

**APPROVED MINUTES OF THE HEALTH & SAFETY COMMITTEE  
COFNODION CYMERADWY O PWYLLGOR IECHYD A DIOGELWCH**

<b>Date and Time of Meeting:</b>	12 <sup>th</sup> September 2022 – 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) (VC) Mr Paul Newman, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC)
<b>In Attendance:</b>	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Mr Adam Springthorpe Health and Safety Manager deputising on behalf of Mr Tim Harrison, Head of Health, Safety and Security (VC) Ms Alison Shakeshaft, Executive Director of Therapies and Health Science (part) (VC) Mr Anthony Dean, Staff-Side Representative (VC) Ms Claire Bird, Head of Assurance and Risk deputising on behalf of Mrs Joanne Wilson, Board Secretary (VC) Mr Gareth Rees, Deputy Director of Operations deputising on behalf of Ms Rachel Wood, Reducing Restrictive Practice Lead Trainer (VC) Mrs Sam Hussell, Head of Emergency Preparedness, Resilience and Response (VC) Mr Simon Chiffi, Head of Operations deputising on behalf of Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC) Ms Katie Lewis, Committee Services Officer

	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>HSC (22)70</b>	<p>The Chair, Mrs Judith Hardisty, introduced the meeting and extended a warm welcome to Mr Anthony Dean, Staff-Side Representative.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>Mrs Joanne Wilson, Board Secretary</li> <li>Mr Rob Elliott, Director of Estates, Facilities and Capital Management</li> <li>Mr Andrew Carruthers, Director of Operations</li> <li>Ms Amanda Glanville, Head of Workforce Education</li> <li>Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk</li> </ul>	

<b>HSC (22)71</b>	<b>DECLARATIONS OF INTERESTS</b>	
	No declarations of interests were made.	

<b>HSC (22)72</b>	<b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 11<sup>th</sup> July 2022</b>	
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	<b>RESOLVED</b> - that the minutes of the meeting of the Health & Safety Committee (HSC) held on 11 <sup>th</sup> July 2022 be approved as a correct record.	
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<b>HSC (22)73</b>	<b>TABLE OF ACTIONS FROM THE MEETING HELD ON 11<sup>th</sup> July 2022</b>	
	<p>An update was provided on the Table of Actions from the HSC meeting held on 9<sup>th</sup> May 2022, with confirmation received that all actions had been completed or forward planned on the HSC work plan.</p> <p><b>HSC 22 (60): To seek further clarification in relation to community sites across HDdUHB, offering the use of internet facilities for staff requiring access to weight management services;</b> Mr Paul Newman enquired whether integrated care centres can be utilised. In response, Mrs Rayani explained that a wider accommodation strategy is in development to support a number of services.</p>	

<b>HSC (22)74</b>	<b>SELF ASSESSMENT PROCESS - QUESTIONNAIRE</b>	
	<p>The Committee received the Self-Assessment Questionnaire and enquired whether the narrative style and format has been revised following previous discussions whereby the Committee felt the questionnaire to be lengthy. The Committee agreed to defer the circulation of the questionnaire until the Chair clarifies with the Board Secretary whether the format has been revised and if not, request an update on whether this is being progressed.</p> <p>The Committee <b>AGREED</b> to defer the self-assessment questionnaire.</p>	<b>JH/ JW</b>

<b>HSC (22)75</b>	<b>HEALTH AND SAFETY UPDATE</b>	
	<p>Mr Adam Springthorpe presented the Health and Safety Update, highlighting a number of key developments.</p> <p>The Head of Health, Safety and Fire at Cwm Taf University Health Board (CTUHB) has been invited to attend an upcoming Listening and Learning Sub Committee to discuss learning outcomes from the prosecution of CTUHB due to failure to comply with a Health and Safety Improvement Notice following the death of a vulnerable patient in 2021. Members received assurance from the Health Board's current compliance monitoring process, which is overseen by the Quality and Assurance team who ensure evidence is received prior to confirming compliance.</p> <p>Members noted the backlog of staff requiring patient Manual Handling (MH) training. This relates to foundation training of clinical staff including Healthcare Support Workers (HCSW), nurses and midwives. The Manual Handling and Workforce Team are working to implement a number of solutions to support the team, such as revising the induction training programme to ensure that staff are attending training specifically for their roles, weekly touchpoint meetings with the Learning and Development Team to confirm trainer scheduling and exploring initiatives to improve non-attendance. Members also received assurance from a number of additional</p>	

	<p>manual handling training dates that have been scheduled for 2022. In response to a query regarding the impact on start dates for staff, Members noted a range of measures undertaken to avoid delays in start dates, including risk assessments for roles.</p> <p>The Committee noted the update provided on a response from Dyfed Powys Police to a Member of staff who was assaulted at a Health Board Mental Health facility, with the conveyed stance that <i>'unless any assault is serious by definition, there is no benefit or public interest in pursuing a criminal investigation against a person who is receiving treatment in a secure mental health facility.'</i> With regard to a meeting scheduled with Senior Officers to challenge this response, as this statement is not compliant with the joint NHS Wales, Police and Crown Prosecution Service's Obligatory Response to Violence in Healthcare Guidance, Mrs Hardisty requested further information on the date of the meeting and the outcome to be fed back to the Committee.</p> <p>An error was noted on the SBAR with regard to the closed Risk Reference 718 Health and Safety Management, and Mrs Claire Bird undertook to liaise directly with Mr Springthorpe to ascertain whether a new risk needs to be articulated for future reporting.</p> <p>The Committee <b>RECEIVED ASSURANCE</b> that work has progressed, and improvements have been made in relation to the health and safety themes as detailed within the report.</p>	<p>TH</p> <p>TH/ CB</p>
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<p><b>HSC (22)76</b></p>	<p><b>FIRE SAFETY AUDIT SYSTEM REPORT 2022/23</b></p> <p>Mr Simon Chiffi presented an update on the Annual NHS Wales Shared Services Partnership, Specialist Estates Services Fire Audit which was submitted on the 9<sup>th</sup> August 2022. The report indicated a much improved position in relation to fire risk assessments and also reflected the change to the method of delivery of fire safety training. Members received assurance from the number of improvements made within the service during 2021/22. Mr Chiffi provided an update on the phased works at Glangwili General Hospital (GGH) and Worthybush General Hospital (WGH), the updated Fire Safety Policy, the progress of the Boris Fire Assessment system and implementation of the Control of Contractors Policy.</p> <p>Referring to the Boris Fire Risk Assessment System, Members noted that live fire risk assessments are now being undertaken. A full update was given to the Fire Safety Group on 6<sup>th</sup> June 2022 and all fire risk assessments will transfer to the new Boris system over the next 12 months.</p> <p>Noting the list of sites included within the audit and improvements schedule, Mrs Hardisty queried the process in which facilities and sites are chosen. In response, Mr Chiffi explained it is a risk-based approach in conjunction with the team and key site leads, with the future aim to undertake the audit for 100% of properties.</p> <p>Highlighting a comment contained within the report that '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 informed</p>	
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	<p>position to assess costs as a result of survey work already carried out', Mr Newman enquired whether the revised estimates will impact on the funding position for works. Recognising the financial impact on all contracted works due to inflation, Mr Chiffi assured the Committee that the funding for works included within the report are confirmed.</p>	
	<p>The Health and Safety Committee <b>NOTED</b> the contents of the update report.</p>	

<p><b>HSC (22)77</b></p>	<p><b>FIRE SAFETY UPDATE REPORT</b></p> <p>Mr Chiffi presented the Fire Safety Update Report and highlighted a number of key developments within the service, including the progress of the phased works underway at WGH with the Fire Extension Notice for advance works lifted following the improvements carried out. The request for an extension to the current programme to March 2023 from the Supply Chain Partner has been approved following full scrutiny and in conjunction with Mid and West Wales Fire and Rescue Service (MWWFRS) and the programme now has a revised completion date of February 2023.</p> <p>With regard to the Phase 1 works and the remaining horizontal escape routes at GGH, the previously forecast completion date of April 2023 remains in place, however, this will be closely monitored and reviewed as the project progresses.</p> <p>An audit of the Fire Safety Policy and compliance has been undertaken, and progress of the developed action plan will be reported through the Fire Safety Group (FSG) and the Health and Safety Committee (HSC) where appropriate.</p> <p>The Committee received an update on the ongoing management discussions to progress the decant ward for the Phase 2 works at WGH and received assurance that the team is working hard to ensure that any delay will not impact the commencement of work.</p> <p>The Committee received an update on Letters of Fire Safety Matters (LoFSM) received by the Health Board (HB), relating to Tregaron Hospital, GGH and Bronglais Hospital and received assurance of the progress to address the LoFSM in collaboration with MWWFRS. A meeting took place with MWWFRS and Welsh Government Capital Managers to discuss the HB's forward programme and MWWFRS has revised their LoFSM programme to align with the HB.</p> <p>Updating Members on the Health Board's Fire Safety Training compliance contained within the report, Mr Chiffi noted that improvements in compliance are still required and that operational discussions are taking place to increase team leads' support staff to prioritise fire safety training.</p> <p>Members were pleased to note the positive developments in the HB's working relationship with MWWFRS following the recent establishment of the Fire Compliance Team which has notably improved the regular dialogue and processes between the organisations.</p> <p>Referring to the update provided on Bronglais Hospital residential blocks, Mrs Hardisty queried the comment made regarding additional work to</p>	
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	<p>confirm accredited status of contractors carrying out the works and whether this should be raised with NHS Wales Shared Services. In response, Mr Chiffi explained that as part of the independent sign off for fire safety works, there have been instances of sub-contractors being arranged which are now being monitored carefully. Mrs Rayani assured the Committee that an internal management process will be implemented to ensure due diligence prior to contractors' arrival on site.</p>	
	<p>The Health and Safety Committee <b>RECEIVED ASSURANCE</b> from the content of this report and the work achieved to strengthen fire safety compliance.</p>	

<p><b>HSC (22)78</b></p>	<p><b>HEALTH AND SAFETY REGULATIONS - ESTATES LOW VOLTAGE (LV) ELECTRICITY COMPLIANCE - AUDIT TRACKER</b></p>	
	<p>Mr Simon Chiffi presented the Health and Safety Regulations Audit on the HB's estates low voltage electricity compliance and the progress that has been made from low voltage and high voltage audit actions from March 2022.</p> <p>The Committee noted that the HB has introduced a range of measures to support compliance with the regulations and minimise risk as part of the diverse property portfolio. However, there are a number of key recommendations to carry out as part of the authorised engineer audits. Members received assurance that each recommendation has been assigned to a specific staff lead and timelines for completion agreed. All recommendations are being carefully tracked by the Estates Compliance Team, using a RAG-rated tracker system. The Committee agreed that an update report in 6 months' time will be beneficial to receive progress and this will be included as part of the HSC forward work programme and that an update to the Datix register would be discussed with the Head of Assurance and Risk.</p> <p>Members were pleased to note the recent appointments into key posts in the Estates Operational Department following an organisational change. The new resource will allow the department to introduce effective management arrangements and systems to ensure improved levels of compliance for the Welsh Health Technical Memorandums engineering guidance.</p>	<p><b>CSO/ CB/ SC</b></p>
	<p>The Health and Safety Committee <b>NOTED</b> the information contained in this report and acknowledged that whilst there are key aspects of non-compliance, work has been undertaken and is also ongoing to ensure an improved position on compliance rating in the coming months. An update report will be presented in six months to measure progress.</p>	

HSC (22)79	<b>CORPORATE RISKS ASSIGNED TO HSC</b>	
	<p>The Committee received an update on the corporate risks assigned to QSEC, noting the inclusion of a new risk: 1433 - Inability to maintain routine and emergency services in the event of a severe pandemic event. Ms Alison Shakeshaft informed the Committee that the new risk had been discussed at length at the Executive Risk Meeting and it was felt that in light of the current pressures following the COVID-19 pandemic, there is a risk to maintain services should there be a similar outbreak. Members received assurance from the learning and control measures in place following the COVID-19 pandemic and further information will be available following a Cabinet review.</p> <p>Members noted that one risk has been closed: Risk 1016 - Increased COVID-19 infections from poor adherence to Social Distancing and no change for Risk 813 - Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO).</p> <p><i>Ms Alison Shakeshaft and Mrs Sam Hussell left the meeting.</i></p>	
	The Committee <b>RECEIVED ASSURANCE</b> that HDdUHB is managing risks effectively.	

HSC (22)80	<b>OPERATIONAL RISKS ASSIGNED TO HSC</b>		
	<p>The Committee received an update on the operational risks assigned to HSC and noted that the Director of Operations and Director of Nursing, Quality and Patient Experience will be meeting with the Operations team to review Risk 222: Exposure to asbestos through contact with asbestos containing materials (ACMs).</p> <p>Referring to Risk 222, Mrs Hardisty enquired whether the HB sites include managed practices and Mr Gareth Rees undertook to pursue enquiries on the detail of the sites included as part of the risk monitoring and provide feedback to the Committee.</p> <p>Referencing Risk 503: Risks relating to the evacuation of bariatric (plus-sized) patients in the event of an emergency, Mrs Delyth Raynsford enquired whether 'plus-sized' is a national descriptor, and Mrs Rayani undertook to check on the description and use of 'plus-size patients' and update the Risk if appropriate.</p> <p>Members noted the improving position for Risk 708: Inappropriate storage solutions associated with patient files / documents affecting Ceredigion Community Sites with the Director of Nursing, Quality and Patient Experience offering assurance that this is being monitored closely by senior staff and is part of the safety walk-rounds.</p>	GR	
	The Committee <b>RECEIVED ASSURANCE</b> that all relevant controls and mitigating actions are in place.		MR



HSC (22)81	<b>PLANNING OBJECTIVES UPDATE REPORT</b>	
	<p>The Committee received the Planning Objectives Update Report and noted the progress of PO 3L: To undertake a review of the existing security arrangements within the Health Board with particular reference to strengthening the following areas:</p> <ul style="list-style-type: none"> <li>○ Physical Security</li> <li>○ Automated locks</li> <li>○ CCTV</li> <li>○ Access Control Systems</li> <li>○ Intruder Alarms</li> <li>○ Communication Systems</li> <li>○ Human Factors</li> <li>○ Patient and Staff Personal Property</li> <li>○ Local Management and staff ownership</li> </ul> <p>Once completed, a plan will be developed to address issues identified for Board approval with discussions underway to review delivery timescales.</p> <p>The Committee noted that PO 4H is also on track: To review and refresh the Health Board's emergency planning and civil contingencies / public protection strategies and present to Board by December 2022. This should include learning from the COVID-19 pandemic. The specific requirement set out in PO4.H.i. will be addressed as part of this and a deep dive is scheduled for the next Health and Safety Committee.</p>	
	The Committee <b>RECEIVED ASSURANCE</b> on the current position in regard to the progress of the Planning Objectives aligned to the HSC.	
HSC (22)82	<b>PROCEDURE 1069: ASSESSMENT AND MANAGEMENT OF ENVIRONMENTAL LIGATURE RISK</b>	
	The Health and Safety Committee <b>APPROVED</b> Procedure 1069: Assessment and Management of Environmental Ligature Risk as per the paper presented.	
HSC (22)83	<b>REQUEST FOR AN EXTENSION OF ESTATES POLICIES</b>	
	<p>The Health and Safety Committee <b>APPROVED</b> the request for extensions for the review of the following policies:</p> <p>403 – Water Safety Policy - 05 March 2022  020 – Asbestos Policy - 28 May 2022  393 – Confined Space Policy - 17 July 2022  442 – Severe Weather Gritting Policy - 17 July 2022  144 - Operational Maintenance Policy - 14 September 2022</p>	
HSC (22)84	<b>POLICY 843: REDUCING RESTRICTIVE PRACTICE</b>	
	The Health and Safety Committee <b>APPROVED</b> Policy 843: Reducing Restrictive Practice as per paper presented.	

HSC (22)85	<b>PROCEDURE 463: DISPLAY SCREEN EQUIPMENT (DSE) AND WORKSTATION ASSESSMENT</b>	
	<p>The Health and Safety Committee discussed the Display Screen Equipment (DSE) and Workstation Assessment procedure. In response to Mrs Ann Murphy's query regarding the omission of safety glasses within the procedure, Members noted that safety glasses are included within the Estates Department procedures.</p> <p>Following discussion regarding the likelihood of a change in supplier for the eye test vouchers in the near future, it was agreed that the inclusion of the supplier within the procedure would be clarified with the Policy Officer.</p>	CSO
	The Health and Safety Committee <b>APPROVED</b> Procedure 463: Display Screen Equipment And Workstation Assessment	

HSC (22)86	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	14 <sup>th</sup> November 2022, 9.30 a.m. – 11.30 a.m.	