

UNAPPROVED MINUTES OF THE HEALTH & SAFETY COMMITTEE COFNODION HEB EU CYMERADWY O PWYLLGOR IECHYD A DIOGELWCH

Date and Time of Meeting:	Monday 08 January 2024 – 9.30 a.m.
Venue:	Boardroom, Ystwyth Building, St. David's Park, Carmarthen/MS Teams

Present:	Ms Ann Murphy, Independent Member (Committee Chair) Mrs Delyth Raynsford, Independent Member (Committee Vice-Chair) Mrs Chantal Patel, Independent Member Mrs Joanne Wilson, Director of Corporate Governance and Board Secretary
In Attendance:	Ms Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience Mr Andrew Carruthers, Director of Operations Mr James Severs, Executive Director of Therapies and Health Science Ms Bethan Lewis, Interim Assistant Director of Public Health Mr Tim Harrison, Head of Health, Safety and Security Mr Adam Springthorpe, Health and Safety Manager Mr Rob Elliott, Director of Estates, Facilities and Capital Management Mr Anthony Dean, Staff-Side Representative Ms Amanda Glanville, Assistant Director of People Development Mr Simon Chiffi, Head of Operations Ms Claire Evans, Committee Services Officer (minutes)

	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
HSC (24)01	The Chair welcomed all to the meeting. Apologies for absence were received from: <ul style="list-style-type: none"> • Iwan Thomas, Independent Member • Dr Ardiana Gjini, Director of Public Health • Carly Hill, Assistant Director - Medical Directorate 	
HSC (24)02	DECLARATIONS OF INTERESTS	
	No declarations of interests were made.	
HSC (24)03	MINUTES OF PREVIOUS MEETING HELD ON 13 NOVEMBER 2023	
	The minutes of the meeting of the Health & Safety Committee (HSC) held on 13 November 2023 were approved as a correct record.	
HSC (24)04	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 13 NOVEMBER 2023	

An update was provided on the Table of Actions from the HSC meeting held on 13 November 2023, with confirmation received that all actions had been completed or forward planned on the HSC work plan.

Comments were made on the following actions:

HSC(23)37: *To look into communications with the public regarding violence and aggression at Health Board sites.*

In-house violence and aggression posters have been produced. Mr Tim Harrison will check if they have been printed for issue to sites.

Ms Sharon Daniel commented that once the posters have been issued to sites, an inspection will need to be undertaken to ensure the posters are large enough, visible and in the correct areas.

HSC(23)94: *To liaise with Lisa Gostling to decide whether all staff should undertake PREVENT training, given the current challenging workloads.*

Mrs Chantal Patel commented that it would be useful to have an idea of what the PREVENT training will look like.

Mr Harrison responded that he has met with Ms Amanda Glanville and Ms Sam Hussell to discuss. The consensus was to not have the training designated as mandatory for every member of staff however further discussion is required on this.

Mr Harrison outlined that there were e-learning packages which were produced by the police and Local Authority, however, one e-learning package had been removed by the Counter Terrorism team, and he was awaiting information on whether the e-learning would be re-done.

Training had previously been undertaken in-house within the Hywel Dda University Health Board (HDdUHB) Health and Safety team when they had an ex counter terrorism police officer working with the team. This is no longer in place.

Mr Harrison noted that it is helpful to have someone with suitable experience to provide the appropriate training. He will continue to look at this in more detail and work closely with Ms Glanville and her team.

Mrs Delyth Raynsford queried how HDdUHB compares with other Health Boards regarding training.

Mr Harrison responded that HDdUHB have undertaken the same level training as other Health Boards, however the HDdUHB is not performing as well as other Local Authorities in terms of education and working with schools.

Mr Harrison outlined that external Counter Terrorism Security Advisors have been approached to train health board staff. He expects to be able to provide further assurance on this at the next Health and Safety Committee meeting.

	<p>Ms Amanda Glanville highlighted that an action from the previous Strategic People Planning and Education Group (SPPEG) meeting was to undertake a full review of the core skills training framework modules and additional modules that the Health Board provides and noted that it would be useful to include PREVENT training as part of that review.</p> <p>HSC(23)96: To check whether there is an issue with staffing that would cause work on Wards 7 and 11 to be delayed to January 2024 instead of late December 2023.</p> <p>It was noted that Ward 7 opened on 04 January 2024, and Ward 12 was opening on 08 January 2024.</p>	
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HSC (24)05	<p>CORPORATE RISKS ASSIGNED TO HEALTH AND SAFETY COMMITTEE</p>	
	<p>A report on managing corporate risks was discussed with assurance sought on the mitigation plans that were in place</p> <p>Three high score risks were highlighted in the report:</p> <ul style="list-style-type: none"> • Risk 1745: Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board (Score 15). • Risk 1328: Risk of harm to staff, patients and critical assets due to insufficient physical security measures (Score 20). • Risk 813: Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure (Score 15). 	
	<p>The Committee:</p> <ul style="list-style-type: none"> • TOOK ASSURANCE that all identified controls are in place and working effectively. • TOOK ASSURANCE that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises. 	

HSC (24)06	<p>OPERATIONAL RISKS ASSIGNED TO HEALTH AND SAFETY COMMITTEE</p>	
	<p>A report on managing operational risks was discussed with assurance sought on the mitigation plans that were in place</p> <p>Mr Andrew Carruthers highlighted risks associated with lifts breaking down in Block 4 at Glangwili Hospital (GH) causing operational problems.</p> <p>Ms Ann Murphy sought clarification over Risk 505: Risk of avoidable service disruption due to high voltage electrical infrastructure affecting Prince Philip Hospital (PPH). The risk refers to a five year plan which was identified in 2018, and therefore would now have reached an end. Ms Murphy asked what the outcome of the five year plan was and what are the next steps.</p> <p>Mr Elliott responded that this has been assessed by his team.</p>	

Ms Murphy highlighted that the risk section of the report does not clarify what is being done with each risk and asked if it could be added to future reports.

In reference to Risk 708: Risk of staff safety due to inappropriate storage solutions associated with patient files / documents affecting Ceredigion Community Sites, Mr Carruthers stated that work was being undertaken on a plan to digitalise and store the files, however the committee requested the risk be updated.

The Committee:

- **REVIEWED** and **SCRUTINISED** the risks included within the report to seek assurance that all relevant controls and mitigating actions are in place.
- **DISCUSSED** whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.

**HSC
(24)07**

HEALTH AND SAFETY UPDATE

A report was submitted to the Committee to provide a general update including specific details on assurance with Entonox (Nitrous Oxide) exposure within the Midwifery departments, Points of Ligature compliance, work to reduce the risk of harm associated with the use of superabsorbent polymer gel granules and a brief security management update.

Ms Sharon Daniel queried whether it would be prudent to liaise with a Procurement Nurse to obtain information on how much of the product is being used in practice, and not only in secondary care.

Mr Tim Harrison responded that he was involving Lead Clinical Nurse, Procurement Chris Shaw, and is awaiting data on the volume of gel provided.

Ms Daniel highlighted that this should be cross referenced with the policy on usage for dealing with spillages. Also staff based in the community should also be made aware of the risks.

Mr Anthony Dean highlighted that there several new tradespeople working at Glangwili Hospital who are inexperienced at working with points of ligature, and asked whether it would be beneficial to provide an awareness session from them. Mr Harrison agreed.

Mr James Severs commented on the point of ligature assessments being referred to in the report as “suitable and sufficient”, and asked if that is a metric being used across Wales. He stated that he was used to seeing assurance rated as a percentage compliance of audit against the policy standards, and queried what this would equate to.

Mr Harrison responded that this was a policy produced in-house in HDdUHB, adapted from Betsi Cadwalladr Health Board’s policy, which although has some similarities with other health boards, also has some differences. He noted that there is a plan to introduce an all-Wales standard.

Mr Harrison added that the Health Board has achieved 100% compliance within the Mental Health and Learning Disabilities (MHL) Department.

Mr Harrison would add further information on the action plans for points of ligature assessments to the health and safety update report for the next Committee meeting, to provide more clarity on compliance/assurance.

Mrs Patel queried whether the assessments are completed independently or internally.

Mr Harrison that it was an element of both. The Health Board's Health and Safety Officer, Mr Gerard Sellek, reviews the assessments. The MHL team would undertake the assessments and Mr Sellek would review and provide any advice or support as required.

Mrs Raynsford asked whether the assessments have been completed in areas outside of the mental health sites, such as Accident and Emergency and other areas where patients could harm themselves, if not what is plan for extending this.

Mr Harrison responded that there is no current plan, however he can look into this. He highlighted that the important area was education on points of ligature risks for staff.

Mrs Raynsford highlighted that during a recent patient visit she saw several worrying incidences involving contractors.

Ms Daniel highlighted the need to continue working with contractors and strengthening agreements with them on safety in areas undergoing work.

Ms Daniel also suggested exploring the use of the Audit Management and Tracking (AMaT) system in order to document the actions, maintain a compliance score and be able to keep track of progress.

Mr Harrison would investigate this possibility.

Mrs Patel queried whether HDdUHB has any procedure for monitoring patients within mental health units and preventing patients from absconding.

Mr Harrison responded that this is being reviewed, however it does require capital investment to improve security.

Mrs Patel queried the report which stated, "there's no evidence gathered to indicate a negative impact on any protected groups", and felt that when dealing with diverse groups, there must be an impact on them.

Mr Harrison agreed that the report should be amended.

The Committee:

- **NOTED** That suitable steps to manage ligature risks within MHL have been implemented and ligature risks are constantly being monitored.
- **TOOK ASSURANCE** that work is being undertaken to provide assurance that N2O exposure is within work exposure limits.
- **TOOK ASSURANCE** that more robust management of Superabsorbent polymer gel granules usage is being implemented.

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(24)08

FIRE SAFETY UPDATE REPORT

Mr Rob Elliott provided an update regarding the progress made in managing the following areas of Fire Safety:

- Fire Enforcement Notices/Letters of Fire Safety Matters
- Fire Safety Management

There had been some further updates since the report was submitted.

Phase One enforcement notice for Wthybush Hospital (WH) had now been lifted. This is the notice which covered all of the horizontal escape routes, leaving the Phase Two enforcements remaining in place, which is ward based departmental based enforcement.

There are five doors remaining to be fitted, which is being undertaken in-house. This is more effective as the contractor's infrastructure is now being withdrawn from the site. The Mid and West Wales Fire and Rescue Service are happy with the progress.

The report stated that a verbal agreement had been received from the Fire Service for a major change in the scope of Phase Two. The original situation was everything left in WH after the horizontal corridors would be part of Phase Two. Mr Elliott informed the Committee that further work has taken place with the Shared Services Department, who are working with the Fire Service to agree a reduced scope of work, which would reduce the capital expenditure and disruption to the site, making a much more effective project to deliver. A verbal agreement had been made at the time of submitting the papers, however, a formal written agreement has now been received. This means a project which was originally scoped at £50M-£60M will now be £18M-£20M. Work will now focus on the risk areas around patient wards.

The Fire Service supports the projected program for future works across Wthybush, Glangwili and Bronglais Hospitals.

A holistic review of programming in PPH Hospital has taken place and a letter has been received from the Fire Services confirming they support the dates set for the next financial year.

There has been a slight delay to the delivery of Phase Two works at WH. It is now likely that the business case will be ready in late February 2024 for submission to Welsh Government, which would indicate that work on site is likely to begin in June 2024, and completion in approximately late 2025.

The contractors are on site at GH for Phase One works. The current completion date of May 2024 is now likely to be later in the year (approximately October/November).

The Estates team are aware of issues with ceiling tiles removed and are working hard to ensure they are replaced as soon as possible. The issue is that ceiling grids must be removed as well as tiles in order to undertake the

work, therefore the tiles are down longer than hoped. The team are working with contractors to ensure they are replaced.

In response to Ms Daniel's concerns regarding areas with removed tiles being dark for patients, Mr Elliott clarified that that wards are decanted where work is taking place therefore patients will not be affected.

Compliance for Level 3 fire training has now increased to 85%. However, Level 2 fire training remains at 55%-60% which is a concern. There is ongoing difficulty increasing this compliance.

Mr Elliott commented that there are funds available for replacing damaged areas of flooring, however it is very limited. Work will commence on replacing the floor wherever possible, although this will need to be done after completion of fire works to avoid damage to the new flooring.

Mrs Joanne Wilson highlighted the need to understand the role of the Committee when producing papers and feeding back updates.

Mr Elliott informed the Committee that he was confident that the same scope reduction agreed with the Fire Service regarding WH, would also apply to GH.

Fire safety works in Bronglais Hospital is scheduled to begin mid-2026, with completion aimed for 2028.

Mr Elliott highlighted that that at the time of submission of the report, there were two outstanding fire risks assessments. He informed the Committee that they had been completed and there were currently no outstanding fire risk assessments.

Mr Severs commented that he did not feel there was sufficient assurance within the report.

Mrs Raynsford added that she did not feel the Committee could take assurance on compliance for fire safety training. Mrs Wilson highlighted the need to produce an outline plan for increasing that compliance.

It was agreed to change wording of the recommendation from:

"Acknowledge and gain assurance from the content of this report and the work achieved to strengthen Fire Safety Compliance" to

"Acknowledge and gain assurance from the content of this report and the work achieved **on fire enforcement**".

The Committee:

- **ACKNOWLEDGED** and **TOOK ASSURANCE** from the content of the report and the work achieved on fire enforcement.
- **NOTED** that further updates will be presented at future Health & Safety Committee meetings.

<p>HSC (24)09</p>	<p>Mr Elliott introduced the Reinforced Autoclaved Aerated Concrete (RAAC) report providing an update on planks within the HDdUHB estate.</p> <p>A fully funded program is in place for 2024/2025, based on the original budgets. The reduction in spend in the current Financial Year with a transfer of this funding into 2024/2025 is to be noted.</p> <p>Detailed survey work is currently underway for the remaining areas and is due to be completed by the end of March 2024.</p> <p>The Estates team are in the process of finalising the programme of delivery work for April 2024 onwards.</p> <p>There is a focus on the revenue impact on the Health Board on living with RAAC. Mr Elliott highlighted that there are a number of complexities to the maintenance activities which make it more challenging and costly due to RAAC. The Estates team are developing some costs and adjustments for that.</p> <p>The Health Board will receive some further capital expenditure to include some access walkways to allow maintenance staff to access the roof without adding pressure to the RAAC areas. These RAAC structures will need ongoing inspections every 12 months. This will be costly and disruptive. The Estates team are working with the Consultant team on estimated costs, and working with the team locally in WH regarding how ward inspections would be best planned.</p> <p>Mr Elliott will submit a plan on how to deliver future works to the RAAC Silver meeting at the end of January 2024.</p> <p>Four isolated RAAC planks have been discovered in BH, in an area where RAAC was not expected. An inspection has deemed the area 100% safe, however further work being undertaken to check the surrounding area.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the report. • NOTED temporary propping of areas, where possible, to allow clinical services to continue. • NOTED the support funding from Welsh Government for the 2023/24 and 2024/25 Financial Year. • NOTED the ongoing surveys of Reinforced Autoclaved Aerated Concrete Planks areas in the future and the expectation of further deterioration and further investment being necessary. • NOTED that further updates will be presented at future Health and Safety Committee meetings. 	
<p>HSC (24)10</p>	<p>ESTATES MAINTENANCE UPDATE: DEEP DIVE (RISK 1745)</p> <p>Mr Elliott presented a deep dive update on Risk 1745 Risk of not being able to safely deliver services due to aging estate and Infrastructure across the Health Board.</p>	

	<p>Risk 1745 is relatively new to the risk register and has been added due to the many risks outside of tolerance ability to manage those risks limited.</p> <p>Eight risks at Directorate level outside of tolerance. 65 risks at Service/Department level outside of tolerance.</p> <p>A number of additional safeguards have been introduced; monthly walkabouts and action planning are now in place, a major infrastructure programme is progressing, service re-design plans are part of the overall delivery plan, and the Health Board has successfully received Estates Facilities Advisory Board (EFAB) funding.</p> <p>Mr Elliott highlighted a number of environmental concerns which are not always included in risk assessments as they are aesthetic based. He informed the Committee that a previous ward refurbishment programme ended 13 years ago due to funding restrictions, which has resulted in general decorative order of areas in GH being very poor and in need of redecoration, new flooring, painting, new lighting to make it more modern an improve standards. However the ability of the Health Board to make those improvements are limited.</p> <p>The major infrastructure programme only now supports engineering systems and does not include any decorative updates. However, the Estates team are seeking to obtain some limited funding from the HDdUHB discretionary program to reintroduce a ward refurbishment program. However, Mr Elliott highlighted that the discretionary program is very oversubscribed, therefore this was proving very challenging to achieve.</p> <p>Mr Elliott shared several photographs showing areas of deterioration across Health Board sites.</p> <p>It was outlined that due to reductions in funding, maintenance teams would now need to replace components rather than whole infrastructures.</p> <p>Mr Elliott highlighted that the deteriorating Health Board estate has had an impact on the backlog maintenance costs with an increase from £59.6M in 2021/19 to £136.8M in 2022/23.</p>	
	<p>The Committee NOTED the update.</p>	

<p>HSC (24)11</p>	<p>HEALTH AND SAFETY REGULATIONS</p>	
	<p>CONTRACTOR CONTROL REGULATIONS</p>	
	<p>Mr Simon Chiffi presented a report providing an update position on the arrangements and protocols in place for the management of Estates Contractors.</p> <p>Since the previous report submitted in July 2022 there have been many procedural improvements that strengthens management and control of contractors.</p> <p>Mr Chiffi provided some further updates to the Committee.</p>	

	<p>1. Agree and ratify an Estates CDM (construction design and management regulations) (2015) Guidance Manual and provide training in support of this.</p> <p>This is now complete and due to be rolled out within the next two weeks.</p> <p>2. Adoption and implementation of a new Health Board wide Health, Safety, and Compliance-Risk Management Software System, including membership in a Safety Scheme in Procurement (SSIP).</p> <p>It was highlighted that the Health Board does have a SharePoint system and contractors policy, therefore the Health Board is not currently without a system.</p>	
	<p>The Committee TOOK ASSURANCE from the policies and procedures currently implemented for contractor management and the areas of work planned and anticipated timelines demonstrating the robust management arrangements in place for the control of contractors.</p>	
<p>HSC (24)12</p>	<p>POLICIES FOR APPROVAL: 382 ESTATES VENTILATION POLICY</p> <p>The policy sets out instructions and expectations for management to fulfil its responsibilities to effectively manage ventilation safety for HDdUHB.</p> <p>Minor changes made to the policy:</p> <ul style="list-style-type: none"> • Job titles updated. • Design section added encompassing general ventilation not only theatre Ventilation. • Hierarchy amended due to new job roles; VSG Subgroup added. • All standards updated to the present relevant standards. <p>The Committee APPROVED the revised Ventilation Safety Policy for a further three years.</p>	
<p>HSC (24)13</p>	<p>POLICIES FOR APPROVAL: 438 MEDICAL GAS POLICY</p> <p>The policy sets out instructions and expectations for management to fulfil its responsibilities to effectively manage Medical Gas and Pipeline Systems safety for HDdUHB.</p> <p>Minor changes made to the policy:</p> <ul style="list-style-type: none"> • Job titles updated. • Hierarchy amended due to new job roles, Sub-Medical Gas Pipeline Sub-MGPSSG and Medical Gas Cylinder Group (MGCG) added. • All standards updated to the present relevant standards. • Suggestions from group members implemented. <p>The Committee APPROVED the revised Medical Gas Policy for the Health Board for a further three years.</p>	
<p>HSC (24)14</p>	<p>ANY OTHER BUSINESS</p> <p>There was no other business.</p>	
<p>HSC (24)15</p>	<p>MATTERS FOR ESCALATION TO BOARD</p> <p>The following issues would be escalated to the Board:</p> <ul style="list-style-type: none"> • Concern on low levels of compliance on Level 2 fire safety training. 	

	<ul style="list-style-type: none"> Concern on Risk 1745: Risk of not being able to safely deliver services due to aging estate and Infrastructure across the Health Board. 	
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HSC (24)16	DATE & TIME OF NEXT MEETING	
	Monday 4 March 2024, 9.30 a.m. - 11.00 a.m.	

UNAPPROVED