

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

<b>Date and Time of Meeting:</b>	11 <sup>th</sup> July 2022 – 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) (VC) Ms Ann Murphy, Independent Member (Committee Vice-Chair) (VC) Mr Paul Newman, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC)
<b>In Attendance:</b>	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Mr Tim Harrison, Head of Health, Safety and Security Mr Andrew Carruthers, Director of Operations (part) Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC) (part) Ms Sam Hussell, Head of Emergency Planning (VC) (part) Mrs Alison Shakeshaft, Executive Director of Therapies and Health Science (VC) (part) Mr Simon Chiffi, Head of Operations (VC) (part) Professor Chris Hopkins, Consultant Clinical Scientist (VC) (part) Mrs Charlotte Beare, Assistant Director of Assurance and Risk Mrs Karen Didcote, Committee Services Officer

	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>HSC (22)56</b>	<p>The Chair, Mrs Judith Hardisty, welcomed all to the meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>Mrs Joanne Wilson, Board Secretary</li> <li>Mr Winston Weir, Independent Member</li> <li>Mr John Evans, Assistant Director, Medical Directorate</li> </ul>	

<b>HSC (22)57</b>	<b>DECLARATIONS OF INTERESTS</b>	
	No declarations of interests were made.	

<b>HSC (22)58</b>	<b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 9<sup>TH</sup> MAY 2022</b>	
	<b>RESOLVED</b> - that the minutes of the meeting of the Health & Safety Committee (HSC) held on 9 <sup>th</sup> May 2022 be approved as a correct record, subject to an amendment to HSC(22)50 Planning Objectives, PO 4H , this PO continues to be overseen by the Director of Therapies and Health Science and not the Director of Nursing, Quality and Patient Experience.	

HSC (22)59	<b>TABLE OF ACTIONS FROM THE MEETING HELD ON 9<sup>th</sup> MAY 2022</b> <p>An update was provided on the Table of Actions from the HSC meeting held on 9<sup>th</sup> May 2022, with confirmation received that all actions had been completed or forward planned on the HSC workplan. In terms of matters arising:</p> <ul style="list-style-type: none"> <li>- <b>HSC(22)45 Bariatric Equipment Update</b> —Mr Tim Harrison advised that the Health Board Weight Management Clinical Pathway Lead (WMCPL) has confirmed that an Healthy Weight Management Plan has been submitted to Welsh Government (WG).</li> <li>- <b>HSC(22)49 To provide an update regarding Tregaron Hospital</b> – Mr Paul Newman enquired when a further update can be provided. In response, Mrs Mandy Rayani advised that a meeting has been scheduled to discuss who will lead the Community Hospital Review, however commented that the scope of the review is unlikely to fall within the remit of the Health and Safety Committee (HSC).</li> </ul>	
---------------	---	--

HSC (22)60	<b>HEALTH AND SAFETY UPDATE</b> <p>Members received the Health and Safety Report, including an update on the activities of the Health and Safety Team for the period May to July 2022. The report focused on the following topics: COVID-19, Internal Audit, Ligature Assessment Review, Manual Handling, Security Management, Prevention, Assessment and Management of Violence and Aggression (PAMOVA)/Reducing Restrictive Practice, Health and Safety Audit Programme and Policy updates.</p> <p>Whilst the report noted that one way barriers, adhesive floor stickers in communal areas and protective screens were removed on 30<sup>th</sup> June 2022 in line with the lifting of social distancing restrictions in Wales, it was noted that the advice in relation to the wearing of face masks, has now changed in view of the increased prevalence of COVID-19. Mrs Rayani informed Members that the COVID-19 position is reviewed informally three times daily across all teams and formally, through written risk assessment on a weekly basis. Further updates will be provided as required to enforce the wearing of face masks by members of the public on hospital sites</p> <p>Mr Harrison highlighted the issues around manual handling induction training. There has been an introduction of a one day minimal manual handling course as many attendees did not require the full two day course and this has allowed prioritisation of the two day course for ward staff.</p> <p>Referring to the weight management services provision via virtual platforms such as Attend Anywhere or MS Teams, Mrs Hardisty enquired whether consideration has been given for community sites across the Health Board to provide access for patients without internet connections to enable them to use the service. Mrs Rayani was unsure whether this option was available for patients, however, undertook to seek further clarification.</p>	MR
---------------	--	----

	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.	
--	--	--

HSC (22)61	<b>CONTRACTOR CONTROL REGULATIONS REPORT</b>	
	<p><i>Mr Simon Chiffi joined the meeting.</i></p> <p>Mr Simon Chiffi presented the Contractor Control Regulations Report, which provided information on the arrangements and protocols in place for the management of estates contractors and noted that a range of policies and procedures have been introduced to minimise the risks associated. A series of improvements have been planned for 2022/23 to strengthen the governance around contractor management.</p> <p>Mr Chiffi informed Members that the report is estates led and that the controller contractor assessment and the matrix are regularly reviewed. Measures have been taken to vastly improve the management and control of contractors on site, however, there are areas which require further strengthening. The estates compliance team have recommended a full scale review is undertaken in July 2022 to ensure the required levels of assurance are met, focusing on areas such as multiple contractor engagement, development of a Construction Design Management procedures manual and improvement for local estates. Quarterly compliance reviews are completed.</p> <p>Mr Newman enquired whether reviews around good practice and lessons learnt are undertaken as these could provide a basis for improvements when interacting with contractors. For assurance, Mr Chiffi advised that the Capital Team regularly review current projects in order to improve future ones, with ongoing support provided by the Compliance and the Internal Audit Team's. Contractor control is also a standing agenda item on the Operational Performances meetings. Mr Newman requested that any lessons learnt and progress achieved should be highlighted within future Contractor Control Regulations Update reports to HSC. It was agreed that a status report be provided to HSC in January 2023.</p> <p>Mrs Hardisty thanked Mr Chiffi and the Estates Team for the significant amount of work undertaken in relation to Contractor Control Regulations.</p> <p><i>Mr Simon Chiffi left the meeting.</i></p> <p>The Health and Safety Committee <b>RECEIVED ASSURANCE</b> 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</p>	CSO

	<b>WORKPLACE (HEALTH, SAFETY AND WELFARE) REGULATIONS</b>	
--	---	--

*Mr Andrew Carruthers joined the meeting.*

Members received the Workplace (Health, Safety and Welfare) Regulations report which provided assurance against a number of key Health and Safety Regulations in relation to the Workplace (Health, Safety and Welfare) Regulations 1992 and covered aspects of the workplace such as ventilation, temperature, lighting, space, seating, flooring, doors, windows, and sanitary facilities. Regulations 1-3, Citation, Interpretation and Application of the regulations do not allow for RAG rating, however RAG ratings were provided for regulations 4-25. Members noted that nine regulations were Amber, with the remainder green. Members were advised that whilst key aspects of certain regulations are not fully compliant, work is underway to progress improvements.

Referring to regulation 6; General workplace ventilation, Mrs Rayani noted that appropriate ventilation across the whole infrastructure has been a long-standing issue, which was heightened during COVID-19, advising that learning has been significant in terms of reducing airborne transmission to prevent COVID-19 and other airborne viruses spreading. A number of air purifiers are located across sites, however additional air purifiers are required and Mrs Rayani agreed to approach the Charitable Funds Committee with a view to sourcing additional air purifiers for the Health Board, with a view to secure funds through capital means to improve ventilation on sites in the longer term.

Referring to *Regulation 10; room dimensions and space*, Mrs Rayani advised that the agile working policy is being progressed, however acknowledged that there is a shortage of office accommodation for certain cohorts of staff including staff who have no current work base, adding that discussions are underway to find a way to resolve this.

In relation to *Regulations 23; accommodation for clothing and 24; facilities for changing clothing*, Mr Newman enquired whether these regulations will form part of the discussions around the shortage of accommodation for staff as detailed in Regulation 10. Mrs Rayani acknowledged that the lack of changing facilities, especially for nursing staff and availability of locker spaces is an issue, however due to the inability to increase existing buildings, this matter will not be resolved in the interim. Whilst accepting that this situation is not ideal, Mr Newman requested assurance that any available accommodation space is used effectively.

Mrs Hardisty noted that there may be an opportunity, through the wellbeing funds, to support staff in adapting or improving the facilities on sites and undertook to discuss this matter further with Mrs Raynsford outside of the HSC meeting.

In terms of *Regulation 7; temperature (indoor workplaces)*, Mr Harrison noted that the processes in place are reactive as opposed to proactive, and it would prove beneficial to advance plan for events such as extreme high temperatures to avoid heat stress for patients and staff members.

The Health and Safety Committee **RECEIVED ASSURANCE** from the progress made to date to reach compliance against the Workplace (Health,

JH/DR

HSC (22)63	<b>FIRE SAFETY UPDATE REPORT</b>	
	<p><i>Mr Rob Elliott joined the meeting.</i></p> <p>Members received the Fire Safety Update Report, providing 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 9<sup>th</sup> May 2022. Mr Rob Elliott highlighted the following matters:</p> <ul style="list-style-type: none"> <li>- <b>Fire Enforcement Notices (FEN)/Letters of Fire Safety Matters (LoFSM)</b>– Withybush General Hospital (WGH) and Glangwili General Hospital (GGH)– formal correspondence has now been received to confirm all works are fully completed.</li> <li>- <b>WGH Phase 1</b> – modifications to the programme have been requested based on complexities identified on site to reduce multiple disruption to service areas. The program indicates a delay to the completion date of around 2-3 months. This has not been accepted by the Health Board pending further review. Informal discussion has been held with the Mid and West Wales Fire and Rescue Service (MWWFRS) and they are fully supportive of the approach taken.</li> <li>- <b>GGH Phase 2</b> - the resource schedule required to progress the Phase 2 Business Justification Case (BJC) has now been fully approved by the Health Board and has been submitted to Welsh Government. The capital support is in the order of £935k. A programme completion date will be developed as the above BJC work is progressed.</li> <li>- <b>Bronglais General Hospital (BGH) LoFSM</b> – substantial work has been undertaken at BGH and the MWWFRS have completed the inspections and confirmed they are satisfied with the work undertaken. Written confirmation has been received from MWWFRS which allows the LoFSM to align with the programme delivery plans. The Programme Business Case (PBC) will be completed by February 2023. Work on the BJC will be undertaken between March 2023 and April 2024 with Phase 1 work scheduled for completion in April 2025, and Phase 2 in December 2027.</li> <li>- Level 1 Fire Safety training compliance has reduced slightly, however it is noted there are significant operational pressures on staff at the current time. A global email notification advising staff of the requirement to complete Level 1 training will be issued and requests for senior management to cascade the fire safety training requirements to all staff will be made. Level 2 and Level 3 fire safety training compliance has shown improvement. Work is underway to progress Level 3 Fire Safety training to a hybrid method of training incorporating online study in addition to face to face learning which may prove more accessible to staff.</li> </ul> <p>Mr Newman expressed gratitude for the work undertaken and Mrs Hardisty thanked Mr Elliott for the positive update, which demonstrated the excellent</p>	



	engagement between the Health Board and the MWWFRS and the formal processes in place for monitoring fire safety.	
	The Committee <b>ACKNOWLEDGED</b> and <b>RECEIVED ASSURANCE</b> from the content of the Fire Safety Management Update Report and the work achieved to strengthen fire safety compliance.	
	The Committee <b>NOTED</b> that an update will be scheduled for a future HSC meeting.	

<b>HSC (22)64</b>	<b>LIFTING OPERATIONS AND LIFTING EQUIPMENT REGULATIONS (LOLER)</b>	
	<p><i>Mr Rob Elliott left the meeting.</i></p> <p><i>Professor Chris Hopkins and Ms Alison Shakeshaft joined the meeting.</i></p> <p>Members were presented with the Lifting Operations and Lifting Equipment Regulations (LOLER) update report which summarised the current compliance position in the Health Board and the actions taken to address compliance below expected minimum levels.</p> <p>As at May 2022, there are 31,000 devices (including 303 hoists) currently in use clinically that have their maintenance managed by the Clinical Engineering (CE) Department. The level of compliance has risen from 69% as at February 2022, to the current level of 92% which is within expectation. Compliance is consistent between areas managed by the different CE teams based across four sites. Drive DeVilbiss, the current provider, has highlighted several issues relating to the testing and maintenance of hoists such as availability of hoists, restricted access to clinical areas, locating individual hoists due for testing and training and awareness.</p> <p>In regard to the Health Board's relationship with Drive DeVilbiss, from a management perspective Mr Newman enquired whether there are any ongoing issues. Professor Chris Hopkins informed Members that whilst there are peaks and troughs in performance, overall there is a good working relationship with the company and commented that they respond to feedback and requests from the Health Board.</p> <p>Mrs Hardisty noted that the two year contract with Drive DeVilbiss, is due to expire in January 2023, and enquired whether a tendering process was underway. In response Prof. Hopkins confirmed that the contracts team has begun the process.</p> <p>For assurance Mrs Rayani informed Members that advance planning is required for all Health Board contracts and the tendering process should ensure continuity with service provision. Mrs Rayani confirmed the issue surrounding contracting arrangements is internal to Health Board and is not a national issue.</p> <p><i>Professor Chris Hopkins left the meeting.</i></p>	
	The Committee <b>NOTED</b> and <b>RECEIVED ASSURANCE</b> from the processes in place in terms of compliance with the Lifting Operations and Lifting Equipment Regulations (LOLER).	

HSC (22)65	MAJOR INCIDENT PLAN	
	<p><i>Ms Sam Hussell joined the meeting.</i></p> <p>Ms Sam Hussell presented the Major Incident Plan (MIP) which has been revised and updated to reflect the current structures, command and control mechanisms and response processes.</p> <p>The Health Board is required under the Civil Contingencies Act 2004 to undertake risk assessments and produce emergency plans. Additionally, within the Welsh Government's Emergency Planning Core Guidance 2015, Health Boards are required to have up-to-date plans to deal with major incidents and emergency situations that are compliant and tested in accordance with national guidance. A review process was undertaken via the Emergency, Preparedness, Resilience and Response (EPRR) Group which involved multidisciplinary and partner agency participation.</p> <p>Consultation on the revised plan has been undertaken with partner agencies and Welsh Government. Further to this it has been quality assured against the Welsh Government checklist that measures against the Civil Contingencies Act compliance.</p> <p>Ms Hussell highlighted the three main areas of change within the MIP the:</p> <ul style="list-style-type: none"> <li>• Site changes and patient flow arrangements for all sites,</li> <li>• Mass Casualty Incidents,</li> <li>• South Wales Major Trauma Network.</li> </ul> <p>Mrs Rayani enquired which internal measures are being progressed to ensure staff are aware of the MIP. Ms Hussell advised that the MIP has been reviewed by the Emergency Planning Group (EPG), which incorporates the three counties and the MIP is being cascaded down to staff through the service leads at EPG meetings. The MIP will also form part of the Gold and Silver training for hospital managers and for any staff who may support a hospital coordination centre during a major incident response and through the ongoing merit nurse training.</p> <p>Mrs Ann Murphy requested assurance that any issues which arise are directed to the Head of Health, Safety and Assurance and whether the EPRR group have representation on the Security Managers Group. In response Ms Hussell confirmed her attendance at the Security Managers Group and advised that security is a standing agenda item on the EPG. The Emergency Planning Department and the Health, Safety and Assurance team work collaboratively to ensure all matters are addressed.</p> <p>Ms Hardisty enquired whether attendance on gold level training is recorded. Ms Hussell confirmed that attendance is monitored and there is a requirement for gold level training to be undertaken triennially.</p> <p>In terms of operational staff, Ms Murphy enquired whether attending a training session is included within the job profiles for positions that require</p>	SH

	<p>this competency. Ms Hussell undertook to seek clarification around this matter.</p> <p><i>Ms Alison Shakeshaft and Ms Sam Hussell left the meeting.</i></p>	
	The Committee <b>APPROVED</b> the Major Incident Plan 2022/23 for onward ratification by the Board.	

HSC (22)66	<b>POLICIES FOR APPROVAL</b>	
	<p>Members were presented with the following policies for ratification:</p> <p><b>Procedure 696 – First Aid at Work Procedure</b> – Members were informed that the reviewed and updated Procedure has been circulated to the full membership of the Health and Safety Advisory Group (HSAG) for comment for a period of two weeks. HSAG comprises of representation from Health and Safety, Occupational Health, Operational Compliance, Infection Control, Manual Handling and Legal Services. Following no comments received, the updated Procedure was approved by the HSAG on 15<sup>th</sup> June 2022. As only minor amendments to the policy have been made, there has been no requirement to undertake consultation via global email to staff.</p> <p>Mr Harrison noted that the First Aid at Work Procedure reflects the requirement for staff in some departments to complete the full first aid at work course, primarily the estates and facilities departments.</p> <p><b>Policy 186 – Business Continuity Planning Policy (BCPP)</b> – Members were informed that the Policy has been reviewed and consulted upon within the Emergency, Preparedness, Resilience and Response (EPRR) Group and via wider global consultation process</p> <p>Mrs Hardisty enquired whether reference to the MIP should be made within the BCPP. Mr Andrew Carruthers informed Members that a separate national policy on the all Wales escalation framework is used to risk, assess and manage the status of acute sites on a daily basis. Clarification was requested in regard to how the BCPP aligns, links or differs to the escalation process that is used on acute sites. The risk matrix used within the BCPP differs from the Health Board risk matrix and further information was requested regarding this issue.</p>	SH
	<p>The Committee <b>APPROVED</b>:</p> <ul style="list-style-type: none"> <li>• Procedure 696 – First Aid at Work Procedure</li> <li>• Policy 186 – Business Continuity Planning Policy</li> </ul>	

HSC (22)67	<b>HSC WORKPLAN 2022/23</b>	
	The Health and Safety Committee workplan for 2022/23 was received for information.	
	The Committee <b>NOTED</b> the Health and Safety Committee workplan for 2022/23.	
	<b>MATTERS FOR ESCALATION TO BOARD</b>	



HSC (22)68	<ul style="list-style-type: none"> <li>• <b>Major Incident Plan</b> The Committee <b>APPROVED</b> the Major Incident Plan 2022/23 for onward ratification by the Board.</li> </ul>	

HSC (22)69	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	12 <sup>th</sup> September 2022, 9.30 a.m. – 11.30 a.m.	