

**CONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE HELD ON 5th JANUARY
9:00AM
VIA MS TEAMS**

Chair:		
Akmal Hanuk	AH	Independent Member – Local Community (Committee Chair)
In Attendance:		
Rachael Daniel	RD	Interim Head of Health and Safety
Martin Driscoll		Executive Director of Workforce & Organisational Development
Stuart Egan	SE	Staff Safety Representative
Nicola Foreman	NF	Director of Corporate Governance
Michael Imperato		Independent Member – Legal
Geoff Walsh	GW	Director of Estates, Capital and Facilities
Secretariat:		
Nathan Saunders	NS	Corporate Governance Officer
Apologies:		
Janice Aspinall	JA	Staff Safety Representative
Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Fiona Kinghorn	FK	Executive Director of Public Health Wales

HS 21/01/001	Welcome & Introductions	Action
	<p>The Committee Chair (CC) noted that the meeting was not quorate.</p> <p>The Director of Corporate Governance (DCG) advised the Committee that if any decisions needed to be made, they would go to the Board.</p>	
HS 21/01/002	Apologies for Absence	
	Apologies for absence were noted.	
HS 21/01/003	Declarations of Interest	
	There were no declarations of interest.	
HS 21/01/004	Minutes of the Committee Meeting held on 24th November 2020	
	<p>The Committee reviewed the minutes of the meeting held on 24th November 2020.</p> <p>Resolved – that:</p> <p>(a) The Committee approved the minutes of the meeting held on 24th November 2020 as a true and accurate record.</p>	

<p>HS 21/01/005</p>	<p>Action Log following the Meeting held on 24th November 2020</p> <p>The CC noted that the Actions in progress would be discussed at the meeting with the exception of HSC: 19/10/009: HSE Inspection</p> <p>The Interim Head of Health and Safety (IHHS) advised the Committee that no date had been set for the Health and Safety Executive (HSE) inspection and that due to COVID-19 the inspection had fallen off the HSE agenda.</p>	
<p>HS 21/01/006</p>	<p>Chair's Action taken since last meeting</p> <p>No Chair's Action were noted.</p>	
<p>HS 21/01/007</p>	<p>Health and Safety Policies Schedule</p> <p>The IHHS advised the Committee that at the last Health and Safety meeting she had noted to the Committee that a number of policies were out of date and needed review. She also advised that there would be a 12 to 18 month extension due to the ongoing COVID-19 pandemic</p> <p>The IHHS advised the Committee that she had added an extra column to the schedule to note when the review date should be.</p> <p>The IHHS gave the Committee assurance that the policies that had not been reviewed did not have any major content that required change and that the policies remained valid.</p> <p>The CC asked that in regards to the current COVID-19 situation, was the Health Board exposed to any areas where it needed a new policy or needed to update one.</p> <p>The IHHS responded that the team were looking at a policy around Protective Personal Equipment (PPE) and that work was ongoing.</p> <p>The CC asked if this policy was a new one or if it would be added onto an existing policy. The IHHS responded that it was a new policy and that a draft should be completed by the next Health and Safety Committee meeting being held in March 2021.</p> <p>The CC noted to the Committee that it was an important area of risk, specifically in regards to the pandemic and that it should be taken up as a priority.</p> <p>The IHHS responded that we do not have a policy in place at present but there were a number of documents in the background in relation to standard operating procedures and that the policy would formalise the position.</p> <p>The CC asked how the documents were being communicated. The IHHS responded that it varied and specific departments received relevant information based on their requirements. An example being that any service requiring airhoods would receive that information but services not using them would not.</p>	

	<p>The IHHS advised the Committee that information could also be obtained on the COVID website and Health and Safety website.</p> <p>The IHHS confirmed that there was also a PPE cell meeting for clinicians to receive information and updates.</p> <p>The CC advised the Committee that he was cautious a PPE Policy was not in place but confirmed that if members were assured by the IHHS's comments then the meeting could continue.</p> <p>The Executive Director of Workforce & Organisational Development (EDWOD) asked if Cardiff and Vale University Health Board were in the same position as other Health Boards in Wales and asked if they had policies in place already.</p> <p>The IHHS responded that there was an intention for an All Wales approach and to share as much information as possible so that Health Board's were not reinventing the wheel. The IHHS confirmed that she would query the position with other Health Boards to compare.</p> <p>The CC confirmed that this would be beneficial.</p> <p>Resolved:</p> <p>a) The Committee noted the contents of the report.</p>	
<p>HS 21/01/008</p>	<p>Priority Improvement Plan – Verbal Update.</p> <p>The IHHS advised the Committee that the Priority Improvement Plan (PIP) needed a complete overhaul and that this would be done in conjunction with the new Head of Health and Safety who was due to start in February.</p> <p>The IHHS noted that the PIP would be in line with the risk register and would be fully reviewed to look at where the organisation would be when coming out of the COVID-19 pandemic.</p> <p>The CC asked if it was an internal appointment for the new Head of Health and Safety.</p> <p>The EDWOD responded that it was an external appointment –and that a recruitment consultant was used. He noted that the new recruit was currently the Head of Health and Safety for BOC and was an Engineer by background.</p> <p>The Independent Member – Legal (IML) asked when the new Head of Health and Safety would attend their first Health and Safety Committee Meeting. The IHHS responded that the first meeting would be 30th March 2021.</p> <p>The IML noted that the new Head of Health and Safety would have been in post for 2 months by then and asked what the Committee would be expecting them to have ticked off by their first meeting.</p>	

	<p>The EDWOD responded that the anticipation was that they would hit the ground running. He noted that the IHHS and he had prepared a full induction programme and that the new recruit would be meeting members of the Committee.</p> <p>The CC advised the Committee that it was important to give the new recruit a good briefing in terms of where the Health Board was in relation to Health and Safety and to use their experience and knowledge.</p> <p>The CC advised the Committee that we hold an agenda item for them at the next meeting for an overview in line with the new Head of Health and Safety's initial findings.</p> <p>Resolved:</p> <p>a) The Committee noted the Priority Improvement Plan</p>	RD
HS 21/01/009	<p>Fire Enforcement Report</p> <p>The Director of Estates, Capital and Facilities (DECF) advised the Committee that there had been no activity in terms of audits from the enforcing authority as they had been preoccupied during the COVID-19 pandemic.</p> <p>The DECF noted to the Committee that there had been a decrease in unwanted fire signals and advised the Committee that there had been a reduction in fire activity across all sites.</p> <p>The DECF advised the Committee that in regards to fire training there was online training available but unfortunately there was a statutory obligation for clinical teams to have face to face training on an annual basis. This was a significant issue at the time of the meeting but had been an issue prior to COVID-19 due to staffing levels.</p> <p>The DECF advised the Committee that staff were under enormous pressures and it proved difficult to get close to the required target of staff undertaking face to face training.</p> <p>The DECF felt that it needed to be noted that the Health Board was not compliant on this issue.</p> <p>The DECF advised the Committee that additional staff had been brought in which included ex fire safety officers who would be manning the helideck at the University Hospital of Wales (UHW) and would provide cover for the Lakeside Wing.</p> <p>The IML asked how the management of Health and Safety areas was going in regards to the new Lakeside Wing.</p> <p>The DECF responded that he had had meetings with Executives about how to move forward with fire safety in that area. He advised the Committee that they had adopted the same approach as the Dragon Heart Hospital (DHH). This would provide cover from ex fire service officers who would be able to fight fires rather than just assist with evacuation.</p>	

The DECF advised the Committee that a lot of clinical staff were needed to evacuate a ward and that it would not be possible with current staffing levels which is why ex fire service officers had been brought in.

The DECF advised the Committee that there had been pressures on Porter and Security services who were part of the firefighting team. A number of staff had been in self-isolation, shielding and reduced numbers in those areas necessitated bringing in support from Cardiff airport in relation to the staffing of the helideck.

The EDWOD advised the Committee that he hoped that the Lakeside Wing would not need to be at full capacity

The CC thanked the DECF for his hard work and raised two areas of concern.

- 1) Face to face training was a statutory requirement. The CC asked if there was a way to mitigate that and he commented that the fact the organisation was not compliant was worrying.

The DECF responded that it was not a problem for his team as they had the capacity to train. The pressure was due to staffing levels.

The DECF advised the Committee that it would be difficult taking staff out of areas where there were already staff members self-isolating, shielding or off sick. The pressures on Nursing and Medical were equally as bad.

The DECF advised the Committee that a large recruitment drive had occurred with Human Resources supporting.

- 2) The length of training.

The DECF responded that the training took a few hours.

The EDWOD responded that he had and his team had looked at options to undertake training offline and how to engage with the Health and Safety Executive (HSE). He advised the Committee that an offer of remote training was something that could be done because other areas of the UK such as law courts were managing to provide courses such as the Speed Awareness Course virtually.

The EDWOD advised the Committee that the United Kingdom had recognised the position and this is why the Health Board needed to liaise with the HSE. He advised that this would be rolled out in 2021 and that by that stage the organisation should be meeting the statutory requirements.

The CC advised the Committee that he would be keen to keep this item on the agenda moving forward and to monitor progress at future Committee meetings.

Resolved:

- a) The Committee considered the on-going efforts to meet the requirements of fire safety enforcement action.

HS 21/01/010

Enforcement Agencies Report

The IHHS advised the Committee that since the last meeting there had been 1 new correspondence from the HSE in relation to a steam boiler in University Hospital Llandough (UHL). It was examined by a competent person and found to have 1 defect. The Health Board responded accordingly to the HSE and there had been no correspondence since so it was assumed that the case was closed.

The IHHS advised the Committee that there had been 2 updates for noting since the last meeting.

- 1) HSE were investigating the death of a member of staff who had tested positive for Covid-19. Since the report had come out a formal update had been provided from HSE and who noted that it was not RIDDOR reportable so they did not consider it a work related death. This item is closed.
- 2) Communication from the HSE on the 11th November 2020 in relation to face fit testing practices in a Nursing Home. A meeting took place with the IPC Department on 20th November 2020 to address the concerns raised by the HSE.

The IHHS advised the Committee that the Health Board had received a Notification of Contravention in respect of Face Fit Test reports and that the report used by the Health Board did not contain all the information required by HSE guidance. This was rectified and the correct form is now used.

The IHHS advised the Committee that the Health and Safety team took on face fitting at the beginning of the COVID-19 pandemic and that since then the team's main role was taken over by fit testing. This was being undertaken 5 days a week.

The IHHS advised the Committee that Clinical Boards (CB) should be doing fit testing and that there was a plan in place for this albeit, it was a lengthy process. The Intention was that the Health and Safety department would pick up any exceptions and the rest of the fit testing would be taken up by CBs. It was noted that during more challenging times CB's could not release staff so the Health and Safety team were undertaking more fit testing centrally.

The CC asked the IML if he was aware of any background information regarding the death of a staff member.

The IHHS responded that the investigation had looked at the timeline of where the staff member was working and 14 days prior to that. The investigation looked at the patients on the ward at the time and their COVID-19 status and had looked at PPE requirements at the time and if there had been any breaches. What the investigation found was that all correct procedures had been in place.

The IML asked if any other Health Board's in Wales had been investigated in similar situations.

The IHHS responded that as far as she was aware, no other Health Board had been investigated. She noted that the HSE were asked to investigate by the coroner.

The Staff Safety Representative (SSR) advised the Committee that he was concerned by the Health Board not reporting staff who had fallen victim to COVID-19. He noted that teams were well aware of outbreaks in wards and in mental health for example where Staff had contracted COVID-19 and had not reported anything under RIDDOR.

The SSR advised the Committee that such incidents should be reported and that there would clearly be cases for people looking for compensation who had fallen ill by going to work.

The IHHS responded that the HSE treated outbreaks very differently to the Health Board and that they did not look at those outbreaks under RIDDOR and needed very clear evidence that the infection was work related. At the time of the meeting it remained very difficult to prove transmission at work because COVID-19 was very prevalent in the community.

The CC advised the Committee that he took assurance from what the IHHS had shared. The CC commented that there were a number of areas to learn from which it was important for the committee to be aware of.

The CC noted that resources were stretched and had been insufficient to enable a full review of some of the key areas on the agenda.

The CC asked what the cause of this was, what were the constraints and how were plans to resolve the issues to be implemented. He added that if there was a resource issue it should be discussed and then presented to Board.

The IHHS responded that the Health and Safety department were taking on things that had not been in their remit previously and that meant the normal day to day role of the Health and Safety team was not always being followed up. The Health and Safety team had an advisory team and a training team and that as of the previous day there were 4 members off work with COVID-19 from the training team.

The EDWOD advised the Committee that there were similar stories across the organisation from clinical departments who had been taking down services or finance, HR, Procurement etc who were struggling with numbers.

The EDWOD shared that the things that the Health Board wanted to do were on hold and he advised the Committee that it would not be helpful to detail what was not being done. He hoped that the Committee recognised the position and realised that staff were doing the best they could.

The SRR advised the Committee that the people left behind were taking up the slack and were prioritising the work.

The CC agreed that it was a very difficult time and he stressed that the point he tried to raise was that in terms of the UHB's priorities, the Health

	<p>and Safety Committee should clearly set the priority items in relation to COVID-19 and winter pressures.</p> <p>Resolved:</p> <p>a) The Committee noted the contents of the report.</p>	
<p>HS 21/01/011</p>	<p>Committee Terms of Reference & Work Plan for 2021-22</p> <p>The DCG advised the Committee that there were very few changes for the next financial year and advised the Committee that the Deputy Chief Operating Officer (DCOO) had been added to the work plan as it was intended that she would be the Executive Lead who would be taking over from the EDWOD when he left the Organisation.</p> <p>The DCG advised the Committee that the Committee was currently under review as to whether it should remain a Committee of the Board and noted that if it did not remain it would likely report into the Quality, Safety and Experience Committee or the Strategy and Delivery Committee and the Terms of Reference would require amendment to take that into account.</p> <p>The DCG advised the Committee that there was no statutory requirement for it to be a Committee of the Board but that discussions were ongoing so it would continue to report to the Board.</p> <p>Resolved:</p> <p>a) The Committee noted and agreed the Terms of Reference and Work Plan update.</p>	
<p>HS 21/01/012</p>	<p>Sub Committee Minutes:</p> <p>i. Operational Health and Safety Group –</p> <p>The EDWOD advised the Committee that there was nothing to raise and that the papers should be taken as read.</p>	
<p>HS 21/01/013</p>	<p>Self-assessment of Committee Effectiveness & Forward Action Plan</p> <p>The DCG advised the Committee to be aware that the self-assessments had been to all other Committees of the board and that it was slightly delayed in coming to this Committee.</p> <p>The DCG advised that another self-assessment of the Committee was due in April.</p> <p>The DCG advised that the report was shared for noting and that she would pick up any actions with the CC directly and make sure that the committee were on track to complete the effectiveness reviews and forward action plans.</p> <p>Resolved:</p>	

	<p>a) The Committee noted the results of the Committee’s self-assessment Effectiveness Review for 2019-20.</p> <p>b) The Committee approved the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which will feed into the 2020-21 Annual Governance Statement.</p>	
HS 21/01/014	<p>Environmental Health Inspection Report – Verbal Update</p> <p>The IHHS advised the Committee that Environmental Health were not prioritising inspections and that there had not been any inspections since the last meeting. There was no indication of when inspections would recommence.</p> <p>The CC asked if everything was still being done as it should be had inspections continued.</p> <p>The DECF responded that they were still doing what should be done and had appointed an Environmental Health Officer who would start the following week and would be undertaking internal audits and making sure that nothing fell by the wayside.</p> <p>The CC asked for an update at the next Committee meeting.</p> <p>Resolved:</p> <p>a) The Committee noted the Environmental Health Inspection Report</p>	GW
HS 21/01/015	<p>Items to bring to the attention of the Board/Committee</p> <p>No items were referred to the Board or other Committees.</p>	
HS 21/01/016	<p>Review of the Meeting</p> <p>The CC welcomed comments from the Committee.</p> <p>The IML commended the CC for moving through the agenda quickly.</p> <p>The CC asked to reiterate his thanks to the executive members and their teams.</p>	
HS 21/01/017	<p>Date and time of next Meeting</p> <p>30th March 2021 – 9am MS Teams</p>	