

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 July 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Health and Safety Committee Annual Report 2022-23
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Judith Hardisty, Chair, Health and Safety Committee
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Mandy Rayani, Director of Nursing, Quality and Patient Experience

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to present the Health and Safety Committee (HSC) Annual Assurance Report 2022/23 to the Board.

The HSC Annual Report:

- Provides assurances in respect of the work that has been undertaken by the Committee during 2022/23; and
- Outlines the main achievements which have contributed to robust integrated governance across the Health Board.

Cefndir / Background

Hywel Dda University Health Board's (the Health Board) Standing Orders and the ToR for the HSC require the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The purpose of the Health and Safety Committee as expressed in its ToR is:

- To provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.
- To advise and assure the Board on whether effective arrangements are in place to ensure organisation-wide compliance with the Health Board's Health and Safety Policy, approve and monitor delivery against the Health and Safety Committee's work programme and ensure compliance with the relevant Standards for Health Services in Wales.
- Where appropriate, to advise the Board on where and how its health and safety management may be strengthened and developed further.

- iv. To provide advice on compliance with all aspects of health and safety legislation.
- v. To receive an assurance on delivery against relevant Planning Objectives aligned to the Committee, in accordance with Board approved timescales, as set out in HDdUHB's Annual Plan.
- vi. To provide assurance to the Board that the Health Board's Emergency Management Plan is underpinned by policy and protocols, planning and performance targets and strategies to address risks to business continuity.

The Health Board's Standing Orders and the ToR for the HSC require the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The purpose of the HSC, as expressed in its ToR, is to advise and assure the Board on whether effective arrangements are in place to ensure organisation-wide compliance with the Health Board's Health and Safety Policy, approve and monitor delivery against the HSC's work programme; and ensure compliance with the relevant Standards for Health Services in Wales.

### **Asesiad / Assessment**

Hywel Dda University Health Board's Health & Safety Committee has been established as a formal Committee of the Board and constituted from 1<sup>st</sup> April 2020. The Health Board initially approved ToR for the Committee at its Board meeting on 26 March 2020; revised versions were approved on 25 March 2021 and 28 July 2022.

The Annual Report provides information on key issues considered by the Committee during 2022/23, together with key achievements and unexpected challenges, particularly in relation to the continued management of COVID-19 and compliance with the Health and Safety Executive (HSE) Improvement Notices and Fire Safety requirements.

### **Constitution**

The Terms of Reference were reviewed and approved on 9 May 2022. The ToR included the Planning Objectives (PO) for 2022/23 which were approved and presented for ratification by the Board on 28 July 2022. The membership of the Committee was agreed as the following:

- Independent Member (Chair).
- Independent Member (Trade Union - Vice Chair).
- Two Independent Members.

The following Members are identified as "In Attendance" Members:

- Director of Nursing, Quality & Patient Experience (Lead Director)
- Director of Operations
- Assistant Medical Director
- Board Secretary
- Director of Estates, Facilities & Capital Management
- Deputy Director of Workforce & OD
- Head of Health, Safety & Security
- Staff-Side Representative (Health and Safety)

### **Meetings**

The Committee meets on a bi-monthly basis. During 2022/23, the Committee met on six occasions. All meetings were quorate, as follows:

- 9 May 2022
- 11 July 2022
- 12 September 2022
- 14 November 2022
- 9 January 2023
- 6 March 2023

HSC is directly accountable to the Board for its performance. It provides assurance to the Board through formal written update reports, which are presented to the subsequent Board meeting. A full set of the papers for each Committee meeting is routinely made publicly available on the Health Board's website.

- **Governance**

**HSC Self-Assessment 2021/22** – in September 2022, the Committee received the HSC the Self-Assessment template to assess the Committee's effectiveness during the previous 12 months, followed on 9 January 2023 by the Outcome Report. The Committee welcomed the suggestion for updates from the Trade Union Health and Safety meetings and noted that the Terms of Reference would be updated accordingly. The Committee received assurance that actions from the HSC Self-Assessment 2021/22 are being progressed within the agreed timescales.

**Review of HSC Committee Terms of Reference** – the Committee received the Terms of Reference for review, noting the revised planning objectives aligned to HSC. The Committee approved the HSC Committee Terms of Reference, for onward submission to Board.

**HSC Annual Report 2021/22** – the Committee reviewed the HSC Annual Report, noting the achievements and progress made by the Committee and the relevance of the deep dive reports. The Committee endorsed the HSC Annual Report 2021/22 for onward submission to Board.

- **Discussion Items**

**Deep Dive: Display Screen Equipment:** in May 2022 the Committee received a deep dive report on Display Screen Equipment noting detailing compliance with DSE regulations and updated guidance for agile and homeworking. Whilst guidance was issued in 2020, DSE regulations were not enforced by HSE as a temporary measure due to COVID-19. The challenges of educating employees and managers of their home working responsibilities through the use of pre-home working checks, in addition to adherence to the correct use of DSE was discussed, specifically when viewed in relation to Personal Injury Claims (PIC). Members were informed of the Health and Safety Homeworking Guidance which contains a two-part risk assessment relating to both the suitability of the work environment to be considered for homeworking and the DSE workstation assessment specifically targeted to agile/homeworking staff. The Agile working Group is developing an Agile Working Programme, incorporating future policy and accommodation arrangements in addition to developing an all Wales DSE agile/homeworking guidance document. Given that agile/homeworking is in its infancy, no data is currently available in relation to the number of employees requesting or required to agile/homework.

- **Assurance Items**

**Health & Safety Update Report** – the Committee received regular reports, outlining the activity of the H&S Team, noting that the focus on COVID-19, Internal Audit, Ligature Assessment Review, Manual Handling, Security Management, Prevention, Assessment and Management of Violence and Aggressions (PAMOVA)/ Reducing Restrictive Practice, Health and Safety Audit Programme and Policy updates.

In May, Members were advised that NHS Wales Shared Services Partnership (NWSSP) has been commissioned to undertake an internal audit (IA) to review procedures for the prevention of self-harm following several actions identified by Healthcare Inspectorate Wales (HIW). The management response was presented to the Audit and Risk Assurance Committee (ARAC) in April. A procedure for improving LAC has been drafted. Members noted that a Security Management Group has been established to lead on the development of security management improvements identified within the Planning Objectives.

In July the Committee were informed that whilst the one way barriers, adhesive floor stickers in communal areas and protective screens were removed on 30th June 2022 in line with the lifting of social distancing restrictions in Wales, the advice in relation to the wearing of face masks, has now changed in view of the increased prevalence of COVID-19. The Point of Care testing, where a decision has been made to admit a patient has been reintroduced. Members were advised that there has been an introduction of a one day manual handling course as many attendees did not require the full two day course and this has allowed prioritisation of the two day course for ward staff. In relation to the provision of weight management services via virtual platforms, Members discussed the utilisation of community settings to enable patients without internet connection to access the service.

In September, the Committee noted that the report focused on learning opportunities from the Cwm Taf Morgannwg University Health Board prosecution following non-compliance with a Health and Safety Improvement Notice, plus-size patient clinical pathways, Manual handling and Prevention and Management of Violence and Aggression, (PAMOVA)/Reducing Restrictive Practice (RRP). Members noted that the Listening and Learning Sub Committee will discuss learning outcomes from the prosecution of CTUHB following the death of a vulnerable patient in 2021. Members received assurance from the Health Board's current Health and Safety Improvement Notice monitoring process, which is overseen by the Quality and Assurance team, who ensure evidence is received prior to confirming compliance. Whilst Members noted the backlog of staff requiring patient Manual Handling training, assurance was received work is ongoing to implement a number of solutions to support the team. These include revising the induction-training programme to ensure that staff are attending training specifically for their roles, weekly touchpoint meetings with the Learning and Development Team to confirm trainer scheduling and exploring initiatives to improve non-attendance.

In November the Committee received an update on the Manual Handling; Personal Injury Update; Management of Violence and Aggression (PAMOVA)/Reducing Restrictive Practice; and Policy updates. Members were concerned by the rising number of violent/aggressive assaults on healthcare staff, with a request for a detailed review of the situation. Members were advised of Health Board processes for dealing with such incidents, and of the work undertaken by the Prevention of Violence and Aggression team.

In January the Committee considered evidenced relating to personal injury cases between April 2021 and March 2022. The data presented has been collated with assistance from NWSSP Legal and Risk Services. The report provided narrative around the proactive work

undertaken by the Health, Safety and Security Team and Directorates to try to reduce the number of incidents and subsequent number of civil claims submitted against Hywel Dda University Health Board (HDdUHB). In terms of avoiding slips, trips and falls, it was noted that HDdUHB is keen to establish a trajectory of continuing improvement. The Committee received assurance that HDdUHB is consistently receiving and settling fewer civil claims than other Health Boards and Trusts across Wales and that where improvements have been made to the Health and Safety management, there is a correlation to the number of claims received. Also, that where claims are received, certain of these are able to be defended successfully.

In March the Committee considered key highlights including improved access to pregnancy risk assessment, following feedback that the New and Expectant Mothers / Birthing Parents Procedure and associated risk assessments do not appear in an intranet search since corporate policies were relocated to the Internet site, this has now been rectified. Members the introduction of Single Handed Care (manual handling) training to Health Board staff. The Team is now integrating the principles and practice of single handed care into all manual handling across Health Board sites, with a particular focus on new staff being instructed during foundation training, and the Local Authority will lead on training for carers, which should improve safe discharge from hospital. It is intended that this work will be extended into Carmarthenshire and Ceredigion. The Committee received an overview of the violence and aggression incidents across the Health Board; a more detailed deep dive will be included within the next Health and Safety Update Report, for the meeting scheduled for May 2023.

**Fire Safety Update Report** – – the Committee received regular reports during the year outlining the progress made in managing Fire Enforcement Notices (FEN)/Letters of Fire Safety Matters (LoFSM), Fire Safety Management and Fire Safety Governance.

In May the Committee welcomed confirmation that enforcement notices relating to advance works at both Withybush General Hospital (WGH) and Glangwili Hospital (GGH) will be lifted and extension to the Phase 1 programme of works at WGH to December 2022/January 2023 had also been agreed. In relation to Phase 2, NWSSP and Welsh Government have jointly approved the resource schedule relating to the business case development work totalling approximately £1m. Work relating to Phase 2 decant arrangements – temporary decant ward is subject to a delay of one month resulting from complexities in relation to air handling on the ward, however, Members noted this delay has no impact on the overall programme of Phase 2 works. A multi-phased approach has now been adopted at Prince Philip Hospital (PPH) to ensure processes are aligned to those followed at other acute sites. In relation to Fire Safety training, resources are in place to deliver training, however attendance remains low despite promotion and raised awareness at management level.

In July Members welcomed confirmation that formal correspondence had been received to confirm all works in regard to FEN/ LoFSM at both WGH and GGH are completed. Modifications to the programme for works on phase 1, WGH, have been requested based on complexities identified on site, to reduce multiple disruption to service areas. The programme indicates a delay to the completion date of around 2-3 months. Members were advised that this has not been accepted by the Health Board pending further review. Informal discussion has been held with the Mid and West Wales Fire and Rescue Service (MWWFRS) and they are fully supportive. The resource schedule required to progress the GGH, phase 2 Business Justification Case (BJC) has been submitted to Welsh Government and a completion date will be provided as the BJC work is progressed. Substantial work has been undertaken at Bronglais General Hospital (BGH) and the

MWWFRS have completed the inspections and confirmed their satisfaction of the work undertaken. Written confirmation has been received from MWWFRS which allows the LoFSM to align with the programme delivery plans. The Programme Business Case will begin in March 2023 until April 2024 with phase 1 work scheduled for completion in April 2025 and phase 2 in December 2027. In terms of Level 1 Fire Safety Training compliance, Members were advised that it has moderately reduced, however acknowledged the significant operational pressures on staff in the current climate. Work is underway to progress Level 3 training to a hybrid method of training incorporating online study in addition to face to face learning which may prove more accessible to staff.

In September the Committee noted progress of the phased works underway at WGH, with the Fire Extension Notice for advance works lifted following the improvements carried out. The request for an extension to the current programme to March 2023 from the Supply Chain Partner has been approved following full scrutiny and in conjunction with MWWFRS and the programme now has a revised completion date of February 2023. The Committee received an update on the ongoing management discussions to progress the decant ward for the Phase 2 works at WGH and received assurance that the team is working hard to ensure that any delay will not impact the commencement of work. With regard to the Phase 1 works and the remaining horizontal escape routes at GGH, the previously forecast completion date of April 2023 remains in place, however, this will be closely monitored and reviewed as the project progresses. An audit of the Fire Safety Policy and compliance has been undertaken, and progress of the developed action plan will be reported through the Fire Safety Group (FSG) and the Health and Safety Committee (HSC) where appropriate. The Committee received an update on Letters of Fire Safety Matters (LoFSM) received by the Health Board (HB), relating to Tregaron Hospital, GGH and BGH and received assurance on the progress to address the LoFSM in collaboration with MWWFRS. MWWFS has revised their LoFSM programme to align with the HB's forward work programme. With regard to the Health Board's Fire Safety Training compliance detailed within the report, Members noted that improvements in compliance are still required and that operational discussions are taking place to increase the team leads' support for staff to prioritise fire safety training.

In November the Committee were advised that modifications to the programme for works on phase 1, WGH, around the deteriorating state of the fire doors have been identified on site. The programme indicates a delay to the completion date of around 4 months to July 2023. Further to the recently submitted BJC, Members were advised that a senior Welsh Government advisor has indicated that draft guidance to the Minister is presently being written regarding the approval of c.£8m funding, and approval of the Decant Ward is anticipated by the end of November 2022. Members noted that due to technical issues regarding Fire Stopping at GGH phase 1, 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. The Committee noted good progress re Additional Letters of Fire Safety Matters at Tregaron Hospital, GGH and Bronglais General Hospital (BGH). Members were advised that a consolidated LoFSM for PPH has now been received from MWWFRS; the action plan is complete and MWWFRS are fully aware of this position. 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. 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 (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. In terms of Level 1 and Level 2 Fire Safety Training compliance Members were informed that this had again moderately increased; due to the significant operational pressures on staff, however Level 3 training compliance is very moderately reduced. 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. Concerns were expressed around future implications for fire safety, should WG funding become unavailable.

In January the Committee were advised that the first Quarterly Review meeting with the MWWFRS was held on 8th December 2022 to present the Health Board's position and seek a formal response. All enforcement issues and LoFSM were raised alongside a focussed planning update, timelines, and available funding. The Committee noted that the project associated with WGH Decant Ward was fully approved by Welsh Government (WG) on 22nd November 2022, in the sum of £8.313m. The programme for this project is now established, with design and off-site manufacture of the Ward structure underway and a physical start on site planned for late March 2023. It is envisaged that works at BGH Residential Blocks will be completed by mid-January 2023 and MWWFRS will undertake their visit to sign off these works when they are complete. Substantial progress has been made regarding the Estates Funding Advisory Board (EFAB) from WG relating to PPH and South Pembrokeshire. A four-stage programme has been developed and the specific content of work within each of the four stages has been set out for consideration by MWWFRS. Following the update to HSC in November 2022, HDdUHB has been successful in securing an additional circa £10m investment in fire safety. This brings the total approved WG Project funding for the Fire Programme to circa £40m (excluding Phase 2 WH and GH and future Business Cases on BH and PPH to follow). In terms of Fire Safety Training, as of 4th January 2023, fire safety training compliance for Level 1 fire safety training has increased to 79.9% and Level 3 training decreased to 50.72%. Concern was raised on the percentage of take-up of Level 3 training, indicating that 211 members of staff undertake a critical piece of work to support the Health Board in the management of the situation in the event of a fire. Additional sessions will be offered on a flexible basis to bring these percentages up to circa 80% by 1st Quarter of 2023/24.

In March the Committee received an update on the completion date for the Fire Enforcement Notice (FEN) Phase 1 project (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) at WGH remains on programme for end of July 2023. Given the complexity of the project, the date is being closely managed and an update on any future changes will be provided if required. The MWWFRS has noted that they will look to revisit the Health Board prior to the current proposed end date for this FEN (March 2023) and a four week extension has been agreed. As part of the development of the Phase 2 BJC, the initial outturn capital cost forecast has raised concerns in terms of the level of capital expenditure required for the work. Clarity on the financial elements on the current scope of work is expected by the end of March 2023. The next step will be to meet with MWWFRS with the full support of NWSSP in establishing a way forward for Phase 2 work. At this point, discussion will take place with Welsh Government (WG) to consider the revised scope of project and financial envelope. Referring to GGH Phase 1 for all remaining works for horizontal escape routes at GGH, the completion date remains on programme for November 2023. MWWFRS have agreed a 6 – 7 week extension. The Committee noted the pressures being experienced by staff due to the nature of the scheme and also received an update on challenges experienced through a sub-contractor evidencing costings as part of the WG requirements. The Committee received assurance that funding for lift improvements/ replacements are being included as part of an estates

project business case to WG for 2023/24. Members were pleased to note that Level 1 fire safety training has now achieved 80% for the first time. Level 2 fire safety training has increased by 3% from the previous report.

**Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) –** In May the Committee received an update regarding compliance with RIDDOR and the end of year RIDDOR reporting figures for 2021/22. Initiatives undertaken by the Health, Safety and Security team such as the Critical Path Analysis and the Decision-Making Flowchart were highlighted, together with a DATIX and RIDDOR guidance sheet for management, which will, in turn, serve to promote the RIDDOR reporting requirements and timeframes with a view to more timely reporting of incidents. Members received assurance that RIDDOR reports are rigorously checked and, whilst numbers reported are low, this appears to follow a similar trend across the whole incident reporting process. It was noted that RIDDOR incidents are now reported by directorate, enabling a focused approach to training provision, targeting those departments with particularly low reporting figures and actual data obtained from RIDDOR reporting can be utilised for training purposes to identify preventative measures and avoid recurrence of further incidents of a similar nature. In November 2022, the Committee received a update report summarising the Health, Safety and Security team's drive to promote the RIDDOR reporting requirements and timeframes, through discussions at the Quality and Safety Groups across the Health Board, and by delivering targeted training sessions. Members noted that timeframe compliance has increased. Members received assurance report that the Health Board is operating in compliance with the RIDDOR regulations, with the exception of reports being submitted in a timely fashion.

**Health & Safety Dashboard/Performance Report –** in May the Committee received the Incident Assurance report, providing an overview of quality and safety across HDdUHB in relation to safety incidents, incidents reported to the Health and Safety Executive and Personal Injury Claims (PIC) for 2021/22, compiled through information obtained from the Datix system. In terms of the 110 incidents reported via the Datix system in relation to slips, trips and falls, only 21 met the definition of RIDDOR. Following discussion in relation to incidents involving weapons, the issue of the security was raised.

**Contractor Control Regulations –** in July the Contractor Control Regulations Report was presented to the Committee detailing the arrangements and protocols in place for the management of estates contractors, noting that a range of policies and procedures have been introduced to minimise the associated risks. It was noted that improvements have been planned for 2022/23 to strengthen the governance around contractor management on site. The Estates Compliance Team recommended a full root and branch exercise during July to ensure the required levels of assurance can be provided, focusing on areas such as multiple contractor engagement, development of a Construction Design Management Procedures Manual and improvement plans for local estates. Members were informed that the Compliance team and the Internal Audit team provide ongoing support and the Capital team undertake regular lessons learned exercises. The HSC received assurance from the policies and procedures currently implemented for contractor management, the areas of work planned and the anticipated timelines which demonstrate the robust management arrangements for the control of contractors. Members received a further report which provided assurance on lessons learned and progress in January 2023.

**Workplace Health & Safety Regulations –** in July the Workplace (Health, Safety and Welfare) Regulations report was received by the Committee, which provided assurance against a number of key Health and Safety Regulations in relation to the Workplace (Health, Safety and Welfare) Regulations 1992. In relation to Regulation 6: General workplace



ventilation; Members were advised that appropriate ventilation across the whole infrastructure has been a long standing issue, which was heightened during COVID-19 and much has been learned in terms of reducing airborne transmission to prevent COVID-19 and other airborne viruses spreading. A number of air purifiers are located across sites, Charitable Funds will be approached to source additional air purifiers, while also looking to secure funds through capital in the longer term. In terms of Regarding Regulation 10: Room dimensions and space; Members noted that the Agile Working Policy is being progressed, however, it is recognised that the shortage of accommodation for staff needs to be addressed given that some staff have no base to work from. Members recognised the additional limitations on space in relation to Regulations 23: Accommodation for clothing and Regulation 24: Facilities for changing clothing, however acknowledged that this matter could not be immediately resolved as this would involve increasing capacity within a building, either through refurbishment of existing buildings or through the development of new facilities. The Committee noted that this situation was not acceptable, however sought reassurance that the space available is utilised in the most efficient, effective and purposeful manner. Consideration was given to the possible use of wellbeing funds to support staff in adapting or improving the facilities on sites. The Committee received assurance from the progress made to date to reach compliance against the Workplace (Health, Safety and Welfare) Regulations 1992 and noted the areas where there is still work to do.

**Lifting Operations and Lifting Equipment Regulations (LOLER)** – in July the Committee received the Lifting Operations and Lifting Equipment Regulations (LOLER) update report which summarised the current compliance position in HDdUHB and the actions taken to address compliance below expected minimum levels. Members noted that as at May 2022, there were 31,000 devices (including 303 hoists) currently in use clinically in HDdUHB that have their maintenance managed by HDdUHB's Clinical Engineering (CE) department. The level of compliance has risen from 69% as at February 2022, to the current level of 92% which is within expectation, with compliance consistent across four sites. Whilst issues relating to the testing and maintenance of hoists has been highlighted, it was pleasing to note that there is a positive working relationship with the current provider, who respond promptly to feedback and requests. The Committee noted and received assurance from the processes in place in terms of compliance with the LOLER.

**Health and Safety Regulations: Estates Low Voltage and High Voltage Electricity Compliance** – in September the Committee noted that the HB has introduced a range of measures to support compliance with the regulations and minimise risk as part of the diverse property portfolio, Whilst there are a number of key recommendations to undertake as part of the authorised engineer audits, Members received assurance that each recommendation has been assigned to a specific staff lead and timelines for completion agreed and will be tracked by the Estates Compliance Team.

**Management Regulations - Deep Dive into Violence & Aggression:** in January the Committee received the Management Regulations - Deep Dive into Violence & Aggression and noted that further discussions are required with the Executive Team regarding the resources and structure of the violence and aggression team and how they support areas of individual patient need and response. The team currently assists in clinical areas to find a solution which avoids an aggressive incident and focusses on prevention, safe management of patients and informing care plans. The Committee noted that 60% of all incidents reported are violence and aggression related; and that the Violence and Aggression Case Manager follows up all incidents. Concerns were expressed regarding areas of acute care where staff are dealing with abuse and verbal threats by members of the public and patients and the Committee was advised that during the coming year, there would be a focus on thresholds which will involve communicating 'no tolerance' messaging

to those who exhibit abusive and threatening behaviour to staff, and to the public. The Committee agreed that a deep dive into Mental Health violence and aggression incidents would prove informative.

**Health and Safety Regulations – Control of Vibration at Work Regulations 2005:** in March the Committee received assurance in regards to the Health Board's compliance with the Control of Vibration at Work Regulations 2005, along with general duties linked to these regulations in the Management of Health and Safety at Work Regulations 1999. The Health and Safety Team met with their equivalents in Powys Teaching Health Board (PTHB) to discuss the circumstances that led to issuing Improvement Notices in 2019 for their management of Hand Arm Vibration Syndrome (HAVS), mainly regarding risk assessment and training. These Improvement Notices were confirmed as complete in April 2020, however the Health and Safety Executive (HSE) investigation into the associated historic cases continued, resulting in PTHB being fined £160,000 + Costs (£5599) + Fees for Intervention (FFI) (c£10k) for their HAVS-related failures. They may also face personal injury claims following the prosecution. The Health and Safety Manager has met with the Occupational Health lead for HDdUHB and according to their records there are currently no known cases of HAVS-related conditions within the Health Board. A draft Control of Vibration at Work Policy was presented to the Health and Safety Advisory Group for initial comment and discussion on 8 February 2023. It was noted that HAVS Management Training is being scheduled during March 2023. A number of actions are underway to mitigate the risk going forward; following the findings of PTHB, the Health Board has decided to focus on Estates staff in the first instance as they were identified by PTHB as the highest-risk users. Once underway, the work will be extended in 2024 to consider lower risk areas (as identified by PTHB) using vibrating equipment. Discussion took place on scoping areas of focus for HSE to confirm compliance across the Board.

**Prevent and Contest** – in May the Committee received an update on CONTEST CYMRU – Protect Duty, detailing the duties placed on HDdUHB under the Counter Terrorism and Security Act (CTSA) 2015. A local Authority Forum – CONTEST Board has been established to provide a strategic lead in addressing the Regional and County threat, risk and vulnerabilities in relation to counter terrorism. Members were advised that a security management review is being undertaken which will be informed by the requirements under the duty placed on organisations. A security management framework is being prepared incorporating an agreed range of controls and a Health Board Security Management Group (HBSMG) is being established to oversee the improvements required with representation from across the Health Board. The Committee received assurance that the Emergency Planning and newly formed Security Management Group will be utilised to formally monitor progress of the identified risks. In November an update was received outlining the strategic oversight of security management across NHS Wales. It was noted that the Vaccine Security Group was being relaunched as the Wales Healthcare Security Group (WHSG) with the aim to achieve combined operational excellence and emergency preparedness; achieve civil contingencies national occupational standards; and improve staff confidence. The Committee received assurance that the Emergency Preparedness, Resilience and Response Group and Security Management Group will be used to formally monitor progress with identified risks.

**Contractor Control of Asbestos Update** – in November the Committee received the Health and Safety Regulations: Control of Asbestos Update Report which outlined the recent high-level review assessing the protocols the Health Board has in place to ensure adequate arrangements to manage asbestos. Members were advised that 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. They were also advised that management is more important than the grading of asbestos-containing materials and that frequent reinspection generates an overall score which is included in the Asbestos Management Plan, alongside a risk level and a management action. The Committee received assurance that work has been undertaken and is underway to support full compliance with the regulations. In January 2023, the Committee received a further update and noted that the majority of Health Boards in England and Wales were in a similar position as HDdUHB, with spending on asbestos control since 2010, much better than some Health Boards. All sites across the three counties hold electronic versions of Asbestos Management Plans and Registers, with additional hard copies held at each acute site, providing access for any visiting contractor/estates personnel. The Committee commended the team on the work undertaken to date and expressed their thanks for the proactive approach which has been adopted.

**Bariatric Equipment Update** – in May the Committee received the Bariatric Update Report and noted progress around bariatric care and treatment has been slower than anticipated, however the appointment of a project manager, who will work in partnership with the Manual Handling team, will enhance the progress of this work. The template for manual handling risk assessments is now available for ward areas and includes a prompt regarding bariatric patient accommodation and fire evacuation. In addition to the health and safety aspects of bariatric care, Members were advised that a Health Weight Development Plan (HWDP) 2021/22 has been developed given that the Health Board has a responsibility to address the role of prevention. Further clarification in relation to the development of a HWDP for 2022/23 was sought and concern around the disparity in the levels of specialist weight management services offered across the three Counties was noted. The Committee received assurance that work has progressed, and improvements have been made in relation to bariatric equipment and care pathways.

**Fire Safety Audit System Report** – in September the Committee received the Annual NHS Wales Shared Services Partnership, Specialist Estates Services Fire Audit following its submission on 9 August 2022. The report indicated an improved position in relation to fire risk assessments across a number of sites and provided progress on the major investment in GGH and PPH on Phase 1 works, a Fire Safety Governance Review and the updated Fire Safety Policy. Live fire risk assessments are now being undertaken via the Boris system, and the current fire risk assessments will transfer to the new Boris system during the next 12 months.

**Operational Risks** - the Committee receive regular reports in order to review and scrutinised the Operational Risks Assigned to the Health and Safety Committee.

In May the following updates were noted:

**Risk 708: *Inappropriate storage solutions associated with patient files/documents affecting Ceredigion Community sites*** - Members were informed the next stage involves moving the boxes from local sites into the central store, which will act as a temporary measure to mitigate risk in the short term. There continues to be a security risk around the temporary provision in Ceredigion.

**Risk 951: *Improperly functioning fire alarm detection and operation (WH)*** -work undertaken in relation to the Fire Alarm system in WGH is progressing, albeit at a slower pace than anticipated.

**Risk 503: *Risks relating to the evacuation of bariatric (plus sized) patients in the event of an emergency*** - joint working with the Manual Handling department and Fire Safety department is ongoing and progressing.

In addition to the risks identified within the Operational Risks report, the Committee noted the lack of updates received in relation to Tregaron Hospital and Members were informed that a request to review community hospitals had been raised at the Internal Risk Summit. Members noted the purpose, function and timescales for the future healthcare model of Tregaron Hospital will be outlined and this should be captured in the overall hospital review.

In September the Committee noted that the Director of Operations and Director of Nursing, Quality and Patient Experience planned to meet with the Operations team to review Risk 222: *Exposure to Asbestos through contact with asbestos containing materials (ACMs)*. Clarity was sought by the Committee on whether the sites involved in this risk include General Practices and the Deputy Director of Operations undertook to clarify.

In January the report was considered by the Committee and de-escalated risks were noted, with further work required by the Risk and Assurance team with risk owners.

In March the Committee was pleased to note that the developments and level of scrutiny of risks taking place from Directorates is significant. The frequency of risk updates is being reviewed to ensure updates are provided in a timely manner for presentation at the monthly Executive Team meetings. The Chair was pleased to note the reduction in risk score for Risk 222, due to the Estates team having a greater understanding of the likelihood of the unknown 'Asbestos Containing Materials' (ACMs) across the Health Board sites, which reflects the update provided at the previous HSC meeting. The Director of Nursing, Quality, and Patient Experience undertook to request that all Datix Risks over three years are provided by the Directorates and these will be scrutinised by the Executive Team.

**Corporate Risks** – the Committee received regular reports in order to review and scrutinised the Corporate Risks Assigned to HSC.

In May Members noted there has been no change in the risks scores since the risks were reported to the previous HSC meeting, however following updated guidance from WG in relation to COVID-19 measures, it is anticipated that Risk 1016: *Increased COVID-19 infections from poor adherence to Social Distancing* will be reduced or possibly removed. Members were informed that actions raised from Risk 813: *Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO)* have not yet been completed and updated, in light of this Risk 813: Security Management will be reviewed.

In September the Committee noted the inclusion of a new risk: 1433 - *Inability to maintain routine and emergency services in the event of a severe pandemic event*. The Committee were informed that the new risk had been discussed at length at the Executive Risk Meeting and it was felt that in light of the current pressures following the COVID-19 pandemic, there is a risk to maintain services should there be a similar outbreak. Members received assurance from the learning and control measures in place following the COVID-19 pandemic.

In January the Committee noted that Risk 813 has not changed significantly and was reviewed by the Executive Risk Group recently. The Head of Assurance and Risk will update Corporate Risk 813 to update review dates and the risk score if possible. The Committee emphasised that beds/ chairs/ patients should not under any circumstance be placed in front of fire doors; and patients will not be waiting in corridors due to the issues this may present in the event of an evacuation. Members noted that as the Health Board has improved their identification of risk, operational issues and challenges are identified far earlier, which in turn presents challenges due to staff capacity. Early inspections

which have provided assurance to the Fire Service with regards to the management of fire safety, have raised operational and delivery challenges when bed availability pressures are at their greatest. The Committee noted that challenges exist relating to the supply chain, which impact upon the completion of some works. The Committee gained assurance that all identified controls are in place and working effectively and all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.

**Planning Objectives (PO) Update** -the Committee received regular the PO reports during the year on the progress made in the development of the revised POs aligned to the HSC.

In May Members noted that PO 3L: *Review of existing security arrangements* and PO 4H *Review and refresh the Health Board's emergency planning and civil contingencies / public protection strategies* were both on track.

In January the Committee noted that PO 3L: *to undertake a review of the existing security arrangements within the Health Board* is on track to be completed by March, with particular reference to strengthening the following areas:

- Physical Security
- Automated locks
- CCTV
- Access Control Systems
- Intruder Alarms
- Communication Systems
- Human Factors
- Patient and Staff Personal Property
- Local Management and staff ownership

In March 2023 the Committee received an update on the Health Board's Security Arrangements Review, which has been undertaken to establish a baseline level of compliance against specific security management arrangements including physical systems and processes. Work will commence to prioritise areas of focus.

## • **Approval Items**

**Major Incident Plan:** in July 2022, the Committee received the Major Incident Plan (MIP) which has been revised and updated to reflect the current structures, command and control mechanisms and response processes. Members were informed that a review process was undertaken via the Emergency, Preparedness, Resilience and Response (EPRR) Group which involved multidisciplinary and partner agency participation. Consultation on the review plan was undertaken with partner agencies and Welsh Government and it has been quality assured against the Welsh Government checklist that measures against the Civil Contingencies Act compliance. The report highlighted the three main areas of change within the MIP; Site changes and patient flow arrangements for all sites, Mass Casualty Incidents, a reflection of reviewed Mass Casualty Arrangements for NHS Wales and associated response structure and South Wales Major Trauma Network, a reflection of introduction of the network and impact on casualty handling and dispersal. Members were informed that the MIP has been reviewed by the Emergency Planning Group (EPG), which incorporates the three counties and the MIP is being cascaded down to staff through the service leads at EPG meetings. The MIP will also form part of the Gold and Silver training for hospital managers and for any staff who may support a hospital coordination centre during a major incident response and through the merit nurse training which is ongoing. Members received assurance that internal measures are being progressed to ensure staff

are aware of the MIP. Confirmation was provided that representation from the EPRR group is made at the Security Managers Group.

## **Policies**

During 2022/23, the Committee approved the following policies and procedures:

- Policy 814 – Fit testing for Respiratory Protective Equipment (RPE) Procedure
- Policy 696 – First Aid at Work
- Policy 186 Business Continuity Planning Policy
- Procedure 1069: Assessment And Management Of Environmental Ligature Risk
- Policy 843: Reducing Restrictive Practice:
- Procedure 463: Display Screen Equipment and Workstation Assessment:
- Policy 770 – Medical Laser Safety Policy
- Policy 144: Operational Maintenance Policy
- Policy 202: Asbestos Policy
- Policy 242: Fire Safety Policy
- Policy 393: Confined Space Policy
- Policy 403: Water Safety Policy
- Policy 442: Severe Weather Gritting Policy
- Policy 541: Contractor Control Policy
- Policy 293: Smoke Free Policy

## **Key Risks and Issues/Matters of Concern raised by the Committee to the Board during 2022/23 included:**

### **November 2022**

**Health and Safety Update** –the rising number of violent/aggressive assaults on healthcare staff.

### **January 2023**

**Asbestos and Health and Safety** – recognition of the positive progress made by the team.

**Health and Safety Update** - further work concerning trajectories relating to key Health and Safety actions.

**Review of the Terms of Reference** - to include Trade Union Health and Safety Meeting Updates.

**Management Regulations - Deep Dive into Violence & Aggression Report** - a deep dive into Mental Health Violence and Aggression incidents would prove informative and further work in acute areas and messaging to the public and patients on violence and aggression thresholds.

### **Fire Safety Management Update Report:**

- the total approved WG project funding for the Fire Programme currently amounts to circa £40m, which has facilitated considerable progress in Fire Safety.
- positive progress on Level 1 Fire Training, although Level 3 Fire Training is a concern. Actions are underway to increase and offer more flexible training.

### **Corporate Risks Assigned to HSC:**

- whilst HDdUHB has made significant progress in identifying risk, challenges exist relating to the supply chain, which impact on the completion of certain works.
- Risk 813: Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO) on the Corporate Risk Register will be reviewed with a view to reducing the risk score.

### March 2023

**Health and Safety Update:** Traffic management and access concerns raised across the three acute hospital sites, which are felt to be reflective of the current operational pressures. Actions to mitigate the risks are being explored with Operational Leads and the Director of Nursing, Quality and Patient Experience will feed back to the Director of Operations as well as seek clarity on the WGH Air Ambulance Protocol which has an impact on the traffic management.

**Fire Safety Update:** The Committee highlighted that the installation of the doors as part of the fire safety improvements will need to be in line with the work underway as part of security improvements to ensure compatibility.

### Matters Requiring Board Level Consideration or Approval during 2022/2023:

Revised HSC Terms of Reference

Health and Safety Committee Annual Report 2021/22

### Positive Achievements

The positive developments in working arrangements with the MWWFRS, with the recent establishment of a Fire Compliance Team which has notably improved the dialogue between the organisations in fire safety matters.

### Argymhelliad / Recommendation

The Board is requested to endorse the Health and Safety Committee Annual Report 2022-23.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of HSC meetings 2022/23
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	HSC Chair, Lead Director and Committee Members

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	A sound system of internal control, as evidenced in the Committee's Annual Report, will assist with ensuring financial control, and the safeguarding of public funds.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	SBAR template in use for all relevant papers and reports
<b>Gweithlu: Workforce:</b>	SBAR template in use for all relevant papers and reports
<b>Risg: Risk:</b>	SBAR template in use for all relevant papers and reports
<b>Cyfreithiol: Legal:</b>	A sound system of internal control, as evidenced in the Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed.
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	SBAR template in use for all relevant papers and reports