

**APPROVED MINUTES OF THE HEALTH AND SAFETY
COMMITTEE MEETING/ COFNODION IECHYD A DIOGELWCH
CYFARFOD PWYLLGOR**

Date of Meeting: **Tuesday 09 July 2024**
Venue: **Ystwyth Boardroom / Microsoft Teams Meeting**

Present: Ms Ann Murphy, Independent Member (Committee Chair)
Mrs Delyth Raynsford, Independent Member (Committee Vice-Chair)
Mrs Eleanor Marks, Vice Chair to the Health Board
Mr Rhodri Evans, Independent Member

In Attendance: Dr Ardiana Gjini, Director of Public Health
Mr James Severs, Director of Allied Health Professionals and Health Sciences
Mrs Joanne Wilson, Director of Corporate Governance and Board Secretary
Mr Rob Elliott, Director of Estates, Facilities and Capital Management
Mr Tim Harrison, Head of Health, Safety and Security
Ms Sam Hussell, Head of Emergency Preparedness, Resilience & Response
Mr Simon Chiffi, Head of Operations
Mr Anthony Dean, Staff-Side Representative
Mr Adam Springthorpe, Health & Safety Manager
Mr Jonathan Arthur, Deputy Director Health Science

Note Taker: Ms Claire Evans (Hywel Dda UHB - Committee Services Officer)

Minutes Ref.	Item	Action
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GOVERNANCE

HSC(24) 52	Welcome and apologies	
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The Chair, Ms Ann Murphy welcomed all to the meeting.

The Chair informed Members that Mr James Severs had now taken over as Executive Lead for the Health and Safety and also for the Committee.

Apologies for absence were received from:

- Mrs Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
- Mr Andrew Carruthers, Chief Operating Officer
- Ms Olwen Morgan, Hospital Head of Nursing

HSC(24) 53	Declarations of Interest	
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There were no declarations of interest.

HSC(24) 54	Minutes of Previous Meeting held on 07 May 2024	
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The minutes of the previous meeting were approved as an accurate record.

HSC(24)
55

Matters Arising and Table of Actions from Meeting held on 07 May 2024

The Committee were advised that an update on action HSC (24) 42 had been submitted in error. The correct update was that a generic response had been received from the Health and Safety Executive, with no further action required. **The Committee requested Mr Tim Harrison to forward the Health & Safety Executive (HSE) report (relating to the Health Board's response to RAAC) to the Committee Services Officer (CSO) for circulation to Committee Members.**

TH

HSC(24)
56

Operational Risks Assigned to HSC

The Committee agreed to hold an In-Committee following the main meeting to discuss Risk 1567 due to the sensitivity of the risk.

Members discussed Risk 1263 "Risk to patient safety due to ongoing issues with vermin (pigeons) at Withybush Hospital". Mrs Delyth Raynsford noted that there is an issue with vermin within Health Board estates. She requested assurance that the contract with Rentokil was a proper and viable contract and asked why a national rather than local organisation had been used. Mrs Raynsford also highlighted the previous issue with snakes that had been found on sites in Newcastle Emlyn which need to be dealt with and sought assurance that staff and patients were not being put at risk.

Mr Rob Elliott responded that the Estates team are in regular contact with Rentokil regarding work required at sites and are pushing the extent of the contract to manage the problem as quickly as possible. With regards to the contract, Mr Elliott explained that Rentokil are a national organisation with considerable standing in the industry. Another advantage of using the national company is that the procurement checks usually completed by the Health Board are already undertaken. However, **Mr Elliott agreed to check the contract term with the Procurement team to see whether there is an option to withdraw from the Rentokil contract to seek more local companies if deemed appropriate, cost effective and additional services being provided.**

RE

Mr James Severs queried the reason for the escalation of this risk and the mitigations undertaken. Given that the Reporting Officers were unable to provide answers during the meeting, it was agreed that **Mr Simon Chiffi obtain the information requested and email to Mr Severs and the Committee Services Officer (for circulation to Members) within one week.**

SC

Due to the Committee not being able to receive assurance and move matters forward Mrs Eleanor Marks commented that she had read Committee papers and expects all those in attendance and representing Executive Directors and be able to answer questions raised on the papers. This matter would be raised with the Chief Executive Officer and the Chair.

The Chair noted that the report states, “funding is required” in relation to Risk 505 “Risk of avoidable service disruption due to high voltage electrical infrastructure affecting Prince Philip Hospital (PPH)” and enquired who is requiring the funding.

Mr Elliott responded that the Health Board requires funding from Welsh Government (WG) in order support the corrective actions required. A business case has been submitted to WG and some bids have been successful, however sufficient funding has not yet been received to manage the risks.

Commenting on an item in the risk register, the Chair queried who is responsible for the management of the disposal of waste, and how is it monitored and controlled. She cited an incident of medical waste being found at recycling facilities in Pembrokeshire.

Mr Elliott responded that the contract is undertaken through Shared Services and disposal arrangements would be set out within that contract.

Decision: The Committee:

- REVIEWED and SCRUTINISED the risks included within this report to seek assurance that all relevant controls and mitigating actions are in place; and
- DISCUSSED whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.

HEALTH AND SAFETY UPDATES

HSC(24) Staff/Patient Story 57

No staff/patient story was available for presentation at the meeting.

Members discussed the benefit of having staff/patient stories at the Health and Safety Committee. It was also explained that the reason for this was following a request by Members during the Committee Self-Assessment process. The Committee agreed to schedule this agenda when appropriate, rather than for each meeting.

HSC(24) Health and Safety Update 58

Mr Tim Harrison introduced the health and safety update report. He highlighted that the report included a focus on compliance around electrical safety cabling, and risks presented by specific Chair Scales following 3 incidents since the last HSC meeting of patients falling as they attempted to stand up with the footplates still down on the Marsden M-200 Chair Scales resulting in the chair tipping forwards.

Mrs Raynsford raised a number of queries:

1. Has the Local Safety Notice (LSN) also been sent to GP and local community settings and is the manufacturer reviewing the design of the chair.

Mr Adam Springthorpe responded that LSN has been publicised on the Global email system. The notices will have been fed through to GPs via various groups such as the Quality and Safety Group for the managed practices, and Community Premises groups for the counties. He added that the manufacturer has been informed via the Clinical Engineering lead, however they were already aware and are looking at ways to mitigate the problem. Mr Springthorpe stated that warning stickers could be considered as a possible safety option.

2. Mrs Raynsford expressed concern regarding the level of electric cable management auditing with some areas only at 75% or 80% compliant.

Mr Harrison responded that work has been undertaken with wards to inform staff where cabling should run. Also, many wards now use new mattresses which have the cabling routing within them, which will result in improvements to compliance.

3. Whilst the deep dive into parking issues was welcomed, enquired to the current position with negotiations between the Health Board, Highways department and local authority.

Mrs Marks expressed concern regarding untrained visitors using chairs which have been left by hospital entrances.

Mr Harrison explained that the issue only relates to specific chairs which would not be used by the general public and found by hospital entrances.

Mrs Marks noted that parking for staff and patients was very challenging at Health Board sites and requested a timeframe and next steps for improvement.

Mr Severs acknowledged improvements in the Health and Safety Update Report however he felt that the report could go further to provide extra assurance. For example, including how to achieve 100% compliance on cable management, and information on how many Marsden M-200 Chair Scales are in use. He questioned how the Health Board will know if the LSNs have been impactful, and what the response is from the departments using the chairs, confirming they have accepted and understood the actions required. Mr Severs also suggested the use of smarter targets with timelines such as 'when is the Executive Team expecting to be able to make a decision on parking across the estate'.

Mr Harrison responded that electrical safety cabling is now part of the regular auditing schedule mapped over 12 months. He also explained that their information on lessons learned is not currently available as these are new alerts. He suggested that perhaps future reports should wait until full information is provided before submitting to Committee.

Mrs Marks commented that the Committee would have been satisfied for the update on parking to outline that the Health and Safety Team understand the parking issues and are exploring what can be done to help relieve the problems for staff and patients.

Decision: The Committee TOOK ASSURANCE:

- That suitable steps to manage the risk of chair scales tipping are being taken.
- That suitable steps to manage cable management risks associated with medical devices on beds are being taken.

The Committee were UNABLE TO TAKE ASSURANCE that the risks associated with parking issues on the acute hospital sites are acknowledged by the Transport Team and that suitable steps are being taken to address risks.

HSC(24) **Fire Safety Audit System Report**

59

Mr Elliott introduced a report on the new Fire Safety Audit System Report (Boris).

The Health Board has recently introduced a new online software system to record the findings of all Fire Safety Risk Assessments (FRA) and is in the process of switching away from the previous 'paper-based' system.

Mr Elliott highlighted that some paper records are up to a year old therefore the information may now be out of date. Work will be undertaken to cleanse the date and ensure it is all up to date. Targets will also be set for reducing risks.

A summary report identifying the statistical analysis of risks was added to the agenda for the Operational Planning, Governance and Performance Meeting (OPGP) taking place on 9 July 2024.

Due to the significant number of high-risk items identified in the initial assessment from the Boris system, a delivery programme will be identified and submitted to the next Committee meeting in September 2024.

Decision: The Committee ACKNOWLEDGED and TOOK ASSURANCE from this report that the process necessary to give full assurance on Fire Safety is being progressed. Noting the overarching partnership work arrangements in place with Mid and West Wales Fire and Rescue Service, who are entirely satisfied with our progress to date on Fire Enforcement Notices and Letters of Fire Safety Matters.

HSC(24) **Estates Management Safety Review**

60

Mr Elliott presented a report reviewing the safety of internal road systems and parking arrangements within the Health Board estates.

Following two serious incidents involving vehicles at hospital sites, Committee Members requested a report into the safety of Health Board Estates.

Mr Elliott highlighted that there was some overlap between this report and the car parking section of the Health and Safety Update Report. The

Estates Management Report provides a high-level review of internal arrangements following engagement with the Health and Safety and Transport Teams. He added that the next steps would involve undertaking more risk-based work and developing further costings. Completion of this work is due by March 2025.

The Committee discussed the link between the report and the parking section of the Health and Safety report and agreed that there should be a joint report with a single action plan to encompass both issues.

Mr Elliott and Mr Harrison were asked to submit a joint update report on road systems and parking to the November Committee meeting and invite representatives from the Transport Team to attend.

TH/RE

Decision: The Committee:

- DISCUSSED and NOTED the high-level assessment made of risk areas.
- DISCUSSED and NOTED the high-level assessment of capital costs.
- DISCUSSED and NOTED the future work needed to undertake a final prioritisation process.
- DISCUSSED and NOTED the need to discuss with Capital Planning team the funding of this work over an appropriate timeline.

HSC(24) **Major Incident Annual Plan 2024/25**

61

Dr Ardiana Gjini and Ms Sam Hussell introduced the revised Major Incident Plan for 2024/25. The accompanying report outlined the main areas of change to the plan following the annual review.

Ms Hussell confirmed that following ratification by the Board, hard copies of the Plan would be sent to all Heath Board sites. Online copies would also be available, which will be live documents and incorporate any future changes.

Decision: The Committee APPROVED the Major Incident Plan for onward ratification by the Board.

HSC(24) **Control of Substances Hazardous to Health (COSHH) Regulations Report**

62

Mr Harrison introduced a report outlining the ongoing actions to achieve full compliance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Mr Harrison informed the Committee that the report was produced jointly with the Health and Safety Adviser (Dr Gerard Sellek) who has made significant progress on compliance with COSHH regulations. It was noted that being fully compliant relies on training staff when new products are introduced.

The Chair highlighted that Withybush Hospital (WGH) is the only site currently not compliant and queried the timeframe for achieving full compliance.

Mr Springthorpe responded that it was included on Dr Sellek's timeframe of actions. There had been no concerns with the WGH wards that he has already worked with; therefore, no issues were expected in achieving full compliance at that site.

Mr Anthony Dean questioned which staff groups have been targeted to attend COSHH training, and what attendance rates are being achieved.

Mr Harrison responded that this was included within the manager's induction training and currently in excess of 700 members of staff have received training. Also, Dr Sellek was visiting departments with a high use of substances and was training staff directly.

Mr Severs questioned how many staff requiring COSHH training have been trained, and asked whether there are programmes of training for individual staff groups, for example Diff X. Details on compliance percentages need to be included to be able to provide further assurance. He requested this information be included in future updates, and once a review of the new governance structure for HSC and the substructures is completed, it should be part of the ongoing workplans.

Decision: The Committee TOOK ASSURANCE from the progress made to date and the ongoing work to address the remaining gaps in compliance with the Control of Substances Hazardous to Health Regulations 2002, with the caveat that future updates need to include information requested by Mr Severs.

HSC(24) **DiffX Cleaning Agent Assurance Report**

63

Mr Springthorpe introduced a report on the rationale for using the product "DiffX" following several concerns raised, particularly via Trade Union Representatives.

The Committee were informed that a substantial amount of work has taken place, in particular linking in with the Infection Prevent and Control Team and Facilities Team. This has included learning more about the product, and listening to concerns from staff and encouraging reporting of incidents on the Datix system.

Mr Springthorpe reported that there were a number of incidents reported on the Datix system, ranging from procedural to the likelihood of allergic reactions and repeated exposure. Mr Springthorpe commented that the trade unions were suggesting that there were some unreported incidents in addition to these. A four-step plan has been proposed to educate and train staff and promote incident reporting.

Mrs Marks queried whether the product is having the desired impact on reducing C-Diff. **Mr Springthorpe agreed to investigate and send a response to the CSO, for circulation to the Committee.**

AS

Mr Severs commented that 72% staff trained Health Board wide was good, however it's not 100%, what is the trajectory to reach that target.

Mr Severs also questioned the lessons learned and impact assessments conducted when introducing a new product. He requested **an update report to be presented to a future HSC meeting in order to provide assurance that the training for staff using chemicals is robust.**

AS

Mr Dean commented that training should have been put in place prior to any products being introduced. He also highlighted that there had been alleged reports of staff using alternative products to clean. **Mr Chiffi would research into anecdotal reports on this matter.**

SC

Mr Severs stated that it should be made clear that the Health Board takes a zero-tolerance approach to staff not using approved products in Health Board facilities.

Decision: The Committee TOOK ASSURANCE that a four-step plan has been introduced to improve education around the new DiffX product and encourage the reporting of adverse events to allow for suitable and sufficient investigation into causation.

The Committee were unable to TAKE ASSURANCE that the introduction of DiffX is part of an overall proactive plan to reduce the level of C. diff infection rates in patients.

HSC(24) **Occupational Health Report - DEFERRED**

64

HEALTH AND SAFETY REGULATIONS

HSC(24) **Health and Safety Display Screen Equipment Regulations**

65

Mr Springthorpe introduced a report on the compliance with the Health and Safety (Display Screen Equipment (DSE)) regulations.

It was highlighted that compliance on DSE training was currently 95%.

The Committee were informed that a separate DSE assessment was in place for home working. The Health Board has tailored a version of the All-Wales Group Assessment for home working. Although there is a separate assessment, the online DSE training covers both officed and home-based working.

In addition to the training module, there is a dedicated DSE intranet page which contains guidance on setting up equipment and desk space as well as physical exercises which staff can undertake at their desks to alleviate musculoskeletal problems.

Mr Springthorpe also highlighted that staff are not required to contact Occupational Health to purchase items such as a specialist mouse.

Decision: The Committee TOOK ASSURANCE that the Health Board is compliant with the Health and Safety (Display Screen Equipment)

Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002.

POLICIES AND PROCEDURES FOR APPROVAL

HSC(24) Critical Threat Level Response Framework 66

Ms Hussell introduced the reviewed Critical Threat Level Response Framework for approval by the Committee, with no comments raised by Members.

Decision: The Committee APPROVED the framework for the management of the Health Board response to a rise in UK Threat level to CRITICAL and to respond to a direct/credible risk to the Health Board.

HSC(24) ANY OTHER BUSINESS 67

No other business was discussed.

HSC(24) MATTERS FOR ESCALATION TO BOARD 68

All matters for escalation to the Board were discussed within the agenda items and will be highlighted within the Committee update report to the Board.

HSC(24) 69 DATE AND TIME OF NEXT MEETING - Tuesday 10 September 2024, 9.30am-11.30am

Date and Time of Future Meetings

Tuesday 12 November 2024, 9.30am -11.30am

Tuesday 14 January 2025, 9.30am -11.30am

Tuesday 4 March 2025, 9.30am -11.30am