

Swansea Bay University Health Board

Unconfirmed

**Minutes of the Meeting of the Health and Safety Committee
17th January 2023 via Microsoft Teams**

Present

Maggie Berry	Independent Member (in the chair)
Tom Crick	Independent Member
Jackie Davies	Independent Member

In Attendance

Mark Parsons	Assistant Director of Strategy - Capital
Des Keighan	Assistant Director of Operations – Estates
Hazel Lloyd	Director of Corporate Governance
Darren Griffiths	Director of Finance and Performance
Neil Thomas	Deputy Head of Risk
Debbie Eytayo	Director of Workforce and OD
Christine Morrell	Director of Therapies and Health Science

Minute No.		Action
1/23	WELCOME / INTRODUCTORY REMARKS AND APOLOGIES	
	The chair welcomed everyone to the meeting. Apologies for absence were received from Deb Lewis Deputy Chief Operating Officer, Joanne Jones (Head of Support Services), Simon Cookson (NWSSP – Director of Audit and Assurance Services, Osian Lloyd (NWSSP – Head of Internal Audit).	
2/23	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
3/23	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meetings held on 4 th October 2022 were received and confirmed as a true and accurate record with the following points of accuracy:	

	<ul style="list-style-type: none"> - Page 5 – 2nd paragraph: The word “acuity” should read “acute”. (“The service provided training to external organisations and learning could be shared with <u>acute</u> services.”) - Page 6 last paragraph - 2nd line should read “risk rating to be increased from 12 to 16”. - Page 10 – work commenced on Singleton Hospital cladding in 2021 (not 2023) - Page 11 – Health and Safety Policy was approved 	
4/23	MATTERS ARISING	
	<p>The following verbal updates were given:</p> <ul style="list-style-type: none"> - <u>Covid Related Deaths in Workforce</u> - Jackie Davies queried if staff Covid related deaths were going to be recorded as work related as a Health and Safety issue. Hazel Lloyd stated that after every staff death there is a staff death review and regular briefing sessions where learning is shared with service groups. - <u>Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDORS)</u> – Jackie Davies queried if Swansea Bay University Health Board (SBUHB) had been instructed not to report RIDDORs, why other health boards had done so. Mark Parsons advised that guidance changed throughout the pandemic but SBUHB adhered to guidance given. He confirmed that whilst some health boards did not report any RIDDORs, some did citing Betsi Cadwaladr reporting over 400 RIDDORs. - <u>Smoking Legislation Update</u> - Mark Parsons gave a verbal update stating nothing has changed and it is the responsibility of the local authority are the enforcing agency and will carry out ad hock checks, but the health board has a responsibility monitor and record contacts locally, this could be on short Datix forms leaving some areas blank. It was acknowledged that it is not easy to challenge someone who is smoking, and the extent of information health board staff is expected to gather for compliance is not clear. Mark Parsons emphasised that if staff record they have spoken to people it can be noted that information was not obtained to avoid violence and aggression. - Maggie Berry acknowledged that speaking to people about smoking is difficult and queried if staff will have training. Des Keighan stated that Morryston staff can push a button giving a recorded message that smoking is not allowed in that area to avoid directly challenging people. - Mark Parsons advised that had has walked past people ignoring the tannoy system so he informs them that he is making them aware that 	

	<p>legislation has changed, and smoking is not allowed in public places, and they could be liable for a £100 fine.</p> <p>Des Keighan advised he is meeting with the Local Authority and will see an officer can be made available to monitor the situation.</p>	
5/23	ACTION LOG	
	<p>The action log was received.</p> <p>(i) Executive and Independent Member Institute of Occupational Safety and Health (IOSH) training</p> <ul style="list-style-type: none"> - Mark Parsons reported that the training is mostly completed with outstanding training dates moved to March, but dates not confirmed yet as attendees availability to be confirmed. It is hoped that one more training session will bring compliance up to 100%. <p>(ii) Health Board Risk Register - Environment of Premises risk be reviewed and increased from 12 to 16.</p> <ul style="list-style-type: none"> - Darren Griffiths confirmed that the Estates Utilisation Group has not held a meeting yet. He stated all evidence work has been completed. <p>(iii) Updated action plan on site responsibility allocation</p> <ul style="list-style-type: none"> - A verbal update was given in October. Mark Parsons requested the action be re-opened to get confirmation dates. 	
Resolved:	<ul style="list-style-type: none"> - The action log was noted. - To book a date for IOSH training for executive staff. 	MP
6/23	WORK PROGRAMME	
	<p>The Health and Safety Committee work programme was received and noted.</p> <ul style="list-style-type: none"> - The Health and Safety Annual report to be moved to July 2023 as the end of the financial year will create a delay in finalising. 	MP
7/23	CORPORATE AND HEADQUARTERS HIGHLIGHT REPORT	
	<p>A report was received.</p> <p>In presenting the report Hazel Lloyd highlighted the following points:</p>	

- During 2022, Baglan HQ was set up as an agile working hub with installation of universal docking stations/screens. Physical moving of staff took place during May 2022.
- The result of agile working has been positive with space created/and or released with a number of teams being able to move into HQ.
- Whilst the effect of agile working has been generally positive, there have been a few issues such as lack of fire wardens on site because the existing fire wardens were no longer on site 5 days a week. Those small number of workers who continue to work out of HQ 5 days a week were approached to take on this role. In June 2022 fire warden training was undertaken for new fire wardens.
- A fire risk assessment was carried out in July 2022 and this was generally good, however it highlighted a few areas in the building including some seals on fire doors required replacing. The Fire Manager conducting the risk assessment has notified Estates.
- The chiller unit on the roof developed a leak over the summer. This was repaired and is being monitored by the Fire Management company. However, it was acknowledged that this was reaching the end of its life span, however funds were not available at present to replace.
- One incident had been reported at HQ during August 2022. This was due to a power failure at the building over the weekend. The only impact of this was a small number of Covid vaccines needing to be destroyed due to electricity failure to fridges. Contractors had been on site Saturday 13th August 2022 to ensure the electricity supply was returned. No other areas affected by power outage. It was established that this had been due to a local power failure in the Baglan area.
- Mandatory Training compliance – average mandatory training compliance is at present 90% and PADR compliance is 53% for the Director of Corporate Governance/Board Secretary Directorate (this includes executive directors and independent members, corporate services, corporate governance, patient feedback and compliance department). Training for different departments/directorates based at HQ would be reported separately.
- There are 26 trained Fire Wardens on site – up to date training was carried out on 30th June 2022.
- HQ has 11 trained first aiders, who undertook training in October 2020, this will be due for renewal next year.

During discussion the following points were raised:

Jackie Davies commented that she had seen several news bulletins about Baglan power supply, and it was scheduled to be shut down. She sought

	<p>clarification if this would cause a long-term risk for the power supply for HQ. Darren Griffiths confirmed that the HQ supply is linked to the National Grid and not to the Baglan power station so there is no risk.</p> <p>Hazel Lloyd informed the Committee that the low PADR figure of 53% shown on the report could be due to completed training not yet having been inputted on the system. She assured members that this would be followed up and stated the actual PADR compliance figure could be much higher.</p> <p>Maggie Berry commented that she would like to see the true PADR figure when the possible admin issue around data input was resolved.</p>	
Resolved	<ul style="list-style-type: none"> - The Corporate and Headquarters Highlight report was noted. - PADR figure to be followed up as a possible admin issue. 	HL
8/23	HEALTH AND SAFETY RISK REGISTER	
	<p>A report was received.</p> <p>In presenting the report Neil Thomas highlighted the following points:</p> <ul style="list-style-type: none"> - The risks overseen by the Health and Safety Committee remained the same 3 risks as before, plus one additional risk for information only. - Since the last meeting workforce risk HBR76 Partnership Working, previously reported to the HSC for information, has been closed. - Regarding HBR13 Environment of Premises relating to compliance in terms of appropriate accommodation in line with Health and Safety Regulations with a current Risk Rating of 12 – an Estates strategy has been developed and a draft was to be received at the estates utilisation group in November 2022, but the meeting has been moved to January 2023. - A review is taking place of current Primary Community Therapies Service Group (PCTSG) structures and governance arrangements for Estates and Health and Safety to cover key compliances and escalation processes, with a draft report previously targeted for 30/12/2022 but was moved to January 2023. - HBR41 – Fire Safety Regulation Compliance – uncertain position regarding the appropriateness of the cladding applied to Singleton Hospital in particular (as a high-rise block) in respect of its compliance with fire safety regulations. The current risk rating of 16 remains unchanged as do actions and targets: - An Estates strategy has been developed with priorities identified and will be incorporated in future capital plans. 	

	<ul style="list-style-type: none"> - HBR64 – Health and Safety Infrastructure – insufficient resource and capacity of the health, safety and fire function to maintain legislative and regulatory compliance for the workforce and for the sites across SBUHB. Current risk rating 20 (was 25) – it has been agreed to identify posts to progress recruitment on a phased approach over the next 12/24 months. This will be dependent upon availability of funding (30/01/2023). - Some additional resources have been recruited and are at various stages, particularly fire, with Health and Safety and Manual Handling to commence in Quarter 4. The score has been reduced to reflect partial implementation of structure. - Additionally, there is one risk allocated for scrutiny to another Committee but included within the Risk Register extract for information of the Health & Safety Committed due to the relevance of elements of the risk: HBR36 – Paper Record Storage – current risk score 16. Lack of a single electronic record means there is a greater reliance on the provision of the paper record. <p>During discussion the following points were raised:</p> <p>Jackie Davies sought clarification of the formatting of the risk scores and asked for confirmation of what the numbers referred to. Darren Griffiths clarified that the first number referred to the consequence should the risk take place (e.g., fire consequence of 5 is catastrophic) and the second number refers to likelihood and reflects mitigations (e.g., in the case of a fire the score could be 5 – consequence catastrophic) x 5 (likelihood – very likely to happen) or fire 5 x 4 – consequence would be catastrophic and likelihood 4 as certain mitigations had been implemented.</p> <p>Regarding the paper record storage risk Darren Griffiths reported that plans were made to lease an offsite building as a storage facility for paper medical records then create a scanning business on top. However, a cash buyer made a bid at the last moment and the health board was gazumped and the project is back to colleagues in capital planning.</p> <p>Maggie Berry queried how many paper records we were talking about in medical records libraries and elsewhere in corridors and rooms in various departments. Mark Parsons said he did not have the figures to hand but would find out from Jennifer Nagel.</p> <p>Christine Morrell confirmed that the embargo on destruction of paper notes was still in force due to the infected blood enquiry.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted. - Head of Health Records to be contacted to ascertain the number of paper records being stored by the Health Board. 	<p>MP</p>

9/23	UPDATE ON THE HEALTH AND SAFETY PLAN	
	<p>A verbal update on the Health and Safety Plan was received.</p> <p>In presenting the report the following points were highlighted:</p> <ul style="list-style-type: none"> - A new Health and Safety and Manual Handling adviser started this month. Two were appointed but one of the appointees withdrew. - An action plan has been developed from the strategic plan and will be presented to the committee for review in April 2023. <p>In discussing the report, Maggie Berry congratulated on appointing one member of staff and recognized the difficulties experienced by workforce recruitment.</p>	
Resolved:	The verbal update be noted .	
10/23	HEALTH AND SAFETY ANNUAL REPORT	
	<p>The Health and Safety Annual Report was received.</p> <p>In presenting the report Mark Parsons highlighted the following points:</p> <ul style="list-style-type: none"> - This is the first Annual Health and Safety report by Swansea Bay University Health Board (SBUHB) since its inception on 1st April 2019 and covers the period 1st April 2021 – 31st March 2022. The report outlines the journey the Health Board has taken throughout the year, covering key issues; - Since the inception of SBUHB in April 2019, the Health Board (HB) was issued with and has addressed 12 health and safety executive improvement notices, nine of which were issues initially to Abertawe Bro Morgannwg University Health Board. A further three notices were received in July and October 2019. In addition to the improvement notices, letters outlining recommendations were also received and covered a range of categories: - All improvement notices were complied with by 7th February 2020 and the Health and Safety governance structure was updated. - Swansea Bay undertook a measured approach based on Welsh Government legislation and guidance to manage the risk of COVID-19: <p>Key achievements include:</p> <ul style="list-style-type: none"> - Fire risk assessment compliance 	

	<ul style="list-style-type: none"> - Training compliance for Fire Safety, Health and Safety, Manual Handling and Violence and Aggression has increased in all service groups and has hit the 85% target. - Authorised persons (AP) have been appointed for Morryston & Singleton hospitals; - Risk register is regularly reviewed here and Health and Safety Operational Group. <p>During discussion the following points were raised:</p> <p>Maggie Berry commented that it was good to see the background covering 2020/21 to set the scene and the report is telling our Health and Safety story.</p> <p>Jackie Davies commented that it was great to see the very real progress made because in some areas we were not very good and the demonstrable improvement is brilliant.</p> <p>Maggie Berry queried the RIDDOR numbers and the fact that they were reducing querying if this was due to extra training. Mark Parsons stated that the Health and Safety Team always checks RIDDOR numbers, and it appears that during the pandemic there has been less activity (footfall), further stating that other health boards have seen similar falls in numbers of reports during the pandemic.</p> <p>Darren Griffith stated it was good to see the annual report and made a point that the Board needed to be made aware of it.</p> <p>Christine Morrell commented on the number of incidents of violence and aggression to staff, which is one of the health boards highest DATIX reported incidents and results in staff being off work. The Mental Health and Learning Disabilities service group (MHLD) being particularly high risk. Mark Parsons stated MHLD the number of violence and aggression incidents has dropped recently adding that the service group has a lot of good practices and training which could benefit the health board as a whole.</p> <p>Debbie Eytayo commented that the report be taken to the Health Board Partnership Forum as it would be useful for them to see the last few years summarized.</p>	
<p>Resolved:</p>	<ul style="list-style-type: none"> - The report be noted. - The Health and Safety Annual Report to be taken to the Health Board Partnership Forum. - The Board to be made aware of this report; - The health and safety annual report for 2021-22 be approved. 	<p>MP</p> <p>LS</p>

11/23	ESTATES UPDATE REPORT TO INCLUDE WATER UPDATE	
	<p>The report was received.</p> <p>In presenting the report Des Keighan highlighted the following points:</p> <ul style="list-style-type: none"> - An Estates Manager for Morriston Hospital has been recruited - A second vacancy had been recruited into, but the candidate has since withdrawn. - Personal Appraisal and Development Reviews (PADR) figures are low due to lack of staff and being unable to let people go on training if only 3 staff members are working. However, courses have already been booked so PADR compliance status will improve dramatically in the future. - The Medical Gas Committee set up a Task & Finish Group to review and update the MGPS Operational Policy and procedures - The Health Board has been completed a Water Management Risk Assessment and from this the Health Board has identified the priority high risk issues. - The volume of waste has increased massively as a result of the requirement for staff to wear PPE. This issue has been escalated up through Welsh Government and meetings are being held on a regular basis with the waste disposal company to improve service levels. <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry commented that the PADR figures appeared problematic and noted no PADRs had been completed in the Morriston Engineering and wondered if this was due to an admin issue or if no PADRs have been undertaken. Des Keighan stated that they were very short of staff on the engineering side who have been struggling with a number of electrical incidents on the Morriston site.</p> <p>Maggie Berry acknowledged the issue around higher salaries being offered outside the health board. Des Keighan further explained that there is a big demand for electrical staff with salaries being offered of £35,000.00 outside the health board, and the health board is offering a lot less than that. Plus, the salary bands and having to wait for increments are putting potential recruits off as it takes 5 years to get from the bottom pay band to the top.</p> <p>Darren Griffiths confirmed the differential in pay between the private sector and the health board stating it is a matter of public record. He went on to say that the health board is trying to make roles as attractive as possible in other ways rather than money, for example moving Band 4s up to Band 5s.</p>	

	<p>Jackie Davies commented that on that point salaries in agenda for change are not keeping on par with the labour market with nursing and estates suffering. She stated she felt huge empathy with the backlog of work appearing overwhelming. She stated she would like to see some detail on the strategy plan to outline the previous strategy and if that was achieved – it would be worth comparing. Also detail on planned work because there are so many areas to work in and so much to do, she would not know where to start. Des Keighan stated estates received support from Darren Griffiths and that they know what they need to do and there is a clear strategy in place, but a lot depends on receiving funding from the Welsh Government, but the health board is looking at other funding sources as well. He stated Mark Parsons and the team have worked out a road map over the next 5 to 10 years, which is very exciting, and the health board is in a much better place than a few years ago.</p> <p>Darren Griffiths confirmed that the decant ward at Morryston is key and site for site there is a plan. It is risk driven, the Emergency Department at Morryston is not fit for purpose but there is a risk around infrastructure and a task and finish group will be established. He emphasised that all the hard work has been done and not it is time to go to Welsh Government and leverage them with creative ideas. Site for site we have a plan. Risk driven – ED not fit for purpose but risk around infrastructure. Task and finish group will be established. All hard work has been done now go to WG to leverage them with creative idea. Hugely exciting but risk driven with risks reflected in risk register.</p> <p>Maggie Berry agreed that it would be very good for this Committee to see the action plan, and then see it implemented.</p> <p>Maggie Berry commented on the requirement of onsite sorting of waste which is a huge resource of staff, time, and space for bins. She further commented that putting this into place is a massive resource issue when it becomes a requirement as space is limited. Des Keighan informed the meeting that sustainability work was being done and staff are keen to recycle but finding space is difficult. Additionally, some things we cannot recycle e.g., food – because it is not known who has been eating it and is it food waste or clinical waste? Recycling is being looked at to see how we can best do it and incorporate into plans.</p> <p>Maggie Berry requested that this committee have sight of the Water progress plan in the April meeting. Des Keighan informed the meeting that they expect to have funding of £150K in the next financial year so it would be useful to wait until the July or October Health and Safety Committee meeting for an update on the Water progress report.</p>	
Resolved	The report be noted .	

13/23	UPDATE ON THE SIX FACET REVIEW SURVEY TO INCLUDE REVIEW OF BACKLOG MAINTENANCE	
	<p>The report was received.</p> <p>In presenting the report Des Keighan highlighted the following points:</p> <ul style="list-style-type: none"> - The Six Facet review has been completed and encompasses a complete review of Estates to provide a 5 to 10 year vision of how the Health Board is going to develop its clinical services and detail how those services will affect the existing Estate. - The Estates Strategy builds on the Clinical Strategy, the Integrated medium-term Plan (IMTP) and the Condition Appraisal of the Estate to allow the Health Board to make informed decisions about the development of its services based on the condition of its Estate. - The review was completed in September 2022 providing the backlog maintenance costs for the Estate which total £125 million. - Rather than completing a big review every 5 years it is intended to review 20% every year and report back keeping the annual review of condition of Estates up to date. <p>During discussion the following points were raised:</p> <p>Maggie Berry stated would be useful to get some bite sized chunks of what is happening in the 6 facet review in future reports.</p> <p>Darren Griffiths informed the meeting that since 1st January he has taken over Capital as well and feels it is a privilege to lead the team. Estates strategy is the glue that holds everything together and it is appropriate to bring the requested updates to this Committee</p>	
Resolved:	The report and progress made be noted .	
14/23	UPDATE ON THE AIR CONDITIONING AND VENTILATION SYSTEM	
	<p>An update on the ventilation issues within the Health Board was received.</p> <p>In presenting the report Des Keighan highlighted the following points:</p> <ul style="list-style-type: none"> - Whilst not much progress has been made, a plan has been developed. - Difficulties arise because in many instances one system serves several areas and in order to complete the work, a number of wards will have to be taken out of operation. 	

	<ul style="list-style-type: none"> - The provision of a six/eight ward decant facility which would provide single bedded ventilated accommodation whilst a systematic refurbishment programme is undertaken. - The previously mentioned £125 million is for backlog maintenance only and does not include costs for a decant facility. - Guidance is not changing around the provision of ventilation in clinical areas and Health Boards are now being asked to consider methods of mitigating low ventilation change rates within clinical areas where there is no option to provide mechanical ventilation. - The original guidance strictly prohibited the use of air scrubbers but now health boards are being asked to consider how these could be utilised in clinical areas where increasing the ventilation change rate is not possible by other means. - At the December 2022 Ventilation sub-group of the Health and Safety Committee a decision was made to look to run some trials in early 2023 in clinical areas to look at the effectiveness of the units on the particulate amounts in the air. Other health boards have them in operation and work is ongoing to see how effective they are. - A number of these units would be needed in a six bedded ward and the noise generated by only two of these units would make it difficult for patient to sleep. - Dental suites are also being looked at to reduce fallow time – there are difficulties as our contact has been on long term sick leave. - A clear plan has been devised how to resolve this, but it is part of a longer-term strategy and dependent on funding. <p>During discussion the following points were raised:</p> <p>Maggie Berry commented that the change in guidance over air scrubbers was interesting and this Committee will continue to oversee the work and emphasised the difficulties involved with having to take out several wards to do one piece of work. Des Keighan explained that was the reason for the decant which will allow all issues to be addressed at the same time, not just ventilation.</p>	
Resolved:	The update report be noted .	
15/23	HEALTH AND SAFETY OPERATIONAL GROUP KEY ISSUES REPORT	
	<p>The report was received.</p> <p>In presenting the report Mark Parsons highlighted the following points:</p> <ul style="list-style-type: none"> - All service groups have held regular Health and Safety meetings. 	

- Due to the risk relating to cladding at Singleton, vertical as well as horizontal training has been held and it is planned to increase the number of fire wardens.
- Fire risk assessments compliance remains at 100%.
- Anti-ligature works continue.
- The Primary Care and Therapies service group has shared their induction booklet for new starters, which covers a range of topics providing a good overview of the service group.

During discussion the following points were raised:

Jackie Davies queried how big a problem would be created by having a 5th bed in the bays, bearing in mind lack of access to oxygen, lack of privacy and no additional nursing resource. Mark Parsons advised this course of action in the report refers to NPTH and is also considered by other sites, this is due to operational pressures.

Jackie Davies commented on the workforce challenges linked to the Acute Medical Service Redesign (AMSR). She felt the report understated the problem and she had genuine concern that the workforce resource needed for the AMSR work would not be achieved. Mark Parsons recognized the work going on with AMSR and advised the Committee that workforce issues were being identified by the service groups and are on the risk register for those groups. Darren Griffiths commented that there has been a huge amount of successful nursing recruitment, but it is not enough. Streamlining and overseas recruitment will give the health board an extra 500 nurses. However, filling vacancies is one issue, retaining staff is another. Debbie Eytayo commented that any transformation work carries its own risk, but staffing is a particular concern. She added that we are transforming in phases with some staff being left in Singleton, so Morriston is not at full staffing levels for AMSR. This has been mitigated with agency staff. Risk assessments are undertaken in all aspects, but staffing is still a significant risk as we all know. Mark Parsons advised that a training facility for nurses will be developed at HQ on the top floor – with a mock ward – which is a positive step forward.

Maggie Berry observed that the health board will need more staff and resources and queried if all service groups have something like the induction booklet developed by Primary Care and Therapies service group. Mark Parsons stated that it has already been requested that Primary Care share the induction booklet with other service groups.

Maggie Berry queried if Workforce and OD were aware of the booklet and what it does. Debbie Eytayo confirmed that she was aware of the booklet, and it was used as a basis for other literature.

Maggie Berry queried if there were any issues relating to security requirements at Singleton now that the extra funding has stopped. Mark

	<p>Parsons stated that it was that deemed additional security was not required and a paper was presented to this effect. However this issue is regularly reviewed but based on current information additional security is not required.</p> <p>Maggie Berry observed that positive results were coming from service groups undertaking deep dives and it would be good to keep them going.</p> <p>Maggie Berry queried point 5.2 in the Violence and Aggression Policy asking if the board level director for this policy has been appointed. Darren Griffith confirmed he has been appointed into the post.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - The Managing Contractors Policy be approved. - The Violence and Aggression Policy be approved. 	
16/23	ITEMS TO REFER TO OTHER COMMITTEES	
	There were no items to refer to other committees.	
17/23	ANY OTHER BUSINESS	
Resolved:	<ul style="list-style-type: none"> - Maggie Berry announced that the next Health and Safety Committee meeting would be her last as she was withdrawing from her role as Independent Member. - Tom Crick suggested that the meeting should be face to face as it is her last meeting and a meeting room be booked for the next meeting on Tuesday 4th April 2023. - There was no other business, and the meeting was closed. 	