estates Colleagues in relation to the condition of the estate at Glanrhyd Hospital as it is a prohibitive factor impacting the ability to deliver training. It was also recognised that training areas are the first to be recommissioned for other purposes, such as, vaccinations space. H Daniel advised that more broadly, the Health Board was losing training estate as opposed to gaining training estate, which was impacting on classroom delivery of Health, Safety & Fire training, which needed to be considered further by the organisation at a strategic level. H Daniel added that he would give some further thought to the Health Board's training estate and whether it was being utilised efficiently.

G Hopkins declared an interest at this point and sought clarity as to whether the Health Board would consider exploring available spaces within community buildings within the three Local Authority areas which were underutilised, particularly during the daytime. H Daniel recognised that whilst the Health Board could improve its use of external facilities, there was a practical issue in regards to taking staff off site to undertake training which needed to be considered, particularly in relation to clinical areas. Members noted that the vast majority of training needed to be delivered on hospital sites to enable staff to return to their place of work as quickly as possible.

C Beadle advised in the absence of Trade Union colleagues at the meeting today, he had been asked to raise issues in relation to boarding of patients, particularly at the Royal Glamorgan Hospital. Members noted that the issues previously reported to this Sub Committee were being experienced once again, for example, blocked fire doors, lack of risk assessments and inappropriate storage of equipment. C Beadle advised that he had asked for a formal report to be produced and for a discussion to be held with the Assistant Director of Quality & Safety regarding the findings.



	<p>H Daniel advised that whilst it was correct that this had been raised as an issue, he felt that it was not appropriate for this to be raised within this Sub Committee without first having been escalated via the appropriate routes. H Daniel advised that whilst he was aware of patients being boarded, which was part of the Health Board’s escalation plans, he was not aware that patients had been boarded in front of fire exits and was of the understanding that there was a moratorium on this. H Daniel suggested that this matter is included within the Highlight Report to the Quality, Safety & Experience Committee and advised that he would discuss the issues further with Executive Colleagues.</p> <p>C Edwards confirmed that he was aware that Trade Union Colleagues had discussed their concerns regarding fire doors being blocked with equipment and furniture, with senior members of staff on the affected areas on the Royal Glamorgan Hospital site. C Edwards commented that there appeared to be a disregard of the need to keep the fire escape routes clear. Members noted that issues had also been experienced in regard to the ‘wedging’ open of fire doors, which was a significant risk.</p> <p>C Donoghue expressed concern that this was a recurring issue which presented a significant risk in terms of safety and supported the matter being escalated as an area of concern within the Highlight Report.</p> <p>H Daniel advised that whilst he agreed with the concerns raised by C Donoghue, this matter needed to be discussed via the appropriate escalation routes to enable senior staff to respond to the comments that had been made. H Daniel added that he would be undertaking a visit to the Royal Glamorgan Hospital following the meeting to review the current position and added he would escalate the issue to the site team during his visit.</p>
Resolution:	The report was NOTED
Action:	Issues highlighted in relation to blocked fire doors, lack of risk assessments and inappropriate storage of equipment to be included within the alert/escalate section of the Sub Committee Highlight Report. Further discussion to be held with Executive colleagues regarding the concerns raised
5.2	Fire Safety Report
	<p>C Edwards presented the report and highlighted the key matters for members attention.</p> <p>In revisiting the concerns around the blocking of fire exits, G Hopkins sought assurance that appropriate management action would be taken if there was a disregard of health and safety matters. In response, H Daniel reiterated his intention to visit the site to review the position and discuss the matter with the site management team. He stressed that as a principle, he would see the blocking of fire exits being a ‘never event’ for the Health Board.</p>



	<p>C Donoghue recognised H Daniel’s response to the concerns raised and requested that he revisit the controls in place with the site team as they need to be robust to mitigate the risk of reoccurrence.</p> <p>C Donoghue made reference to some of the incidents that had been reported and advised that it appeared that the Fire Safety Officers were visiting areas a number of times only to identify that no action had been taken on the issues that had been identified from previous visits, which was frustrating. C Edwards confirmed that this continues to be a challenge which was not isolated to just this Health Board. C Donoghue reiterated the importance of face to face fire safety training sessions which could be used to highlight some of the challenges being identified.</p> <p>The Sub Committee Chair made reference to the extreme fire risks contained within appendix one, the majority of which stated that they needed to be dealt with immediately, and sought clarity as to how the team monitored progress, and what steps were being taken if they were not being dealt with. H Daniel suggested due to the operational nature of these risks it would be better discussed at the Operational Management Board in the first instance in order for further assurance to be provided to Members. H Daniel advised that he would be happy to feed this back to operational colleagues. The Sub Committee Chair advised that she was content with this suggested approach.</p> <p>C Edwards advised that once an extreme fire risk had been added to the system, unless a full fire risk assessment review was undertaken, there was no means within the current fire management system in place that allowed the Team to amend just one risk. Members noted that NHS Wales Shared Services Partnership were looking to address this with the introduction of a new fire risk assessment system which was in the process of being trialled. C Hamblyn advised that one way of providing assurance to Independent Members would be to highlight within the report where the risks were being reported to and what stage they were at in terms of mitigating actions being concluded for the next iteration of the report.</p>
Resolution:	The report was NOTED.
Action:	<p>Extreme Fire Safety risks to be presented to and discussed at the Operational Management Board in the first instance prior to being presented to this meeting in future.</p> <p>Next iteration of the report to highlight where the risks were being reported to and what stage they were at in terms of mitigating actions being concluded.</p>
5.4	Estates Safety & Compliance Report – Annual Report Medical Gases
	Members noted that agreement had been given to defer this item to the next meeting, given that the Estates Team had been responding to the critical incident at the Princess of Wales Hospital.

6. DELIVERING OUR PLAN	
6.1	Health, Safety & Fire Performance Report
	<p>C Beadle presented the report and highlighted the key matters for Members attention.</p> <p>C Donoghue advised that she was pleased to see there had been increase in statutory and mandatory training compliance and sought clarity as to whether it would be appropriate to include the issues reported in regards to training equipment in the alert/escalate section of the Highlight Report to the Quality, Safety & Experience Committee. The Sub Committee Chair advised that she would be happy for this to be included within the alert/escalate section.</p>
Resolution:	The report was NOTED.
Action:	Issues reported in regard to training equipment to be included in the alert/escalate section of the Highlight Report to the Quality, Safety & Experience Committee.
7. GOVERNANCE, RISK AND ASSURANCE	
7.1	Organisational Risk Register Report
	<p>C Hamblyn presented the report and highlighted the key matters for Members attention. C Hamblyn advised that following on from discussions held at the meeting today, it may be helpful to undertake some further reflection as to whether there were any fire or estates risks scoring 15 and above that needed to be escalated to the organisational risk register.</p> <p>A Martin provided an overview as to how risks were being managed within the Estates Directorate, highlighting the following key points:</p> <ul style="list-style-type: none"> • Estates held a Backlog Maintenance report which was reviewed and updated on a monthly basis and reported into Welsh Government • Welsh Government also require Estates to submit an annual EFPMS submission which includes backlog maintenance and high-risk items • All risks were being escalated to the Assistant Director of Capital and Estates and then upwards to the Executive Director of Finance. <p>H Daniel sought confirmation that the only two risks that were currently escalated to the organisational risk register were the two risks relating to the Princess of Wales Hospital, which was confirmed by C Hamblyn. H Daniel expressed concern that there was no line of sight of broader estates risks on the risk register, for example, backlog maintenance and a strategic estates risk, which related to what was the Health Board's strategic estate plan and the risks impacting its delivery. H Daniel suggested that the risk relating to the Princess of Wales Hospital was an issue as opposed to a risk which the Estates Directorate may wish to revisit.</p> <p>A Martin advised that all tangible estates risks were included on the organisational risk register a number of years ago and were removed following a review of the risk register.</p>



	<p>The sub Committee Chair expressed the importance of ensuring that risks were being recorded appropriately and were being discussed at the most appropriate forum.</p> <p>C Hamblyn suggested that further consideration may need to be given to how Estates risks were being captured in order to provide Members with further assurance and visibility. C Hamblyn added that taking into consideration the backlog maintenance risk as an example, this would have a wider organisational impact, and suggested that consideration needed to be given to other estates risks to determine whether these had a wider organisational impact also and therefore required Board visibility. Members noted that the Executive Director of Finance is working with the team to develop a strategic estates and capital risk for escalation to the Board Assurance Framework which would provide greater visibility at Board level.</p> <p>In light of discussions the Sub Committee Chair suggested that the backlog maintenance risk was an important area the Board need to be sighted upon.</p>
Resolution:	The report was NOTED.
Action:	<p>Further consideration may need to be given to how Estates risks were being captured in order to provide Members with increased assurance and visibility.</p> <p>Estates Directorate to revisit the estates risk register to consider if any estates related risks should be escalated to the Organisational Risk Register, with particular attention to the maintenance backlog risk.</p>
8.	CONSENT AGENDA
8.1	FOR APPROVAL
8.1.1	Unconfirmed Minutes of the meeting held on 5th September 2024
Resolution:	The Minutes were APPROVED
9.	CLOSE OUT BUSINESS
9.1	Highlight Report to Quality, Safety & Experience Committee
	C Hamblyn made reference to the items that she had captured for inclusion within the alert/escalate section and advised that she would share the draft report with Members for review outside the meeting.
9.2	Meeting Feedback
	<p>H Daniel reflected how some of the discussions had drifted into an operational nature which was not appropriate within the Sub Committee and provided assurance to Members that he and C Beadle would revisit the effectiveness of the escalation routes as there had been examples in the meeting where this process had not been followed. H Daniel agreed to provide further clarity at the next meeting.</p> <p>C Donoghue commented that she considered that the level of challenge had been appropriate and discussions to be constructive.</p>



Action:	Task to be undertaken to review the effectiveness of the escalation routes as there had been examples in the meeting where this process had not been followed. Further clarity to be provided at the next meeting.
10.	PRIVATE/CLOSED SESSION
	To confirm that there were no items requiring In Committee discussion on this occasion
11.	DATE AND TIME OF NEXT MEETING
	The next meeting takes place on Tuesday 1 April 2025 at 14:00PM



Health, Safety & Fire Sub Committee – Annual Cycle of Sub Committee Business

(1st January 2025 to the 31st December 2025)

The Annual Cycle of Sub Committee Business has been developed to help plan the management of Sub Committee matters and facilitate the management of agendas and sub-committee business. The Annual Cycle of SUB Committee Business will be complemented by a “Non-Routine Sub Committee Business (Forward Plan)” for ‘one-off’ Adhoc items raised during the course of meetings.

The role of the Sub Committee is set out in CTMUHB’s standing orders and the Terms of Reference, both of which are available here: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

The Health, Safety & Fire Sub Committee meets at **least 4 times per annum**.

Sub Committee Chair: <ul style="list-style-type: none"> Dilys Jouvenat, IM Third Sector 	Sub Committee Vice Chair <ul style="list-style-type: none"> Geraint Hopkins, IM Local Authority 	Executive Leads for Agenda Planning <ul style="list-style-type: none"> Hywel Daniel, Executive Director for People
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CTMUHB Committee Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Sub Committee Governance Arrangements																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R		R			R			R	R If all actions are complete	R If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R		R			R			R	R	X
3. Non-Routine Sub Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R		R			R			R	R	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R		R			R			R	R Except for the annual review in January	R Annual Review only
5. Sub Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually						R							X	R
6. Outcome of Annual Sub Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually						R							X	R
7. Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually									R				X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Staff and Service User Experience																
8. Shared Listening & Learning Story	Executive Director for People	All Regular Meetings	R			R		R			R			R	X	R
Setting the Scene – Service Delivery																
9. Assistant Director of Health, Safety & Fire Report	Executive Director for People	All Regular Meetings	R			R		R			R			R	X	R
10. Fire Safety Report	Executive Director for People	All Regular Meetings	R			R		R			R			R	X	R
11. Overarching Care Group Highlight Report	Chief Operating Officer	All Regular Meetings	R			R		R			R			R	X	R
12. Specific Care group Highlight Reports (x2 per meeting)	Chief Operating Officer	All Regular Meetings	R			R		R			R			R	X	R
13. Estates Safety & Compliance Report	Executive Director of Finance	All Regular Meetings	R			R		R			R			R	X	R
Delivering our Plan																
14. Health, Safety & Fire Performance Report	Executive Director for People	All Regular Meetings	R			R		R			R			R	X	R
Governance, Risk and Assurance																
15. Organisational Risk Register – Risks Assigned to Health, Safety & Fire Sub Committee	Director of Corporate Governance/Board Secretary	All Regular Meetings	R			R		R			R			R	X	R
16. Internal Audit Reports	Director of Corporate Governance/Board Secretary	All Regular Meetings (as and when applicable)	R			R		R			R			R	X	R