

## Approved Minutes of the Hywel Dda University Health Board Health and Safety Committee Meeting

Date	04/03/2024
Time	09:30 - 11:00
Location	Ystwyth Board Room / Microsoft Teams Meeting
Present	Ms Ann Murphy, Independent Member (Committee Chair) Mrs Delyth Raynsford, Independent Member (Committee Vice-Chair) Ms Eleanor Marks, Vice Chair to the Health Board Mr Iwan Thomas, Independent Member
In-Attendance	Dr Ardiana Gjini, Director of Public Health Mr James Severs, Executive Director of Therapies and Health Science Mrs Joanne Wilson, Director of Corporate Governance and Board Secretary Ms Olwen Morgan, Hospital Head of Nursing deputising for Mrs Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience Ms Karen Ryan, Head of Occupational Health Ms Bethan Lewis, Deputy Director of Public Health deputising for Dr Ardiana Gjini, Director of Public Health later in the meeting. Mr Tim Harrison, Head of Health, Safety and Security Mr Rob Elliott, Director of Estates, Facilities and Capital Management Mr Anthony Dean, Staff-Side Representative Ms Amanda Glanville, Assistant Director of People Development Mr Simon Chiffi, Head of Operations Ms Rose Edwards, Occupational Health Nurse Mr Rhodri Evans, Independent Member
Note Taker	Claire Evans (Hywel Dda UHB - Committee Services Officer)

### Agenda

---

## 1 - GOVERNANCE

### HSC (24)17

#### 1.1 - Welcome and apologies

The Chair welcomed all to the meeting.

Apologies for absence were received from:

- Ms Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
- Mr Andrew Carruthers, Director of Operations

### HSC (24)18

#### 1.2 - Declarations of Interest

No declarations of interests were made.

## HSC (24)19

### 1.3 - Minutes of Previous Meeting held on 08 January 2024

The minutes of the meeting of the Health and Safety Committee (HSC) held on 08 January 2024 were approved as a correct record with the following amendments:

#### **HSC (24)07 Health and Safety Update:** Amend:

“The Committee:

- **NOTED** That suitable steps to manage ligature risks within MHLD have been implemented and ligature risks are constantly being monitored.” to

“The Committee:

- **NOTED** That suitable steps to manage ligature risks within MHLD have been implemented and ligature risks are regularly being monitored.”

#### **HSC (24)08 Fire Safety Update Report:** Amended:

“Fire safety works in Bronglais Hospital is scheduled to begin mid-2026, with completion aimed for **2028.**”

## HSC (24)20

### 1.4 - Matters Arising and Table of Actions from Meeting held on 08 January 2024

An update was provided on the Table of Actions from the HSC meeting held on 08 January 2024, with confirmation received that all actions had been completed or forward planned on the HSC work plan. There was a comment on the following ongoing action:

**HSC(24)07 Health and Safety Update:** To look into the possibility of utilising the AMaT system in order to document the actions, maintain a compliance score and be able to keep track of progress (points of ligature assessments)

**Update: Mr Tim Harrison would provide an update on the scope of using the AMaT system in order to document the actions, at the next Committee meeting on 7 May 2024.**

## HSC (24)21

### 1.5 - Health and Safety Committee Terms of Reference

Mrs Jo Wilson presented the Committee terms of reference (ToR) which is due for annual review.

Amendments have been made to the membership, agenda and papers section.

Mr James Severs requested that the ToR use more gender-neutral terms such as Chairperson instead of Chairman. He also queried that the ToR did not include any wording on attendance of Executive Leads within the quoracy section.

**Mrs Wilson will amend the ToR regarding Executive Leads attendance, wording regarding using more gender-neutral terminology and attendance by Assistant Director of Workforce and Operational Development**

**Decision:** The Committee **APPROVED** the Health and Safety Committee's Terms of Reference for onward ratification by the Board on 28 March 2024, with the amendments outlined in the report.

## **HSC (24)22**

### **1.6 - Committee Self-Assessment Outcomes Report**

Mrs Wilson introduced a report summarising the outcome of the Committee self-assessment process, following feedback from Members, in-attendance Members and auditors.

As set out in Standing Orders, the Committee is required to undertake a rigorous and self-assessment of its operations and performance.

Members were requested to complete a digital assessment form (no workshop). The Assessment was completed by 7 Committee members (3 officer and 4 non-officer members). The forms were anonymous.

The results of the digital form were analysed, along with a review of matters escalated to the Board, feedback from Independent Member (IM) reflective sessions, and any auditor/regulator feedback over past 12 months, to assess what the Committee had been good at and the analysis was discussed with the Committee Chair and Executive Lead, and what it had been less effective at, these are included in the report.

Results showed positive feedback on governance and administration of Committee, good support from Executive Directors (EDs)/deputies, good understanding of risks, papers were concise, chairing was effective, the Committee created an atmosphere that was conducive to open, transparent and productive debate with constructive challenge from IMs, IMs effectively manage the boundary between scrutiny and operational involvement, the Committee provides the Board with clear, concise information and gaps in assurance, private meetings being used appropriately, and making an impact in last 12 months on fire safety and Reinforced Autoclave Aerated Concrete (RAAC).

The areas where the Committee was less effective were noted as areas such as health surveillance, staff welfare, and updates from trade unions needed more focus, Executive Director membership, Occupational Health and multidisciplinary clinical workforce attendance (where appropriate), succinct presenting of papers at meeting and only highlighting pertinent areas, being clear whether reports are providing an update or a matter or assurance, hearing the voice of the patient and their experience of being treated in a safe environment, Clarification of reporting to HSC and other Committees on specific topics which may cross several Committees to reduce duplication, for example RAAC, and Board scrutiny and challenge to the Committee and feedback where appropriate, on areas that are raised to the Board's attention, areas where HSC has been unable to provide assurance and provide areas of focus

for next year, compliance in relation to training, RAAC, security/violence issues, COSHH, working at height, and hand/arm vibration

An action plan has been developed which will be worked through. Some of the actions have already been addressed, such as inviting the Executive Director of Therapies and Health Science and the Head of Occupational Health onto the Committee, developing the workplan for 2024/25. **An update will be brought back to Committee in six months.**

Ms Eleanor Marks requested that the report outlines inter-dependencies of the Venn diagram between external context, strategic priorities and immediate challenges. Mrs Wilson responded that the suggestion would be fed into the update report.

**Decision:** The Committee considered the outputs from the Committee Self-Assessment process and **AGREED** the actions to be taken to improve its effectiveness.

## 2 - HEALTH AND SAFETY UPDATES

### HSC (24)23

#### 2.1 - Health and Safety Update

Mr Harrison introduced the health and safety update report, including specific details on cable management regarding medical devices on beds, the development of safety culture training and continuing work to reduce the risk of harm associated with the use of super-absorbent polymer gel granules (SAPGG).

Concerns have been raised by the Trade Union Health and Safety Group over the lack of electrical safety training in Hywel Dda University Health Board (HDdUHB).

Mr Harrison highlighted some excellent work that the team are currently undertaking with the Estates and Facilities Directorate in terms of health and safety culture training, which is being well received.

The Chair enquired whether there was any indication of when electrical safety training would take place.

Mr Harrison responded that whilst the Health and Safety Team deliver training on a number of topics, they are not experts in electrical safety. He felt that this should also be considered with other departments in mind, such as Clinical Engineering, Estates, Facilities and perhaps with the assistance of the Compliance Team also. There is a need to consider how the training can be delivered confidently. Mr Harrison would also discuss with Ms Amanda Glanville whether it should be mandatory training. He informed the Committee that Swansea Bay University Health Board (SBUHB) produce an e-learning package which HDdUHB could consider utilising.

Mrs Delyth Raynsford queried whether with an increase of equipment, such as beds, becoming electrical, are staff at a disadvantage because historically the Health Board has not had as much electrical equipment. She also questioned whether it would be useful to work with the Communications Team to promote the electrical safety training.

She noted that this topic has been discussed previously at Health and Safety Committee and was concerned regarding the risk and lack of assurance.

Mr Harrison responded that risks associated with the use of mattresses and beds had been reduced by using cable managed mattresses, however staff were not always using the system. He also stated that the Health and Safety Team give quarterly briefings to Health Board staff on a variety of topics and suggested that the team could provide a dedicated briefing on electrical safety within the next month. **He would also review obtaining the e-learning package from SBUHB.**

Mrs Raynsford questioned whether the Health Board works with suppliers regarding keeping equipment in order.

Mr Harrison responded that the supplier Drive maintain equipment such as hoists and so forth, however they would also highlight any electrical safety concerns which is then fed back to the Clinical Engineering Team.

Mrs Wilson explained that one of the recommendations included in the report; “The Health and Safety Committee is asked to back the need for Electrical Safety Training to be developed and implemented within the Health Board” was not an appropriate recommendation for Committee. She highlighted that the discussion would need to take place in terms of what training will be put in place on electrical safety, then a proposal brought to Committee. It is not for the Committee to suggest training. She reminded Members that the aim of the Committee is to seek assurance. Mrs Wilson advised including more detail in the next report in order that assurance can be taken.

Mr Severs was encouraged by the safety culture work within the Health Board, however, he suggested there was need to scope the difference between patient safety and the health and safety culture, to ensure it is clear for the Committee to understand. He felt there was an opportunity to spread that safety culture across Wales if it is endorsed by the Health Board.

Mr Severs queried the information on Super-Absorbent Polymer Gel Granules (SAPGG) within the report which included eliminating their use and therefore the risks, but also spoke of the use of risk assessments for when they were in use. Mr Severs felt these were counter statements.

Mr Harrison responded that use of the SAPGG has been reduced where there is highest risk, such as where sachets are taken to patients’ bedside. The use of risk assessments is for departments that need to use them such as theatres and other areas where they may be used in the suction containers. The risk is relatively low.

Mr Severs highlighted that the verbal responses from Mr Harrison are detailed however these should be within the reports.

Ms Amanda Glanville would welcome a meeting with Mr Harrison regarding training. She advised that her team could undertake a scope of training taking place on an ‘all-Wales’ basis, and whether there are any other e-learning modules which may already be on the Electronic Staff Record (ESR). It would also be useful to identify the number of staff this impacts.

Mrs Olwen Morgan considered the ageing infrastructure of the Health Board hospitals and the number of equipment which is now electric, such as beds, effusion pumps and so forth, and queried whether the infrastructure is able to cope, for example, can old socket points take the amount of power needed for equipment.

Mr Anthony Dean commented on the health and safety culture training for the estates management. He felt this was much needed and well presented. He added that he would be interested in discussing further with Mr Rob Elliott.

**Mr Harrison will update the report following the feedback received in the meeting to provide more information, and also to provide further updates on cable management and training and bring to the next Committee meeting in May 2024.**

The Committee felt that the report did not provide sufficient information on how the risks detailed within the paper were being mitigated and requested the paper to be amended and brought to the next meeting.

The Committee were unable to take assurance from the paper and therefore noted work undertaken.

**Decision:** The Committee:

**NOTED:**

- That suitable steps to manage cable management risks associated with medical devices on beds are being taken.
- That work is being undertaken to develop and deliver safety culture training where required.
- That more robust management of Superabsorbent polymer gel granules usage is being implemented via the new risk assessment process.

## **HSC (24)24**

### **2.2 - Fire Safety Update Report, including fire safety training update**

Mr Rob Elliott provided an update regarding the progress made in managing the following areas of Fire Safety:

- Fire Enforcement Notices/Letters of Fire Safety Matters
- Fire Safety Management
- Fire safety training

The Enforcement Notice for Withybush Hospital (WGH) Phase 1 has been lifted, and will no longer be included in the fire safety update reports.

The Business Justification Case for the scheme of approximately £23m was submitted to the Strategic Development and Operational Delivery Committee (SDODC) Meeting on 29 February 2024 and will be considered at Board level on 28 March 2024. It will then be submitted to Welsh Government (WG) for scrutiny in April 2024. WG will require a full review of the framework, review contracts used and procurement, for

scrutiny. Important thing is to keep fire service updated in that process. Some workshops are being scheduled with WG (dates yet to be confirmed). The West Wales Fire and Rescue Service will need to be kept fully cited on that process.

The Phase 1 work programme has now been approved for Glangwili Hospital (GGH), with work expected to be completed by November 2024.

For Phase 2 work in GGH, it is expected that WG will require a similar approach to WGH Phase 2.

Level 1 and Level 3 fire safety training is performing well with 85% and 88% compliance respectively. However, Level 2 fire safety training remains an issue with 59% compliance. The Director of Secondary Care, Mr Keith Jones, has been very supportive of how Level 2 training will be addressed, as it is predominantly clinical staff across the Health Board acute sector who have yet to attend. Mr Jones has issued some directives to his teams regarding attending training. Mr Elliott felt that there was sufficient capacity within his team to support the training.

Mr Jones would present this issue to the Operational Planning, Governance and Performance (OPGP) Group, chaired by Mr Andrew Carruthers, and also the improving together process in April and May 2024.

Mr Severs commented that he would expect to see a plan from the directorates that clearly sets out what our trajectory is and the target to get there. He noted the support from Mr Jones but would expect the Heads of Nursing to be involved to oversight of this to ensure that the Health Board is balancing patient safety and patient care along with its statutory responsibility.

Mrs Raynsford queried how HDdUHB compares with other Health Boards on fire safety training, and what are the steps being taken to reach the compliance target. She asked whether there are any good examples from other Health Boards which could be utilised.

Mr Elliott responded that this was a challenge faced across all the sector on training. HDdUHB is in a very good position across Wales for Levels 1 and 3 training, however only average for Level 2.

**Ms Morgan would provide data from unscheduled care nursing for the next meeting. She would also discuss with acute site clinical directors to gain assurance on training.**

Mrs Wilson queried whether the Estates team had any concerns regarding fire risk assessments.

Mr Elliott responded that all physical actions on the estates are captured in agreed plans with the fire service. Fire risk assessments are in a planned state with the timing agreed with the fire service. In terms of management oversight and operational aspects, the assessments are flagged to lead managers by the Boris Fire Risk Assessment Management System.

There is a fire safety team in place with a Fire Safety Manager and a Fire Safety Officer on each of the health board areas, who are very visible across the estate. This allows any concerns to be rapidly relayed to the Estates team.

Mrs Wilson highlighted that not all assessments have been placed on the Boris system and therefore there could be a potential risk with running two systems. She added that that the Committee needs to understand what is outstanding, and when will they be completed but more importantly what the fire risk assessments are saying and what actions need to be undertaken and how many are outstanding or passed their due date. The Committee requested more information in regard to the actions required by the FRAs and how many were outstanding.

Mrs Marks asked for clarification on what the 'environmental incidents' were which caused the activation of fire alarms. She also asked what the Estates Team felt was of particular concern.

Mr Elliott responded that environmental incidents can be from a number of causes, such as steam from a process in a plant room or in a duct, or there has even been instances of grass being cut outside creating dust in the atmosphere. In relation to risks, Mr Elliott commented that there is a concern regarding the risk of infrastructure failing. He added that he shared a deep dive on some of those risks at the last committee meeting.

Mr Severs commented that he did not feel the report provided sufficient insight into Level 4 fire warden training, and how many fire wardens the Health Board should have in place. He asked what the denominator and the numerator is of compliance, and is the training easily accessible.

Mr Elliott responded that Level 4 fire warden training is based on volunteers coming forward. Currently over 100 staff members have come forward for training. It is the 'softer end' of fire safety and more of an awareness training, which is aimed at staff such as admin, porter staff and so forth.

**Mr Elliott was asked to update the fire safety update report in line with discussions above and to include an action tracker on fire risk assessments setting out what actions are outstanding and deadlines for completion; a trajectory for achieving Level 2 fire safety compliance; and information on level 4 fire warden training such how many fire wardens should be in place and what is the compliance for training.**

The Committee were concerned that no progress had been made since the last meeting and noting Members would expect to see a plan from the directorates that clearly sets out what the trajectory and plan is to achieve compliance. The Committee request a report of this nature be provided to the next Committee alongside an oversight of the governance of how this is being managed within operational services.

The Committee needs assurance that the Health Board is balancing patient safety and patient care along with its statutory responsibility.

The Committee were unable to take assurance from the paper and therefore noted the content of the report.

**Decision:** The Committee:

- **NOTED** the content of the report and the work achieved on fire enforcement.
- **NOTED** that further updates will be presented at future Health & Safety Committee meetings.

## **HSC (24)25**

### **2.3 - Reinforced Autoclaved Aerated Concrete (RAAC) Update**

Mr Elliott introduced an update report on Reinforced Autoclave Aerated Concrete (RAAC).

The capital planning for spend in 2023/24 and 2024/25 has been fully agreed with Welsh Government. The detailed planning of the work for 2023/24 is under way with the general management team at WGH. Work on Wards 8 and 10 in WGH will be completed approximately within the next week.

Mr Elliott clarified that RAAC has not been removed, remediation repairs have been made to the planks. A programme of inspections of work completed to date has been agreed. There will be a cost of £300k a year to the health board for inspections. The need for future inspections will be determined by what we find in the first inspection. Engineers have informed Mr Elliott that the health board can 'expect' further deterioration over the years. There will be further costs going forward.

It is estimated that the maintenance team will spend a further £70k a year due to RAAC, mainly due to access system such as mechanical lifts and specialist scaffolding to avoid operatives adding load to RAAC affected rooves.

Mr Elliott highlighted that risks going forward cover four areas:

- Closed off areas (these are now only small areas)
- Propped and in use areas (these have been signed off by structural engineers. There will be weekly sign offs on the safety of the props.)
- Constructions works underway (these areas are contractor access only.)
- Remediated (these areas have returned to full use.)

The risk of ceilings collapse is very low.

Mrs Raynsford commented that the report was very heavy on finance and not sufficient information on health and safety implications for staff and patients. Also, the paper does not cover any implications for the Estates Team, and how they will maintain this on top of day-to-day work. She added that the Committee needs assurance this can be managed without risk to patients or workload to Estates.

Mr Elliott responded that RAAC does not add any extra work to the team.

Mrs Raynsford asked for assurance regarding risks of ligature points such as from open ceiling areas.

Mr Elliott responded that there should not be any open ceiling areas during RAAC work.

Mr Iwan Thomas stated that he would also find it helpful to receive information on how the RAAC work affects the Estates team. He also highlighted that the report states that buildings with flat rooves being of concern, and asked what is the difference between flat and regular roof buildings.

Mr Elliott responded that RAAC only affects flat rooved areas.

Dr Ardiana Gjini stated that she did not think it was possible to provide assurance of no risk to staff, only assurance that where a risk is identified, it can be controlled.

**Mr Elliott will ensure future reports will be written and tailored to the remit of the Committee and focussed on health and safety.**

**Decision:** The Committee:

- **NOTED** the support funding from Welsh Government for the 2023/24 and 2024/25 Financial Year.
- **NOTED** the ongoing surveys of Reinforced Autoclaved Aerated Concrete Planks areas in the future and the expectation of further deterioration and further investment being necessary.
- **NOTED** that further updates will be presented at future Health and Safety Committee meetings.

## **HSC (24)26**

### **2.4 - Estates Low Voltage (LV) Electricity Compliance Update**

*Participated:* Simon Chiffi (Hywel Dda UHB - Head of Operations)

Mr Simon Chiffi introduced a report providing an update on progress that has been made from the low voltage (LV) audit actions from September 2023.

The report sets out a number of measures appointed by the NHS Wales Shared Services Partnership-Specialist Estates Services, to help support compliance with the regulations and guidance.

Authorised Persons (APs) have been trained and appointed at each site.

A Health Board wide LV electrical safety policy has been developed and implemented.

A multidisciplinary electrical safety group has been established, for the Health Board to discuss and manage electrical safety, Mr Simon Day.

A number of sites are equipped with isolated power supply (IPS) or uninterruptible power supply (UPS) backup systems that will ensure continued power to equipment in the event of power failure, which are tested with regular frequency, and inspected.

Mr Chiffi's team are currently in dialogue with Nigel Boland, an authorised engineer within the Shared Services Partnership, who has provided a draft audit of the Health Board's LV compliance to measure against the regulations set out.

The total regulations completed to date has increased from 29 to 51, however it will need to be increased to 90. There is an action plan in place for achieving this. Mr Chiffi felt the team were on track to complete all of the remaining recommendations the end of June 2024.

Mr Dean queried what the issue was with secure switch rooms. Mr Chiffi responded that it referred to key access controls, the aim is to have one consistent system across all sites.

Mrs Raynsford informed Mr Chiffi that the Committee needs to understand any concerns and what the implications would be for staff and patients.

Mr Chiffi responded that the report may need to be amended paper to reflect this. The main concern, he felt, was the backlog position, although he is in regular discussion with WG, and is assured that work is on track to mitigate any risks.

Mr Chiffi referred the Committee to the earlier discussion on ageing infrastructure and capacity of power points and stated that checks had taken place within GGH which showed the power points were close to the limit in terms of capacity.

Mr Severs queried the first table in the report which appeared to show a deteriorating position on a number of recommendations that are overdue as opposed to improvement and the recommendations that have been addressed and mitigated. He also queried the comment below the table which says, "due to the demands of day-to-day operations, certain actions have been overlooked". He asked why they were overlooked, was it because they had been missed?

Mr Chiffi responded that perhaps the tables should be re-ordered in the report. He clarified that the table does reflect the current position. He added that no actions have been missed, they have just been re-prioritised.

Mrs Wilson commented that she was struggling to reconcile the two tables in the report, and in particular the narrative stating "actions have been overlooked" with no further clarity to provide any assurance.

Ms Marks noted that 22 recommendations were completed and Mr Chiffi's aim for additional recommendations to be complete by the end of June 2024, and queried whether that was too ambitious.

Ms Marks also highlighted a sentence in the report (following the wording on actions being overlooked) which states "these risks do not pose any immediate danger to the

Health Board's operation." She asked for clarification on what 'immediate' refers to in this instance, and what are the short, medium, long-term dangers?

Mr Chiffi responded that his team felt it would be possible to complete further regulations by the end of June, subject to no further challenges to the team.

**Mr Chiffi would check with his team what immediate means and what are short, medium, long-term dangers and report back to the Committee.**

The Committee felt that the report did not provide sufficient information on how the risks detailed within the paper were being mitigated and requested the paper to be amended and brought to the next meeting. Furthermore, the table within the paper did not provide assurance on actions implemented and those outstanding, the Committee requested this be fully updated and brought to the next meeting.

The Committee were unable to take assurance from the paper and were therefore only able to note the work undertaken to date.

**Decision:** The Committee **NOTED** the work being undertaken to ensure compliance with 'Electricity at Work Regulations 1989'.

### **3 - HEALTH AND SAFETY REGULATIONS**

#### **HSC (24)27**

#### **3.1 - Bariatric Compliance (Manual Handling Operations Regulations 1992)**

Ms Jeni Bryant, Manual Handling Co-ordinator, joined the meeting.

Ms Bryant has assisted Mr Harrison with the Health Board's heavy patient pathway, reviewing how the Health Board is managing those particular patients and the equipment that is available for caring for the heavier patient.

An action plan has been produced detailing progress made to date and outlines actions either under way or planned to ensure that the Health Board is compliant with the Manual Handling Operations Regulations 1992, specifically in relation to people with higher body weights.

Ms Bryant informed the Committee that one of the largest problems for the Health Board is the availability of equipment for patients. She explained that when equipment is required, they are needed quickly. She has been working on developing a library of HDdUHB heavy patient equipment which would be available to staff quickly. For instances where equipment is not available within the Health Board, a contract has been put in place with an external provider. The equipment is delivered from the contractor in Cardiff within a few hours. This means the Health Board is not wasting money hiring equipment which is then left in corridors when not in use.

The action plan includes training requirements for staff. Staff are now trained on delivery of equipment. There is also a Clinical Nurse Advisor assigned to the Health

Board who also undertakes a weekly visit and is contactable by telephone. This Health Board therefore now has a better service available for staff and for patients.

Ms Bryant has also been working to assist areas without risk assessments in place and provide general help and advice to staff.

Mr Harrison highlighted that Ms Bryant has been undertaking this work on a one day a week basis.

Mr Severs queried whether any additional support was needed to ensure patients were not just getting great quality assessment from nursing colleagues, but also have access to Allied Health across occupational therapy and physiotherapy, for example if patients were attending outpatient appointments and required transferring from their own vehicle into a building.

Ms Bryant responded that she is undertaking a piece of work to audit patients who access services. The audit can then be used for patients arriving at outpatient departments. She added that due to time restraints, the work has been inpatient focused currently, however, the audit will be able to capture that information.

Mr Severs commented on action 8 within the action plan, and the care of deceased patients and how the Health Board manages its Mortuaries. He stated that there is a human tissue action plan with the head of pathology around the care of patients who have died, and where their bodies are safely and dignifiedly stored. He recommended that Ms Bryant liaises with the Head of Pathology.

Ms Bryant responded that she has been working with Cathie Steel, Head of Quality and Governance on this.

Mr Severs highlighted that the Manual Handling Operations Regulations 1992 itself includes various terminology such as 'heavy weight', 'extremely heavy' and so forth, and queried what is the correct terminology that the Health Board should use.

Ms Bryant responded that the Health Board should use 'heavy patient', and commented that any assistance towards consistent use would be welcomed. She added that the term 'bariatric' should no longer be used.

Mrs Raynsford commented on actions 7 and 8 in the plan which are currently amber, and queried whether there was any correlation with workforce data on staff sickness due to lifting. She was also concerned regarding mortuary storage and staff who are lone workers, lifting heavy patients.

Ms Bryant responded that she has been working with the Clinical Audit Team, and once the audit is complete, then she can begin to link in with those other services, particularly occupational health.

Ms Bethan Lewis queried the inequity of access and asked whether the Health Board is achieving the regulatory needs in regard to outpatients and the outpatients departments in terms of patients accessing transport. Is the Health Board able to ensure equity of access for everyone?

Ms Bryant responded that from transport point of view, yes there is now equity of access. The ambulance service has recently purchased additional parts for stretchers. Outpatients have been configured to manage heavy patients. There is, however, still further work required, for example the toilets in Bronglais Hospital are not accessible.

**A further update on this will be brought to the July Committee meeting.**

**Decision:** The Committee **TOOK ASSURANCE** regarding the progress made to date to reach compliance against the Manual Handling Operations Regulations 1992 (MHOR), specifically in relation to people with higher body weights.

## 4 - POLICIES AND PROCEDURES FOR APPROVAL

### HSC (24)28

#### 4.1 - Policy 393: Confined Space and Restricted Access Policy

*Participated:* Simon Chiffi (Hywel Dda UHB - Head of Operations)

The Confined Space and Restricted Access Policy was brought to the Committee for approval.

Mr Severs asked for clarification on the second sentence at the top of page 23 of the policy “Results of this audit shall be made available to the Health & Safety and Emergency Planning Sub Committee”. He asked that as there are no Sub-Committees, what group does this refer to.

Mr Harrison thought it might be referring to the Health & Safety Advisor Group, however he would check and amend the policy to clarify.

**Decision:** The Committee **APPROVED** the Confined Space and Restricted Access Space Policy - 393 for the Health Board for the next 3 years.

### HSC (24)29

#### 4.2 - Policy 258: Waste Management Policy

*Participated:* Simon Chiffi (Hywel Dda UHB - Head of Operations)

The Waste Management Policy was due for review by October 2023, with all paperwork required for submission by 11 September 2023 for approval.

A 6-month extension was requested to enable the Waste Policy to be updated in line with the HTM 07-01 ‘Management and disposal of Healthcare waste’ as the main source of guidance to inform the Health Board’s Waste Policy, which was being reviewed at the time in Wales.

**Decision:** The Committee **AGREED** to **EXTEND** the Waste Management Policy, to enable the CSC to approve the Health Board’s Waste Management Policy on 8 March 2024 prior to the next available scheduled HSC meeting on 7 May 2024.

## **HSC (24)30**

### **5 - ANY OTHER BUSINESS**

There was no other business.

## **HSC (24)31**

### **6 - MATTERS FOR ESCALATION TO BOARD**

The following issues would be escalated to the Board:

It was agreed to re-submit reports amended in line with requests from the Committee as they currently could not provide assurance required. If the amended reports continue to not provide assurance, they will be escalated to Board.

## **HSC (24)32**

### **7 - FOR INFORMATION**

Mr Severs highlighted that the Major Incident Annual Plan item on the Health and Safety Committee Workplan 2024-25 should be amended to show Dr Ardiana Gjini as Lead Executive instead of Mr Severs.

## **HSC (24)33**

### **8 - DATE AND TIME OF NEXT MEETING**

Tuesday 7 May 2024, 9.30-11.30am