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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 9 APRIL 2019 IN THE CORPORATE MEETING ROOM,
HEADQUARTERS, UNIVERSITY HOSPITAL OF WALES (UHW)**

Present:

Michael Imperato
Charles Janczewski
Akmal Hanuk

Independent Member – Legal (Chair)
Vice Chair
Independent Member - Local Community

In attendance:

Janice Aspinall	Staff Safety Representative
Charles Dalton	Head of Health and Safety
Martin Driscoll	Director of Workforce and OD
Carol Evans	Assistant Director of Patient Safety and Quality
Nicola Foreman	Director of Corporate Governance
Stuart Egan	Staff Lead for Health and Safety
Fiona Jenkins	Director of Therapies and Health Sciences
Fiona Kinghorn	Director of Public Health
Geoff Walsh	Director of Capital, Estates and Facilities

Mark Pinder

Arjo UK Representative (for agenda item HCS:
19/035)

Samantha Skelton

Manual Handling Adviser (for agenda item HCS:
19/035)

Apologies:

Secretariat:

Rachael Daniel Health and Safety Adviser

PART 1

HSC: 19/029 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

HSC: 19/030 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: 19/031 MINUTES OF PREVIOUS MEETING

The minutes of the Health and Safety Committee held on the 22nd January 2019 were **APPROVED** and **ACCEPTED** as a true record with the exception of the following minor amendment:

- (i) Charles Janczewski - Vice Chair's apologies to be recorded.

HSC: 19/032 UPDATED ACTION LOG

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

- HSC: 19/006 – the Director of Corporate Governance advised the Terms of Reference will need to be presented to the May Board meeting for sign off along with the Committee's Workplan.

ACTION – Mrs N Foreman

- HSC: 19/015 – the Head of Health and Safety informed the Committee a Managers Safety Course with an accompanying handbook had been developed to support Managers in their role in relation to health and safety and also references their responsibilities for implementing policies and procedures.

A pilot course was delivered for safety representatives the previous week and was very well received, the course will now be offered to Managers with the first course running in June 2019.

HSC: 19/033 PRESENTATION ON THE ARJO PROACT AUDIT SURVEY FINDINGS

Mr Imperato welcomed Mr Mark Pinder, National ProACT Manager for Arjo UK to the meeting.

Mr Pinder provided the Committee with details of the audit undertaken in November 2018. He added the data was being compared to the two previous audits undertaken in 2016 and 2017 with the trend graphs looking very similar.

The Vice Chair queried whether the community was part of the audit, it was confirmed it was not.

The Independent Member – Local Community queried whether there were any costings associated to the audit, he was advised these were currently being worked up. Mr Hanuk then queried whether this was considered as core or non-core business, this was confirmed as being core business.

The Chair requested assurances at the next meeting on how the results of the audit were to be taken forward. The Director of Therapies and Health Sciences added that a paper will also need to be presented to Management Executive.

ACTION – Mr C Dalton

The Committee **NOTED** the findings of the Arjo Proact Survey and **REQUESTED** assurances on the findings at the next meeting.

HSC: 19/034 BOARD ASSURANCE FRAMEWORK (BAF) – HEALTH AND SAFETY RISKS UPDATE

The Director of Corporate Governance informed the Committee the Corporate Risk Assurance Framework (CRAF) no longer exists and has been replaced by the Board Assurance Framework (BAF) which highlights the big risks for the Health Board.

Each Corporate Department and Clinical/Service Board will have their own risk register and high level health and safety risks should be reported through this Committee. Mrs Foreman added Mandy Collins, Interim Head Corporate Governance would be supporting departments with this process.

The Head of Health and Safety stressed the risk assessment process must underpin the BAF. Mrs Foreman advised the Risk Management Policy was currently being reviewed.

The verbal update in respect of the BAF was **RECEIVED** and **NOTED** by the Committee.

HSC: 19/035 PEDESTRAIN ACCESS SAFETY STRATEGY AND INDEPENDENT SURVEY REPORT

The Director of Capital, Estates and Facilities informed the Committee the key risks had been extracted from the Independent Report which identified three high risk areas:

- Allensbank Road entrance to the roundabout adjacent to the multi-storey car park. Mr Walsh advised this entrance was not under health board control and requires discussion with the Local Authority.
- Residential Road/Heath Park Way delivery/logistics areas. Mr Walsh advised delivery vehicles were queuing on the zig zag lines and to resolve this consideration was being given to removing some of the zebra crossings in the area. He added Shared Services had changed some of their deliveries to avoid a build-up of delivery vehicles. It had also been agreed that Shared Services would arrange for banksmen to be present however there had been no evidence of this and he would continue to work closely with Shared Services.

- Access from footbridge over A48/Dental car park 6 to Gateway Road, there is currently no footpath through the car park to the Dental Hospital.

The Staff Lead for Health and Safety welcomed the report and highlighted a few recent concerns in respect of contractor control and pedestrian safety at University Hospital Llandough. Mr Walsh stated he would discuss these outside of the meeting as they were operational issues that he is not aware of and therefore cannot respond to at this time.

The Head of Health and Safety stated pedestrian safety must be routinely considered as part of the work programme for any contract.

The Director of Workforce and OD noted the three high risk areas and queried whether any timescales had been identified. Mr Walsh advised the report would be considered as part of the Sustainable Travel Plan but there was no programme plan at this time.

The Independent Member – Local Community acknowledged this would not be immediately resolved but queried whether there was any interim strategy. Mr Walsh stated the highest risk related to the stores area and further conversations were required with Shared Services in relation to having banksmen. Mr Dalton added they must take responsibility for banksmen and for ensuring vehicles were not delivering until it was safe for them to do so.

The Vice Chair requested the Committee was kept up to date with progress against the programme of works.

ACTION – Mr G Walsh

Mr Driscoll informed the Committee he was now the Executive Lead for Health and Safety and he would raise at Executive Team.

ACTION – Mr M Driscoll

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

HSC: 19/036 ENFORCEMENT AGENCIES CORRESPONDENCE REPORT

The Head of Health and Safety informed the Committee the final submission in relation to the contractor fall was being submitted the following day with the preliminary hearing being held on the 2nd May. The outcome would be brought to the July Committee Meeting.

ACTION: Mr C Dalton

Mr Dalton also informed the Committee that the Health and Safety Executive (HSE) was currently undertaking a programme of Well Working Audits of Healthcare. Two Health Boards in Wales had already been audited and it has

been intimated that Cardiff and Vale would be audited in the 3rd quarter although this had not yet been confirmed by the HSE. The audits were focusing on violence and aggression and musculoskeletal disorders and preparations will need to be put in place.

The Chair requested an update be provided to the July meeting.

ACTION – 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: 19/037 CONTROL OF CONTRACTORS IN NON-ESTATE ACTIVITIES

The Head of Health and Safety advised this was a progress report following previous submissions to the Committee.

The Chair advised the culture of the organisation would be looked at in any legal proceedings and this was an important paper in respect of the continued progress made by the Health Board in contractor control management in both estates and non-estate activities.

The Independent Member – Local Community requested clarification in respect of the red and amber cards issued to contractors. The Director of Capital, Estates and Facilities advised a red card resulted in the contractor immediately leaving site and the amber card related to a procedural breach, also two amber cards equated to a red card. Mr Walsh added all contractors have to attend the Health Board induction and are then registered on the system. All contractors also have to submit health and safety information to the health board.

The Committee **NOTED** the progress made in relation to both estates and non-estates contractor control activities.

ASSURANCE was provided by:

- The actions and details identified within the report.

HSC: 19/038 FIRE SAFETY MANAGEMENT AND COMPLIANCE REPORT

The Director of Capital, Estates and Facilities informed the Committee there were currently no enforcement notices in place and no significant audits had taken place.

Mr Walsh advised the Fire Service had changed their policy when responding to fires and would now not be sending two appliances and would be driving at normal road speed until an actual fire had been confirmed. Concerns have been raised with the fire service in relation to the high rise buildings on site.

The Staff Lead for Health and Safety informed the Committee as part of workplace inspections he repeatedly sees the tunnels full of items that should not be stored there which impacts on fire safety. Mr Walsh stated the Fire Safety Officers constantly raise the same issue and the estates/waste teams clear on a regular basis but it is a constant challenge to keep the tunnels clear.

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: 19/039 HEALTH AND SAFETY IMPROVEMENT PLAN – EXCEPTION REPORT

The Head of Health and Safety updated the Committee on the current status of the improvement plan.

The Vice Chair requested for abbreviations not to be used and noted 52 milestones must be a challenge to manage. The Head of Health and Safety stated this was a live document and the milestones would be updated accordingly.

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: 19/040 HEALTH AND SAFETY RELATED POLICIES SCHEDULE

The Health and Safety Adviser informed the Committee an extra column had now been added to the schedule following a request at the last meeting. This column provided details of the status of those policies which were currently out of date.

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

HSC: 19/041 SECURITY SERVICES POLICY

The Director of Capital, Estates and Facilities 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.

PART 2

HSC: 19/042 COMMITTEE WORK PROGRAMME FOR 2019/20

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

The Director of Corporate Governance advised the work programme required some amendments which she would take forward.

ACTION – Mrs N Foreman

**HSC: 19/043 REGULATORY REVIEW AND TRACKING REPORT 1ST
APRIL 2018 – 31ST MARCH 2019**

The Regulatory Review and Tracking Report was **RECEIVED** and **NOTED** for information by the Committee.

**HSC: 19/044 HEALTH AND SAFETY IMPROVEMENT PLAN (IN
DETAIL)**

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

HSC: 19/045 LONE WORKER DEVICES REPORT

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

**HSC: 19/046 ENVIRONMENTAL HEALTH INSPECTION REPORT OF
BARRY HOSPITAL ON 13TH MARCH 2019**

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: 19/047 OPERATIONAL HEALTH AND SAFETY GROUP
MEETING OF DECEMBER 2018**

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

HSC: 19/048 FIRE SAFETY GROUP MINUTES OF DECEMBER 2018

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

HSC: 19/049 WATER SAFETY GROUP MINUTES OF DECEMBER 2018

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

HSC: 19/050 REVIEW OF THE MEETING AND ITEMS TO BRING TO THE ATTENTION OF THE BOARD OR OTHER COMMITTEES

The Director of Workforce and OD stated operational issues should be taken to the Operational Health and Safety Group with the appropriate individuals present and not discussed at the Committee meeting.

HSC: 19/051 DATE AND TIME OF NEXT MEETING

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

Signed

Date