Agenda item: 1.3

## Swansea Bay University Health Board Unconfirmed Minutes of the Health and Safety Committee held on 3<sup>rd</sup> March 2020 in the Millennium Room, Health Board HQ

**Present:** 

Maggie Berry Independent Member (in the chair)

Jackie Davies Independent Member Reena Owen Independent Member

In Attendance:

Laurie Higgs Head of Health and Safety

Des Keighan Assistant Director of Operations (Estates)

Leah Joseph Corporate Governance Officer

Mark Parsons Assistant Director of Health and Safety (via Skype)

Darren Griffiths Interim Director of Finance

Pam Wenger Director of Corporate Governance
Mark Madams Unit Nurse Director, Morriston Hospital

Hazel Lloyd Head of Patient Experience, Risk and Legal Services (to minute 14/20)

Brian Owens Service Director, Neath Port Talbot Hospital (minute 15/20)

Jordan Tucker Observer (minute 15/20)

| Minute | Item  | Action |
|--------|---|--------|
| 01/20  | WELCOME AND INTRODUCTIONS   |        |
|        | Maggie Berry welcomed everyone to the meeting.  |        |
| 02/20  | APOLOGIES FOR ABSENCE   |        |
|        | Apologies for absence were received from Keith Reid, Interim Director of Public Health, Hazel Robinson, Director of Workforce and Organisational Development, Gareth Howells, Director of Nursing and Patient Experience, Jo Jones, Head of Hotel Services, Craige Wilson, Deputy Chief Operating Officer, Tom Crick, Independent Member. |        |
| 03/20  | DECLARATIONS OF INTEREST  |        |
|        | There were no declarations of interest.   |        |
| 04/20  | MINUTES OF THE PREVIOUS MEETING   |        |

|       | The minutes of the meetings held on 2nd December 2019 was <b>received</b> and <b>confirmed</b> as a true and accurate record.  |    |
|-------|--|----|
| 05/20 | MATTERS ARISING  |    |
|       | i. 144/19 Morriston Hospital's Health and Safety Group  Reena Owen required confirmation on the amount of times the group is meeting, as the December's minutes confirm the group meets every six months. Mark Parsons and Laurie Higgs confirmed that the group meet bimonthly. Pam Wenger advised she e-mailed the Unit's Service Director in respect of the concerns raised by the committee following the name change of the Health and Safety Group. Mark Parsons stated that the group has been renamed as the Environmental (Health and Safety) Group, and this meets the requirements within the governance structure. Pam Wenger highlighted the importance of consistency across the health board with the naming of these type of groups. Maggie Berry suggested that this matter is referred to the Health and Safety Operational Group. Mark Madams added that the group have tried to be more inclusive with the name change. Maggie Berry commented that there is a need for consistency, and welcomes suggestions from the committee members and unit team, she queried the names of the other unit's health and safety groups.  ii. 132/19 Caswell Clinic  Jackie Davies queried whether the alarm system has been updated and the responsibility of Caswell Clinic. Mark Parsons advised that CTMUHB has submitted a capital bid to rectify the camera and alarm issues at | MP |
|       | Caswell Clinic. Pam Wenger queried the timescale on the capital bid works. Mark Parsons confirmed that he would request a timescale.   | MP |
|       | iii. <u>113/19 Clinical Waste</u> Des Keighan confirmed that Wales remains on notice in regards to the national clinical waste. Two extra containers have been installed on site at Morriston Hospital, and Welsh Government are aware.  |    |
|       | iv. <u>133/19 Improvement Notice Group</u>   |    |
|       | Maggie Berry queried if the Improvement Notice Group has been closed down. Mark Parsons advised that the group has not been closed as it is being used as a proactive group. Darren Griffiths added that all 12 improvement notices have been closed.  |    |
|       | v. 140/19 Occupational Health Presentation   |    |
|       | Maggie Berry queried if the Occupational Health presentation went to the Executive Board meeting for consideration and were there any actions,   |    |

|           | and requested an update from the Director of Workforce and Organisational Development.  | HR |
|-----------|---|----|
|           | vi. 141/19 Health and Safety Committee Terms of Reference   |    |
|           | Darren Griffiths advised that a pragmatic discussion has taken place with Staffside to establish a Health and Safety Forum, which will link into the Health and Safety Operational Group, and added that Staffside attend the Health and Safety Operational Group. Jackie Davies commented that the discussion with Staffside was helpful. Pam Wenger added that there is an opportunity to establish a Task and Finish Group.  | PW |
|           | (vii)143/19 Personal Protective Equipment (PPE)   |    |
|           | Maggie Berry queried if the PPE audit programme is now in place. Mark Madams advised that there is a Ward based checklist, however he will look into whether the audit has been completed and if there were any outcomes. Reena Owen highlighted concerns that staff are wearing their uniforms outside of the work setting. Mark Madams advised that the policy does need to be adhered to, however there is a lack of storage availability for staff. Staff are currently having to store their belongings in infected wards, but added that infection transfer rates from staff uniforms to patients is low. | ММ |
| Resolved: | <ul> <li>Health and Safety Operational Group to manage Morriston         Hospital's Health and Safety Group name change and to confirm         the names of all the unit's health and safety groups within the         health board.</li> </ul>   | MP |
|           | <ul> <li>The timescale of the capital bid alarm and camera submission<br/>and works to be confirmed.</li> </ul>   | MP |
|           | <ul> <li>An update be confirmed as to whether the occupational health<br/>presentation went to the Executive Board meeting for<br/>consideration, and were there any actions.</li> </ul>  | HR |
|           | <ul> <li>An update to be provided in respect of the Personal Protective<br/>Equipment audit programme.</li> </ul>   | ММ |
|           | <ul> <li>Task and Finish Group to confirm Health and Safety structure<br/>and complete Health and Safety Terms of Reference Review.</li> </ul>  | PW |
| 06/20     | ACTION LOG  |    |
|           | The action log was received and the following updates were noted:   |    |
|           | i. Action Point 2 – Site Responsibility   |    |
|           | Mark Parsons advised the majority of replies have been received (approx. 70%) and he is chasing the remainder. Pam Wenger suggested that Mark   |    |
|           |   | -  |

| Parsons gives Primary Care and Mental Health and Learning Disabilities a deadline of the end of March, and once replies have been received the spreadsheet can be circulated to committee members.  ii. Action Point 10 – Audit recommendation  Pam Wenger advised that the next Audit Committee is scheduled for 12th March 2020 and this will be brought through this meeting. Maggie Berry noted that the action is complete from a health and safety perspective.  iii. Action Point 12 – Review of the water safety plan expected timescales  Des Keighan advised that there is a risk assessment meeting on 12th March 2020 to review the specifications. The water safety plan is current, however the bi-annual water risk assessment will be under review, and it will be decided whether the specifications will incorporate Neath Port Talbot Hospital. He advised that the contract is to be agreed within the next month Des Keighan to provide an update at June's committee.  DK  COMMITTEE WORK PROGRAMME 2020-21  The committee's work programme for 2020-21 was received and noted.  HEALTH AND SAFETY RISK REGISTER  The health and safety risk register was received.  In introducing the report, Hazel Lloyd highlighted the following points:  The risk register is being developed, and there are three Health and Safety health board risk entries. These risks are health and safety infrastructure, fire safety compliance and environment of premises;  A more detailed report will be brought to the committee, however operational risks need to be discussed and agreed prior to including them on the health board risk register as new entries;  The highest risk facing the health board is health and safety infrastructure, and this is currently rated 20.  All risks are required to be entered on the Datix system in the risk register module to allow linkage of operational risks to the health board risk register entries.  In discussing the report, the following points were raised:  Reena Owen queried how often the health board is reviewing the risks and who scores the ri |       |   |    |
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undertaken by the risk area lead, and then the lead Executive scrutinises the grading. Pam Wenger noted that the highest risk facing the health board being the health and safety infrastructure may not be accurate, and the committee need to build the highest risk into the work programme, which should include risks and actions from the lead Executive for the committees going forward. Reena Owen supports Pam Wenger's suggestion, and it could be useful to look at the highest risk via a deep dive. Maggie Berry added that paper records remain a fire risk, and the committee needs to keep this on the agenda, with a view to having a deep dive of paper records in the future. Des Keighan thanked Hazel Lloyd and her team for their ongoing assistance. Resolved: The report was **noted**. 09/20 PERSONAL INJURY FILE REPORT The Personal Injury File Reviews was received. In introducing the report, Hazel Lloyd highlighted the following points: Legal and Risk Services in Shared Services Wales have provided a presentation which covered the last 6 months; - Within the report, the health board compares quite favorably against the All Wales standards: Lessons have been learnt across the NHS and have been shared in a NHS newsletter, and internally with the health and safety team. estates department, hotel services department and unit staff; Robust health and safety measures are in place to reduce financial implications; In discussing the report, the following points were raised: Darren Griffiths found the analysis favorable, but asked whether the data is proportionate. Hazel Lloyd confirmed she would provide feedback to the team. Laurie Higgs queried what areas the health board needs to improve on. Hazel Lloyd advised that risk assessments and documentation are two areas where progress needs to be made, however capturing the evidence has improved. Maggie Berry noted that the lessons learnt newsletter is good.

| Resolved: | The report was <b>noted</b> .  |  |
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| 10/20     | HEALTH AND SAFETY TRAINING MODULE UPDATE   |  |
|           | A report on Health and Safety Training Module update was <b>received</b> .  In introducing the report, Laurie Higgs highlighted the following points:  |  |
|           | <ul> <li>Training should relate to the risks staff are facing, and some training<br/>courses are specific to individual job roles;</li> </ul>  |  |
|           | - There are 4/5 violence and aggression training systems, and there is work ongoing with theatre teams to handle risk;   |  |
|           | - Additional work is required in respect of management of records;   |  |
|           | In discussing the report, the following points were raised:  |  |
|           | Jackie Davies commented that violence and aggression training courses are bespoke within a Mental Health and Learning Disability environment, and she queried whether the health board is satisfied that staff on bank are receiving the appropriate training. Laurie Higgs commented that refresher training sessions are provided for bank staff.  |  |
|           | Mark Madams advised that there is a professional responsibility on staff members to highlight if they have not received the appropriate training to enable them to carry out their role effectively and safely.  |  |
|           | Reena Owen commented that she does not have assurance that consistency with training is in place corporately, and added an overview is needed operationally to provide assurance that training records are in place.   |  |
|           | Laurie Higgs advised that training completed centrally is recorded on the electronic staff record (ESR). Training records are also kept in paper format on the wards, and there is ongoing work to record these electronically.  |  |
|           | Mark Madams stated that there are two areas required for assurance. The first being how the committee gets assurance on the number of staff receiving training, and the second being how the committee gets assurance that the training provided is meeting the needs of staff. He added that there are live dashboards and mandatory training data which provides assurance of the numbers receiving training, and he suggested that training data needs analysing. |  |
|           | Maggie Berry queried if local training and personal appraisal development reviews (PADR) can be entered onto ESR. Mark Parsons advised that there is a part of ESR that allows PADR recording. Pam Wenger highlighted that local courses booked through the ESR system, links with the ESR training record and the committee needs assurance on the  |  |

|           | approach to Workforce and Organisation Development. Pam Wenger suggested that this is referred to the Workforce and Organisation Development Committee.  | МВ  |
|-----------|--|-----|
| Resolved: | - Referral to Workforce and OD Committee to manage the assurances need in regards to paper training records.   | МВ  |
|           | - The report was <b>noted.</b>   |     |
| 11/20     | HSE NOTIFICATIONS REPORT   |     |
|           | A HSE (Health and Safety Executive) notifications report was <b>received.</b>  |     |
|           | In introducing the report, Mark Parsons highlighted the following points:  |     |
|           | - The HSE improvement notices have been closed;  |     |
|           | <ul> <li>A business case is going forward for further resource;</li> </ul>   |     |
|           | In discussing the report, the following points were raised:  |     |
|           | Reena Owen congratulated all involved, and added the notices were handled well. Mark Parsons advised there are plans to roll out the leadership course developed by HSE. Pam Wenger and Mark Parsons to have a discussion outside of this meeting. |     |
| Resolved: | The report was <b>noted.</b>   |     |
| 12/20     | HEALTH AND SAFETY OPERATIONAL GROUP KEY ISSUES INCLUDING FIRE ARRANGEMENTS   |     |
|           | A report on Health and Safety Operational Group Key Issues was received.   |     |
|           | In introducing the report, Mark Parsons highlighted the following points:  |     |
|           | <ul> <li>Violence and Aggression incidents have increased and the acuity of<br/>the patients is more complex than previous;</li> </ul>   |     |
|           | <ul> <li>Management of Contractors policy and procedures are in place<br/>following a review with estates and Capital;</li> </ul>  |     |
|           | <ul> <li>Asbestos policy is in place. Asbestos along with Legionella will be<br/>reviewed at the improvement notice group;</li> </ul>  |     |
|           | In discussing the report, the following points were raised:  |     |
|           | Pam Wenger queried what governance the Health and Safety Welfare Strategy Improvement Plan has gone through. Mark Parsons advised that the plan has gone through Health and Safety Operational Group and the                                       |     |
|           |  | I . |

Health and Safety Committee. Pam Wenger stated that an approach of one strategy for the health board has been previously agreed, and the plan has been signed off at this committee. The Health and Safety Welfare Strategy Improvement Plan will need to be taken to Board in May.

Reena Owen noted that the apologies at the health and safety operational group were given by Primary Care and Singleton Hospital, and added that deputies should attend if the lead is unable to attend. Mark Parsons advised that he did remind attendees that attendance is required at the operational group.

Darren Griffiths advised that coverage is high at the operational group, and there were 31 items on the last agenda. He advised that counsel needs to be sought from Pam Wenger in regards to the strategy plan and also naming the strategic plan.

Laurie Higgs advised that bespoke training has been introduced at Neath Port Talbot Hospital, and training contractors are used in violence and aggression hot spots, however the triggers for violence and aggression need to be understood.

Mark Madams advised that Morriston Hospital implemented a deescalation training session effectively and a review of programme for effects took place. He added that a dementia review and plan are underway to assist with approaching individuals and understanding their triggers to ensure staff are educated accordingly.

Maggie Berry advised that there have been delays from the estates department when Primary Care needed to rectify a problem. Des Keighan advised that clinical and critical problems are usually given priority due to the impact on beds, however the average timescale for rectifying a problem is 4 days.

Reena Owen queried whether the plan was realistic due to the lack of resource and the health board's current financial position. Mark Parsons advised that there are a number of caveats in place in regards to the review of the strategic plan and the risks. Darren Griffiths highlighted the need to set out an ambitious plan following the secured resource, however the plan will need to go through the Executive process.

Maggie Berry noted that the Health and Safety Strategic Action Plan 2020/21 had not been received, and this will need to come to June's committee.

The waste management report was not attached, and Maggie Berry requested the report at June's committee

MP

MP

## Resolved:

- Health and Safety Strategic Action Plan 2020/21 to be brought June's committee.

MP MP

|           | - The Waste Management Report be brought to June's committee.  |    |
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|           | - The Environmental Policy was endorsed.   |    |
|           | - The Energy Policy was endorsed.  |    |
|           | - The Incident Reporting and Investigation Procedure was endorsed.   |    |
|           | - The report was <b>noted.</b>   |    |
| 13/20     | INTERNAL AND EXTERNAL INSPECTIONS REPORT   |    |
|           | A report on Internal and External Inspections was <b>received</b> .  |    |
|           | In discussing the report, the following points were raised:  |    |
|           | Maggie Berry requested that the areas noted within Welsh Government's letter dated 13 <sup>th</sup> February 2020 are highlighted in the next Health and Safety Newsletter which is due at the end of March.   | MP |
| Resolved: | <ul> <li>Areas noted within Welsh Government's letter to be included in<br/>March's health and safety newsletter.</li> </ul>   | MP |
|           | - The report was <b>noted.</b>   |    |
| 14/20     | FIVE FACET REVIEW OF BACKLOG MAINTENANCE REPORT  |    |
|           | The Five Facet Review of Backlog Maintenance Report was received.  |    |
|           | In introducing the report, Des Keighan highlighted that the Senior Leadership Team have approved funding and a draft specification for work to commence July 2020.   |    |
|           | In discussing the report, the following points were raised:  |    |
|           | Reena Owen advised that decisions could be taken by the health board which may stop completion of works for some areas due to the financial situation the health board is facing. Des Keighan advised that he has had discussions with the contractor, and funding has been reduced by £30,000. Maggie Berry noted that the health board may need to prioritise the works required. Des Keighan advised that the decision on whether to include Neath Port Talbot Hospital could impact on the savings. Maggie | DK |
|           | Berry recommended a verbal update is provided at June's committee.   |    |

## 15/20 REVIEW OF SERVICE DELIVERY UNIT: NEATH PORT TALBOT HOSPITAL Brian Owens and Jordan Tucker were welcomed to the meeting. A report on service delivery review of Neath Port Talbot Hospital was received. In introducing the report, Brian Owens highlighted the following points: There are comparisons between last and this year's quarters 1, 2 and 3 of last year as theatres have been added into the delivery unit. The medical bed base increased from 104 medical beds to 136, and this demonstrated a 26% increase in medical patients on site; In light of the increase of medical beds, there have been increases of inpatient falls and violence and aggression incidents; Challenges remain with cognitive patients, which include confusion and dementia; Flow has slowed within the community, however nursing staff have increased on site: A remodelled area for care has been developed on Ward C which included extra therapies and a mental health nurse. This has created a space where patients can eat around a table, and the ratio is 1 nurse to 4 patients. There is an ongoing challenge at the back of the mental health building, and police involvement is continues. In discussing the report, the following points were raised: Mark Madams congratulated staff at Neath Port Talbot Hospital for their work, and gueried how the patients' experiences are being evaluated. Brian Owens stated that there is a difficulty to capture the objective evaluations at this moment. Reena Owen was pleased to hear about the care developed, as going into hospital can be traumatic for patients, and asked if there is any understanding from families giving advice on the patient's triggers. Brian Owens confirmed that there are still potential opportunities to have discussions with families, and there are lots of activities at the unit which includes patients and families, for example a mini Olympics, tea parties and local choirs singing for patients. Jackie Davies noted that the violence and aggression incidents have increased, and queried whether this has impacted on surge beds. Brian Owens confirmed that this has impacted significantly on surge beds, however the risk is balanced compared to other areas within the health

|           | board. Brian Owens added that there is a possibility a 19 bedded area can be opened, in addition to using a surgical ward as a medical ward.  Maggie Berry highlighted that it is good to see a monthly Health and           |    |
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|           | Safety Operational Group running. Brian Owens added that the group is active, well attended and feeds into the health board papers.  |    |
| Resolved: | The report was <b>noted</b> .  |    |
| 16/20     | REVIEW OF SERVICE DELIVERY UNIT: HEAD QUARTERS   |    |
|           | The Service Delivery Unit Report of Head Quarters was received.  |    |
|           | In introducing the report, Pam Wenger highlighted the following points:  |    |
|           | <ul> <li>A Health and Safety Group is now in place, and is chaired by the<br/>Head of Corporate Governance, and this reports directly to the<br/>Health and Safety Committee;</li> </ul>                                     |    |
|           | <ul> <li>A planned fire evacuation took place recently, and it took 2 minutes<br/>and 40 seconds to evacuate the building;</li> </ul>  |    |
|           | <ul> <li>Security of the building is under review, which will take into<br/>consideration the costs, benefits and whether an administrative<br/>building requires surveillance 24 hours a day, seven days a week;</li> </ul> |    |
|           | <ul> <li>There may be a need to have a corporate log of mandatory and<br/>statutory training compliance at headquarters.</li> </ul>  |    |
| Resolved: | The report was <b>noted.</b>   |    |
| 17/20     | HEALTH AND SAFETY NEWSLETTER   |    |
|           | The Health and Safety Newsletter was received.   |    |
|           | In discussing the report, the following points were raised:  |    |
|           | Mark Madams advised that the newsletter should be printed and displayed within each area.  |    |
|           | Mark Parsons advised that this newsletter is cascaded to staff via the intranet, and the newsletter can be printed via the intranet. Pam Wenger suggested Mark Parsons circulates this to the Senior Leadership Team.        | MP |
|           | Darren Griffiths welcomes feedback from committee members and staffside forums to ensure the newsletter maintains a high quality.  |    |

|           | Pam Wenger suggested that photos and names of the health and safety team could be beneficial for staff, and that the newsletter should remain as a permanent agenda item for this committee.   |    |
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| Resolved: | The Health and Safety newsletter to be circulated to the Senior Leadership Team.   | MP |
|           | - The newsletter was <b>noted.</b>   |    |
| 18/20     | ITEMS TO REFER TO OTHER COMMITTEES   |    |
|           | 10/20 - Workforce and OD.  |    |
| 19/20     | ANY OTHER BUSINESS   |    |
|           | (i) Interim Director of Finance  |    |
|           | Maggie Berry noted that this committee would be Darren Griffiths' last Health and Safety Committee following his appointment as Interim Director of Finance. Maggie thanked Darren Griffiths for his dedication to the committee and congratulated him on his new interim role.  |    |
|           | (ii) Apologies without Deputies  |    |
|           | Maggie Berry highlighted that there were a few non-attendees who did not send a deputy in their place. She asked that committee members ensure a deputy is sent on behalf of them if they are unable to attend in person.  |    |
|           | (iii) <u>Coronavirus</u>   |    |
|           | Maggie Berry noted that the governance assurance of Coronavirus will go through Health Board and Executive Team. Mark Madams advised that there are gold, silver and bronze weekly meetings, and health and safety is represented in silver command.   |    |
|           | (iv) <u>Healthcare Inspectorate Wales (HIW) – Morriston Hospital</u> <u>Accident and Emergency visit</u>   |    |
|           | Mark Madams advised that following a visit from HIW, immediate red enforcement actions were given and a letter of assurance has been received from HIW following these actions. Control of Substances Hazardous TO Health (COSSH) cabinets have been ordered and rhesus beds have been ordered across all sites. Pam Wenger advised that once a full report has been received an action plan will be provided to this committee. |    |
|           | Maggie Berry requested that a report and action plan are brought to June's committee.  |    |
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|       | (v) <u>Radon Gas</u>  | ММ |
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|       | Mark Parsons advised that the recent radon gas levels taken at Head Quarters are below action levels. |    |
| 20/20 | DATE OF NEXT MEETING  |    |
|       | The next scheduled meeting was 2 <sup>nd</sup> June 2020  |    |