

**CONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE HELD ON 24
NOVEMBER 2020
VIA TEAMS**

Present:

Akmal Hanuk	AK	Independent Member – Local Community (Committee Chair)
Michael Imperato	MI	Independent Member – Legal Independent Member – Capital and Estates (Vice Chair)
Rhian Thomas	RT	
Dawn Ward	DW	Independent Member – Trade Union

In Attendance:

Janice Aspinall	JA	Staff Safety Representative
Julie Cassley	JC	Deputy Director of Workforce and OD
Rachael Daniel	RD	Interim Head of Health and Safety
Stuart Egan	SE	Staff Safety Representative
Nicola Foreman	NF	Director of Corporate Governance
Geoff Walsh	GW	Director of Estates, Capital and Facilities

Secretariat:

Rachael Daniel	RD	Interim Head of Health and Safety
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Apologies:

Martin Driscoll	MD	Director of Workforce and OD
Carol Evans	CE	Assistant Director of Patient Safety and Quality
Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Fiona Kinghorn	FK	Director of Public Health

HSC:	WELCOME AND INTRODUCTIONS	ACTION
20/11/001	<p>The Committee Chair (CC) welcomed everyone to the meeting. The CC thanked Independent Member – Legal (IML) for previously chairing the Committee and welcomed Independent Member – Capital and Estates who was undertaking the role of Vice Chair (VC) to the Committee.</p> <p>The CC also noted Mr Charles Dalton’s contribution to the Committee over many years and wished him well for his retirement. He also noted that the Director of Workforce and OD (DWOD) who has executive responsibility for health and safety would be leaving the Health Board in February 2021.</p>	
HSC: 20/11/002	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were noted.</p>	
HSC: 20/11/003	<p>DECLARATIONS OF INTEREST</p>	

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

**HSC:
20/11/004**

MINUTES OF PREVIOUS MEETING

The minutes of the Health and Safety Committee held on the 21st January 2020 and 30th April 2020 were reviewed.

The Committee resolved – that:

The Committee approved the minutes of the meetings held on 21st January 2020 and 30th April 2020.

**HSC:
20/11/005**

COMMITTEE ACTION LOG

The Committee reviewed the action log from the meeting held on the 21st January 2020.

HSC: 20/01/008 – The IML advised at the meeting in January it was discussed that the terms of reference were to be reviewed to reflect the strategic intentions of the Committee. The terms of reference would then also determine the work programme of the committee.

The Director of Corporate Governance (DCG) advised she would circulate the Terms of Reference to the committee.

The Committee resolved – that:

- (a) The action log and updates in it were received and noted.

**HSC:
20/11/006**

CHAIRS ACTION TAKEN SINCE LAST MEETING

The CC informed the Committee he did not have anything to report.

**HSC:
20/11/007**

ANNUAL REPORT OF THE HEALTH AND SAFETY COMMITTEE

The DCG explained the annual report was in relation to year ending 2019/20 but due to the Health and Safety Committee being stood down during Covid this was the 1st opportunity to bring to the Committee. The DCG added the secretariat of the Committee would now be overseen by the governance team so that it could be treated the same as all other Committees.

The Independent Member – Trade Union (IMTU) stated attendance by Executive Directors was key and the membership should be looked at as part of the terms of reference review. The IML stated the Executive Director was not always the best placed person to give updates on statutory issues.

The VC queried whether incident data was considered by the Committee on a regular basis. The IML advised that the Committee

NF

considers incident data, statutory reports, and training and when setting the agenda for the meeting, themes within the statutory framework were considered.

The IMTU observed that during the last 12 months the Committee were lacking sight of strategic high risks, and whilst the role of the Committee was that of assurance an open mind was also required in respect of key operational risks.

The Director of Capital, Estates and Facilities (DCEF) added it was refreshing for members of his team to present their services and associated risks to the committee.

The DCG advised she would ensure the right input was received in relation to the terms of reference and work plan.

NF

The Committee resolved that:

- (a) The terms of reference would be circulated for discussion at the January meeting.

RISK REGISTER FOR HEALTH AND SAFETY

The DCG advised the risk register would be reviewed with the DWOD.

NF/MD

The Committee resolved that:

- (a) The update was noted.

**HSC:
20/11/008**

**HSC:
20/11/009**

HEALTH AND SAFETY TRAINING UPDATE

The Interim Head of Health and Safety (IHS) informed the Committee that health and safety classroom training had been re-introduced, however the number of courses offered were limited due to the pandemic and the demands that it was placing on the health and safety team. In addition, course numbers had been reduced to allow for social distancing. As a result compliance for classroom based (practical skills) remains low.

The IHS added on a risk priority basis resources were being diverted to foundation courses (new starters) as opposed to update/refresher training. The IMTU agreed with this approach as the risks to new staff would potentially be greater than those to existing staff.

The IMTU acknowledged the health and safety training team had excelled during these extraordinary times with regards to the amount of training that had been delivered in a short period of time particularly at the height of the pandemic.

The IMTU also raised her concern that Link Worker training had been suspended, The IHS explained this was due to the process being

reviewed to ensure it was fit for purpose for the needs of the Health Board and assured her it was not covid related.

The IML reflected on the discussions at the January 2020 meeting where it was imparted that more bespoke training to reflect individuals roles was being pursued, so that staff would then only undertake relevant training and considered this was key to improving compliance.

The Committee resolved that:

- (a) The report was noted.
- (b) An update be presented to the January meeting in respect of the progress of bespoke training.

MD

**HSC:
20/11/010**

ENFORCEMENT AGENCIES REPORT

The IHS informed the Committee there were 4 new issues since the last meeting, these being;

- (i) Covid safe workplace – Woodlands House
- (ii) Death of a member of staff as a result of covid.
- (iii) Self-isolating concerns – Radiology Department, University Hospital Llandough
- (iv) Fit testing within a Nursing Home

The IHS informed the Committee the Health and Safety Executive had received a complaint from a member of staff in relation to Woodland House being a covid safe workplace. The HSE requested information in relation to cleaning regimes, information provided to staff and monitoring arrangements. The HSE were informed of the measures being undertaken to keep the workplace safe and were satisfied no further action was to be taken.

In relation to the death of a member of staff the HSE were investigating as to whether the member of staff acquired covid-19 through work related exposure. A group of relevant personnel was formed to pull together the requested information which was provided to the HSE. The outcome of the investigation is awaited.

The HSE contacted the Health Board in relation to a concern that had been raised with them by a member of staff in the Radiology Department, UHL, where it was alleged that there had been 3 – 4 confirmed positive cases of covid-19 amongst staff, and the manager had told them to still come to work and not to speak to the test and trace service as he did not want anyone self-isolating.

This concern was fully investigated by the Clinical Board and a number of documents were provided to the HSE, following receipt of the documentation the HSE confirmed no further action would be taken.

The PCIC Clinical Board received communication from the HSE in relation to face fit testing practices in a Nursing Home, following a response to this communication, the HSE had subsequently followed

up with the Health and Safety Department and this was currently being investigated.

The VC queried how reporting was normally made to the HSE. The IHS clarified that the majority of reporting was through RIDDOR reporting, however members of staff can contact the HSE directly with any health and safety concerns they may have.

The Committee resolved that:

- (a) The report was noted.
- (b) Agreed that appropriate actions were being pursued to address the issues raised.

**HSC:
20/11/011**

**FIRE ENFORCEMENT AND MANAGEMENT COMPLIANCE
REPORT**

The DCEF informed the Committee Covid-19 was having an impact on a number of areas.

Unwanted fire signals had reduced as a direct result of decreased footfall on the sites, to date there had been 69 calls whereas 12 months ago it had been 260.

There were also a small number of fire risk assessments that were unable to be completed as they were in Covid-19 red areas and therefore access restricted.

The DCEF added whilst electronic training had seen an improvement, face to face training had reduced significantly. He added the Fire Advisers were still doing face to face training however the numbers attending were very low.

The IMTU commended to the DCEF and his team in relation to the risk assessment position, however she was concerned at the low training compliance. The CC queried whether an external arrangement could be utilised to improve the compliance. The DCEF stated he did not have a concern in relation to resources to deliver training, the issue was that specific arrangements were made with clinical areas and then staff would fail to attend.

The VC was curious as to why staff would not turn up as there was no cost implication to the Clinical Boards. The DCEF advised that pre covid Clinical Boards would be held accountable by the Executives as part of the Executives' challenge.

The IHS informed the Committee charges were introduced for manual handling and violence and aggression DNAs, this was due to the number of complaints received that courses were full and then approximately 50% of course participants would fail to attend, she added the charges had been suspended during the pandemic.

The IMTU stated that the clinical boards need to be held to account and whether internal enforcement notices should be explored.

The Committee resolved that:

- (a) The report was noted.

**HSC:
20/11/012**

DISCRETIONARY CAPITAL COMPLIANCE

The DCEF informed the Committee that estates compliance was initially reviewed in 2013 where there had been 41 areas of compliance in the red at the time and the Board had supported a programme a works to address these. The DCEF reported there had been a significant improvement and there were now only 6 areas of non-compliance. He also added there was annual spend of 3.5 million on inspections and testing.

The IMTU stated there had been a vast improvement since 2013 however was however concerned at the non-compliance in relation to the helipad. The DCEF assured the Committee that the helipad underwent daily checks as per the operational procedures and the non-compliance was in relation to documentation as opposed to an operational nature.

The Committee resolved that:

- (a) The report was noted.
- (b) Agreed that appropriate actions are being taken to address the issues raised.

**HSC:
20/11/013**

**UPDATED HEALTH AND SAFETY RELATED POLICIES
SCHEDULE**

The IHS informed the Committee that a number of Health and Safety Policies were out of compliance. This had been discussed at the Operational Health and Safety Group where it was agreed to seek approval from the Committee to extend the review period by a maximum of 18 months. The IHS assured the Committee that there were no immediate concerns in relation to any of the policy content.

The DCG agreed this was a sensible approach and requested that an extra column be added to the schedule detailing when the policies would now be reviewed.

The Committee resolved that:

- (a) The updated schedule be noted.
- (b) The out of compliance policies be extended for a maximum of 18 months.

OPERATIONAL HEALTH AND SAFETY GROUP

The Committee resolved that:

- (a) The minutes of the Operational Health and Safety Group held in March 2020 be ratified.

**HSC:
20/11/014**

RD

**HSC:
20/11/015**

ENVIRONMENTAL HEALTH INSPECTION REPORTS

The DCEF informed the Committee that no inspections had taken place since March 2020, although these were due to be recommenced in the near future.

The Committee resolved that:

- (a) The update was noted.

**HSC:
20/11/016**

ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES

There were no items to bring to the attention of the Board or other Committees.

REVIEW OF MEETING

The CC welcomed comments from the Committee. The Committee considered the review of the terms of reference to be critical to the working of the Committee going forward.

**HSC:
20/11/017**

DATE OF THE NEXT MEETING OF THE COMMITTEE

Tuesday 5th January 2020 at 9.00am via TEAMS