

## COFNODION CYMERADWYO O PWYLLGOR ANSAWDD IECHYD A DIOGELWCH APPROVED MINUTES OF THE HEALTH & SAFETY ASSURANCE COMMITTEE

<b>Date and Time of Meeting:</b>	9.10am, 14 <sup>th</sup> May 2020
<b>Venue:</b>	Boardroom, Ystwyth Building, St. David's Park, Carmarthen/ VC

<b>Present:</b>	<p>Mrs Judith Hardisty, HDdUHB Vice Chair (Committee Chair) (VC)</p> <p>Ms Ann Murphy, Committee Vice-Chair, Independent Member (VC)</p> <p>Mrs Delyth Raynsford, Independent Member (VC)</p> <p>Mr Owen Burt, Independent Member (VC)</p> <p>Mr Mike Lewis, Independent Member (VC)</p> <p>Mr Simon Hancock, Independent Member (VC) (part)</p>
<b>In Attendance:</b>	<p>Mrs Mandy Rayani, Executive Director of Nursing, Quality &amp; Patient Experience</p> <p>Mr Andrew Carruthers, Executive Director of Operations (VC)</p> <p>Dr Philip Kloer, Medical Director &amp; Deputy Chief Executive</p> <p>Mrs Lisa Gostling, Executive Director of Workforce &amp; OD</p> <p>Mrs Joanne Wilson, Board Secretary</p> <p>Ms Ann Taylor-Griffiths, RCN/Joint Chair HDdUHB Staff Partnership Forum/Chair of Ceredigion County Partnership Forum (VC)</p> <p>Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC)</p> <p>Mr Tim Harrison, Head of Health, Safety and Security</p> <p>Ms Anne Beegan, Audit Wales (VC)</p> <p>Ms Karen Richardson, Committee Services Officer (Minutes)</p>

	<b>Introductions and Apologies for Absence</b>	<b>Action</b>
<b>HSAC (20)01</b>	<p>The Chair, Mrs Judith Hardisty welcomed all to the inaugural meeting of the newly established Health &amp; Safety Assurance Committee (HSAC), advising that the agenda would focus on the recent Health &amp; Safety Executive visit, including progress towards compliance with the notices served against the organisation, in order to provide an assurance to Board. For the next Committee meeting in July 2020, discussions would take place with the Board Secretary to agree the relevant items which had previously been forward planned on to the Business, Planning &amp; Performance Assurance Committee workplan, which should now be presented to HSAC.</p>	
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>Ms Alison Shakeshaft, Executive Director of Therapies and Health Science</li> <li>Ros Jervis, Executive Director of Public Health</li> </ul>	

<b>HSAC (20)02</b>	<b>Declarations of Interests</b>	
	No declarations of interests were made.	

HSAC (20)03	<b>Terms of Reference</b>	
	<p>Mrs Hardisty introduced the Terms of Reference for the newly established Health &amp; Safety Assurance Committee, following approval by the Board on 26<sup>th</sup> March 2020.</p> <p>Mrs Joanne Wilson suggested that during COVID-19, it may be appropriate for a reduced Executive Director attendance at meetings, where individuals would only be required to attend to present their respective reports. Mrs Wilson emphasised that this approach would not result in a reduced assurance for the Board. Mrs Hardisty expressed her agreement with this approach and proposed that further discussions on appropriate Executive Director requirements should be discussed at the next HASC agenda setting meeting.</p>	JH/MR /KR
	<p>Given that the Health &amp; Safety agenda has been elevated from Sub-Committee to Committee level, Mr Tim Harrison enquired as to the process involved to ensure that the work being undertaken operationally provides the necessary assurance. Mrs Rayani advised that further discussions are required with the Executive Director of Operations to review the current mechanisms across the organisation to ensure that operational discussions are taking place in appropriate meetings. Mrs Hardisty suggested a further consideration should include mechanisms to ensure that Health &amp; Safety representatives are able to contribute at all levels of the organisation.</p>	MR/AC
	<p>Mrs Ann Murphy noted that the current Chair of the Staff Partnership Forum is also a Health &amp; Safety representative. However, once their tenure in office is over, should the new Chair not be a Health &amp; Safety representative, whether a Health &amp; Safety representative should be included in the Committee's membership. Mrs Rayani responded that when the HASC membership is reviewed, this can be taken into consideration, reminding Members that given the HASC is an assurance Committee, it is imperative that the voice of Health &amp; Safety representatives is received at an appropriate level and that operational discussions take place at operational meetings only.</p>	
	<p>Mrs Ann Taylor-Griffiths confirmed that health &amp; safety discussions take place at local partnership forum meetings, however Health Board wide health &amp; safety representative meetings are not currently taking place. Mr Harrison agreed to facilitate these meetings going forward.</p> <p>Mrs Hardisty noted the comments from Members and in the absence of any amendments proposed, the Committee noted the Health &amp; Safety Assurance Committee Terms of Reference.</p>	TH
	The Committee <b>NOTED</b> the Health & Safety Assurance Committee Terms of Reference.	
HSAC (20)04	<b>Health and Safety Executive Enforcement Action Update</b>	
	Mr Harrison presented the Health and Safety Executive (HSE) Enforcement Action Update to Members, advising of the work being undertaken towards	

compliance with the notices served against the Health Board, following the HSE inspection between 2<sup>nd</sup> and 11<sup>th</sup> July 2019. Mr Harrison advised that the Health Board has provided the HSE with an action plan for the three key work areas to evidence the positive progress made to date. However, progress in relation to Violence and Aggression (V&A) training has now stalled due to the social distancing requirements associated with COVID-19. Although on a positive note, Mr Harrison confirmed that in relation to moving and handling breaches, actions have now been completed by the team involved to improve compliance in this area.

In response to a query from Mrs Delyth Raynsford in relation to V&A training, Mr Harrison advised that whilst the 2-day course 'Prevention and management of behaviours that challenge in Older Adults' has been welcomed by clinical staff, the team involved do not currently have the capacity to meet the demand of the 1,000 staff who require this training. Mrs Rayani added that previously the Health Board had undertaken a training needs analysis, however had not necessarily identified the specific training needs for specific teams. Now that this training need has been identified, a plan will be required to progress.

Mrs Taylor-Griffiths referred to confusion amongst staff in regard to the frequency of V&A training, advising that ward staff require a one day annual refresher course, in addition to the 2 day course, and enquired as to the plans being established to provide this training whilst adhering to social distancing requirements. Mrs Rayani relayed the excellent work undertaken by the workforce team who have established an appropriate process for the recently appointed staff. Following queries from Members regarding the suitability of online video tutorials, Mrs Rayani advised that these would not provide for the level of competency required for staff around safe holding techniques for patients. Mrs Rayani confirmed that the HSE have been advised of the Health Board's intention to reinstate training from September 2020 onwards, and have been supportive of this approach. In relation to the training of staff who work in Mental Health & Learning Disability environments, discussions are taking place with teams to find a suitable approach in the interim. Mrs Lisa Gostling confirmed that risk assessments in relation to induction training in line with social distancing requirements have been undertaken, and for assurance purposes, agreed to share these with Members.

LG

Acknowledging that the Health Board has been granted an extension for these actions initially until July 2020, given the unrealistic nature of this timescale, Mr Mike Lewis enquired whether the HSE have been supportive of our progress to date. Mr Harrison responded that at the most recent meeting held with the HSE, they were supportive and understood the challenges being experienced by the Health Board.

Mrs Wilson suggested that the focus of the Committee's discussion should be whether from a governance perspective, an assurance can be taken on whether the 28 recommendations will be completed by the July 2020 deadline. Given that the report to the Committee does not specify this, Mrs Wilson proposed that the next report to HSAC should outline the current position, the work being undertaken and whether the target deadline will be met. Mrs Rayani suggested that to ensure the Committee avoids

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<p>unnecessary discussion on operational matters, the report should only include higher level information.</p> <p>Following robust discussion, Members acknowledged the serious nature of the enforcement notice issues, and that in order to be in a position to provide an assurance to the Board, the report presented to the next HSAC would require a certain degree of further detail. In addition, Mrs Wilson requested that ARAC receive the same level of detail as HSAC, to ensure consistency of approach. .</p> <p>Members subsequently agreed to an Extraordinary HSAC meeting being convened in June 2020, where a further report and action plan would be presented.</p> <p>Mrs Hardisty proposed that based on the discussions, the report's recommendation should be amended, given that only partial assurance could be taken from the work that is being undertaken</p>	KR
<p>The Committee <b>RECEIVED PARTIAL ASSURANCE</b> on the necessary work being undertaken towards compliance with the notices served against the Heath Board by the Health and Safety Executive.</p>	

HSAC (20)05	<b>Fire Action Update</b>	
	<p>Mr Rob Elliott presented the Fire Action Update report, highlighting the enforcement notices issued in relation to Withybush and Glangwili General Hospitals. Mr Elliott advised that in relation to Withybush General Hospital (WGH), a detailed delivery programme had been developed and subsequently agreed by the Mid and West Wales Fire Rescue Service (MWWFRS). However, due to the impact of COVID-19, following discussions with the MWWFRS, the timeline to complete the work involved could be extended by up to 6 months. Mr Elliott further advised that a meeting is due to take place the following week with the Infection Prevention (IP) Team to establish those areas of work that can progress, given the social distancing considerations that will need to be taken into account to ensure the safety of staff and contractors. In relation to Glangwili General Hospital (GGH), whilst initial survey work has been completed, fire door surveys have been stalled due to COVID-19, however the plan will be to reinstate these following advice from the IP Team. Mr Elliott advised that whilst small and low cost items of improvement are planned, for larger scale works, a business case approach will be required, with funding from Welsh Government (WG). The next update to the Committee will include projected timescales for completion of the actions identified. In addition, Mr Elliott confirmed that a further meeting with the MWWFRS is due to take place on 25<sup>th</sup> May 2020 to agree an extension to the timelines involved to comply with the enforcement notices for both WGH and GGH.</p> <p>In response to a query from Mrs Taylor-Griffiths, Mr Elliott advised that the Health Board is not aware of any planned MWWFRS visits to Bronglais General Hospital (BGH).</p> <p>In response to a query from Mr Lewis in relation to the Business Justification Case, Mr Elliott confirmed that WG released £350k for advanced works included within the Capital Resource Limit. However, due</p>	

	<p>to furloughing, this has been paused, which will also be discussed with the MWWFRS. Once complete, the next stage will be to progress the Business Justification Case for WG approval, with an expected timescale of October 2020. In order to reduce the risk in WGH, a control group has been established, with initial work undertaken in regard to fire alarms, new escape routes and new storage areas now complete, and the Fire Service satisfied with the progress made to date. In relation to GGH, whilst the issue of clutter from corridors has been resolved, a similar approach to WGH, involving a business case proposal to WG in order to support the additional works, will be required.</p> <p>Mrs Hardisty suggested this report is similar to the previous agenda item, the HSE Enforcement Action update, in that without the relevant detail, it is difficult for the Committee to gain a level of assurance on the progress made to date. Mrs Wilson alluded to a recent Fire Governance Review, where the audit tracker states that actions would be delayed by 3 months, however the Committee has been informed that this will likely extend to 6 months. From a governance perspective and in order to gain assurance, the Committee will require further details and a rationale for any delays, and proposed that this should be presented to the Extraordinary HSAC meeting in June 2020. For clarity, Mr Elliott informed Members that the 6 month delay for the completion of works had been suggested by the MWWFRS, however to date, this has not been agreed, and advised that following the meeting with the IP Team, a definitive timescale could be provided.</p>	RE
	<p>The Committee:-</p> <ul style="list-style-type: none"><li>• <b>NOTED</b> the update on the progress on the Fire Safety Enforcement Notices and Letters of Fire Safety.</li><li>• <b>NOTED</b> the further analysis necessary to work within current COVID19 restrictions.</li><li>• <b>AGREED</b> that a further report would be presented to the Extraordinary HSAC in June 2020.</li></ul>	

HSAC (20)06	<b>Control of Contractors Update</b>	
	<p>In order to provide clarity and context for Members, Mrs Hardisty advised that the draft Estates Assurance – Control of Contractors (Limited Assurance) report had been presented to ARAC on 21<sup>st</sup> April 2020.</p> <p>Mr Elliott introduced the Control of Contractors Update, advising that following a material breach by an IT contractor drilling into asbestos without consideration, it was agreed to review the overall management of all contractors working within the HDdUHB. This work had concluded with the development of a new Policy for Contractor Control within the HDdUHB.</p> <p>Mr Elliott confirmed that due to COVID-19, some of the detailed programme dates outlined within the report to ARAC may be delayed. However, for assurance purposes, all new contractors would adhere to the new policy.</p> <p>In response to a query from Mrs Taylor-Griffiths, Mr Elliott confirmed that the policy is included within the qualification questionnaire prior to the agreement of contracts. Mrs Rayani confirmed that an assurance in this</p>	

	<p>regard had been provided at final Health &amp; Safety and Emergency Planning Sub-Committee meeting, with further guidance provided to contractors during induction. However, given the current social distancing requirements, contractor inductions are presently on hold.</p> <p>Mr Harrison confirmed that the HSE have supported the established controls in place by the Health Board.</p> <p><i>Cllr. Simon Hancock left the Committee meeting.</i></p>	
	The Committee <b>NOTED</b> the Control of Contractors Update and the introduction of the new Contractor Control Policy.	

<b>HSAC (20)07</b>	<b>Management of Violence &amp; Aggression / Lone Working Update</b>	
	<p>Mr Harrison presented the Management of Violence &amp; Aggression/ Lone working update report to Members. The HSE identified a number of improvements which are being progressed following the appointment of a new case manager in February 2020. In relation to the lone working element, Mr Harrison advised that following a trial of a lone working device (Skyguard), the next stage will be to determine the number of staff and teams where this device will provide the optimum benefit. Whilst the material breaches identified vary by department, use of the device would satisfy an element of the improvement notice issued by the HSE.</p> <p>In response to a query from Mr Lewis regarding Skyguard functionality, Mr Harrison advised that for assurance purposes, the system allows the user to establish an escalation procedure on the device.</p> <p>Mrs Hardisty noted the report, however for the Committee's assurance proposed that the next update should include further detail in regard to the improvement notice issues and the work on specific actions being undertaken towards compliance.</p>	<b>TH</b>
	The Committee <b>NOTED</b> the work being taken towards compliance with the Violence and Aggression and Lone Working notices served against the Health Board by the HSE.	

<b>HSAC (20)08</b>	<b>Fire Safety Management Report</b>	
	<p>Mr Elliott provided Members with an update on the status of Fire Safety Management across HDdUHB, advising that this would be a standing agenda item for HSAC meetings going forward. Whilst the Fire Risk Assessments position for 2019 had been positive, this has now slipped, given that the fire team have been redeployed to support the COVID-19 field hospitals fire management requirements. Work within the Field Hospitals is however nearing completion, which should enable the team to re-start their focus on routine business. With regard to Mandatory Fire Safety Training, all training sessions have been cancelled, with a consequent reduction in the Health Board's compliance, although as an interim measure, online training options are being considered. For the Committee's assurance, MWWFRS has now undertaken visits to all Field</p>	



	<p>Hospitals, and risk assessments are in the final stages of preparation for issue to the Fire Service.</p> <p>Mr Andrew Carruthers suggested that any reference to “Recovery Centres” in the report could be misleading and proposed that it should be amended to “Field Hospitals”.</p> <p>In relation to Field Hospitals, Mr Carruthers confirmed that a pilot is being undertaken in the Carmarthen Leisure Centre Field Hospital, in order to ensure that the facility is appropriate to receive medically fit patients. Any learning would be taken forward ahead of the facility being used for COVID-19 patients.</p>	<b>RE</b>
	<p>The Committee <b>NOTED</b> the Fire Safety Management Report for assurance purposes.</p>	

<b>HSAC (20)09</b>	<p><b>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Reporting and COVID-19</b></p>	
	<p>Mrs Rayani advised that it had been agreed to present a report on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to HSAC, to ensure that the Committee is aware of the reporting requirements during COVID-19.</p> <p>Mr Harrison confirmed that the Health Board would be following guidance issued by the HSE with regard to the appropriate reporting of incidents. Mr Harrison emphasised that it would be difficult to determine with any certainty, whether a staff member contracting COVID-19 has contracted the virus as a result of their work. Therefore, unless there is comprehensible evidence which links work activity and COVID-19, there would be no requirement for the Health Board to report under RIDDOR. Mr Harrison confirmed that whilst appropriate guidance will be issued to sites and departments, it is anticipated that the level of reporting will be low.</p> <p>Mrs Rayani emphasised that the challenge would be in establishing a direct link to COVID-19 and any consequential harm emanating from the Health Board, and that these challenges will be replicated across Wales. For the Committee’s assurance, the Health Board would undertake an internal investigation, regardless of whether the incident would require reporting under RIDDOR.</p> <p>In response to a query from Mrs Hardisty, Members received confirmation that for consistency, a toolkit has been shared and contributed to by all Health Boards in Wales.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>SUPPORTED</b> the approach being adopted by the Health, Safety &amp; Security Team in providing clear guidance to operational teams, clarifying the HSE requirements.</li> <li>• <b>SUPPORTED</b> the approach of utilising the normal Datix reporting processes to identify and report appropriate cases to the HSE. This</li> </ul>	

	<p>involves the Health and Safety Manager being notified, with reports only completed where clear work related links have been identified.</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> that any staff deaths would be reported to Welsh Government as a 'No Surprises' report.</li> </ul>	
HSAC (20)10	<b>Health &amp; Safety Internal Audit Report</b>	
	<p>Mrs Hardisty advised that the Health and Safety Internal Audit Report is presented for information purposes only. Whilst the report has previously been presented to ARAC, Mrs Wilson confirmed that the management response would be presented to ARAC at its meeting on 23<sup>rd</sup> June 2020.</p> <p>Mrs Hardisty advised that any outstanding actions linked to the HSAC, would be monitored by this Committee.</p>	
	The Committee <b>RECEIVED</b> the Health & Safety Internal Audit Report and were <b>ASSURED</b> of the audit conclusion of Reasonable Assurance being achieved.	
HSAC (20)11	<b>Any Other Business</b>	
	<p>Members expressed their thanks to all staff for their continued commitment in ensuring that work is continuing, despite the challenges presented during the COVID-19 pandemic.</p> <p>Mrs Hardisty confirmed that once agreed, an email would be issued to Members confirming the date and time for the Extraordinary HSAC meeting in June 2020.</p>	JH/MR /KR
HSAC (20)12	<b>Date &amp; Time of Next Meeting</b>	
	June 2020 (to be confirmed).	