

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

Date and Time of Meeting:	9 th May 2022 – 9.30 a.m.
Venue:	Boardroom, Ystwyth Building, St. David's Park, Carmarthen/MS Teams

Present:	Mrs Judith Hardisty, HDdUHB Vice Chair (Committee Chair) Ms Ann Murphy, Independent Member (Committee Vice-Chair) (VC) Mr Paul Newman, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC)
In Attendance:	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Mrs Joanne Wilson, Board Secretary (VC) Mr Rob Elliott, Director of Estates, Facilities and Capital Management (part) (VC) Mr Keith Jones, Director of Secondary Care (VC) (Part) Mr John Evans, Assistant Director, Medical Directorate (VC) Mr Tim Harrison, Head of Health, Safety and Security (VC) Mr Adam Springthorpe, Health and Safety Manager (VC) Mrs Karen Didcote, Committee Services Officer (Secretariat)

	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
HSC (22)34	The Chair, Mrs Judith Hardisty, Health and Safety Committee (HSC) welcomed all to the meeting. Apologies for absence were received from: - Mr Andrew Carruthers, Director of Operations - Mr Winston Weir, Independent Member	

HSC (22)35	DECLARATIONS OF INTERESTS	
	No declarations of interests were made.	

HSC (22)36	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 14th MARCH 2022	
	RESOLVED - that the minutes of the meeting of the Health & Safety Committee (HSC) held on 14 th March 2022 be APPROVED as a correct record.	

HSC (22)37	TABLE OF ACTIONS FROM THE MEETING HELD ON 14TH MARCH 2022	
	An update was provided on the Table of Actions from the HSC meeting held on 14 th March 2022, with confirmation received that all actions had been completed or forward planned on the HSC workplan. In terms of matters arising: HSC(22)27 – Corporate Risks Assigned to HSC	

	Mr Paul Newman enquired whether the draft matrix is scheduled for presentation at the Senior Operations Board and Mrs Mandy Rayani confirmed the draft matrix will be presented in May 2022.	
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HSC (22)38	REVIEW TERMS OF REFERENCE	
	Members were presented with the HSC Terms of Reference (ToR) for review. Mrs Mandy Rayani informed Members that the ToR incorporate the revised strategic planning objectives (PO) aligned to HSC and believed the ToR reflected an appropriate membership for this Committee. Mrs Judith Hardisty enquired whether the Executive Lead attributed to PO 4H was the Director of Public Health, as detailed in the PO. Mrs Joanne Wilson confirmed that responsibility for PO 4H remain with the Director of Nursing, Quality and Patient Experience, as an interim measure.	
	The Committee APPROVED the Health and Safety Committee revised Terms of Reference for onward submission to Public Board for ratification.	

HSC (22)39	HEALTH AND SAFETY COMMITTEE ANNUAL ASSURANCE REPORT	
	<i>Mrs Delyth Raynsford joined the HSC meeting.</i> Members received the HSC Annual Report 2021/22 for review, prior to its submission to the Public Board meeting on 9 th June 2022. Mrs Rayani believed the report conveys the steady progress made by the HSC over the past year, and referenced the Deep Dive reports such as Safety at Work Act, which demonstrate the range and detail of topics which have been presented and reviewed. Mrs Rayani expressed gratitude to the Corporate Governance team for compiling the report. In agreement, Mr Paul Newman noted the excellent and comprehensive report which highlighted the progress made by HSC.	
	The Committee REVIEWED and ENDORSED the Health and Safety Annual Assurance Report for 2021/22.	

	HEALTH AND SAFETY UPDATE	
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Members received the Health and Safety report, including an update on the activities of the Health and Safety Team for the period March 2022 to May 2022. The report focused on the following topics: COVID-19, Internal Audit, Ligature Assessment Review, Manual Handling, Security Management, Prevention, Assessment and Management of Violence and Aggression (PAMOVA)/Reducing Restrictive Practice, Health and Safety Audit Programme and Policy updates.

Mr Tim Harrison explained that updates from Welsh Government (WG) have been received in relation to COVID-19 guidance and the wearing of face masks, since the submission of the report.

In regard to Ligature Assessment Compliance (LAC), NHS Wales Shared Services Partnership (NWSSP) have been commissioned to undertake an internal audit (IA) to review procedures for the prevention of self-harm following several actions identified by Health Inspectorate Wales (HIW). The management response to the findings was included within the IA report presented to the Audit and Risk Assurance Committee (ARAC) in April 2022, and limited assurance has been received. A procedure for improving LAC has been drafted.

Mrs Delyth Raynsford raised three issues; whether timescales were in place for LAC, whether any issues have arisen in terms of staff training and the potential risks for patients.

In response, Mr Harrison explained that whilst limited assurance had been received, it should be noted that HDdUHB have had no incidents relating to LAC for a significant number of years. Whilst acknowledging the positive work undertaken by employees in managing and assessing their patients, in particular within the Mental Health and Learning Disabilities (MHLD) teams, the report highlights a lack of robust systems in place for monitoring and recording such assessments. The Health and Safety Managers Induction Training (HSMIT) has been adapted to include LAC across all areas of HDdUHB, however there is a focus on MHLD.

Mr Harrison informed Members that the NHS Wales Delivery Service (NHSWDS) have produced guidance in relation to LAC, however no toolkit was provided. HDdUHB Health and Safety Team (HST) have drafted a new policy, which has been adapted from the policy which is currently utilised by Betsi Cadwaladr University Health Board (BCuHB), which includes a toolkit. This policy has been shared nationally through the Health and Safety Managers Group for potential development into an all Wales policy.

In recognition that MHLD patients also access services via the Accident and Emergency (A&E) department, Mrs Raynsford enquired whether the policy would need to be adapted. In response, Mr Harrison confirmed that the principles of the procedures are transferrable across all areas of the Health Board, however acknowledged the toolkit used for scoring would be unsuitable outside the MHLD remit due to the number of ligature points and would require further development for suitability in other areas.

	Mrs Ann Murphy informed Members that she had visited the Prevention and Management of Violence and Aggression (PAMOVA) team, and noted the outstanding work undertaken throughout COVID-19 in adapting the service to meet requirements; suggesting that this recognition could take the form of accreditation. Mrs Rayani acknowledged the positive feedback, noting that a review of the PAMOVA team objectives is imminent and the proposal of accreditation will be seriously considered. A review of how the team is resourced going forward will be undertaken which could potentially identify areas for income generation and formal accreditation would provide an opportunity to raise the profile of the team. As detailed within the report, a Security Management Group (SMG) has been established to lead on the development of security management improvements identified within HDdUHB Planning Objectives, with an initial meeting taking place in May 2022. Mr Newman enquired whether a detailed report or action plan would be presented to Members regarding security management developments and the estimated timescales for its delivery. Mr Harrison anticipated that a report providing assurance should be presented to the HSC meeting in September 2022, noting that key departments including support services, estates, facilities, operational support and information governance will work collaboratively to coordinate the development of improvements. Mrs Rayani outlined the sensitive nature of the security management areas highlighted within the Planning Objectives and the risks associated in exposing gaps in security and proposed that an In Committee HSC meeting should be convened to address these matters. Members supported the convening of an In Committee meeting to discuss operational security. The Committee gained ASSURANCE that work has progressed, and improvements have been made in relation to the health and safety themes as detailed within the report.	TH CSO
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HSC (22)41	HEALTH AND SAFETY REGULATIONS – REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCE REGULATIONS 2013 (RIDDOR) Members received the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) report providing an update on HDdUHB's compliance and the end of year reporting figures for 2021/22. The report highlighted the initiatives led by the Health, Safety and Security team (HS&S) including the RIDDOR Decision Making Flowchart which clarifies the requirement of managers to recognise the trigger points for RIDDOR reporting and to make HS&S aware when a reportable incident occurs, which has resulted in a more representative figure of incident reporting. The report also noted that in an effort to increase the number of incidents reported on time, HS&S had undertaken a Critical Path Analysis to identify the main causes for late submissions under RIDDOR. The Critical	
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Path Analysis indicated a widespread lack of understanding by management of the RIDDOR reporting timeframes. A DATIX and RIDDOR guidance sheet has been developed for managers to use for all staff incidents and has been rolled out via face-to-face visits, representation at key meetings and via a global email campaign. HS&S continue to promote the RIDDOR reporting requirements and timeframes, having included an update in the 2021-22 Q4 HS&S 7 Minute Briefing in March 2022 and discussed at Quality and Safety Groups across the Health Board. Reporting of incidents by Directorate is now undertaken to identify where incidents are occurring.

Mrs Rayani reassured Members that RIDDOR reports are rigorously checked and whilst the numbers reported appear low, this is a general theme across the whole incident reporting process. Mr Adam Springthorpe informed Members of the significant progress achieved in relation to incident reporting since the benchmarking exercise in 2016 however acknowledged that reporting timescales have reduced. In 2019/20, 66% of incidents were reported on time, however this number had reduced to 56.9% in 2021/22. Mr Springthorpe noted that RIDDOR reporting, including timelines is included within the regular briefs and reported to the Quality, Safety and Assurance Committee (QSEC). The RIDDOR reporting by directorate enables a focused approach to provide targeted training and guidance to departments whose reporting statistics are low. Members noted that work is underway to interrogate the reporting process in relation to the RIDDOR cause, to determine areas for particular focus, such as slips, trips and falls, an area recurrently identified as having a higher reporting rate.

Mr Newman enquired whether the data is utilised to prevent a reoccurrence of these events. Mr Springthorpe explained that the Manual Handling team receive copies of all RIDDORs to incorporate the learning into their training, demonstrating true to life hazards and identifying preventative measures to counteract these incidents and provide more safer systems of working. Close working relationships with the Estates department enables prompt identification of areas requiring preventative measures following incidents and learning can be evidenced at a much earlier stage. Mr Newman highlighted the importance of the timely reporting of incidents where the completion of remedial work at a particular location will eliminate reoccurrence.

Referring to the reporting of incidents by directorate, Mrs Hardisty commented that Therapies Services reported 0% incidents on time and asked whether measures are in place to address this. Mr Springthorpe clarified that only one incident had been reported under the Therapies directorate and assured Members that HST representation at the Therapies, Quality and Safety meeting is maintained.

Mrs Hardisty sought clarification around the rationale in providing comparative figures against Betsi Cadwaladr University Health Board (BCUHB) as opposed to other Health Board's nationally. In response, Mr Springthorpe explained that when initial benchmarking was carried out in 2016, BCUHB were the only Health Board able to provide reliable data for comparison. In terms of demographics, BCUHB is similar to HDdUHB in

	terms of the geographical area, its use of smaller cottage type hospitals and the use of similar reporting methods.	
	The Committee received ASSURANCE that HDdUHB is operating in compliance with the RIDDOR regulations.	

HSC (22)42	FIRE SAFETY UPDATE REPORT	
	Members received the Fire Safety Update Report, providing the progress in the management of the following areas of fire safety: Fire Enforcement Notices (FEN)/Letters of Fire Safety Matters (LoFSM), Fire Safety Management, and Fire Safety Governance including the Audit Tracker. The report highlighted the following matters: - Fire Enforcement Notices/Letters of Fire Safety Matters – Withybush General Hospital (WGH) (Advanced Works) Vertical escape routes at WGH and priority work at St Caradog's Inpatient Ward. Inspection from the Mid and West Wales fire and Rescue Service (MWWFRS) is complete. Formal correspondence is awaited to confirm all requirements have been satisfied and the FEN can be removed. - Fire Enforcement Notices/Letters of Fire Safe (Phase 1) – MWWFRS MWWFRS have advised they will be extending the completion date for the FEN to December 2022 which aligns with the current agreed programme for work. - Fire Enforcement Notices/Letters of Fire Safe (Phase 2) Works that remain on the programme to be completed by April 2025, however MWWFRS appreciate that a revision may be required for this programme. The resource schedule required to progress the Phase 2 Business Justification Caser (BJC) has been submitted to Welsh Government (WG) for consideration. - Decant Arrangements to support Phase 2 Work The BJC submission is concluded and final evaluation is underway prior to submission for internal approval and onward submission to WG with an anticipated submission date of May 2022. - Fire Enforcement Notices/Letters of Fire Safety Matters – Glangwili General Hospital (GGH) (Advanced Works) Correspondence has been received from MWWFRS stating that all of the requirements on the FEN have been satisfied and the FEN will be removed. - Fire Enforcement Notices/Letters of Fire Safe (Phase 1) – MWWFRS The current forecast completion date is April 2023; however this will need to be closely monitored and reviewed as the project progresses. - Fire Enforcement Notices/Letters of Fire Safe (Phase 2) – MWWFRS Works that remain on the programme to be completed by April 2024 (subject to the full due diligence work needed as part of the Business Case development). - Additional Letters of Fire Safety Matters	

Work on all Fire Doors and Compartmentation in vertical escape areas has been completed on site.

NWSSP and WG have granted HDdUHB approval to progress with the Programme Business Case element of this work, however, have noted that any approval for future funding would need to be considered on the merits of the Business Case.

The first iteration of detailed items contained in the Boris Fire Risk Assessments will be reviewed with clinical managers and all fire risk assessments will transfer into the new Boris system in the next 12 months.

Mr Rob Elliott provided a summary of updates received since the submission of the Fire Safety report.

- **Advance works at WGH and GGH**
Confirmation has been received via email that enforcement notices will be lifted. Formal confirmation will be received in due course.
- **Phase 1 WGH**
Confirmation has been received via email of the agreement to extend the programme of works to December 2022/January 2023. Formal notification will be received in due course.
- **Phase 2 – NWSSP and WG have approved the resource schedule relating to the business case development work totalling approximately £1m.** Confirmation of the receipt and availability of funds is awaited.
- **Phase 2 decant arrangements – temporary decant ward**
This work is subject to a delay of one month resulting from complexities relating to air handling on the ward, however this delay has no impact on the overall programme of Phase 2 work.
- **Training statistics shown on page 6 of the report**
Increases in training numbers can be seen, however these are minimal. Resources are in place to deliver training, however attendance remains low despite promotion through Health Board global emails and raised awareness at management level. Staff absences are likely to impact attendance and monitoring is ongoing.

On behalf of the HSC, Mrs Hardisty commended the valued work, dedication and achievements of Mr Elliott and his team and was pleased to note the formal removal of enforcement notices and the approval of the resource schedule and funding. Referring to page 5 of the report, Mrs Hardisty welcomed the multiphased approach adopted at PPH to ensure processes are aligned to other acute sites.

Mrs Wilson informed Members that Internal Audit will be undertaking a follow up review of Fire Safety Governance which will provide further assurance in relation to Fire Safety.

Mr Elliott left the meeting.

The Committee **ACKNOWLEDGED** and received **ASSURANCE** from the content of the report and the work achieved to strengthen fire safety compliance.

The Committee **NOTED** that an update will be scheduled for a future HSC meeting.

HSC (22)43	HEALTH AND SAFETY DASHBOARD/PERFORMANCE REPORT	
	The Committee received the Incident Assurance report, providing an overview of quality and safety matters across the Health Board in relation to staff safety incidents, incidents reported to the Health and Safety Executive and Personal Injury Claims (PIC) for 2021/2022. Mr Harrison informed Members that the data contained within the report is sourced from the Datix system. The Dashboard is in development and further assurance will be provided to Members in due course. Referring to the recording of data in individual categories detailed within the report such as assault, aggression and verbal abuse, Ms Murphy enquired whether the reporting data relates to each individual incident or whether they are interlinked such as verbal abuse which develops into aggression. Mr Harrison confirmed that incidents are reported separately, where one incident progresses into another incident, only one entry will be recorded, thereby avoiding duplication in reporting of incidents. Mr Newman commented that a total of 110 incidents were reported as slips, trips and falls within the Incident Report, which differed from the figure of 21 incidents identified in the RIDDOR report (HSC(22)41) and sought clarification regarding the totals reported. Mr Springthorpe confirmed that 110 incidents had been reported via the Datix system in relation to slips, trips and falls however, only 21 of these incidents met the definition of RIDDOR, hence the variation in reporting figures. As detailed within the Incident Assurance report, in Quarter 4 of 2021/22 4,203 incidents were reported, of which 438 relate to staff safety. Mrs Raynsford enquired whether the remaining 3,785 incidents were patient to patient incidents, and referencing the use of weapons and hate incidents, expressed concern around possible security issues. Mr Harrison explained the term 'weapon' categorises any object which could be used to harm another person and generally, these objects are not brought onto Health Board premises, they are often items which are to hand within the premises such as scissors, knives, wood, chairs. Mr Harrison further informed Members that non-employee related incidents include both patient to patient incidents and the reporting of hazards. Referring to the high level of PIC amongst the midwifery and gynaecological departments, Mrs Hardisty asked whether this was a true representation or have any specific trends developed in these areas. Mr Harrison confirmed that a number of these incidents related to violence and aggression, however, undertook to provide Members with a breakdown summary of PIC to identify any particular themes emerging. The Committee received ASSURANCE from the processes that are in place to review and monitor staff safety incidents.	TH

HSC (22)44	PREVENT AND CONTEST	
	The Committee received an update on CONTEST CYMRU – Protect Duty report detailing the duties placed on HDdUHB under the Counter Terrorism and Security Act (CTSA) 2015. The strategy consists of four work streams, Prevent, Pursue, Protect and Prepare. Members noted that CONTEST Board is a Local Authority forum, established to provide a strategic lead in addressing the Regional and County threat, risk and vulnerabilities in relation to counter terrorism. The report recognises that security arrangements within HDdUHB need to be improved to provide adequate assurance and a security management review is underway. A security management framework is being prepared incorporating arrangements for the identification of employees, response to incidents, management of access control and Close Circuit Television (CCTV) systems. Members were updated that a Health Board Security Management Group (HBSMG) is being established to oversee the improvements required with representation from Information Governance, Informatics, Workforce and Organisational Development, Estates and Facilities. - Counter Terrorism and Security Advisers (CTSA) Report The main recommendation from his report identified the risk of not having a dedicated security Guard Force - CONTEST/Prevent Awareness Training for Staff Prevent Awareness training forms part of the Health and Safety departments Induction training programme. - Protective Security Preparedness Group HDdUHB is supporting the implementation of the Local Authority led Protective Security Preparedness Group to mitigate threats to Public Accessible Locations. - EPRR and CCA Regulations An HDdUHB Emergency Planning Group has been re-established and will review any concerns raised. Mr Harrison explained that the report interlinks with security management reviews and identifies areas for improvement for all publicly accessible places. The Counter Terrorist Local Profile covers the Dyfed Powys region and the Director of Nursing, Quality & Patient Experience is the main contact with Dyfed Powys Police, receiving any reports and providing attendance at relevant meetings. The Committee welcomed further update reports on CONTEST CYMRU – Protect Duty.	
	The Committee NOTED the update on CONTEST CYMRU-PROTECT and that further updates would be presented at a future HSC meeting. The Committee received ASSURANCE that the Emergency Planning and newly formed Security Management Group will be utilised to formally monitor progress of the identified risks.	

	BARIATRIC EQUIPMENT UPDATE	
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HSC (22)45	The Committee received the Bariatric Update report including a Healthy Weight Development Plan (HWDP) and the work underway to improve the delivery of safe and equitable care for bariatric patients. The report detailed that a project manager has been appointed to improve the bariatric pathway and will work in partnership with the Manual Handling team to ensure appropriate staff training. The ordering of specialised equipment will form part of the Foundation course in Moving and Handling training and the template for risk assessments are now available for ward areas and include a prompt regarding bariatric patient accommodation and fire evacuation. Mrs Rayani recognised the progress around bariatric care and treatment has been slower than anticipated. In addition to the Health and Safety aspects of bariatric care, HDdUHB has a responsibility to address the role of prevention, hence the inclusion of the HWDP, Appendix 1. Mr Harrison confirmed that the evacuation of patients strategy is progressing and noted that good working relationships have been established between the Manual Handling team and Fire Safety Advisors. Mr Newman enquired whether timescales for the completion of the audit could be given. In response, Mr Harrison anticipated that a report will be produced within six months and updates will be provided to the Operational Directorates. Referring to the HWDP, Mrs Hardisty enquired whether plans were underway for the development of the HWDP for 2022/23. Mr Newman sought confirmation that plans were underway to address the disparity in the levels of specialist weight management services offered across the three Counties. Mr Harrison undertook to provide further clarification in relation to both the HWDP for 2022/23 and the alignment of specialist weight management services across HDdUHB to the HSC.	TH
	The Health & Safety Committee received ASSURANCE that work has progressed, and improvements have been made in relation to bariatric equipment and care pathways.	

HSC (22)47	DEEP DIVE: DISPLAY SCREEN EQUIPMENT	
	Members were presented with a PowerPoint presentation relating to a deep dive of Display Screen Equipment (DSE), noting that, since the start of COVID-19, working practices have changed and DSE is being utilised more frequently across the Health Board. As such, there is a requirement for monitoring and development of policies which reflect the evolution of agile working, home working and digitalisation of patient records. The Health and Safety department have membership on the Agile Working group, which is developing the Agile Working Programme, incorporating future policy and accommodation arrangements and in addition are looking to develop an all Wales DSE agile/homeworking guidance document. Referencing both the risk of incorrect use of DSE and the requirement to educate employees and managers of their home working responsibilities via the utilisation of pre-home working checks, Mrs Murphy enquired how both elements could be managed and monitored, and measures put into place to	

	avoid employee PIC. Mr Harrison informed Members that clear guidance in relation to home/agile working was issued in 2020, however DSE regulations were not enforced by HSE as a temporary measure due to COVID-19. It was noted that securing alternative accommodation is the main focus of the Agile Working group as opposed to homeworking. Mrs Rayani stated that meaningful discussions with an employee's line manager will be critical moving forward, as there cannot be an expectation that employees will work from home. Personal responsibility to ensure suitability for homeworking, accounting for individual home environments will be a requirement in conjunction with appropriate assessments. Mr Springthorpe informed Members that the Health and Safety Homeworking Guidance contains a two part risk assessment process. The first section relates to the suitability of the work environment to be considered for homeworking and the second element provides the DSE workstation assessment specifically targeted to homeworking staff. Mr Springthorpe undertook to provide Members with a link to the Health and Safety Homeworking Guidance. Mr Newman enquired whether data was available in relation to the number of employees requesting or being required to agile/homework. It was noted that as agile/homeworking is in its infancy, and will be dependent upon a number of factors yet to be established such as staff roles and availability of hot desks and as such, no data is currently available. In relation to back pain/wrist injuries to employees, Mrs Raynsford enquired whether data relating to these incidents was available. Mr Harrison informed Members that data relating to musculoskeletal injuries can be sourced from the Occupational Health department and Manual Handling department and undertook to provide this information to Members. The Committee NOTED the Deep Dive: Display Screen Equipment detailing compliance with DSE Regulations and updated guidance for agile and home working.	AS TH
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HSC (22)48	CORPORATE RISKS ASSIGNED TO HSC Members received the Corporate Risks assigned to the Health and Safety Committee report, noting the three corporate risks aligned to HSC and the potential impacts of these risks in relation to the health and safety of patients, staff and visitors: - Risk 813 – Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO) – risk score 15. - Risk 1016 – Increased COVID-19 infections from poor adherence to Social Distancing – risk score 10. - Risk 1328 – Security Management (risk score 12). Members noted there has been no change in the risk scores since these were reported to the previous HSC meeting.	
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	Mrs Rayani informed Members that following updated guidance from WG in relation to COVID-19 measures, it is anticipated that Risk 1016 will be reduced and possibly removed. Mrs Wilson informed Members that some actions raised from Risk 813 have not yet been completed and updated, in light of this Risk 813 will be reviewed.	
	The Committee gained ASSURANCE that: • All identified controls are in place and working effectively. • All planned actions will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact if the risk materialises.	

HSC (22)49	OPERATIONAL RISKS ASSIGNED TO HSC The Committee received the Operational Risks Assigned to Health & Safety Committee report, noting the three risks presented in the Risk Register: 1. Risk 708 – Inappropriate storage solutions associated with patient files/documents affecting Ceredigion Community sites. Mr Keith Jones reported that the next stage will be the removal of boxes from local sites into the central store, which will act as a temporary measure to mitigate risk in the short term. There continues to be a security risk around the temporary provision in Ceredigion. 2. Risk 951 – Improperly functioning fire alarm detection and operation (WGH). Work undertaken in relation to the Fire Alarm system in WGH is progressing, albeit at a slower pace than anticipated. 3. Risk 503 – Risks relating to the evacuation of bariatric (plus sized) patients in the event of an emergency. Joint working with the Manual Handling department and Fire Safety department is progressing. Mr Jones reported no change to risk scores across the remaining three risks assigned to HSC. Referring to risk 1167 – volume of remedial works at community sites, Mr Jones noted work has been completed to reduce the risk within tolerance levels and risk 425 – Failure to undertake electrical testing of fixed electrical boards – is being managed at service level and has therefore been closed at directorate level. Acknowledging that this bore no relation to the risks currently being addressed, Mr Newman commented that no further updates had been received in relation to Tregaron Hospital for some time. Mrs Rayani, having recently discussed the staffing model for Tregaron Hospital with the Head of Nursing, noted there had been a request to review community hospitals at the Internal Risk summit. The purpose, function and timescales for the future healthcare model of Tregaron hospital will be outlined and this will be	
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	captured in the overall hospital review which has been requested. Mrs Rayani acknowledged it would prove beneficial for Independent Members to be briefed, following clarification on the progression of the community hospital model.	MR
	The Committee: • REVIEWED and SCRUTINISED the risks included within the report to seek assurance that all relevant controls and mitigating actions are in place. • DISCUSSED 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.	

HSC (22)50	PLANNING OBJECTIVES UPDATE	
	Members received the Planning Objectives (PO) report, providing an update on the revised set of PO's which have been incorporated into HDdUHB's plan for 2022/25. • PO 3L: Review of existing security arrangements, once completed, develop a plan to address any issues identified for Board approval and delivery in 2023/24 at the latest. Executive Lead: Director of Nursing, Quality and Patient Experience • PO 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. Executive Lead: Director of Public Health PO3L and PO4H are progressing on schedule. The Committee noted that whilst PO 4H is attributed to the Director of Public Health as Executive Lead, this PO continues to be overseen by the Director of Therapies and Health Science. Members supported a more detailed discussion in relation to Planning Objective 3L, therefore this item will be scheduled as an agenda item for the HSC In Committee meeting on 11th July 2022.	CSO
	The Committee received ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to the HSC.	

HSC (22)51	MAJOR INCIDENT PLAN	
	This agenda item has been deferred to the July 2022 meeting of the HSC.	

HSC (22)52	POLICIES FOR APPROVAL	
	The Committee was presented with the following policy for approval, noting that Equality Impact Assessments have been undertaken: Policy 814 – Fit testing for Respiratory Protective Equipment (RPE) Procedure. Members noted that there have been no changes to the relevant legislation or guidance since the 2020 Version 3 of the Procedure. Changes have been made to the corporate elements of the procedure i.e. the Owing Group is now the Health and Safety Advisory Group (HSAG), and the lead Executive Director for the Procedure is now the Director of Nursing, Quality and Patient Experience rather than the Director of Operations and to Section 7 – arranging a face-fit and Section 8 – reusable respirators. Mrs Rayani noted that Fit Testers are cascaded across the Health Board. Mr Springthorpe informed Members that the Fit Testing process has evolved as a result of COVID-19, including the use of reusable masks.	
	The Committee APPROVED Policy 814 – Fit testing for Respiratory Protective Equipment (RPE) Procedure	
HSC (22)53	HSC WORKPLAN 2022/23	
	The Committee received the Health and Safety Committee workplan for 2022/23 for information.	
HSC (22)54	MATTERS FOR ESCALATION TO BOARD	
	• Terms of Reference – the Committee noted and agreed the Health and Safety Committee revised Terms of Reference for onward submission to Public Board for ratification. • Fire Safety Management – the Health and Safety Committee acknowledge the positive progress made in relation to fire safety management and the work achieved to strengthen fire safety compliance. • Health and Safety Dashboard – The Health and Safety Committee noted that the initial stages of the Health and Safety Dashboard have been developed.	
HSC (22)55	DATE & TIME OF NEXT MEETING	
	11 th July 2022, 9.30 a.m. – 11.30 a.m.	