

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

<b>Date and Time of Meeting:</b>	Monday 11 September 2023 – 9.30 a.m.
<b>Venue:</b>	Boardroom, Ystwyth Building, St. David's Park, Carmarthen/MS Teams

<b>Present:</b>	Mrs Judith Hardisty, HDdUHB Vice Chair (Committee Chair) Ms Ann Murphy, Independent Member (Committee Vice-Chair) Mrs Delyth Raynsford, Independent Member Mr Rhodri Evans, Independent Member
<b>In Attendance:</b>	Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience Dr Ardiana Gjini, Director of Public Health Mr Andrew Carruthers, Director of Operations Mr Tim Harrison, Head of Health, Safety and Security Ms Amanda Glanville, Assistant Director of People Development Mr Simon Day, Head of Maintenance and Engineering Mr Rachel Williams, Head of Assurance and Risk Mr Rob Elliott, Director of Estates, Facilities and Capital Management Mr Adam Springthorpe, Health and Safety Manager Mr Charles Scarf, Security Advisor Mr Anthony Dean, Staff-Side Representative Ms Anne Beegan, Audit Wales Rebecca Temple-Purcell, Assistant Director of Nursing Mental Health and Learning Disability Terri Shaw, Senior Environmental Officer Ms Claire Evans, Committee Services Officer (minutes)

	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>HSC (23)68</b>	The Chair, Mrs Judith Hardisty, welcomed all to the meeting.  Apologies for absence were received from: <ul style="list-style-type: none"> <li>Mrs Joanne Wilson, Director of Corporate Governance and Board Secretary.</li> <li>Mr Iwan Thomas, Independent Member</li> </ul>	
<b>HSC (23)69</b>	<b>DECLARATIONS OF INTERESTS</b>	
	No declarations of interests were made.	
<b>HSC (23)70</b>	<b>MINUTES OF PREVIOUS MEETING HELD ON 10 JULY 2023</b>	
	The minutes of the meeting of the Health & Safety Committee (HSC) held on 10 July 2023 be approved as a correct record.	

HSC (23)71	<b>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 10 JULY 2023</b>	
	An update was provided on the Table of Actions from the HSC meeting held on 10 July 2023, with confirmation received that all actions had been completed or forward planned on the HSC work plan.	
HSC (23)72	<b>CORPORATE RISKS ASSIGNED TO THE HEALTH AND SAFETY COMMITTEE</b>	
	<p>A report on managing corporate risks was introduced to the Committee.</p> <p>Progress on the risk to patients and staff due to a lack of assurance of safe estate as a consequence of reinforced autoclaved aerated concrete (RAAC), at Worthybush Hospital (WGH) has been made since the previous Health and Safety Committee meeting. There is currently no risk to patients. Where patients are within affected areas, those areas are fully propped. Contractors and engineers have provided full assurance that work has been completed correctly and the areas are safe.</p> <p>Capital funding has been received from Welsh Government to undertake repair work. However, further detailed inspections are required on the ground floor.</p> <p>Mr Rhodri Evans queried whether the score of 20 for this risk should be escalated. Mr Andrew Carruthers explained that the score will be reviewed at the next Executive Team review meeting.</p> <p>It was confirmed that there is a new variant of Covid-19, this has slightly increased the risk in relation to epidemiology. However the overall corporate risk remains the same in relation to the pandemic response risk.</p> <p>The Health &amp; Safety Committee <b>TOOK ASSURANCE</b> that:</p> <ul style="list-style-type: none"> <li>• All identified controls are in place and working effectively.</li> <li>• All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.</li> <li>• Challenge where assurances are inadequate.</li> </ul>	
HSC (23)73	<b>OPERATIONAL RISKS ASSIGNED TO THE HEALTH AND SAFETY COMMITTEE</b>	
	<p>A report on managing operational risks was introduced to the Committee.</p> <p>Three risks were highlighted to the Committee. All three risks have scored against the Safety – Patient, Staff or Public ‘impact’ domain:</p> <p>708 - Risk of staff safety due to inappropriate storage solutions associated with patient files / documents affecting Ceredigion Community Sites. (Risk Score 12)</p> <p>951 - Risk of avoidable harm to staff and patients due to incorrect Fire Alarm System reporting at WGH. (Risk Score 12)</p>	

	<p>222 - Risk of avoidable harm to patients, visitors, staff and contractors due to contact with asbestos containing materials. (Risk Score 8)</p> <p>No further questions or comments were raised.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>REVIEWED</b> and <b>SCRUTINISED</b> the risks included within the report and <b>TOOK ASSURANCE</b> that all relevant controls and mitigating actions are in place.</li> <li>• <b>DISCUSSED</b> 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.</li> </ul>	
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<p><b>HSC (23)74</b></p>	<p><b>HEALTH AND SAFETY UPDATE</b></p> <p>Mr Harrison presented the Health and Safety update report providing an update on topical Health and Safety subjects including the Health and Safety Executive (HSE) statistics for 2022/23 on fatal accidents due to working at heights, a points of ligature update, and an update on oxygen cylinder handling.</p> <p>The HSE report highlighted several fatalities due to working from height. To mitigate this risk the Health and Safety Team will be working closely with Estates colleagues over the next few months to focus on compliance. There has been one non-fatal incident at Glangwili Hospital recently and this has prompted the team to look further into this issue.</p> <p>With regards to points of ligature, all 36 sites that required assessments have been visited and assessments undertaken within Mental Health and Learning Disability Directorate.</p> <p>Mrs Delyth Raynsford queried that although focus has been on mental health and learning disabilities, have managers in other areas of the Health Board received training.</p> <p>Mr Tim Harrison confirmed that the induction training for managers includes ligature training.</p> <p>Mrs Raynsford raised the issue of contractors on sites leaving exposed pipes, cables, beams which could become points of ligature, and asked for any assurance that steps have been taken to ensure contractors secure sites at the end of their working day.</p> <p>Mr Harrison explained that contractors have been asked to cover any pipes or beams at the end of the working day, where feasible.</p> <p>Mr Rob Elliott confirmed that messages have been passed to contractors regarding this, however there will be some occasions where ceiling tiles have to remain down due to operational reasons.</p> <p>Mrs Raynsford noted the important of raising awareness with staff in all areas, and in particular regarding having risk assessments in place. Mr Harrison would ensure the risk assessment for pipes/wires/beams left exposed during contractor work, are up to date.</p> <p>Concerns were raised over oxygen cylinders being stored in ward areas and unsecured. Mrs Raynsford highlighted community settings and</p>	<p><b>TH</b></p>
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	<p>patients' homes where oxygen cylinders are stored, and queried whether a forward plan was in place to address this.</p> <p>It was confirmed that induction training for managers includes oxygen cylinder handling training. The Estates department are looking to increase the training provision to include training porters and maintenance assistants.</p> <p>Mr Harrison confirmed that two types of risk assessments have been completed in regards of oxygen cylinders: risks to staff and public visiting those areas and promoting the safety of storage/use. Mr Harrison's team were ensuring more staff are aware of the risks.</p> <p>Mr Simon Day highlighted that his team is supporting the Estates Department to train staff and ensure they understand how to handle cylinders safely. He advised that there is a Cylinder Management Group which sits within the Pharmacy Department and is Chaired by Mr Jonathan Hughes, Pharmacist and supported by Ms Gina Williams, Pharmacy and Medicines Management Project and Service Improvement Manager. Any issues relating to cylinders should be submitted to that Group. Mr Day would ask Mr Hughes to add cylinder storage to the agenda for discussion at the next Cylinder Management Group meeting and will bring an update on the discussion to the next Health &amp; Safety Committee meeting in November.</p> <p>In response to the Chair's enquiry on whether the working at height policy applies to contractors, Mr Harrison responded to confirm that it did. Mrs Rayani was concerned regarding ensuring that Health Board staff have the appropriate skills and do not access heights if they do not have the appropriate risk assessments and protective equipment in place. Mr Harrison would liaise with Mr Day regarding the risk assessment for working at height.</p> <p>The Committee <b>TOOK ASSURANCE</b> that work has progressed, and improvements have been made in relation to the health and safety themes as detailed within the report, however the Committee felt that further work is required.</p>	<p>SD</p> <p>TH</p>
<p><b>HSC (23)75</b></p>	<p><b>SECURITY MANAGEMENT UPDATE</b></p> <p>Mr Harrison provided an update on progress being made against the recommendations highlighted within the Security Management Review report provided to the Committee on 6 March 2023.</p> <p>Mrs Rayani noted that she had recently attended the Security Management Group meeting but had been frustrated with the slow progress being made.</p> <p>The IT Team had confirmed that work was due to be completed within the next six weeks in Glangwili Hospital (GGH) and would then begin in Bronglais Hospital (BGH) and Withybush Hospital (WGH).</p> <p>Mr Harrison confirmed that the date of end of February 2024 on the security action plan was referring to the completion of a new system being in place</p>	

	<p>for ID badges. The Chair expressed concern at the long deadline. Mr Harrison explained that a Group has now been established to manage this process as it involves multiple departments. Mr Harrison would inform Mrs Rayani of the membership of the that Group and arrange for her to Chair the next meeting.</p> <p>Ms Amanda Glanville would discuss with the Workforce and OD Team what arrangements can be put in place to collect ID badges from staff when they leave the Health Board and provide an update at the next Health and Safety Committee meeting.</p> <p>The Committee discussed the issue of porters dealing with security incidents. There was concern whether it was appropriate for porters to deal with such issues as part of their role. Mr Charles Scarf highlighted there was also incidents at WGH where porters were being called to deal with a security issue, but not being suitably briefed on the problem in advance, therefore they do not know what they will be dealing with before arriving at the incident. He added that further work could be undertaken to improve information sharing.</p> <p>There was concern that this was an addition to the workload of the porters.</p> <p>The Chair was concerned that some of the actions in the security plan were not moving forward enough.</p>	<p>TH</p> <p>AG</p>
	<p>The Committee was <b>UNABLE TO TAKE ASSURANCE</b> that sufficient work has progressed, and improvements have been made in relation to the security themes as detailed within the review report. However, it was <b>NOTED</b> that there is a determination to speed up the actions set out.</p>	
<p>HSC (23)76</p>	<p><b>MENTAL HEALTH 136 SUITE ACCOMMODATION UPDATE</b></p> <p>Rebecca Temple-Purcell introduced a report providing findings from the review undertaken at the Health Board's 136 suite facilities, located across the Mental Health and Learning Disability (MHL) Directorate.</p> <p>A review has taken place to check environmental conditions and operational arrangements of the service and facilities. This included the risks and impacts associated with staff and patient safety. The review included a number of concerns raised by the Health and Safety Executive (HSE), and work has now been undertaken to address those concerns.</p> <p>Five sites have been visited, two of which are operational and were in use at the time of the review. One site was community based site, and there were also adult and age-appropriate sites visited.</p> <p>The review generated actions to take forward from both environmental and estates perspective.</p> <p>Ms Temple-Purcell confirmed that all ligatures identified at the sites are included within the ligature risk assessments, and part of a scheme of work under an estates perspective. From a risk perspective and also from an operational perspective, those risks are well managed and mitigated in</p>	

	<p>terms of the way in which patients are observed and the way in which staff operate within those areas.</p> <p>There were other aspects that were of concern from an environmental perspective, which had led the MHLD Directorate to revise and review the way in which 136 facilities are provided. The MHLD team are now working on some immediate plans around those concerns. The details of those plans will be submitted to the MHLD Directorate Business Planning and Performance Group at the end of September 2023.</p> <p>The MHLD Directorate are looking to relocate the 136 suite in Morlais Ward, GGH, and feel it should be fairly straight forward to implement with minor estates work to another location within Morlais.</p> <p>With regards to the Gorwellion facilities in Aberystwyth, it was felt that given the arrangements there, not just from an environmental perspective, but also from a staffing and business continuity perspective, it would be more appropriate to look towards working with partners to stand that down and to seek an alternative method of managing 136 suites from the Ceredigion perspective.</p> <p>A number of practice areas were identified to focus on for further improvement, particularly around the handover process with police, and in terms of how information, risk information and intelligence is shared. It was highlighted that although the patient handover process is immediate, risk history was not always being received by health staff from the Police. Ms Temple-Purcell would raise this issue with 136 partners.</p> <p>Concern was raised 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. The Chair felt as it was an operational risk it should therefore be reported to the Committee. Ms Temple-Purcell would raise this issue with the MHLD Directorate and the Assurance and Risk Team.</p> <p>Mrs Raynsford raised the issue of equity for Ceredigion and queried whether staff and patients could be put at a higher risk. Ms Temple-Purcell was content that once revised arrangements have been put in place the Health Board will be able to offer a safe environment.</p> <p>Mr Carruthers highlighted the police service were due to launch a policy with Welsh Government called "Right Care, Right Person" to ensure those requiring urgent mental health support receive timely care from the most appropriate agency. It is believed the Welsh Ambulance Service is beginning to hold meetings with the police service this week to discuss further.</p>	
	The Committee <b>TOOK ASSURANCE</b> that work has progressed, and improvements are being made in relation to the health and safety themes as detailed within the report.	

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HSC	FIRE SAFETY UPDATE REPORT	
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(23)77	<p>Mr Rob Elliott provided an update regarding the progress made in managing the following areas of Fire Safety:</p> <ul style="list-style-type: none"> <li>• Fire Enforcement Notices/Letters of Fire Safety Matters</li> <li>• Fire Safety Management</li> </ul> <p>Mr Elliott updated the Committee on a number of items which have progressed since the submission of the report.</p> <ul style="list-style-type: none"> <li>• Formal approval has been received from Mid and West Wales Fire and Rescue Service (MWWFRS) for the Phase 1 work in WGH, to begin in October 2023.</li> <li>• A detailed plan is due to be submitted MWWFRS today (11 September 2023) setting out the proposal for a reduced scope of works. It is anticipated that the plan will be approved and Phase 2 work in WGH can begin in October 2023.</li> <li>• The approved programme for Phase 1 work in GGH had been extended to May 2024, however MWWFRS have only been able to confirm the extension date of February 2024, as they only work to 6 month schedules.</li> <li>• Mr Elliott was confident that Phase 2 work in GGH would continue.</li> <li>• A scheme for work within BGH was waiting to be developed. Mr Elliott is engaging with Welsh Government and NHS Wales Shared Services.</li> <li>• The audit tracker submitted to the Committee contained two reports marked with a red RAG rating, however the issues have now been resolved.</li> <li>• Four outstanding Fire Risk Assessments remain outstanding as priority was given to Phase 2 work.</li> </ul> <p>The Chair enquired whether work on Reinforced Autoclaved Aerated Concrete (RAAC) would impact fire safety work. Mr Elliott confirmed that fire safety work has been incorporated into the RAAC repair work in Ward 9 at WGH.</p> <p>Mr Elliott confirmed that EFAB work within South Pembrokeshire Hospital had been fast-tracked to ensure completion before the decanting of wards in WGH due to RAAC.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>ACKNOWLEDGED</b> and <b>TOOK ASSURANCE</b> from the content of the report and the work achieved to strengthen fire safety compliance.</li> <li>• <b>NOTED</b> that further updates will be presented at future Health &amp; Safety Committee meetings.</li> </ul>	
HSC (23)78	<p><b>REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC) UPDATE</b></p> <p>Mr Elliott introduced the Reinforced Autoclaved Aerated Concrete (RAAC) report providing an update on planks within the HDdUHB estate, with specific reference to the WGH site.</p> <p>Safety propping was in place in almost all areas (bar a small number of single rooms, outlined below), and the areas had now been re-occupied.</p>	

	<p>It was not currently possible to re-occupy the Outpatients area. The gym area is currently closed and locked, with scaffolding in place. The main kitchen area is currently closed.</p> <p>Work on Ward 9 due to be completed by the end of September 2023. Work on Ward 7 is due to be completed by Christmas. Work on Ward 12 is due to be completed in October 2023.</p> <p>Allocation of £12.8 million received from Welsh Government.</p> <p>Work on all areas with safety propping will be completed next financial year (to begin in April 2024).</p> <p>The Estates team are taking great care to ensure propped areas remain safe. Contractors and engineers have provided full assurance that work has been completed correctly and the areas are safe. There will be weekly checks to ensure the props remain in place.</p> <p>Mrs Raynsford enquired if there was sufficient signage for patients and staff, and also relevant communications to ensure they know are aware of the work being undertaken, and also to redirect where services have moved location. Mr Elliott responded that signs are currently in place apologising for the disruption, and signs will be installed to redirect patients, for example where wards have been moved. The Chair highlighted that in some areas contractors have moved signs.</p> <p>In response to the Chair's query on the current situation with managed practices, Mr Elliott confirmed that initial desk top surveys are due to be completed by the end of September 2023. A number of areas have been visited by his team who confirmed there is no RAAC in the building. However, engineers will also visit those areas to provide confirmation.</p> <p>Mr Evans asked whether the risk register score will be reduced as safety propping is on place in WGH. Mr Elliott responded that the score will be reviewed. There will however be risks related to capacity reductions, therefore there will be a move from estates risks to disruption to services risks. Mr Carruthers highlighted the Committee will need to understand what would de-escalate that.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report.</li> <li>• <b>NOTED</b> the action taken to decommission areas and fast track surveys.</li> <li>• <b>NOTED</b> the assurance on temporary propping and safety arrangements before areas are reoccupied.</li> <li>• <b>NOTED</b> that further updates will be presented at future Health &amp; Safety Committee meetings</li> </ul>	
HSC	HEALTH AND SAFETY REGULATIONS	



(23)79	<b>HEALTH AND SAFETY REGULATIONS – ESTATES LOW VOLTAGE (LV) ELECTRICITY COMPLIANCE – AUDIT TRACKER</b>	
	<p>Mr Day introduced a report which concerns the Electricity at Work Regulations 1989 and provides an update on the progress that has been made from the low voltage (LV) audit actions previously reported to the HSC in August 2022.</p> <p>The report provided three key recommendations:</p> <ol style="list-style-type: none"> <li>1. To have minimum of three Authorised Persons (AP) working at GGH There was previously only one AP working in GGH. There are now two APs in place.</li> <li>2. Designated site AP office This currently remains a work in progress.</li> <li>3. Procurement of safety equipment A process has begun to ensure the safety equipment available meets the full list stated in the Welsh Health Technical Memorandums.</li> </ol> <p>Mrs Rayani asked whether the safety equipment is being changed, or whether the Health Board does not have the equipment required. Mr Day responded that it was both issues. Extra guidance had been received therefore new safety equipment was required to meet those standards.</p> <p>Mrs Rayani was concerned that the estimated deadline date of purchasing the safety equipment was January 2024, and asked if it was possible to bring this forward. Mr Day explained that his team are currently seeking agreement with staff using the safety equipment to ensure equipment procured is at efficient cost but also that staff are happy to use (for example there were issues with certain footwear being uncomfortable to wear).</p> <p>The Chair enquired about whether any risks to staff or visitors have been identified. Mr Day confirmed that robust checks are in place, and fixed wire testing will be undertaken. Any areas deemed a high risk are scheduled for emergency repair work.</p> <p>Mr Elliott highlighted it is important to be able to demonstrate everything possible has been done to prevent risks.</p> <p>Mr Day confirmed that his team have an internal risk tracker, however if it is felt that a risk is sufficient, it is added to the Health Board control risk tracker.</p> <p>The Committee <b>CONSIDERED</b> the information contained in the report and <b>ACKNOWLEDGED</b> that whilst there are key aspects not currently being complied with, work has been undertaken and is also underway to ensure an improved position on compliance rating in the coming months.</p>	
<b>HSC</b>	<b>Policy 258: WASTE MANAGEMENT POLICY</b>	

(23)80	The HTM 07-01 'Management and disposal of Healthcare waste' is the main source of guidance to inform the Health Board's Waste Management Policy. This guidance has recently been reviewed in England and is currently under review in Wales. NHS Wales Shared Services Partnership (NWSSP) have advised that they anticipate this review will be completed by mid - September however this could take longer.	
	The Committee <b>NOTED</b> the position and <b>APPROVED</b> the extension request for 6 months.	
HSC (23)81	<b>Policy 273: MANUAL HANDLING POLICY</b>	
	The implementation of this policy will ensure a suitable framework exists within the organisation to manage risks associated with manual handling, whilst ensuring legal compliance with all relevant legislation. This, in turn, will protect and promote the health and wellbeing of all employees and service users, whilst providing optimal care for our patients.	
	The Committee <b>APPROVED</b> the revised and updated 273 – Manual Handling Policy – (Version 4).	
HSC (23)82	<b>POLICY 649: WORKPLACE SLIPS TRIP AND FALLS (STF) POLICY</b>	
	The aim of this policy is to set out the measures required to ensure that the risks of non-patient STFs in the workplace are identified and that appropriate measures are in place to reduce the risk of incidents occurring.	
	The Committee <b>APPROVED</b> the revised and updated 649 - Workplace Slips, Trips & Falls Policy (Version 3).	
HSC (23)83	<b>POLICY 770: MEDICAL LASER SAFETY POLICY</b>	
	This policy describes the framework by which HDdUHB manages the safe use of medical lasers.	
	The Committee <b>APPROVED</b> the revised and updated 770 – Medical Laser Safety Policy (Version 3).	
HSC (23)84	<b>POLICY 1132: CONTROL OF VIBRATION POLICY</b>	
	This Policy demonstrates HDdUHB's commitment to reducing the risks associated with handheld vibratory tools and the continued improvement of employee health, safety and welfare.	
	The Committee <b>APPROVED</b> the new 1132 – Control of Vibration at Work Policy.	
HSC (23)85	<b>ANY OTHER BUSINESS</b>	
	There was no other business.	
HSC (23)86	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	The following issues would be escalated to the Board:	

	<ul style="list-style-type: none"> <li>• There were concerns that actions within the Security Action Plan were not progressing sufficiently.</li> <li>• Local work will be undertaken regarding violence and aggression.</li> <li>• Further work is being undertaken on ligature safety.</li> <li>• Further work is required regarding mental health 136 suites.</li> <li>• Work continues on RAAC in WGH.</li> <li>• Work is being undertaken to build assurance in the workplace regarding low voltage safety. This is being overseen by the Electrical Safety Group.</li> </ul>	
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<b>HSC (23)87</b>	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	11th September 2023, 9.30 a.m. - 11.00 a.m.	