

<b>Enw'r Pwyllgor / Name of Committee</b>	Health and Safety Committee (HSC)
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Mrs Judith Hardisty, UHB Vice-Chair
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 14 <sup>th</sup> March 2022
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<ul style="list-style-type: none"> <li> <p><b>Health and Safety Update</b> – the Committee received the Health and Safety report, providing an update on the activities of the Health and Safety Team for the period December 2021 to March 2022, focusing on COVID-19, Manual Handling, Security Management, Agile Working/Home Working, Reporting of Injuries, Diseases, Dangerous Occurrences (RIDDOR) and Policy updates. It was noted that in order to alleviate pressures on the Manual Handling Team and to improve commencement dates for new starters, a four tier training model is being considered in line with the All Wales Manual Passport. In terms of security, considerable work has been undertaken with Cardiff &amp; Vale University Health Board and an All Wales Security Management Group has been established. It was noted that during the forthcoming 12 months, focus will be upon security management across HDdUHB and an internal Management Group will be established. A draft HDdUHB Security Management Policy Framework is also being developed and will be shared with stakeholders. Recognising the low training compliance amongst both acute and community based staff in terms of Prevention, Assessment &amp; Management of Violence &amp; Aggression (PAMOVA), it is proposed to increase the capacity of the PAMOVA Team to enable additional training to be provided. The Committee gained assurance that work has progressed and improvements have been made in relation to the health and safety themes contained within the update.</p> </li> <li> <p><b>Health and Safety Regulations</b> – the Committee received the Health and Safety Regulations – Estates Low Voltage (LV) Electricity Compliance report, providing assurance against a key area of the H&amp;S regulations, the Electricity at Work Regulations 1989. It was noted that HDdUHB has a diverse property portfolio with a wide range of electrical installations and electrical components in use in order to conduct its core business, and a range of policies and procedures have been introduced to minimise the risks associated with the use of electrical equipment. It was further noted that a major infrastructure Programme Business Case of £87 million over four years has recently been endorsed by Welsh Government, and a Business Justification Case will be developed in the interim period which will be fundamental in terms of mitigating high-level risks associated with electricity compliance. The Committee noted the work that is underway to ensure an improved position on compliance rating and requested an update to be presented in 6 months' time to measure the progress made.</p> </li> <li> <p><b>Lifting Operations and Lifting Equipment Regulations</b> – the Committee received the Lifting Operations and Lifting Equipment Regulations (LOLER) – Hoist Compliance Status in HDdUHB report, following concerns raised at the previous HSC meeting resulting in a request for a report to be presented to provide assurance that action is being undertaken in terms of LOLER compliance. It was noted that there are currently circa 31,000 devices on the</p> </li> </ul>	

Health Board's inventory which have their maintenance managed by Clinical Engineering using a risk based approach, and high risk equipment, e.g. ventilators, monitors, etc. has always achieved 100% compliance. Whilst 100% compliance is the aim for all equipment, this is not always feasible due to capacity and demand. It was noted that HDdUHB currently has a two year contract (commenced in January 2021) with Drive Devilbiss for the LOLER testing and maintenance of hoists. The compliance level of 69% identified within the report falls considerably short of expectation, however it is pleasing to note that as at the end of February 2022, compliance had increased to 89%. Monthly contract and performance monitoring meetings are undertaken between representatives from Drive Devilbiss and Clinical Engineering and during the February 2022 meeting, an action plan was agreed with the aim of achieving considerable improvement in the hoist compliance rate by the end of March 2022. A number of concerns were raised with regard to a lack of information in the report in terms of Local Authority oversight of equipment for which they are responsible, in particular hoists within patients' homes. It was understood that a detailed report on this would be presented at the next Medical Devices Group meeting and an update presented to the HSC in July 2022. The Committee gained assurance from the processes in place in terms of compliance with LOLER.

- **Health and Safety Dashboard/Performance Report** – in terms of the Health and Safety Dashboard, the Committee noted that the H&S Team has been engaged in discussions and further work is required by the Informatics Team in terms of the dashboard's development, to ensure that meaningful and assuring data can be provided based on incidents, etc. Whilst there is currently no timescale in place, discussions are ongoing both internally and with Swansea Bay University Health Board who have been successful in creating links between dashboards. The importance of having such a system in place was acknowledged, with it anticipated that this could be as soon as April 2022, and further discussions would be undertaken as a matter of urgency to establish a firm timeframe.
- **Fire Safety Update Report** – the Committee received the Fire Safety Report, providing an update regarding progress in managing Fire Enforcement Notices (FEN)/Letters of Fire Safety Matters (LoFSM), Fire Safety Management, and Fire Safety Governance. In terms of the fire enforcement notices/letters of fire safety matters (Phase 2), the Committee was pleased to note that works remain on programme to be completed by April 2025. The Committee was also pleased to note that the current number of overdue fire risk assessments remains at zero. Gratitude was expressed to the Director of Estates and the team involved for the substantial progress made in terms of fire safety matters.
- **Deep Dive: Electrical Safety** – the Committee received a presentation relating to a deep dive of electrical equipment safety awareness, noting the substantial work undertaken in regard to raising awareness of the electrical safety of equipment across HDdUHB. It was noted that extremely positive feedback has been received from the visits undertaken to date, with repeat visits requested in future.
- **Corporate Risks Assigned to HSC** – the Committee received the Corporate Risks Assigned to Health and Safety Committee report, noting the three corporate risks aligned to the HSC out of the 18 that are currently on the Corporate Risk Register (CRR), as the potential impacts of these risks relate to the health and safety of patients, staff and visitors:

1. Risk 1328 – Security Management - risk score 12.
2. Risk 813 – Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO) – risk score 15.
3. Risk 1016 – Increased COVID-19 infections from poor adherence to social distancing – risk score 10.

It was noted that Risk 1328 had been escalated to the CRR since the previous report presented to the HSC in November 2021, however there had been no change to the risk scores associated with Risks 813 and 1016. The Committee gained assurance that all identified controls are in place and working effectively, and that all planned actions would be implemented within the stated timescales and would reduce the risks further and/or mitigate the impact, if the risks materialise.

- **Operational Risks Assigned to HSC** – the Committee received the Operational Risks Assigned to Health and Safety Committee report, noting the five risks presented in the Risk Register:

1. Risk 708 – Inappropriate storage solutions associated with patient files/documents affecting Ceredigion Community sites.
2. Risk 1167 – Volume of remedial works at community sites.
3. Risk 951 – Improperly functioning fire alarm detection and operation (Withybush General Hospital).
4. Risk 503 – Risks relating to the evacuation of bariatric (plus sized) patients in the event of an emergency.
5. Risk 425 – Failure to undertake electrical testing or fixed electrical boards.

The Committee recognised a number of inconsistencies in terms of risk scoring and noted that this matter would be progressed with the Assurance & Risk Team. The Committee gained assurance that all relevant controls and mitigating actions are in place to address the risks identified.

- **Planning Objectives (PO) Update** – the Committee received the PO report, providing an update on the progress made in the development of the two POs under the Executive leadership of the Director of Public Health that are aligned to the HSC:

*4H – Review and refresh the Health Board’s emergency planning and civil contingencies/public protection strategies and present to Board by December 2021. This should include learning from the COVID-19 pandemic. The specific requirement set out in 4.H.i will be addressed as part of this – Deferred to 2022/23.*

*4I – Achieve Gold level for the Defence Employers Recognition scheme by March 2022 - Completed.*

The Committee noted that PO 4H is on track for submission to Public Board for approval in Summer or Autumn 2022 and that PO 4I is to be revised for 2022/23. Assurance was gained on the current position concerning the progress of the POs aligned to HSC.

- **Policies for Approval** – the Committee approved the following:
  - Policy 431- Latex Policy (Version 2).
  - Approval of a 6-month extension to the Extension of Policy 144 – Operational Maintenance Policy.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:**

None.

**Risgiau Allweddol a Materion Pryder /  
Key Risks and Issues/ Matters of Concern:**

- **Health and Safety Dashboard** – A firm timeframe for the development of a meaningful dashboard is required.
- **LOLER** – Assurance received in terms of the improvements made relating to LOLER compliance since the previous HSC meeting.
- **H&S Update** – Assurance can be provided to Public Board that a draft HDdUHB Security Management Policy Framework is being developed and for sharing with stakeholders.
- **Fire Safety Update Report** – The significant progress made in terms of fire safety compliance.
- **Corporate & Operational Risks Assigned to HSC** – Recognising inconsistencies in terms of risk scoring, this matter will be progressed as part of the risk review sessions being led by the Director of Operations and the Director of Nursing, Quality and Patient Experience.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /  
Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

9<sup>th</sup> May 2022