

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

<b>Date and Time of Meeting:</b>	Monday 10 July 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 Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience Mr Andrew Carruthers, Director of Operations Mr Tim Harrison, Head of Health, Safety and Security
<b>In Attendance:</b>	Mr Rob Elliott, Director of Estates, Facilities and Capital Management Mr Paul Williams, Head of Property Performance Mr Simon Day, Head of Maintenance and Engineering (deputising for Mr Simon Chiffi, Head of Operational Services, Estates Department) Ms Sam Hussell, Head of Health Emergency Planning Mr Jon Wilson, Head of Clinical Engineering Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk (deputising for Mrs Joanne Wilson, Director of Corporate Governance and Board Secretary) Mr Rhodri Evans, Independent Member Mr Adam Springthorpe, Health and Safety Manager Mr Will Oliver, Assistant Director of Therapies & Health Sciences (deputising for Alison Shakeshaft, Executive Director of Therapies & Health Science) Ms Claire Evans, Committee Services Officer (minutes)

	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>HSC (23)49</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>Ms Amanda Glanville, Assistant Director of People Development</li> <li>Mr Anthony Dean, Staff-Side Representative</li> <li>Alison Shakeshaft, Executive Director of Therapies &amp; Health Science</li> </ul>	

	<b>DECLARATIONS OF INTERESTS</b>	
<b>HSC (23)50</b>	No declarations of interests were made.	

HSC (23)51	<b>MINUTES OF PREVIOUS MEETING HELD ON 9 MAY 2023</b>	
	<b>RESOLVED</b> - that the minutes of the meeting of the Health & Safety Committee (HSC) held on 9 May 2023 be approved as a correct record.	
HSC (23)52	<b>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 9 MAY 2023</b>	
	An update was provided on the Table of Actions from the HSC meeting held on 9 May 2023, with confirmation received that all actions had been completed or forward planned on the HSC work plan.	
HSC (23)53	<b>HEALTH AND SAFETY COMMITTEE TERMS OF REFERENCE</b>	
	Mrs Hardisty presented the Health and Safety Terms of Reference (ToR) to members.	CSO
	The Committee last reviewed its ToR and operating arrangements on 9 May 2022, and these were subsequently approved by the Board on 28 July 2022. They have been reviewed and the following updates have been made: <ul style="list-style-type: none"> <li>• The planning objectives have been removed as there are no planning objectives aligned to the Committee for 2023/24.</li> <li>• The Executive Director of Therapies &amp; Health Science has been added to the Terms of Reference as the current Executive Lead for Emergency Planning.</li> <li>• Timings of agendas and papers amended to 'seven days' instead of 'five working days'. This has been changed following a review of the post meeting process which identified differences in practice for different Committees.</li> </ul>	
	The Committee highlighted that the Executive Director of Public Health should be added to the Membership section of the Terms of Reference.	
The Committee <b>APPROVED</b> the Health and Safety Committee's Terms of Reference for onward ratification by the Board on 27 July 2023, with the caveat of adding the Executive Director of Public Health to the membership section.		
HSC (23)54	<b>HEALTH AND SAFETY UPDATE</b>	
	Mr Harrison presented the Health and Safety update report providing an update on topical Health and Safety subjects, in particular the findings from the Health and Safety Executive (HSE) inspection programme of 2018-2022.  Mr Harrison highlighted that his team worked well to comply with the eight improvement notices regarding prevention of musculoskeletal disorders (MSDs) and violence and aggression, however there remained some issues with compliance of monitoring by staff. Mr Harrison has provided tools for managers to undertake their own compliance but noted that further work needs to be undertaken to ensure compliance work is being done.	

Concerns were raised regarding the lack of facilities for health and safety training, which has been added to the risk register. A number of possible sites have been explored but deemed unsuitable. This has been in part due to the large and heavy equipment required for health and safety training. Mr Harrison has explored the possibility of staff travelling to other sites, such as Pembrokeshire, to attend training courses. Mrs Rayani will make enquiries into whether facilities at North Road could be a suitable alternative.

MR

Mr Wilson noted the importance in differentiating between community based beds and hoists, and hospital-based ones, which was important to consider when providing training facilities.

In response to Ms Murphy's question on whether South Pembrokeshire Hospital (SPB) has a mental health 136 suite which could be utilised, Mr Harrison stated that there is a room at St Caradog's Ward, however it is not currently used for that purpose.

Mrs Rayani would discuss the issue of training facilities in general with the Director of Workforce and Organisational Development.

MR

It was agreed to present a paper to the People, Organisational Development & Culture Committee highlighting the lack of suitable training facilities.

TH

Discussion took place on the reliance of porter staff to provide security, and the lack of appropriate training. There had been concern regarding some of the porters' physical ability to undertake these tasks.

At the previous Health and Safety Committee meeting, Mr Harrison submitted a report on monitoring staff exposure to environmental hazardous substances. The report detailed concerns regarding nitrous oxide (N<sub>2</sub>O) exposure in certain NHS trusts in England. Mr Harrison reported that work on environmental monitoring of the N<sub>2</sub>O would begin within the maternity unit and other areas, and he will bring an update on this to the July Committee. Mr Harrison informed the Committee that work has now been undertaken to research the most appropriate monitoring method for N<sub>2</sub>O and a suitable measurement tool has been identified. Mr Harrison was liaising with the Estates Teams to investigate purchasing the tools in order to undertake monitoring across the sites where N<sub>2</sub>O is used.

The Committee:

- **RECEIVED ASSURANCE** that work has and continues to be progressed, and improvements have been made in relation to the health and safety themes as detailed within the report.
- **NOTED** the challenges to full implementation of the improvement actions agreed with the HSE.

<p><b>HSC (23)55</b></p>	<p><b>FIRE SAFETY UPDATE REPORT</b></p> <p>Mr 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>Phase 1 Fire works at Withybush Hospital (WGH) has been extended by two months until the end of October 2023, however, the majority of the work will be completed by the first week of September. The remaining work, on fire safety doors, would be completed at the end of September/early October, due to supply issues.</p> <p>Contractors have requested an extension to May 2024 for Phase 1 works in Glangwili Hospital (GGH). This is currently being reviewed by the Health Board and an update will be provided to the next meeting.</p> <p>Mr Elliott submitted a presentation of Phase 2 work to Mid and West Wales Fire and Rescue Service, who are content that compliance has been covered sufficiently. However, there is a delay in obtaining sign off on the work. Mr Elliott would meet with the Deputy Head of Fire Safety for South Wales on 19 July 2023 to discuss.</p> <p>No response has been received from Welsh Government (WG) regarding the programme of works for Bronlais Hospital (BGH).</p> <p>Priority works have been committed to be undertaken in the current financial year at Prince Phillip Hospital were complete. An independent quality review which is applicable to all fire door installations has also now been completed.</p> <p>Following receipt of funding over two years from the Estates Facilities Advisory Board (EFAB), Welsh Government, fast track work has been completed in SPH in order to free ward space which will be used to decant patients from WGH due to ongoing work on reinforced autoclaved aerated concrete planks. Remaining work taking place at SPH will not impact those beds over the next 18 months.</p> <p>A more recent update of fire safety training, as of 3 July 2023, shows that Level two training has increased to 58% and Level three training has increased to 79%.</p> <p>Concerns were raised regarding a number of areas in GGH which currently had exposed pipes and wires due to fire safety work taking place, which present a significant risk to patients, particularly in terms of self-harm. It was agreed that the Estates team would liaise with the Communications team to develop signage to be placed in these areas for the public. However there remained a concern of risk to the public.</p> <p>Mr Elliott would bring this to the attention of his team to minimise risks in those areas.</p> <p>The Chair raised concern regarding the fire escape area at the Intensive Therapy Unit at WGH which she noted was full of debris on a recent visit.</p>	<p><b>RE</b></p> <p><b>RE</b></p> <p><b>RE</b></p>
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	<p>The Chair also highlighted an issue with the outside area of the Costa coffee shops which could not be used as the doors automatically lock in the event of a fire alarm. The Estates team are aware of the fire escape area and are working on improvement over the next two weeks. Mr Elliott would raise the issue of the outside area with his team.</p> <p>The Chair enquired whether it was likely HDdUHB would be asked to provide an alternative plan if sufficient capital is not acquired for the fire safety work. Mr Elliott and Mr Carruthers confirmed that it had not been officially requested, however they felt it was likely, and they were beginning to look into how that plan might be positioned.</p> <p>In response to Mrs Rayani's question on the reason for the high rate of false alarms (40%) in PPH, Mr Elliott stated that most were due to cooking fumes in areas such as residential buildings, however some alarms were sensitive to nearby maintenance work such as grass cutting when the windows are open.</p>	<b>RE</b>
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED ASSURANCE</b> from the content of this 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>	
<b>HSC (23)56</b>	<p><b>ANNUAL FIRE SAFETY AUDIT SYSTEM REPORT 23/24</b></p> <p>Mr Elliott introduced an update on the Annual NHS Wales Shared Services Partnership-Specialist Estates Services Fire Audit. The audit was submitted on the 5 June 2023 to Welsh Government.</p> <p>In general, the submission highlights the fact that on an organisational level, HDdUHB is in a greatly improved position.</p> <p>Following specific work on the costs for compliance and the timescales involved, revised estimates have been submitted, given that we are now in a better position to assess costs as a result of the extensive survey work already carried out.</p> <p>Mr Elliott and the Chair thanked the Estates team for their hard work.</p>	
	<p>The Committee <b>NOTED</b> the update and <b>RECEIVED ASSURANCE</b> from the Annual Fire Safety Audit System Report 2022/23.</p>	
<b>HSC (23)57</b>	<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. It also noted the additional surveys requested by WG on the wider Property Portfolio.</p> <p>The pot wash area in the kitchen at WGH was identified as an area of concern and subsequent RAAC surveys were arranged. Approval has now</p>	

been received for undertaking work in this area, which will take place during July 2023.

The survey on Ward 9 in WGH has been completed, and funding has been approved for the work.

Ward 12 in WGH is currently empty and surveys will be completed on the weekend of 15 July 2023. Mr Elliott will receive costings for work in that area at the end of the month.

Surveys are currently being undertaken, with an initial £420k funding approved from the discretionary capital fund (DCP) for the works to progress shortly. However, it is estimated that full costs across all Health Board sites could be in the region of £5m. This would exceed our DCP, and the Board will need to request support from WG. It is expected that Mr Elliott will receive the information required to submit to WG by the end of July/early August.

In addition to wards in WGH, extensive areas on the ground floor and at outpatients have also been identified as affected by RAAC.

Concerns were raised regarding the financial impact and impact on patients of RAAC as further decanting of patients from wards will be required to complete surveys and RAAC work. This will involve decanting half a ward at a time. Mr Elliott would be working closely with the Communications Team to provide assurances to staff and the public.

The Chair stated that the recent Strategic Development and Operational Delivery Committee (SDODC) had received an update on the capital programme. The issue raised at SDODC was that by approving the £420k from DCP, the Committee were not aware of the impact on other schemes. The Independent Members were particularly concerned about the impact of having to move patients out of the areas affected, and the impact on the DCP where £420k could have been spent elsewhere, such as new equipment for the Health Board. The Chair would meet with the Chair from Committee Chairs shortly where this will be discussed further. She recommended submitting a report to the Board on this issue, whether it is the main Board or In-Committee is to be decided, given the sensitive nature of the information.

Mr Elliott stated that work on RAAC was being undertaken in phases. Currently the focus is on HDdUHB main hospital sites including WGH, however there will be a separate review of community sites. A portfolio review of community sites will be undertaken to ascertain whether they may be at risk of having RAAC, this work will be completed by September 2023.

The Chair enquired as to whether GP surgeries were linking in with HDdUHB work on RAAC, or were undertaking their own reviews. Further clarification will be sought in respect of GP practices.

Mrs Raynsford queried how staff and patient anxiety around the work was being dealt with, and also enquired how other health boards were dealing with RAAC.

RE

	<p>Mr Elliott responded that regular briefings were taking place with staff, but he acknowledged more could be done. He also explained that other health boards varied in how they are dealing with RAAC, but mostly seem to be in line with HDdUHB's response. Representatives at Nevill Hall Hospital, within Aneurin Bevan University Health Board, had contacted Mr Elliott to enquire about HDdUHB's approach to the issue.</p> <p>Mr Carruthers highlighted that there were potential opportunities to be gained; the challenge was how we mobilise the response quickly enough to capitalise on that. Mr Carruthers had spoken with a number of senior physicians at the recent WGH Medical Staff Committee, who felt it was an opportunity to undertake a transformation in terms of urgent emergency care.</p> <p>The Chair suggested that opportunity for creative and innovative thinking could be emphasised in the case to WG for funding.</p> <p>Responding to Mr Evans' question on whether the health board keeps construction records, Mr Elliott stated that records are kept for a minimum of 20 years, however he did not know how robust those records are.</p>	
	<p>The Committee <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>• The proactive action taken by the HDdUHB in relation to the risks presented by RAAC Planks.</li> <li>• The additional request from WG requiring specific information on RAAC Plank lifespan and wider portfolio site checks.</li> <li>• The progress to date on surveys and actions being taken to manage the risks.</li> </ul>	
<p><b>HSC (23)58</b></p>	<p><b>MAJOR INCIDENT PLAN</b></p> <p>Ms Hussell asked the Committee to note that although the lead Director for Emergency Planning was now the new Executive Director of Public Health, Dr Gjini had requested that the reports for the major incident plan and critical threat level procedure were reviewed under the guidance of the Executive Director of Therapies &amp; Health Science.</p> <p>The Committee received the Major Incident Plan 2023-24 which has been subject to an annual review, under the guidance of the Director of Therapies and Health Sciences, to demonstrate compliance with the Civil Contingencies Act.</p> <p>There has been no significant change to content or our approach to the response, however the review has focused on debrief reports and inquiry recommendations to ensure lessons learnt have been incorporated and strengthening our assessment and levels of response categorisation, both external and internal. The Health Board is also required to submit an annual report to WG, who have confirmed our compliance with the Act.</p> <p>The main areas of change within the Major Incident Plan are:</p> <ul style="list-style-type: none"> <li>• Review of arrangements relating to types of incidents for example. internal incident; internal major incident and major incident.</li> <li>• Review of plan content against recommendations and lessons identified from a range of public inquiries and debriefs (for example:</li> </ul>	

	<p>WGH Internal Incident, Health Prepared Wales, Exercise Celtic Consolidation, Kerslake Report, Manchester Arena Inquiry).</p> <ul style="list-style-type: none"> <li>• Update of contact details.</li> <li>• Links to business continuity arrangements and cyber response plans.</li> </ul> <p>Mrs Rayani raised concerned regarding the gold command taking place in the Ystwyth Boardroom as the wi-fi signal is problematic and it has no landline telephones. The room is essentially only connected to MS Teams. Ms Hussell responded that she was confident the room would work, and the majority of communication by the gold command would be made via MS Teams.</p> <p>The report is updated annually, however, a live document is kept and regularly updated. SH confirmed that job titles rather than staff names are included where possible to avoid changes when staff members move posts.</p> <p>Mrs Raynsford asked what was required to ensure staff understand their roles in a major incident, ahead of the live practice event which takes place every three years.</p> <p>Ms Hussell explained that it had now become difficult to hold full live practice events due to staff pressures. Her team now undertake regular smaller exercises. For example, monthly exercises take place with nurses in GGH to ensure staff are prepared.</p> <p>A linked mass casualty exercise will take place in October 2023.</p> <p>The Chair requested that the Major Incident Plan is added to the new template, as front covers of all the policies have changed.</p>	SH
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the updates made to the Major Incident Plan.</li> <li>• <b>RECOMMENDED</b> the Major Incident Plan for onward ratification by the Board</li> </ul>	
HSC (23)59	<p><b>LIFTING OPERATIONS AND LIFTING EQUIPMENT REGULATIONS (LOLER) UPDATE</b></p> <p>Mr Jon Wilson provided an update on the Lifting Operations and Lifting Equipment Regulations (LOLER), following a detailed report at the previous meeting held on 14 March 2022, which showed there had been improvement in this area, despite changes in resources.</p> <p>Mr Wilson reported that hoist compliance was currently 94.2% across the Health Board, which is higher than the stated target of 90%.</p> <p>Mr Wilson's team were also holding regular meetings with contractors in order to keep updated.</p> <p>Following the end of the current contract with Drive, Mr Wilson would be looking at a further extension. The Chair highlighted the rule that contracts must be put out to tender. Mr Wilson would look further into the requirements needed.</p>	JW

	<p>Progress was continuing with radio frequency identification to aid with location of equipment across the Health Board and Mr Wilson's team are working with Digital Services to progress this. Mr Wilson would discuss with the Director of Finance where the digital infrastructure problems fit within the HDdUHB.</p>	<p><b>JW</b></p>
	<p>The Committee <b>NOTED</b> and <b>RECEIVED ASSURANCE</b> from the processes in place in terms of compliance with the Lifting Operations and Lifting Equipment Regulations (LOLER).</p>	

<p><b>HSC (23)60</b></p>	<p><b>SECURITY UPDATE</b></p>	
	<p>Mr Harrison provided an update on progress being made against the recommendations highlighted within the Security Management Review paper reported to the Committee on 6 March 2023.</p> <p>Concerns were raised on porter training compliance. The Prevention and Management of Violence and Aggression (PAMOVA) team have reported a considerable short fall in porters training compliance to deal with Violence and Aggression across HDdUHB sites.</p> <p>Concerns were also raised that although the physical installation of CCTV cameras as part of the upgrade scheme to the existing Accident and Emergency (A&amp;E), Adult Medical Admission Unit and Minor Injuries departments has been completed, the network infrastructure necessary to power the cameras has not yet commenced. Mr Harrison would discuss with the Director of Finance funding resources for connecting security cameras. The issue would also be escalated to the Board.</p> <p>Mrs Raynsford highlighted that issues remained with staff leaving the Health Board and not returning ID badges. Mrs Rayani and Mr Harrison would meet outside of the Committee to discuss how best to resolve this issue.</p> <p>The corporate risk assessment (1328) has been updated to reflect the current threat and vulnerabilities facing the organisation. This has resulted in the risk score increasing from 12 to 16 as whilst there have been some improvements, there remains 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.</p> <p>The Committee noted that work has progressed, however they were unable to take assurance at this time. In response to a number of issues highlighted in the Security Update report, the Committee requested a table in the next report highlight each issue, what work needs to be undertaken, who will be the lead for each issue, and include a deadline for completion.</p>	<p><b>TH</b></p> <p><b>MR/TH</b></p> <p><b>TH</b></p>
	<p>The Committee <b>NOTED</b> that work has progressed, and some improvements have been made in relation to the security themes as detailed within the review report, however they were <b>UNABLE TO TAKE ASSURANCE</b> at this time.</p>	

HSC (23)61	<p><b>HEALTH AND SAFETY REGULATIONS</b></p> <p>No updates were provided at this time.</p>	
HSC (23)62	<p><b>PROCEDURE 1155: CRITICAL THREAT LEVEL PROCEDURE</b></p> <p>The Committee received a framework which has been reviewed, under the guidance of the Director of Therapies and Health Sciences, to facilitate the Health Board response to a rise in the UK Counter Terrorism Threat Level to CRITICAL.</p> <p>Hywel Dda collaborated with Swansea Bay University Health Board to develop a response framework that details appropriate measures and identifies responsibilities, to ensure we respond effectively and proportionately to a rise to CRITICAL. Health organisations in Wales are asked annually by Welsh Government to confirm their response arrangements.</p> <p>Mr Harrison asked who the operational lead for CONTEST work should be. Mrs Rayani would liaise with the Board Secretary to move CONTEST to the remit of the Executive Director of Public Health.</p> <p>Ms Wilmshurst will be reviewing the scheme of delegation for the Audit and Risk Assurance Committee in August and requested confirmation of the operational lead ahead of the meeting.</p> <p>The Committee <b>APPROVED</b> this framework for the management of the Health Board response to a rise in UK Threat level to CRITICAL and to respond to a direct/credible risk to the Health Board.</p>	<p><b>MR</b></p> <p><b>MR/SH</b></p>
HSC (23)63	<p><b>Policy 1138: SECURITY POLICY</b></p> <p>Mr Harrison introduced the Security Policy for approval. The purpose of this Policy is to set out a framework which can be used to improve security arrangements at all the HDdUHB sites.</p> <p>Mr Harrison highlighted that were minor amendments to be made to the security policy, including changing the words 'Trust' to 'Health Board'</p> <p>The Committee <b>APPROVED</b> the initial Security Policy and <b>RECOMMENDED</b> for it to be uploaded to the HDdUHB Policy page on the intranet by the Policy Co-ordination Officer. The final policy with the minor amendments stated by Mr Harrison will be <b>APPROVED VIA CHAIR'S ACTIONS.</b></p>	
HSC (23)64	<p><b>POLICY 145: ELECTRICAL SAFETY POLICY</b></p> <p>Mr Day introduced the Electrical Safety Policy for approval. The policy sets out instructions and expectations for management to fulfil its responsibilities to effectively manage electrical safety for the Health Board.</p> <p>The policy required updating as it had reached its two-yearly review period. This also provided an opportunity to ensure that the policy follows the new</p>	

	<p>policy template and that any changes to the guidance and any supporting technical specifications are also reflected in the new document.</p> <p>Mr Wilson requested that test IEC – 606011 is added to the policy. The Committee requested that this amendment is made, and the policy is shared with Ms Wilmshurst to establish whether it can be approved via Chair's Actions, or if it will need to be resubmitted to the Health and Safety Committee.</p>	<b>SC/ CW</b>
	The Committee would take a view on approving the revised Electrical Safety Policy for Hywel Dda University Health Board for three years, following discussions with leads.	
<b>HSC (23)65</b>	<b>ANY OTHER BUSINESS</b>	
	<p><b>Environmental Risks</b></p> <p>The recent walkarounds have clearly demonstrated that there is a range of environmental risks across the estate which the Health Board is trying to manage on a day-to-day basis, which need to be seen and understood by Board and Committees. Further discussions will take place to understand the current level of risk and what the Health Board is willing to accept.</p>	<b>MR/A C/RE/ CW</b>
<b>HSC (23)66</b>	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	<p>The following issues would be escalated to the Board:</p> <ul style="list-style-type: none"> <li>• Training facility provision within Hywel Dda and its impacts which will be reported to the People, Organisational Development and Culture Committee.</li> <li>• Concerns in respect to the financial impact and impact on patients from the disruption of RAAC survey and remedial works at WGH.</li> <li>• Further work to improve communication with the public on the estates works being undertaken at GGH.</li> <li>• Security and CCTV provision at HDdUHB hospitals.</li> </ul>	
<b>HSC (23)67</b>	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	11th September 2023, 9.30 a.m. - 11.00 a.m.	