

**UNAPPROVED MINUTES OF THE HEALTH & SAFETY ASSURANCE COMMITTEE
COFNODION HEB EU CYMERADWYO O PWYLLGOR ANSAWDD IECHYD A DIOGELWCH**

Date and Time of Meeting:	9.30am, 10 th May 2021
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 Iwan Thomas, Independent Member (VC) (part) Mrs Delyth Raynsford, Independent Member (VC)
In Attendance:	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Mr Andrew Carruthers, Director of Operations (part) Mrs Joanne Wilson, Board Secretary (VC) Mr Steve Morgan, Deputy Director of Workforce and OD (VC) Ms Ann Taylor-Griffiths, RCN/ Joint Chair HDdUHB Staff Partnership Forum/ Chair of Ceredigion County Partnership Forum (VC) Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC) (part) Mr Tim Harrison, Head of Health, Safety and Security (VC) Mr Phil Lloyd, Security and Case Manager (VC) Dr Meinir Jones, Assistant Medical Director (VC) Mrs Mel Jenkins, Senior Nurse, Infection Prevention (VC) Miss Hannah Gostling, Administrative Assistant, Corporate Governance (VC) (Observing) Ms Sonja Wright, Committee Services Officer (Minutes)

	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
HSAC (21)20	The Chair, Mrs Judith Hardisty, welcomed all to the meeting, particularly Mr Iwan Thomas, joining as a new Independent Member of the Health & Safety Assurance Committee representing the Third Sector; Mr Steve Morgan who would be attending future Committee meetings to represent Workforce and Organisational Development Directorate, and Miss Hannah Gostling, attending HSAC as part of her induction training as Administrative Assistant within the Corporate Governance Department.	
	Apologies for absence were received from: <ul style="list-style-type: none"> Mr Paul Newman, Independent Member Mr Winston Weir, Independent Member, Mr John Evans, Assistant Medical Director 	

HSAC (21)21	DECLARATIONS OF INTERESTS	
	No declarations of interests were made.	

HSAC (21)22	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 17th FEBRUARY 2021	
	RESOLVED - that the minutes of the meeting of the Health & Safety Assurance Committee (HSAC) held on 17 th February 2021 be approved as a correct record.	
HSAC (21)23	TABLE OF ACTIONS FROM THE MEETING HELD ON 17th FEBRUARY 2021	
	An update was provided on the Table of Actions from the meeting held on 17 th February 2021, with confirmation received that all actions were complete.	
HSAC (21)24	HSAC SELF ASSESSMENT 2020/21 – REVIEW OF QUESTIONS	
	<p>Members received the Committee Self-Assessment template which is intended for use in HSAC’s annual self-assessment exercise for 2020/21, and advised that the questionnaire has been refreshed in conformity with the format utilised by the Quality, Safety and Experience Assurance Committee (QSEAC) in completing its self-assessment in 2019/20, and which will be utilised by other assurance Committees in future self-assessment exercises.</p> <p>Members were informed that the questionnaire would be circulated following the meeting, and that outcomes, in the form of anonymised responses, would be presented at the next HSAC meeting on 6th July 2021.</p>	
HSAC (21)25	HSAC ANNUAL REPORT 2020/21	
	<p>Members received the HSAC Annual Report 2020/21 for review, prior to its submission to the Public Board meeting on 10th June 2021.</p> <p>Introducing the report, Mrs Mandy Rayani informed Members that in addition to demonstrating that the Committee had fulfilled the requirements articulated in its Terms of Reference during 2020/21, the contents reflected the work undertaken across the entire portfolio of strategic and operational areas which are included within the Committee’s remit. Mr Tim Harrison added that the report represents both the good work undertaken by the Health and Safety Team and other Health Board (HB) Teams, and the excellent executive leadership provided by the Director of Nursing, Quality & Patient Experience.</p> <p>Noting that the report covers the Committee’s business for the entire year, Mr Iwan Thomas queried whether, within this period, any new key performance indicators (KPIs) had been introduced in relation to operational demands relating to health and safety arising from the COVID-19 pandemic, and, if so, whether these indicators would be retained as the HB moves to its recovery period. Mr Thomas added that, as a new Independent Member of the Committee, he would be happy to provide feedback in relation to any new performance targets being proposed.</p>	

Mr Harrison explained that while a large proportion of work undertaken in relation to health and safety during the year had necessarily been of a reactive nature, a number of KPIs had been established, particularly in the monitoring of staff training and in workplace reviews to ensure adherence with social distancing requirements. Members were advised of plans to submit regular KPI reports to HSAC in relation to the embedding of health and safety processes within HB Directorates, which had also been discussed at the Audit and Risk Assurance Committee meeting on 5th May 2021, and recognised a need to develop further KPIs to reflect areas of particular focus, such as reporting baselines for incidents of Violence and Aggression (V&A).

Responding to queries from Mrs Delyth Raynsford regarding how figures for incidents of V&A towards staff in 2020/21 compare with those in the previous year, and how the HB's V&A figures compare with those of other Health Boards, Mr Harrison responded that while there has been no significant deterioration in levels of V&A in 2020/21, there had been some cases reported in community settings, including mass vaccination centres, although these were low in number. Mr Harrison added that Hywel Dda University Health Board's (HDdUHB) V&A figures are 'comparable' with those reported in other Health Boards, averaging 80 – 90 incidents per month.

Being assured that while the majority of these incidents do not involve major injury or other long-term consequences, Members nevertheless recognised the detrimental effects upon the HB's staff of abuse of any kind, including verbal abuse.

Remarking upon the unacceptability of abuse directed to staff members, Mrs Raynsford queried whether V&A is typically linked to specific services, such as Accident and Emergency. Mr Harrison responded that this type of incident is often seen within Mental Health settings, where a disproportionate number of incidents may, in the case of MH patients, be linked to a single individual, and undertook to collate data relating to the location of incidents on a county-wide basis, and to circulate this to Members.

With regard to mitigations and supporting measures in place within the HB in response to V&A, Mrs Rayani and Mr Harrison provided the following assurances:

- All incidents of V&A are followed up by the Violence and Aggression Case Manager, who serves as a point of contact with police, enabling staff to feel better supported both during and after the reporting of incidents.
- The Director of Nursing, Quality and Patient Experience is a member of a regional Anti-Violence Collaborative, which works with the police and with the Crown Prosecution Service to address V&A in the workplace, and which is supported by a Solicitor from the NHS Wales Shared Services Partnership (NWSSP) Legal and Risk Team.
- Following a notice issued by the Health and Safety Executive (HSE) in regard to V&A reporting, a Control Group had been set up within the HB, whose remit includes a focus upon V&A reporting thresholds for staff, recognising that these had hitherto been set relatively high.

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- More robust data relating to V&A incidents is now provided by HB Teams.
- Promotional material has been distributed across all HB sites to raise awareness of the need to report V&A, and informing staff of the support which is available to them both during and after reporting.

Members were further assured that the issue of V&A towards staff would continue to be scheduled for review and discussion at future HSAC meetings.

Ms Ann Taylor-Griffiths highlighted the potential for V&A towards staff which might result from the enforcement of the recently introduced smoking ban at hospital sites. Mr Harrison explained that a written standard had been developed by the HB Security and Case Manager in relation to the enforcement of non-smoking legislation which clarifies that enforcement action is the responsibility of the Local Authority, acknowledging, however, that fuller discussions may be required to determine the way in which the HB may support its staff in ensuring compliance with legislation. Members agreed that it would be useful to extend an invitation to the next HSAC meeting on 6th July 2021 to the Head of Commissioning and Partnership Strategy Development, who is leading on the implementation of non-smoking legislation, in order to seek assurance that all requirements are being complied with and that any actions arising from a previous review of the legislation in the HSAC meeting held on 17th February 2021 have been followed up.

It was further suggested by Members that it may be useful to raise the issue of violence connected with implementation of non-smoking legislation at the Staff Partnership Forum meeting, once discussion has been held with union representatives.

Members were assured that social distancing requirements across all HB sites would continue to be an area of focus for the Committee in 2021/22

Concluding discussions, Mrs Judith Hardisty commented upon the positive work undertaken in relation to the training of new HB staff during the pandemic, and observed that the HSAC Annual Report reflected the wide range of work undertaken by the Committee, recognising that many elements of this work, such as Field Hospitals and the HB's mass vaccination programme had not originally been included in the Committee's work programme when it was constituted in April 2020. Mrs Hardisty added that the Committee's effective scrutiny of these operational areas reflected the excellent work of all involved.

The Health and Safety Assurance Committee **REVIEWED** the HSAC Annual Report for 2020/21 for onward submission to the Public Board at its meeting on 10th June 2021.

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HSAC (21)26	HEALTH AND SAFETY EXECUTIVE ENFORCEMENT ACTION UPDATE	
	<p><i>Mr Andrew Carruthers joined the Committee meeting</i></p> <p>Members received the HSE Enforcement Action Update report, detailing the continuing work towards compliance with the enforcement notices</p>	

served against the HB by the HSE in October 2019, and summarising developments since the previous Committee meeting held on 17th February 2020.

Members were advised that a somewhat challenging meeting held on 24th February 2021 with HSE should be seen in the context of the need to clarify final elements of HSE requirements relating to the delivery of actions for the remaining Improvement Notices (INs) and HSE's intention to promote HDdUHB as an exemplar in regard to the effective embedding of health and safety processes across all service areas within the organisation.

Mr Harrison informed Members that all Material Breaches (MBs) have been formally signed-off and, of the 4 INs which remain open, 2 relating to manual handling have completion dates of 25th June 2021, while the other 2 INs (Incident Investigation and Needlestick Management) have completion dates of 24th September 2021. Members were informed that updates relating to those INs with June 2021 completion dates would be provided at the next HSAC meeting on 6th July 2021, together with details of progress made in relation to the remaining 2 INs.

Members were assured that good progress is being made in regard to delivering the actions required, with it likely that the June 2021 completion dates would be achieved. However, Members were also advised of the need for support from Directorates and operational management teams, given that a failure to meet completion timescales could potentially result in prosecutions. Mrs Rayani further highlighted a critical requirement for operational teams' engagement in undertaking the work required to achieve full compliance with the remaining INs and advised Members that she had written to all site General Managers and senior managers to reinforce the need for individual ownership of actions to comply with IN requirements, particularly given that HSE wish to see evidence of ownership of action plans at operational level.

Mrs Rayani confirmed that a positive response had been received from operational teams, particularly in regard to Managers' Training, and commented that the introduction of the new Datix system (*Once for Wales Concerns Management System - OfWCMS*) would support HB teams in identifying risks associated with the HSE notices.

Mr Andrew Caruthers re-iterated the need for directorate and operational engagement in ensuring that actions relating to HSE Notice compliance are delivered, particularly given the overarching requirement to re-establish governance processes as the HB moves out of the pandemic response phase.

Members were assured that, notwithstanding HSE's acknowledgement of the good progress made in relation to compliance with the INs, and its confidence that the remaining work on all of the MBs is being completed without the need for any further HSE scrutiny, the HB would continue to focus upon the areas concerned while recognising a reduction in associated risks. Members noted that further updates would be provided in the next Committee meeting on 6th July 2021, and were further assured that HSE's intention to promote HDdUHB as an exemplar of the successful implementation of Health and Safety processes within the organisation reflects the good work undertaken by all teams involved.

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	<p>The Health and Safety Assurance Committee RECEIVED ASSURANCE from the Health and Safety Executive Enforcement Action Update that the necessary work is being undertaken towards compliance with the notices served against the Heath Board by the Health and Safety Executive.</p>	
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HSAC (21)27	HEALTH AND SAFETY REPORT	
	<p>Members were presented with the Health and Safety Report, outlining the activities of the Health and Safety Team for the period February 2021 - April 2021.</p> <p>Mr Harrison commended the work undertaken by the Manual Handling Team in training in excess of 4,000 staff members during 2020/21, and informed Members of a HB-wide audit of social distancing compliance which is being undertaken as a joint exercise between the Health and Safety Team and the Quality, Assurance and Safety Team. Members were advised that the audit programme would continue until mid-May 2021, and that findings would be reported back to both local managers and the relevant General Manager/ Head of Nursing, and would also be reported to HSAC at its next meeting on 6th July 2021.</p> <p>Reflecting that it may be useful to identify any differences between staff groups with regard to achieving KPI compliance in terms of uptake of Manual Handling training, Mrs Hardisty suggested this might feed into discussions outside of the Committee meeting between Assurance Committee Chairs regarding the most appropriate forum in which to scrutinise associated data.</p> <p>Mr Thomas requested further information relating to the roll-out of <i>Peoplesafe</i> Lone Working devices, querying whether a programme is in place to manage this and whether the distribution of devices would be broadened to reflect increased lone working among HB staff based in community settings. Mr Harrison explained that the roll-out of lone working devices is overseen by the Security and Case Manager, adding that as there are only 500 devices available for allocation, the expectation is that HB Teams will have undertaken full risk assessments to justify requests for devices. Mr Phil Lloyd assured Members that devices would be provided to staff based upon identified need, adding that in view of restricted numbers, checks would be undertaken to ensure that devices allocated are being used effectively.</p> <p>Members recognised the need to ensure that community teams are adequately supported through the allocation of lone working devices.</p>	TH
	<p>The Health and Safety Assurance Committee RECEIVED ASSURANCE that work has progressed, and improvements have made in relation to the various health and safety themes, as described in the Health and Safety report</p>	

HEALTH AND SAFETY REGULATIONS

Members received the Health and Safety Regulations: Management of Health and Safety at Work Regulations (MHSWR) report, being advised that this is the first to be presented as a new standing agenda item which has been included in the Committee’s work programme in order to provide assurance to Members regarding compliance against a number of key Health and Safety regulations which are included in the Health and Safety at Work etc. Act (HASAWA).

Mr Harrison informed Members that MHSWR had been specifically introduced as part of a group of regulations known as the ‘6 Pack’ which are included within HASAWA, and represents a key element of legislation, breaches of which would be subject to HSE enforcement action.

Members were informed that while compliance against the various areas relating to MHSWR regulations had been RAG-rated in the report, this could not be taken by Members as assurance that HSE would agree with this assessment. Mr Harrison added, however, that the Health and Safety Team is ‘fairly confident’ in regard to the HB’s compliance with the regulations.

Mrs Rayani highlighted the need to ensure that MHSWR legislative requirements and risk assessments are followed for members of staff who are working from home, and to seek assurance that staff are working safely in whichever working environment they are in. Members were informed that discussions are being held with the NWSSP Legal and Risk Team in relation to how compliance with ergonomic requirements – for example, the configuration of display screen equipment - may be demonstrated in the case of staff who choose to, or are required to, work from home. Members were informed that the application of MHSWR to home working environments would be discussed at the next HSAC meeting on 6th July 2021, and were assured that, while this is potentially a complex area to monitor and regulate, full consideration is being given to the matter.

Commenting upon a very useful report, Mrs Hardisty noted the wide range of delegated regulations which are included in the HASAWA, and confirmed that the Committee could take some assurance from this report that the HB is addressing key areas of risk.

Responding to a related query from Mrs Hardisty as to how risks relating to application of the act across Health Board sites and home working environments are tied in with wider HB risk identification and assessment processes, Mrs Joanne Wilson explained that services are responsible for assessing risks associated with Health and Safety compliance on the Datix risk module, and that significant risks should be escalated and addressed by management, with Directors holding responsibility for agreeing the risks that feed in to the Corporate Risk Register (CRR). Mr Harrison agreed to check that risks relating to the Health and Safety legislative requirements are fully reflected in the CRR in order that updates relating to the HB’s compliance with key legislation may be provided for assurance to HSAC.

Mr Harrison sought confirmation from Members that they were content with the format of the report, and proposed that further reports at future HSAC meetings would focus upon specific legislative elements of MHSWR in order to demonstrate the HB’s compliance with these regulations. It was

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	agreed that discussion relating to the format of future reports would be discussed outside of the Committee meeting.	TH/ MR
	The Health and Safety Assurance Committee RECEIVED ASSURANCE that the fundamental elements of the Management of Health and Safety at Work Regulations are being complied with, and that improvements required will be progressed by the responsible management teams.	

HSAC (21)29	<p>FIRE SAFETY GOVERNANCE REVIEW</p> <p><i>Mr Rob Elliot joined the Committee meeting</i></p> <p>Members received an assessment of the delivery of the HB's Fire Safety Action Plan which had been developed in order to ensure that all improvements identified in a review of Fire Safety Governance commissioned by the HB Chief Executive are being delivered.</p> <p>Mr Rob Elliott informed the Committee that, overall, good progress is being made, recognising that there had been adjustments to the dates of ten outstanding actions, due to the impact of the COVID-19 pandemic on the Fire Safety Team and the Operations Teams.</p> <p>Mr Carruthers highlighted the following points:</p> <ul style="list-style-type: none"> • In order to maintain effective oversight of potential performance issues which may impact delivery of the Action Plan, a gap analysis has been undertaken at a number of HB sites. Members were cautioned that surveys carried out in Bronglais General Hospital (BGH), Prince Philip Hospital (PPH) and at community sites had identified fire safety requirements which would require significant capital expenditure to address. • While Mid and West Wales Fire and Rescue Service (MWWFRS) are scheduled to visit BGH on 18th and 25th May 2021, final sign-off has not yet been given which will allow service members to enter hospital sites. In light of this, a gap analysis has been undertaken at the site by operational teams to assess fire safety arrangements and identify any issues, which will be presented to MWWFRS before their visit. Members noted that discussions are being held with WG in relation to any capital costs which might arise and were assured that MWWFRS is supportive of the HB's approach, being confident that the organisation understands the risks and issues involved. It is anticipated that this proactive engagement with all parties involved will pre-empt the issue of further Fire Enforcement Notices, recognising however that a significant amount of work is required to ensure compliance with Fire Safety regulations. • Fire Risk Assessments have been undertaken across the HB's estate which have identified a range of key risks which will require significant capital investment to address. Members were advised that limitations upon the ability of Fire Safety Teams to address the backlog of Fire Safety work which must be undertaken as a result of pre-commitments on the Discretionary Capital Programme (DCP) for 2021/22 have been highlighted to the People, Planning and Performance Assurance 	
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	<p>Committee at its meeting on 27th April 2021, and discussions are being held with Digital and Clinical leads regarding whether further Fire Enforcement Business Justification Cases can be made to WG.</p> <p>Commending the proactive engagement with MWWFRS and WG described by Mr Carruthers, Mrs Hardisty queried whether MWWFRS would provide the HB with notice of its visit to BGH, and if so, whether a written report detailing the results of risk assessments undertaken by HB teams could be provided to MWWFRS prior to the visit in order to demonstrate compliance with fire safety regulations and any issues identified. Mr Elliot affirmed that outcomes from assessments undertaken by the Fire Safety Team would be presented to MWWFRS, noting that the dates which had been provided for the BGH visit had not yet been confirmed.</p> <p>Mr Elliot assured Members that a pre-inspection report of fire safety arrangements at BGH which would be provided to MWWFRS would include:</p> <ul style="list-style-type: none"> • Results of site surveys undertaken by Estates and Fire Safety Teams; • Outcomes from risk assessments undertaken; • On-site management in relation to fire safety requirements; • Engineering works undertaken. <p>Members were informed that a bid of £650k for the provision of fire doors in BGH had been approved by WG, although the same bid for PPH had not been supported.</p> <p>Members recognised that all Welsh Health Boards face similar challenges in terms of fire safety compliance, given the age and maintenance demands relating to many sites and buildings across their respective Estates. Mr Carruthers confirmed that other healthcare organisations anticipate challenges in ensuring compliance with fire safety requirements, and advised Members of delays to fire safety inspections in many areas as a result of COVID-19 restrictions upon entry to hospital sites.</p> <p>Mrs Hardisty thanked Mr Elliot for the progress made to date on the delivery of fire safety compliance, noting that the results of MWWFRS's visit to BGH would be reported at the next HSAC meeting on 6th July 2021.</p>	RE
	<p>The Health and Safety Assurance Committee NOTED:</p> <ul style="list-style-type: none"> • The current progress in achieving recommendations of the Fire Safety Governance Review; • The revised completion dates agreed for the 10 outstanding actions. 	

HSAC (21)30	<p>FIRE ENFORCEMENT NOTICES ACTIONS UPDATE</p> <p>Members received a report on the progress made in managing the requirements of the Fire Enforcement Notices (FENs) and Letters of Fire Safety Matters (LoFSMs) issued by the MWWFRS on Worthybush General Hospital (WGH) and Glangwili General Hospital (GGH) sites.</p> <p>Mr Elliot provided the following updates:</p>	
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	<ul style="list-style-type: none"> • WGH Advanced Works are complete, and the FEN will be rescinded by MWWFRS once service members are approved to enter hospital sites. In response to a request from Mrs Hardisty for sight of the formal letter confirming rescindment of the notice (for governance and audit purposes), Mr Elliot undertook to check whether a letter has been issued, and confirm this to Members. • While a formal announcement relating to the submission to WG of a Business Justification Case (BJC) for WGH Phase 1 has been delayed in accordance with pre-election period requirements, regular communications with WG confirm that it is content with the scope of work undertaken to date, and work will begin with the Director of Finance to develop and submit a BJC to WG. <p>Members were informed that a positive relationship had been developed with MWWFRS inspectors at both WGH and GGH.</p> <p>Mr Elliot confirmed that a letter from MWWFRS confirming the imminent removal of enforcement notice KS/890/02 (WGH Advanced Works), and agreement to a deadline extension of a few months for enforcement notice KS/890/03 (WGH Phase 1) would be circulated to Members following the meeting.</p>	RE
	<p>The Health and Safety Assurance Committee NOTED the current progress against the Fire Enforcement Notices and Letters of Fire Safety Matters issued by MWWFRS, and NOTED that these are now fully aligned with the HB's delivery programme.</p>	RE

<p>HSAC (21)31</p>	<p>FIRE SAFETY MANAGEMENT UPDATE REPORT</p> <p>Members received a report providing an update on Fire Safety Compliance across the HB, focusing specifically upon Fire Risk Assessments (FRAs) and associated actions, fire safety training, fire safety in field hospitals and capital availability for fire safety work.</p> <p>Mr Elliot highlighted the following key points:</p> <ul style="list-style-type: none"> • There are currently 25 overdue FRAs; however, it is anticipated that this figure will return to zero in July 2021. Members were assured that the current situation regarding FRAs is being managed appropriately, and were advised that a new Fire Safety Advisor has recently been appointed at Prince Philip Hospital. • Concerns remain in regard to the delivery of face-to-face fire safety training (Level 2), with compliance having been impacted by the pandemic. Members were advised that this mainly relates to ward and department-based staff who are responsible for ward evacuations. Members were assured that the Fire Safety Team is confident that sufficient capacity can be provided to achieve the HB's 2021/22 training target of 95% for all fire safety training levels. • There are significant concerns relating to the availability of Discretionary Capital for fire safety work in the current financial year, recognising that any additional Discretionary Capital available within the 	
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	<p>HB will be subject to an assessment, including a risk assessment, to ensure it is allocated to address the most pressing issues.</p> <p>Members were advised that consideration will be given to extending the use of online training in providing some elements of fire safety training,</p> <p>Members were informed that the Fire Safety Team would investigate as far as possible opportunities to deliver all levels of fire safety training online, noting the potential to use ward floor plans to support remote training, supported by discussions between the Director of Estates, Facilities and Capital Management and the Director of Nursing, Quality and Patient Experience outside of the Committee meeting. Members were assured that COVID-19 restrictions would be factored into plans for the delivery of online training, and recognition given to training elements which must be provided on a face-to-face basis, such as evacuation procedures.</p> <p><i>Mr Iwan Thomas left the Committee meeting</i></p> <p><i>Mr Rob Elliot left the Committee meeting</i></p>	
	<p>The Health and Safety Assurance Committee NOTED the work achieved to strengthen fire safety compliance, being informed that further updates will be presented at future meetings.</p>	

<p>HSAC (21)32</p>	<p>PREVENT AND CONTEST UPDATE</p> <p>Members received a report providing a description of the various work streams included in the UK Government's CONTEST Counter-Terrorism Strategy, particularly the <i>Prevent</i> element, which aligns with the HB's safeguarding responsibilities, together with details of the HB's work with key partners, including Community Safety Partnerships (CSPs), to support the Serious Violent Organised Crime (SVOC) Strategy.</p> <p>Advising Members that this is the first presentation of the <i>Prevent</i> and CONTEST Update report to HSAC, Mrs Rayani explained that these areas sit under the Executive leadership of the Director of Public Health, adding that a decision had been taken to bring the paper to HSAC for completeness of reporting and to provide assurance to the Board that the HB is fully sighted on the discharge of its duty under the Counter Terrorism and Security Act (CTSA) 2015 and its work with CSPs to reduce crime, disorder, substance misuse and reoffending within the local region.</p> <p>Mr Phil Lloyd highlighted the following key points:</p> <ul style="list-style-type: none"> • Following a UK and Welsh Government review, CONTEST has been relaunched in April 2021 as CONTEST Cymru, and consists of four work streams – <i>Prevent, Pursue, Protect</i> and <i>Prepare</i>. Members were assured that under the <i>Prevent</i> work stream, which links with the HB's safeguarding strategy, good progress has been made, largely as a result of work led by the Director of Nursing, Quality and Patient Experience. 	
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- The appointment of the Violence and Aggression Case Manager has enabled increased focus by the Security and Case Manager upon the work streams described.
- The *Protect* element of CONTEST Cymru relates to the HB's emergency planning, including staff protection, and will involve the development of a new definition in terms of HB sites which require protection. Mr Lloyd informed Members that a consultation paper is being drawn up for submission to central government, which details the HB's current governance arrangements relating to those areas included within *Protect*, and which proposes that these arrangements be reviewed, recognising that they are largely organised upon a 'silo' basis.

Members were advised that while responsibility to fulfil the requirements of the CONTEST Cymru work streams does not rest solely with the HB, the organisation has a duty to risk-manage issues and threats in conjunction with other community safety partners, and were assured that the HB has taken a robust approach to addressing V&A directed towards its staff.

Responding to a query from Mrs Hardisty regarding the definition for sites within the public and voluntary sector which require protection, Mr Lloyd clarified that the definition applies to sites where there is a potential for a minimum of 100 people to gather at any one time, and would not therefore include GP practices, but may include community healthcare settings. Members were advised that while progress has been made in risk-managing HB and community sites, much work remains to be undertaken, including the identification of a 'Responsible Person' for each hospital site, who will lead on security and the risks of terrorism and attack, supported by the Security and Case Manager and the Health and Safety Team.

Mrs Raynsford drew Members' attention to a section of the report describing a survey undertaken by the Home Office Counter Terrorism and Security Advisers in relation to the HB's physical security arrangements, which covered all acute hospital sites and contained 14 recommendations for improvement, some of which remain outstanding. Noting that the main concern arising from the survey related to the lack of a dedicated Security Guard Force to support the HB's *Prepare* and *Protect* arrangements, Mrs Raynsford queried whether there are plans to appoint security guards within HB sites, recognising that the HB's estate includes four large acute hospitals.

Mr Lloyd confirmed that consideration is being given to the HB's security enforcement arrangements within the context of the legislative constraints which apply to action which may be taken by individual staff members in response to V&A, and the environment which the HB seeks to create in its hospitals, and noting also, that security guard arrangements had been established more recently for the HB's field hospitals and mass vaccination centres. Members were advised that while the Management Passport Programme identifies management responsibilities in terms of fire safety and security, with the security element including the locking of site entrance points, the issue of staff duties in respect of responding to violence is a very challenging one.

	<p>Members were advised that in the case of potential enforcement requirements arising from the maintenance of social distancing in hospital sites, and the implementation of non-smoking legislation, the HB's policy is to engage in the first instance, and to enforce (including contacting the police) as a last resort.</p> <p>Referring to the site lockdown criteria of 100 people and over at any one time, Mrs Ann Murphy highlighted the potential for V&A which can occur in Mental Health (MH) sites, which may be linked to a single patient, and queried whether training is provided for lock-down procedures in these areas. Mr Lloyd assured Members that adequate and appropriate training is provided to staff working in MH services, adding that the <i>Protect</i> strategy refers chiefly to incidents of terrorism, while recognising that there may be an overlap in some cases with incidents involving patients experiencing MH issues.</p> <p>Responding to a query from Mrs Hardisty as to whether the information provided in this report would also be circulated to directorates and service groups in order to provide HSAC with assurance that <i>CONTEST</i> and <i>Prevent</i> requirements feed into discussions relating to health and safety requirements across all service areas, Mr Harrison confirmed that the report would be circulated to all operational groups, and highlighted a need for increased operational group attendance at partnership Health and Safety meetings.</p> <p>Agreeing that this was a very helpful report, Members queried the frequency with which HSAC would receive updates. Mrs Rayani proposed that the report should be presented to the Committee on a bi-monthly basis.</p>	
	<p>The Health & Safety Assurance Committee DISCUSSED the information provided relating to the <i>CONTEST</i> Cymru and <i>Prevent</i> Strategy and NOTED the implications of these strategies for the HB.</p>	

<p>HSAC (21)33</p>	<p>DEEP DIVE - OPERATIONAL RISKS ASSIGNED TO HSAC</p> <p>Members received slides presenting outcomes of reviews of the following operational risks which are included in the Board Assurance Framework/ Corporate Risk Register and which have been assigned to HSAC as the potential impacts of these risks relate to the health and safety of patients, staff and visitors:</p> <ul style="list-style-type: none"> • Risk 652 – Site Security. • Risk 423 – Legionella. <p>Mrs Rayani explained that the scrutiny of HSAC operational risks will be undertaken in the form of 'deep dive' reviews of 2 risks per meeting - these being identified in conjunction with the Head of Risk and Assurance – and would be prepared utilising the slides which are routinely presented at meetings of QSEAC to highlight the outcomes and recommendations arising from targeted reviews.</p> <p>Risk 652: Site Security</p>	
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Mr Harrison advised Members that a key risk to site security lies in the HB's lack of ability to lock down sites with an automated system at all critical access/ egress points (recognising that some automated systems have been installed), adding that there is a need to identify key individuals who have responsibility for operating access control systems, and to clarify their responsibilities. Members were further informed of the emphasis placed by CONTEST Cymru upon improving the security of publicly accessible buildings.

Mrs Rayani agreed that it is critical to identify responsible persons on site to respond to an event, particularly in the absence of security guards, and highlighted the need for agility in the response of HB staff in the event of reported threats, and an understanding of the response required among site management teams.

Mr Harrison pointed out that site security had not been specifically raised as a concern with Executives, and highlighted the need to produce a report detailing security issues and requirements for Executive review.

Responding to Mrs Hardisty's comment that HSAC would wish to see evidence that all HB areas have site security plans in place, Mr Harrison confirmed that this matter would be covered in future CONTEST reporting.

Noting Mr Harrison's assurance with regard to reporting, Members supported the recommendations made in the report:

- For each hospital site to review its Major Incident Plans to reflect the need to identify individuals who can operate access control systems efficiently.
- Review of site security will be undertaken to reflect the CONTEST Cymru duty as well as other associated issues, including anti-violence collaborative and 'Smoke Free' legislative compliance.

Risk 423 – Legionella

Mrs Mel Jenkins informed Members that the Water Safety Group leads on risk assessments for Legionella in water, providing a multi-disciplinary approach to managing this risk.

Members were informed of the mitigations implemented within HB sites to address the risk of harm to patients from Legionella, recognising the age of much of the HB's estate, and were advised of extensive maintenance work required to map, lag and label water pipes, which could be supported by the development of Computer-Aided-Design schematics for each site.

Members were informed that funding has been allocated within the Estates Directorate to support the identification of Legionella-related risks and associated mitigations within acute sites, including the removal of redundant pipework, and were assured that water testing is routinely undertaken at the point at which water systems are repaired or replaced.

Members were further assured in regard to the low incidence of Legionella infection in HB sites, with only 2 confirmed cases in the previous 5 years, and were advised that in all suspected cases, water testing is undertaken to identify and isolate cause.

	<p>Responding to a query from Mrs Raynsford as to whether the HB holds responsibility for water safety in its managed GP practices and community centres, Mrs Jenkins affirmed that this is the case, and informed Members that a responsible person has been identified to oversee water safety in all managed practices within the HB area.</p> <p>Members thanked Mrs Jenkins and the Infection Prevention and Control Team for the assurance provided via the presentation, and Dr Meinir Jones added her thanks to the team for their work in ensuring that effective water testing had been undertaken for the HB's field hospitals. Mrs Jenkins informed Members that she would extend this thanks to the Estates teams, who are also involved in ensuring that the HB's water supplies are safe for patients and staff.</p> <p>Members noted and supported the recommendations made to mitigate Legionella risk:</p> <ul style="list-style-type: none"> • Development of CAD schematics for all sites. • Audit of Legionella run-off logs for low water usage areas. • If any control measures fail: <ul style="list-style-type: none"> • Site Responsible Person to undertake a further Risk Assessment of the individual circumstances. • If deemed a significant risk, Legionella sampling will be undertaken in that area. 	
	<p>The Health and Safety Assurance Committee NOTED the findings and recommendations relating to Risk 652 – Site Security and Risk 423 – Legionella, which have been assigned to the Committee.</p>	

HSAC (21)34	HSAC WORKPLAN 2021/22		
	<p>The Committee received the Health and Safety Assurance Committee work plan for 2020/21 for information, which had been revised in February 2021.</p>		
	<p>The Committee NOTED the Health and Safety Assurance Committee work plan for 2021/22.</p>		

HSAC (21)35	ANY OTHER BUSINESS		
	<p>No other business was discussed.</p>		

HSAC (21)36	REFLECTIVE SUMMARY		
	<p>Mrs Rayani highlighted the following key points discussed at the meeting:</p> <ul style="list-style-type: none"> • Assurance provided to HSAC with regard to progress made in implementing actions linked to HSE Improvement Notices and Material Breaches. 		

	<ul style="list-style-type: none"> • Good work undertaken by Fire Safety Teams with regard to implementing improvements specified in Fire Enforcement Notices issued by MWWFRS, which would be further reported at future Committee meetings. • A useful report highlighting the importance of CONTEST Cymru and Prevent, detailing the work streams involved and associated requirements for the HB. 	
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HSAC (21)37	DATE & TIME OF NEXT MEETING	
	6th July 2021 9.30 – 11.30	