

**PWYLLGOR IECHYD A DIOGELWCH  
HEALTH & SAFETY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	07 May 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Health and Safety Committee Annual Assurance Report 2023/24
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Ms Ann Murphy, Chair Health and Safety Committee
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Mrs Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to present the Health and Safety (HSC) Annual Assurance Report 2023/24 for approval.

The HSC Annual Report provides assurances in respect of the work that has been undertaken by the Committee during 2023/24; and outlines the main achievements which have contributed to robust integrated governance across the Health Board.

**Cefndir / Background**

Hywel Dda University Health Board's Standing Orders and the Terms of Reference (TOR) for the HSC requires the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The fundamental purpose of the Committee is to provide assurance to the Board around the organisation's strategy and delivery plans for workforce and organisational development.

This HSC Annual Report specifically comments on the key issues considered by the Committee in terms of Health and Safety and the adequacy of the response, systems and processes in place during 2023/24.

**Asesiad / Assessment**

The HSC Annual Report 2023/24 is included at Appendix 1.

**Argymhelliad / Recommendation**

The Committee is requested to:

- **ENDORSE** the Health and Safety Annual Report 2023/24.

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<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	All apply.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of HSC meetings 2023/24
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd lechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	HSC Chair, Lead Director and Committee Members

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>
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<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	A sound system of internal control, as evidenced in the Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	SBAR template in use for all relevant papers and reports
<b>Gweithlu: Workforce:</b>	SBAR template in use for all relevant papers and reports
<b>Risg: Risk:</b>	SBAR template in use for all relevant papers and reports
<b>Cyfreithiol: Legal:</b>	A sound system of internal control, as evidenced in the Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed.
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	SBAR template in use for all relevant papers and reports



# Hywel Dda University Health Board

## Health and Safety Committee

### Annual Report 2023/24

## **Introduction**

Hywel Dda University Health Board's Standing Orders and the Terms of Reference (TOR) for Health and Safety Committee require the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The Health and Safety Committee (HSC) annual report sets out its activities during 2023/24 and includes the outcomes from the review of its performance.

The Health and Safety Committee's purpose is to advise and assure the Board on whether effective arrangements are in place to ensure organisation-wide compliance with the Health Board's Health and Safety Policy, to approve and monitor delivery against the HSC's work programme; and ensure compliance with the relevant Standards for Health Services in Wales.

The Committee meets on a bi-monthly basis. In the year 2023/24, the Committee met on 6 occasions. All meetings were quorate, as follows:

- 9 May 2023
- 10 July 2023
- 11 September 2023
- 13 November 2023
- 8 January 2024
- 4 March 2024

'In Committee' sessions have been held during 2023/24 as necessary, to discuss either potentially sensitive matters or identifiable patient data, including the following:

- Security Management Update
- Health and Safety Corporate Risk 1328

This report gives an overview on the scrutiny applied to matters of concern during 2023/23 and reflects the increasing attention and focus given to the impact of actions.

## **Chair's summary**

This has been a challenging year, and we recognise the hard work and dedication of our teams in maintaining services on a day-to-day basis, within our Health Board during these times.

2023/24 has been extremely challenging with the management of the Reinforced Autoclaved Aerated Concrete (RAAC) internal major incident at Wthybush Hospital, ensuring the safety of our patients, staff, and other stakeholders. Thanks to an exceptional collaborative effort involved from our staff, patients, and local partners.

The work undertaken by the Estates Department on the Enforcement Notices from Mid and West Wales Fire and Rescue Service has been advancing well across the sites of

Hywel Dda University Health Board. They have collaborated well on the work undertaken on RAAC to allow access to the closed wards. I need to again thank the co-operation of patients, visitors, and staff during the time of this work.

I would also like to commend the excellent work generated by the Health, Safety and Security Team who worked diligently during the year and are the foundation to this Committee.

As we look to the coming year, the Committee will continue to build its focus on topics such as health surveillance, staff welfare and updates from the trade unions. We would also like to hear the voice of the patient and their experiences of our facilities and services.

## **Reporting**

During 2023/24, the following reports were received:

### **Governance and Risks**

- **Annual Review of HSC Terms of Reference:** The Terms of Reference (TOR) 2023 was reviewed and approved twice in the year (in July 2023 and March 2024).
- **HSC Annual Report to Board:** At the May 2023 meeting the HSC Annual Report was submitted for endorsement. The report was approved by Board on 27 July 2023.
- **Corporate Risk Report:** Reports were received in May, September 2023 and January 2024 meetings informing the Committee of the highest corporate risks assigned to the Committee along with the mitigating actions being taken to balance these risks.

In May 2023 it was reported that the previous pandemic influenza risk had been changed into two new risks, one generic pandemic event and two emerging infectious diseases.

In September 2023, it was highlighted that since the previous report, Risk 1382: *risk to patients and staff due to a lack of assurance of safe estate as a consequence of reinforced autoclaved aerated concrete (RAAC), Withybush Hospital (WGH)* had been escalated from Directorate to Corporate level. Members queried whether the risk score of 20 should be escalated. The score would be reviewed at the next Executive Team review meeting. It was also reported that since the previous report, Risk 1328: *risk of harm to staff, patients and critical assets due to insufficient physical security measures* had increased in score from 12 to 16.

In January 2024, three risks were highlighted to the Committee: new risk, Risk 1745: *risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board* had been added to the risk register; the

risk score of Risk 1328: *risk of harm to staff, patients and critical assets due to insufficient physical security measures* had been increased to 20; Risk 813: *risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure*, remained high at 15.

- **Operational Risk Report:** Reports were received in the May, September 2023 and January 2024 meetings informing the Committee of the highest operational risks assigned to the Committee along with the mitigating actions being taken to balance these risks.

In May 2023 it was reported that Risk 1382: *Installation of Reinforced Autoclaved Aerated Concrete (RAAC) planks as part of the infrastructures* was of concern following recent high-profile incidents in the UK. The risk score of 10 was high, and based on the evidence and information the Health Board has received from existing structural surveys and information available. The areas affected were the complete roof in WGH and a small area in Bronglais Hospital (BGH). The Health Board planned to commission intensive surveys of each individual RAAC planks to determine the risk, condition and any repair work required.

In January 2024, it was reported that two new risks had been added to the risk register: Risk 1753: *risk to patient safety and disruption to patient flow due to failure and subsequent breakdown of both lifts in ward Block 4, Glangwili Hospital (GGH)*, and Risk 505: *risk of avoidable service disruption due to high voltage electrical infrastructure affecting Prince Philip Hospital (PPH)*. The Committee highlighted that the risk section of the report did not clarify what was being done with each risk and requested it to be added to future reports. It was also reported that Risk 222: *risk of avoidable harm to patients, visitors, staff and contractors due to exposure to asbestos through contact with 'Asbestos Containing Materials' (ACMs)* had been reduced and was now below the Board agreed tolerance level. The Director of operations informed the Committee that work was being undertaken on a plan to digitalise and store the files, in relation to Risk 708: *risk of staff safety due to inappropriate storage solutions associated with patient files / documents affecting Ceredigion Community Sites*. The Committee requested the risk register be updated to reflected this.

## **Health and Safety**

- **Health and Safety Update:** During the year, the Committee was informed of, and discussed, the following health and safety matters:

### **Reporting of Injuries, Diseases and Dangerous Occurrence Regulations**

**2013 (RIDDOR)** - at its meeting in May 2023, the Committee was advised of the end-of-year RIDDOR figures for the 2022-23 financial year. The Committee noted that the greatest cause of incident in 2022- 23 was slips, trips and falls, however, violence and aggression was a close second. Training on violence and aggression, and de-escalation techniques were being offered to staff within the Health Board.

**Health and Safety Executive (HSE)** - at its meeting in July 2023, the Committee was updated on findings from the Health and Safety Executive (HSE) inspection

programme of 2018-2022. The Committee took assurance that work continued to be progressed, and improvements had been made in relation to the health and safety themes as detailed within the report. The Committee also noted the challenges to full implementation of the improvement actions agreed with the HSE.

Concerns were raised regarding the lack of facilities for health and safety training. This was reported to the People, Organisational Development & Culture Committee in October 2023.

In September 2023, the report provided an update on HSE statistics for 2022/23 on fatalities due to working at heights, a points of ligature update, and an update on oxygen cylinder handling. Members raised concerns over oxygen cylinders being stored in ward areas. The estates department were seeking to increase the training provision to include training porters and maintenance assistants and set up a 'cylinder management group'.

**Contractor Work Sites** - at the Committee meeting in July 2023, Members raised concerns regarding contractors on site working on RAAC leaving pipes, cables and beams exposed, and asked for assurance that steps had been taken to ensure contractors secure sites at the end of their working day. It was confirmed that contractors had been instructed to replace ceiling tiles as quickly as possible, however, there would be some occasions where ceiling tiles have to remain down due to operational reasons.

**Violence and Aggression (V&A)** - at the meeting in November 2023, the Committee received an update on V&A incidents. In relation to V&A training sessions, only 364 out of 794 face to face sessions had been utilised. Staff pressures were a contributing factor to this number. The importance of attending V&A training was being reinforced through the Senior Leadership meetings.

Signage and communications in relation to zero tolerance of violence and aggression were also being developed for hospital sites.

**Entonox (Nitrous Oxide)** - at its meeting in January 2024, the Committee received an update on Entonox exposure within the Midwifery departments, and informed that the Health and Safety team had purchased two devices that measure and record airborne N<sub>2</sub>O. Both had been suitably programmed to record sufficient data for exposure monitoring. Devices were left with staff at GGH Labour ward, and training provided in their use. Both the Health and Safety and Midwifery teams were satisfied with the methods used to ensure the data could be interpreted appropriately.

**Points of Ligature Compliance** - at its meeting in January 2024, the Committee received an update on points of ligature compliance. There was discussion on assurance and compliance of points of ligature assessments, and whether the outcome was clear within the current report to Committee. The Committee asked for further information on action plans and audit compliance to be included within the report for future Health and Safety Committee meetings.



**Super-absorbent Polymer Gel** - at its meeting in January 2024, the Committee received an update on work to reduce the risk of harm associated with the use of superabsorbent polymer gel granules. As a result of incidents, new guidance reinforcing that polymer gels are only required for exceptional infection control purposes had been issued stating that any organisation still using these products must protect patients by introducing restrictions on their use. The Health and Safety Team had taken steps in collaboration with Procurement colleagues to restrict the products purchase unless absolutely essential and only following the completion of a detailed risk assessment.

**Cable Management / Safety Culture Training** - at its meeting in March 2024, the Committee received an update on cable management regarding medical devices on beds. The report highlighted that concerns have been raised by the Trade Union Health and Safety Group over the lack of electrical safety training in Hywel Dda University Health Board (HDdUHB). The Committee directed the Health and Safety team to work with the Learning and Development to take this matter forward alongside all other training requests.

The Committee felt that the Health and Safety Update report submitted in March 2024 did not provide sufficient assurance information on how the risks were being mitigated and requested amendments to the report going forward.

- **Fire Safety Update:** During the year, the Committee was informed of, and discussed, the following fire safety matters:

**Fire Safety Works** - updates on fire safety works at WGH and GGH were provided at each of the meetings.

In July 2023, concerns were raised by Members regarding a number of areas in GGH and WGH where fire safety works is taking place, which present a significant risk to patients. It was agreed that signage informing the public of the works being undertaken would be displayed.

In September 2023, the report confirmed that fire safety work has been incorporated into the RAAC repair work in Ward 9 at WGH, and that Estates Funding Advisory Board (EFAB) work within South Pembrokeshire Hospital had been fast-tracked to ensure completion before the decanting of wards in WGH due to RAAC.

**Fire Enforcement Notice** - In January 2024, it was reported that Phase One Enforcement Notice for WGH had now been lifted. The Phase Two Enforcement Notice remained in place.

**Fire Safety Risk Assessments** - In March 2024 the Committee noted the completed Fire Risk Assessment (FRA) however, it requested more information in regard to the actions required by the FRAs and how many were outstanding and so forth. The Committee requested this information be brought back to the next meeting in May 2024.

**Fire Safety Training Compliance** - At its meeting in July 2023, the Committee was advised that that Level two Fire Safety Training compliance had increased to 58% and Level Three Training, increased to 79%. In November 2023, the Committee was advised that there had been an increase in Level 3 Fire Training compliance, and that a number of actions had been identified through the fire risk assessments which the Operations and Estates teams were reviewing. In January 2024, the Committee was advised that compliance for Level 3 fire training had increased to 85%. However, Level 2 fire training remained at 55%-60% which was a concern. There was ongoing difficulty increasing this compliance. In March 2024, the Committee was advised that Level 1 and Level 3 fire safety training was performing well with 85% and 88% compliance respectively. However, Level 2 fire safety training remained an issue with 59% compliance.

In March 2024, the Committee were concerned that no progress had been made since the last meeting and noted Members would expect to see a plan from the directorates that clearly sets out what the trajectory and plan is to achieve compliance. The Committee request a report of this nature be provided to the next Committee alongside an oversight of the governance of how this is being managed within operational services. The Committee needs assurance that the Health Board is balancing patient safety and patient care along with its statutory responsibility.

- **Monitoring Staff Exposure to Environmental Hazardous Substances - Requirement of the Control of Substances Hazardous to Health Regulations 2002:** In May 2023 the Monitoring Staff Exposure to Environmental Hazardous Substances report was presented to the HSC. A letter was sent from the Royal College of Midwives detailing concerns regarding nitrous oxide (N<sub>2</sub>O) exposure in certain NHS trusts in England. The Health Board issued a response to the letter. Exposure and environmental monitoring for N<sub>2</sub>O were advised. A report on these issues had been submitted to the relevant Directorate's Quality, Safety and Experience Groups.
- **PREVENT and CONTEST Update:** In May 2023 the Prevent and Contest update report using information contained within the Dyfed Powys Counter Terrorism Local Profile, was presented to the Health and Safety Committee. A critical response review update will be submitted to the HSC Committee meeting in July 2023. The Committee discussed what public messaging on misogyny was being undertaken in light of the data and felt it would be useful to remind staff of the Health Board values and regarding inappropriate conduct in the workplace.
- **Welsh Health Technical Memorandum's (WHTM) Engineering Compliance/ Governance:** In May 2023 the WHTM Engineering Compliance/ Governance report was presented.

In May 2023 it was reported that there were no Authorising Engineers in place in the Bed Head Services and Pathology, however, discussions were taking place with NWSSP and Shared Services for interim support. The intention is to appoint a full team of trained staff across the four main sites. Update reports from technical groups are reporting into the Operational Groups and monthly update meetings were scheduled with the Assurance and Risk team. Concerns were

raised regarding the RAG status of the Water Systems section of the Compliance Tracker and clarity on the frequency of auditing was requested. There will be two large pieces of work taking place over the next two years to replace water tanks however a confirmed date of the next audit has not yet been received.

- **Fire Safety Audit System Report 23/24:** In July 2023 the Committee received the Annual NHS Wales Shared Services Partnership-Specialist Estates Services Fire Audit which was submitted to Welsh Government on 5 June 2023. The submission outlined that on an organisational level, HDdUHB was in a greatly improved position. The Committee noted the update and took assurance from the report.
- **Reinforced Autoclaved Aerated Concrete (RAAC) Update:** During the year, the Committee was informed of, and discussed, RAAC related matters within the Health Board estate.

At its meeting in July 2023, the Committee was advised that surveys on RAAC planks in WGH were being undertaken, and the work would progress shortly. Concerns were raised regarding the financial impact and impact on patients. In September 2023, the Committee was advised that risk score on RAAC would be reviewed. There would, however, be risks related to capacity reductions, therefore there would be a focus from estates risks to disruption to services risks. In January 2024, the Committee was advised that a plan will be submitted, on how to deliver future works, to the RAAC Silver meeting at the end of January 2024. In March 2024, the Committee requested that future reports focus on Health and Safety issues and concerns rather than on the financial consequences which are dealt with elsewhere.

- **Major Incident Plan:** In July 2023 the Major Incident Plan 2023-24 was received which had been subject to an annual review, to demonstrate compliance with the Civil Contingencies Act. There had been no significant change to content or the Health Board's approach to the response, however the review focused on debrief reports and inquiry recommendations to ensure lessons learnt have been incorporated and strengthening assessment and levels of response categorisation, both external and internal. The Committee noted the updates made to the Major Incident Plan and recommended the Major Incident Plan for onward ratification by the Board.
- **Lifting Operations and Lifting Equipment Regulations (LOLER) Update:** In July 2023 a report was received providing an update on the report submitted in March 2022. The report outlined that there had been improvement in this area, despite changes in resources. Compliance was currently at 94.2% across the Health Board, which was higher than the stated target of 90%. The Committee noted and took assurance from the processes in place in terms of compliance with LOLER.
- **Security Update:** During the year, the Committee was informed of, and discussed, security management across Health Board sites.

At its July 2023 meeting, the Committee was advised that progress was being made against the recommendations highlighted within the Security Management Review paper reported to the Committee on 6 March 2023. The corporate risk assessment (1328) had been updated and resulted in the risk score increasing from 12 to 16 as whilst there had been some improvements, there remained some concerns were raised in respect of portering staff undertaking a security role and the pace of fully implementing the new CCTV system, and staff ID badges. The Committee requested a further update and action plan to be submitted to the next meeting to provide assurance on the areas raised. The Committee noted that work has progressed, however they were unable to take assurance at that time.

At its September 2023 meeting, a Committee Member reported that they had recently attended the Security Management Group meeting but had been frustrated with the slow progress being made against the recommendations highlighted within the Security Management Review. The Committee expressed concern regarding a deadline date of the end of February 2024, in the security action plan, for the completion of a new system being in place for ID badges. The Committee were informed that a Group had been established to manage this process as it involved multiple departments.

The Committee were concerned that some of the actions in the Security Plan were not moving forward enough. The Committee were also concerned with porters dealing with security incidents, and whether it was appropriate. The Committee were unable to take assurance that sufficient work has progressed, and improvements had been made in relation to the security themes as detailed within the review report.

At its November 2023 meeting, the Committee was advised that the risk score on the corporate risk register item of security has been increased, primarily because it was felt that progress on the action plan was a little slower than hoped. The Committee were only able to note that 'some' work had progressed. From December 2023 onwards, security management updates were received at in-Committee meetings.

- **Mental Health 136 Suite Accommodation Update:** In September 2023 a report was introduced to the Committee providing findings from the review undertaken at the Health Board's 136 suite facilities located across the Mental Health and Learning Disability (MHL) Directorate. The review included a number of concerns raised by the HSE, and work has now been undertaken to address those concerns. There were other aspects that were of concern from an environmental perspective, which had led the MHL Directorate to revise and review the way in which 136 facilities are provided. The MHL team were working on immediate plans around those concerns. The details of those plans would be submitted to the MHL Directorate Business Planning and Performance Group at the end of September 2023.

The Committee raised concerns that this was not included on the risk register at the Mental Health Legislation Committee, and given 136 is a particular area of

focus, there were no risks associated with the implementation. This issue would be raised with the MHLD Directorate by the Assurance and Risk Team.

- **RIDDOR: 6-Month Update:** In November 2023 a six-monthly update was presented on the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013. An update report on RIDDOR will now be completed on a six-monthly basis. The next report was scheduled to be submitted to HSC in May 2024.
- **PREVENT and CONTEST Updates:** In November 2023 a report was introduced providing updates on the Counter Terrorism Strategy (CONTEST 2023) and PREVENT programme activity within the HDdUHB region.

One of the Members felt a recent PREVENT training course they recently attended was confusing, primarily because of the way in which the training was delivered. The course expected participants to be able to identify cases, which is difficult. Also, there were underlying racist issues to be considered.

The Committee suggested discussing PREVENT/CONTEST training at a future Board Seminar. The Board Secretary informed the Committee that agendas were full for the next few Board Seminars, however a separate discussion could be scheduled for this topic.

An update report on PREVENT and CONTEST would be completed on a six-monthly basis. The next report was scheduled to be submitted to HSC in May 2024.

- **Estates Maintenance Update: Deep Dive (Risk 1745):** In January 2024 a deep dive report into Risk 1745: *risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board* was presented to the Committee. The Committee noted the update.
- **Estates Low Voltage (LV) Electricity Compliance Update:** In March 2024 a report was introduced providing an update on progress that had been made from the low voltage (LV) audit actions from September 2023.

The Committee felt that the report did not provide sufficient information on how the risks detailed within the report were being mitigated and requested it to be amended and brought to the next meeting. Furthermore, the table within the report did not provide assurance on actions implemented and those outstanding, the Committee requested this be fully updated and brought to the next meeting.

### **Health and Safety Regulations**

- **Estates Low Voltage (LV) Electricity Compliance – Audit Tracker:** In September 2023 a report was received on the Electricity at Work Regulations 1989 which provided an update on the progress that has been made from the low voltage (LV) audit actions previously reported to the Committee in August 2022. Robust checks were in place, and fixed wire testing would be undertaken. Any areas deemed a high risk were scheduled for emergency repair work.

- **Working at Height Regulations:** In November 2023 a report on compliance of the Work at Height Regulations 2005 was received. Work had already taken place on this regulation with the Health and Safety and Estates teams; however, this was accelerated following an incident at GGH. Following the Committee meeting, Union Safety Representatives would be invited to attend the Work at Height Working Group meetings.
- **Contractor Control Regulations:** In January 2024 a report was presented providing an update position on the arrangements and protocols in place for the management of Estates Contractors. 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.
- **Bariatric Compliance (Manual Handling Operations Regulations 1992):** In March 2024 a report was presented to provide assurance against a number of key Health and Safety regulations. The report concerned the Manual Handling Operations Regulations 1992 (MHOR), specifically in relation to people with higher body weights (historically known as bariatric patients). The Committee requested that a further update on this to be brought to the July 2024 Committee meeting.

### **Policies for Approval**

During 2023/24, the Committee approved the following policies and procedures:

761 - Violent Patient Warning Marker Procedure  
 1155 - Critical Threat Level Procedure Framework  
 749 - Lockdown Policy  
 285 - Violence and Aggression Policy  
 1138 - Security Policy  
 145 - Electrical Safety Policy  
 273 - Manual Handling Policy  
 649 - Workplace Slips Trip and Falls Policy  
 770 - Medical Laser Safety Policy  
 1132 - Control of Vibration Policy  
 1198 - Safe Working at Height Policy  
 438 - Medical Gas Policy  
 382 - Estates Ventilation Policy  
 393 - Confined Space and Restricted Access Policy

During 2023/24, the Committee also approved extensions to the review dates of various health and safety policies.

### **Self-Assessment of HSC Committee Effectiveness Process**

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups.

A refreshed approach to the Committee self-assessment process was developed in 2023 which was intended to be proportionate, achievable and add value to the organisation's governance capability.

On 20 November 2023 all Committee Members and attendees were sent a digital Self-Assessment Questionnaire for completion. Responses were collated, along with feedback captured through the preceding 12 months. The outcome report was presented to HSC on 04 March 2024.

**Further information**

Agenda, papers and minutes are available on the Health Board website.

**Opinion**

The Committee is of the opinion that the draft HSC Annual Report is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.