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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

**CONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE HELD
AT 9.30am on 22 January 2019 IN THE CORPORATE MEETING ROOM,
HEADQUARTERS, UNIVERSITY HOSPITAL OF WALES (UHW)**

Present:

Michael Imperato

Akmal Hanuk

Independent Member – Legal (Chair)

Independent Member - Local Community

In attendance:

Nicky Bevan

Head of Employee Health and Wellbeing Services
(for agenda item HSC: 19/005)

Charles Dalton

Head of Health and Safety

Martin Driscoll

Director of Workforce and OD

Stuart Egan

Staff Lead for Health and Safety

Abigail Harris

Director of Planning

Fiona Jenkins

Director of Therapies and Health Sciences

Fiona Kinghorn

Interim Director of Public Health

Geoff Walsh

Director of Capital, Estates and Facilities

Peter Welsh

Senior Manager Lead for Health and Safety

Apologies:

Carol Evans

Assistant Director of Patient Safety and Quality

Nicola Foreman

Director of Corporate Governance

Secretariat:

Rachael Daniel

Health and Safety Adviser

PART 1

HSC: 10/001

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

HSC: 19/002

DECLARATIONS OF INTEREST

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



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The minutes of the Health and Safety Committee held on the 9th October 2018 were **APPROVED** and **ACCEPTED** as a true record with the exception of the following minor amendments:

- (i) Title of Fiona Kinghorn should read Interim Director of Public Health
- (ii) Abigail Harris, Director of Planning's apologies to be recorded.

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

Mr Imperato welcomed Mrs Nicky Bevan, Head of Employee Health and Wellbeing Services to the meeting.

Mrs Bevan informed the Committee ways to improve access to the service were currently being looked at. There was approximately a two week waiting time from self-referral to resource appointment, with then between 18 – 19 weeks waiting time to see a Counsellor which was below the 26 weeks Welsh Government target. Mrs Bevan explained the purpose of the resource appointment was to establish the appropriate intervention required e.g. self-help, counselling or onward signposting to GP and other specialist services, rather than going straight on to a counselling waiting list and added that approximately 30 – 40% of self-referrals are discharged at the resource appointment stage.

The Head of Health and Safety queried whether there was any fast tracking available for staff showing signs of PTSD. Mrs Bevan confirmed there was with the Health Board being the only one in Wales with a designated PTSD service for employees who have experienced traumatic events at work and is delivered by a specialist Psychologist and is paid for separately but accessed through Occupational Health or the Employee Wellbeing Service.

The Staff Lead for Health and Safety stated that whilst there was a fast track for the excellent physiotherapy service there was not one of stress and was also aware that the number of referrals were increasing with staff having to wait 18 – 19 weeks before starting the recovery process. Mrs Bevan advised fast tracking was being looked at on All Wales basis.

The Director of Capital, Estates and Facilities supported Mr Egan's comments as the waiting time for stress was having an impact on long term sickness with the aim of helping staff to return work. Mrs Bevan stressed that staff are not abandoned for 18 weeks following their 1st face to face meeting and are given a lot of information and self-help guidance.

The Director of Workforce and OD stated every corporate function had a cost reduction target of 14% which inevitably has an impact on services and it difficult to prove whether more investment would reduce sickness levels.

The Independent Member – Local Community queried whether a differentiation was made between work related and home related stress. Mrs Bevan advised it was grouped as work related, non-work related and combination of both and usually the latter was the main cause. Mrs Bevan added targeted interventions were also undertaken i.e. bereavement.

The Committee **NOTED** the update and progress of the Employee Wellbeing Service.

ASSURANCE was provided by:

- Ongoing monitoring of the Employee Wellbeing Services' waiting times in comparison to Welsh Government targets.
- Bi-monthly reporting to the Health and Wellbeing Advisory Group.

HSC: 19/006 REVIEW OF THE COMMITTEE'S TERMS OF REFERENCE

The Health and Safety Adviser advised following discussions at the last meeting the Terms of Reference had been slightly amended to reflect that patient health and safety falls referred predominately to the environment and the clinical implications of patient falls would still be considered by the Quality, Safety and Experience Committee.

Membership had also been discussed and it had been clarified that Executive Directors were mandatory members of the Committee.

The Terms of Reference were **RATIFIED** by the Committee.

HSC: 19/007 OBLIGATORY RESPONSE TO VIOLENCE IN HEALTHCARE

The Senior Manager Lead for Health and Safety informed the Committee this document now replaces the memorandum of understanding and a considerable amount of work had taken place by all parties involved to make it known at an operational level.

The Independent Member – Local Community stated this was very welcome as had recently met with Security Staff who frequently experienced unpleasant verbal abuse and specifically referenced taxi drivers which was unacceptable. Mr Welsh advised it's not just physical abuse that can be taken forward and the Security Officers would be fully supported by the Health Board, they can also record any incidents on their body cameras.

The Interim Director of Public Health advised the majority of taxi drivers are licenced so this can formally be raised.

HSC: 19/008 BOARD ASSURANCE FRAMEWORK (BAF)

The Director of Planning informed the Committee the BAF had been updated and was approved by Management Executive on 21st January 2019 and would now be presented to Board on 31st January 2019.

This was **NOTED** by the Committee

HSC: 19/009 PEDESTRAIN ACCESS SAFETY STRATEGY – PROGRESS UPDATE

The Director of Capital, Estates and Facilities informed the Committee the final draft had now been received. He advised the independent report identified three high risk areas which require a range of footpath, crossing points and management improvements.

- Allensbank Road entrance to the roundabout adjacent to the multi-storey car park.
- Residential Road/Heath Park Way delivery/logistics areas.
- Access from footbridge over A48/Dental car park 6 to Gateway Road.

The report also highlighted that consideration be given to making unofficial paths into permanent footpaths.

The Director of Therapies and Health Sciences queried whether the report just referred to UHW as there would be pedestrian access issues on other sites. The Director of Planning clarified the report only referred to UHW, however any identified areas of concern should be raised with Mr Walsh. Mr Walsh added pedestrian crossing improvements had already been made at UHL. The Staff Health and Safety Lead stated the priority areas raised in the report needed to be confirmed as a lack of visibility on a number of pedestrian crossings was a greater risk than those identified. Mrs Harris suggested any concerns be raised with Mr Walsh outside of the meeting.

The Head of Health and Safety stated that whilst the survey was related to UHW only the approach should be embedded in any new development plans.

The Chair requested the independent report be presented to the next meeting.

ACTION – Mr G Walsh

The contents of the Independent Report was **NOTED** by the Committee.

HSC: 19/010 FIRE SAFETY MANAGEMENT AND COMPLIANCE REPORT

The Director of Capital, Estates and Facilities informed the Committee following receipt of the enforcement notice for Hafan y Coed regular monitoring and proactive action had taken place to prevent further fire incidents, and due to the level of work undertaken by the Clinical Board the

enforcement notice had been lifted by the Fire Service. Mr Walsh paid tribute to the Mental Health Clinical Board and in particular to Darren Shore, Senior Nurse Manager who had undertaken an exceptional job and the Fire Service were greatly reassured by his input.

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: 19/011 AMENDEMENTS TO SMOKING POLICY
ARRANGMENTS AT HAFAN Y COED MENTAL
HEALTH HOSPITAL TO MEET THE FIRE
ENFORCEMENT NOTICE ISSUED**

The Interim Director of Public Health informed the Committee that following the discussions at the last meeting, she convened a meeting with the Mental Health Clinical Board, Fire Safety, Estates and Health and Safety to discuss controlling the fire safety risks associated with ignition/smoking sources. These discussions included adapting the approach to the smoking ban and revisions of the smoking control.

Given the challenge posed by instituting a complete ban in external mental health grounds, the following actions have been agreed:

- Retaining the smoking ban in areas where it had been successful – older people's wards, low secure wards and neuropsychiatry (50% of all mental health wards)
- Within assessment and potentially rehabilitation wards, a controlled smoking ban be implemented, where patients are allowed restricted access within the adjoining garden areas in Hafan y Coed and Ozzy lighters re in-instated on walls.
- Mental Health Clinical Board and the Public Health team would continue to work together to apply all possible measures around supporting patients to give up smoking, including a strengthening of the approach in community mental health.
- Continued vigilance by staff with regard to room inspections, removing lighters and use of the metal detectors would also be needed.

The above actions were approved by Management Executive and was agreed they would be reviewed in 6 months.

Mrs Kinghorn commended the Mental Health Clinical Board, Fire Safety and Health and Safety Teams for their approach in resolving this challenging issue.

The Director of Planning stated whilst improvements in Hafan y Coed was a positive step forward, a report to Management Executive highlighted there was only limited assurance for fire safety management. It was noted Clinical Boards do not regularly attend the Fire Safety Group and she has written to Steve Curry, Chief Operating Officer advising that attendance to the Fire Safety Group from all Clinical Boards was essential, he in turn would be raising with the Clinical Board's Director of Operations.

The Independent Member – Local Community requested reassurance on the Health Board's overall policy for fire evacuation. Mrs Harris advised there were very clear protocols for fire evacuation but it was difficult to test as don't have a free ward. She added fire training was the only statutory requirement and there had been a significant improvement in fire safety training compliance. Mr Hanuk was reassured by this.

The Committee **NOTED** the revision of the smoking controls within the Mental Health Clinical Board at Hafan y Coed.

HSC: 19/012 ENFORCEMENT AGENCIES CORRESPONDENCE REPORT

The Head of Health and Safety advised there were 3 new issues since the last meeting, these being:

- Hand arm vibration regulatory requirements following the submission of a RIDDOR event within the Dental Clinical Board.
- Cardiff University Category 3 Laboratories.
- Workplace concerns around vehicle and pedestrian risks outside the Dental Hospital.

Mr Dalton reported information was supplied to the HSE in relation to the hand arm vibration RIDDOR and vehicle and pedestrian risks outside Dental Hospital, and based off that information the HSE has advised no further action to be taken.

In relation to the Cardiff University Category 3 Laboratories this is still on-going with a response being prepared by the Capital, Estates and Facilities Service Board. The Director of Therapies and Health Sciences stated the Clinical Diagnostics and Therapeutics Clinical Board should also be involved as they have management responsibilities for laboratories.

ACTION – Mr G Walsh/Mr C Dalton

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: 19/013 CHANGES IN SENTENCING UPDATE

The Head of Health and Safety informed the Committee that whilst previously offences incurred record fines there was now the enhanced likelihood of lengthier custodial sentences.

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

ASSURANCE was provided by:

- The Health Board's Health and Safety Policy and Executive management arrangements.

HSC: 19/014 HEALTH AND SAFETY IMPROVEMENT PLAN – EXCEPTION REPORT

The Head of Health and Safety informed the Committee the detailed improvement plan now segregates the milestones from actions.

The Chair requested the co-ordinator leads for the 4 projects attend future meetings to update the Committee on progress made.

ACTION – Mr C Dalton

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: 19/015 HEALTH AND SAFETY RELATED POLICIES SCHEDULE

The updated schedule was received by the Committee. The Health and Safety Adviser informed the Committee the Security Services Policy was being reviewed in line with Personal Safety and Security Strategy Group arrangements and would be brought to the April meeting

ACTION – Mr G Walsh

It was noted a number of policies that had a health and safety inference but were approved by other Committees were out of date. The Director of Planning suggested if a policy did not require any changes it may be appropriate to extend the review date.

The Senior Manager Lead for Health and Safety commented the policy schedule was an excellent way of tracking policies and suggested an extra column be added for comments on position status, this was **AGREED** by the

Committee. The Director of Capital, Estates and Facilities added he found the schedule to be very helpful.

ACTION – Miss R Daniel

The Chair raised a general point for all policies, what happens at the ground level and how do all staff know about them and what their responsibility is. The Head of Health and Safety advised that once a policy has been approved the Operational Health and Safety Group and Clinical Board's Health and Safety Groups would be informed and Clinical Board would then have the responsibility of disseminating through their management structures, however this could not give assurance that all staff had a knowledge/awareness of all policies. Mr Walsh added it was more important for the relevant part of the policy to be given to the right staff. The Director of Therapies and Health Sciences stated that this was broader than just health and safety and would need the involvement of the Communications Team.

Mr Imperato requested Mr Dalton give some thought on how this could be achieved.

ACTION – Mr C Dalton

HSC: 19/016 LATEX ALLERGY POLICY

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

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

HSC: 19/017 ENVIRONMENTAL POLICY

The Director of Capital, Estates and Facilities informed the Committee amendments made to the Policy were in relation to managerial changes and policy format.

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

HSC: 19/018 CLOSED CIRCUIT TELEVISION (CCTV) POLICY

The Director of Capital, Estates and Facilities informed the Committee amendments made to the Policy were in relation to managerial changes and policy format.

The Staff Lead for Health and Safety raised concerns in relation to the number of cameras that were not working as this gives staff a false sense of security. Mr Walsh advised he was not aware of any cameras being out of action and requested Mr Egan provide him with details so that he can raise with the Security Manager.

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

PART 2

HSC: 19/019 COMMITTEE WORK PROGRAMME FOR 2019/20

The Work Programme for 2019/20 was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/020 HEALTH AND SAFETY IMPROVEMENT PLAN (IN DETAIL)

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

HSC: 19/021 WASTE MANAGEMENT COMPLIANCE REPORT

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

HSC: 19/022 ENVIRONMENTAL HEALTH INSPECTION REPORT OF WARD BASED CATERING, UNIVERSITY HOSPITAL OF WALES ON 23RD AUGUST AND WARD BASED CATERING, ROOKWOOD HOSPITAL ON 17TH JULY 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: 19/023 ENVIRONMENTAL HEALTH INSPECTION REPORT OF WARD BASED CATERING, LANFAIR UNIT, UNIVERSITY HOSPITAL LLANDOUGH ON 16TH OCTOBER 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: 19/024 OPERATIONAL HEALTH AND SAFETY GROUP MEETING OF AUGUST 2018

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

HSC: 19/025 FIRE SAFETY GROUP MINUTES OF SEPTEMBER 2018

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

HSC: 19/026 WATER SAFETY GROUP MINUTES OF SEPTEMBER 2018

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

HSC: 19/027

**REVIEW OF THE MEETING AND ITEMS TO BRING TO
THE ATTENTION OF THE BOARD OR OTHER
COMMITTEES**

The Chair stated that good constructive points were raised as part of the discussions which will result in a number of challenges for the Head of Health and Safety.

HSC: 19/028

DATE AND TIME OF NEXT MEETING

The next meeting will be held at 9.30am on Tuesday 9th April 2019 in the Corporate Meeting Room, HQ, University Hospital of Wales.

Signed

Date