

**Swansea Bay University Health Board**

**Unconfirmed**

**Minutes of the Meeting of the Health and Safety Committee  
4<sup>th</sup> October 2022 via Microsoft Teams**

**Present**

Tom Crick Independent Member (in the chair)  
Patricia Price Independent Member

**In Attendance**

Mark Parsons Assistant Director of Strategy - Capital  
Des Keighan Assistant Director of Operations – Estates (from minute 75/22)  
Hazel Lloyd Acting Director of Corporate Governance  
Darren Griffiths Director of Finance and Performance  
Joanne Jones Head of Support Services  
Neil Thomas Deputy Head of Risk (to minute 76/22)  
Debbie Eytayo Director of Workforce and OD  
Janet Williams Service Group Director, Mental Health and Learning Disabilities (to minute 75/22)  
Ross Hughes NWSSP (observing) (from minute 75/22)  
Leah Joseph Corporate Governance Manager

| <b>Minute No.</b> |  | <b>Action</b> |
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| <b>68/22</b>      | <b>WELCOME / INTRODUCTORY REMARKS AND APOLOGIES</b>  |               |
|                   | The chair welcomed everyone to the meeting. Apologies for absence were received from Jackie Davies, Independent Member; Maggie Berry, Independent Member; Brian Owens, Service Group Director for Primary Community and Therapies Service; Christine Morrell, Director of Therapies and Science. |               |
| <b>69/22</b>      | <b>DECLARATION OF INTERESTS</b>  |               |
|                   | There were no declarations of interest.  |               |
| <b>70/22</b>      | <b>MINUTES OF THE PREVIOUS MEETING</b>   |               |

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|                  | The minutes of the meetings held on 5 <sup>th</sup> July 2022 were <b>received</b> and <b>confirmed</b> as a true and accurate record.   |                                   |
| <b>71/22</b>     | <b>MATTERS ARISING</b>   |                                   |
|                  | There were no matters arising not otherwise on the agenda.   |                                   |
| <b>72/22</b>     | <b>ACTION LOG</b>  |                                   |
|                  | <p>The action log was <b>received</b>.</p> <p>i. <u>06/22 Executive and Independent Institution of Occupational Safety and Health (IOSH) training</u></p> <p>Mark Parsons advised that the IOSH educator has requested that the Board are reminded their health and safety commitments in six months. Mark Parsons advised that he would undertake this review. A final session was being arranged for March 2023 to include those who were unable to attend September's sessions.</p> <p>ii. <u>38/22 Smoking Legislation</u></p> <p>Mark Parsons advised that issues were being seen across Local Authorities in light of implementation of legislation and visits by Local Authorities would take place once appropriate resource was in place. Tom Crick highlighted that approach and enforcement were important and queried when a further update to committee would be appropriate. Darren Griffiths suggested that a verbal update be received in January 2023. Joanne Jones noted that the Health Board has a responsibility to record the details of the people who have been spoken to as evidence for the Local Authority. There was a need to collect evidence for a possible inspection and currently there was not a system in place to be able to collate information. Mark Parsons advised that the Service Groups had been updated when the policy was initially published. Hazel Lloyd advised that Datix short forms were able to be utilised, however she would link in with 'Once for Wales' team to query whether individuals had approached them with the same query.</p> <p>iii. <u>64/22 Health and Safety Operational Group</u></p> <p>Mark Parsons advised that the individuals affected had been supported by the Mental Health and Learning Disabilities team and there were no further issues to be raised.</p> | <p><b>DG</b></p> <p><b>HL</b></p> |
| <b>Resolved:</b> | - Work programme to be updated to reflect a verbal update on smoking legislation implementation in January 2023.   | <b>MP</b>                         |

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|                  | <ul style="list-style-type: none"> <li>- Acting Director of Corporate Governance to link in with 'Once for Wales' surrounding a process to collate smoking implementation encounters with staff and patients.</li> <li>- The action log was <b>noted</b>.</li> </ul>   | <b>HL</b> |
| <b>73/22</b>     | <b>WORK PROGRAMME</b>  |           |
| <b>Resolved:</b> | The Health and Safety Committee work programme was <b>received</b> and <b>noted</b> .  |           |
| <b>74/22</b>     | <b>PRIMARY COMMUNITY THERAPIES SERVICES GROUP HIGHLIGHT REPORT</b>   |           |
| <b>Resolved:</b> | The Primary and Community Therapies Services highlight report from a health and safety perspective was <b>received</b> and <b>noted</b> following receipt of apologies from the Service Group Director for Primary Community and Therapies Service.  |           |
| <b>75/22</b>     | <b>MENTAL HEALTH AND LEARNING DISABILITIES HIGHLIGHT REPORT</b>  |           |
|                  | <p>The Mental Health and Learning Disabilities (MHL D) highlight report from a health and safety perspective was <b>received</b>.</p> <p>In introducing the report, Janet Williams highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The MHL D health and safety group continue to meet bi-monthly and were well represented and proactive. Themes from the most recent meeting included infection, prevention and control, fire risk assessments, environmental risk assessments and issues;</li> <li>- Areas of great concern included the acute adult wards at Cefn Coed Hospital as the environment was not fit for purpose in light of the Edwardian structure. Although the wards had been refurbished, communal space and sanitary accommodation were inadequate. Public engagement regarding the adult inpatient re-provision had concluded. The next stage was to progress the approved business case and submit to Welsh Government. The expected timescale for completion of the new build is 2027.</li> <li>- Another area of great concern was the Child Adolescent Mental Health Service (CAMHS) bed in Ward F, Neath Port Talbot Hospital. Due to a gap in service provision for inpatient CAMHS, all Health Boards were required to provide an emergency inpatient bed for a</li> </ul> |           |

CAMHS patient aged between 16 and 18 years. The designated bed in Swansea Bay University Health Board (SBUHB) was based in Ward F, Neath Port Talbot Hospital 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, however this is restrictive and can cause distress;

- A fire had occurred on Clyne ward which was self-started by a patient. Correspondence had been received from the Fire and Rescue Service and the Chief Executive had received an enforcement notice. Estates and capital processes were being worked through and a timescale for works may be reviewed.

In discussing the item, the following points were raised:

Tom Crick highlighted that there were organisational issues surrounding CAMHS. Janet Williams advised that she recently met with colleagues in Welsh Health Specialised Service Committee who were keen to review the position in Ward F, Neath Port Talbot Hospital. The majority of people treated in Ward F were unsuitable for voluntary sector provision and work remained ongoing.

Janet Williams highlighted that a number of trespassers had gained access over recent weeks at Cefn Coed Hospital by 'urban explorers', and an information governance breach had been reported following an uploaded video to the internet of archived documents. The records have since been moved off site to mitigate the risk and an internal review had also taken place. Security on-site had increased, however this was only funded for a period of 8-weeks. There have been no further incidents but the risk was still high. Mark Parsons advised that SBUHB had applied for additional funding and the scheme has been identified as a potential opportunity to minimise risk further. Janet Williams advised that each window at ground level had been boarded with steel shutters, however the trespassers had gained access via tunnels under the building. There was no heating or lighting throughout the building and there was a risk of injury to people gaining access.

Darren Griffiths advised that if the Cefn Coed Hospital business case was not successful for additional funding with Welsh Government, he would discuss service requirements Janet Williams to reduce risks.

Tom Crick queried context in regards to recent flooding at Ward F, Neath Port Talbot Hospital. Janet Williams advised that the flooding was internal in light of a fractured manifold and significant water had leaked onto the ward. The response from estates department was excellent and areas of the ward were without electricity for a short period of time.

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|                         | <p>Tom Crick queried whether lessons were learned to mitigate aggression towards staff. Janet Williams advised that the service encouraged a low threshold for reporting and training for staff along with clinical assessments for patients were important. Staff members often move patient groups around to ensure a calm environment and seclusion suites were also used when required.</p> <p>Mark Parsons highlighted that the training regime in MHLD was excellent. The service provided training to external organisations and learning could be shared with acuity services.</p> <p>Mark Parsons highlighted that smoking legislation went live in MHLD on 1<sup>st</sup> September 2022. Janet Williams advised that the position was challenging as many patients have section 17 in place, however she noted that the fire at Clyne ward was not related to a cigarette.</p> <p>Pat Price queried the definition of 'staff incident'. Janet Williams advised that Datix split incidents between the types of harm caused, and this included verbal aggression and incident between patients, however there were elements of subjectivity. Hazel Lloyd advised that that staff interpretation and outcome were graded.</p> <p>Pat Price queried the sickness procedure around incidents and whether Welsh Risk Pool would be involved. Janet Williams advised that the sickness procedure would take place and Welsh Risk Pool would automatically be involved.</p> <p>Hazel Lloyd advised that the Chief Executive requested assurances that Service Groups Directors were looking at incidents each day as he suggested that Directors should review red incidents and deputies should review amber incidents each day. Janet Williams advised that she reviews all Datix incidents via email no matter of severity as it provides learning and understanding of the organisation's position over the past 24 hours. Hazel Lloyd advised she would pick this up with Service Group Directors outside of the committee.</p> <p>Debbie Eyitayo noted that the report described a challenged environment and queried whether there was any additional support that could be provided to staff members. Janet Williams advised that concerns remained surrounding workforce sickness, however the TRiM team had visited Ward F, and a counsellor was available within the Service Group for provide support. Senior support was provided to wards when pressures were felt, however it was a challenging environment to work in. Debbie Eyitayo advised that the Health Board's charitable funds could be a useful tool to provide staff with time out sessions, and the Guardian Service had attended staff briefings to offer support.</p> |  |
| <p><b>Resolved:</b></p> | <p>The report be <b>noted</b>.</p>   |  |

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| 76/22            | <b>HEALTH BOARD RISK REGISTER</b>   |    |
|                  | <p>A report providing an update on the Health Board Risk Register relating to Health and Safety risks was <b>received</b>.</p> <p>In introducing the report, Neil Thomas highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Health Board Risk Register extract was last presented to the Committee in July 2022 and since then risks have been subject to Executive review and update;</li> <li>- No new risks have been added and there has been no change to the levels of risk assigned to the Health and Safety Committee. Three risks have been assigned to the Health &amp; Safety Committee for oversight: <ul style="list-style-type: none"> <li>• 13 – Environment of Premises;</li> <li>• 41 – Fire Safety Compliance;</li> <li>• 64 – Health and Safety infrastructure.</li> </ul> </li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Tom Crick highlighted that health and safety infrastructure remained SBUHB’s biggest risk in light of funding, capability and resources, and queried whether this position had been well articulated to Welsh Government. Darren Griffiths advised that money had been received for four posts and the risk would be reviewed once these posts had been filled. SBUHB was continuing to look to secure additional funding next year and steps would be taken to ensure the next steps for workforce are prioritised.</p> <p>Mark Parsons queried whether environment of premises risk rating should be increased to 16 from 12. Committee members endorsed the risk rating be increased from 16 to 12 as it would reflect the position. Hazel Lloyd agreed that the risk would be reviewed the risk and risk rating be increased from 12 to 16.</p> | NT |
| <b>Resolved:</b> | <ul style="list-style-type: none"> <li>- Committee members <b>endorsed</b> the environment of premises risk be reviewed and increased from 12 to 16.</li> <li>- Health Board Risk Register risks assigned to the Health &amp; Safety Committee and actions taken to mitigate them be <b>noted</b>.</li> </ul>   | NT |
| 77/22            | <b>HEALTH AND SAFETY STRATEGIC ACTION PLAN</b>  |    |
|                  | <p>An update on the Health and Safety strategic action plan was <b>received</b>.</p> <p>In introducing the update Mark Parsons that the original Health and Safety Strategic Plan was developed to manage the Health and Safety Executive</p>   |    |

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|                         | <p>Notices, however he recommended that the Health and Safety Strategic Action Plan be closed. This would be replaced by a Health and Safety annual plan going forward, capturing items not fully completed.</p> <p>In discussing the item, the following points were raised:</p> <p>Darren Griffiths advised that time would be required to manage a strategy, however a health and safety annual plan and health and safety annual plan would be developed to provide structure and shape to future work programmes. Tom Crick highlighted the importance of visibility of cultures and behaviours of health and safety responsibility across the Health Board. Darren Griffiths advised that the reason for developing the strategy was further stimulated by training and work would address the organisational culture and behaviours.</p> <p>Debbie Eyitayo queried whether staff and staffside have had assurances that concerns were being dealt with. Mark Parsons advised that the strategic plan has been closed, and all open actions would be added to the health and safety annual plan and this has been shared with the Health and Safety Operational Group for scrutiny.</p> <p>Tom Crick queried whether financial investment was available to ensure changes were made in practice. Mark Parsons advised that once the pilot has gone live, Trade Union colleagues would be invited for feedback and then dates can be implemented to show the Health Boards direction of travel.</p> |  |
| <p><b>Resolved:</b></p> | <ul style="list-style-type: none"> <li>- Committee members <b>agreed</b> that the strategic action plan be closed.</li> <li>- Committee members <b>agreed</b> that the strategic action plan be replaced by an annual Health and Safety plan, capturing items not fully completed.</li> <li>- Health and Safety Strategy Action Plan be <b>noted</b>.</li> </ul>   |  |
| <p><b>78/22</b></p>     | <p><b>COVID-19 HEALTH AND SAFETY ISSUES</b></p>  |  |
|                         | <p>A verbal update detailing COVID-19 Health and Safety issues was <b>received</b>.</p> <p>In introducing the update, Mark Parsons highlighted that COVID-19 rates remain under monitoring and management of COVID-19 was a part of 'business as usual' for SBUHB.</p> <p>In discussing the report, the following points were raised:</p> <p>Tom Crick noted that the position of the rates may fluctuate as schools and universities terms began and a wider societal piece around mask</p>   |  |

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|                 | wearing would be interesting. Mark Parsons advised that the control measures were in place and could be introduced if required.  |  |
| <b>Resolved</b> | The verbal update be <b>noted</b> .  |  |
| <b>79/22</b>    | <b>RECENT INSPECTIONS AND AUDITS TO INCLUDE THE MANAGEMENT RESPONSE TO THE HEALTH AND SAFETY INTERNAL REPORT</b>   |  |
|                 | <p>A report on recent inspections and audits to include the management response to the health and safety internal report was <b>received</b>.</p> <p>In introducing the update, Mark Parsons highlighted that an internal audit of health and safety was carried out in the summer which provided a limited assurance and recommendations have been taken on board.</p> <p>In discussing the report, the following points were raised:</p> <p>Tom Crick highlighted consistency of process, good representation at meetings, leadership and reporting were key. Hazel Lloyd welcomed internal audit reports as it provides an opportunity to review specific areas. Issues were linked to structures in reporting and committee structures and these have been revisited to strengthen areas. The institution of occupational safety and health (IOSH) training sessions in September had raised the health and safety profile.</p> <p>Darren Griffiths advised that SBUHB took the internal report seriously and actions had been taken. The Health and Safety Operational Group was the anchor point for the work and there was an opportunity for sustainable discussions within the group.</p> <p>Pat Price noted that there was an overlap of health and safety with quality and safety, and queried whether the key performance indicators were distributed across patient and staff safety. Mark Parsons advised there was a need to be careful with a health organisation that the focus was not fixed solely on patient safety and staff safety was important.</p> <p>Tom Crick queried whether the key performance indicators were useful. Joanne Jones reflected that from an operational perspective, the reporting system was comprehensive to enable a focus on specific areas. The reporting structure feeding up into the committee was the best it had been for many years. Mark Parsons informed committee members that a process was in place which included tiers (e.g. tier 1: is there a system in place; tier 2: what were the outcomes.)</p> <p>Debbie Eytayo queried whether the committee was assured it was doing enough to feed outwards to the organisation. Tom Crick highlighted the visibility of dissemination of information across the organisation was</p> |  |

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|                  | important. Mark Parsons advised that sharing information would following with the additional resources as part of safety tours, audits and inspections.   |  |
| <b>Resolved:</b> | The report and progress made be <b>noted</b> .  |  |
| <b>80/22</b>     | <b>SITE RESPONSIBILITY</b>  |  |
|                  | <p>A verbal update surrounding site responsibility was <b>received</b>.</p> <p>In introducing the update, Mark Parsons highlighted that he was due to have a follow up meeting with the Primary, Community and Therapies Service Group on 7<sup>th</sup> October 2022 to agree site responsibility. He was developing a standard operating procedure to provide clarity to service groups and areas.</p>  |  |
| <b>Resolved:</b> | The verbal update be <b>noted</b> .   |  |
| <b>81/22</b>     | <b>ESTATES PROGRESS REPORT</b>  |  |
|                  | <p>A combined progress report from Estates was <b>received</b>.</p> <p>In introducing the update, Des Keighan highlighted the following points:</p> <ul style="list-style-type: none"> <li>i. <u>Six facet backlog maintenance review</u> <ul style="list-style-type: none"> <li>- The appraisal review has been completed and had been presented to a sub-group of the estates utilisation group on 26<sup>th</sup> September 2022 where outcomes and costings were reviewed;</li> <li>- There were no major surprises, however the review reinforced maintenance costs of circa £121 million over the next five years without a contingency of additional costs included;</li> <li>- A utilisation group meeting has been arranged in November and the Chief Executive would be in attendance;</li> <li>- A focus remains on developing a decanting programme, and a 3-5 year plan was in development.</li> </ul> </li> <li>ii. <u>Water risk assessments</u> <ul style="list-style-type: none"> <li>- The water risk assessments have been completed and the water safety group was focussing on high priority areas;</li> <li>- Welsh Water had issued an infringement notice and a meeting was scheduled for December to develop an action plan with priorities.</li> </ul> </li> </ul> <p>In discussing the item, the following points were raised:</p> |  |

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|                         | <p>Tom Crick highlighted the importance of continually reviewing workforce requirements. Des Keighan advised that the team were unable to recruit an estates manager last week and pressures were being seen in light of long-term sickness and COVID-19 sickness. There was an inability to recruit craftsmen as there was a demand for trade staff outside of the Health Board. Vacancies were impacting statutory and training compliance and personal; appraisal development review compliance. There were no staff available on agency banks and the team were working with contractors to see if there was availability to cover shifts, however some contractors do not want to work on COVID-19 wards.</p> <p>Darren Griffiths advised that the six facet backlog maintenance, estates strategy, and water plans will accumulate into a priority plan and was expected to be taken through a Board Development session. There was a need to articulate was needed to be done and then plan the next steps to mitigate operational risks for a pragmatic long-term approach. There was a need to create space for decanting wards to enable a concentrated refurbishment process on a room-by-room basis with a structure of sequence.</p> <p>Tom Crick queried whether there were waste challenges. Des Keighan advised that there were sector challenges around waste and increased transport costs were in place. New legislation for localised segregation could costs approximately £1m for specific bins and space would be needed to store the bins.</p> <p>Des Keighan advised that the security group met for the first time and the terms of reference was due to be agreed. The group would include all sites and give opportunities to share knowledge, lessons learned, experiences and policies. Tom Crick found the report helpful and noted the coordinated approach.</p> |  |
| <p><b>Resolved:</b></p> | <p>The estates report was <b>noted</b>.</p>  |  |
| <p><b>82/22</b></p>     | <p><b>SINGLETON HOSPITAL CLADDING REPORT</b></p>   |  |
|                         | <p>A report on Singleton Hospital cladding to include achievements made to complete improvements, capital infrastructure update and recognise operational work from a health and safety perspective for good was <b>received</b>.</p> <p>In introducing the report, Mark Parsons highlighted the following points:</p> <ul style="list-style-type: none"> <li>- Work commenced on 1<sup>st</sup> March 2023 and a revised contract completion date is scheduled for 12<sup>th</sup> February 2024;</li> <li>- The contractor has regular visits from their own health and safety inspectors, an independent asbestos consultant is reviewing the</li> </ul>  |  |

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|                  | <p>site works and the Building Control Officer visits site on a weekly basis. As of August 2022 there have been no accidents or incidents;</p> <ul style="list-style-type: none"> <li>- Singleton Hospital work closely with the health and safety team and have increased fire warden numbers;</li> <li>- He recommended that a report be brought in April 2023 to provide an update on progress.</li> </ul>  | <b>MP</b> |
| <b>Resolved:</b> | <ul style="list-style-type: none"> <li>- Update report be received at the Health and Safety Committee scheduled April 2023.</li> <li>- The report be <b>noted</b>.</li> </ul>  | <b>MP</b> |
| <b>83/22</b>     | <b>HEALTH AND SAFETY OPERATIONAL GROUP KEY ISSUES REPORT</b>   |           |
|                  | <p>A report on the Health and Safety Operational Group key issues report was <b>received</b>.</p> <p>In discussing the item, the following points were raised:</p> <p>Tom Crick highlighted that it was good to see support for new and expectant mothers, but queried whether the policy was new. Mark Parsons advised that the policy was not new, however had not had good visibility historically. Tom Crick highlighted the need to be able to meet the requirements surrounding the wish to support breast feeding. Mark Parsons advised that comments raised in the Health Board partnership meeting were being fed back and challenges remained around providing fridges for milk as this was not legal requirement for SBUHB. Tom Crick highlighted that Health Board charitable funds could be an option to assist the process.</p> <p>Des Keighan advised that the team have a schedule of high voltage electricity supply systems and know where the substations were located.</p> <p>Mark Parsons advised that he had developed a two minute risk assessment on display screen equipment and the physiotherapy team were trialing it. Tom Crick highlighted that it was good to keep momentum for hybrid working.</p> |           |
| <b>Resolved:</b> | <ul style="list-style-type: none"> <li>- Display screen equipment and home working assessments be <b>ratified</b>.</li> <li>- High voltage policy be <b>ratified</b>.</li> <li>- New and expectant mother's procedure be <b>ratified</b>.</li> <li>- The report be <b>noted</b>.</li> </ul>  |           |

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| <b>84/22</b>     | <b>ITEMS TO REFER TO OTHER COMMITTEES</b>  |           |
| <b>Resolved:</b> | i. <u>83/22 Health and Safety Operational Group key issues report</u><br>The new and expectant mother's procedure to be referred to October's Workforce and OD Committee for noting. | <b>TC</b> |
| <b>85/22</b>     | <b>ANY OTHER BUSINESS</b>  |           |
| <b>Resolved:</b> | There were no items raised and the meeting was closed.   |           |
| <b>86/22</b>     | <b>DATE OF NEXT COMMITTEE MEETING</b>  |           |
| <b>Resolved:</b> | The next scheduled meeting is 17 <sup>th</sup> January 2023  |           |