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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 23 JANUARY 2018 IN THE CORPORATE MEETING ROOM,
HEADQUARTERS, UNIVERSITY HOSPITAL OF WALES (UHW)**

Present:

Michael Imperato
Charles Janczewski

Independent Member – Legal (Chair)
Independent Member (Vice Chair)

In attendance:

Charles Dalton	Head of Health and Safety
Martin Driscoll	Director of Workforce and OD
Stuart Egan	Health and Safety Staff Lead
Abigail Harris	Director of Planning (from agenda item 18/010)
Fiona Jenkins	Director of Therapies and Health Sciences
Fiona Kinghorn	Deputy Director of Public Health
Catherine Salter	Staff Representative (RCN)
Geoff Walsh	Director of Capital, Estates and Facilities
Peter Welsh	Director of Corporate Governance

Apologies:

Steve Allen	CHC Representative
Carol Evans	Assistant Director of Patient Safety and Quality
Mike Turner	Cardiff University Representative

Observer:

Maria Battle	Chair
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Secretariat:

Rachael Daniel	Health and Safety Adviser
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PART 1

HSC: 18/001 WELCOME AND INTRODUCTIONS

Mr Imperato welcomed Maria Battle, Chair to the meeting who was attending as an Observer.

Mr Imperato also informed the Committee it was Catherine Salter, Staff Representative (RCN) last meeting and thanked her for her contribution to the Committee and wished her well for the future.



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HSC: 18/002 DECLARATIONS OF INTEREST

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

HSC: 18/003 MINUTES OF PREVIOUS MEETING

The minutes of the Health and Safety Committee held on the 24th October 2017 were **APPROVED** and **ACCEPTED** as a true record, with the exception of some minor amendments:

- HSC: 17/088 – typo –‘report’
- HSC: 17/088 – the staff representative (RCN) stated at the last meeting it was agreed that the action plan with timescales would be reinstated within the Fire Safety Annual Report and this was not reflected in the minutes.

The Director of Capital, Estates and Facilities reiterated from the last meeting that this was not straightforward but for the next meeting he would provide details of completed and outstanding actions.

ACTION – Mr G Walsh

- HSC: 17/092 – typo – ‘had been made’
- HSC: 17/097 – should read a score of 4 had been awarded.

HSC: 18/004 UPDATED ACTION LOG

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

- 17/058 – the Committee Chair stated a definitive timeframe was required for the implementation of the e-datix risk module. The Director of Corporate Governance added the review of the risk management process would be completed by the end of March 2018.

ACTION – Mrs C Evans

- 17/061 – the Deputy Director of Public Health suggested the action log was reviewed to ensure actions were appropriately reflected and more specific.

The Independent Member (Vice Chair) requested the action log included timeframes for completion.

ACTION – Miss R Daniel

HSC: 18/005

**PRESENTATION ON THE RESULTS OF THE ARJO
PROACT 2017 SURVEY**

Sara Thomas, National Solutions Manager for Arjo UK Limited thanked the Committee for inviting her to present to them. Ms Thomas informed the Committee the 1st survey was undertaken in June 2015, the 2nd in July 2017 and the 3rd would be undertaken in November/December 2018 to determine whether the time of year had an impact on the range of inpatient mobility levels.

Ms Thomas highlighted the key findings from the survey:

- 10% of equipment was now discontinued, it may still be working well but should a fault develop it could not be repaired as the parts were no longer available.
- 4% of equipment was well beyond its lifespan.
- 10% of equipment was just beyond its lifespan.
- In respect of equipment condition – 7% was in poor condition and 28% was in a satisfactory condition.
- In respect of washable slings – 54% were well beyond their lifespan and 7% was just beyond their lifespan.
- 55 hoists will require replacing during 2018.
- 266 slings will require replacing during 2018.

The Committee Chair thanked Ms Thomas for her presentation and stated there was obviously equipment needs for the next five years and queried how this was going to be addressed. The Head of Health and Safety stated a bid for the obsolete equipment would be made from Welsh Government monies as in the previous year. The Director of Capital, Estates and Facilities advised a bid should be submitted to the Capital Management Group as a matter of urgency in order for it to be considered but to be mindful there was real pressure on discretionary capital monies.

ACTION – Mr C Dalton

Mr Imperato requested an action plan be submitted to the next meeting. Mrs Battle, Chair also requested the action plan was shared with ward staff as there was a real concern regarding the lack of equipment and also the slow process in getting equipment repaired. Mr Dalton stated he would include a communication plan within the action plan. He also added one of actions would be to review the current maintenance regime.

ACTION – Mr C Dalton

The Deputy Director of Public Health queried whether Ruth Walker, Director of Nursing had seen the results of the survey, Mr Dalton advised Mrs Carol Evans, Assistant Director of Patient Safety and Quality had been made aware of the presentation.

The Director of Therapies and Health Sciences queried whether a similar survey had been undertaken in the Community, Ms Thomas advised the Manual Handling Advisers work very closely with the 2 Local Authorities but currently no survey of this type had been conducted.

The results of the Arjo Proact 2017 Survey had been **RECEIVED** and **CONSIDERED** by the Committee.

HSC: 18/006 PEDESTRAIN SAFETY STRATEGY

The Director of Capital, Estates and Facilities provided the Committee with an oral update as to the progress being made. Mr Walsh advised information in relation to pedestrian movement was limited within other Health Boards and following liaison with the Local Authority it had been decided to engage Consultants to look at this on behalf of the Health Board. An initial meeting had taken place with the Company who were in the process of developing a brief which should be available by the end of the week.

With regards to the accident that occurred on the Medical Physics Road, Mr Walsh advised that the footpath had been segregated from the road by means of a physical barrier.

The Health and Safety Staff Lead requested the mini roundabout outside the Emergency Unit was considered as part of the brief. Mr Egan also stated he was aware of plans to restrict access to the tunnels and suggested this was prioritised as it was being reported to him that relatives were often being directed through the tunnels by Emergency Unit staff. Mr Walsh advised some modifications were required to the lifts before access could be restricted.

The Independent Member (Vice Chair) queried whether the brief would just focus on University Hospital of Wales (UHW), Mr Walsh confirmed initially UHW and then University Hospital Llandough (UHL). The Director of Corporate Governance added significant improvement had already been made to pedestrian safety in UHL.

The Committee Chair stressed a written report must be provided to the next meeting in order for the Committee to be assured this was being progressed appropriately.

ACTION – Mr G Walsh

HSC: 18/007 FIRE ENFORCEMENT AND MANAGEMENT COMPLIANCE REPORT

The Director of Capital, Estates and Facilities informed the Committee there had been an increase in the fire training figures which was pleasing to note. Mr Walsh however added the fire evacuation drill arranged for August 2017 was unable to run despite all non clinical staff being available as no clinical staff were available on the day.

The Staff Representative (RCN) commented on the positive report and queried whether the training figures could be broken down by e-learning, tutor led etc. The Head of Health and Safety advised the Learning Education Department (LED) were now able to provide better training statistics and these would be included in future reports.

ACTION – Mr G Walsh/Mr C Dalton

The Independent Member (Vice Chair) stated he was not clear what the aim was; what was the target and why some Clinical Boards were better than others. Mr Walsh advised the target was 85%.

The Director of Workforce and OD informed the Committee his department were reviewing the statutory and mandatory training requirements and a report on the health and safety elements would be brought to the next meeting.

ACTION – Mr M Driscoll

The Chair advised she would raise the thwarted fire evacuation drill with the Chief Operating Officer.

ACTION – Mrs M Battle

The Health and Safety Staff Lead raised concerns that non clinical areas undergo a 3 yearly fire inspection but this needed to be reviewed for high risk areas. Mr Walsh assured the Committee high risk non clinical areas were being appropriately inspected.

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 by:

- Identified fire enforcement compliance and safety were being appropriately managed.

HSC: 18/008 SHARED SERVICES FIRE SAFETY AUDIT OF UNIVERSITY HOSPITAL LLANDOUGH

The Director of Capital, Estates and Facilities provided the Committee with an oral update as to the status of the action plan following the shared services audit.

HSC: 18/009 ENFORCEMENT AGENCIES CORRESPONDENCE REPORT

The Head of Health and Safety informed the Committee one new event had occurred since the last meeting where a member of staff had been assaulted by a patient and was absent from work for more than 7 days. The Health and

Safety Executive (HSE) had requested information in relation to the violence and aggression risk assessment and the patient care plan, this has been provided to them and no further correspondence has ensued.

The Independent Member (Vice Chair) asked after the welfare of the member of staff and was informed they had now returned to work and offered support via the Case Management Team. The Committee Chair suggested the Case Management Team present to a future meeting the support mechanisms available to staff, this was **AGREED** and **SUPPORTED** by the Committee.

Action – Miss R Daniel

Mr Dalton stated the legionella event remained active as based on the information submitted to the Water Safety Group not all Clinical Boards were undertaking the flushing regime and therefore full assurance could not be given.

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: 18/010 HEALTH AND SAFETY IMPROVEMENT PLAN - EXCEPTION REPORT

The Head of Health and Safety informed the Committee there were currently fifteen red areas on the plan that were being actively progressed.

In respect of 7.8 Control of Contractors, the Director of Capital, Estates and Facilities stressed he was only responsible for those Contractors employed by the Capital and Estates Department and could not be responsible for those outside of his remit. Mr Dalton added a working group was established in estates for contractor control and a similar group was required for non estates contractor control. The Director of Corporate Governance advised he would be happy to lead this, scope the extent of the problem and bring a progress report back to the next meeting.

ACTION – Mr P Welsh

The Director of Planning stated it was important everyone was clear on their responsibilities when engaging and managing contractors.

In respect of 1.4 Health and Safety Management Training, the Health and Safety Staff Lead advised it was evident when undertaking workplace inspections that some Managers were not aware of what was required of them particularly in the corporate departments where they do not have the same health and safety structure as Clinical Boards. Mr Welsh advised he would

discuss with Mr Egan outside of the meeting and a workplace inspection programme be developed.

ACTION – Mr P Welsh/Mr S Egan

The Safety Representative (RCN) queried the timeframe for implementing the manager's training, Mr Dalton advised the content could be completed within one month however delivering the training would be more difficult as the department had limited resources.

In respect of 5.6 Bariatric Patient Care, Mrs Salter suggested clarity was required on who was leading on this for the Health Board as it was not clear from various discussions she'd had, Mr Welsh would raise this with the Executive Directors.

ACTION – Mr P Welsh

In respect of 2.5 Violence and Aggression Training, Mrs Salter informed the Committee Security and Emergency Unit staff were not currently compliant. Mr Dalton stated security staff had received an appropriate level of training but in order for the full joint training to take place Emergency Unit staff have to be present as the training must be clinically led. Mrs Harris suggested that as the training requires commitment from the emergency unit the deadline needs to be reviewed as April was not realistic and suggested September would be more achievable.

ACTION – Mr C Dalton

The Independent Member (Vice Chair) stated the full improvement plan requires milestones to be included so that it becomes more of a meaningful document.

ACTION – Mr C Dalton

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.

PART 2

HSC: 18/011 COMMITTEE WORK PROGRAMME FOR 2018/19

The Work Programme for 2018/19 was **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 18/012 HEALTH AND SAFETY IMPROVEMENT PLAN
(DETAILED)**

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

HSC: 18/013 WASTE MANAGEMENT COMPLIANCE REPORT

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

**HSC: 18/014 ENVIRONMENTAL HEALTH REPORT OF AROMA
UNITS, UNIVERSITY HOSPITAL OF WALES ON 17TH
NOVEMBER 2017**

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 4 had been awarded.

**HSC: 18/015 OPERATIONAL HEALTH AND SAFETY GROUP
MEETING OF SEPTEMBER 2017**

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

**HSC: 18/116 SECURITY AND PERSONAL SAFETY STRATEGY
GROUP MINUTES OF SEPTEMBER 2017**

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

**HSC: 18/117 HEALTH AND SAFETY RELATED POLICIES
SCHEDULE**

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

**HSC: 18/118 REVIEW OF THE MEETING AND ITEMS TO BRING TO
THE ATTENTION OF THE BOARD OR OTHER
COMMITTEES**

No items are to be brought to the attention of the Board or other Committees.

HSC: 18/119 DATE AND TIME OF NEXT MEETING

The next meeting will be held at 9.30am on Tuesday 10th April 2018 in the Corporate Meeting Room, HQ, University Hospital of Wales.

Signed

Date