

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

Date and Time of Meeting:	Tuesday 9 May 2023 – 9.30 a.m.
Venue:	Boardroom, Ystwyth Building, St. David's Park, Carmarthen/MS Teams

Present:	<p>Mrs Judith Hardisty, HDdUHB Vice Chair (Committee Chair) Ms Ann Murphy, Independent Member (Committee Vice-Chair) Mrs Delyth Raynsford, Independent Member Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience Mr Andrew Carruthers, Director of Operations Mr Tim Harrison, Head of Health, Safety and Security Mr Anthony Dean, Staff-Side Representative</p>
In Attendance:	<p>Mr Rob Elliott, Director of Estates, Facilities and Capital Management Mr Adam Springthorpe, Health and Safety Manager Mr Simon Chiffi, Head of Operational Services, Estates Department Ms Sam Hussell, Head of Health Emergency Planning Ms Rachel Williams, Head of Assurance and Risk (deputising for Mrs Joanne Wilson) Ms Sharon Daniel, Deputy Director Nursing, Quality & Patient Experience (Observer) Miss Katie Lewis, Committee Services Officer Ms Claire Evans, Committee Services Officer (minutes)</p>

	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
HSC (23)30	<p>The Chair, Mrs Judith Hardisty, welcomed all to the meeting.</p> <p>Apologies for absence were received from Mrs Joanne Wilson, Director of Corporate Governance and Board Secretary.</p>	
HSC (23)31	DECLARATIONS OF INTERESTS	
	No declarations of interests were made.	
HSC (23)32	MINUTES OF PREVIOUS MEETING HELD ON 6 MARCH 2023	
	RESOLVED - that the minutes of the meeting of the Health & Safety Committee (HSC) held on 6 March 2023 be approved as a correct record.	
HSC (23)33	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 6 MARCH 2023	
	An update was provided on the Table of Actions from the HSC meeting held on 6 March 2023, with confirmation received that all actions had been completed or forward planned on the HSC work plan.	

HSC (23)34	HEALTH AND SAFETY ANNUAL REPORT 2022/23	
	<p>Mrs Hardisty presented the Health and Safety Annual Report 2022/23 to members.</p> <p>Mrs Mandy Rayani thanked Ms Karen Richardson for her work in pulling together the report.</p> <p>Ms Sam Hussell highlighted an error in the second paragraph on page ten of the report. Miss Lewis would amend the sentence “The Committee received assurance that the Preparedness, Resilience and Response Group and Security Management Group will be used to formally monitor progress with identified risks.” to “The Committee received assurance that the Emergency Preparedness, Resilience and Response Group and Security Management Group will be used to formally monitor progress with identified risks.”</p> <p>The Committee were advised that if approved, the Health and Safety Annual Report 2022/23 will be submitted to the Public Board meeting in July 2023 for approval.</p> <p>The Committee ENDORSED the Health and Safety Committee Annual Report 2022/23.</p>	CSO

HSC (23)35	CORPORATE RISKS ASSIGNED TO HSC	
	<p>Mrs Rayani presented the Corporate Risk report.</p> <p>Risk 813: Failure to fully comply with the requirements the Regulatory Reform Order (Fire Safety) 2005 (RRO), which is RAG rated Red, was discussed under the Fire Safety Update agenda item.</p> <p>In relation to Risk 1433: Inability to maintain routine and emergency services in the event of a severe pandemic event, the previous pandemic influenza risk has been changed into two new risks, generic pandemic event and emerging infectious diseases. Current likelihood is scored at a three to reflect the risk of the Health Board being unable to respond to the scale and severity of the pandemic.</p> <p>The Committee RECEIVED ASSURANCE that:</p> <ul style="list-style-type: none"> • 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. • Challenge where assurances are inadequate. 	

HSC (23)36	OPERATIONAL RISKS ASSIGNED TO HSC	
	<p>Mrs Rayani provided an update on the Operational Risks assigned to the Health and Safety Committee.</p>	

Risk 1382: Installation of Reinforced Autoclaved Aerated Concrete (RAAC) planks as part of the infrastructures: Mr Andrew Carruthers highlighted that following a number of high-profile incidents in the UK recently, Risk 1382 is of particular concern at the moment.

The current risk score is high, which is based on the evidence and information the Health Board has received from existing structural surveys and information available. The areas affected are the complete roof in Withybush Hospital (WGH) and a small area in Bronglais Hospital.

The Health Board has planned to commission (commencing in May 2023) intensive surveys of each individual RAAC planks to determine the risk, condition and any repair work needed. This survey is anticipated to take up to nine months to complete, and the risk will be reviewed and updated as work proceeds and new information becomes available. During this work, patients from Ward 9 of WGH will be moved to South Pembrokeshire Hospital, followed by all other patients on the top floor. It is anticipated that Welsh Government (WG) will meet at least some of the costs required. Further updates on this work will be provided at the July 2023 Committee meeting.

Mrs Rayani confirmed that a number of communications have recently been sent out to the public. Mrs Rayani also asked Mr Harrison to include assurances in his update report that sites will be clean and provide safe environments for staff and patients during the work process.

Themed Risk Register: Ms Ann Murphy noted that there were now only 9 risks in the Themed Risk Register left to be reviewed, down from 85 last year, and thanked staff for their hard work updating the risks.

Risk 708: Inappropriate storage solutions associated with patient files/documents affecting Ceredigion Community sites: Mrs Rayani requested an update on issues with new facilities at Tregaron Hospital previously discussed. It was agreed that Mrs Rayani and Mr Carruthers would discuss this further outside of the Committee meeting and bring an update to the Committee in July 2023.

1586: Risk to staff, patients, due to insufficient space at Bronglais Hospital: Discussion took place regarding the high-risk score of 20. Mr Harrison highlighted that he has written to the Assurance and Risk Team to clarify the score. Mr Rob Elliott would provide further context and review Risk 1586 (risk to staff, patients, due to insufficient space at Bronglais General Hospital (BGH) following further discussion with the Hospital Site Manager.

The Committee:

- **REVIEWED** and **SCRUTINISED** the risks and **RECEIVED ASSURANCE** that all relevant controls and mitigating actions are in place.
- **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

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HSC (23)37	HEALTH AND SAFETY UPDATE	
	<p>Mr Harrison presented the Health and Safety update report which details the end-of-year Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR) figures for the 2022-23 financial year. The report highlights the more serious incidents that have been reported. It was noted that compared to other industries, violence and aggression stands out within the Health Board. The report also includes information on a Civil Claim by a member of staff injured whilst restraining an intoxicated patient.</p> <p>As a result of awareness raising activities by the Health and Safety Team over the last six years, the number of reported incidents has increased significantly compared to the figures from 2016. 2022-23 saw the greatest number of RIDDORs reported in a single year to date. The figure is now a more representative figure for a Health Board the size of Hywel Dda University Health Board. Assurance was received on this matter in 2022 by an All-Wales benchmarking exercise, and this exercise is set to be repeated later in 2023.</p> <p>The Committee noted that the greatest cause of incident in 2022- 23 was slips, trips and falls (STF) however, violence and aggression was a close second. Mrs Delyth Raynsford queried the number of incidents of slips and trips and asked what was being done to mitigate these. Mr Harrison responded to say that data on Datix has been studied to look for any trends in these incidents, however, there did not appear to be anything indicative.</p> <p>The Health Board's timeframe for compliance has increased slightly during the 2021- 22 financial year, rising from 56.9% to 62.7%. Mr Harrison summarised that the reason for the low timing of reporting included staff not reporting on Datix and highlighted the importance of reminding staff to report incidents as soon as possible.</p> <p>Training on violence and aggression, and de-escalation techniques were being offered to staff within the Health Board. The Violence and Aggression Case Manager, Mr Brett Jenkins provides support as well as training to staff and training on communication skills (in relation to de-escalation). Mrs Rayani highlighted that the violence and aggression training passport requires updating and undertook to raise this with the team.</p> <p>Mrs Rayani also undertook to explore improving communications with the public to raise awareness that violence and aggressive behaviour towards staff at Health Board sites will not be tolerated. Discussions have recently taken place with the Communications Director Alwena Hughes-Moakes to request re-starting the communications campaign which had taken place pre- COVID-19 Pandemic. It was highlighted that the Health Board has noted an increase in verbal abuse post-pandemic. Mrs Rayani undertook to contact WG to request an update on the All-Wales Collaborative as they have not met for some time.</p> <p>The Committee RECEIVED ASSURANCE that work has progressed, and improvements have been made in relation to the health and safety themes as detailed within the report.</p>	<p>MR</p> <p>MR</p>

HSC (23)38	FIRE SAFETY UPDATE REPORT	
	<p>Mr Elliot provided an update with regard to progress in managing Fire Safety.</p> <p>Referring to Glangwili Hospital (GGH) Phase 1, the current revised programme that was extended to August 2023 has now received an application for a further extension of 7-8 weeks (to the end of October 2023). This has been discussed with Mid and West Wales Fire and Rescue Service (MWWFRS). The application has not yet been signed off, however, it is expected to be approved. This remains a complex project and programme management continues to be a challenge.</p> <p>It is planned to develop a reduced scope of Phase 2 work at WGH following the initial indication of Capital costs. This reduced scope would need to be fully agreed with MWWFRS. Mr Elliott would update Committee members once a response from MWWFRS was received. Mr Elliott was in discussion with Welsh Government to receive funding of £350k for Phase 2 work.</p> <p>MWWFRS are fully satisfied with the work progressing on the 24 bed Decant Ward at WGH which will be operational by January 2024. Following concerns that it will be the busy winter period; assurance was provided that this had been taken into consideration. Necessary phase two fire works on the six wards on the second floor at WGH will take place at the same time as the RAAC work which will offer some significant financial saving and least disruption.</p> <p>Concern was raised regarding the frequency of contractors requesting timescale extensions for work. Mr Elliott explained that sometimes it is due to the nature of the work or contractors working in isolation at sites. However, an improvement in performance was noted. Mr Elliot did expect an improvement during Phase 2 work.</p> <p>Mr Elliott thanked the Fire Safety Team for hard work undertaken to improve the fire training compliance.</p> <p>Mrs Rayani requested an update on fire safety work in the community hospitals at Amman Valley and Llandovery. It was highlighted that a recent fire evacuation exercise showed that patients could be evacuated within the required timeframe. There was also a delay in construction work as fire doors had an 8–10-week delivery time. Mr Elliott confirmed that work has now been completed and signed off by the fire service.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • ACKNOWLEDGED and RECEIVED assurance from the content of this report and the work achieved to strengthen Fire Safety Compliance. • NOTED that further updates will be presented at future Health & Safety Committee meetings 	

HSC (23)39	MONITORING STAFF EXPOSURE TO ENVIRONMENTAL HAZARDOUS SUBSTANCES - REQUIREMENT OF THE CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH REGULATIONS 2002	
	<p>Mr Harrison introduced the Monitoring Staff Exposure to Environmental Hazardous Substances report and highlighted that the two reasons for measuring the substances was:</p> <ol style="list-style-type: none"> 1. To ensure that the Health Board is compliant with the workplace exposure limit. 2. To ensure that where there are engineering control measures, that they are performing. <p>Two areas have been identified that require exposure monitoring in order to provide assurance on the level of exposure.</p> <p>A letter was sent from the Royal College of Midwives detailing concerns regarding nitrous oxide (N2O) exposure in certain NHS trusts in England. The Health Board has issued a response to this letter. Exposure and environmental monitoring of the N2O are advised. A report on these issues has been submitted to the relevant Directorate's Quality, Safety and Experience Groups. Work on monitoring was expected to begin within six months. An update on the timescale for completion will be provided at the next Committee meeting in July 2023.</p> <p>Welsh Ambulance Services NHS Trust (WAST) have performed some environmental and exposure monitoring of vehicle emissions; so far at Glangwili General Hospital. This aspect has the potential to affect staff working in the vicinity of Emergency Departments. Mr Harrison has submitted a report on these issues to the relevant Directorate's Quality, Safety and Experience Groups.</p> <p>It was made clear that costs incurred should be met by each Directorate where staff are exposed to the substances.</p> <p>Mrs Rayani would liaise with Ms Rachel Williams and Mr Harrison to establish whether there should be one general risk on the risk register, or whether there should be a separate risk specifically for N2O.</p>	<p>TH/ CSO</p> <p>TH /RW /MR</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE from the progress made to date and the plan going forward to reach compliance against the COSHH Regulations in terms of Workplace Exposure Limits. • NOTED that exposure monitoring is recommended for Midwifery and Endoscopy – these are the two highest users of Entonox and data is needed to evidence that compliance with Healthcare Technical Memoranda also delivers compliance with COSHH Regulations in these areas. 	
HSC (23)40	PREVENT AND CONTEST UPDATE	
	<p>Mr Harrison introduced the Prevent and Contest update report using information contained within the Dyfed Powys Counter Terrorism Local Profile (CTLTP).</p>	

	<p>Ms Sam Hussell advised the Committee that a critical response review update will be submitted to the Committee meeting in July 2023.</p> <p>Ms Raynsford enquired what public messaging on misogyny was being undertaken directed at young males in light of the data. Mr Harrison responded that Public Health was involved and contributed to a Contest Board, led by Local Authorities. Mr Harrison undertook to request further information from Mrs Joanna Dainton, Head of Commissioning and Strategy Development to request further information on the public messaging and engagement with schools if required and will provide feedback to Mrs Raynsford.</p> <p>Ms Sam Hussell would pick this up with the counter terrorism security advisers on what their education programme includes, to see how it ties in together.</p> <p>It was also felt it would be useful to remind staff of the Health Board values and, in particular, regarding inappropriate conduct in the workplace.</p>	<p>SH</p> <p>TH/ MR</p>
	<p>The Committee NOTED and DISCUSSED the Update on CONTEST and RECEIVED ASSURANCE that HDdUHB is represented at County and Regional Contest Boards.</p>	

<p>HSC (23)41</p>	<p>WHTM ENGINEERING COMPLIANCE/GOVERNANCE</p>	
	<p>Mr Simon Chiffi presented the WHTM Engineering Compliance/ Governance report to members and highlighted that although there were some gaps, the road map has been developed.</p> <p>Mr Harrison enquired regarding the comment in the report that there is no authorising engineer in place in the Bed Head Services and Pathology. Mr Chiffi explained that discussion is taking place with NWSSP and Shared Services for interim support, however, the intention is to appoint a full team of trained staff across the four main sites.</p> <p>Update reports from technical groups are reporting into the Operational Groups and monthly update meetings are scheduled with the Assurance and Risk team.</p> <p>Mrs Rayani raised a concern regarding the RAG status of the Water Systems section of the Compliance Tracker and requested clarity on the frequency of auditing. Mr Chiffi advised that there will be two large pieces of work taking place over the next two years to replace water tanks however is currently awaiting the confirmed date of the next audit. Mr Rayani requested to be kept updated on any delays and offered assistance to escalate the request if required. Update reports will be submitted to the Committee on a six-monthly basis, and this will be included on the Committee Work Plan.</p>	<p>CSO</p>
	<p>The Committee RECEIVED ASSURANCE from this report and NOTED that while there are WHTM recommendations not currently being complied with, a vast amount of work is underway as described in this report to help</p>	

	significantly improve the HDUHB's compliance across all WHTM's. Annual status reports can be presented to the Committee to track progress over time.	
HSC (23)42	VIOLENT PATIENT WARNING MARKER PROCEDURE	
	<p>The 761 - Violent Patient Warning Marker Procedure was presented to the Committee. No significant changes were noted however the Procedure was due for the three yearly review.</p> <p>A discussion took place on whether this should be a policy or a procedure. Mrs Rayani and Ms Rachel Williams will discuss this separate to the meeting.</p>	MR/ RW
	The Committee APPROVED the 761 Violent Patient Marker Procedure and RECOMMENDED it for uploading to the Health Board Policy page on the intranet by the Policy Co-ordination Officer (for procedures and guidelines only).	
HSC (23)43	LOCKDOWN POLICY	
	<p>The 749 - Lockdown Policy was presented to the Committee and no significant changes were noted.</p> <p>Clarity was sought on whether a Health and Safety Advisory Group had been established as this did not appear on the Health and Safety Committee Terms of Reference. Mrs Rayani and Ms Williams undertook to clarify this with Mr Harrison and Mrs Wilson.</p>	TH/MR/ JW/ RW
	The Committee APPROVED the 749 – Lockdown Policy and RECOMMENDED it for uploading to the Health Board Policy page on the intranet by the Policy Co-ordination Officer (for procedures and guidelines only).	
HSC (23)44	VIOLENCE AND AGGRESSION POLICY	
	The 285 - Violence and Aggression Policy was presented to the Committee and the inclusion of an appeals process was noted.	
	The Committee APPROVED the 285 Violence and Aggression Policy RECOMMENDED it for uploading to the Health Board Policy page on the intranet by the Policy Co-ordination Officer (for procedures and guidelines only).	
HSC (23)45	SECURITY POLICY	
	This item is DEFERRED until the next meeting.	
HSC (23)46	ANY OTHER BUSINESS	
	There was no other business.	

HSC (23)47	MATTERS FOR ESCALATION TO BOARD	
	<p>The following issues would be escalated to the Board:</p> <ul style="list-style-type: none"> • That work will take place on public messaging to reduce violence and aggression towards staff, and also issue reminders to staff of customer care duties. • A report including updates on the storage areas in Tregaron (Risk 708 (Inappropriate storage solutions associated with patient files/ documents affecting Ceredigion Community sites), will be presented to the next Health and Safety Committee. • Assurance that the position on RAAC at Health Board sites is being kept under review. 	

HSC (23)48	DATE & TIME OF NEXT MEETING	
	10 July 2023, 9.30 a.m. – 11.00 a.m.	