

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

<b>Date and Time of Meeting:</b>	14 <sup>th</sup> March 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) (VC) Ms Ann Murphy, Independent Member (Committee Vice-Chair) (VC) Mr Paul Newman, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC) Mr Winston Weir, Independent Member (VC)
<b>In Attendance:</b>	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Mr Andrew Carruthers, Director of Operations (VC) (part) Mrs Joanne Wilson, Board Secretary (VC) Mr Mike Burns, Clinical Engineering Department (VC) Mr Simon Chiffi, Head of Operations (VC) (part) Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC) (part) Mr John Evans, Assistant Director, Medical Directorate (VC) Mr Paul Evans, Head of Estates Risk & Compliance (VC) (part) Mr Tim Harrison, Head of Health, Safety and Security (VC) Professor Chris Hopkins, Head of Clinical Engineering (VC) (part) Mrs Claire Williams, Committee Services Officer (Secretariat) Mrs Karen Didcote, Committee Services Officer

	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>HSC (22)17</b>	The Chair, Mrs Judith Hardisty, welcomed all to the meeting.  Apologies for absence were received from Ms Ann Taylor-Griffiths, RCN/Joint Chair HDdUHB Staff Partnership Forum/ Chair of Ceredigion County Partnership Forum	
<b>HSC (22)18</b>	<b>DECLARATIONS OF INTERESTS</b>  Prof. Hopkins raised a declaration of interest in terms of his role as Honorary Professor with the University of Wales Trinity Saint David (declared later in the meeting as noted).	
<b>HSC (22)19</b>	<b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 10<sup>th</sup> JANUARY 2022</b>  <b>RESOLVED</b> - that the minutes of the meeting of the Health & Safety Committee (HSC) held on 10 <sup>th</sup> January 2022 be approved as a correct record.	

	Mrs Hardisty introduced Mrs Karen Didcote, Committee Services Officer, informing Members that Mrs Didcote would be taking over the servicing of the HSC following Mrs Claire Williams' departure from the Corporate Governance Team on the 1 <sup>st</sup> April 2022.	
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<b>HSC (22)20</b>	<p><b>TABLE OF ACTIONS FROM THE MEETING HELD ON 10<sup>th</sup> JANUARY 2022</b></p> <p><i>Professor Chris Hopkins joined the HSC meeting</i></p> <p>An update was provided on the Table of Actions from the HSC meeting held on 10<sup>th</sup> January 2022, with confirmation received that all actions had been completed or forward planned on the HSC workplan.</p> <ul style="list-style-type: none"> <li>- Referring to action HSC(22)06 Health and Safety Update (<i>To ensure that the Clinical Engineering Team, Medical Devices Group, Mr Tim Harrison and Ms Jennifer Lewis maintain a watching brief on matters relating to the compliance with the Lifting Operations and Lifting Equipment Regulations (LOLER)</i>), Mrs Hardisty requested that rather than the timescale be “on-going”, that timeline markers are put in place.</li> <li>- Referring to action HSC(22)08 Health and Safety Performance Standards &amp; Targets (<i>To pursue the matter of a H&amp;S Dashboard with the Head of Strategic Performance Improvement and the Head of Quality &amp; Governance</i>), Mrs Mandy Rayani informed Members that a generic discussion had been undertaken with Mrs Catherine Evans, Head of Strategic Performance Improvement with regard to the development of a heatmap/dashboard. It was noted that the H&amp;S Team is also engaged in discussions and further work by the Informatics Team is required in terms of the development of the heatmap/dashboard in order to ensure that meaningful and assuring data can be provided based on incidents, etc. Whilst there is no timescale in place currently, Mr Tim Harrison assured Members that discussions are ongoing internally and with Swansea Bay University Health Board who have been successful in creating links between dashboards. Mrs Rayani reiterated the importance of having a system in place, with it anticipated that this could be as soon as April 2022, and undertook to pursue the matter further as a matter of urgency with Mrs Evans and Mr Huw Thomas, Director of Finance, to establish a firm timeframe. In response to Mrs Delyth Raynsford's query on whether the data is also required to be presented to the Strategic Development &amp; Operational Delivery Committee, Mrs Joanne Wilson confirmed that work is being undertaken to align performance measures to different committees.</li> </ul>	<p>MR</p> <p>MR</p>
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<b>HSC (22)21</b>	<p><b>HEALTH AND SAFETY UPDATE</b></p> <p>Members received the Health and Safety report, providing an update on the activities of the Health and Safety Team for the period December 2021 – March 2022. The report focused on the following topics: COVID-19, Manual Handling, Security Management, Agile Working/Home Working,</p>	
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Reporting of Injuries, Diseases, Dangerous Occurrences (RIDDOR) and Policy updates.

Mr Harrison, referring to the Manual Handling (MH) update contained within the report, informed Members that to try and alleviate pressures on the MH Team and to improve commencement dates for new starters, a four tier training model is being considered in line with the All Wales Manual Handling Passport (AWMHP). Recognising that there will be a significant amount of work to make the necessary alterations on the Electronic Staff Record (ESR), it is anticipated that this will lead to a better, more efficient way of providing appropriate and proportionate training to staff. In instances where training prior to start dates is not possible, managers can utilise a newly revised risk assessment form to assess the safety of the individual working in their environment prior to receiving training.

Mrs Raynsford enquired whether other health boards use a similar approach, and in response, Mr Harrison advised that the matter has been raised at the AWMHP Group, with some health boards also considering a similar approach.

In response to whether Unions/Staff Groups have been liaised with, Mr Harrison advised that formal discussions have not been undertaken, however, based on the positive working relationships between the H&S Team and Union/Staff Groups, undertook to ensure that formal discussions are held.

Referring to security management arrangements, Ms Ann Murphy enquired whether any benchmarking against other organisations to review the Security Guard Force arrangements in place is being undertaken. In response, Mr Harrison emphasised that considerable work has been undertaken with Cardiff & Vale University Health Board and an All Wales Security Management Group has been established. Being cognisant that this will not be a quick fix, Members noted that during the forthcoming 12 months, focus will be upon security management across Hywel Dda University Health Board (HDdUHB), with an internal Management Group to be established.

Mr Paul Newman, referring to the security management planning objective (PO) being developed relating to HDdUHB's current security management arrangements, enquired whether there would be milestones in place. In response, Mr Harrison confirmed that the PO had recently been updated in terms of the work undertaken to date. Mrs Rayani further advised that an initial internal meeting would be arranged over the next few weeks to ensure all stakeholders are involved, chaired by Mrs Rayani. A draft HDdUHB Security Management Policy Framework is also being developed and would be shared with stakeholders. It was noted that the Health & Safety Executive (HSE) would expect a clear policy and risk assessments to be in place, with the impact being understood and evaluated.

Referring to the MH update, Mr Newman queried to what extent it meets the approval of the HSE and what the impact would be if anything went wrong. Mr Harrison advised that the matter had been previously discussed with a HSE Inspector, who is aware of HDdUHB's intentions in this regard

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	<p>and confirmed that as long as justification can be provided, the HSE are satisfied with the proposed process.</p> <p>Mrs Wilson enquired whether discussions had been held with the Workforce &amp; Organisational Development (OD) Team in terms of the changes relating to MH training and ESR. In response, Mr Harrison advised that due to this work being in its infancy and not yet having a full understanding of what this will entail, discussions have not been undertaken to date, however Mr Harrison undertook to ensure that the matter is pursued.</p> <p>Referring to the low training compliance amongst acute/community staff in terms of Prevention, Assessment &amp; Management of Violence &amp; Aggression (PAMOVA) referred to within the report, Mrs Raynsford enquired as to the plans in place in terms of increasing compliance rates, in particular within community settings. In response, Mr Harrison advised that pre-COVID-19, a plan had been developed to increase the capacity of the PAMOVA Team. The current staffing structure includes 3 x Band 6 trainers, with it proposed to supplement the Team with 3 x Band 4 roles in order to increase training across HDdUHB. Imminent discussions would be undertaken with Mrs Rayani to relook at the proposal in order to enable additional training to be provided to staff across acute and community settings. Whilst the PAMOVA focus has been providing support to Mental Health &amp; Learning Disabilities more recently, significantly more input into clinical support for the general hospital acute sites appears to be ever increasing.</p> <p>Mrs Hardisty, referring to the RIDDOR incidents reported outside of the Regulation's reporting timeframe, enquired whether the reasons for this are due to current pressures and circumstances or a lack of knowledge in terms of processes. In response, Mr Harrison advised that it is a combination of both. A common reason is a delay in terms of staff reporting incidences due to a lack of knowledge on whether the incident is RIDDOR reportable. Flowcharts have been developed for managers and awareness is improving following attendance at training sessions. Members noted that a detailed RIDDOR report, including reporting compliance, is to be included on the May 2022 HSC meeting agenda. Mrs Rayani advised that H&amp;S would be a core item on the new Operational Planning &amp; Delivery meeting agenda, to ensure that hot spots are identified and further action, e.g. deep dives, are undertaken.</p> <p>Members acknowledged the detailed report provided, gaining assurance that work has progressed and improvements made in relation to H&amp;S themes.</p> <p>The Committee gained <b>ASSURANCE</b> that work has progressed, and improvements have been made in relation to the health and safety themes as detailed within the report. The committee noted the proposed changes to the Manual Handling training.</p>	<b>TH</b>
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<b>HSC (22)22</b>	<b>HEALTH AND SAFETY REGULATIONS – Estates Low Voltage (LV) Electricity Compliance</b>	
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Members received the Estates Low Voltage (LV) Electricity Compliance report, providing assurance against a key area of the Health and Safety regulations, namely the Electricity at Work Regulations 1989 (in particular to LV Electricity of <1000v). It was noted that HDdUHB has a diverse property portfolio with a wide range of electrical installations and electrical components in use in order to conduct its core business. HDdUHB has introduced a range of policies and procedures to minimise the risks associated with the use of electrical equipment.

Mr Simon Chiffi informed Members that a major infrastructure Programme Business Case (PBC) of £87 million over four years has recently been endorsed by Welsh Government (WG), and a Business Justification Case (BJC) would be developed in the interim period. It was noted that this would be fundamental in terms of mitigating high-level risks associated with electricity compliance.

Mr Newman, referring to the increase in progress made during 2021 as detailed in Figure 1.0 within the report, enquired whether this was a self-assessment assurance rate. In response, Mr Chiffi confirmed that the assessment had been undertaken by an Authorising Engineer from NHS Wales Shared Services Partnership (NWSSP).

Referring to Table 1.0 (overview of the quantity of recommendations received and completed), Mrs Hardisty enquired as to the reasons for only two sites, Bronglais General Hospital (BGH) and Withybush General Hospital (WGH), being included. In response, Mr Chiffi advised that the Authorising Engineer had not visited other sites to date, however assured Members that assessments would be undertaken across the remaining sites – Glangwili General Hospital (GGH) and Prince Philip Hospital (PPH).

Mrs Hardisty enquired as to the process of escalation if inspections are not undertaken within the agreed timescale. Mr Chiffi advised that these would be escalated to the Assurance & Risk Team. Mrs Wilson undertook to liaise with the Head of Assurance & Risk to ensure this is included within the central tracker.

Recognising the importance of receiving assurance in terms of electricity compliance, it was agreed for an update report, to include information relating to the assessment of the remaining sites, GGH and PPH (Table 1.0) and risk information, to be presented to the HSC in September 2022.

*Mr Chiffi and Mr Paul Evans left the HSC meeting*

The Committee **CONSIDERED** the information contained in the report and **ACKNOWLEDGED** 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. An update status report would be presented to the Committee in 6 months' time to measure this progress.

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Members received the Lifting Operations and Lifting Equipment Regulations (LOLER) – Hoist Compliance Status in HDdUHB report, following discussion at the previous HSC meeting where it had been requested that a report be presented to provide assurance that action is being undertaken in terms of compliance with LOLER. Mrs Hardisty warmly thanked Mr Will Oliver and Prof. Chris Hopkins for attending the meeting and providing a report on LOLER compliance following the concerns raised by Members at the previous HSC meeting.

Mr Oliver informed Members that as at February 2022, there are circa 31,000 devices on the inventory currently “in use” clinically which have their maintenance managed by Clinical Engineering. In terms of maintenance, it was noted that a risk based approach is utilised and high risk equipment, e.g. ventilators, monitors, etc. has always achieved 100% compliance. Whilst 100% compliance is aimed for across all equipment, this is not always feasible due to capacity and demand. It was noted that HDdUHB is the only health board able to provide statistics relating to compliance. Mr Oliver advised that HDdUHB currently has a two year contract (commenced in January 2021) with Drive Devilbiss for the LOLER testing and maintenance of hoists. The compliance level of 69% identified within the report falls considerably short of expectation, however it is pleasing to note that as at the end of February 2022, compliance had increased to 89%. Monthly contract and performance monitoring meetings are undertaken between representatives from Drive Devilbiss and Clinical Engineering. During the February 2022 meeting, an action plan was agreed with the goal of achieving a considerable improvement in the hoist compliance rate by the end of March 2022.

*Mr Andrew Carruthers joined the HSC meeting*

Prof. Hopkins raised a declaration of interest in terms of his role as Honorary Professor with the University of Wales Trinity Saint David.

Prof. Hopkins apprised Members of Healthcare Science Week (14<sup>th</sup> – 20<sup>th</sup> March 2022), welcoming any support that could be provided from the Committee in terms of supporting healthcare scientists to celebrate the occasion. Mrs Wilson advised that the Communications Team are actively and widely promoting this.

Members were informed that although HDdUHB’s Clinical Engineering Department has managerial responsibility for the devices used across acute and community sites and services, it is important to note that this does not include those devices issued by the three Local Authority Joint Equipment Stores (LAJES) and any devices at General Practitioner practices and as such, these devices do not fall within the remit of the report presented. Whilst no reports have been received from the LAJES, Mr Oliver advised that this matter would be a focus at the next Medical Devices Group (MDG) meeting.

Mrs Raynsford, expressing some concern with regard to a lack of information in terms of the Local Authorities oversight of equipment, in

	<p>particular hoists within patients homes, enquired whether incidents in community settings are reported via Datix and if so, whether the figures are provided to HDdUHB. In response, Prof. Hopkins advised that as home settings are managed by Local Authorities, HDdUHB does not hold responsibility for them. With regards to incidents reported on Datix, it was noted that Ms Sian Passey, Assistant Director of Nursing, had requested Prof. Hopkins to explore the incidents during the previous 12 months. The findings revealed two incidents relating to LOLER, one of which had no harm and one low harm.</p> <p>Mrs Hardisty, whilst pleased to note the high rate of compliance (88%) for Ceredigion, reiterated the importance of gaining assurance that equipment meets legal and manufacturer requirements, and requested that any issues requiring escalation are brought to the attention of the HSC for further escalation to the Board.</p> <p>Mrs Rayani, being cognisant that equipment is utilised by all HDdUHB staff to care for patients, and being cognisant of the duty of care to both staff and patients, emphasised the importance of community staff having responsibility for reporting any incidents. Mr Oliver confirmed that a detailed report from the Local Authorities would be requested for presentation at the next MDG meeting and undertook to provide an update to the HSC in July 2022. It was suggested that if the matter is required to be escalated, this could be via County Directors, Ms Jill Paterson, Director of Primary Care, and Mr Shaun Ayres, Assistant Director of Commissioning.</p> <p>Prof. Hopkins was pleased to report that HDdUHB has embarked on a project that will see many acute hospital-based devices being fitted with RFID (radio-frequency identification) tracking system. It is anticipated that the system would be fully in place by September 2022.</p> <p>Mrs Hardisty warmly expressed gratitude for the report presented and Members noted and gained assurance from the processes in place in terms of LOLER compliance. It was agreed to confirm to the Board, via the Update to Board Report, that assurance had been received.</p> <p><i>Mr Oliver left the HSC meeting</i></p> <p>The Committee <b>NOTED</b> and gained <b>ASSURANCE</b> from the processes in place in terms of compliance with the Lifting Operations and Lifting Equipment Regulations (LOLER).</p>	<b>CH/WO</b>
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<b>HSC (22)24</b>	<p><b>FIRE SAFETY UPDATE REPORT</b></p> <p><i>Mr Rob Elliott joined the HSC meeting</i></p> <p>Members received the Fire Safety Update Report, providing an update with regard to progress in managing the following areas of fire safety: Fire Enforcement Notices (FEN)/Letters of Fire Safety Matters (LoFSM), Fire Safety Management, and Fire Safety Governance, since the previous meeting held on 10<sup>th</sup> January 2022. Mr Elliott highlighted the following matters:</p>	
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- **Fire Enforcement Notices/Letters of Fire Safety Matters (Advanced Works)** – The Mid and West Wales Fire and Rescue Service (MWWFRS) had been due to inspect the completed works by the end of March 2022, however due to sickness absence, it is expected that the inspection will be delayed to April 2022.
- **Fire Enforcement Notices/Letters of Fire Safety Matters (Phase 2)** – Works remain on programme to be completed by April 2025. A meeting will be held with WG colleagues on 14<sup>th</sup> March 2022, where it is anticipated that the resource schedule to progress the Phase 2 Business Justification Case will be approved.
- **Fire Enforcement Notices/Letters of Fire Safety Matters (Decant Arrangements to support Phase 2 Work)** – Negotiations with the Helicopter Management Contractor, Babcocks, in terms of the approach and landing trajectory for the Heli-pad at WGH, have been formally agreed.
- **Additional Letters of Fire Safety Matters (BGH Main Building)** – The project is progressing well on site and an extremely positive meeting had been held with MWWFRS and WG on 10<sup>th</sup> March 2022. MWWFRS expressed their satisfaction with HDdUHB’s approach for the remaining element of work and will re-visit BGH and remove any previous letters of fire safety where these can be appropriately re-issued to reflect revised timelines in relation to works sign-off.
- **Fire Safety Management Update (Fire Risk Assessments)** – Mr Elliott was pleased to report the current number of overdue fire risk assessments remains at zero.
- **Fire Safety Management Update (Fire Safety Training)** – Fire safety training compliance as at 31<sup>st</sup> January 2022 is 76.68% for Level 1, 44.9% for Level 2 and 33.22% for Level 3. As at 11<sup>th</sup> March 2022, Level 1 compliance has decreased by 1% and Levels 2 and 3 have both increased by 2%. Confidence remains that the required capacity for training is in place, however, there are significant reductions in staff attendance.

Mr Carruthers expressed gratitude to Mr Elliott and the team involved for the substantial progress made in terms of the above matters.

Referring to the different approach undertaken by MWWFRS at PPH in terms of the additional letters of fire safety matters, Mrs Hardisty enquired whether this could be addressed in order to have consistency across all sites. In response, Mr Elliott advised that there had been challenges in fire officer cover arrangements at PPH, however a meeting has now been held with regard to the approach undertaken. The fire officer covering BGH and WGH will also take over responsibility for PPH, where it is anticipated that PPH will be in a similar position to BGH in terms of fire safety and in gaining a consistent approach.

*Mr Elliott left the HSC meeting*

The Committee:

- **NOTED** the content of the report and **ACKNOWLEDGED** the work achieved to strengthen fire safety compliance.
- **NOTED** that further updates would be presented at future HSC meetings.



HSC (22)25	<b>HEALTH &amp; SAFETY DASHBOARD/PERFORMANCE REPORT</b>	
	Members noted that this item had been discussed as part of <b>HSC(22)20 Table of Actions from the meeting held on 10<sup>th</sup> January 2022.</b>	
	The Committee <b>NOTED</b> the verbal update relation to the Health & Safety Dashboard/Performance Report.	

HSC (22)26	<b>DEEP DIVE: ELECTRICAL SAFETY</b>	
<p>Members received a PowerPoint presentation relating to a deep dive of Electrical Equipment Safety Awareness. Mr Harrison informed Members that Mr Mike Burns had undertaken substantial work in regard to raising awareness of electrical safety of equipment across HDdUHB. Mr Burns explained that 14 visits have been undertaken to date, the majority of which were within Pembrokeshire. The visits entailed explaining to managers and users the particular hazards associated with all electrical equipment, responsibilities in line with HDdUHB's Medical Device Management Policy, the importance of visual and pre-use checks, and the relationship between the user and the Clinical Engineering Department. Extremely positive feedback has been received and repeat visits requested. Mrs Rayani extended an invite for Mr Burns to attend the next Senior Nurse Management meeting to raise awareness amongst Heads of Nursing.</p> <p>Mrs Raynsford enquired as to the plans in place to visit areas within Carmarthenshire and Ceredigion. In response, Mr Burns advised that visits had already been undertaken to Cardigan Integrated Care Centre and Amman Valley Hospital, and details of team leaders for the Ceredigion area are currently awaited. Mrs Rayani undertook to ensure that these details are forwarded to Mr Burns.</p> <p>Noting that, to date, visits have focused on Community settings and Mental Health &amp; Learning Disabilities Services, which was welcomed, Mrs Hardisty enquired as to the arrangements in place for visiting larger hospitals. In response, Mr Burns advised that community settings had been identified as a priority, and that visits to larger hospital sites would be undertaken at a later date.</p> <p>Ms Murphy welcomed the electrical equipment safety awareness raising, and enquired whether matters such as portable appliance testing (PAT) could be included within health and safety induction training. In response, Mr Burns advised that a distinction is made between responsibility for medical devices and the Estates Team's responsibility for undertaking PAT on domestic equipment, reiterating the importance of awareness raising. Mr Harrison added that an All Wales Electrical Safety Awareness training programme is being developed, with the intention to include an update within induction training.</p> <p>Mr Newman enquired whether there had been any incidents such as electrical shocks reported, and in response, Mr Harrison confirmed that there had been a couple of near misses and work had been undertaken to address the matters involved.</p>	<b>MR</b>	

	<p>In response to whether the awareness sessions should be undertaken on a recurring basis rather than as a one-off exercise, Prof. Hopkins confirmed that this would be the case as the staffing within the Medical Devices Team has increased, thereby providing additional capacity to undertake these on a more regular basis.</p> <p><i>Ms Alison Shakeshaft joined the HSC meeting</i></p> <p>Members noted the Deep Dive: Electrical Equipment Safety Awareness update, welcoming any future updates when applicable.</p> <p>The Committee <b>NOTED</b> the Deep Dive: Electrical Equipment Safety Awareness update.</p>	
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<p><b>HSC (22)27</b></p>	<p><b>CORPORATE RISKS ASSIGNED TO HSC</b></p> <p>Members received the Corporate Risks Assigned to Health and Safety Committee report, noting the three corporate risks aligned to the HSC (out of the 18 that are currently on the Corporate Risk Register (CRR)), as the potential impacts of these risks relate to the health and safety of patients, staff and visitors:</p> <ol style="list-style-type: none"> <li>1. Risk 1328 – Security Management (risk score 12).</li> <li>2. Risk 813 – Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO) – risk score 15.</li> <li>3. Risk 1016 – Increased COVID-19 infections from poor adherence to social distancing – risk score 10.</li> </ol> <p>Members noted that Risk 1328 had been escalated to the CRR since the previous report presented to the HSC in November 2021. There had been no change to the risk scores associated with Risks 813 and 1016 since these were previously reported to the HSC.</p> <p><i>Prof. Hopkins left the HSC meeting</i></p> <p>Mrs Rayani, referring to Risk 813, confirmed that this had been discussed with Operational Services Teams in terms of progressing matters to reduce the risk and had been reviewed since the report had been issued to Members.</p> <p>Referring to Risk 1016, Mrs Rayani highlighted that whilst COVID-19 restrictions are due to terminate at the end of March 2022, challenges remain in place in terms of social distancing across HDdUHB. WG advice enables social distancing to be reduced to 1 metre in non-clinical areas, and whilst this is a risk, it is being managed. Mrs Rayani and Mr Carruthers have requested peer groups to agree a way forward on the basis that WG is encouraging health boards to remove further restrictions. Mr Carruthers emphasised the unexpected significant challenges currently across HDdUHB.</p> <p>Mr Weir, referring to the different views of WG compared to HDdUHB and the Local Authorities, enquired as to the collective thoughts in terms of risk appetite and the series of risks relating to COVID-19. In response, Mrs Rayani confirmed that COVID-19 specific risks are scrutinised by the Quality, Safety &amp; Experience Committee (QSEC) and discussed as part of</p>	
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	<p>Formal Executive Team/Gold Command meetings. Mrs Wilson noted the Board already has approved risk appetite levels for added that detail on this is provided to the Board via the Chief Executive’s report, and due to the risk appetite changes in certain areas, this is due to be reviewed by the Board during Summer 2022. Recognising inconsistencies in terms of risk scoring, it was noted that the matter would be progressed as part of the risk review sessions being led by Mrs Rayani and Mr Carruthers. Mrs Wilson reiterated the importance of the escalation process and reminded Members these are the risks over tolerance. Recognising it will depend on perception from the risk owner who will assess against the policy documentation and guidance. It will then be the responsibility of the individual risk owner to assess the risk and escalate to directorate level as appropriate. This does therefore lead to some risk not being escalated from service level to directorate level.</p>	<b>MR</b>
	<p>The Committee gained <b>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>• Challenged where assurances are inadequate.</li> </ul>	

<b>HSC (22)28</b>	<p><b>OPERATIONAL RISKS ASSIGNED TO HSC</b></p> <p>The Committee received the Operational Risks Assigned to Health &amp; Safety Committee report, noting the five risks presented in the Risk Register:</p> <ol style="list-style-type: none"> <li>1. Risk 708 – Inappropriate storage solutions associated with patient files/documents affecting Ceredigion Community sites.</li> <li>2. Risk 1167 – Volume of remedial works at community sites.</li> <li>3. Risk 951 – Improperly functioning fire alarm detection and operation (WGH).</li> <li>4. Risk 503 – Risks relating to the evacuation of bariatric (plus sized) patients in the event of an emergency.</li> <li>5. Risk 425 – Failure to undertake electrical testing or fixed electrical boards.</li> </ol> <p>Mr Carruthers informed Members that Risk 708 inappropriate storage solutions are being addressed as part of a strategic piece of work and had been discussed at the recent Audit &amp; Risk Assurance Committee.</p> <p>Mr Newman enquired whether storage solutions are in a worse situation in Ceredigion compared to other areas, and in response, Mr Carruthers advised that Ceredigion had been the most recent area identified and that he would be ensuring that risks are assessed and listed on the risk register in a consistent manner. Members were assured that there is a programme of work in place to address the issues involved.</p> <p>Mr Weir, whilst welcoming the use of Datix information in terms of gaining a level of consistency, enquired as to the capacity and timescales in terms of seeking consistency across all services and sites. In response, Mr Carruthers confirmed that this is linked to the structured assessment</p>	
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	<p>conclusion and the Operational Services governance structure. Work is being undertaken in terms of the capacity required for standardisation/ consistency to be in place, with it is anticipated that this would be addressed over the next 9-12 months.</p> <p>Mr Harrison informed Members of a recent meeting with the Risk &amp; Assurance Team to consider the risks required to be aligned to the HSC and confirmed that H&amp;S Advisors would be reviewing the risks in terms of consistency.</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 to seek assurance that all relevant controls and mitigating actions are in place.</li> <li>• <b>DISCUSSED</b> whether the planned action would be implemented within stated timescales and would reduce the risk further and/ or mitigate the impact, should the risk materialise in order to provide the necessary assurance to the Board that these risks are being managed effectively.</li> </ul>	

<p><b>HSC (22)29</b></p>	<p><b>PLANNING OBJECTIVES UPDATE</b></p> <p>Members received the Planning Objectives (PO) report, providing an update on the progress made in the development (delivery) of the two POs under the Executive leadership of the Director of Public Health that are aligned to the HSC:</p> <ul style="list-style-type: none"> <li>• <i>4H: 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 4.H.i will be addressed as part of this – Deferred to 2022/23.</i></li> <li>• <i>4I: Achieve Gold level for the Defence Employers Recognition scheme by March 2022 – Completed.</i></li> </ul> <p>Ms Shakeshaft informed Members that PO 4H is on track for submission to Public Board for approval in Summer or Autumn 2022. With regard to PO 4I, a revised PO for 2022/23 is to be put in place: <i>By March 2023 develop a Health Board plan to drive forward improved outcomes for Veterans and members of the Armed Forces community, in line with the Armed Forces Covenant and report on progress annually.</i> Members noted that a further PO relating to security would be reported from May 2022.</p> <p>Members gained assurance on the current position in regard to the progress of the POs aligned to the HSC.</p> <p><i>Ms Shakeshaft left the HSC meeting</i></p> <p>The Committee received <b>ASSURANCE</b> on the current position in regard to the progress of the Planning Objectives aligned to the HSC, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.</p>	
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HSC (22)30	<b>POLICIES FOR APPROVAL</b>	
	<p>The Committee was presented with the following policies/procedures for approval, noting that equality impact assessments have been undertaken:</p> <ul style="list-style-type: none"> <li>- <b>Policy 431 – Latex Policy (Version 2)</b> – It was noted that there have been no changes to the relevant legislation or guidance since the 2018 Version 1 of the Policy, however the corporate structure in HDdUHB has changed and this has been reflected in the Policy i.e. the Owing Group is now the Health and Safety Advisory Group (HSAG), the lead Executive Director for the Policy is now the Director of Nursing, Quality and Patient Experience, rather than the Director of Operations, and the list of other HDdUHB documents to be read in conjunction with the Policy has been updated. Members approved Policy 431.</li> <li>- <b>Approval to the Extension of Policy 144 – Operational Maintenance Policy</b> – Members were requested to approve a 6-month extension to the review date of Policy 144. It was noted that the reason for the extension is due to the commencement of the newly appointed Head of Engineering in the next few months, who will lead on this Policy. Members approved the 6-month extension.</li> </ul> <p>The Committee <b>APPROVED</b> the following:</p> <ul style="list-style-type: none"> <li>- Policy 431 – Latex Policy (Version 2).</li> <li>- Extension of a 6-month review date for Policy 144 – Operational Maintenance Policy.</li> </ul>	

HSC (22)31	<b>HSC WORKPLAN 2021/22 &amp; 2022/23</b>	
	<p>The Committee received the Health and Safety Committee workplans for 2021/22 and 2022/23 for information.</p> <p>The Committee <b>NOTED</b> the Health and Safety Committee workplans for 2021/22 and 2022/23.</p>	

HSC (22)32	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	<p>The following matters were agreed for escalation to Board:</p> <ul style="list-style-type: none"> <li>• <b>H&amp;S Dashboard</b> – Based on the outcome of Mrs Rayani’s conversation with Mr Huw Thomas and Mrs Catherine Evans in terms of a firm timeframe for the development of a suitable dashboard, this matter may require escalation.</li> <li>• <b>LOLER</b> – The assurance received in terms of the improvements made relating to LOLER compliance since the previous HSC meeting.</li> <li>• <b>H&amp;S Update</b> – To provide assurance that a draft HDdUHB Security Management Policy Framework is being developed and would be shared with stakeholders.</li> <li>• <b>Fire Safety Update Report</b> – The significant progress made in terms of fire compliance.</li> <li>• <b>Corporate &amp; Operational Risks Assigned to HSC</b> – Members recognised inconsistencies in terms of risk scoring and noted that the matter would be progressed further with the Assurance &amp; Risk Team.</li> </ul>	

	Whilst the social distancing guidance has been noted, it is recognised that ongoing work is required to ensure risk tolerance in terms of moving forward.	
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<b>HSC (22)33</b>	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	9 <sup>th</sup> May 2022, 9.30 a.m. – 11.30 a.m.	