

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

Date and Time of Meeting:	10 th January 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) (VC) Ms Ann Murphy, Independent Member (Committee Vice-Chair) (VC) Mr Paul Newman, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC) Mr Winston Weir, Independent Member (VC)
In Attendance:	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Mr Andrew Carruthers, Director of Operations (VC) (part) Mrs Joanne Wilson, Board Secretary (VC) Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC) (part) Mr John Evans, Assistant Director, Medical Directorate (VC) Mr Tim Harrison, Head of Health, Safety and Security (VC) Ms Ann Taylor-Griffiths, RCN/Joint Chair HDdUHB Staff Partnership Forum/ Chair of Ceredigion County Partnership Forum (VC) Mr Gerard Sellek, Health & Safety Adviser (VC) Ms Jennifer Lewis, Manual Handling Manager (VC) Mrs Claire Williams, Committee Services Officer (Secretariat)

	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
HSC (22)01	The Chair, Mrs Judith Hardisty, welcomed all to the meeting. Apologies for absence were received from: <ul style="list-style-type: none"> Mr Steve Morgan, Deputy Director of Workforce and OD. 	

HSC (22)02	DECLARATIONS OF INTERESTS	
	No declarations of interests were made.	

HSC (22)03	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 15th NOVEMBER 2021	
	RESOLVED - that the minutes of the meeting of the Health & Safety Committee (HSC) held on 15 th November 2021 be approved as a correct record.	
	Mr Winston Weir, referring to item HSC (21)80 Premises and Security Update Deep Dive of the minutes, enquired whether a security report had been presented to the Executive Team (ET). In response, Mrs Mandy Rayani confirmed that a comprehensive report had been produced with	

	regard to the status of current security arrangements and the anticipated enhancements required, which had been discussed with ET colleagues. A Planning Objective (PO) is being created for 2022/23 in order to allow security arrangements to receive the focus it requires.	
HSC (22)04	<p>TABLE OF ACTIONS FROM THE MEETING HELD ON 15th NOVEMBER 2021</p> <p>An update was provided on the Table of Actions from the HSC meeting held on 15th November 2021, with confirmation received that all actions had been completed, with the exception of:</p> <ul style="list-style-type: none"> - HSC(21)75 Table of Actions from the Meeting held on 13th September 2021 – To pursue the maternity issues at the next H&S Trade Union meeting. Ms Ann Taylor-Griffiths informed Members that the matter had not been pursued at the H&S Trade Union (H&STU) meeting as the issues raised had been resolved with individual members of staff. Mrs Rayani requested that Ms Taylor-Griffiths raise the matter at the next H&STU meeting in order to understand the strategic ask and it was further agreed that the matter be brought back to the HSC, if required. - HSC(21)75 Table of Actions from the Meeting held on 13th September 2021 – To follow up on the ultra violet lighting issue raised at the HSC in September and November 2021. Mr Tim Harrison informed Members that information had been requested from Infection Control colleagues and that the Standard Operating Procedure would be shared with Ms Ann Murphy outside of the Committee meeting. Mrs Rayani added that there are protocols in place for ultra violet light cleaning and further work is being undertaken concerning cleaning standards recently issued, therefore the action is complete and can be closed. 	ATG
HSC (22)05	<p>HEALTH & SAFETY COMMITTEE (HSC) SELF-ASSESSMENT 2020/21 – ACTION PLAN</p> <p>Members were presented with the Health and Safety Committee (HSC) Self-Assessment 2020/21 – Action Plan report, providing a six-month progress update following the completion of a questionnaire to consider the effectiveness of the HSC during 2020/21. Members noted that for 2020/21, a new approach to self-assessment had been introduced to elicit a broader range of response, which can shape and influence the agenda of the Committee going forward. Members were pleased to note that all actions resulting from the recommendations had been completed.</p> <p>Members gained assurance from the HSC Self-Assessment 2020/21 action plan report.</p> <p>The Committee received ASSURANCE that any actions from the HSC Self-Assessment 2020/21 are being progressed within the agreed timescales.</p>	
HSC (22)06	<p>HEALTH AND SAFETY UPDATE</p> <p>Members received the Health and Safety report, providing an update on the activities of the Health and Safety Team for the period November – December 2021. The report focused on the Manual Handling Team’s work,</p>	

concerns associated with compliance with the Lifting Operations and Lifting Equipment Regulations (LOLER) and Omicron planning arrangements.

Mr Tim Harrison referred to concerns he had raised at the Medical Devices Group (MDG) in December 2021, relating to the current rate of compliance with LOLER and its approved Code of Practice. Under these regulations, hoists should be LOLER inspected every six months and undergo pre-planned maintenance every year. Current hoist compliance at the end of November 2021 across Hywel Dda University Health Board (HDdUHB) stood at 67.67%. It was noted that the MDG Chair had undertaken to discuss the issues raised with senior colleagues across a number of HDdUHB functions and to agenda further discussion at the next MDG meeting in February 2022.

Ms Jennifer Lewis reiterated that all equipment should be inspected every six months and had been surprised to find compliance in some areas as low as 40%, however actions are in place to combat this. The potential risk to the patients being handled, as well as presenting potential risks and serious consequences to staff involved in using the equipment, noting the potential impact associated with the standards set by regulatory and inspection bodies.

Ms Ann Taylor-Griffiths, referring to the likely serious consequences faced by staff whilst using out-of-date equipment, enquired whether these consequences relate to all professionals, i.e. nursing staff and therapy staff. In response, Ms Lewis explained that whilst staff have a responsibility to check equipment prior to use, there is also a reasonable expectation that equipment is in order. If, however, a member of staff were to knowingly use equipment that is out of date and harm ensued, there could be a referral made to a regulatory/inspection body. Ms Lewis further explained that processes are in place to remind staff of the requirement for checking equipment, including this matter being reiterated at manual handling training sessions, managers induction sessions, reminders distributed to wards and ward based checks undertaken. Mrs Rayani, whilst reassuring Members that the likelihood of someone losing their registration would be extremely low, echoed the importance of reminding staff of the requirements and personal responsibility to ensure equipment has been inspected prior to use. Of equal importance is ensuring that mitigations and a clear plan of action are in place to ensure equipment is regularly tested, and it was noted that this should be the responsibility of the MDG to ensure a clear workplan is in place. Members expressed disappointment that HDdUHB is in this position and requested that the Clinical Engineering Team (CET), MDG, Mr Harrison and Ms Lewis maintain a watching brief on the matter.

Mrs Delyth Raynsford expressed concern at the low rate of compliance, and enquired whether the rate includes equipment within community and primary care settings, and if not, whether the rate is worse than anticipated. In response, Mr Harrison assured Members that improvements in terms of compliance are already apparent and that matters have been raised with the CET and Drive Devilbiss (the external company holding the contract), with further improvements anticipated. It was noted that feedback received from Drive Devilbiss on the reasons for the low compliance included

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equipment having been moved location without informing the CET/Drive Devilbiss leading to difficulties in accessing equipment. However, Mr Harrison advised that some of the equipment, including fixed hoists, cannot be moved, therefore there would be no reason for these not to be easily accessible.

Referring to bariatric patients, Mrs Raynsford expressed further concern with regard to the poor staff awareness in relation to bariatric equipment referred to within the report. However, Mrs Raynsford was pleased to note that the matter has been escalated and that a more robust bariatric care pathway is being developed, and enquired as to the timescales in place. In response, Mr Harrison stated that whilst there is a system in place, it is not working as effectively as it should in terms of Drive Devilbiss undertaking the contract requirements. Following the February 2022 MDG meeting, an update would be presented to the HSC providing reassurance and improvements.

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Mr Weir enquired whether there is a tracker system in place to monitor the location of the equipment. In response, Mrs Rayani advised of the requirement for there to be assurance that there is an up-to-date tracker system in place and was of the understanding that the CET is reviewing the tracker and the contracts held with various companies. Mr Harrison undertook to obtain an update from the CET. Mr Weir suggested that the MDG be requested to implement an up-to-date tracker system, and Mrs Rayani undertook to discuss the matter with the MDG Chair.

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Mrs Hardisty expressed concern with regard to companies not fulfilling their contract and enquired as to the actions being undertaken to rectify the matter, sensing a lack of urgency from the MDG in regard to this matter and with no apparent mechanism for reporting patient/staff injuries as a result of faulty equipment. In response, Mrs Joanne Wilson undertook to liaise with Prof. Chris Hopkins, Head of Clinical Engineering, to request a report be presented at the next HSC meeting to include equipment used in community settings and district nursing teams, and in the interim to obtain a brief update for Mrs Hardisty. Mrs Rayani requested that equipment used through the joint equipment store also be included. Mr Harrison added that he had previously discussed the matter with the Assurance & Risk Team.

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Mrs Raynsford enquired whether other health boards are experiencing similar issues with contracted companies. In response, Mrs Rayani confirmed that a review of all contracts, in particular medical equipment, had been discussed with the Director of Operations, Director of Finance and Deputy Director of Operations. Mrs Rayani undertook to request that Prof. Hopkins and Mr William Oliver, Assistant Director of Therapies & Health Science, attend the next HSC meeting to provide assurance that action is being undertaken.

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Mrs Wilson informed Members that equipment inspection had been discussed at length at the previous MDG meeting and also raised at the Operational Quality, Safety & Experience Sub-Committee and is on the agenda for further discussion at the February 2022 MDG meeting. Clear actions have been agreed by the MDG which are being taken forward.

	Members were only able to gain some assurance that work has progressed and looked forward to a further report at the next meeting.	
	The Committee gained some ASSURANCE that work has progressed, and improvements have been made in relation to the health and safety themes as detailed within the report and it was agreed to escalate the matter to Board.	

HSC (22)07	HEALTH AND SAFETY REGULATIONS	
	<p><i>Mr Rob Elliott joined the HSC meeting</i></p> <p>Members received the Health and Safety Regulations: Control of Substances Hazardous to Health (COSHH) 2002 (as amended) report, noting the wide range of hazardous substances in use across HDdUHB, and the situations where there may be a risk of exposure to dust, fumes, asphyxiants, carcinogens, asthmagens, and work-associated biological agents.</p> <p>Mrs Rayani drew Members attention to the RAG (red, amber, green) rating applied against each regulation contained within the report, in order to provide Members with a clear status of progress against the various actions.</p> <p>Mr Harrison introduced Mr Gerard Sellek, H&S Adviser, explaining that Mr Sellek has been in post since March 2020. Although the majority of his time in post to date has been spent undertaking COVID-19 pandemic related work, Mr Sellek has also carried out work relating to COSHH, looking at higher risk areas within HDdUHB, resulting in the development of a database of findings. Members were pleased to note that no immediate concerns have been found. H&S training, including COSHH, has been provided to approximately 400 managers to date, and the COSHH forms have been amended to make them more straightforward and user friendly.</p> <p>Mr Paul Newman, referring to the RAG ratings contained within the report, enquired as to the scale of the problem, for example in terms of <i>“Regulation 6 – This is not being complied with as only a small number of substances in HDdUHB have “suitable and sufficient” COSHH assessments”</i>, how many are required, how many have been undertaken and have any issues arisen. In response, Mr Sellek confirmed that the only concerns to date have been when Improvement Notices have been received from the Health & Safety Executive (HSE), advising that one had been received of late with regard to a mortuary matter which had been very quickly resolved. Mr Sellek added that there are approximately 15 COSHH assessments in place, however there are close to 200 substances being assessed. The updated COSHH forms have made the process simpler and rather than assess each substance individually, the “process” (which could include up to 30 substances) can be assessed, resulting in a reduced number of assessments needing to be undertaken. A detailed training programme for managers to undertake the process is also being developed.</p> <p>In response to how challenging this is to undertake at operational level, Mr John Evans suggested that it may require assessing site by site and that advice would be sought from the H&S Team. Mr Harrison confirmed that</p>	

	<p>certain areas, including pharmacy, estates, facilities and the mortuary have already been assessed and whilst there is additional work to be undertaken, progress is being made and compliance monitored.</p> <p>Members gained assurance that COSHH work is progressing and is under the focus of the H&S Team. An update report was requested to be presented in July 2022 and Mrs Claire Williams undertook to include this within the 2022/23 HSC workplan.</p>	CW
	<p>The Committee received ASSURANCE from the report that work is progressing and NOTED that while there are key aspects not currently being complied with, work has been undertaken and is underway to support full compliance with the regulations, beginning in January 2022.</p>	

HSC (22)08	HEALTH AND SAFETY PERFORMANCE STANDARDS & TARGETS	MR
	<p>Members received the Health and Safety Performance Standards and Targets report, setting out the Health, Safety and Security Department’s objective of using information available to assure the HSC that throughout HDdUHB, arrangements to control health and safety risks are in place; comply with the law as a minimum; and operate effectively. It was noted that there is no single reliable measure of health and safety performance and what is required is a “basket” of measures or a “balanced scoreboard”, providing information on a range of health and safety activities. With this in mind, the Health, Safety and Security Team have agreed Key Performance Indicators (KPIs) to enable HDdUHB to better measure and monitor health and safety performance. Mrs Rayani emphasised that this is a topic which the HSE is focused upon, and although work is progressing in terms of leading indicators, further focus on areas for progression is being undertaken. An update has been provided to the HSE confirming this is work in progress.</p> <p>Mrs Hardisty enquired whether there is a timescale in place for the HSC to receive dashboard reports. In response, Mr Harrison informed Members that although plans had been in place some time ago for a dashboard to be available, he was unsure of the current timescale. Mrs Rayani undertook to pursue the matter further with the Head of Strategic Performance Improvement and the Head of Quality & Governance.</p> <p>In response to Mr Weir’s enquiry with regard to the amount of support provided in terms of information/data gathering, Mr Harrison confirmed that much of the data is produced from within the H&S Team, however additional support would be required from the Performance Improvement Team in terms of wider dashboard compliance.</p> <p>Mr Weir further enquired whether historic data from the previous year could be collected in terms of capturing patterns and setting targets for the future. In response, Mr Harrison confirmed that data could be collected from the previous year.</p> <p>Mr Newman enquired whether the KPIs are consistent with other organisations. In response, Mr Harrison informed Members that he is a member of an all-Wales H&S Group, where KPIs have been discussed.</p>	

	<p>Furthermore, these have been discussed with the HSE, who are content with what had been produced.</p> <p>Mrs Rayani added that different metrics would be available for different timescales based on what has been captured previously and what is new.</p> <p>Members gained assurance from the report that work is progressing in relation to how health and safety is measured.</p>	
	<p>The Committee gained ASSURANCE from the report that work is progressing in relation to how health and safety is measured, and to support the suggested performance indicators as highlighted.</p>	

<p>HSC (22)09</p>	<p>FIRE SAFETY UPDATE REPORT</p>	
	<p>Members received the Fire Safety Update Report, providing an update with regard to 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 15th November 2021.</p> <p>Mr Rob Elliott highlighted the following matters:</p> <ul style="list-style-type: none"> • Fire Enforcement Notices/Letters of Fire Safety Matters (Phase 1) – Following the review undertaken by the Supply Chain Partner at the request of Mid and West Wales Fire & Rescue Service (MWWFRS) in terms of the impact of the overboarding works, the assessment of the impact of overboarding has been reviewed by the external Project Management Team. As a result of the significant works, the anticipated completion date is the end of December 2022. MWWFRS is fully supportive of the adjustment to the compliance dates. • Glangwili Hospital (GGH) Advanced Works – The completion of three doorsets remain outstanding as a result of restrictions relating to contractors access due to the proximity to COVID-19 related facilities. A completion date is not in place in light of the lack of access to these areas due to the on-going COVID-19 position. Discussions are being undertaken with MWWFRS in respect of signing off the Enforcement Notices associated with these works and to potentially include the three doors in the formal Phase 1 works. • GGH Phase 1 – HDdUHB received Welsh Government (WG) approval at the end of November 2021 in the sum of circa £16.5m, and promptly instructed the contractor to mobilise. Cabins are due to arrive week commencing 17th January 2022, with a forecast completion date of February 2023. • Additional Letters of Safety Matters (Bronglais General Hospital (BGH)) – Substantial work has been undertaken to date, however additional work is required which has been discussed with WG and MWWFRS. A mutually convenient date is awaited in terms of presenting the position. The Ceredigion Fire Safety Team is content with the updates received to date. • Prince Phillip Hospital (PPH) – Members were informed that a site visit had been undertaken by MWWFRS recently, with a further two visits scheduled for week commencing 17th January 2022. An update would 	

	<p>be included within the Fire Safety Update Report presented at the next HSC meeting.</p> <ul style="list-style-type: none"> • Fire Safety Training – Level 3 training compliance remains very low and will be monitored carefully and developments reported in the future. <p>Mrs Hardisty, referring to the requirements of the MWWFRS in terms of the overboarding and given that advice in terms of contractors is received from NHS Wales Shared Services Partnership (NWSSP), enquired whether NWSSP is aware of all the requirements of the MWWFRS. In response, Mr Elliott confirmed that support was received from both NWSSP and WG, however the MWWFRS was very inflexible in their approach with regard to the overboarding.</p> <p>Mrs Hardisty, acknowledging the different approaches by the MWWFRS across HDdUHB's 3 counties, highlighted the requirement for consistency and suggested that this matter could be discussed further with WG. Mr Elliott undertook to discuss the matter with WG to ensure they are aware of the different approaches undertaken.</p> <p>Members noted the content of the report presented and acknowledged the work achieved to strengthen fire safety compliance.</p> <p><i>Mr Rob Elliott left the HSC meeting</i></p>	RE
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the content of the report and ACKNOWLEDGED the work achieved to strengthen fire safety compliance. • NOTED that further updates will be presented at future HSC meetings. 	
HSC (22)10	<p>OPERATIONAL SECURITY MODEL UPDATE</p> <p>Mrs Rayani provided a verbal update with regard to the Operational Security Model, confirming that this would be incorporated within the new Security Planning Objective (PO). Members noted that the closed-circuit television (CCTV) Policy required updating and is referred to later on in the agenda.</p> <p>A further Operational Security Model update would be presented to a future Committee meeting.</p> <p>The Committee NOTED the Operational Security Model verbal update.</p>	MR/AC
HSC (22)11	<p>DEEP DIVE: CORPORATE, DIRECTORATE AND SERVICE RISKS REVIEW</p> <p>Members were presented with a PowerPoint presentation relating to a deep dive of the Corporate, Directorate and Service H&S themed risks, noting that there are currently 572 live risks recorded on the Datix Risk Module which are scrutinised by the H&S Team periodically in order to review their scores. There are currently 48 risks where the HSC is identified as the lead Committee, however only Corporate and Directorate level risks are reported to the Committee, as Directorates should have undertaken an escalation process whereby the more serious risks are moved to Directorate level. This also prevents Committees being overwhelmed.</p>	

	<p>Mrs Rayani informed Members that as part of an exercise to review operational risk registers, all risks are being updated with the support of the Assurance & Risk Team to ensure there is standardisation in terms of risk scores and identification. Assurance was provided that all H&S identified risks, at all levels, are being managed and actively reviewed. Mrs Hardisty emphasised the importance of ensuring that risk reports are presented to all relevant committees.</p> <p>Mr Newman, referring to the current 48 risks where the HSC is identified as the lead committee, enquired whether similar risk register reports presented at other committees would be presented to the HSC moving forward. In response, Mrs Wilson confirmed that corporate and directorate risk reports should be reported to every other meeting and deep dive reports presented at alternate meetings. Deep dives reports, which should be provided by the risk owner, are aimed to provide the Committee with assurance on specific risks. Mrs Wilson advised that she had discussed the report presented with Mr Harrison as some of the data from the Datix risk module had had not been interpreted correctly.</p> <p>Referring to page 5 of the presentation, Members were surprised to note that the current risk score for “Estates and Facilities – bulk oxygen capacity” is “extreme”. Mrs Rayani undertook to establish the reasoning for the current risk score.</p> <p>There are only 2 corporate risks aligned to the HSC; which relate to social distancing and fire. Mr Harrison advised that a risk relating to security management has been developed and will be submitted to the Executive Risk Group for approval onto the Corporate Risk Register.</p> <p>Members noted the Deep Dive: Corporate, Directorate and Service Risks Review presentation and looked forward to continuing to receive corporate and directorate reports in the future.</p> <p>The Committee NOTED the Deep Dive: Corporate, Directorate and Service Risks Review presentation.</p>	MR
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HSC (22)12	<p>PLANNING OBJECTIVES UPDATE</p> <p><i>Mr Andrew Carruthers & Ms Alison Shakeshaft joined the HSC meeting</i></p> <p>Members received the Planning Objectives (PO) report, providing an update on the progress made in the development (delivery) of the two POs under the Executive leadership of the Director of Public Health that are aligned to the HSC:</p> <ul style="list-style-type: none"> • <i>4H: Review and refresh the Health Board’s emergency planning and civil contingencies/public protection strategies and present to Board by December 2021. This should include learning from the COVID-19 pandemic – Deferred to 2022/23.</i> • <i>4I: Achieve Gold level for the Defence Employers Recognition scheme by March 2022 - Completed.</i> <p>In addition, Members received an annex report, providing an update on PO 4I, noting that work to implement the Armed Forces Covenant has continued despite the restrictions of the COVID-19 pandemic, and although</p>	
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	<p>the PO has been fully achieved during 2021/22, a follow-on PO has been proposed to ensure that this work, which will be subject to the Armed Forces Bill, continues to be reviewed by the Board and relevant assurance Committees.</p> <p>Ms Alison Shakeshaft presented the report in the absence of the Director of Public Health, and was pleased to confirm that PO 4I is now complete. With regard to PO 4H, this has been deferred due to the COVID-19 pandemic and the new major trauma network. An all-Wales workshop is planned for later in the year and will be used to inform the HDdUHB Major Incident Plan (MIP). It is anticipated that the MIP would be presented to the HSC in the Summer or Autumn of 2022.</p> <p>Mrs Raynsford, in her role as Armed Forces Champion, expressed congratulations to HDdUHB for gaining the Defence Employer Scheme Gold Award in recognition of the support provided to the Armed Forces Community.</p> <p>Members gained assurance on the current position in regard to the progress of the POs aligned to the HSC.</p> <p><i>Ms Shakeshaft left the HSC meeting</i></p>	
	<p>The Committee received ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to the HSC, 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 (22)13</p>	<p>POLICIES FOR APPROVAL</p> <p>The Committee was presented with the following policies/procedures for approval, noting that equality impact assessments have been undertaken for each:</p> <ul style="list-style-type: none"> - Procedure 767 – New and Expectant Mothers/Birthing Parents Procedure (Version 2) – It was noted that there have been no changes to the relevant legislation or guidance since the 2018 Version 1 of the Procedure, therefore the only changes that have been made are to the corporate elements, i.e. the Owing Group is now the Health and Safety Advisory Group (HSAG), the lead Executive Director for the Procedure is now the Director of Nursing, Quality and Patient Experience rather than the Director of Operations and the list of other HDdUHB documents to be read in conjunction with the Procedure has been updated. Members approved Procedure 767. - Updated Policy & Procedure 703 – Control of Substances Hazardous to Health (COSHH) Policy & Procedure (Version 2) – It was noted that there have been no changes to the relevant legislation or guidance since the 2018 Version 1 of the Policy & Procedure, however amendments have been made to the corporate elements, i.e. the Owing Group is now the HSAG, the lead Executive Director is now the Director of Nursing, Quality & Patient Experience, rather than the Director of Operations and the list of 	
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other HDdUHB documents to be read in conjunction with the Policy and Procedure has been updated. Members approved Policy & Procedure 703.

- **Approval to the Extension of Health and Safety Policies** – Members were requested to approve 6-month extensions to the review dates of Policy 749 – Lockdown Policy and Policy 431 – Latex Policy. It was noted that the reason for the extension to Policy 749 is due to the review of security arrangements currently being undertaken and the requirement for the revised Policy to reflect these improved security measures. With regard to Policy 431, as part of the review process, it was identified that a task and finish group needs to be established to consider the nature of the issues raised and for a full review to be undertaken. Members approved the extension of the review dates of Policies 749 and 431.
- **Policy 323 – Closed Circuit Television (CCTV) Policy** – It was noted that a full assessment of the Policy had been undertaken with considerable input from an information governance perspective to ensure that the content is up to date and meets relevant legislation. Members approved Policy 323.
- **Policy 382 – Estates Ventilation Policy** – It was noted that this is a new policy. Mr Newman enquired whether there are sufficient resources in place to comply with the Policy and whether it has to be adhered to. In response, Mr Andrew Carruthers advised of some challenges in place in order to be compliant, however a Task & Finish Group has been established with regard to mitigations. Mrs Rayani confirmed that the challenges in all clinical areas relating to ventilation are recognised and support is being provided from NWSSP with substantial work undertaken to gain compliance. Members noted that funding for the procurement of portable equipment this financial year (2021/22) is likely, however may not be available in 2022/23. A rapid review is also being carried out, including the cleaning of vents and the undertaking of assessments. Mr Newman further enquired how adherence to the Policy is monitored. In response, Mrs Rayani confirmed that a number of mitigations are in place, including policies, procedures and audits, to ensure compliance. There is also a specific Ventilation Task & Finish Group in place overseeing all ventilation related activity. Referring to section 7.3 on page 11 of the Policy, Mrs Hardisty enquired whether the Board Level Director should be the Director of Operations as opposed to the Deputy Chief Executive. It was agreed that it should be the Director of Operations and Mrs Williams undertook to inform the Policy Co-ordinator of the required amendment. Members approved Policy 382.
- **Policy 434 – Medical Gas Policy** – It was noted that the revised Policy included additional COVID-19 alert documents for reference. Members approved Policy 434.
- **Procedure 696 – First Aid at Work Procedure (Version 2)** – It was noted that there had been no changes to the relevant legislation or guidance since the 2018 Version 1 of the Procedure, therefore the only amendments that have been made are to the corporate elements, i.e. the Owing Group is now the HSAG, the lead Director is now the Director of Nursing, Quality & Patient Experience, rather than the Director of Operations and the list of other HDdUHB documents to be read in conjunction with the Procedure has been updated. Members approved Procedure 696.

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	<p>- Policy 170 – Lone Worker Policy – It was noted that minimum amendments have been undertaken (as detailed within the version control overview report presented to Members). Members approved Policy 170.</p>	
	<p>The Committee APPROVED the following policies/procedures:</p> <ul style="list-style-type: none"> - Procedure 767 – New and Expectant Mothers/Birthing Parents Procedure (Version 2). - Updated Policy & Procedure 703 – Control of Substances Hazardous to Health (COSHH) Policy & Procedure (Version 2). - Approval to the Extension of Health and Safety Policies. - Policy 323 – Closed Circuit Television (CCTV) Policy. - Policy 382 – Estates Ventilation Policy (subject to one amendment). - Policy 434 – Medical Gas Policy. - Procedure 696 – First Aid at Work Procedure (Version 2). - Policy 170 – Lone Worker Policy. 	

HSC (22)14	HSC WORKPLAN 2021/22	
	The Committee received the Health and Safety Committee workplan for 2021/22 for information.	
	The Committee NOTED the Health and Safety Committee workplan for 2021/22.	

HSC (22)15	MATTERS FOR ESCALATION TO BOARD	
	<p>The following matters were agreed for escalation to Board:</p> <ul style="list-style-type: none"> • To inform the Board that the HSC is aware of concerns relating to the inspection of hoist equipment and is monitoring the situation. • To provide assurance that work relating to COSHH and fire safety is being progressed. 	

HSC (22)16	DATE & TIME OF NEXT MEETING	
	14th March 2022, 9.30 a.m. – 11.30 a.m.	