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

Present:

Michael Imperato

Independent Member – Legal (Chair)

In attendance:

Charles Dalton
Robert Jenkins

Head of Health and Safety
Solicitor – Shared Services Legal Risk (for agenda
item HSC: 18/174)

Fiona Kinghorn
Peter Welsh
Geoff Walsh

Deputy Director of Public Health
Director of Corporate Governance
Director of Capital, Estates and Facilities

Apologies:

Carol Evans
Martin Driscoll
Akmal Hanuk
Charles Janczewski
Fiona Jenkins

Assistant Director of Patient Safety and Quality
Director of Workforce and OD
Independent Member - Local Community
Independent Member (Vice Chair)
Director of Therapies and Health Sciences

Secretariat:

Rachael Daniel

Health and Safety Adviser

PART 1

HSC: 18/170

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting. It was noted the meeting was not quorate and therefore any items requiring decisions would be deferred to the next meeting.

HSC: 18/171

DECLARATIONS OF INTEREST

The Chair invited Committee Members to declare any interest in the proceedings included in the agenda. The Chair informed the Committee he was heavily involved in the infected blood enquiry and would have to excuse himself from discussions relating to medical records which did not have a health and safety relevance.



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HSC: 18/172 MINUTES OF PREVIOUS MEETING

The minutes of the Health and Safety Committee held on the 10th July 2018 were **APPROVED** and **ACCEPTED** as a true record.

HSC: 18/173 UPDATED ACTION LOG

The Committee **RECEIVED** the Updated Action Log from the previous meeting.

HSC: 18/174 PERSONAL INJURIES CLAIMS PRESENTATION

Mr Imperato welcomed Mr Robert Jenkins – Solicitor for Shared Services Legal and Risk to the meeting.

Mr Jenkins provided the Committee with details of claims trends for the Health Board versus All Wales. He advised the Health Board does have a large violence and aggression portfolio compared to other Health Boards but we also have a large Mental Health Unit.

Mr Imperato queried how any defects/failures were fed back to the Health Board. Mr Jenkins advised they would be fed back to the Claims Team who would then liaise with the Directorate where the claim originated from. The Director of Capital, Estates and Facilities confirmed this was the process as the Directorate would be responsible for signing off the claim. The Senior Manager – UHL also advised lessons learnt were regularly shared with the Operational Health and Safety Group.

Mr Imperato thanked Mr Jenkins for his presentation.

HSC: 18/175 REVIEW OF THE COMMITTEE'S TERMS OF REFERENCE

The Senior Manager – UHL informed the Committee the terms of reference were being considered as part of their annual review and advised there were no significant changes.

In respect of 3.1 it was clarified that patient falls were discussed in relation to the environment and not the clinical aspects which were the responsibility of the Quality, Safety and Experience Committee. The Chair was concerned that potentially patient falls would not be picked up by either Committee, the Director of Therapies and Health Sciences confirmed the QSE Committee does discuss patient falls. Mr Welsh stated he would raise at the Governance Co-ordinating Group as there were number of areas that crossed a number of Committees.

ACTION – Mr P Welsh

The Director of Capital, Estates and Facilities queried what level of Executive representation was required as both he and the Director of Planning were members of the Committee and whether that was necessary. Mr Welsh stated there needed to be Executive representation on the Committee with members regularly attending and if they were unable to do so then ensuring they were appropriately represented. He advised he would discuss this further with the Board Secretary.

ACTION – Mr P Welsh

The Terms of Reference to be **RATIFIED** at the next meeting following clarification on the above points.

HSC: 18/176 CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)

The Health and Safety Adviser informed the Committee she had received an update from the Head of Corporate Governance that the newly appointed Director of Corporate Governance was currently undertaking a piece of work with the Executive Directors to develop the Board Assurance Framework which would be a revision of the CRAF. The development of the e-datix risk module was also part of this work however a member of the datix team had recently left which had resulted in the Patient Safety Team having to reprioritise their work plan.

The Chair acknowledged the update but queried what were the risks the Committee should be focusing on in the interim. The Senior Manager – UHL advised the risk register was still being maintained and the Committee should be receiving assurances that the health and safety risks were being reviewed with appropriate mitigation. Mr Imperato requested a paper for the next meeting of the health and safety risks associated to the Committee and their current status, mitigation and assurance.

ACTION – Mrs N Foreman

HSC: 18/177 PEDESTRAIN ACCESS SAFETY STRATEGY

The Director of Capital, Estates and Facilities firstly apologised to the Committee for the length of time it had taken to complete the survey, it had been anticipated that it would have been completed by May 2018 but unfortunately there had been several disappointing lack of actions. Mr Walsh advised the draft document had now been received and was currently being reviewed which should be completed by the end of October/beginning of November, he also added the survey needed to be considered alongside the Travel Plan.

Mr Walsh advised the proposal, action plans and costs should be finalised by January 2019, the Chair requested these were brought to the next Committee meeting so that the health and safety aspects could be considered and assurances received that the proposals met the concerns raised by the Health

and Safety Executive regarding the requirement for the Health Board to develop a Pedestrian Safety Strategy.

ACTION – Mr G Walsh

The updated position was **NOTED** by the Committee.

HSC: 18/178 FIRE SAFETY ANNUAL REPORT 2017/18

The Director of Capital, Estates and Facilities presented the annual report to the Committee. Mr Walsh informed the Committee the Chief Executive and Director of Planning had recently met with the Chief Fire Officer to discuss the number of unwanted fire signals within the Health Board. Mr Walsh advised UHW has the greatest number of fire detection points of any building in the country and some of these were in excess of 25 years old. Unwanted fire signals were monitored by the Department and mechanisms were in place to try and reduce the number.

Mr Walsh wanted to highlight to the Committee the extremely worrying increased trend of fires in Hafan y Coed, UHL. It is the Fire Advisers belief that the removal of smoking shelters has added to the problem as there is now an increased risk of patients smoking in bedrooms and toilets. He advised South Wales Fire Service were considering prosecuting the Health Board and there would be a meeting with them on Friday 12th October 2018.

The Deputy Director of Public Health stated the Mental Health Clinical Board had been bold to implement no smoking within the building and had been working closely with public health but it had been a real challenge. The Clinical Board were keen to persist and recognise that a long term culture change was required.

Mr Walsh reiterated there was a potential risk of serious injury/death as there had been 2 serious incidents where fires had been started with lighters or other ignition sources which patients should not have had access to.

Mrs Kinghorn suggested an urgent meeting take place with all interested parties from Public Health, Estates/Fire, Health and Safety and the Mental Health Clinical Board.

ACTION – Mrs F Kinghorn

The report was **CONSIDERED** and **NOTED** by the Committee in relation to the on-going work to meet the requirements of the Fire Regulatory Reform (Fire Safety) Order 2005.

ASSURANCE was provided by:

- Identified issues in the fire risk assessments and audits carried out by the Fire Authority and NHS Wales Shared Services Partnership – Specialist Estates Services were being appropriately managed.

HSC: 18/179 FIRE SAFETY MANAGEMENT AND COMPLIANCE REPORT

The Director of Capital, Estates and Facilities advised the issues were discussed in the previous agenda item.

The report was **CONSIDERED** and **NOTED** 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: 18/180 ENFORCEMENT AGENCIES CORRESPONDENCE REPORT

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: 18/181 HEALTH AND SAFETY IMPROVEMENT PLAN

The Head of Health and Safety informed the Committee the Improvement Plan had been revised in line with the Annual Report.

Mr Dalton advised 4 key projects had also been added to the Improvement Plan which were being co-ordinated by the Health and Safety Advisers, these were:

- Health Aspects
- Risk Assessment and Control Improvement
- Health and Safety Competence
- Compliance and Priority Improvements

The improvement plan 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: 18/182 HEALTH AND SAFETY RELATED POLICIES
SCHEDULE**

The updated schedule was received by the Committee. It was noted that a number of Policies which were approved by other Committees but had a health and safety inference were out of date. The Committee requested a concern be raised with the Director of Workforce and OD in relation to the out of date policies and request a definitive timescale of when they were to be reviewed.

ACTION – Miss R Daniel

PART 2

HSC: 18/183 COMMITTEE WORK PROGRAMME FOR 2018/19

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

**HSC: 18/184 REGULATORY REVIEW TRACKING REPORT 1ST
APRIL – 30TH SEPTEMBER 2018**

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

HSC: 18/185 LONE WORKER SYSTEM PROGRESS REPORT

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

**HSC: 18/186 ENVIRONMENTAL HEALTH INSPECTION REPORT OF
MAIN WARDS, FOOD PRODUCTION AND
RESTAURANT AREAS, UNIVERSITY HOSPITAL
LLANDOUGH ON 14TH AUGUST 2018**

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 3 had been achieved. The Director of Capital, Estates and Facilities expressed his disappointment with this score, he advised there had been basic operational issues and minor works not reported. The facilities were to be re-inspected today. He added the Health Board was assessed differently to high street amenities as we cater for patients.

**HSC: 18/187 OPERATIONAL HEALTH AND SAFETY GROUP
MEETING OF MAY 2018**

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

HSC: 18/188 FIRE SAFETY GROUP MINUTES OF MAY 2018

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

HSC: 18/189 WATER SAFETY GROUP MINUTES OF MAY 2018

The minutes were **RECEIVED** and **NOTED** for information by the Committee. It was noted there was poor representation by the Clinical Boards at the meeting.

HSC: 18/190 REVIEW OF THE MEETING AND ITEMS TO BRING TO THE ATTENTION OF THE BOARD OR OTHER COMMITTEES

Mr Imperato thanked everyone for their contributions, however he did note that the meeting was poorly attended which he hoped would be rectified by the review of the Terms of Reference.

He noted the Committee's concern in relation to the increased fires in Hafan y Coed, UHL and also the number of out of date policies.

The Fire Safety Annual Report would be presented to the Board for information purposes.

HSC: 18/191 DATE AND TIME OF NEXT MEETING

The next meeting will be held at 9.30am on Tuesday 22nd January 2019 in the Corporate Meeting Room, HQ, University Hospital of Wales.

Signed

Date