

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

<b>Date and Time of Meeting:</b>	6 March 2023 – 9.30 a.m.
<b>Venue:</b>	Boardroom, Ystwyth Building, St. David's Park, Carmarthen/MS Teams

<b>Present:</b>	Mrs Judith Hardisty, HDdUHB Vice Chair (Committee Chair) Ms Ann Murphy, Independent Member (Committee Vice-Chair) Mr Paul Newman, Independent Member Ms Delyth Raynsford, Independent Member
<b>In Attendance:</b>	Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience Mr Rob Elliott, Director of Estates, Facilities and Capital Management Mr Adam Springthorpe, Health and Safety Manager Mr Tim Harrison, Head of Health, Safety and Security Mr Anthony Dean, Staff-Side Representative Mr John Evans, Assistant Director, Medical Directorate Mr Simon Chiffi, Head of Operational Services, Estates Department Mrs Joanna Dainton (Carmarthenshire Locality Office) Mr Adam Springthorpe, Health and Safety Manager Miss Katie Lewis, Committee Services Officer (minutes)

	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>HSC (23)17</b>	The Chair, Mrs Judith Hardisty, welcomed all to the meeting. Apologies from: <ul style="list-style-type: none"> <li>Mr Andrew Carruthers, Director of Operations</li> <li>Mrs Joanne Wilson, Director of Corporate Governance and Board Secretary</li> <li>Mr Charles Scarf, Security Advisor</li> </ul>	

<b>HSC (23)18</b>	<b>DECLARATIONS OF INTERESTS</b>	
	No declarations of interests were made.	

<b>HSC (23)19</b>	<b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 9 JANUARY 2023</b>	
	Providing an update on the visit to Cardiff and Value University Health Board (CVUHB) to investigate patient handover arrangements, Mrs Mandy Rayani noted the positive outcome of the meeting. An assessment will be presented to the Executive Team on the detail, including the introduction of soft changes to language when referring to patients, to avoid the use of the term 'offloading' when discussing patient transfer of care. Members noted the pathway differences, with patients triaged and medically assessed on ambulance arrival. Highlighting the footprint variances between Hywel Dda	<b>MR/AC</b>

	and CVUHB, Mrs Rayani advised that the report to the Executive Team will encompass suggested improvements to streamlining patients.	
<b>HSC (23)20</b>	<b>TABLE OF ACTIONS FROM THE MEETING HELD ON 9 JANUARY 2023 AND MATTERS ARISING</b>  HSC(23)07: Health And Safety Update: "To provide more data relating to the overall amount of personal injury claims paSid."  Miss Katie Lewis to amend the typo to 'Paid'.	<b>KL</b>
<b>HSC (23)21</b>	<b>3L – REVIEW OF EXISTING SECURITY ARRANGEMENTS</b>  Mr Tim Harrison presented an update on the Health Board's Security Arrangements Review, which has been undertaken to establish a baseline level of compliance against specific security management arrangements including physical systems and processes. Work will commence to prioritise areas of focus, and due to the nature of the content of the report, it was agreed that further discussions will take place at the In Committee meeting.  The Committee <b>RECEIVED ASSURANCE</b> that work has progressed, and improvements have been made in relation to the health and safety themes as detailed within the report.	
<b>HSC (23)22</b>	<b>HEALTH AND SAFETY UPDATES</b>  Mr Tim Harrison provided the highlights from the Health and Safety Update Report noting improved access to pregnancy risk assessment following feedback that the New and Expectant Mothers / Birthing Parents Procedure and associated risk assessments do not come up in an intranet search since corporate policies were relocated to the Internet site. For assurance, the Health and Safety team has been working with the Communications Team to rectify this. As such there is now a new collaborative page on the Occupational Health intranet site that provides information for pregnant workers and includes both the Procedure and quick links to both of the Pregnancy Care Plan risk assessment forms.  Mr Harrison advised that the Manual Handling Team has been actively working with the Pembrokeshire Local Authority Releasing Time To Care (RTTC) and Manual Handling lead to introduce the concept of Single Handed Care (manual handling) training to Health Board staff. The Team is now integrating the principles and practice of single-handed care into all manual handling across Health Board sites with a particular focus on new staff being instructed during foundation training and the Local Authority will lead on training for carers. The model is aimed at improving safe discharge from hospital without unnecessary delay. The joint working is recognising that a single-handed care focus will support a whole systems approach to right sizing care in both community and acute settings. It is intended that this work will be extended into Carmarthenshire and Ceredigion. Mrs Delyth Raynford enquired whether the required level of storage is available and in response, Mr Harrison noted the storage challenges however discussions are underway to explore options.	

	<p>The Committee received an overview of the RIDDOR incidents across the Health Board and a more detailed deep dive will be included within the next Health and Safety Update Report for the meeting scheduled for May 2023.</p> <p>Mr Tim Harrison fed back from the Trade Union Health and Safety Group Meeting in February 2023 highlighting a number of potential concerns such as staff pressures and stress due to workload and the impact of patient flow challenges. Trade Union members also raised concerns that Police escorting persons into certain 136 suites are leaving the premises before the outcome of assessment has been reached. Effectively leaving persons in the care of Mental Health who may not be suitable to detain the person if required. Another concern relates to front door access into Gorwelion Community Health Centre and the need to make it more secure and safe for both patients and staff. Traffic management on site was also raised as a concern which is affecting the surrounding area of the three acute hospital sites</p> <p>It was agreed that this type of concern needed to be formally raised with the respective Directorate responsible in the first instance via the respective Quality and Safety Groups. The Health and Safety Team have escalated the above points with the appropriate Directorate lead.</p> <p>Mr Paul Newman raised the point made regarding the Section 136 suites and the Gorwelion Community Health Centre premises not being fit for purpose and whether there is a plan in place to address the historical issues relating to premises suitability. The Director of Nursing, Quality and Patient Experience undertook to initiate a review of all Mental Health 136 suites across the organisation and feedback to the HSC.</p> <p>Mrs Delyth Raynsford echoed the concerns regarding traffic management and access across the three acute hospital sites which are felt to be reflective of the current operational pressures. Mr Keith Jones assured Members that actions to mitigate the risks are being explored with Operational Leads and the Director of Nursing, Quality and Patient Experience will feed back to the Director of Operations as well as seek clarity on the WGH Air Ambulance Protocol which has an impact on the traffic management.</p> <p>The Committee <b>RECEIVED ASSURANCE</b> that work has progressed, and improvements have been made in relation to the health and safety themes as detailed within the report.</p>	<p>TH</p> <p>MR</p> <p>MR</p>
<p>HSC (23)23</p>	<p><b>OPERATIONAL RISK UPDATE</b></p> <p>Mr Keith Jones provided an update on the Operational Risks assigned to the Health and Safety Committee and were pleased to note the developments and level of scrutiny of risks taking place from Directorates is significant. Mrs Rayani undertook to request the frequency of risk updates is being reviewed to ensure updates are provided in a timely manner for presentation at the monthly Executive Team meetings.</p>	

	<p>The Chair was pleased to note the reduction in risk score for Risk 222 Asbestos Contact due to the Estates team having a greater understanding of the likelihood of the unknown 'Asbestos Containing Materials' (ACM's) across the Health Board sites which reflects the update provided at the previous HSC meeting.</p> <p>Discussion took place regarding Risks over three years old, and differentiating risks and issues. Mrs Rayani undertook to request all Datix Risks over three years are provided by the Directorates and will be scrutinised by the Executive Team.</p> <p>The Committee <b>REVIEWED</b> and <b>SCRUTINISED</b> the risks, and <b>RECEIVED ASSURANCE</b> that all relevant controls and mitigating actions are in place.</p>	<b>MR</b>
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<b>HSC (23)24</b>	<p><b>FIRE SAFETY UPDATE REPORT</b></p> <p>Mr Robert Elliot presented the Fire Safety Update Report including an update on the completion date for the Fire Enforcement Notice (FEN) Phase 1 project (All remaining horizontal escape routes at Withybush Hospital (WGH), all remaining work at St Caradogs and St Nons, all work at Kensington, St Thomas, Springfield, Sealyham, and Pembroke County Blocks) at WGH remains on programme for end of July 2023. Given the complexity of the project, the date is being closely managed and an update on any future changes will be provided if required. The Mid and West Wales Fire and Rescue Service (MWWFRS) has advised that they will look to revisit the Health Board prior to the current proposed end date for this FEN (March 2023) and a four week extension has been agreed.</p> <p>As part of the development of the Phase 2 Business Justification Case (BJC), the initial outturn capital cost forecast has raised concerns in terms of the level of capital expenditure required for the work. Clarity on the financial elements on the current scope of work is expected by the end of March 2023. The next step will be to meet with MWWFRS with the full support of NHS Wales Shared Services Partnership (NWSSP) in establishing the most appropriate way forward for Phase 2 work. At this point discussion will take place with Welsh Government (WG) to consider the revised scope of project and financial envelope.</p> <p>Referring to Glangwili Hospital (GGH) Phase 1 for all remaining works for horizontal escape routes at GGH, the completion date remains on programme for November 2023. MWWFRS have agreed a 6 – 7 week extension. The Committee noted the pressures being experienced by staff due to the nature of the scheme and also received an update on challenges experienced through a sub-contractor evidencing costings as part of the WG requirements. The Committee received assurance that funding for lift improvements/ replacements are being included as part of an estates project business case to WG for 2023/24. Ms Ann Murphy commented that the installation of the doors as part of the fire safety improvements will need to be in line with the work underway as part of security improvements to ensure compatibility.</p>	
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	Members were pleased to note that Level 1 Fire Safety training has now achieved 80% for the first time. Level 2 Fire Safety training has increased by 3% from last report.	
	The Committee <b>RECEIVED ASSURANCE</b> from the content of the Fire Safety Update and the work achieved to strengthen Fire Safety Compliance.	
<b>HSC (23)25</b>	<p><b>CONTROL OF VIBRATION AT WORK REGULATIONS 2005</b></p> <p>Mr Adam Springthorpe provided an update on the Health Board's compliance with the Control of Vibration at Work Regulations 2005 along with general duties linked to these regulations in the Management of Health and Safety at Work Regulations 1999. The Health and Safety Team met with their equivalents in Powys Teaching Health Board (PTHB) to discuss the circumstances that led to issuing Improvement Notices in 2019 for their management of Hand Arm Vibration Syndrome (HAVS), mainly regarding risk assessment and training. These Improvement Notices were confirmed as complete in April 2020, however the Health and Safety Executives (HSE's) investigation into the associated historic cases continued resulting in PTHB being fined £160,000 + Costs (£5599) + Fees for Intervention (FFI) (c£10k) for their HAVS-related failures. They may also face personal injury claims following the prosecution.</p> <p>Mr Springthorpe advised that a meeting has taken place met with the Occupational Health lead for Hywel Dda University Health Board and learned that there are currently no known cases of HAVS-related conditions within the Health Board according to their records. A Control of Vibration at Work Policy is in development, the Document Approval Form (DAF) for which has been approved by the Policy Coordination Officer in January 2023. The first draft of the Policy was presented to the Health and Safety Advisory Group for initial comment and discussion on 8 February 2023. The Health and Safety Manager is in the process of arranging HAVS Management Training for the Health and Safety Team, Estates Operations Compliance Team and an Occupational Health Representative. It is hoped that this course will be delivered in March 2023. A number of actions are underway to mitigate the risk going forward following the findings of PTHB the Health Board has decided to focus on Estates staff in the first instance as they were identified by PTHB as the highest-risk users. Once underway, the work will be extended in 2024 to consider lower risk areas (as identified by PTHB) using vibrating equipment. Discussion took place on scoping areas of focus for HSE to confirm compliance across the Board.</p>	
	The Committee <b>RECEIVED ASSURANCE</b> from the progress made to date and the plan going forwards to reach compliance against the Control of Vibration at Work Regulations 2005.	

HSC (23)26	<b>POLICIES AND PROCEDURES FOR APPROVAL</b>	
	<p>The following policies were presented and <b>APPROVED</b> at the Committee.</p> <ul style="list-style-type: none"> <li>• <b>Policy 144:</b> Operational Maintenance Policy</li> <li>• <b>Policy 202:</b> Asbestos Policy</li> <li>• <b>Policy 242:</b> Fire Safety Policy</li> <li>• <b>Policy 393:</b> Confined Space Policy</li> <li>• <b>Policy 403:</b> Water Safety Policy</li> <li>• <b>Policy 442:</b> Severe Weather Gritting Policy: Further clarity will be included on the Equality Impact Assessment relating to the impact for people with disabilities and sight difficulties and an update will be included in the Table of Actions for the next meeting)</li> <li>• <b>Policy 541:</b> Contractor Control Policy: The frequency of auditing will be specified and further clarity on the asbestos training for staff and contractors will be included within the Policy.</li> <li>• <b>Policy 293:</b> Smoke Free Policy: The Policy was approved however some key points were raised: <ul style="list-style-type: none"> <li>➤ The Policy will be amended to 'Nicotine Therapy alternative will be offered within 4 hours of patient admission' rather than 1 hour.</li> <li>➤ The report will be amended to reflect that there are no security personnel to enforce the Policy.</li> <li>➤ The method in which to capture patient referrals for nicotine therapy is being explored.</li> <li>➤ Further information on how the Policy applies to those who live on staffed Health Board premises to be shared with the Chair.</li> </ul> </li> </ul>	
	The Committee <b>APPROVED</b> the Policies.	
HSC (23)27	<b>HSC WORK PROGRAMME 2022/23</b>	
	The Committee received the Health and Safety Committee workplan for 2022/23 for information.	
	The Committee <b>NOTED</b> the Health and Safety Committee workplan for 2022/23.	
HSC (23)28	<b>ANY OTHER BUSINESS</b>	
	The Chair updated Members that this would be Mr Paul Newman's final meeting as Independent Member at the Health and Safety Committee and thanked Mr Newman for his valuable contribution to the health and safety agenda.	
HSC (23)29	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	9 May 2023, 9.30 a.m. – 11.00 a.m.	