

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

Date and Time of Meeting:	Monday 13 November 2023 – 9.30 a.m.
Venue:	Boardroom, Ystwyth Building, St. David's Park, Carmarthen/MS Teams

Present:	Ms Ann Murphy, Independent Member (Committee Acting Chair) Mrs Delyth Raynsford, Independent Member (Committee Vice-Chair) Mr Rhodri Evans, Independent Member Mrs Chantal Patel, Independent Member Mr Iwan Thomas, Independent Member Mrs Joanne Wilson, Director of Corporate Governance and Board Secretary
In Attendance:	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 Mr Adam Springthorpe, Health and Safety Manager 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 (23)88	The Chair, Ms Ann Murphy welcomed all to the meeting. Apologies for absence were received from: <ul style="list-style-type: none"> Mr Rob Elliott, Director of Estates, Facilities and Capital Management 	
HSC (23)89	DECLARATIONS OF INTERESTS No declarations of interests were made.	
HSC (23)90	MINUTES OF PREVIOUS MEETING HELD ON 11 SEPTEMBER 2023 The minutes of the meeting of the Health & Safety Committee (HSC) held on 11 September 2023 be approved as a correct record, with the amendment of the date of the next meeting from "11 September 2023" to "13 November 2023".	
HSC (23)91	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 11 SEPTEMBER 2023 An update was provided on the Table of Actions from the HSC meeting held on 11 September 2023, with confirmation received that all actions had been completed or forward planned on the HSC work plan.	

HSC (23)92	HEALTH AND SAFETY UPDATE, INCLUDING VIOLENCE AND AGGRESSION INCIDENTS	AC
	<p>Mr Tim Harrison introduced the health and safety report, which included an update on violence and aggression (V&A) incidents as requested by the Committee.</p> <p>Ms Chantal Patel queried why only 364 out of 794 places at training courses have been utilised. Was this due to staff not signing up or staff not being released to attend due to work pressures?</p> <p>Mr Harrison explained that only face-to-face training was included in the report, not e-learning. He also confirmed that staff pressures are an issue.</p> <p>Mrs Mandy Rayani asked if Mr Andrew Carruthers could reinforce the importance of attending V&A training, through the Senior Leadership meetings.</p> <p>The Committee were informed that codes had been updated on Datix to ensure the most accurate classification is recorded. This will also aid the V&A Case Manager when reminding departments to report incidents. Not all information is being recorded on Datix (quite often the perpetrator is not always listed on the system), which creates additional work to contact departments for missing information.</p> <p>Mrs Delyth Raynsford noted that Prince Philip Hospital seems a 'hotspot' with the highest level of incidents of all sites, and suggested perhaps training should be targeted at staff in 'hotspot' areas.</p> <p>Mrs Rayani highlighted that some data has been impacted by the nature of reporting in clinical areas, for example staff may not report an incident as they believe the behaviour is linked to a clinical illness.</p> <p>Mr Carruthers stated that he would prefer stronger language in relation to zero tolerance of violence and aggression, to be included in letters to perpetrators. He also felt that communications, such as signage, within Health Board sites were not giving a strong enough message on zero tolerance.</p> <p>Mr Rayani reminded the Committee that prior to the Covid pandemic, she had spoken with staff regarding the visibility of notices in sites. This needs to be looked at again. Mrs Rayani would agree the way forward on messaging with the Director of Communications Director (Ms Alwena Hughes-Moakes).</p>	
	The Committee TOOK ASSURANCE that the Health Board has various measures in place to review and learn from the incidents of violence and aggression towards its staff.	MR/ AHM
HSC (23)93	RIDDOR: 6-MONTH UPDATE	
	Mr Adam Springthorpe introduced a six-monthly update on the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013.	

	<p>Mr Springthorpe reported that a greater number of incidents have been reported at Glangwili Hospital than when compared to the same period last year, and a lower number reported at Bronglais Hospital. This has been raised at the recent Bronglais Quality Forum.</p> <p>The RIDDOR reporting rate of 5.70 per 1000 staff across all reporting categories (slightly up from 5.18 in 2021/22), ensures the Health Board is on track, compared to similar organisations across Wales.</p> <p>Mr Springthorpe highlighted that managers are now able to create Datix reports on behalf of staff who are not in work. This has helped with Datix reporting within the required timescales. He also informed the Committee that year-on-year data comparisons can now be made. An update report on RIDDOR will now be completed on a six-monthly basis.</p> <p>Responding to Mrs Patel's query on what the data is used for once collated, Mrs Rayani clarified that it is used to give assurance to the Health Board. Mr Harrison added that it also provides assurance to the Health and Safety Executive (HSE) should they enquire about the Health Board's data.</p> <p>Mrs Raynsford highlighted that the report does not specify the severity of incidents. Mr Springthorpe responded that the data is available, just not added to the report to Committee. He added the numbers of incidents are quite low which makes it difficult to compare.</p> <p>The Committee TOOK ASSURANCE from the report that the Health Board is operating in compliance with the RIDDOR regulations.</p>	
<p>HSC (23)94</p>	<p>PREVENT AND CONTEST UPDATES</p> <p>Mr Harrison introduced a report providing updates on the Counter Terrorism Strategy (CONTEST 2023) and PREVENT programme activity within the Hywel Dda University Health Board (HDdUHB) region.</p> <p>Mr Harrison mentioned that CONTEST was split onto four pillars, three of which (Prevent, Protect and Prepare) affect the Health Board.</p> <p>The report provided an update on the number of PREVENT referrals in the HDdUHB area, and also highlighted the importance of Martyn's Law, which relates to how the Health Board can secure some of its public buildings and health care sites, although it has not actually come into force yet.</p> <p>(Martyn's Law is a campaign to commemorate Martyn Hett, one of 22 people murdered in the Manchester Arena attack in 2017. The Draft Bill aims to place a duty on qualifying public premises or events to take certain steps to reduce the threat of terrorism to the public.)</p> <p>Mrs Patel asked whether the Dyfed Powys Police inform the Health Board of reasons for referrals. Mr Harrison responded to say that yes, they do. The police service link in with the Health Board. The Channel Panel process is very much supported by a Safeguarding Team. Channel Panels are Wales wide in terms of their approach with on a multi-agency basis.</p>	

	<p>Mrs Rayani emphasised a need to reflect the need to not only have participation at the Channel Panel meetings, but also a need to reflect on any learning or intelligence that comes from those panel meetings, as this can feed into the wider security management arrangements across the organisation.</p> <p>Mrs Rayani highlighted the importance that the whole organisation, including school health team, school, nursing teams, and so forth, are aware of their responsibilities in terms of identifying, but also supporting, the referral process once it gets into the channel arrangements. It is predominantly mental health colleagues who attend the panel meetings; however the Health Board does also have links through Health and Safety.</p> <p>Mrs Patel commented that she felt a recent PREVENT training course she 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 are underlying racist issues that we have to be concerned about.</p> <p>Mr Harrison explained that PREVENT is included within managers' induction training. However, if we are considering this as mandatory training, it does not capture all staff.</p> <p>Mrs Rayani queried whether the Local Resilience Forum (LRF) have procured any training resources to support not only the Health Board, but also local authority staff who are delivering packages of care or other services, into some of our more vulnerable communities.</p> <p>Mrs Amanda Glanville would schedule a meeting with the learning team to discuss effective PREVENT training.</p> <p>Mrs Raynsford enquired whether this was a Regional Partnership Board issue, as it is discussed at Regional Partnership Board. In terms of partner agencies such as local authorities, voluntary sector and public health perspective radicalisation is a 'life issue.' She queried whether working with partners would close the loop.</p> <p>Dr Ardiana Gjini commented that the CONTEST Boards are county and regional level, therefore the information is discussed on a regional basis.</p> <p>Mrs Rayani suggested discussing CONTEST/PREVENT training at a future Board Seminar.</p> <p>Mrs Joanne Wilson clarified that agendas are full for the next Board Seminars, however a separate discussion could be scheduled for this topic.</p> <p>Mr Harrison stated that a decision is required on whether all staff are expected to undertake the training, particularly given the current workload challenges. He would liaise with the Director of Workforce and Operational Development, Mrs Lisa Gostling to discuss this further.</p>	<p>AG</p> <p>TH</p>
	<p>The Committee NOTED and DISCUSSED the Update on CONTEST. Information and learning from these groups are fed back into the Health Board via the Emergency Preparedness, Resilience & Response (EPRR) Group.</p>	

HSC (23)95	SECURITY UPDATE	
	<p>Mr Harrison introduced a report providing a general update on security management within the Health Board.</p> <p>The Risk score on the corporate risk register item of security has been increased, primarily because it is felt that progress is a little slower than hoped, in terms of the action plan now in place.</p> <p>New CCTV cameras have replaced the old ones in two of the hospital sites. The new cameras will be installed in all sites by December 2023.</p> <p>Mrs Rayani highlighted that the police service would like to have opportunities to discuss and learn from incidents. They have engaged with the Health Board in a multi-agency debrief which they found helpful for both their officers but also in terms of learning, which, on a multi-agency basis can be taken forward. The police service is confident in engaging with the HDdUHB.</p>	
	<p>The Committee NOTED that some work has progressed, and improvements have been made in relation to the security themes as detailed within the review paper.</p>	

HSC (23)96	FIRE SAFETY UPDATE REPORT	
	<p>In Mr Rob Elliott's absence, Mr Simon Chiffi provided an update regarding the progress made in managing the following areas of Fire Safety:</p> <ul style="list-style-type: none"> • Fire Enforcement Notices/Letters of Fire Safety Matters • Fire Safety Management <p>Since the submission on the report to the Committee, there have been a number of updates:</p> <p>It has been verbally agreed by Mid and West Wales Fire and Rescue Service (MWWFRS) to remove the Wthybush Hospital (WGH) phase one fire enforcement notice. It is expected that a formal letter of agreement would be issued soon. The removal of the notice will take place once full validation visits have been completed.</p> <p>A detailed plan setting out the proposal for a reduced scope of WGH phase two works, was submitted to MWWFRS. A response has now been received, and detailed reduction of work has been agreed. The initial cost estimate was in excess of £60m. However, the reduced scope approach that has now been agreed, whilst not fully set out or calculated, is expected to be in the region of sub £20m. That allows the Health Board to move forward with the business case. Welsh Government are fully aligned with HDdUHB on that. This will materially affect the works on phase two at Glangwili Hospital and then future phases in Bronglais Hospital.</p> <p>Mr Chiffi indicated that there are some caveats to the reduced scope approach:</p> <ul style="list-style-type: none"> • The attendance statistics within the Health Board for levels one to three training are to be at or above 85%. The Fire Safety Group 	

	<p>meetings for all groups and stakeholders in the Health Board will need to reinforce that attendance levels need to be 85%. Progression with programme dates will need to be maintained.</p> <ul style="list-style-type: none"> • Areas within WGH where level one fire detection is not in place will need to be included. • Any actions contained within the fire risk assessment will need to have robust delivery dates to track compliance. <p>It is likely letter of confirmation, setting out the caveats will be received within the next two weeks.</p> <p>The fire safety update report details that one fire risk assessment was overdue. This has now been completed.</p> <p>There has been an increase in level three fire training. The report indicated compliance had dropped to 65.34% from August to October 2023, however, this has now increased to 77.36%.</p> <p>Mrs Patel was surprised the compliance for fire safety training is not 100% and asked whether the training was online.</p> <p>Mr Chiffi explained that level one training is online, however level two and three training are a mixture of online and face-to-face training.</p> <p>Mrs Wilson referred to the completed fire risk assessments and asked what are the next steps. Is there anything further the Committee need to be concerned about such as any risks that need to be on risk registers? What is the output and next steps in terms of assurance?</p> <p>Mr Chiffi responded that a number of actions have been identified through the fire risk assessments which his team are currently looking at. He added that any major risks are added to the risk register. It was agreed that Mr Chiffi would submit a report incorporating fire risk assessment actions and risks to the Health and Safety Committee in six months' time.</p> <p>HDdUHB is at the top in terms of fire training compliance levels across the Health Boards in Wales, which is positive.</p> <p>Mrs Rayani commented on the lengthy audit tracker within the meeting papers. She suggested the information is submitted on a six-monthly basis and is included as a link within the main report rather than an appendix.</p> <p>Mrs Rayani noted the large amount of work undertaken by Mr Chiffi's team.</p>	CSO
	The Committee ACKNOWLEDGED and TOOK ASSURANCE from the content of the report and the work achieved to strengthen fire safety compliance.	
HSC (23)97	REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC) UPDATE <p>Mr Chiffi introduced a reporting providing an update on the work on Reinforced Autoclaved Aerated Concrete (RAAC) within the Health Board.</p>	

	<p>The new temporary external kitchen in WGH will be opening on 4 December 2023.</p> <p>Fire safety work on the six wards on the second floor of WGH have been completed during RAAC work, which has been beneficial in terms of minimising disruption.</p> <p>RAAC work on the six wards is on plan for completion this financial year.</p> <p>The Chair highlighted that the report states work on Ward 7 and Ward 11 would be completed late December, with the dates originally 24 December 2023. The Chair understood a meeting is to be scheduled to discuss moving that into January because of staffing issues, and asked if that was correct.</p> <p>It seems there has been discussion about the staffing issues between cleaning and staffing the wards on Christmas Eve.</p> <p>Mr Chiffi responded that he was not aware of any issues. He confirmed that in terms of the construction work, there is no change to the programme. However, in terms of the go in live and recommission of the wards, this sits within the clinical teams, and Mr Chiffi was unable to provide an accurate date for that.</p> <p>Mr Carruthers added the was not aware that there was an issue that would delay the reopening of the ward. He would look into this.</p> <p>Mrs Rayani enquired if there was a timetable for the re-opening of Ward 10, due to charitable funds activity which has previously taken place.</p> <p>Mr Chiffi responded that there have been no changes to the scheduled dates, but would forward the programme of dates to Mrs Rayani.</p>	AC
	<p>The Committee NOTED the report and the ongoing surveys of Reinforced Autoclaved Aerated Concrete Planks areas in the future and the expectation of further deterioration and further investment being necessary.</p>	

HSC (23)98	HEALTH AND SAFETY REGULATIONS	
	WORKING AT HEIGHT REGULATIONS	
	<p>Mr Springthorpe introduced a report on compliance of the Work at Height Regulations 2005.</p> <p>Mr Springthorpe highlighted that work had already been taking place on this regulation with the Health and Safety and Estates teams, however, this was accelerated following an incident at Glangwili Hospital.</p> <p>A report into that incident has been produced and presented to the Estates team, who are currently working through an action plan to address all the issues identified.</p> <p>Mr Anthony Dean commented that union safety representatives have not been approached by the Work at Height Working Group referred to within the report to committee. Mr Springthorpe would forward an invitation to the next group meeting to Mr Dean.</p>	AS

	<p>Mrs Rayani enquired whether Mr Chiffi was confident that the Health Board has access to the right number and specialist resources, in terms of the timeliness of access to companies to be able to undertake any work.</p> <p>Mr Chiffi responded that he has been heavily involved with the work and has met with the Estates team to discuss at great lengths. A fuller risk assessment will be completed for every roof within the Health Board. That work is being undertaken with haste. The teams are also ensuring staff do not access rooves, even to undertake initial assessments without having those risk assessments available and in place.</p> <p>The Committee TOOK ASSURANCE from the progress made to date and the plan going forwards to reach compliance against the Work at Height Regulations 2005.</p>	
HSC (23)99	<p>POLICIES FOR APPROVAL: SAFE WORKING AT HEIGHT POLICY</p> <p>Mr Springthorpe introduced the Safe Working at Height Policy for approval noting these have been developed and consulted upon in accordance with the written control documentation policy.</p> <p>Mrs Rayani asked Mr Springthorpe to remove her name from page 2 of the policy, and only keep the job title.</p> <p>The Committee APPROVED the new 1198 – Safe Working at Height Policy.</p>	AS
HSC (23)100	<p>ANY OTHER BUSINESS</p> <p>There was no other business.</p>	
HSC (23)101	<p>MATTERS FOR ESCALATION TO BOARD</p> <p>The following issues would be escalated to the Board:</p> <ul style="list-style-type: none"> • Work will be undertaken to make ensure that the Health Board has a campaign on violence and aggression. Hopefully during the month of December. • Highlight to the Board that it would be helpful for Board members to receive updated training around contest and prevent. 	
HSC (23)102	<p>DATE & TIME OF NEXT MEETING</p> <p>Monday 8 January 2024, 9.30 a.m. - 11.00 a.m.</p>	