AGENDA ITEM 2.2p
CONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE HELD AT 2.30pm ON 21 OCTOBER 2014 IN THE CORPORATE MEETING ROOM, HQ, UNIVERSITY HOSPITAL OF WALES (UHW)

Present:
Martyn Waygood Independent Member – Legal (Chair)
Stuart Egan Independent Member – Trade Union
Christopher Elmore Independent Member – Local Authority

In attendance:
Andy Berry Director, OSHEU, Cardiff University
Steve Careless Staff Representative
Heidi Cook Community Health Council
Charles Dalton Head of Health and Safety
Sue Morgan Head of Operations and Delivery – Primary, Community and Intermediate Care Clinical Board (until item 14/081)
Geoff Walsh Assistant Director of Planning (Capital, Estates and Operational Services)

Apologies:
Steve Allen Community Health Council
Julie Cassley Assistant Director of Workforce
Carol Evans Assistant Director of Patient Safety and Quality
Abigail Harris Director of Planning

Secretariat:
Rachael Daniel Health and Safety Adviser

HSC: 14/074 WELCOME AND INTRODUCTIONS

The Chair welcomed all present to the meeting.

HSC: 14/075 DECLARATIONS OF INTEREST

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

HSC: 14/076 MINUTES OF PREVIOUS MEETINGS

The minutes of the Health and Safety Committee held on the 8 July 2014 were APPROVED and ACCEPTED as a true record.
The Committee RECEIVED the Updated Action Log from the previous meeting. The following updates were provided:

- HSC: 14/038 – the Head of Health and Safety advised an Internal Safety Alert had been issued to all Clinical Boards/Directorates in relation to the inferior paper glide sheets in conjunction with a compliance form which was to be completed and returned to the Health and Safety Department.

  Mr Dalton also informed the Committee an evaluation of disposable products was being undertaken on the 5th November and following this a multidisciplinary group would meet to assess the results of the evaluation with a report being brought back to the January 2015 meeting of the Committee.

  **ACTION – Mr C Dalton**

- HSC: 14/054 – the Health and Safety Adviser advised at the last meeting it was reported the Committee would receive an Annual Sustainability Report but was having difficulty in ascertaining where this request originated from. The Assistant Director of Planning (Capital, Estates and Operational Services) advised the report had been originally presented to the Audit Committee and Miss Daniel would follow this up.

  **ACTION – Miss R Daniel**

- HSC: 14/055 – the Health and Safety Adviser advised at the last meeting it was reported that a review on the effectiveness of committees was to be undertaken. Miss Daniel stated this was to be undertaken on a phased approach and at present there was no planned date for this Committee.

- HSC: 14/058 – the Health and Safety Adviser reported the Specialist Services Clinical Board had confirmed a Deputy Fire Safety Manager (DFSM) had been identified, however there appeared to be a misinterpretation of the requirements as the Clinical Board had identified a DFSM for each of their Directorates as opposed to just one for the Clinical Board and this had been passed onto the Fire Safety Manager to resolve.

  **ACTION – Mr C Dalton**

- HSC: 14/067 – the Chair queried whether it would be appropriate for letters of congratulations to staff to be sent from himself on behalf of the Committee as opposed from the management team, this was ENDORSED.

  **ACTION – Mr M Waygood/Miss R Daniel**
The Health and Safety Adviser informed the Committee the Work Programme had been reviewed and updated. Miss Daniel advised the Work Programme for 2015/16 would be presented to the January Committee meeting.

**ACTION – Miss R Daniel**

The Committee RECEIVED and NOTED the updated Work Programme for 2014/15.

**HSC: 14/079 CORPORATE RISK REGISTER AND ASSURANCE FRAMEWORK – HEALTH AND SAFETY COMMITTEE EXTRACT**

The Committee RECEIVED and NOTED the Health and Safety extract of the Risk Register.

**HSC: 14/080 PRIMARY, COMMUNITY & INTERMEDIATE CARE CLINICAL BOARD ASSURANCE REPORT**

The Head of Operations and Delivery for the Primary, Community and Intermediate Care Clinical Board provided the Committee with background on how health and safety was managed within the Clinical Board.

Mrs Morgan advised when the paper was submitted to the Committee their Priority Action Plan had no red areas, however since this time two new red areas had emerged and would now be added to the plan, the first being the management of health centres and clinics and in particular the condition of the estate. She informed the Committee of problems that were currently being experienced at Park View Health Centre, Ely in relation to a number of serious incidents of vandalism, drug abuse and the effect these were having on staff safety.

The Independent Member – Trade Union advised the Health Board had very similar problems with a mental health facility within the same area which resulted in the premises being closed, and he recognised that the staff in Park View were under real threat and support must be available to them. The Head of Health and Safety informed the Committee he had met with Mrs Sue Paul, Assistant Locality Manager and an 8 point security plan had been put in place, this included ensuring there was a security presence during the hours of 2.30 – 4.30pm as previous incidents indicated this as being a high risk period. Mr Dalton advised a review was also being undertaken of the 6 CCTV cameras to ensure they were effective and efficient and some estates work was also required in respect of improved lighting and repairs to external fencing. He also stressed that it was not appropriate for the Receptionist to be dealing with these incidents when they occur but to contact Security and/or the Police. Mr Dalton advised that this had also been discussed at the recent Personal Safety and Security Strategy meeting and had been included on the Health Board’s Priority Action Plan as a red area.
Mr Careless, Trade Union Representative advised he had visited the Centre recently and staff are feeling intimidated, he also added that unfortunately the Centre does look like a derelict building which wasn’t helping the situation.

The Chair queried how many prosecutions there had been following these incidents, Mr Dalton confirmed none as the Police were having difficulty in identifying the individuals. Mr Waygood added as a Board Member he was very concerned about staff safety and queried whether the 8 point plan would protect staff, Mr Dalton advised it would improve the situation but he could not guarantee elimination of these incidents.

The Assistant Director of Planning (Capital, Estates and Operational Services) stated he was aware of the condition of Park View Health Centre and there were very early discussions on-going with the Local Authority in respect of a combined development but in the interim he requested he was directly informed of any estate issues.

Mr Waygood requested an update report be provided for the next meeting.

**ACTION – Mrs S Morgan/Mr C Dalton/Mr G Walsh**

Mrs Morgan also informed the Committee that whilst Health Centres and Clinics are managed by PCIC invariably they do not provide any clinical services from the premises and therefore do not directly manage the staff, the Director of Planning is aware of her concerns. Mr Walsh concurred it was difficult to manage premises when there were multi users.

Mrs Morgan advised there were similar problems with the Community Hospitals of Barry and CRI but the management of the facilities was on a much bigger scale. She explained at CRI some services were managed by PCIC, some by other Clinical Boards. There were areas under development and areas that were not used at all. There were areas where the responsibility for them was uncertain. This has been raised with the Director of Planning.

Mrs Morgan informed the Committee the usage of the lone worker devices remains poor within the Clinical Board and this was being addressed through performance management.

Mrs Morgan also advised of a recent situation at the Safe Haven Facility with the management of a particularly violent patient who posed a health and safety risk to both staff and members of the public and as a result the patient was seen in a different part of the facility with both security and police presence.

Mrs Morgan also stated a recent audit of risk assessments had resulted in the Clinical Board having all green areas and it was recommended that they share practices with other Clinical Boards, Mr Waygood congratulated them on this.

The report was **RECEIVED** and **NOTED** by the Committee.
The Head of Health and Safety presented the annual report to the Committee. Mr Dalton highlighted the key areas:

- There had been no Health and Safety Executive/Environmental Health enforcement actions.
- There had been an improvement in the number of days from date of incident and the date the incident form was received by the Health and Safety Department.
- Significant improvement in compliance to meet the 15 day reporting requirement of RIDDOR incidents to the HSE.
- Personal Injury Claims within the Health Board were half the national average.
- The number of patient handling injuries had reduced year on year.
- The number of secondary contact needle stick injuries had significantly reduced.
- The number of patient falls had reduced in all Clinical Boards indicating better risk assessments and observations.
- Significant reduction in the number of patient fall incidents.
- 20% increase in the number of violence and aggression incidents reported, however there was a significant reduction in the number of incidents which resulted in higher severity outcomes.
- A significant factor in the increase relates to the implementation of enhanced smoking controls, particularly within mental health services which had reported 155 incidences of violence and aggression.

The Chair thanked Mr Dalton for his comprehensive presentation of the annual report and invited comments from the Committee.

The Independent Member – Local Authority queried whether the reduction in the number of patient falls was due to the non reporting of these incidents and was seeking reassurance that this was not the case, Mr Dalton stated that he did not believe this to be the situation but that there was a more comprehensive falls management plan in place which included ultra low beds, risk assessments, safety flooring and slipper exchange programme.

Mr Waygood was concerned at the number of violence and aggression incidents due to the implementation of the smoking policy and queried whether this had been raised at any other Group. Mr Dalton confirmed that he had raised this at the Tobacco Control Group and had also advised them that the Fire Service also had concerns at the number of fires at Whitchurch Hospital since the enhanced measures had been implemented. Mr Waygood advised the Committee that he would raise these concerns at the next Board meeting as he considered the Board needed to be aware of the impact and risks the enhanced smoking controls were having within the mental health service.

**ACTION – Mr M Waygood**

The report was **RECEIVED** and **NOTED** by the Committee.
HSC: 14/081    HSE PRIORITY ACTION PLAN

The Head of Health and Safety advised two new areas had been added to the action plan, these being:

2.10 - treatment of known violent patients - Safe Haven facilities are available however there is a lack of facilities to treat high risk patients outside of this facility. This is being taken forward by the Personal Safety and Security Strategy Group.

2.11 - Park View Health Centre - increased reports of vandalism and concerns relating to staff safety, this is being addressed via the 8 point action plan.

Mr Dalton also advised that deadlines of September/October 2014 indicated that progress had been made but had not yet been completed and these will now be reviewed with new action points and dates.

In respect of CCTV coverage, Mr Careless – Staff Representative enquired whether this was used for staff protection or prosecution, Mr Dalton confirmed CCTV was used for the protection of everyone.

The report was RECEIVED and NOTED by the Committee.

HSC: 14/082    FIRE ENFORCEMENT REPORT

The Assistant Director of Planning (Capital, Estates and Operational Services) informed the Committee the long standing enforcement notice for Whitchurch Hospital expires in January 2015 and following discussions with South Wales Fire Service they will re-inspect the hospital within the next few weeks. Mr Walsh advised they will not lift the notice and the Health Board will have to write to them requesting that the notice be extended for a further 12 – 18 months when the hospital will then be closed.

Mr Walsh informed the Committee there were still some concerns in relation to the management of fire incidents which had increased and every support was being given to Mr Ian Wile, Head of Operations and Delivery for the Mental Health Clinical Board in managing the site.

The report was RECEIVED and NOTED by the Committee.

HSC: 14/083    CONDITION APPRAISAL OF UHB SITES REPORT

The Assistant Director of Planning (Capital, Estates and Operational Services) informed the Committee that an estates condition appraisal had not been undertaken for many years in the Health Board and explained this process was important so that the position on compliance and backlog maintenance could be established.

Mr Walsh advised the last appraisal of the UHW estate had been undertaken in 2005 and therefore all future reports had been based off that which subsequently did not give a true reflection of the situation. He stated the process was also a little flawed
as it also did not give a true reflection of costs, failings etc looked at defects in a piece meal approach and did not assess the whole picture.

Mr Walsh added the formal report was currently being finalised but there was a significant backlog maintenance issue for the Health Board which would be a significant cost for UHW alone to bring up to standard.

The Chair queried whether there was a priority list to tackle the backlog maintenance, Mr Walsh confirmed there was and added as premises were no longer in operation the overall backlog maintenance would reduce but this would not resolve the issue for UHW and UHL. Mr Waygood then queried where the money was likely to come from, Mr Walsh advised as major refurbishments were undertaken backlog maintenance issues would be addressed at the same time and also monies to address statutory compliance issues would also reduce the monies required.

Mr Waygood enquired where else this report would be taken, Mr Walsh advised Welsh Government are aware of the Health Board's position and the Board are also aware as a 10 year plan has been previously submitted. Mr Waygood considered the Board also needed to be made aware of the cost to address backlog maintenance to bring the estate up to an acceptable standard. This was supported by the Independent Member – Trade Union as he considered Welsh Government needed to be fully aware of the situation. It was AGREED by the Committee that Mr Waygood would bring to the attention of the Board the cost required to bring the UHB estate up to level ‘B’.

**ACTION – Mr M Waygood**

The report was RECEIVED by the Committee. Mr Egan stated he considered the report required more than just noting as the Committee had expressed concerns with the content of the report.

**HSC: 14/084 ESTATES HEALTH AND SAFETY MANAGEMENT REPORT**

The Assistant Director of Planning (Capital, Estates and Operational Services) informed the Committee progress was being made in respect of the management of estates health and safety issues. Mr Walsh advised the annual asbestos review was currently being undertaken which had identified more areas of asbestos in both Whitchurch and Rookwood Hospitals in areas which were not occupied and classed as white space areas.

Mr Walsh advised the Committee that concerns in relation to Whitchurch Hospital tunnels had previously arisen in 2012 and restrictions to enter this area had been put in place at that time, however there was now a requirement to heighten these restrictions and the affected staff have been involved in discussions about working practices. The Chair queried what the risks to staff were, Mr Walsh explained there was no or low risk from visual inspections but invasive work requires more controls to be put in and staff are requesting clarity on what constitutes invasive work and this is being addressed via the Asbestos Management Team.
Mr Careless – Staff Representative informed the Committee the staff concerned appreciated the involvement of Mr Walsh and Mr Dalton from the outset.

The report was RECEIVED and NOTED by the Committee.

HSC: 14/085 HEALTH BOARD’S STATUTORY COMPLIANCE TO THE REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS (RIDDOR) REPORT

The Head of Health and Safety advised compliance had decreased to 75% and this predominately related to the performance of the Medicine Clinical Board, however Mr Dalton advised that he and Miss Daniel had recently met with the newly appointed health and safety lead for the Clinical Board to ensure appropriate arrangements and meeting structures were put in place to effectively manage health and safety.

The report was RECEIVED and NOTED by the Committee.

HSC: 14/086 REPORT ON THE JUNE 2014 ENVIRONMENTAL HEALTH INSPECTION OF THE MAIN KITCHEN AND RESTAURANT, UHL

The Assistant Director of Planning (Capital, Estates and Operational Services) informed the Committee that following the inspection a score of 4 out of 5 had been awarded.

The report was RECEIVED and NOTED by the Committee.

HSC: 14/087 REPORT ON THE JUNE 2014 ENVIRONMENTAL HEALTH INSPECTION OF WARD BASED CATERING AND TEDDY BEAR NURSERY, UHW

The Assistant Director of Planning (Capital, Estates and Operational Services) informed the Committee that following the inspection a score of 5 out of 5 had been awarded.

The report was RECEIVED and NOTED by the Committee.

HSC: 14/088 REPORT ON THE JULY 2014 ENVIRONMENTAL HEALTH INSPECTION OF THE MAIN KITCHEN, BARRY HOSPITAL

The Assistant Director of Planning (Capital, Estates and Operational Services) informed the Committee that following the inspection a score of 4 out of 5 had been awarded.

The report was RECEIVED and NOTED by the Committee.
HSC: 14/089 REPORT ON THE AUGUST 2014 ENVIRONMENTAL HEALTH INSPECTION OF THE MAIN KITCHEN, ROOKWOOD HOSPITAL

The Assistant Director of Planning (Capital, Estates and Operational Services) informed the Committee that following the inspection a score of 4 out of 5 had been awarded.

Mr Walsh added that the outcomes from all of the EHO inspections demonstrated standards were being maintained across the Health Board with improvements on the last inspection for both UHL and Rookwood Hospitals.

Mr Waygood confirmed that he would write to the staff with the Committee’s congratulations.

**ACTION – Mr M Waygood/Miss R Daniel**

The report was RECEIVED and NOTED by the Committee.

HSC: 14/090 OPERATIONAL HEALTH AND SAFETY GROUP MEETING OF 21 MAY 2014

The minutes were RECEIVED and NOTED by the Committee.

HSC: 14/091 FIRE SAFETY GROUP MEETINGS OF 29 MAY AND 10 JULY 2014

The minutes were RECEIVED and NOTED by the Committee.

HSC: 14/092 SECURITY AND PERSONAL SAFETY STRATEGY GROUP OF 11 JUNE 2014

The minutes were RECEIVED and NOTED by the Committee.

HSC: 14/093 HEALTH AND SAFETY RELATED POLICIES SCHEDULE

The updated schedule was RECEIVED and NOTED by the Committee.

HSC: 14/094 REVIEW OF THE MEETING AND ITEMS TO BRING TO THE ATTENTION OF THE BOARD OR OTHER COMMITTEES

The Chair advised two issues from the meeting would need to be brought to the attention of the Board:

1. UHB Estates Condition Appraisal Report and the cost required to address backlog maintenance in order to bring the estate up to Level B standard.
2. The increase in the number of violence and aggression incidents and fires within the mental health service as a result of implementing enhanced smoking controls.
HSC: 14/095    DATE AND TIME OF NEXT MEETING

The next meeting will be held at 9.30am on Tuesday 13 January 2015 in the Corporate Meeting Room, HQ, University Hospital of Wales.

Signed  ……………………………………

Date    ……………………………………