**UNCONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE**

**30 MARCH 2021 9AM**

**VIA MS TEAMS**

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| **Chair:** |  |  |
| Akmal Hanuk | AH | Independent Member – Local Community (Committee Chair) |
| Michael Imperato | MI | Independent Member – Legal |
| Mike Jones | MJ | Independent Member – Trade Union |
| Rhian Thomas | RT | Independent Member - Estates |
| **In Attendance** |
| Nicola Foreman | NF | Director of Corporate Governance |
| Fiona Kinghorn | FK | Executive Director of Public Health |
| Geoff Walsh | GW | Director of Estates, Capital and Facilities |
| Robert Warren | RW | Head of Health and Safety |
| Rachael Daniel | RD | Interim Head of Health and Safety |
| Stuart Egan | SE | Staff Safety Representative |
| Janice Aspinall | JA | Anaesthetics Nurse |
| Jacqueline Evans | JE | Interim Head of Corporate Governance |
| **Secretariat** |  |  |
| Nathan Saunders | NS | Corporate Governance Officer |
| **Apologies** |  |  |
| Rachel Gidman | RG | Assistant Director of Organisational Development |

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| **HS 21/03/001** | **Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting including the new Interim Head of Corporate Governance (IHCG). | **Action** |
| **HS 21/03/002** | **Apologies for Absence**Members **noted** that apologies for absence had been received from Rachel Gidman, Assistant Director of Organisational Development.  |  |
| **HS 21/03/003** | **Declarations of Interest** No declarations of interest were noted.  |  |
| **HS 21/03/004** | **Minutes of the Committee Meeting held on 5 January 2021**The minutes of the meeting held on the 5 January 2021 were **received** and **confirmed** as a true and accurate record of the meeting.There were no matters arising that were not included on the agenda or the action log.The Independent Member – Estates (IME) noted that she had not received the meeting invitation for the meeting in January and it was recommended that this be recorded and reflected in the annual report.**The Committee resolved that:**1. the minutes of the meeting held on 5 January 2021 be approved as a true and accurate record of the meeting.
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| **HS 21/03/005** | **Action Log following the Meeting held on 5 January 2021**The action log was received and the Committee noted that the majority of the actions were on the agenda for discussion during the meeting. |  |
| **HS 21/03/006** | **Chair’s Action taken since last meeting**No Chair’s Actions were noted. |  |
| **HS 21/03/007** | **Health & Safety Overview – Verbal Update**The verbal Health and Safety overview update was received received and Robert Warren introduced himself as the newly appointed Interim Head of Health and Safety (HHS). The HHS advised that he was developing a new Health and Safety agenda for Cardiff and Vale University Health Board (CVUHB) to drive a positive safety culture within the organisation.The HHS gave an update on work undertaken to date and the Committee noted that:* The HHS had been in post for 8 weeks and was undertaking an assessment of the health & safety framework within the Organisation,
* there were some areas that could provide improved value including undertaking instant investigations through the Datix reporting system, and having a standard audit system where the organisation could proactively identify shortcomings, assign appropriate actions and communicate swiftly,
* The reporting of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) was being reviewed to strengthen the culture and reporting process,
* Of the 12 RIDDOR incident reported in January 2021, one was due to a specified injury and the remaining 11 were as a result of 7 day absenteeism,
* Going forward a behavioural safety programme where human reliability in relation to incidents will be considered, and a robust incident investigation tool was also being investigated.

 The Committee noted that an independent Health and Safety review had commenced, which was sponsored at Executive Director level with the full support of the Chief Executive Officer (CEO) to strengthen and develop Health & Safety Management with the aim of CVUHB becoming leaders in managing Health and Safety.The HHS advised the Committee that the outputs from the Health and Safety review would provide an evidence led platform to update the Health and Safety risk register, and other associated risk registers.The HHS thanked the Interim Head of Health and Safety (IHHS) for taking the lead on Health and Safety and for providing support to him and the Committee during her tenure.The Director of Corporate Governance (DCG) added that the independent Health and Safety review would report the outputs to the Health and Safety Committee and the Board, and that the CEO was keen to raise the profile of Health and Safety across the Health Board.The Committee noted that the NHS Wales Health and Safety group were involved in reviewing the incident reporting module in the new Once for Wales Datix Concerns Management System which will improve the health and safety reporting process.**The Committee resolved that:**1. the health & safety overview update be noted.
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| **HS 21/03/008** | **Enforcement Agencies Report** The Enforcement Agencies report was received and the Committee noted the actions taken in response to correspondence from the Health and Safety Executive, specifically: * **Examination report** – Horizontal Multi-tubular steam boiler at University Hospital Llandough – an examination report had indicated that defects had been identified and the equipment was immediately removed from use. The estates department have reviewed their maintenance regime and confirmed that all required maintenance had been carried out as per the guidelines set. No further correspondence received from the HSE,
* **Death of a member of staff** – CVUHB were working with the HSE, who was acting on behalf of the coroner in relation to the death of a member of staff who had tested positive for COVID-19. Following investigation the HSE concluded that the death was not RIDDOR reportable as they did not consider it to be a work related exposure to coronavirus. The HSE have informed HM Coroner South Wales of their decision,
* **Face Fit Testing in a Nursing Home** – The PCIC Clinical Board received notification from the HSE in November 2020 in relation to face fit testing practices in a nursing home, the HSE met with the IPC department to address the concerns, and the Health Board has received a notice of contravention from the HSE in relation the face fit test reports and training, an action plan has been developed to address these issues and it has been shared with the HSE, and they have confirmed they are satisfied with the action being taken.

The Staff Safety Representative (SSR) advised the Committee that organisations across the UK had received reports from the HSE following inspections and queried if the report sent to CVUHB would be followed up. The IHHS responded that the report was received one week ago and was currently being worked through and advised that any lessons that could be learned would be shared with the Committee and staff.The SSR advised the Committee that CVUHB had been advised to review all of its risk assessments in line with the new COVID-19 variants and noted that he was not assured that everybody had carried out those reviews, and added that ventilation was an ongoing issue.The IHHS responded that it was an important point to raise and the information would be sent back to all Clinical Boards and they be required to review their risk assessments.The HHS advised that the team were aware of the issues in relation to ventilation, it had been discussed at Personal Protective Equipment (PPE) cell meeting.**The Committee resolved that:** The Enforcement Agencies Report be noted.  | **HSE** |
| **HS 21/03/009** | **Lone Worker Devices Report** The Lone worker devices report was received and the Committee noted that the lone worker devices were issued to staff in the community that were at risk, and offered a system of calling for assistance, was monitored 24/7 and recorded when justified. The HHS advised that:* the device usage compliance had reduced by 21% during the period of the pandemic. The reduction in compliance was largely driven by changes in service delivery over the course of the pandemic
* the service delivery was no affected during the period and the PROVIDER “Peoplesafe” continuously reviewed and improved Business Continuity plans to ensure services were provided to “key workers” and responses to alarms were not affected,
* there were currently 700 active devices allocated to high risk lone workers,
* the personal safety team are working to ensure managers receive bi-monthly usage reports to enable them to monitor compliance, manage devices and identify gaps in training needs,
* remote device training and refresher sessions were being offered to staff,
* in collaboration with the safeguarding team 10 lone worker devices had been funded by the CVUHB Charity “Make it Better Fund” for vulnerable staff affected by domestic abuse or stalking as a consequence of the ongoing lockdown situation.

The IME asked if there was a distinction between devices loaned out to staff in the community and devices loaned out to staff due to personal circumstances. The HHS confirmed that devices were available for vulnerable staff affected by domestic abuse or stalking if required and that training would be provided to those staff members around the devices.The Committee noted that compliance of the use of lone worker devices had decreased during the COVID-19 pandemic and that there was a strategy in place to increase the numbers which involved training courses and a communications campaign.The Independent Member – Legal (IML) asked if responsibility for the use of lone worker devices should be placed on the line managers of staff.The HHS responded that the onus was on the individual member of staff on whether they wanted to use the devices and that line managers could encourage use of the devices and promote them to safeguard staff. The Committee noted that the Health and Safety department issued monthly communications to staff which included information on incident statistics, RIDDOR reports and lone worker device usage.The Independent Member – Trade Union (IMTU) asked how confident the Health and Safety team were that staff knew about the lone worker devices that were available to them.The HHS responded that he was very confident that staff were aware and that line manager’s had a responsibility for the messages to be cascaded. The IME suggested that the statistics on the use of lone working devices should be a standing item on the Health and Safety Committee agenda in future.The DCG responded that it would be picked up at each meeting.**The Committee resolved that:**The Lone Worker Devices Report be noted.  |  |
| **HS 21/03/010** | **Regulatory and Review Body Tracking Report** The Regulatory and Review Bodies Tracking report was received and the Committee noted the updates between 1 April 2019 – 20 March 2021, inlcuding food hygiene inspections undertaken by Local Authorities, Inspections/Audits undertaken by the HSE, and fore safety inpsections undertaken by South Wales Fire & Rescue Service (SWFRS). The IHHS advised that the report was presented to the Committee bi-annually and provided information on new inspections undertaken during the reporting period, and formal reports received during the period. The Committee noted that there had not been any environmental health inspections due to the ongoing COVID-19 pandemic.The Committee discussed the need to track and monitor risks and it was recognised that there was a need to consider if there were any issues or risks that needed to be captured on the corporate register, or linked to existing risks on the register. The DCG advised that any issues or risks would be brought to the attention of the Audit Committee and any relevant Health and Safety information would be presented to this Committee.**The Committee resolved that:**1. The Regulatory and Review Body Tracking Report be noted.
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| **HS 21/03/011** | **Risk Register for Health and Safety** The Risk Register for Health and Safety was received.The HHS advised the Committee that an updated Risk Register would be provided following the independent Health and Safety review and would be brought to the July meeting.**The Committee resolved that:**1. The Risk Register for Health and Safety be noted.
 | RW |
| **HS 21/03/012** | **Training Requirements and Compliance** The Training requirements and compliance report was received.The HHS advised the Committee that:* the Health and Safety team were now able to offer more training courses due to a drop off in COVID-19 work,
* the health and safety team had worked closely with the Leading, Educating and Developing (LED) team on the Electronic Staff Record (ESR) and that work had progressed on ensuring that ESR had the correct competencies matched to staff and that the courses were recorded correctly,
* the Link Worker system where staff are trained and then that training would be cascaded to other staff was being enforced,
* a new Health and Safety dashboard would be made available to show compliance statistics amongst other information.

The IME asked if training courses were allocated to staff of specific grades as opposed to their specific role.The HHS responded that individual assessments would be undertaken to assess a training need schedule against specific job roles and that discussions were being undertaken at a pan NHS Wales level concerning manual handling and moving to an all NHS Wales training passport.The IHHS advised that the LED team had looked at staff training needs assessments prior to the COVID-19 pandemic and had looked specifically at the roles and allocated training against those roles. This work was going to be re-visited.The CC advised that the fundamentals of training needed to be looked at and noted that larger organisations allocated mandatory training packages and stated that there was a need to work with the LED to increase the uptake of training across the Health Board.The CC queried the training dashboard and asked if it would provide detailed information for each Clinical boards, or if it was only one organisation wide dashboard. The HHS responded that the individual Clinical Boards could produce their own training compliance reports for their respective areas which would provide more meaningful information to be issued locally.The Director of Estates, Capital and Facilities (DECF) advised the Committee that there were a number of staff who did not have access to computers as part of their job role so time would need to be allocated for those to complete the relevant training.The CC responded that the LED could develop a strategy to ensure that staff have access to computers, to ensure there was plan in place for all staff to receive the required training. **The Committee resolved that:**1. The progress the project had made to date be noted**,** and the Committee supported the suggested direction of travel noted in Appendix 1,
2. The project’sprogress and recommendations that came out of the discussions with the Executive team be noted**.**
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| **HS 21/03/013** | **Health and Safety Policy Update** The verbal Health and Safety policy update was **received.**The HHS advised the Committee that he had not completed the health & safety policy update as yet and that an update would be provided to a future meeting. He added that it was a key document that needed to be reviewed correctly and it would need to be endorsed by himself before being brought to the Committee and to the Board for assurance.The Committee noted that the existing statement of intent would be developed and strengthened and a one page standalone statement of intent would be produced outlining CVUHB’s commitment to managing health and safety effectively. The document would be supported by a detailed charter which would be signed by each Executive Director.The HHS advised the Committee that the statement would be cascaded broadly to all staff and patients to raise awareness of the commitment to health & safety. The HHS advised that he had not any dialogue with the patient Health and Safety team as yet but would engage with them and share information and ideas to move the health and safety agenda forward.**The Committee resolved that:**The verbal update on health and safety policies be noted.  |  |
| **HS 21/03/014** | **Environmental Health Update** The verbal Environmental Health update was received.The DECF advised the Committee that at the time of writing the report no environmental health inspections had been undertaken due to the COVID-19 pandemic, however environmental health services had started to engage with CVUHB again.The Committee noted that an inspection had taken place in the food processing unit but no feedback had been received to date. The Committee noted that as COVID-19 restrictions ease, inspections would increase, and the DECF advised the Committee that an Environmental Officer had been appointed and had started undertaking work to review key areas of environmental health.**The Committee resolved that:**1. The verbal update on environmental be noted**.**
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| **HS 21/03/015** | **Fire Enforcement and Management Compliance Report**The Fire Enforcement Compliance and Management compliance report was received and the DECF gave an update as follows: **Enforcing Authority audits** – there were no prohibition, enforcement or informal notices issued during this reporting period to the end of February 2021,**Fire incidents** – there had been no fire incidents recorded during the reporting period,**Unwanted Fire Signals (UwFS)** – in February 2021 there were 26 UwFS’s which was had increased as a direct result of more activity on CVUHB sites. It was noted that UHW has the largest number of devices in the Health Board and that some of the devices needed to be changed,The DECF noted that CVUHB had been awarded £173K to address the replacement of devices in the tower block at the University Hospital of Wales (UHW) and had also secured monies for fire compartmentation work to be undertaken at community sites.The Committee noted that fire safety training needed to be improved and that significant falls in compliance had been identified as a consequence of COVID-19 despite electronic training being available through ESR. The DECF advised that the Microsoft Teams platform would be used to provide training going forward and that his team would work with the communications team to provide video based training sessions. He added that face to face training would be reintroduced over the course of the next couple of months which should improve compliance.The IME asked if the Executive Team needed to challenge the Clinical Boards on their training compliance figures and the HHS responded that it needed to be revisited as fire safety training was part of the statutory and mandatory training framework. He added that he would work with the communications team to provide a promotional piece explaining that fire safety is a statutory requirement and noted that ward managers could be held accountable for that training.The IML asked what other health boards were doing towards fire safety training.The DECF responded that NHS Wales had a compliance target of 85% compliance and that he could contact neighbouring health boards for comparison, however advises that other health boards were not doing anything vastly different from CVUHB. The Committee discussed the need for fire safety to be pushed to the forefront of health and safety compliance.The DCG responded that the executives did not have oversight of the statistics and noted that as part of the CEO’s ambition to raise health and safety profile he had spoken to the HHS to request that a monthly report on health and safety issues be submitted to Management Executive (ME) meeting so that performance and compliance could be monitored. In addition. The Board would receive assurance through the overall workforce dashboard which outlined compliance statistics.The DCG advised the Committee that the minutes of the Health and Safety Committee meeting and the Committee Chairs report were submitted to the Board for assurance and that the HSE would look at the governance processes in place in the event of an incident to assess who was made aware of health and safety issues and what actions were discussed. **The Committee resolved that:*** the report and the ongoing work being undertaken to ensure fire safety across the UHB be **NOTED.**
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| **HS 21/03/016** | **Items for Approval/Ratification**No items for approval/ratification were received. |  |
| **HS 21/03/017** | **Items For Noting and Information****Sub Committee Minutes:**Operational Health and Safety Group**The Committee resolved that:**1. The minutes of Operational Health & Safety Group be noted.
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| **HS 21/03/018** | **Health & Safety Committee Annual Report 2020-2021**The Health and Safety Committee Annual Report 2020-2021 was received.The DCG presented the Health and Safety Annual Report 2020-2021 and advised the Committee that the document was for noting retrospectively as it had already been presented to the Board.She added that following today’s meeting it would be updated to reflect items discussed today.**The Committee resolved that:**1. The Health & Safety Committee Annual Report 2020-2021 be approved.
 | NS |
| **HS 21/03/019** | **Items to bring to the attention of the Board/Committee**The CC advised the Committee that the item concerning fire safety training would need to be brought to the attention of the Board and this would be highlighted within the Chairs report to the Board | NF/NS |
| **HS 21/03/020** | **11. Date and time of next Meeting** 27 July 2021 – 9amMS Teams |  |