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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 APRIL 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:

Martin Driscoll
Stuart Egan
Fiona Jenkins
Maria Roberts
Geoff Walsh
Peter Welsh
Ian Wile

Director of Workforce and OD
Health and Safety Staff Lead
Director of Therapies and Health Sciences
Patient Safety Manager
Director of Capital, Estates and Facilities
Director of Corporate Governance
Head of Operations and Delivery – Mental Health
Clinical Board (agenda item HSC: 18/124)

Apologies:

Steve Allen
Charles Dalton
Carol Evans
Abigail Harris
Fiona Kinghorn

CHC Representative
Head of Health and Safety
Assistant Director of Patient Safety and Quality
Director of Planning
Deputy Director of Public Health

Secretariat:

Rachael Daniel

Health and Safety Adviser

PART 1

HSC: 18/120

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

HSC: 18/121

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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HSC: 18/122 MINUTES OF PREVIOUS MEETING

The minutes of the Health and Safety Committee held on the 23rd January 2018 were **APPROVED** and **ACCEPTED** as a true record.

HSC: 18/123 UPDATED ACTION LOG

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

- HSC: 17/058 – the Patient Safety Manager informed the Committee the intention was to scope the e-datix risk module during July to September and then go live later in the year, however this was dependent on the completion of the corporate review of the risk management process. The Project Board would also be re-established as there would need to be co-operation from the Clinical Boards.

The Director of Corporate Governance informed the Committee the new risk management process would be launched in the near future.

The Chair requested a short update on timescales at the July meeting.

ACTION – Mrs M Roberts/Mrs C Evans/Mr P Welsh

- HSC: 18/010 – the Director of Therapies and Health Sciences advised she would liaise with the Director of Public Health as they had both been appointed as joint Executive Lead for Obesity and would consider where bariatric patient care best fitted.

ACTION – Mrs F Jenkins

- HSC: 18/010 – the Vice Chair queried the timescale for milestones to be included as part of the Priority Improvement Plan, the Health and Safety Adviser confirmed it would be July 2018.

ACTION – Mr C Dalton

HSC: 18/124 MENTAL HEALTH SMOKING CESSATION 2017/18

Mr Ian Wile, Head of Operations and Delivery for the Mental Health Clinical Board thanked the Committee for inviting him to present to them. Mr Wile updated the Committee on the pilot being undertaken to ban smoking in mental health premises.

Mr Wile explained mental health in patients were currently exempt from the smoking ban that was in operation for all other healthcare settings and public buildings. The Clinical Board debated why mental health patients should be exempt when smoking was just as harmful to their wellbeing, if not greater to those with serious mental health problems. He added that ethical, public and professional viewpoints supported a position that on balance the Mental

Health Clinical Board should pilot a smoking ban within mental health for 6 months. This would commence the first week in January 2018 with a formal review of its impact every 8 weeks. It was noted that e-cigarettes were allowed in the gardens during this pilot period.

Mr Wile advised the 1st evaluation of the pilot took place on the 25th March 2018 with Ward Managers and Project Manager. The evaluation identified that some service users were taking leave to smoke off ward areas rather than use the leave for recovery purposes. Whilst this was being looked at sympathetically it resulted in staff having to spend a lot of their time at the ward doors and patients smoking in their rooms posing a fire risk. Alongside this the number of service users being referred to the smoking cessation service was low.

Access to e-cigarettes is a problem for detained patients without time off wards and often little family support, so this often fell to ward staff to obtain for them. As result discussions were on-going with Public Health as to whether e-cigarettes could be sold on site.

Mr Wile acknowledged that as a result of the smoking ban, smoking had now moved to the front of Hafan y Coed and the main building which was proving difficult to control and manage.

Mr Wile informed the Committee staff were asked whether they wanted to reverse the smoking ban which they did not, there was support from both staff and service users to continue with this approach.

The Chair thanked Mr Wile for his presentation and invited comments from Committee members.

The Health and Safety Staff Lead referred to page 20 and noted there was a slight increase in the number of violence and aggression incidents relating to smoking and stressed that these would need to be continued to be monitored.

The Director of Corporate Governance informed the Committee that the current Litter/Smoking Enforcement Officer was employed by Cardiff City Council and cannot work in two different counties so discussions with the Vale Council were on-going, as a result of this there was not currently an Enforcement Officer at Llandough Hospital.

The Director of Therapies and Health Sciences congratulated Mr Wile and his team for taking this challenging issue forward. Mrs Jenkins stated smoking on Health Board grounds was still problematic and more help needed to be given to staff so that they could challenge smokers with confidence.

Mr Imperato advised the prison sector has very similar challenges and queried whether any liaison had been undertaken with comparable organisations. Mr Wile stated the prison sector had been very helpful and whilst other organisations had claimed they had banned smoking this wasn't evident on visits.

Mr Wile also added that the prison sell e-cigarettes through vending machines and following discussions with Sharon Hopkins, Director of Public Health she has agreed this is an option the Clinical Board can pursue. The Director of Capital, Estates and Facilities supported this approach as there was a significant fire risk from patients smoking in the building and e-cigarettes would help in reducing this risk.

The Independent Member (Vice Chair) supported the initiative and commended the engagement process, he was pleased this was also supported by staff and believed there were lessons to be learnt for the whole organisation.

Mr Wile was happy to suggest the pilot had now been completed and to continue with this approach to embed as normal service delivery. This was **AGREED** and **SUPPORTED** by the Committee.

HSC: 18/125 PATIENT MANUAL HANDLING PROACT EQUIPMENT AUDIT ACTION PLAN

The Health and Safety Adviser informed the Committee following the presentation of the Arjo ProACT Audit at the last meeting an action plan had been developed to address the findings.

Miss Daniel advised funding had been secured to replace those hoists which would become obsolete from June 2018. Miss Daniel also informed the Committee discussions were on-going in relation to the re-distribution of hoists to meet service needs and the requirement for an equipment library.

The Director of Therapies and Health Sciences stated whilst she recognised the obsolete equipment needed to be replaced, it resulted in a reprioritisation of the medical equipment budget. Mrs Jenkins stressed the need for this equipment to be better maintained in the future and supported the recommendation of equipment being used where it was needed, she also added the Health Board cannot be in this position again. Miss Daniel stated the company had been made aware that they must provide the Health Board with a significant lead in time if equipment was to become obsolete in the future in order for it to be built into budgetary plans.

The Director of Capital Estates and Facilities informed the Committee Clinical Engineering was prepared to take over the maintenance of hoists as long as the required resources were in place.

The Arjo ProACT Audit Action Plan had been **RECEIVED** and **NOTED** by the Committee.

ASSURANCE was provided by:

- Progress shown against the action plan

HSC: 18/126

PEDESTRAIN ACCESS SAFETY STRATEGY

The Director of Capital, Estates and Facilities informed the Committee an external consultancy (Arup) with the necessary expertise and experience had been appointed to develop a Pedestrian Access Strategy on behalf of the Health Board. Mr Walsh stated the report was expected by the end of May 2018.

The Independent Member (Vice Chair) queried whether the exercise would include proposed future developments and whether the consultancy costs could be met from charitable funds as it was addressing the safety needs of staff, public etc.

Mr Walsh stated it would include those known schemes during the next two years. The Director of Corporate Governance added as this was a legal requirement the costs could not be met from charitable funds.

The Chair queried whether it would take into account the car park changes. Mr Walsh stated there would be no physical changes to car parks but would take into account pedestrian access.

The Health and Safety Staff Lead stated the survey could potentially identify real changes needed to be made to the site which would inevitably result in significant investment. The Director of Workforce and OD stated if this was the case then a prioritisation of the work required would need to be undertaken.

Mr Imperato requested the results of the survey be brought to the July Committee Meeting.

ACTION – Mr G Walsh

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

HSC: 18/127

FIRE SAFETY REPORT

The Director of Capital, Estates and Facilities informed the Committee there had again been an increase in fire training compliance and the figures were now broken down by Clinical Board. He was pleased to note there were currently no fire enforcement notices.

The Independent Member (Vice Chair) agreed there was an overall improvement in fire training compliance but was concerned some Clinical Boards were performing better than others. Mr Walsh stated these figures do get raised at Clinical Board Performance Reviews. The Director of Workforce and OD added the fire training data gets enshrined into the overall mandatory training figures but is in fact a statutory requirement so this data would be separated for future performance reviews.

The Health and Safety Staff Lead requested the data for e-learning and direct training be separated as he was concerned that a greater level of e-learning was taking place whilst clinical staff required direct training. Mr Walsh would investigate with LED who provide the figures.

ACTION – Mr G Walsh

The Director of Therapies and Health Sciences considered the Committee had more assurance now than it had in the past.

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: 18/128 SHARED SERVICES FIRE SAFETY AUDIT OF UNIVERSITY HOSPITAL LLANDOUGH

This item was deferred to the next meeting.

HSC: 18/130 HEALTH AND SAFETY MANDATORY TRAINING REQUIREMENTS

This item was deferred to the next meeting.

HSC: 18/130 ENFORCEMENT AGENCIES CORRESPONDENCE REPORT

The Director of Corporate Governance informed the Committee of 3 new event which had occurred since the last meeting, these being;

- A reported examination of a boiler at Rookwood Hospital resulting in a potential danger under the Pressure System Safety Regulations 2000.
- Concerns raised about enhanced manual handling risks as a result of a lift being out of action.
- Concerns raised following an asbestos inspection carried out by the HSE Inspector on a specialist contractor working on the X-ray Department in University Hospital of Wales.

The Health and Safety Adviser informed the Committee responses had been provided to the HSE for the 3 events. The HSE had responded that no further action would be pursued for the 1st two events as they were satisfied with the actions taken by the Health Board and a response was awaited in relation to the 3rd event.

The Independent Member (Vice Chair) stated how valuable he found this paper to be in keeping members informed of on-going enforcement actions within the Health Board.

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: 18/131 HEALTH AND SAFETY IMPROVEMENT PLAN

The Director of Corporate Governance informed the Committee the Improvement Plan was undergoing a full review which would be brought back to the next meeting.

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: 18/132 CONTROL OF CONTRACTORS IN NON ESTATES ACTIVITIES

The Director of Corporate Governance informed the Committee that as a result of reviewing contractor control arrangements across the Health Board it was evident that other Departments outside of Estates were also bringing contractors onto site and the same arrangements needed to be in place for managing these contractors. The paper had also been presented to Management Executive to secure extra resources to undertake contractor control outside of estates.

The Director of Workforce and OD advised following Management Executive it was agreed that he would meet with the Head of Health and Safety to take this forward.

ACTION – Mr M Driscoll

The Director of Therapies and Health Sciences stressed the importance of having consistent arrangements across the Health Board.

The paper was **NOTED** and **SUPPORTED** by the Committee

REASONABLE ASSURANCE was provided by:

- Actions being taken to address the issues raised.

**HSC: 18/133 MANAGEMENT OF CONTRACTORS AND JOB
REGISTRATION FORM**

The Director of Capital, Estates and Facilities informed the Committee he had a team of 4 – 5 staff who undertake this role within the Service Board and the paper gave an indication of the depth and amount of work undertaken to control contractors.

The Chair stressed it was very important for the Health Board to demonstrate the resources dedicated to monitoring contractor control.

The Director of Therapies and Health Sciences stated it was important that this paper was read alongside the previous agenda item as assurance was provided that contractors were being monitored in estate functions but not in other areas of the Health Board.

The report was **RECEIVED, NOTED** and **SUPPORTED** by the Committee.

ASSURANCE was provided by:

- The continuing and on-going actions undertaken by the Estates Department to manage and monitor contractors on site.

PART 2

HSC: 18/133 COMMITTEE WORK PROGRAMME FOR 2018/19

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

**HSC: 18/134 REGULATORY AND REVIEW BODY TRACKING
REPORT**

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

HSC: 18/135 LONE WORKER SYSTEM PROGRESS REPORT

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

**HSC: 18/136 OPERATIONAL HEALTH AND SAFETY GROUP
MEETING OF DECEMBER 2017**

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

**HSC: 18/137 SECURITY AND PERSONAL SAFETY STRATEGY
GROUP MINUTES OF DECEMBER 2017**

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

**HSC: 18/138 HEALTH AND SAFETY RELATED POLICIES
SCHEDULE**

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

**HSC: 18/139 REVIEW OF THE MEETING AND ITEMS TO BRING TO
THE ATTENTION OF THE BOARD OR OTHER
COMMITTEES**

Mr Imperato advised there had been a number of very useful discussions and welcomed Mr Wile's presentation on the implementation of a smoking ban in mental health premises. Mr Imperato stated the Committee had received good detailed reports and he personally was more assured on health and safety matters than six months ago when he first came in to post.

Mr Janczewski acknowledged the value of the Committee and that it was fundamental to patient and staff safety. He personally appreciated the significance of the Committee and stressed the need for Executive Directors to be present to give their input.

HSC: 18/140 DATE AND TIME OF NEXT MEETING

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

Signed

Date