

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

Date and Time of Meeting:	9 th January 2023 – 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) Ms Delyth Raynsford, Independent Member
In Attendance:	Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience Mrs Joanne Wilson, Board Secretary (VC) Mr Andrew Carruthers, Director of Operations (VC) (part) Mr Rob Elliott, Director of Estates, Facilities and Capital Management, Deputising for Mr Andrew Carruthers, Director of Operations (VC) Mr Adam Springthorpe, Health and Safety Manager (VC) Mr Tim Harrison, Head of Health, Safety and Security (VC) Mr Anthony Dean, Staff-Side Representative (VC) Mr John Evans, Assistant Director, Medical Directorate (VC) Mr Charles Scarfe, Security Advisor (VC) Mr Simon Chiffi, Head of Operational Services, Estates Department (VC) Mrs Helen Mitchell, Committee Services Officer (minutes)

	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
HSC (23)01	The Chair, Mrs Judith Hardisty, welcomed all to the meeting. No apologies for absence were received. The Committee noted that Mr Andrew Carruthers was unable to attend for all of his agenda items. Mr Rob Elliott will deputise in his absence.	
HSC (23)02	DECLARATIONS OF INTERESTS No declarations of interests were made.	
HSC (23)03	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 14TH NOVEMBER 2022 RESOLVED - that the minutes of the meeting of the Health & Safety Committee (HSC) held on 14 th November 2022 be approved as a correct record.	
HSC (23)04	TABLE OF ACTIONS FROM THE MEETING HELD ON 14TH NOVEMBER 2022 AND MATTERS ARISING An update was provided on the Table of Actions from the HSC meeting held on 14 th November 2022, with confirmation received that all actions had been completed or forward planned on the HSC work plan.	

	<p>The Committee welcomed as helpful Appendix 1 - Health and Safety Regulations: Control of Asbestos Regulations 2012 – The Different Grades of Asbestos Containing Materials (ACM's) and thanked Mr Simon Chiffi for his work on the report.</p> <p>Ms Delyth Raynsford enquired whether the Health Board was an outlier with regard to asbestos and the age of the estate. Mrs Mandy Rayani confirmed that in her experience, the majority of Health Boards in England and Wales were in a similar position. Mr Adam Springthorpe concurred, noting that due to the age of the estate, and spending on asbestos control since 2010, Hywel Dda University Health Board (HDdUHB) is in a much better position than some Health Boards. The Committee noted that all HDdUHB sites across the three counties hold electronic versions of Asbestos Management Plans and Registers, with additional hard copies held at each acute site, providing access for any visiting contractor/estates personnel.</p> <p>Ms Raynsford commended Mr Springthorpe and the team on the work undertaken to date and expressed thanks for the proactive approach which has been adopted.</p>	
--	--	--

HSC (23)05	OUTCOME REPORT/ACTION PLAN OF HSC SELF-ASSESSMENT PROCESS	
	<p><i>Mr Andrew Carruthers joined the meeting.</i></p> <p>The Committee received and considered the Health and Safety Committee (HSC) Self-Assessment Outcome Report 2021-22 presented by Mrs Hardisty. Ms Raynsford welcomed the Trade Union Update reference on page 3 of the report, to which Mr Anthony Dean agreed. Ms Ann Murphy advised that a Trade Union meeting has been scheduled on a bi-monthly basis, 2 weeks prior to HSC, to highlight issues pertinent to the Committee. Mrs Joanne Wilson agreed to liaise with Ms Murphy and Mr Dean regarding local arrangements prior to amending the Terms of Reference to include the Trade Union Update.</p> <p>Mr Charles Scarfe, who took up his post as Security Advisor in the New Year, was welcomed to HSC by Mrs Hardisty.</p> <p>Ms Raynsford noted that the HSC has developed due largely to the leadership provided by Mrs Rayani. Mrs Rayani commended Mr Tim Harrison and his team on the work they undertake to ensure that reports presented to HSC provide a high level of assurance. Mrs Hardisty reiterated these points and thanked both Mrs Rayani and Mr Harrison and their teams for their contributions.</p> <p>The Committee RECEIVED ASSURANCE that any actions from the HSC Self-Assessment 2021/22 are being progressed within the agreed timescales.</p>	JW

HSC (23)06	PLANNING OBJECTIVES UPDATE REPORT	
	<p>Mrs Rayani presented the Planning Objectives (PO) Update Report, advising that security arrangements will be discussed in detail during the In-Committee session, and noted that the Health Board will be in a position to</p>	

	<p>better understand and prioritise areas for further action by the end of March 2023, when Mr Scarfe has been able to review the overall situation.</p> <p>The Committee noted that the following PO aligned to the HSC is on track:</p> <p>PO 3L: By March 2023 to undertake a review of the existing security arrangements within the Health Board with particular reference to strengthening the following areas:</p> <ul style="list-style-type: none"> ○ Physical Security ○ Automated locks ○ CCTV ○ Access Control Systems ○ Intruder Alarms ○ Communication Systems ○ Human Factors ○ Patient and Staff Personal Property ○ Local Management and staff ownership <p>Mrs Rayani noted that Risk 4H: Review and refresh the Health Board's emergency planning and civil contingencies was presented to Board in December 2022 and is now complete.</p> <p>The Committee RECEIVED ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to the Committee, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.</p>	
<p>HSC (23)07</p>	<p>HEALTH AND SAFETY UPDATE</p> <p>Mr Tim Harrison presented the Health and Safety Update Report and highlighted concerns around personal injury claims, manual handling and violence and aggression claims. Mr Harrison noted that HDdUHB receives fewer civil personal injury claims than any other Health Board in Wales. In 2021-22 one personal injury claim was settled at £170k which has resulted in a significant increase in damages awarded overall.</p> <p>Mrs Hardisty requested assurance that the Health Board is doing everything possible to avoid slips, trips and falls. Mr Harrison confirmed that this is the case, adding that the cleaning of floors with microfibre cloths has contributed to reducing numbers. Mrs Hardisty queried trajectories and Mrs Rayani emphasised that HDdUHB is keen to establish a trajectory of continuing improvement. Mr Harrison confirmed that the Health Board is seeing fewer sharps injuries and commended the Sharps Safety Group on their proactivity. Mr Paul Newman suggested that the Committee should be more focussed on incidents rather than claims. Mr Harrison agreed to provide more data relating to the overall amount of claims paid. Mr Springthorpe referenced the 'deep dive' paper presented six months ago, adding that there is no specific area of concern around slips, trips and falls.</p> <p>Ms Murphy noted that, at a recent Trade Union meeting, it was articulated that Work-related Stress numbers may rise due to current working conditions.</p>	<p>TH</p>

	<p>The Committee RECEIVED ASSURANCE that HDdUHB is consistently receiving and settling fewer civil claims than other Health Boards and Trusts across Wales and that where improvements have been made to the Health and Safety management, there is a correlation to the number of claims received. Also, that where claims are received, certain of these are able to be defended successfully.</p>	
HSC (23)08	<p>CORPORATE RISKS ASSIGNED TO HSC</p> <p>Mrs Wilson presented the Corporate Risks Assigned to Health and Safety Committee (HSC) Report and highlighted Risk 813: Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO), which has not changed significantly and which was reviewed by the Executive Risk Group recently. Mr Newman queried the appendices relating to Risk 813, 'gaps' in the risk assessment, and unchanged scores. It was agreed that this would be raised with Mr Chiffi when he joins the meeting, and – should he be unable to help – with Mr Andrew Carruthers. Mrs Rayani confirmed that beds/chairs/ patients should not under any circumstance be placed in front of fire doors; nor will patients be kept waiting in corridors, due to the issues this may present in the event of an evacuation. She also noted that the ongoing fire improvement works remain a challenge, especially due to management of sites against the operational flow and impact around patient safety.</p> <p>Mr Carruthers, Mrs Rayani and Professor Philip Kloer are visiting Cardiff and Vale University Health Board (CVUHB) on 13th January 2023 to investigate how CVUHB manages its handover arrangements.</p> <p>Mr Carruthers advised that, as the Health Board has improved its identification of risk, operational issues and challenges are identified far earlier, which in turn presents challenges due to staff capacity. Early inspections which have provided assurance to the Fire Service with regards to the management of fire safety, have raised operational and delivery challenges when bed availability pressures are at their greatest. One of the issues the organisation faces is with supply chains – at present there is a three month waiting list for fire doors; which means that it is not at present possible to mitigate the evacuation position, so whilst the Health Board is identifying issues early, it is not always possible to respond and to resolve those issues, due to factors outside the organisation's control.</p> <p>Ms Raynsford raised concerns regarding waiting areas for frail patients who may not be able to evacuate themselves. Mrs Rayani noted that patients are often accompanied and that waiting rooms are now staffed.</p> <p>Routine and Emergency Services have been discussed several times at the Executive Team meeting, and Mrs Rayani will contact Ms Alison Shakeshaft to provide an update via the Table of Actions.</p> <p>Mrs Rayani advised that she is still tracking COVID-19 activity within hospital sites, which is currently showing a downward trend; with Influenza A and general respiratory illness being most challenging. The Committee noted that the use of personal protective equipment (PPE) /masks is under continuous review.</p>	MR

	<p><i>Mr Carruthers left the meeting.</i></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. <p>This in turn will enable the Committee to provide the necessary assurance to the Board, through its Committee Update Report, that HDdUHB is managing these risks effectively.</p>	
HSC (23)09	<p>OPERATIONAL RISKS ASSIGNED TO HSC</p> <p>Mrs Rayani presented the Operational Risks Assigned to Health & Safety Committee Report highlighting the following:</p> <ul style="list-style-type: none"> • Risk 503: Risks relating to the evacuation of bariatric (plus sized) patients in the event of an emergency has been de-escalated. • Risk 951: Improperly functioning fire alarm detection and operation (WGH) would be addressed when Mr Chiffi joined the meeting. • Risk 222: Exposure to Asbestos through contact with asbestos containing materials (ACMs) was covered by Mr Springthorpe in the earlier discussion. • Risk 798: Inappropriate storage solutions associated with patient files / documents affecting Ceredigion Community Sites will be revisited by the Executive Team. <p>The Committee noted that the risks had not been updated and therefore that assurance was not provided. Mrs Wilson noted that Ms Rachel Williams, Head of Assurance & Risk, will work with risk owners to update the Operational Risk Register. This item will therefore be re-presented to the March 2023 HSC meeting.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • REVIEWED and SCRUTINISED the risks included within this report to seek 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. • NOTED that a further update would be presented at the next meeting. 	

HSC (23)10	MANAGEMENT REGULATIONS - DEEP DIVE INTO VIOLENCE & AGGRESSION	
	<p>Mr Harrison presented the Management Regulations - Deep Dive into Violence & Aggression Report. Mrs Rayani advised that further discussions are required with the Executive Team regarding the resources and structure of the Violence and Aggression Team and how they support areas of individual patient need and response. The team currently assists in clinical areas to find a solution which avoids an aggressive incident and focusses on prevention, safe management of patients and informing care plans.</p>	
	<p>Mr Harrison highlighted that 60% of all incidents reported are violence and aggression related and that the Reducing Restrictive Practice team have struggled in the past to meet the demand for training. Recently, numbers of staff attending 'Behaviours that Challenge' training have risen. The Committee heard that Mr Brett Jenkins, the Violence and Aggression Case Manager, follows up all incidents.</p>	
	<p>The Committee noted that sickness levels caused by violence and aggression have not been examined and Mrs Rayani agreed to follow up with the People, Organisational Development & Culture Committee (PODCC). Hotspot areas are listed on the report and numbers appear to have reduced at Withybush Hospital (WH). Mr Harrison advised that certain individuals can generate a number of incidents, and agreed to examine the data in greater detail. Mr Jenkins is collating information regarding the nature of the aggression. Mrs Rayani noted that additional work undertaken on dementia matters, cognitive impairment, and frailty Same Day Emergency Care (SDEC) patients may be impacting numbers and agreed to interrogate data with Mr Harrison. A query was raised within the Teams Chat regarding definitions and Mrs Rayani agreed to share the definitions held in Datix with the Committee. Mrs Hardisty queried whether there was a level of acceptance of violence and aggression in Mental Health settings and Mrs Rayani confirmed that staff have received training in recognising triggers and de-escalating situations. The Committee agreed that a deep dive into Mental Health violence and aggression incidents would prove informative. Concerns were expressed regarding areas of acute care where staff are dealing with abuse and verbal threats by members of the public and patients and the Committee was advised that, during the coming year, there would be a focus on thresholds which will involve communicating 'no tolerance' messaging to the public and to those who exhibit abusive and threatening behaviour to staff.</p>	<p>MR</p> <p>TH</p> <p>MR/TH</p> <p>MR</p>
	<p>Ms Raynsford requested clarity regarding the sexual assaults/offences data and who made the assaults and on whom. Mrs Hardisty concurred. Mr Harrison agreed to interrogate the data for the March 2023 meeting.</p>	TH
	<p>The Committee RECEIVED ASSURANCE from the progress made to date to reach compliance against the violence and aggression requirements of the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.</p>	

<p>HSC (23)11</p>	<p>FIRE SAFETY UPDATE REPORT</p> <p><i>Mr Simon Chiffi joined the meeting.</i></p> <p>Mr Rob Elliott presented the Fire Safety Management Update Report, which provided an update on progress in managing the following areas of fire safety: Fire Enforcement Notices (FEN)/Letters of Fire Safety Matters (LoFSM); Fire Safety Management; and Fire Safety Governance, since the previous meeting held on 14th November 2022. Mr Elliott highlighted the following matters:</p> <ul style="list-style-type: none"> • The first Quarterly Review meeting with the Mid and West Wales Fire and Rescue Service (MWWFRS) was held on 8th December 2022 (instigated by HDdUHB) to present the Health Board's position and seek a formal response. All enforcement issues and LoFSMs were raised alongside a focussed planning update, timelines, and available funding. The review was well-received and these meetings will be taken forward on a regular basis. • Decant Arrangements to Support Phase 2 Work – The project associated with WH Decant Ward was fully approved by WG on 22nd November 2022, in the sum of £8.313m. The programme for this project is now established, with design and off-site manufacture of the Ward structure now underway and a physical start on site planned for late March 2023. • Bronglais Hospital (BH) Residential Blocks - As part of the two-stage validation process the HDdUHB independent assessor advised a number of defects in the contractor's work which are now in the process of being corrected. It is envisaged that these works will be completed by mid-January 2023. This information has been fully briefed to MWWFRS who will undertake their visit to sign off these works when they are complete. • Prince Philip Hospital (PPH) and South Pembrokeshire – Substantial progress has been made regarding the Estates Funding Advisory Board (EFAB) from the WG. A four stage programme has been developed and the specific content of work within each of the four stages has been set out for consideration by MWWFRS. • Since the last update to HSC, HDdUHB has been successful in securing an additional circa £10m investment in fire safety. This brings the total approved WG Project funding for the Fire Programme to circa £40m (excluding Phase 2 WH and Glangwili Hospital (GH) and future business bases on BH and PPH to follow). • Fire Risk Assessments (FRAs) - The Committee noted that at 5th January 2023 (due to the Christmas break) there were three overdue FRAs which will be undertaken today. • Fire Safety Training – The Committee noted that at 4th January 2023, Fire Safety Training is as follows: <ul style="list-style-type: none"> ○ Level 1 Fire Safety Training has increased to 79.9% ○ Level 3 Fire Safety Training has decreased to 50.72% <p>Mr Elliott expressed concern at the percentage take-up of Level 3 training, indicating that 211 members of staff undertake a critical piece of work to support the Health Board in the management of the situation in the event of a fire. He advised that additional sessions will be offered on a flexible basis to bring these percentages up to circa 80% by Quarter 1 of 2023/24.</p> 	
------------------------------	--	--

	<p>Significant fluctuations in staff attendance continue within Level 2. The pressures on clinical and management teams to attend this training at such challenging times are fully understood.</p> <p>Mrs Hardisty welcomed the news regarding allocated funding. The Committee noted that of the 211 staff required to undertake Level 3 training, the majority are refreshers. Mr Elliott agreed to clarify the data in his next report.</p> <p>Mr Paul Newman queried a number of entries on pages 6 – 8 of the Audit Tracker marked as overdue or not known (N/K) noting that these were unacceptable entries; and Mr Chiffi explained that the Audit Tracker was awaiting signoff from the MWWFRS. Mrs Wilson agreed to request that Ms Claire Bird (Assurance and Risk Officer) and Mr Elliott work together to resolve the issues raised by Mr Newman. Mrs Rayani offered (via the MS Teams Chat) to expedite sign-off by the management team, if she or Mr Carruthers were kept informed of the situation.</p> <p>As Mr Chiffi had joined the meeting, Mrs Hardisty invited Mr Newman to raise his earlier question regarding the Risk Register, where the majority of gaps in control have been completed, but the scores remain unchanged, in some cases for three years. Mr Newman enquired whether the risk scores would/should change when outstanding gaps in control are completed, especially concerning Corporate Risk 813: Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO). Mr Chiffi advised that the risk concerned a Fire Enforcement Notice at WH. Whilst advanced works relating to vertical escape routes have been undertaken, and Phase 1 work on horizontal escape routes is underway, Phase 2 is yet to be completed. Mr Chiffi had agreed that when Phase 1 work at WH is complete in July 2023, reducing the risk score could be considered. However, there are currently areas of work yet to be progressed, and on that basis, Mr Elliott agreed that the risk has not been addressed to a level that could reduce the risk score.</p> <p>Mr Newman requested a focus on this matter at the next meeting, and Mrs Hardisty requested that Mr Elliott provides further detail in his next report to HSC.</p> <p>Mrs Wilson noted that FRAs being up to date was a positive step, she was concerned about the lack of tracking and accountability and questioned whether the new Business Operational Reporting Information System (BORIS) would have the functionality to track progress on compliance with any issues identified when the FRAs were undertaken. Mr Elliott confirmed that the BORIS system will produce timelines for certain actions and report on completed/non-completed issues. He indicated that staff do not always feel confident in the current reporting system and will welcome the BORIS system when it comes online.</p> <p>Mrs Hardisty requested a demonstration of the BORIS system in liaison with Mr Carruthers, probably in the summer of this year.</p>	<p>RE</p> <p>CB/RE</p> <p>RE</p> <p>RE</p>
--	---	--

	Ms Murphy raised her concerns around the contractors at BH parking at the rear of the hospital and possibly blocking access to the Fire Service. Mr Elliot agreed to follow-up the matter with Ms Murphy.	RE
	The Committee RECEIVED ASSURANCE from the content of this report and the work achieved to strengthen Fire Safety Compliance; and NOTED that further updates will be presented at future HSC meetings.	

HSC (23)12	CONTRACTOR CONTROL REGULATIONS	
	<p>Mrs Hardisty thanked Mr Chiffi for his appendix to the Table of Actions regarding Control of Asbestos Regulations 2012 – The Different Grades of Asbestos Containing Materials (ACM's), which the Committee found useful.</p> <p>Mr Chiffi introduced the Estates Control of Contractors report and referenced the original report presented in July 2022, which provided a comprehensive baseline assessment of the management of Estates contractors. The Committee noted that a full 'root and branch' review exercise had been undertaken with focus on the following areas:</p> <ul style="list-style-type: none"> • Agree and ratify the Estates Construction Design Management (CDM) (2015) Manual and provide training in support of this – which has now been completed. Due to the complexity of arrangements and responsibilities it has taken longer to ratify than was initially expected. The manual is a priority agenda item for discussion at the inaugural Estates Directorate-wide Health, Safety and Compliance Forum (January 2023). The Compliance Team is in the process of creating a training presentation in readiness for staff that are unfamiliar with CDM. • The Compliance Team (now fully resourced) will facilitate greater cooperation, coordination and communication between project managers from various Estates teams, by introducing an Estates Directorate-wide Health, Safety and Compliance Forum. This aims to focus on risk assessments, method statements, permits to work and ensure that essentially the Contractor Control Policy (CCP) documentation procedures are fully understood and adhered to. • An appraisal has been undertaken and scoping of the adoption and implementation of a new Health Board-wide Health, Safety and Compliance - Risk Management Software System including membership of a Safety Scheme in Procurement (SSIP) is complete. This will encompass all of the procedures in place; and will make the process of management much more efficient and transparent for all users (minimising paperwork). This is likely to incur a small revenue cost. • Appointment of external Construction Design Management (CDM) consultants (commencing March 2023) to undertake an independent external review of the effectiveness of systems to ensure any shortcomings are identified. <p>Mr Chiffi confirmed that Staff Side representatives have been invited to the Estates Directorate-wide Health, Safety and Compliance Forum. Mr Chiffi also confirmed that the relevant risk assessments and safeguarding procedures are in place prior to contractors/subcontractors undertaking work at any HDdUHB site.</p>	

	The Committee RECEIVED ASSURANCE from the policies and procedures currently implemented for contractor management, the areas of work planned and the anticipated timelines which demonstrate the robust management arrangements for the control of contractors.	
HSC (23)13	SMOKE FREE POLICY: DEFERRED UNTIL MARCH 2023 HSC	
	Mrs Wilson noted that the Smoke Free Policy is now out of date and agreed to follow up with Dr Jo McCarthy.	JW
HSC (23)14	REQUEST FOR EXTENSION TO REVIEW: FIRE SAFETY POLICY	
	The Committee received and considered the Fire Safety Policy 242 – Request for 3 Months Extension of Time to complete document review and approved the request.	
	The Committee APPROVED the short extension (until March 2023) for the review of the Fire Safety Policy No 242.	
HSC (23)13	HSC WORK PROGRAMME 2022/23	
	The Committee received the Health and Safety Committee workplan for 2022/23 for information.	
	The Committee NOTED the Health and Safety Committee workplan for 2022/23.	
HSC (23)15	MATTERS FOR ESCALATION TO BOARD	
	<p>The following matters were agreed for escalation to Board:</p> <ul style="list-style-type: none"> • The positive progress regarding Asbestos and Health and Safety • Further work concerning trajectories relating to key Health and Safety actions • Review of the Terms of Reference to include Trade Union activity • A deep dive into Mental Health Violence and Aggression incidents • Further work in acute areas and messaging to the public and patients re violence and aggression thresholds • The total approved WG project funding for the Fire Programme currently amounts to circa £40m which has facilitated considerable progress in fire safety • Whilst the Health Board has made significant progress in identifying risk, challenges exist relating to the supply chain, which impact completion of certain works • Positive progress on Level 1 Fire Training, although Level 3 Fire Training is a concern • Risk 813: Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO) on the Corporate Risk register will be reviewed with a view to reducing the risk score 	
HSC (23)16	DATE & TIME OF NEXT MEETING	
	6 th March 2023, 9.30 a.m. – 11.00 a.m.	