





		Agenda Item	2.4 (vi)
Freedom of Information Status		Open	
Reporting Committee	Health and Safety Committee		
Author	Leah Joseph, Corporate Governance Officer		
Chaired by	Maggie Berry, Independent Member		
Lead Executive Director (s)	Gareth Howells, Interim Director of Nursing and Patient Experience		
Date of last meeting	05 October 2021		

Summary of key matters considered by the committee and any related decisions made.

None identified.

Key risks and issues/matters of concern of which the board needs to be made aware:

Recent inspections and audits including internal audit water safety action plan and progress report was received for assurance. Matters raised by committee members:

- Infrastructure risk to Morriston Hospital's catering department effecting their food hygiene rating
- The risk assessment scoring difference between Health Board process and industrial process

## Delegated action by the committee:

**Health and Safety Committee unit highlight report** was approved by committee members (appendix 1).

**Health and Safety strategic action plan** was received and approved by committee members (appendix 2).

Matters raised by committee members:

- Face-to-face training for Executive team and Independent Members.
- Delivery of digital training on institution of occupational safety and health (IOSH for managers)

Ventilation policy was approved.

## Main sources of information received:

**COVID-19 Health and Safety Issues** verbal update received for assurance. Matters raised by committee members:

Physical distancing

**Health and Safety Newsletter** was discussed and a draft version is due to come to January's Health and Safety Committee.

**Health and Safety Risk Register –** The substantive report providing an update on the Health

and Safety risk register and COVID-19 risk register was received. The risks that are currently assigned to the Health and Safety Committee are Health and Safety Infrastructure, Fire Safety Compliance, and Environment of Premises.

Primary Care Highlight Report was received for noting. The violence and aggression position is positive with an improving trend. There were concerns regarding sharps injuries and a high number are happening near a disposal point. The road traffic collisions trend is improving and it would be interesting to see how the trend develops as people go back to their normal lifestyles. Physical distancing is actively being monitored with messages being reinforced. The silver COVID-19 group was reformed due to the recent COVID-19 challenges, and assurance was given that staff were wearing masks whilst moving between buildings. There were ongoing discussions surrounding the site leadership as leaders are needed for all 32 properties. Estates primary care issues are being worked through as there are historic lease agreements in place. A review is being undertaken. Work is ongoing around the health and safety governance structure. The Bay Field Hospital is being relooked at to enable the use of its capacity. An extraordinary meeting was called and the Primary, Community and Therapies Services Medical Director is reviewing the change in environment. This had not yet been activated and remained under review. Matters raised by committee members:

 Trauma Risk Management (TRiM) training for staff and the lack of availability for staff to use the service in primary and community care

Mental Health and Learning Disabilities Highlight Report was received for noting. Statutory and mandatory training compliance rates are good and the mental health teams were commended for their performance. In 2020/21 there were 21 reports of injuries. diseases and dangerous occurrences regulations (RIDDOR) incidents. Staff work in challenging environments from a behavioural perspective. There were 586 incidents of violence and aggression reported against staff between the periods of April 2020 and March 2021 which is demonstrative of the environment. There were 405 incidents of violence and aggression reported against patients for the same period. The acute adult ward environment at Cefn Coed Hospital remained a concern for the Unit. The environment is unsuitable for a modern mental health inpatient service, and although the wards had been refurbished, the communal space and sanitary accommodation are inadequate. A formal capital project board is taking forward the business case for the re-provision of accommodation for the acute adult inpatient service. This is at the outline business case stage and support would be required to progress. The Children's and Adolescent Mental Health Services (CAMHS) bed at Ward F in Neath Port Talbot Hospital remained a concern for the Unit. Due to a gap in service provision for inpatient CAMHS, all Health Boards are required to provide an emergency inpatient bed for a CAMHS patient aged 16 to 18 years. The designated bed in SBUHB is located in Ward F which is an acute adult mental health ward. This is considered an unsuitable environment for patients in this age group. In order to mitigate safeguarding risks, any CAMHS patient admitted is nursed on a one-to-one basis but this is restrictive and can cause distress.

Estates Highlight Report was received for noting. A medical gas group has been developed and last met at the end of September 2021. A number of staff have been registered to the authorised person courses. A large piece of work surrounding fire risk assessments is ongoing and bids have been submitted for additional staff. Swansea University Health Board (SBUHB) has undertaken a review of critical clinical areas to ensure that fire dampers are in place. The department are undertaking further work this year from discretionary capital to address asbestos issues identified at Singleton Hospital. There is no specific policy for lifts, as such SBUHB are looking to appoint an authorised engineer for lifts, however to date there has been difficulty sourcing a company that can provide accreditation (shared services do not currently provide this service). The introduction of the All Wales capital infrastructure fund has had a positive impact on the estates department and it had identified funding to complete the first phase of these changes, and has had permission to proceed in the next few months.

## Highlights from sub-groups reporting into this committee:

Health and Safety Operational Group highlight report was received for assurance. The 4th August 2021 meeting was well attended. . Following the inaugural meeting of the Neath Port Talbot Hospital and Singleton Service Group (NPTSSG) on 18th May 2021, some minor adjustments continue to fine tune the group to ensure inclusion across the various services. The new terms of reference and a standing agenda mirroring the Health and Safety Operational Group were approved by the NPTSSG Health & Safety Operational Group. Staffing and COVID-19 are being continually monitored, with cladding being one of the main risks for Singleton Hospital. Morriston Hospital has confirmed the renaming of the group to 'Morriston Hospital Health and Safety and Environmental Group' and the updated terms of reference have been approved. In MHLD, a review of the Cefn Coed fire plan had taken place and was adopted and re-circulated for implementation. Llynfi Training Centre at Glanrhyd Hospital was highlighted as an increasing risk, with no venue identified to provide the training when the current venue is vacated (deadline 31st March 2022). The Health Board accommodation group is working to identify suitable training accommodation. Waste issues continue for Morriston Hospital and had been added to their risk register for monitoring. The ventilation policy was submitted and no additional comments were received from the group.

## **Matters referred to other committees**

- Display Screen Equipment checklist to be referred to Workforce and OD to confirm the governance surrounding the process.
- TRIM training to be referred to Workforce and OD to understand previous discussions between Workforce and Primary, Community and Therapies Services.

Date of next meeting	20 <sup>th</sup> January 2022