ABM University LHB

Unconfirmed Minutes of the Health and Safety Committee held on 27th February 2019 in the Millennium Room, Health Board HQ

Present:

Maggie Berry Independent Member (in the chair)

Reena Owen Independent Member (until minute 10/19)

Jackie Davies Independent Member

In Attendance:

Steve Davies Staffside

Darren Griffiths Associate Director - Performance

Laurie Higgs Head of Health and Safety

Des Keighan Assistant Director of Strategy (Estates)

Hazel Robinson Director of Workforce and Organisational Development (partial meeting

due to on-call commitments)

Gareth Howells Director of Nursing and Patient Experience

Joanne Jones Head of Hotel Services

Pam Wenger Director of Corporate Governance
Liz Stauber Committee Services Manager

Brian Owens Service Director, Neath Port Talbot Hospital (for minute 07/19)
Lesley Jenkins Unit Nurse Director, Neath Port Talbot Hospital (for minute 07/19)

Angharad Higgins QSI Manager, Neath Port Talbot Hospital (for minute 07/19)

Jason Crowl Unit Nurse Director, Primary Care and Community Services (for minute

08/19)

Minute	ltem		Action

01/19 WELCOME AND INTRODUCTIONS

Maggie Berry welcomed everyone to the meeting and advised that she was now the chair of the committee. As such, she had taken the difficult decision to defer the majority of the agenda items given the lateness of the papers. She stressed that all papers should be provided with sufficient time for appropriate consideration by members but noted that the advice of the Director of Corporate Governance had been to proceed as originally planned. An additional meeting was to be scheduled in order to consider the items not taken that day.

02/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Siân Harrop-Griffiths, Director of Strategy, Martyn Waygood, Independent Member and Chris White, Chief Operating Officer/Director of Therapies and Health Science.

03/19 DECLARATIONS OF INTEREST

There were no declarations of interest.

04/19 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 3rd December 2019 were **received** and **confirmed** as a true and accurate record.

05/19 MATTERS ARISING

(i) 38/18 Minutes of the Previous Meeting

Maggie Berry queried whether the timelines had been agreed for the follow-up audit of fire safety. Pam Wenger undertook to confirm.

Maggie Berry sought clarity as to whether all the units now had health and safety groups. Laurie Higgs advised that while some had their groups up and running, others were in the process of refreshing the arrangements. Jackie Davies queried whether trade union representatives attended the units' groups. Laurie Higgs responded that trade union representatives were members of the corporate group and where possible attended those of the units.

Reena Owen stated that it would be useful to have a diagram which outlined the health and safety governance structure. Gareth Howells advised that this was part of the challenge as there was a lack of consistency across the health board, such as membership of the groups and frequency of the meetings. Pam Wenger added that standardisation of the approach needed to be part of the improvement plan

(ii) 42/18 Review of Service Delivery Unit: Morriston

Maggie Berry noted that a discussion had taken place at the previous meeting as to whether issues such as violence and aggression should be added to the health board risk register and queried as to whether this had occurred. Gareth Howells advised that the enforcement areas raised as part of the recent Health and Safety Executive visit needed to be added and the issue should be discussed further by the operational group.

Maggie Berry queried whether the smaller linen bags were now in use. Joanne Jones confirmed that they were.

(iii) Backlog Maintenance Thematic Review

Maggie Berry sought further details as to the survey for the five facet review of backlog maintenance. Des Keighan advised that four of the five facets were being undertaken for Bridgend at a cost of £100k while the

PW

rest of the estate would be at a cost of £250k. He added that an internal desktop review had confirmed that the health board was in-line with requirements and the external survey would be able to quality assure the findings. Gareth Howells added that it would provide board visibility as to the risks within the organisation.

Maggie Berry queried as to how the issue of decant facilities was monitored. Gareth Howells advised that this was through the infection control committee.

06/19 CHANGE IN AGENDA ORDER

The agenda order be changed and items 3.1 and 3.2 be taken next.

07/19 REVIEW OF SERVICE DELIVERY UNIT: NEATH PORT TALBOT HOSPITAL

Brian Owens, Lesley Jenkins and Angharad Higgins were welcomed to the meeting.

A report setting out the health and safety position for Neath Port Talbot Hospital was **received.**

In introducing the report, Brian Owens highlighted the following points:

- The biggest challenge for the unit was fire, which had a risk score of 20, and this was impacted by the storage of therapies records, a service managed by unit, on another site. A proposal was in development to move this to an alternative location to mitigate the risk;
- A transformation proposal was aiming to reduce the number of violence and aggression incidents associated with patients with cognitive impairments by introducing a specialist mental health occupational therapist into the clinical areas, based on a pilot in the neuro-rehabilitation unit;
- In relation to health and safety specific statutory and mandatory training requirements (violence and aggression and manual handling), compliance across the unit was in the 90%s;
- There were clear lines of accountability for health and safety and quality and safety to the unit's delivery board.

In discussing the report, the following points were raised:

Jackie Davies queried if the changes to inpatient provision for mental health services were impacting on the unit, particularly in relation to increased violence and aggression incidents. Lesley Jenkins responded that the was a shortage of substantive nursing staff therefore there was a reliance on bank and agency staff, but the introduction of a mental health liaison nurse meant that patients could be assessed prior to transfer to identify any needs or challenges of which the unit needed to be aware. She added that the mental health and learning disabilities unit had been asked to formally review the patient pathways for the unit.

Jackie Davies noted the bespoke training for the neuro-rehab and queried as to whether this could be transferred to more general wards. Lesley Jenkins stated that the bespoke training focussed on patient-centred care and in order to meet the needs on general wards, the therapeutic environment needed to change.

Reena Owen noted that given the frailty of the unit's patient type, there was potential for their mobility to deteriorate, leading to more falls. Lesley Jenkins advised that while around 40 falls a month were reported, not all resulted in harm, but all had a root cause analysis completed to determine learning.

Reena Owen sought clarity as to how far technology was used to support lone working. Brian Owens responded that there was more that could be done as most staff had work mobile devices and there was to be more care providing in the community.

Pam Wenger queried if there were any areas of risk which the unit felt would benefit from a corporate viewpoint. Brian Owens responded that he felt that fire was the organisation's biggest risk and needed to be understood more widely, particularly in relation to records storage. Angharad Higgins added that it would also be beneficial to have more support to investigate health and safety incidents as there was no systematic approach. Gareth Howells concurred, stating that there needed to be a consistent root cause analysis approach which could identify areas requiring immediate action.

Laurie Higgs commented that the roll-out of the bespoke violence and aggression training developed for the neuro-rehab unit was evidence of good practice and learning. He queried if staff were unable to de-escalate a violence and aggression incident, what action did the unit take next, as there was no security service on site. Lesley Jenkins advised that there were first response porters and 999 was also dialled. She added that the unit needed to tailor which staff it trained in such practices as well as considering alternatives to restraints.

Hazel Robinson noted that the unit's compliance with statutory and mandatory training was 84% and queried if this was for all 10 national requirements. Brian Owens confirmed that it was.

Des Keighan referenced the maternity services within the unit, adding that should patients use their own birthing pools at home, they needed to comply with the health board's water management policy.

Steve Davies queried the support available to staff who were victims of assault. Lesley Jenkins advised that the root cause analysis process was undertaken for all such incidents to encourage early investigation and learning, as well as to identify any support the staff member may require.

Maggie Berry sought clarity as to the process for ensuring contractors were compliant with health and safety requirements. Brian Owens advised that estates contractors were managed through the private finance initiative for which there were regular meetings. However such details were not known for contractors outside of this remit and this was an area of opportunity to improve.

Maggie Berry queried if there was potential to integrate lone working into the mobilisation project. Laurie Higgs commented that it was an all-Wales issue that the lone working system did not integrate into any other and as such, required staff to carry multiple devices. Pam Wenger suggested that an update be received on lone workers at the next meeting and the Interim Chief Information Officer be invited to attend to talk through the potential of including the Mobilisation project.

GH/MJ

Resolved:

- The report be **noted**.
- Report on lone workers and the potential to use the Mobilisation project be received at the next meeting.

GH/MJ

08/19 REVIEW OF SERVICE DELIVERY UNIT: PRIMARY CARE AND COMMUNITY SERVICES

Jason Crowl was welcomed to the meeting.

A report setting out the health and safety position for the Primary Care and Community Services Unit was **received.**

In introducing the report, Jason Crowl highlighted the following points:

- The unit structure was relatively young having been developed from the locality structure;
- Previously health and safety had been integrated into quality and safety which had not provided the focus needed;
- A health and safety workshop had been held to give focus to a number of areas such as falls, claims and estates, as well as fire, in order to identify actions;
- Work was ongoing to record pressure ulcers in the same way as wards and clinical areas to enable more robust improvement plans to be developed;

- There were a range of services within the unit which required the use of sharps but the number of incidences and injuries was low, with root cause analyses undertaken should any occur;
- Due to the nature of the unit, many of the staff were considered lone workers, but the number of violence and aggression incidents reported was low. Work was ongoing with staff to help them recognise the risk of working in this way and to encourage them to report an incident should it occur. However the policy also needed to be strengthened to take into account new technologies;
- The number of staff accidents was relatively few but it was possible that it was under reported;
- The condition of the unit's estates varied from new builds to facilities which had been in use for a number of years. There were also some sites and buildings for which responsibility was unclear as several units provided services based there and clear lines of accountability needed to be identified;
- A tender process was currently underway for healthcare provision for prison services;
- The unit had established a dedicated health and safety group.

In discussing the report, the following points were raised:

Maggie Berry commented that as the unit's health and safety group and structure were relatively new, it could provide learning for other units to develop their processes.

Reena Owen endorsed the comments made in reference to lone workers but raised concern that a lack of adequate healthcare in prisons could lead to more hospital admissions which could have been avoided. She queried as to how assurance could be taken that this would be addressed. Jason Crowl responded that the unit had an improvement plan in place with all the secure units within its remit and it was currently out to tender for a new healthcare provider. As part of this exercise, it was reviewing its service models and strengthening resources, which included the use of technology for initial consultations which would reduce the risk of hospital admissions.

Joanne Jones asked that hotel services be included as part the unit's health and safety group as the majority of these within the unit would be lone workers and it was important that they knew the escalation arrangements.

Pam Wenger stated that the issue relating to site responsibility when several units were present needed to be addressed corporately. Gareth Howells concurred and suggested that he and Pam Wenger discussed the issue with Chris White outside of the meeting. This was agreed.

GH/PW/CW

Jackie Davies commended the unit's approach to documentation, adding that it had been an issue for the health board in past. She sought confirmation that health board staff were accompanied by prison officers on visits to secure facilities. Jason Crowl confirmed that this was the case.

Darren Griffiths complimented the report, adding that it was easy to follow. He added that some of the staff feedback received from the Health and Safety Executive was not necessarily as positive as what was reflected in the report, so wider engagement may be needed to ensure that they felt supported.

Pam Wenger noted that the report did not specify the unit's compliance with health and safety statutory and mandatory training requirements and this should be something all units were asked to state in future reports. Jason Crowl undertook to provide this detail outside of the committee.

Maggie Berry queried as to how assurance was taken that contractors complied with health and safety requirements. Jason Crowl advised that the unit had a number of sub-groups which provided minutes and action plans to the unit's health and safety group.

Resolved:

- The report be **noted**.
- The issue of site responsibility when several units were present there be discussed outside of the meeting.
- Unit's compliance with health and safety statutory and mandatory training requirements be shared outside of the committee.

09/19 ACTION LOG

The action log was **received** and **noted** with the following updates:

(i) Action Point 1

Darren Griffiths advised that the operational group had discussed the report on radon gas and some revenue had been allocated for high-risk areas. An update would be provided at the next meeting as to where these would be.

10/19 COMMITTEE WORK PROGRAMME 2018-19

The committee's work programme for 2018-19 was received and noted.

11/19 COMMITTEE WORK PROGRAMME 2019-20

JC

GH/PW/CW JC The committee's work programme for 2019-20 was **received** and **approved**, noting that additional elements would need to be included once the health and safety improvement plan had been agreed.

12/19 EXECUTIVE LEAD HANDOVER REPORT

The executive lead handover report was **deferred**.

13/19 HEALTH AND SAFETY PLAN 2018-19 STATUS UPDATES

The health and safety plan 2018-19 status update report was **deferred**.

14/19 HEALTH AND SAFETY COMMITTEE RISK REGISTER

The health and safety committee risk register was **deferred**.

Resolved: The report be **noted**.

15/19 HEALTH AND SAFETY IMPROVEMENT PLAN FOR 2019-20

The health and safety improvement plan for 2019-20 was deferred.

16/19 BRIDGEND BOUNDARY CHANGE

A verbal update in relation to the Bridgend boundary change was **deferred**.

17/19 CURRENT POLICY REVIEW

A report setting out the current policy review was **deferred**.

18/19 REVIEW OF SINGLETON HOSPITAL FIRE SAFETY ARRANGEMENTS

A report setting out Singleton Hospital fire safety arrangements was **deferred.**

19/19 ANY OTHER BUSINESS

(i) Membership

Maggie Berry sought the committee's opinion as to whether the membership of the committee was correct. Jackie Davies advised that she had escalated the need for the health board to have a Royal College of Nursing health and safety representative to the union's HQ. Pam Wenger suggested that the committee's terms of reference be amended to take into account a third union representative, as currently it only required two, which were taken by Unison and Unite. This was agreed.

PW

There was no further business and the meeting was closed.

20/19 DATE OF NEXT MEETING

The next scheduled meeting was to be confirmed