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

Present:

Michael Imperato

Akmal Hanuk

Charles Janczewski

Independent Member – Legal (Chair)

Independent Member - Local Community

Independent Member (Vice Chair)

In attendance:

Carl Ball

Case Manager/Personal Safety Adviser (for
agenda item HSC: 18/145)

Charles Dalton

Head of Health and Safety

Martin Driscoll

Director of Workforce and OD

Stuart Egan

Health and Safety Staff Lead

Carol Evans

Assistant Director of Patient Safety and Quality

Emma Foley

Case Management Officer (for agenda item HSC:
18/145)

Abigail Harris

Director of Planning

Fiona Kinghorn

Deputy Director of Public Health

Jon McGarrigle

Head of Energy and Performance (representing
Geoff Walsh)

Alun Morgan

Assistant Director of Therapies and Health
Sciences (representing Fiona Jenkins)

Sian Rowlands

Head of Corporate Governance (representing
Peter Welsh)

Apologies:

Steve Allen

CHC Representative

Rachael Daniel

Health and Safety Adviser

Fiona Jenkins

Director of Therapies and Health Sciences

Peter Welsh

Director of Corporate Governance

Geoff Walsh

Director of Capital, Estates and Facilities

Observer:

Holly Williams

Quality and Safety Facilitator – Specialist Services
Clinical Board

Secretariat:

Zoe Brooks

Health and Safety Senior Departmental
Administrator



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PART 1

HSC: 18/141 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

HSC: 18/142 DECLARATIONS OF INTEREST

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

HSC: 18/143 MINUTES OF PREVIOUS MEETING

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

HSC: 18/144 UPDATED ACTION LOG

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

- HSC: 17/058 – the Assistant Director of Patient Safety and Quality informed the Committee that a scoping exercise was due to commence imminently with the work plan being developed over the coming months.
- HSC: 18/132 – the Head of Health and Safety informed the Committee that a newly appointed Health and Safety Adviser would commence on the 23rd July 2018. Part of their role would be to manage Contractors for non estates activities and the Adviser would work closely with the Estates Department to ensure there was a uniform approach and the same standards were being adhered to.

HSC: 18/145 STAFF STORY – PERSONAL SAFETY/CASE MANAGEMENT SUPPORT

Mr Imperato welcomed Mr Carl Ball, Case Manager/Personal Safety Adviser and Mrs Emma Foley, Case Management Officer to the meeting and informed the Committee their presentation would be in relation to personal safety and case management support available to staff.

Mr Ball explained the purpose of the presentation was to highlight the role of the Case Management Team and advised of the four main areas managed by the team; these being:

- Case Management
- Lone Working
- Violence and Aggression Passport Scheme
- Proactive and reactive work in relation to criminal sanctions

Mr Ball briefed the Committee the Case Manager role was introduced by the Health Board in 2009 and since that time all Health Boards/Trusts in Wales now have an equivalent.

Mr Ball highlighted during 2017 there were 334 physical assaults on staff and 504 verbal assaults which resulted in 20 lost time events. In respect of these reported incidents the Case Management Team would assist with the following:

- Meet with staff to offer immediate protection and reassurance.
- Attend court with staff to support them through the process.
- Act as the single point of contact with South Wales Police.
- Send warning letters to patients and visitors regarding their behaviour.
- Support staff that are experiencing domestic abuse.

Mrs Foley then provided the Committee with an overview of the lone worker system. In 2011 the Health Board were issued with devices from Welsh Government to allocate to staff to protect them from risks associated with lone working. These devices had very low usage compliance by staff and two years ago the Health Board researched alternative devices. As a result a new device (Skyguard) was introduced and 638 devices were issued to staff, usage has now improved and is running at around 73%. Mrs Foley stated usage of these devices was regularly monitored and monthly reports were sent to Managers.

Mrs Foley also provided the Committee with details of two cases that demonstrated good use of the devices where escalations had been closed out safely.

To summarise, the presentation highlighted:

- issues relating to violence and aggression.
- the benefits of the Case Management Team and their role.
- the help and support available to staff who witness or who are victims of violence and aggression.

Mr Imperato thanked Mr Ball and Mrs Foley for their comprehensive presentation and invited comments from members.

The Director of Workforce and OD queried the training compliance figure of 728%. The Head of Health and Safety clarified this was set against the Training Needs Analysis (TNA) completed by Managers. 728% demonstrates that more staff completed the e-learning module than were required to do so.

The Independent Member – Local Community queried whether there was many staff on staff incidents. Mr Ball advised any incidents of this nature were referred to Human Resources to investigate.

Mr Hanuk also queried whether many incidents of violence against patients by staff were reported. Mr Dalton advised the Case Management Team is contacted in these circumstances and patients are signposted to the Concerns Department for formal investigation. The Assistant Director of Patient Safety and Quality added these incidents would also be covered by the All Wales Protection Against Vulnerable Adults Policy.

The Deputy Director of Public Health queried the review period for violent warning markers. Mrs Foley advised review periods were set at 3, 6 or 12 months and a decision is then made as to whether the violent warning marker is to be removed or not.

The Committee thanked Mr Ball and Mrs Foley for their presentation, they then left the meeting.

HSC: 18/146 REVIEW OF THE COMMITTEE'S TERMS OF REFERENCE

It was noted the Terms of Reference would be reviewed at the October meeting and would take into account recent organisational changes.

HSC: 18/147 CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)

The Head of Corporate Governance updated the Committee on the current status of the Corporate Risk Assurance Framework (CRAF). Mrs Rowlands reported meetings had taken place to review the current processes and she was working closely with the Health and Safety Department. A further meeting was taking place on the 12th July to look at better planning and how best to take risks forward.

Mrs Rowlands stated new documentation had been established and was being piloted in some areas.

The Independent Member – Local Community queried the timescales for completing this review. Mrs Rowlands advised further details should be finalised at the meeting on the 12th July with the aim to roll out during the next few weeks. An update would be provided to the next meeting.

ACTION – Mrs S Rowlands

The Committee **NOTED** the current status and progress made in relation to the review of the Corporate Risk Assurance Framework (CRAF).

HSC: 18/148 HEALTH AND SAFETY 2017/18 ANNUAL REPORT

The Head of Health and Safety presented the 2017/18 Annual Report to the Committee and highlighted the key points:

- The Health and Safety Committee and its sub- groups have continued to meet on its responsibilities.
- The Health and Safety Executive have been very active in visiting the Health Board taking up significant departmental resource. Although the Health Board has not received any Enforcement Actions during the year, the HSE has continued to pursue the investigation into the contractor fall, this required the Health Board to take formal legal advice. The HSE has made no decision as to whether legal action is warranted.
- Personal injury claims are proportionately higher than other Health Boards at 22% of All Wales claims whilst employing 16% of healthcare staff.
- The number of RIDDOR events has remained constant over the previous years, with little change in either by injury type or clinical board performance.
- Staff reported incidents show that violence and aggression accounts for 52% of all events. During the year, there was a significant increase by 30% in contact injuries.
- Mandatory training of health and safety has significantly improved, with 4 clinical boards achieving the 85% target.
- Conversely tutor led training compliance for both manual handling and violence and aggression has reduced, although a review of the requirement is being progressed.
- The introduction of fees for failing to attend tutor led health and safety training has proved successful in significantly reducing the level of failure to attend on the day.
- The number of prosecutions and other police interventions improved during the period with an 8 year average of 1 conviction a week and a further 2 per week other actions. The Health Board is working closely with the Police, Crown Prosecution Service and Shared Services Legal to improve the Memorandum of Understanding between all parties.
- The lone worker devices continue to be highly valued by staff with average usage being at 73% and devices being in great demand.
- Following the completion of a Manual Handling Proact Audit, the age and quality of patient hoists has significantly improved with 60 new hoists purchased at the commencement of the year and a further 39 ordered ensuring that all obsolete hoists will be replaced.

- COSHH compliance remains at 62% with some areas as low as 30%. Environmental monitoring has continued on a prioritised basis.
- A mental health ligature audit was completed and the findings implemented.
- Mental Health Clinical Board introduced a complete ban on smoking both within its grounds and ward areas.
- A project to improve bariatric patient care has been initiated.
- Notably consistently high Environmental Health Star ratings of food preparation areas and restaurants was achieved during the period.
- Estates continue to enhance contractor control and implementing the same standards for contractors working in other areas is being pursued.
- Needle stick and sharp incidents slightly increased during the period but is still significantly lower than previous to implementing the safer sharps programme. The number of needle stick claims remain lower than the All Wales average.

The Chair thanked Mr Dalton for his comprehensive presentation and invited comments from the members.

The Independent Member (Vice Chair) thanked Mr Dalton for his report and stated that it demonstrated the complexity of health and safety within such a large organisation. He welcomed the structure of reporting and responsibility and that the report highlighted the clinical board's commitment towards health and safety issues.

Mr Janczewski commended the report and Mr Dalton's plans to include any problematic areas into the Priority Implementation Plan as this will aid lessons learnt.

Mr Dalton stated benchmarking against this document was important and the findings will be fed into sub groups such as the Operational Health and Safety Group.

Mr Imperato raised concerns in relation to COSHH compliance and stated further work should be undertaken to improve this. Mr Dalton advised the annual report was to be presented to the August meeting of the Operational Health and Safety Group and this would be highlighted to the Clinical Boards.

ACTION – Mr C Dalton

The Deputy Director of Public Health highlighted the document refers to the Health Board achieving re-validation of Gold in the Corporate Health

Standard, however Platinum was also retained during the period and suggested the report be amended to reflect this.

ACTION – Mr C Dalton

Mr Imperato queried why stress was linked with RSI in relation to personal injury claims. Mr Dalton stated these figures were provided by the NWSSP Legal & Risk Services and would contact them for clarification. He also added he would invite Andrew Hynes, Solicitor for Legal & Risk Services to attend a future meeting to give a presentation on personal injury claims.

ACTION – Mr C Dalton

The Director of Planning thanked Mr Dalton and his team for their work. She asked that page 24 in relation to Policy Lead be changed from herself to Mr Walsh, Director of Capital, Estates and Facilities.

ACTION – Miss R Daniel

Mr Dalton informed the Committee the Management of Stress and Mental Health Wellbeing Policy had been reviewed with final amendments being made and would be brought to the October meeting for approval.

The Director of Workforce and OD re-iterated the importance of the annual report and how it allows the Health Board to reflect on where it is in respect of health and safety. Mr Driscoll did feel the report had a lot of actions in respect of violence and aggression and manual handling and very few in respect of slips, trips and falls which was the biggest cause of incidents and more attention should be given on taking this forward.

Mr Dalton clarified the annual report focuses on staff incidents in which slips, trips and falls were small in comparison to patient falls.

It was noted the annual report would be presented to the Board for information.

The annual report was **RECEIVED** and **NOTED** by the Committee.

ASSURANCE was provided by:

- Health and safety aspects being appropriately monitored and progressed as detailed within the report

HSC: 18/149

PEDESTRAIN ACCESS SAFETY STRATEGY

The Head of Performance and Energy firstly apologised to the Committee for the length of time it had taken to complete the survey. Mr McGarrigle added concerns had been raised around the lack of urgency being shown by the consultancy, however the survey had now been completed and the findings and recommendations shared with the Health Board.

Mr McGarrigle informed the Committee a meeting with stakeholders was planned for the 25th July 2018 to take the findings forward and a plan to be developed.

The Director of Planning stated there was no budget for this work and there would need to be a reprioritisation of monies for remedial works identified.

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

HSC: 18/150 FIRE SAFETY REPORT

The Head of Performance and Energy informed the Committee fire inspections undertaken had highlighted concerns in relation to fire dampers and compartmentation, however there was a rolling programme of remedial work being carried out on a priority basis.

The Independent Member – Local Community queried whether the Health Board had assurance that none of our properties contained any cladding. The Head of Health and Safety confirmed a risk assessment of all buildings had been carried out in line with the Welsh Government request and no cladding of those levels was present.

The Director of Planning reported unwanted fire signals remain a concern and was regularly discussed at All Wales meetings as Cardiff and Vale remain one of the highest reporting Health Boards in Wales. It was noted these figures were due to Cardiff and Vale being the largest Health Board and therefore have more fire detectors present, however many of these detectors were old and contributed to the number of false alarms. Mrs Harris stated this further investigation and actions taken to improve the situation.

ACTION – Mr G Walsh

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: 18/151 SHARED SERVICES FIRE SAFETY AUDIT OF UNIVERSITY HOSPITAL LLANDOUGH

The Head of Health and Safety informed the Committee an in-depth audit was carried out in November 2016 of University Hospital Llandough (UHL), the findings were considered and monitored by the Fire Safety Group.

The Chair noted this was an on-going report and assurance had been given for actions completed to date.

The report was **CONSIDERED** and **NOTED** by the Committee.

ASSURANCE was provided by:

- Identified fire safety issues in the Shared Services Audit are being appropriately managed.

HSC: 18/152 PROPOSAL FOR STATUTORY AND MANDATORY TRAINING

The Director of Workforce and OD informed the Committee mandatory training had been high on the Health Board's agenda for the past few months due to performance not being at the level set by the Health Board. As part of a review the Mandatory Training Steering Group had been looking at the modules in relation to roles. To support this piece of work a training needs analysis (TNA) would be developed to identify specific staff groups and their training requirements, this would be illustrated through the individual's Electronic Staff Record (ESR) allowing for effective monitoring and management.

The Chair queried whether the completion date of July 2018 in the document was correct. Mr Driscoll clarified that a plan is to be in place by July 2018, however due to the extensive piece of work required no timescale can be committed to at this stage.

Mr Imperato requested the Committee **AGREE** the recommendations subject to the amendment of the completion date, this was **AGREED** by the Committee.

HSC: 18/153 ENFORCEMENT AGENCIES CORRESPONDENCE REPORT

The Head of Health and Safety informed the Committee many of the items raised in the document had been discussed as part of the Annual Report.

Mr Dalton updated the Committee in relation to the concerns raised as part of an asbestos inspection that contractors were taking an extended route and whether better arrangements could be made. Mr Dalton advised following a site visit by HSE Inspectors to walk the route undertaken by the contractors it was concluded that the best available route had been taken and this concern was now closed.

Mr Dalton also informed the Committee of a new additional issue raised by the HSE in relation to concerns raised following their audit of the Public Health Laboratories at University Hospital of Wales (UHW) and University Hospital Llandough (UHL). The Inspector had raised a number of concerns in relation to the lack of containment of the level 3 laboratory at UHL and lack of communication/co-operation between the Health Board and PHW. The Health Board has given a commitment to put in place an improved communication plan with PHW which will be formalised. The HSE has agreed that an

Improvement Notice would not be justified in this instance, but the Health Board will receive a letter holding us to the formal agreed plan.

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: 18/154 HEALTH AND SAFETY IMPROVEMENT PLAN

The Head of Health and Safety informed the Committee the Improvement Plan was being reviewed in line with the development of the CRAF and findings from the annual report.

The Assistant Director of Patient Safety and Quality queried the reason for limited assurance for the patient environment. Mr Dalton clarified this was due to issues relating to legionella at that time.

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: 18/155 HEALTH AND SAFETY ISSUES RELATING TO MEDICAL RECORDS STORAGE

The Health and Safety Staff Lead raised concerns in relation to the on-going issues around the storage of medical records. Mr Egan informed the Committee he visited these areas on a monthly basis and has previously escalated these concerns to the Board. It was also noted additional storage had been made available however this capacity was diminishing. Mr Egan added other Health Boards/Trusts had successfully implemented an electronic system and queried why this had not been progressed by Cardiff and Vale. Mr Egan stressed this issue was causing problems in relation to missing records, staff injuries and a fire risk.

The Head of Corporate Governance considered this would benefit from being progressed via the CRAF risk escalation process and offered her assistance to Mr Egan.

The Deputy Director of Public Health considered the document was not clear and had no scope, she suggested further work was required before it could be signed off. The Head of Health and Safety stated there was no strategic

approach in place which was being highlighted by Mr Egan, the issue was being progressed at a local level but higher level involvement was required.

The Chair agreed this was a concern and should be escalated higher. The Committee **AGREED** the best way forward was through the risk register to the Board.

ACTION – Mrs S Rowlands/Mr S Egan

The paper was **NOTED** by the Committee

LIMITED ASSURANCE was provided by:

- Actions being taken to address the issues raised.

HSC: 18/156 FIRE SAFETY POLICY

The Head of Health and Safety informed the Committee amendments made to the Policy were in relation to managerial changes and policy format.

The Fire Safety Policy was **RECEIVED** and **APPROVED** by the Committee.

HSC: 18/157 ASBESTOS MANAGEMENT POLICY

The Head of Performance and Energy informed the Committee amendments made to the Policy were in relation to its format.

The Head of Corporate Governance stated the Policy was longer than expected under the new policy format. Mrs Rowlands also considered the policy needed a few amendments as the policy refers to other documents however this is not reflected on the front sheet.

ACTION – Mr J McGarrigle/Mr G Walsh

The Asbestos Management Policy was **RECEIVED** and **APPROVED** by the Committee subject to the minor amendments discussed.

PART 2

HSC: 18/158 COMMITTEE WORK PROGRAMME FOR 2018/19

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

HSC: 18/159 PROGRESSING SMOKING CESSATION IN THE CARDIFF AND VALE POPULATION

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

HSC: 18/160 WASTE COMPLIANCE REPORT

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

**HSC: 18/161 ENVIRONMENTAL HEALTH INSPECTION REPORT OF
HAFAN Y COED, UNIVERSITY HOSPITAL
LLANDOUGH ON 9TH FEBRUARY 2018**

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: 18/162 ENVIRONMENTAL HEALTH INSPECTION REPORT OF
BARRY HOSPITAL ON 15TH MARCH 2018**

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

**HSC: 18/163 ENVIRONMENTAL HEALTH INSPECTION REPORT OF
CENTRAL FOOD PRODUCTION UNIT ON 14TH MARCH
2018**

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: 18/164 OPERATIONAL HEALTH AND SAFETY GROUP
MEETING OF FEBRUARY 2018**

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

HSC: 18/165 FIRE SAFETY GROUP MINUTES OF JANUARY 2018

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

**HSC: 18/166 WATER SAFETY GROUP MINUTES OF FEBRUARY
2018**

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

**HSC: 18/167 HEALTH AND SAFETY RELATED POLICIES
SCHEDULE**

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

**HSC: 18/168 REVIEW OF THE MEETING AND ITEMS TO BRING TO
THE ATTENTION OF THE BOARD OR OTHER
COMMITTEES**

Mr Imperato thanked everyone for their contributions.

HSC: 18/169

DATE AND TIME OF NEXT MEETING

The next meeting will be held at 9.30am on Tuesday 9th October 2018 in the Corporate Meeting Room, HQ, University Hospital of Wales.

Signed

Date