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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

**CONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE HELD
AT 9.30am ON 18 JULY 2017 IN SEMINAR ROOM 1, COCHRANE BUILDING,
UNIVERSITY HOSPITAL OF WALES (UHW)**

Present:

Martyn Waygood
Stuart Egan

Independent Member – Legal (Chair)
Independent Member – Trade Union/Health and
Safety Staff Lead (1st part of meeting)

In attendance:

Charles Dalton
Fiona Jenkins

Head of Health and Safety
Director of Therapies and Health Sciences (2nd
part of meeting)

Fiona Kinghorn
Catherine Salter
Peter Welsh
Lee Wyatt

Deputy Director of Public Health
Staff Representative (RCN)
Director of Corporate Governance
Head of Facilities

Apologies:

Carol Evans
Geoff Walsh

Assistant Director of Patient Safety and Quality
Director of Capital, Estates and Facilities

Secretariat:

Rachael Daniel

Health and Safety Adviser

PART 1

HSC: 17/054 WELCOME AND INTRODUCTIONS

The Chair welcomed all present to the meeting. Mr Waygood informed the Committee as Mr Egan would not be able to stay for the full meeting those items on the agenda requiring action would be taken first.

HSC: 17/055 DECLARATIONS OF INTEREST

The Chair invited Committee Members to declare any interest in the proceedings included in the agenda. None were declared.

HSC: 17/056 MINUTES OF PREVIOUS MEETING

The minutes of the Health and Safety Committee held on the 25 April 2017 were **APPROVED** and **ACCEPTED** as a true record.



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HSC: 17/057 UPDATED ACTION LOG

The Committee **RECEIVED** the Updated Action Log from the previous meeting. The following updates were provided:

- HSC: 17/032 – the Head of Health and Safety informed the Committee that whilst no formal meeting had taken place to progress the overall strategy for pedestrian safety, the Director of Capital, Estates and Facilities had been progressing pedestrian safety within the tunnels.

The Deputy Director of Public Health stressed the need for pedestrian safety to be a key design component when planning future projects.

An update on progress was requested for the next meeting.

ACTION – Mr G Walsh/Mr C Dalton

The Independent Member – Trade Union advised of concerns relating to the mini roundabout outside the Emergency Unit whereby there was not enough turning room so vehicles had to mount the pavement. The Head of Facilities stated he would investigate this further.

ACTION – Mr L Wyatt

The Director of Corporate Governance thanked the Capital and Estates Teams for significant improvements made at University Hospital Llandough (UHL) in respect of road safety.

- 17/036 – the Head of Health and Safety advised the one page guidance in respect of wedging fire doors open had been discussed at the Fire Safety Group and would be produced by the Senior Fire Safety Adviser.

ACTION – Mr L Wyatt/Mr G Walsh

HSC: 17/058 CORPORATE RISK ASSURANCE FRAMEWORK DOCUMENT (CRAF)

The Director of Corporate Governance informed the Committee there continued to be 9 significant risks on the CRAF and their scoring remained static whilst minor changes had been made to 2 of the risks.

Mr Welsh advised following the Development Day on the 27th April 2017, there was now a review of the way the Health Board addressed and prevented risks and more emphasis would be placed on the impact of risks. Mr Welsh advised that Committee Members had a role to play in addressing their risks and requested any comments on how risks should be managed were to be forwarded to himself and Sian Rowlands, Head of Corporate Governance by the end of August 2017. An update would then be provided to the October meeting of the Audit Committee.

The Head of Health and Safety informed the Committee there was documentation behind the risks on the CRAF which demonstrated key milestones taken to reduce the risks. The Head of Facilities supported this by adding the risk register was being reviewed by the Capital and Estates Team.

The Staff Representative (RCN) queried the status of the e-datix risk management module, it was **AGREED** that a timeline would be obtained from the Assistant Director of Patient Safety and Quality.

ACTION – Miss R Daniel/Mrs C Evans

The Corporate Risk Assurance Framework Document was **RECEIVED** and **CONSIDERED** by the Committee.

ASSURANCE was provided by:

- The mitigation of Health Board risks being monitored by the appropriate Committees of the Board albeit the information provided via the CRAF required strengthening.

HSC: 17/057 LETTER TO CEO's FROM WELSH GOVERNMENT (WG) RE HEALTH AND SAFETY ASSURANCE

The Director of Corporate Governance informed the Committee the letter from Welsh Government had been sent to all Health Boards and was to be received by this Committee so that assurances could be given to the Board that health and safety was being sufficiently managed and given appropriate priority. Mr Welsh added he was comfortable that the Health Board had the necessary arrangements in place to manage health and safety risks. The Chair concurred with this stating the Health Board had a designated Lead Director for health and safety and this Committee was a formal Committee of the Board. Mr Waygood added it was justified that the Health Board should have a Health and Safety Committee in its own right and not form part of a Quality and Safety Committee where health and safety risks may not be given the attention that was merited.

The Independent Member – Trade Union stated there were good processes in place and the Health Board was very good at addressing those issues it has the knowledge of, however the unknown was a concern. The Deputy Director of Public Health added there was a clear system in place and progress was being made, however it was essential that any risks were owned by the organisation.

The Head of Health and Safety stated the Priority Action Plan was a useful mechanism for providing assurance to the Board.

The Staff Representative (RCN) said there was monetary implications for some risks which required investment if they were to be resolved.

The letter from Welsh Government was **RECEIVED** and **NOTED** by the Committee.

HSC: 17/058 HEALTH AND SAFETY ANNUAL REPORT

The Head of Health and Safety presented the key issues in the annual report:

- Incident data collated from the Datix system showed a high level of close out and management involvement.
- RIDDOR events have remained constant but there had been a continued increase in the number of patient behavioural incidents which had doubled over the last 2 years and up 28% on the previous year.
- The Health Board received its second Health and Safety Executive (HSE) enforcement action since 2001 relating to Legionella requirements.
- The HSE were also active in visiting the Health Board and applying “Fees for Intervention”
- A change in the way fines were applied highlighted the significant potential risk of a fine being in the order of £1-2 million.
- The number of Prosecutions and other Police interventions were significantly lower than previous years, however the Health Board was working closely with the Police, Crown Prosecution Service and Shared Services Legal to improve the Memorandum of Understanding between all parties.
- Training compliance for both manual handling and violence and aggression had improved, although this mostly related to e-learning Module A and not tutor led training.
- Training improved although it was still not at the target level of compliance and some Clinical Boards were demonstrating low compliance or poor progress in improving the percentage of their staff trained. This is being pursued by the Mandatory Training Steering Group.
- Tutor led training continued to show a very high level of failure to attend on the day and this was being considered by the Health and Safety Operational Group.
- With the appointment of a new Staff Safety Representative Chair and Deputy the workplace inspection regime had been reviewed and enhanced local representative’s involvement.
- Notably consistently high Environmental Health Star ratings of food preparation areas and restaurants was achieved during the period.
- Dirty medical sharps injuries were 37% lower since the introduction of safer sharps in 2012/13.
- Dirty needle stick injuries were 17% lower than the previous year.

The annual report also demonstrated the improvement in the management of health and safety aspects through the priority action plan and the control of policy schedule, keys areas of progress included:

- (1) Acquiring approval from Welsh Government for £420k to be allocated for the renewal of patient hoists for implementation in early 2017/18.
- (2) Implemented improved re-usable glide sheets reducing injury risks which also resulted in a saving.
- (3) Introduced new lone worker devices and improved usage from 20% - 74%.
- (4) Revised all health and safety policies within their required review period.
- (5) Needle stick and sharp incidents were again lower than the previous period justifying the safer sharps devices introduction.

The Chair thanked Mr Dalton for his presentation. Mr Waygood stated compliance to training and particularly the failure to attend rate needed to be reported to the Board. The Deputy Director of Public Health agreed and added it also needed to be reported to the Clinical Board's Performance Meetings.

Mr Dalton referred to Table 39 - benchmarking data and suggested this be used as the format in which Clinical Boards reported to the Committee in order for assurances to be obtained. The Director of Corporate Governance also suggested this be shared with Management Executive.

ACTION – Mr P Welsh

Mr Waygood stated the Medicine Clinical Board should be first to attend the Committee to explain their position and provide assurance as they were clearly experiencing some difficulties. The Director of Therapies and Health Sciences advised she would raise the matter at their Performance Review. Mrs Jenkins also added this data needed to be shared with the Clinical Boards as a priority.

ACTION – Mrs F Jenkins

The Staff Representative (RCN) referred to Table 15 and the number of 'workplace stressor demands' incidents and queried where the Health and Wellbeing Group reported to, Mr Welsh advised he would raise with the Assistant Director of Organisational Development.

Action – Mr P Welsh

Mrs Salter referred to page 51 and queried whether any additional funding would be made available to purchase additional glide sheets. Mrs Jenkins stated there was no corporate budget and the resourcing should come from the Clinical Boards. Mrs Kinghorn advised the positive aspects of the glide sheets needed to be shared with the Clinical Boards.

ACTION – Mr C Dalton

The Health and Safety Annual Report was **RECEIVED** and **NOTED** by the Committee.

ASSURANCE was provided by:

- Health and Safety aspects being monitored and progressed as appropriate.

**HSC: 17/059 LETTER TO CEO's FROM WELSH GOVERNMENT
(WG) RE FIRE SAFETY GRENFELL TOWER**

The Director of Corporate Governance informed the Committee the letter had been sent to all Health Boards and the Director of Planning was taking the lead in providing a response to Welsh Government (WG). Mr Welsh added a report had also been presented to Management Executive the previous day.

The Staff Representative (RCN) informed the Committee staff had raised concerns with herself in respect of whether any of the Health Board buildings had cladding which posed a fire risk and requested that a brief message of assurance be issued through 'CAV Have You Heard', this was **AGREED**.

Action – Mr L Wyatt

Mr Welsh requested the formal report be brought to the next Committee meeting.

ACTION – Mr L Wyatt/Mr G Walsh

HSC: 17/060 FIRE SAFETY ANNUAL REPORT

The Head of Facilities highlighted the key issues in the annual report:

- Enforcement notice for Whitchurch Hospital would remain until the hospital was unoccupied.
- 28 fires reported during the period.
- 510 unwanted fire signals reported during the period.
- Compliance to fire safety training required vast improvement.

The Staff Representative (RCN) expressed her disappointment at the quality of the Fire Safety Annual Report. Mr Wyatt advised there was a lot of ongoing work behind the report and the Director of Corporate Governance added the Fire Safety Group provided continual assurance to this Committee.

The Chair queried whether the report gave sufficient understanding on the position of compliance to fire training and evacuation. Mr Waygood added he did not consider section 9.0 to be an action plan but comments and would like to see more detail in relation to the effectiveness of training, compliance to evacuation procedures and compliance with fire risk assessments.

The Director of Therapies and Health Sciences concurred that the report was not robust enough and did not provide assurance to the Committee, it also needed to cover the correct financial year and required a detailed and specific action plan with targets.

The Fire Safety Annual Report was **RECEIVED** by the Committee but did not provide the necessary assurances and a more detailed report was **REQUIRED** for the next meeting.

ACTION – Mr L Wyatt/Mr G Walsh

HSC: 17/061 FIRE ENFORCEMENT AND MANAGEMENT COMPLIANCE REPORT

The Head of Facilities advised the Committee Whitchurch Hospital was vacated by the 7th July 2017 and the enforcement notice would now be reviewed by South Wales Fire Service. Mr Wyatt also advised the second enforcement notice was in relation to a patient smoking in their bedroom at Hafan y Coed, University Hospital Llandough (UHL) and the Fire Service considered the Health Board had failed to control smoking.

In relation to Whitchurch Hospital the Director of Corporate Governance informed the Committee whilst there were no staff in the hospital there was still a significant amount of medical records and equipment stored there which had been reported to Management Executive as the Health Board had a period of time to remove the records.

In respect of the enforcement notice at Hafan y Coed the Chair queried whether the Health Board was content that assurances made to South Wales Fire Service were sufficient for the enforcement notice to be lifted. The Head of Health and Safety confirmed a 12 point action had been developed which was being led by the Mental Health Clinical Board and had been shared with South Wales Fire Service. The Deputy Director of Public Health added a trial was being undertaken in relation to the purchase and use of e-cigarettes to see if smoking could be reduced with this client group but added it was a very challenging area. Mr Waygood requested an update for the next meeting.

ACTION – Mrs F Kinghorn

The report was **CONSIDERED** by the Committee in relation to the on-going work to meet the requirements of fire enforcement compliance.

ASSURANCE was provided:

- That identified fire enforcement compliance and safety were being appropriately managed.

**HSC: 17/062 SHARED SERVICES FIRE SAFETY AUDIT OF
UNIVERSITY HOSPITAL LLANDOUGH**

The Head of Facilities informed the Committee NHS Wales Shared Services Partnership – Specialist Estates Services carried out an in-depth fire safety audit at University Hospital Llandough (UHL) during November 2016 and an action plan had been developed to address those issues raised in the audit. Mr Wyatt informed the Committee some of actions required updating but the action plan was being monitored by the Fire Safety Group.

The Director of Corporate Governance advised he would share the action plan with the membership of the Managers' Forum at UHL.

ACTION – Mr P Welsh

The Health and Safety Adviser suggested the Leads identified on the action plan should be job title and not initials and also an extra column be added for progress made, this was **AGREED**.

Action - Mr L Wyatt/Mr G Walsh

It was **AGREED** this would remain an agenda item until the Committee was **ASSURED** that all actions had been completed.

ACTION – Mr L Wyatt/Mr G Walsh

**HSC: 17/063 ENFORCEMENT AGENCIES CORRESPONDENCE
REPORT**

The Head of Health and Safety informed the Committee in respect of the Contractor fall incident the Health and Safety Executive were still interviewing staff and therefore no outcome at present was known.

The report was **RECEIVED** and the Committee **AGREED** that appropriate actions were being pursued to address the issues raised.

ASSURANCE was provided by:

- The continued investigations, actions and monitoring referred to within the report.

**HSC: 17/064 TREND ANALYSIS OF CONTRACTOR CONTROL
SAFETY BREACHES**

The Head of Facilities informed the Committee a lot work had been undertaken to reduce the number of contractor control safety breaches and this was predominately achieved through Contractor Monitoring across all Health Board sites. Mr Wyatt advised the Contractor Monitoring consisted of challenging contractors present on site and auditing them on their paperwork, risk assessments, working procedures and induction status.

Mr Wyatt explained the process was maturing and they were still finding issues but there were fewer breaches and these were improving on a monthly basis.

The Chair stated the report provided significant assurance to the Committee.

The report was **RECEIVED** and the Committee **AGREED** the on-going contractor control measures.

ASSURANCE was provided by:

- The on-going monitoring and challenging of contractors on site.
- Monthly analysis of contractor control.

HSC: 17/065 HEALTH AND SAFETY EXECUTIVE PRIORITY ACTION PLAN EXCEPTION REPORT

The Head of Health and Safety informed the Committee there were six red areas on the plan, these were in relation to:

- Risk Assessments
- Health and Safety Management Training
- Bariatric Patient Care
- Firecode/Fire Training
- Backlog Maintenance
- Legionella Survey and Risk Assessments

The Staff Representative (RCN) queried given the number of incidents reported in the annual report for workplace stressor demands whether this should be included on the action plan. The Head of Health and Safety confirmed following the publication of the annual report the action plan would undergo a full review.

The exception report was **RECEIVED** and **CONSIDERED** by the Committee.

REASONABLE ASSURANCE was provided by:

- The demonstration of progress against each strategic area and highlighting further actions required within set timescales.

HSC: 17/066 INCIDENT REPORTING POLICY

The Head of Health and Safety informed the Committee the Policy had previously been approved by the Quality, Safety and Experience Committee and this was a review of the current Policy to which minor changes had been made. Mr Dalton added the Policy had been consulted upon via the intranet consultation pages and the Operational Health and Safety Group.

Mr Dalton also informed the Committee the Procedure under pinning the Policy required amendment but did not affect the Policy content.

The Staff Representative (RCN) queried whether staff could still complete paper copies and whether e-datix was available in Welsh. The Health and Safety Adviser stated paper copies were no longer available and only e-datix was to be used to report incidents, if staff had difficulties in completing e-datix they should report this to their line manager who could then complete on their behalf. In respect of e-datix being available in Welsh Miss Daniel did not think it was as it was a national system but would verify with the Clinical Governance Department.

ACTION – Miss R Daniel

The Policy was **APPROVED** by the Committee

HSC: 17/067 SHARPS MANAGEMENT POLICY

The Health and Safety Adviser informed the Committee this was a review of a current Policy to which minor changes had been made. Miss Daniel advised the Policy originally had a two review period due to it being a new Policy but was now embedded within the Health Board so would revert to a three year review period. Miss Daniel added the Policy had been consulted upon via the intranet consultation pages and the Operational Health and Safety Group.

The Policy was **APPROVED** by the Committee.

HSC: 17/068 1ST AID POLICY

The Head of Health and Safety informed the Committee this was the 3rd review of the Policy which followed Health and Safety Executive (HSE) Guidance and minor changes had been made. Mr Dalton added the Policy had been consulted upon via the intranet consultation pages and the Operational Health and Safety Group.

The Staff Representative (RCN) referred to section 4.5 and queried whether these should actually be responsibilities of the Health and Safety Department as opposed to LED. Mr Dalton concurred 4.5.1 should remain with LED but 4.5.2 and 4.5.3 transfer to Health and Safety.

Mrs Salter referred to section 5.2.2 and queried whether this now included Mental Health Nurses, Mr Dalton confirmed that it did. Mrs Salter requested communication be sent out to outline this change, prior to this the Director of Therapies and Health Sciences requested that this be re-checked.

ACTION – Mr C Dalton

The Chair referred to section 4.9 and queried whether it was a Health Board requirement or a regulatory requirement, Mr Dalton confirmed regulatory. Mr Waygood stated therefore it should read in compliance with regulations.

ACTION – Mr C Dalton

The Policy was **APPROVED** by the Committee

PART 2

HSC: 17/069 COMMITTEE WORK PROGRAMME FOR 2017/18

The Work Programme was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 17/070 REGULATORY REVIEW AND TRACKING REPORT

The report was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 17/071 HEALTH AND SAFETY EXECUTIVE PRIORITY ACTION PLAN (DETAILED)

The full Priority Action Plan was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 17/072 WASTE MANAGEMENT COMPLIANCE REPORT

The report was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 17/073 LONE WORKER DEVICES REPORT

The report was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 17/074 ENVIRONMENTAL HEALTH REPORT OF BARRY HOSPITAL ON 21ST FEBRUARY 2017

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 5 had been achieved.

HSC: 17/075 ENVIRONMENTAL HEALTH REPORT OF AROMA COFFEE OUTLET, UNIVERSITY HOSPITAL LLANDOUGH ON 20TH JUNE 2017

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 5 had been achieved.

HSC: 17/076 OPERATIONAL HEALTH AND SAFETY GROUP MEETING OF MARCH 2017

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

HSC: 17/077 FIRE SAFETY GROUP MINUTES OF FEBRUARY 2017

The Director of Therapies and Health Sciences noted the poor attendance from Clinical Boards and stressed attendance at this meeting must be prioritised by Clinical Boards due to the increased emphasis being placed on fire safety.

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 17/078 SECURITY AND PERSONAL SAFETY STRATEGY
GROUP MINUTES OF FEBRUARY 2017**

The Staff Representative (RCN) requested minute 2.2 be reworded to reflect whilst violence and aggression training was not part of the mandatory training core modules, the training is based off risk assessment and is over and above the requirements of mandatory training.

ACTION – Mr C Dalton

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 17/079 HEALTH AND SAFETY RELATED POLICIES
SCHEDULE**

The Health and Safety Adviser informed the Committee communication had been received from the Assistant Director of Organisational Development who advised there were a number of Health and Wellbeing policies due for review and was proposing a slightly different arrangement for them. The Health and Wellbeing at Work Strategy was the key document and instead of having a number of other related policies, there would be a series of 'statements' that fall under this overarching document, one of which would be Stress and Mental Health Wellbeing.

Miss Daniel also noted the Asbestos Policy was due for review but had not come forward to the Committee, the Head of Facilities stated he would take this back to the Department.

ACTION – Mr L Wyatt

The schedule was **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 17/080 REVIEW OF THE MEETING AND ITEMS TO BRING TO
THE ATTENTION OF THE BOARD OR OTHER
COMMITTEES**

It was **AGREED** the following should be brought to the attending of the Board:

- Compliance to training and the failure to attend rate.

Mr Welsh highlighted to the Committee this was Mr Waygood's last meeting and wanted to formally record his thanks and appreciation for the way in

which he had led the Committee for the last 8 years, this was fully endorsed and supported by all members.

Mr Waygood thanked Mr Welsh for his kind words. Mr Waygood thanked everyone for bringing their vibrancy and commitment to the meeting and stressed how pleased he was that this Committee retained its status as being a formal Committee of the Board.

Mr Waygood thanked Miss Daniel and Mr Dalton for their support during his Chairmanship of the Committee and thanked Mr Welsh for his leadership since taking over as Executive Lead for Health and Safety.

HSC: 17/081 DATE AND TIME OF NEXT MEETING

The next meeting will be held at 9.30am on Tuesday 24th October 2017 in the Corporate Meeting Room, HQ, University Hospital of Wales.

Signed

Date