

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

<b>Date and Time of Meeting:</b>	14 <sup>th</sup> November 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) 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>	Ms Sharon Daniel, Assistant Director of Nursing, deputising on behalf of Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience 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 Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk Ms Amanda Glanville, Head of Workforce Education & Development Dr Jo McCarthy, Deputy Director of Public Health (VC) Mr Simon Chiffi, Head of Operational Services, Estates Department (VC) Mrs Helen Mitchell, Committee Services Officer (minutes) (VC)

	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>HSC (22)87</b>	The Chair, Mrs Judith Hardisty, welcomed all to the meeting.  Apologies for absence were received from: <ul style="list-style-type: none"> <li>Mr Andrew Carruthers, Director of Operations</li> <li>Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience</li> <li>Mr Anthony Dean, Staff-Side Representative</li> </ul>	

<b>HSC (22)88</b>	<b>DECLARATIONS OF INTERESTS</b>	
	No declarations of interests were made.	

<b>HSC (22)89</b>	<b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 12<sup>TH</sup> SEPTEMBER 2022</b>	
	<b>RESOLVED</b> - that the minutes of the meeting of the Health & Safety Committee (HSC) held on 12 <sup>th</sup> September 2022 be approved as a correct record. It was noted that the minute referencing had been duplicated from the July 2022 HSC meeting. The Committee Services Officer would amend the referencing in the minutes and Table of Actions and recirculate.	<b>HM</b>

HSC (22)90	<p><b>TABLE OF ACTIONS FROM THE MEETING HELD ON 12<sup>TH</sup> SEPTEMBER 2022 AND MATTERS ARISING</b></p> <p>An update was provided on the Table of Actions from the HSC meeting held on 12<sup>th</sup> September 2022, with confirmation received that all actions had been completed or forward planned on the HSC work plan.</p> <ul style="list-style-type: none"> <li> <p><b>HSC(22) 75: To provide feedback on the meeting being arranged with Dyfed Powys police to challenge the response received by a member of staff who was assaulted by a mental health patient.</b></p> <p>Concerns were raised around the increasing number of aggressive/violent assaults on members of healthcare staff. Dyfed Police representatives and HDdUHB representatives, including members of the Mental Health team, have met. The police have provided assurance that the matter is taken seriously, and since the meeting there have been a number of arrests, with one person held on remand in custody. Regular meetings with Dyfed Police continue, and the HSC undertook to keep the matter under review.</p> <p>Mrs Hardisty requested that these meetings are included in the regular Violence and Aggression Update. Mr Tim Harrison agreed to do so.</p> </li> <li> <p><b>HSC(22) 75: To liaise with the Health and Safety Manager to ascertain whether a new risk needs to be articulated for future Health and Safety reporting.</b></p> <p>The Assurance and Risk team has met with Health and Safety colleagues and has agreed two risks to be added to the Risk Register. The Manual Handling risk is in draft, and the work on Violence and Aggression, especially training for acute staff, will include training on 'behaviours that challenge.'</p> <p>Ms Ann Murphy confirmed that violence and aggression is a regular agenda item at Staff Side meetings, especially if there are updates from the UK side of Health &amp; Safety.</p> </li> </ul>	TH
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HSC (22)91	<p><b>REQUEST FOR EXTENSION TO REVIEW: SMOKE FREE POLICY</b></p> <p>Dr Jo McCarthy briefly outlined the work undertaken to date by Ms Joanna Dainton on the Smoke Free Policy, which is designed to ensure a healthy and safe environment for all, and to comply with the Smoke-free Premises and Vehicles (Wales) Regulations 2020. It is also in line with the strategic aims contained within the Welsh Government 'A Smoke-Free Wales Tobacco Control Strategy and Delivery Plan (2022-2024).' Ms Dainton has met with the General Managers of all Hywel Dda University Health Board (HDdUHB) sites and will meet with them again, following conclusion of the consultation. Enforcement of the Smoke Free Policy may prove challenging and is being worked through.</p> <p>Mrs Delyth Raynsford noted that, at the Bronglais Hospital Remembrance service which she attended recently, the garden was clean with no evidence of smoking.</p>	
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	Members were requested to approve a 2-month extension to the review date of the Smoke Free Policy, to allow time for the consultation to conclude. This extension was agreed.	
	<i>Dr Jo McCarthy left the meeting.</i>	
	The Committee <b>NOTED</b> the content of the draft Smoke Free Policy currently out for consultation and <b>APPROVED</b> the presentation of the final policy with its associated Impact Assessment at the January 2023 Health and Safety Committee.	

HSC (22)92	<b>HEALTH AND SAFETY UPDATE</b>	
	<p>The Committee received and considered the Health and Safety Briefing presented by Mr Tim Harrison, who highlighted concerns around the rising number of violent/aggressive assaults on healthcare staff. Mr Harrison apologised for the inclusion of specific incidents in the report. Mrs Hardisty requested a detailed review of the situation, including data, for presentation to the January 2023 meeting. Mrs Raynsford echoed this request, questioning ongoing support for staff; sickness levels as a result of violence and aggression; actions to promote safe spaces for staff and how staff are supported post injury and recovery. Mr Harrison advised that Mr Brett Jenkins, Violence and Aggression Case Manager, follows up every incident and contacts the victim in the first instance. Whilst there are instances where the member of staff may not feel supported by their immediate line manager, from a corporate perspective, the team works well; with Mr Jenkins following up potential prosecutions with the Police. The Prevention of Violence and Aggression team also provides support, education and training. Attendance of acute staff at 'Behaviours that Challenge' training has proved difficult. There has been a reduction in the number of approved restraints, but Mr Harrison feels that most staff feel supported. Mrs Raynsford expressed concern that instances of staff who feel unsupported may be reflected in staff retention.</p> <p>Members heard that, following a number of substantiated aggressive incidents, Mr Jenkins issues 'First Stage letters' to individuals, to reinforce the non-aggressive approach and a warning marker is attached to the patient record, which is reviewed every 12 months.</p> <p>Staff incidents against members of staff are handled by a manager in the department and the Organisational Development team.</p> <p>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.</p>	TH

HSC (22)93	<b>HEALTH AND SAFETY REGULATIONS: CONTROL OF ASBESTOS UPDATE</b>	
	Mr Simon Chiffi presented the Health and Safety Regulations: Control of Asbestos Update report, intended to provide assurance against several key Health and Safety regulations. The report concerns the Control of Asbestos Regulations 2012, and the approved code of practice L143 (second edition) Managing and Working with Asbestos.	

Where Asbestos-containing materials (ACMs) are in good condition and unlikely to be disturbed, they do not present a risk. However, where materials are in poor condition, or are disturbed or damaged, asbestos fibres are released into the air, which, if breathed in, can cause serious lung diseases, including cancers. Approximately 2,700 ACMs are known to be present within HDdUHB sites. The Health Board has been previously commended by the Health & Safety Executive (HSE) for its asbestos management arrangements.

The Compliance team is confident that robust arrangements are in place, with certain suggested areas for strengthening.

Following the recent appointment of Mr Robin Smith, Asbestos Compliance Officer (within the compliance team), who manages asbestos across the whole estate, a high-level management review was undertaken to assess the protocols the Health Board has to ensure adequate arrangements remain in place to manage asbestos. As a result, a decision was made to re-instate the risk entry for Asbestos onto Datix (previously removed) until such time as the Health Board is confident that all suggested improvement plans have been addressed in full.

Due to the nature and age of the Health Board estate, management surveys, remedial works and removal undertaken under major capital schemes are necessary to evidence that the Control of Asbestos Regulations are met. Mr Chiffi advised that Mr Smith's appointment has resulted in collaborative work with the IT team to further improve the accessibility of asbestos management information to the Estates teams and contractors.

Mr Chiffi clarified a point on page 4 of the report as follows:

Improvement actions:

- Leasehold properties:

The leasehold property portfolio (including managed GP practices) and their existing asbestos information is under review by the Compliance team to identify any shortfall in compliance. The legal duty is on the owners to manage asbestos and the related information; however, there may be gaps in that information. A thorough deep-dive is ongoing and, where gaps exist, management surveys are being undertaken to ensure information is accurate and up to date. All information will be entered onto the digital system between November 2022 and February 2023, so that all teams have access to the information.

The Committee noted that Risk 222 will be updated on a monthly basis.

Mr Paul Newman, via the online Chat, noted that, with regard to ACMs, it would be useful to have additional information about the different grades of ACMs, the number of more dangerous ones and how the more dangerous ones are identified and managed. Also, whether the Health Board's approach differs depending upon the grade of ACM. Mr Chiffi advised that all grades of ACMs are known to the team, but careful messaging is imperative. Mr Adam Springthorpe and Mr Elliott advised that

	<p>management is more important than the grading of ACMs and that frequent reinspection generates an overall score which is included in the Asbestos Management Plan, alongside a risk level and a management action. Mr Chiffi, Mr Springthorpe and Mr Harrison were requested to draft a brief report to be appended to the Table of Actions, referencing the different types of asbestos, how they are managed, what applies to each and outlining how training is prioritised.</p> <p>Mrs Hardisty enquired whether there were presently any members of staff suffering with asbestos-related disease. Whilst numbers were not known, there are members of staff with long careers at the Health Board who have asbestos-related illness.</p> <p>The Committee <b>RECEIVED ASSURANCE</b> that work has been undertaken and is underway to support full compliance with the regulations.</p>	SC/AS/TH
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HSC (22)94	<b>PREVENT AND CONTEST UPDATE</b>	
	<p>Mr Harrison introduced the Update on CONTEST CYMRU - Protect Duty, noting that the report had been written in the absence of Mr Phil Lloyd, who will be replaced by Mr Charles Garth by January 2023.</p> <p>Mr Harrison advised that a Head of Vaccination Security has been appointed within the Health and Social Services Group. This post will be responsible for the strategic oversight of security management across NHS Wales. The Vaccine Security Group will be relaunched as the Wales Healthcare Security Group (WHSG).</p> <p>The new group's ambition is to:</p> <ul style="list-style-type: none"> <li>• Achieve combined operational excellence and emergency preparedness</li> <li>• Stakeholder approach and commitment</li> <li>• Achieve civil contingencies national occupational standards</li> <li>• Improve staff confidence</li> </ul> <p>The Group will also aim to update the NHS Wales Security Management Framework and Standards to include the following aims:</p> <ul style="list-style-type: none"> <li>• Continued Professional Development with management to achieve security skills and mind-set</li> <li>• Upskilling security operatives with recognised practices &amp; techniques</li> <li>• Achieve legal knowledge and compliance (e.g. control and restraint)</li> <li>• Improve staff confidence</li> </ul>	
	<p>The Committee <b>NOTED</b> the Update on CONTEST CYMRU – Protect Duty and <b>RECEIVED ASSURANCE</b> that the Preparedness, Resilience and Response Group and Security Management Group will be used to formally monitor progress with identified risks as detailed in this report.</p>	



<p><b>HSC (22)95</b></p>	<p><b>FIRE SAFETY UPDATE</b></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 12<sup>th</sup> September 2022. Mr 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) - All remaining horizontal escape routes at WGH, all remaining work at St Caradog's and St Non's, all work at Kensington, St Thomas, Springfield, Sealyham and Pembroke County Blocks (<b>FEN KS/890/03, FEN KS/890/05 and LOFSM completion date April 2022</b>). <b>Withybush General Hospital (WGH) Phase 1</b> – due to the identification of extensive further works around the deteriorating state of fire doors, an additional 4-month extension to July 2023 has been agreed with Mid and West Wales Fire and Rescue Service (MWWFRS). Regular dialogue continues with MWWFRS; the Enforcing Officers continue to review activities on site to fully understand the challenging work required and are supportive of HDdUHB actions.</li> <li>• <b>Decant Arrangements to Support Phase 2 Work</b> – Welsh Government (WG) has responded to the Health Board's recently submitted Business Justification Case (BJC) with three points for clarification. Mr Elliot has been advised by a senior WG advisor that draft guidance to the Minister is presently being written re the approval of c.£8m funding, and approval of the Decant Ward is anticipated by the end of November 2022.</li> <li>• <b>Glangwili General Hospital (GGH) Phase 1</b> - Due to technical issues regarding Fire Stopping, a 7-month extension to November 2023 has been submitted to MWWFRS, who appreciate and understand the challenges facing the Health Board, and have agreed that Fire Stopping can be undertaken in two stages.</li> <li>• <b>Additional Letters of Fire Safety Matters</b> – good progress has been noted at Tregaron Hospital, GGH and Bronglais General Hospital (BGH).</li> <li>• <b>BGH Residential Blocks</b> – The works are now at the three stages of assurance.</li> <li>• <b>Prince Philip Hospital (PPH)</b> - A consolidated LoFSM for PPH has now been received from MWWFRS; the action plan is complete and MWWFRS are fully aware of this position. A whole site survey of all Fire Doors has already been undertaken, together with a full survey of all Fire Compartmentation. The Capital costs to deliver this work are now in development and the work to achieve full compliance will involve a circa 3 year programme. This will be set out for consideration by MWWFRS in a meeting planned for mid November 2022. Regular discussions have already been held with MWWFRS, so they are fully aware of the status of this work. HDdUHB is currently bidding for substantial funding as part of the Estates Funding Advisor Board</li> </ul>	
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	<p>(EFAB) programme established by WG. The outcome of this will provide clarity on Fire Safety investments for the next 2 years. It is anticipated that there will be additional Capital needs for this programme beyond the next 2 years, which will require a Business Case approach to secure the required investment. This work will be planned during the 2-year period, so that Capital can be released and a continuous programme of work maintained.</p> <ul style="list-style-type: none"> <li>• A meeting is planned for 24<sup>th</sup> November 2022 with MWWFRS to consider all investment programmes across the HDdUHB Estate, and the PPH position will be fully explained as part of this briefing. It is anticipated that MWWFRS will be supportive of this approach, given that HDdUHB already has a programme of prioritised works which will be undertaken over the next 6 months.</li> <li>• <b>Fire Safety Management (FRA) Update</b> – As of 9<sup>th</sup> November 2022 there are no overdue FRAs.</li> <li>• <b>Fire Safety Training</b> – As of 26<sup>th</sup> November 2022, fire safety training is as follows: <ul style="list-style-type: none"> <li>○ Level 1 fire safety training has increased by 0.5% to 78.5%</li> <li>○ Level 2 fire safety training has increased by 3% to 49.86%</li> <li>○ Level 3 fire safety training has decreased by 0.24% to 51.18%</li> </ul> <p>Fire safety training has been escalated to the Senior Operational Business Meeting where a greater emphasis will be placed on training uptake and the message will be reinforced to acute staff. When asked by Mrs Raynsford whether he was assured by the numbers taking up training, Mr Elliott responded that pressures on clinical and management teams to attend this training in such challenging times is fully understood and is holding back significant improvements in fire training statistics. He added that departmental heads and nurse managers need to be encouraged to release staff for training.</p> </li> <li>• Mrs Hardisty was concerned about future implications for fire safety if WG funding should become unavailable. Mr Elliott agreed to work with Mr Andrew Carruthers and Mr Lee Davies to produce a report for a future Committee, outlining risk should funding become scarce.</li> </ul> <p>The Health and Safety Committee <b>NOTED</b> the Fire Safety Management Update Report and that further updates will be presented at future HSC meetings. The Committee <b>RECEIVED ASSURANCE</b> from the content of this report and the work achieved to strengthen fire safety compliance.</p>	RE/AC/LD
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HSC (22)95	<p><b>REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCE REGULATIONS 2013 (RIDDOR) UPDATE</b></p> <p>Mr Adam Springthorpe introduced the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR) Update report. Mr Springthorpe highlighted the Health, Safety and Security team's push on promoting the RIDDOR reporting requirements and timeframes, through discussions at the Quality and Safety Groups across the Health Board; and by delivering targeted training sessions. As a result, timeframe compliance has increased. The Committee noted that Mr Harrison attends Quality and Safety Meetings for Mental Health and that the H&amp;S team is working proactively with the Mental Health Directorate to improve their compliance.</p>	
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	Mr Springthorpe referenced a recent All-Wales RIDDOR consistency and benchmarking exercise in which HDdUHB finished third from nine Health Boards. The Committee noted that with a RIDDOR reporting rate of 5.18 per 1000 staff across all reporting categories, HDdUHB can take assurance that it is not under-reporting RIDDOR incidents when compared to similar organisations across Wales. A similar reassurance can be taken from the All-Wales picture.	
	The Committee <b>RECEIVED ASSURANCE</b> from the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR) Update report that the Health Board is operating in compliance with the RIDDOR regulations, with the exception of reports being submitted in a timely fashion.	

<b>HSC (22)96</b>	<b>MEDICAL LASER SAFETY POLICY</b>	
	<p>Mr Springthorpe presented Updated Procedure 770 – Medical Laser Safety Policy (Version 2). Members were informed that there have been no changes to the relevant legislation or guidance since the 2019 version (Version 1) of this Policy; therefore, the only changes made were to update the corporate arrangements and other minor improvements/adjustments. The lead Executive Director for the Policy is now the Director of Nursing, Quality and Patient Experience rather than the Director of Operations. The only other changes were very minor amendments to the reference and guidance documents listed in Section 11 of the Policy. These changes were as a result of direct discussions with the Medical Physics Expert from Swansea Bay University Health Board (SBUHB), whose expertise is utilised by HDdUHB.</p> <p>The reviewed and updated Policy was circulated to the full membership of the Radiation Protection Group for comment and approval, for a period of two weeks. No comments were received, other than a confirmation from the Head of Radiation Physics in SBUHB that the Policy was satisfactory for approval.</p> <p>As only minor amendments to the Policy have been made, there has been no requirement to undertake consultation via global email to staff.</p>	
	The Committee <b>APPROVED</b> the revised and updated 770 – Medical Laser Safety Policy (Version 2).	

<b>HSC (22)97</b>	<b>REQUEST FOR EXTENSION TO REVIEW: FULL LOCKDOWN POLICY; VIOLENT PATIENT WARNING POLICY</b>	
	<p>Members were requested to approve 6-month extensions to the review dates of the following policies:</p> <ul style="list-style-type: none"> <li>• <b>761 – Violent Patient Marker Procedure</b> – a full review of this procedure is being undertaken by the Head of Safety and Security and the Violence and Aggression Case Manager. A 6-month extension is requested.</li> <li>• <b>749 – Lockdown Policy</b> - Lockdown capability is being assessed as part of a Security Management review, the scope of which is to make</li> </ul>	



	recommendations to the Executive Team and Health Board, and which forms part of Planning Objective 3L, for completion April 2023. The Lockdown Policy and Hospital Lockdown plans will be reviewed as part of this work. Therefore, a 6-month extension until the end of April 2023 is requested.	
	<p>The Committee <b>APPROVED</b> the extension to the review dates of the following policies until 30<sup>th</sup> April 2023:</p> <ul style="list-style-type: none"> <li>• 761 – Violent Patient Marker Procedure</li> <li>• 749 – Lockdown Policy</li> </ul>	
<b>HSC (22)98</b>	<b>HSC WORK PROGRAMME 2022/23</b>	
	The Committee received the Health and Safety Committee workplan for 2022/23 for information.	
	The Committee <b>NOTED</b> the Health and Safety Committee workplan for 2022/23.	
<b>HSC (22)99</b>	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	<p>The following matter was agreed for escalation to Board:</p> <ul style="list-style-type: none"> <li>• To inform the Board of the increasing number of aggressive/violent assaults on members of healthcare staff.</li> </ul>	<b>JH/ MR</b>
<b>HSC (22)100</b>	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	9 <sup>th</sup> January 2023, 9.30 a.m. – 11.00 a.m.	