

**APPROVED MINUTES OF THE HEALTH AND SAFETY COMMITTEE MEETING/  
COFNODION IECHYD A DIOGELWCH CYFARFOD PWYLLGOR**

Date of Meeting: **9:30 AM, Tuesday 14 January 2025**  
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present:	Ann Murphy Chantal Patel Iwan Thomas Eleanor Marks	Independent Member – Trade Union (Chair) Independent Board Member - University Independent Board Member – Third Sector HDUHB Vice Chair
In attendance	Ruth Poynting James Severs  Sharon Daniel  Andrew Carruthers Ardiana Gjini Joanne Wilson Rob Elliott  Tim Harrison Anthony Dean Adam Springthorpe Amanda Glanville Jonathan Arthur Simon Chiffi	Committee Services Officer (minutes) Executive Director of Allied Health Professions and Health Science Interim Executive Director of Nursing, Quality & Patient Experience Chief Operating Officer Executive Director of Public Health Director of Corporate Governance/Board Secretary Director of Estates, Facilities and Capital Management Head of Health, Safety and Security Staff-Side Representative Health & Safety Manager Assistant Director of People Development Deputy Director of Health Sciences Head of Operations
Apologies:	Olwen Morgan Delyth Raynsford Winston Weir	Assistant Director of Nursing Independent Board Member - Community Independent Board Member - Finance
Absent:	Charles Scarf Anna Lewis Karen Ryan Rhodri Evans Sam Hussell Maynard Davies	Security Adviser Independent Board Member – Community Head of Occupational Health Independent Member – Local Authority Head of Health Emergency Planning Independent Member – Information Technology

<b>Minutes Ref.</b>	<b>Item</b>	<b>Action</b>
HSC(24)106	<b>GOVERNANCE</b> <b>Welcome and Apologies</b>  Ms Ann Murphy welcomed everyone to the meeting and apologies were noted as above.	
HSC(24)107	<b>Declarations of Interest</b>	

No declarations of interest were raised.

HSC(24)108

**Minutes of Previous Meeting Held on 12 November 2024**

The minutes of the meeting held on 12 November 2024 were ACCEPTED as an accurate record.

**Decision:** The HSC Approved the minutes of the meeting held on 12 November 2024.

HSC(24)109

**Matters Arising and Table of Actions from Meeting held on 12 November 2024**

The Table of Actions was reviewed and noted.

Mr Simon Chiffi requested that the Lead for the Health and Safety Update was amended to Mr Tim Harrison and Mr Adam Springthorpe.

**Decision:** The Table of Actions was NOTED.

HSC(24)110

**Health and Safety Sub-Committee Update**

Mr James Severs informed the group that this update report follows the inaugural meeting for the Health and Safety Sub-Committee (HSSC).

There are no items to alert the committee of.

The HSC approved the HSSC Terms of Reference.

**Decision:** The HSC NOTED the HSSC update report.

**Decision:** The HSC APPROVED the HSSC Sub-Committee Terms of Reference.

HSC(24)111

**Corporate Risks Assigned to HSC**

Ms Murphy queried the status and presentation of risk number 1745 – The risk of not being able to deliver services; as the business case associated with this risk has been in development since 2018 and states that the NHS Wales Shared Services Partnership has supported a three-year investment programme.

Mr Chiffi stated that the major infrastructure works has been an ongoing Business Case (BC) from 2018. Work undertaken since the start of this development has decreased the value of the Programme Business Case.

Mr Andrew Carruthers clarified that this risk covers two separate issues, the BC for a new hospital and the BC for maintaining sites.

Ms Murphy and Mr Carruthers agreed that due to the length of time this risk has been on the register and the recent discussions on the timelines to address Estate Risk at Board meetings it may be beneficial to discuss this risk in more detail and with input from the Planning Team regarding the wider Capital Plan.

CSO

**Decision:** The HSC were ASSURED by the update report.

## **HEALTH AND SAFETY UPDATES**

HSC(24)112

### **Staff/Patient Story**

The group discussed the necessity of the staff/patient story in HSC meetings. This was recommended in the last HSC self-assessment.

Ms Sharon Daniels noted that there is now an All Wales central repository of staff and patient stories and volunteered to assess whether there are any that can be brought to a future meeting. Mr Iwan Thomas added that many staff members and patients are more open to sharing their experience following the completion of the support journey.

SD

HSC(24)113

### **Reinforced Autoclave Aerated Concrete (RAAC) Update**

Mr Carruthers informed the Committee that all groups set up to monitor RAAC have now been stepped down, as agreed in an Executive Team Meeting, and this matter is now being managed as part of daily business as usual.

Mr Chiffi advised that there are no items to alert the Committee to.

Work has been completed on Outpatient Department (OPD)B since the creation of this report.

The ground floor works is on schedule to be completed in February 2025 and work in the Plant room and OPD are expected to be completed in March 2025.

Work moving forward will continue on obligations in the operational space including Phase 1 and Phase 2 planks and a phased replacement of the flat roof in Wwithybush Hospital (WGH) OPD. High focus will be maintained on water saturation. Re-inspections will also continue to take place with targeted estates funding along with planned preventative operational measures.

Mr Chiffi added that it may be beneficial to undertake a staff and patient survey on the experience with RAAC to make note of lessons learned.

**Decision:** The HSC NOTED the report.

HSC(24)114

### **Health and Safety Update Report**

Mr Harrison introduced the report which covers the topics of Health and Safety Executive (HSE) prosecutions and emerging themes from a national perspective.

Recent prosecutions detailed in the report relate to Legionella, Working at Height and Asbestos Management.

Following inspections in 2024 HDdUHB has been found to be complying with regulations for Asbestos and Legionella, with no additional work needed.

Work is ongoing to strengthen Working at Height procedures with improvements already being made in the Estates and Facilities departments.

In response to a query from Ms Daniels, Mr Harrison confirmed that HSE do perform regular checks but tend to focus more on Violence and Aggression, Manual Handling, and Asbestos. Other types of inspections take place when needed such as; following review of a RIDDOR report.

Mr Springthorpe added that inspections following RIDDOR reports are not always needed if HSE are assured by the measures undertaken by HDdUHB.

CSO

The group agreed that a report covering wider HSE prosecutions could be brought to HSC meetings as an annual report.

In response to a query from Ms Chantal Patel, Mr Harrison stated that the Quality and Safety Committee receives reports on compliance and serious incidents. The HSSC will also have more oversight on incident reports moving forward.

Dr Ardiana Gjini queried whether policies are in place for areas that are out of use for a long time. Mr Chiffi assured the Committee that policies and control mechanisms are in place with Planned Priority Maintenance (PPMs) and managed through the relevant Safety groups.

**Decision:** The HSC were ASSURED by the update report.

HSC(24)115

### **Fire Management Update**

Mr Rob Elliott introduced the report which focuses on key delivery dates for Fire Service Notices and Letters of Enforcement. Bi-annual meetings between HDdUHB, Mid and West Wales Fire and Rescue Service (MAWWFRS), and Welsh Government (WG) have been helpful to keep the two organisations informed of progress on the Business Cases and inform the expected timeline.

The deadline for Phase 2 works in WGH is April 2025. This expected completion date was initially agreed 5 years ago and will therefore need to be amended to line up with the delivery plan. The updated timeline has been agreed with MAWWFRS and letters are being created to finalise this agreement.

The Phase 1 programme in Glangwili General Hospital (GGH) is expected to complete in mid to late February, with the only work left to complete being the subterranean ducts. A minor adjustment to the agreed timeline has been agreed to extend from the end of January to the end of February.

The Fire service is making arrangements to attend the site and lift the Enforcement notice.

The compliance date for Phase 2 of the GGH programme was initially agreed for June 2025. This will now also be extended to the end of 2027.

The full programme Business Justification Case (BJC) for Bronglais General Hospital (BGH) has been finalised recently prior to this HSC meeting. This will be presented to the Capital Sub Committee before being shared with the Strategic Development and Operational Delivery Committee (SDODC) and then shared in a Public Board meeting in March 2025.

The BJC is scheduled for completion in July 2026, with work starting on site on September 2026. Work is expected to complete in December 2028 with final repairs to any decanted accommodation completed in March 2029.

Mr Elliott provided assurance that while the scale of work extends beyond discretionary funding, engagement with WG provides significant assurance they are prepared to engage with this work. Additionally, communication from WG for forward planning has included WGH and GGH Phase 2 Projects.

The risk of not completing this work would be escalation and prosecution.

**Decision:** The HSC were ASSURED by the update report.

HSC(24)116

### **Fire Safety Training**

This is the third time Fire Safety training has been brought to HSC out of the wider training report. Mr Chiffi advised that moving forward this discussion would be better suited to HSSC. This report explains the 5 levels of training that have been created, including optional levels 4 and 5.

One item previously discussed by the HSC is Fire Wardens and understanding what this means across the Health Board.

Potential factors which may deter staff from applying for the role includes concern around the level of duty involved.

Mr Chiffi noted that the terminology used for Fire Wardens may be a bit misleading and informed the Committee that this role is a Best Practice Champion position and is a voluntary role.

Currently there are 169 Fire Wardens, and the goal is for 50 Fire Wardens per acute site, pro rata.

Research is ongoing to identify the structure of each site and where Fire Wardens fit into that structure.

Ms Eleanor Marks queried the rationale for the goal of 50 fire wardens per site. Mr Chiffi and Mr Severs stated that this is not a mandated number and will be explored further.

Another item raised by the HSC is specific training figures per site to look at the details and identify where challenges or blockers to progress are.

Fire Training Performance data shows that there is a positive position on Level 1 Training, with less positive numbers for Level 2 and lower numbers for Level 3 training. This impacts the Phase 2 projects in WGH and GGH.

The third item raised by HSC was to provide an all-Wales position on training figures for benchmarking purposes. This exercise has demonstrated that HDduHB remains one of the top performing Health Boards for Level 1 training.

Ms Amanda Glanville suggested it may be beneficial to revisit the data to aid in understanding the issues with numbers for Level 2 training and to do a deep dive into those areas.

Additionally, there has been a focus on the Core Skills Training Framework, however if something has been mandated it would be helpful to do a deep dive into wider learning and how it aligns with compliance areas. SC

Ms Glanville also highlighted the financial impact of making learning mandatory.

Mr Chiffi agreed to share data with Ms Glanville to aid discussion.

The funding requests detailed in the report includes fulfilling mandated Fire Warden and Night Porter roles. The responsibility of approving this funding falls within the remit of the Executive Team meetings.

**Decision:** The HSC were ASSURED by the update report.

HSC(24)117

### **H&S Internal Audit Report**

*Deferred. To be presented following the Audit and Risk Advisory Committee (ARAC) meeting in February.*

Ms Jo Wilson assured that this item has been deferred with approval of the Chair and noted that all deferrals should be agreed with the Chair for all Committees.

HSC(24)118

### **RIDDOR - All Wales Benchmark Update**

Mr Adam Springthorpe introduced the report which shows the status of HDdUHB RIDDOR reporting in comparison to other Health Boards across Wales.

This report shows that HDduHB is on par with the other Health Boards for both timeliness of reporting and the numbers of incidents.

The timeliness of reporting has decreased this year however steps have already been taken to improve this.

The data on the number of reported incidents is shared within the RIDDOR Update Report which was shared in the HSC meeting held 12 November 2024 and will be shared on an annual basis moving forward.

**Decision:** The HSC NOTED the report.

## **HEALTH & SAFETY REGULATIONS**

HSC(24)119

### **Health and Safety Regulations Overview**

This report details a list of Health and Safety regulations, the monetary arrangements, reporting channels and the training needed across the workforce. The primary piece of legislation covering Occupational Health and Safety is the Health and Safety at Work Act 1974 (HSWA).

The HSSC terms of reference includes a list of routes for reporting. Work is ongoing to shape this reporting structure, including where certain regulations feed into more than one group such as Sharps and Legionella.

In this report training required under the HSWA has been split by regulations and gaps in compliance have been highlighted.

Level 1 training in Health and Safety is now being looked at on an all-Wales level led by Cardiff and Vale University Health Board (CAVUHB).

Mr Harrison noted that the e-learning package needs revision which will be advised by the work undertaken on an all-Wales level.

In response to a query from Ms Marks, Mr Springthorpe noted that the risk faced by the organisation before the revision of the learning material is believed to be low as work has taken place to make staff aware of responsibilities, along with some areas already being addressed in manager training. This work seeks to formalise the process and focus training dependant on work areas and staff roles.

Some areas have been highlighted that do not have policies in place however this is not believed to be a concern.

Mr Severs recommended that the Committee take assurance that a review has been undertaken of policies, procedures, education and training however the Board will need to be advised that further work is needed on mandatory training good practice and guidance.

**Decision:** The HSC wish to ADVISE that gaps in training have been identified and further work is needed to improve the status of regulation compliance.

## **POLICIES FOR APPROVAL**

HSC(24)120

### **Policy 703 - Control of Substances Hazardous to Health (COSHH)**

Mr Springthorpe informed the group that minor changes have been made to the COSHH policy including the Executive Lead Director and to material data safety sheets that are not classified as hazardous. The Policy team has been included in the process and the policy has been shared for consultation over Global emails.

Mr Springthorpe informed the Committee that assessment forms are tailored to the area in which they are used and are stored locally. Higher risk users such as Estates will keep printed copies.

Lower risk areas may have digital or physical forms. Both formats are acceptable.

While a central repository would be beneficial for visibility, it also has the potential to discourage staff from maintaining ownership of their department's reports.

Over 600 managers have been trained in COSHH management through the Health and Safety induction course and the quality of COSHH reports have improved as a result.

Ms Murphy suggested that more clarity is needed to confirm who holds responsibility for COSHH in each area. Mr Springthorpe highlighted that there is a list of responsible people across the Health Board.

The Committee agreed that the wording around responsible people will be reviewed, and the policy would be approved by Chair's Action.

AS,  
AM,  
CSO

**Decision:** The policy will be approved by Chair's Action following a minor amendment to improve clarity.

HSC(24)121

### **Policy Extension Request**

A Policy Extension Request of two months for Policy 323 - Closed Circuit Television (CCTV), Policy 170 - Lone Worker and Procedure 767 - New and Expectant Mothers / Birthing Parents Procedure was agreed to allow time for review by the Trade Union/Staff Partnership Forum. The policies will be tabulated for approval at the next HSC meeting on 4 March 2025.

**Decision:** The HSC NOTED that policies 323, 170 and 767 will be presented for approval in the March HSC meeting.

### **FOR INFORMATION**

HSC(24)122

### **HSC Workplan**

The HSC workplan was discussed and noted.

HSC(24)123

### **ANY OTHER BUSINESS**

No other items were raised.

HSC(24)124

### **MATTERS FOR ESCALATION TO BOARD**

HSC wish to ADVISE Board of

- Ongoing work to close gaps in Health and Safety training and policy compliance to comply with Health and Safety Regulations.