

ABM University LHB
Unconfirmed Minutes of the Health and Safety Committee
held on 3rd December 2018 in the Millennium Room, Health Board HQ

Present:

Martyn Waygood	Independent Member (in the chair)
Reena Owen	Independent Member
Jackie Davies	Independent Member (from minute 42/18)

In Attendance:

Sandra Husbands	Director of Public Health (from minute 43/18)
Steve Davies	Staffside
Nigel Hill	Staffside (until minute 55/18)
Darren Griffiths	Associate Director - Performance
Laurie Higgs	Head of Health and Safety
Des Keighan	Assistant Director of Strategy (Estates)
Julian Quirk	Head Of Workforce (Localities and Systems)
Pam Wenger	Director of Corporate Governance (until minute 50/18)
Paula O'Connor	Head of Internal Audit
Liz Stauber	Committee Services Manager
Nicola Williams	Unit Nursing Director, Morriston Hospital (for minute 42/18)
Rita Chohan	Complaints Investigator, Morriston Hospital (for minute 42/18)
Jamie Marchant	Service Director, Princess of Wales Hospital (for minute 43/18)
Malcolm Lerwell	Operational Services Manager, Princess of Wales Hospital (for minute 43/18)

Minute	Item	Action
35/18	WELCOME AND INTRODUCTIONS Martyn Waygood welcomed everyone to the meeting.	
36/18	APOLOGIES FOR ABSENCE Apologies for absence were received from Maggie Berry, Independent Member; Siân Harrop-Griffiths, Director of Strategy and Hazel Robinson, Director of Workforce and Organisational Development (OD).	
37/18	DECLARATIONS OF INTEREST There were no declarations of interest.	
38/18	MINUTES OF THE PREVIOUS MEETING	

The minutes of the meeting held on 7th August 2018 were **received** and **confirmed** as a true and accurate record, except to note the following typographical errors:

21/18 Internal Audit Fire Safety

In discussing the report, Paula O'Connor advised that a follow-up would be *undertaken* to ensure the issues raised had been addressed, as well as a follow-up of the general health and safety audit.

23/18 Risk Register

She added that several years ago as part of the healthcare standards scrutiny process, the units had *given* assurance that they would establish health and safety committees, so it was disappointing that not all had done this.

39/18 MATTERS ARISING

There were no matters arising.

40/18 ACTION LOG

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

(i) Action Point One

Darren Griffiths advised that an intranet notice had been published with regard to the mitigating actions for staff during the hot weather.

41/18 COMMITTEE WORK PROGRAMME

The committee's work programme was **received** and **noted**.

42/18 REVIEW OF SERVICE DELIVERY UNIT: MORRISTON

Nicola Williams and Rita Chohan were welcomed to the meeting.

A report providing an update on health and safety matters at Morriston Hospital was **received**.

In introducing the report, Nicola Williams highlighted the following points:

- The unit had a health and safety group as a sub-set of its quality and safety group;

- As part of a review of the unit's governance arrangements, consideration was given to establishing a dedicated estates and facilities group and would be effective from January 2019;
- The hotspots for health and safety issues triangulated with areas with staffing challenges. Some had received funding whereas others had appointed additional staff at risk to ensure the safety of patients;
- A significant improvement in healthcare acquired pressure ulcers had been evident, with three identified in the last month; two of which were unavoidable. This was the lowest level for some time;
- Violence and aggression incidents remained a challenge, particularly within the emergency department, due to a reduction in security resources;
- Mandatory training has been a focus for the unit in terms of infection control and the priority would now move to health and safety modules;
- The overall environment of the hospital was poor but a full refurbishment of one ward had taken place as well as a partial of three others. However no further work would occur until the winter season was finished due to the need for capacity and lack of decant wards;
- A particular risk area for the unit was statutory maintenance as it was not sighted on areas, such as ventilation, which required a regular upkeep and work was required with the estates function to keep a track;
- CCTV (closed circuit television) also required a review, particularly following a Health and Safety Executive inspection of another site;
- The portering service had raised concerns as to the weight of full linen bags so staff were being asked to only half-fill while a solution was sought for smaller ones.

In discussing the report, the following points were raised:

Pam Wenger stated that consideration needed to be given to escalating the risk regarding violence and aggression to the corporate risk register. Nicola Williams responded that the unit was reviewing its own register currently and this was something that it could consider as part of the process. Pam Wenger queried where the responsibility for the risk lay. Nicola Williams advised that the risk sat with the unit but the ability to address it was in the gift of hotel services.

Nigel Hill referenced a pest control issue within one of the buildings on the Morriston Hospital site and queried if this was on the risk register. Nicola Williams confirmed that it was, adding that action had been taken by

colleagues in estates. She stated that it was distressing for staff and every effort was being taken to ensure holes in the infrastructure were filled. Martyn Waygood advised that he was aware of the issue and had discussed it with the Director of Nursing and Patient Experience, who was taking over as the executive lead for health and safety. Rita Chohan provided assurance that, as one of the members of staff based in the building, all were given the opportunity to relocate immediately but some choose to stay. Darren Griffiths stated that should the unit incur any further issues or delays, he was content to act as the escalation contact.

Laurie Higgs commented that manual handling compliance was calculated through the electronic staff record (ESR) so it was possible that the low numbers were due to a technical glitch as his team provided training in the clinical areas and had not reported any issues. Nicola Williams responded that while that may account for some of the non-compliance, a wider issue was the challenges in releasing front-line staff from the ward to complete the sessions.

Martyn Waygood queried the level to which the health board's falls policy had been implemented within the unit. Nicola Williams advised that the revised version was significantly different from the previous one and an implementation strategy was still awaited as the unit would require support in this regard.

Martyn Waygood stated that while the number of sharps incidents had reduced, the number was still quite high, and queried if the unit needed any support from the board to improve. Nicola Williams responded that the implementation of the 'safer sharps' programme had assisted with the position and each incident was reported via Datix. She added that while no particular themes had emerged, opportunities were taken to learn lessons.

Nigel Hill queried as to whether there were any specific manual handling issues within the unit. Nicola Williams advised that the main one was in relation to the size of the linen bags, as well as compliance with mandatory training. Nigel Hill sought clarity as to the action being taken to address the size of linen bags. Nicola Williams responded that she was working with the head of support services to procure smaller ones, but in the meantime, the sewing room was cutting down those currently in existence. She added that she would escalate the issue should it not resolve itself.

Pam Wenger noted that the unit had implemented its own missing persons policy and queried if there was potential to make this board-wide. Nicola Williams advised that this was the intention.

Resolved: The report be **noted**.

43/18 REVIEW OF SERVICE DELIVERY UNIT: PRINCESS OF WALES HOSPITAL

Jamie Marchant and Malcolm Lerwell were welcomed to the meeting.

A report providing an update on health and safety matters at Princess of Wales Hospital was **received**.

In introducing the report, Jamie Marchant and Malcolm Lerwell highlighted the following points:

- The unit had a quarterly health and safety group and its chair represented the site at the board-wide group;
- Areas such as falls and pressure ulcers were monitored by the unit's quality and patient safety group which had recently reported to the health board's Quality and Safety Committee;
- A review was to be undertaken of the arrangements to ensure there was no duplication of work;
- The key health and safety issue for the unit was violence and aggression;

In discussing the report, the following points were raised:

Nigel Hill sought clarity as to whether staffside attended the unit's health and safety group. Malcolm Lerwell responded that representatives from Unison, Unite and the Royal College of Nursing were regular attendees.

Reena Owen advised Jamie Marchant and Malcolm Lerwell that the committee had just received a presentation from Morriston Hospital in which it raised concerns as to the levels of security within the emergency department. She queried if there was any learning that they could share having made improvements following a Health and Safety Executive Inspection. Jamie Marchant commented that it was important to recognise that the two units were different, so not all the lessons learned would be applicable. He added that the Princess of Wales Hospital had a few issues, one of which was that the department had been used as a thoroughfare during out-of-hours and it was also in the centre of town which made it easier for walk-in patients. In addition, he stated that he had been very grateful for the support provided by corporate colleagues and it would be worthwhile for Malcolm Lerwell to discuss the issues with his counterpart at Morriston Hospital. Darren Griffiths advised that the health board-wide operational group would enable some of the learning to be shared more widely. Malcolm Lerwell stated that the biggest issue had been the number of security guards, as when there was only one, if he/she was called to the wards, there was no-one on the front door. He added that now there were two, there was a level of flexibility. Pam Wenger commented that the discussion emphasised the need to have security as a risk on the corporate register.

Nigel Hill noted that the security incidents and weapons incidents were reported as separate categories, stating that any incident involving a

weapon was a security issue. Des Keighan advised that incidents involving weapons were infrequent and sometimes it was a threat rather than someone actually having one.

Steve Davies sought clarity as to the skills and experience of the emergency department staff to manage incidents of violence and aggression. Jamie Marchant advised that the staff were experienced enough to recognise the patients likely to be violent or aggressive as well as how to manage the situation. However, having a security presence also helped to resolve a situation. He added that it was commendable the way in which clinical staff were able to calm patients. Martyn Waygood sought clarity as to the adequacy of training for clinical staff. Jamie Marchant responded that this was vital, and the emergency department staff had more in-depth training than other clinical staff. Malcolm Lerwell added that advanced training was available to them and discussions were taking place with the head of support services to extend this to security staff.

Martyn Waygood commented that there were a significant number of sharps incidents and queried if there was insufficient support from the board in this regard. Malcolm Lerwell stated that the key area to target was the number of sharps used in total as this was something which could be improved. He added that the safer sharps programme was being implemented but there were some challenges in relation to insulin pens. Jamie Marchant advised that education also needed to be improved as porters were commenting on the fact that sharps bins were half-empty.

Martyn Waygood noted that compliance with health and safety training within medical and dental staff was low. Malcolm Lerwell advised that this was being addressed through the clinical directors for the various specialities so an improvement should soon be evident. Jamie Marchant added that the move to electronic payslips should also assist as there would be more encouragement for them to access ESR, where they were able to complete the training online.

Martyn Waygood referenced the challenges in relation to bed space within the intensive care unit (ITU) and the risk of cross-infection. Jamie Marchant responded that the ITU risks had been apparent for a number of years and it was on the unit's risk register. He added that the issue had been escalated and a project group commissioned to look at a redesign, but given the sizable decant facility and monies required, the issue would transfer to Cwm Taf University Health Board as part of the Bridgend boundary change.

Martyn Waygood noted that included as part of the delivery plan was a review of safety notices and queried if there was a board-wide process. Malcolm Lerwell advised that the biggest challenge was determining which notices were coming out of the various fora to determine how the messages were shared with the units. Laurie Higgs added that standing operating procedures should be in place outlining how the safety alerts

should be managed by the units. Pam Wenger queried as to how assurance was taken that the standard operating procedures were being followed. Laurie Higgs said that it was managed through the Datix system. Darren Griffiths added that the transfer of health and safety from one executive to another was an opportune time to review the process.

Jackie Davies referenced the challenges in relation to Parc Prison, querying the potential impact of the Bridgend boundary change. Jamie Marchant advised that Cwm Taf University Health Board was sighted on the issues and while the situation was complex, the unit did all it could to support the inmates when visiting the hospital as patients.

Resolved: The report be **noted**.

44/18 REVIEW OF NON-SERVICE DELIVERY UNIT: ESTATES

A report providing an update on health and safety matters within estates was **received**.

In introducing the report, Des Keighan highlighted the following points:

- As not all estates staff had email accounts, compliance with statutory and mandatory training was a challenge and work was being undertaken with staffside;
- Extra resource had been assigned to Princess of Wales Hospital to support the Bridgend boundary change;
- Consideration was being given to outsourcing the roles of appointed persons;
- The majority of the health board's estate was in excess of its lifecycle but a £60m infrastructure programme was in place, alongside £13m efficiency savings;
- Refurbishment of the estate was challenging due to the lack of decant facilities;
- Some capital monies had been allocated to address pneumatic tubing, compartmentation and the drawings records but there was no central fund for estates;
- A new lift maintenance company had been engaged as a number of issues had become evident not identified previously.

In discussing the report, the following points were raised:

Nigel Hill queried who provided health and safety training for estates staff. Des Keighan advised that they participated within the sessions held in clinical areas.

Pam Wenger noted that a number of the risks identified within the service were highly scored and queried whether they had been reassessed with a view to escalating to the corporate risk register. Des Keighan responded that the pneumatic tubing issue was about to be removed as the work was being undertaken, as would the drawings records, and a review was to be completed of those remaining. He added that as part of this, a process was to be established to ensure consistency. Pam Wenger advised that the risk management group had developed a protocol which would assist with the consistency of scoring.

Reena Owen sought further details in relation to the clarity needed in relation to reporting lines. Des Keighan advised that with the change in executive lead for estates, there needed to be assurance that the right person was included as the designated person within policies.

Darren Griffiths commented that Des Keighan raised two key challenges, one of which was workforce, which was in the health board's gift to address. However the challenges in relation to access to capital monies for estates issues was more fundamental, particularly in light of the significant backlog, and a programme of work needed to be developed for the next few years.

Martyn Waygood queried whether there was a clear correlation between areas needing refurbishment and high numbers of falls. Des Keighan advised that there was not but areas where issues were reported, such as high levels of healthcare acquired infections, were prioritised as part of the work schedule, and this included areas classed as risk areas for falls.

Nigel Hill queried whether reviews were undertaken as to the safety of stairs. Des Keighan responded that there was not one specifically but should the estates managers become aware of a problem they log it.

Resolved: The report be **noted**.

45/18 HEALTH AND SAFETY PLAN 2018/19 STATUS UPDATES

A report providing a status update against the 2018/19 health and safety plan was **received**.

In introducing the report, Darren Griffiths highlighted the following points:

- A significant amount of progress had been made against the plan;
- Structure and assurance were being taken through the operational group arrangements as to the work being undertaken;
- Any slippage should be recovered by April 2019;

- The committee's support would be integral to formalising what was expected from the units;
- Consideration was needed as to the arrangements post-Bridgend to ensure they were fit-for-purpose;
- A significant amount of work was being undertaken in relation to fire safety to ensure arrangements were robust;
- Monies had been secured to replace lifting equipment.

In discussing the report, Jackie Davies queried the levels of fire safety training completed by the wardens within Singleton Hospital. Laurie Higgs responded that they had to complete specific training as the layout was unique and each ward had a specific fire exit strategy.

Resolved: The report be **noted**.

46/18 HEALTH AND SAFETY RISK REGISTER

A report providing an update in relation to the risk register was **received**.

In introducing the report, Darren Griffiths highlighted the following points:

- Timescales had been added following discussions at previous committees;
- Revised risks and positions had been incorporated;
- The register had been discussed with Pam Wenger and added as a quarterly agenda item for the risk management group;
- An interface was being developed between the units to address some of the health and safety actions required.

In discussing the report, the following points were raised:

Steve Davies noted that some of the entries had been in place since 2015 and queried the timescales to address them. Darren Griffiths responded that due to their nature, some of the risks would always be current, just managed to different levels. Martyn Waygood commented that if some risks were open-ended, this should be outlined within the register. Pam Wenger stated that this was a valid point as it could be the health board would be prepared to accept the risk in some cases, but if they were significant, it needed to ensure that mitigating actions were in place. She added that it was the intention of the risk management group to identify some of this work.

Nigel Hill queried where the risk in relation to the management of contractors was documented. Darren Griffiths advised that currently the register only focussed on service delivery and non-service delivery units

and accepted the point that external contractors should also be included. Nigel Hill commented that volunteers were another group for consideration.

Resolved: The report be **noted**.

47/18 RADON GAS MONITORING REVIEW

A verbal update in relation to radon gas monitoring was **received**

In introducing the update, Darren Griffiths advised that following a discussion at the operational group, monies had been agreed for the estates facility to complete the process over a three-year programme.

In discussing the report, the following points were raised:

Nigel Hill sought further clarity as to the potential risks. Laurie Higgs responded that there was an understanding of all areas at risk of exposure and the programme of work had been prioritised on this basis.

Sandra Husbands queried whether the priority would be areas in which patients were long-staying or places with high staffing levels. Laurie Higgs advised that it would be based on staffing levels on account that they would spend the most time in the affected areas. Sandra Husbands commented that consideration should be given to prioritising the long-staying patients as they would be on-site 24/7, whereas staff would come and go. Martyn Waygood concurred and asked that the committee be provided with an update as to whether this had been considered.

GH

Resolved:

- The report be **noted**.
- Consideration be given to prioritising areas in which patients were long-staying.

GH

48/18 BACKLOG MAINTAINENANCE THEMATIC REVIEW

A report setting out a thematic review of backlog maintenance was **received**.

In introducing the report, Des Keighan highlighted the following points:

- The health board was required to undertake a formal ‘five facet review of backlog maintenance’ every five years however it had not been undertaken since its inception due to the cost;

- A survey could be undertaken at a cost of £250k however another health board had already completed this, with the total cost eventually running to £600k;
- The health board was required to provide an annual update to Welsh Government on its backlog maintenance costs broken down into four categories; high, significant, medium and low;
- The current high risks related to:
 - Electrical capacity in Morriston Hospital which would be addressed as part of environmental infrastructure capital programme;
 - Singleton void access but controlled procedures were in place;
 - Cladding at Singleton Hospital which had its own dedicated process currently underway;
 - Electrical distribution Singleton Hospital and this was covered by infrastructure works;
 - Compartmentation was part of an ongoing capital allocation.
- A lack of a decant facility on any of the main sites meant that such work had to be managed in different ways which could increase costs;
- The organisation was in the process of tendering under the Green Growth Initiative, which would see investment of more than £10m from the next financial year within Morriston and Singleton hospitals, and it was the first in Wales to do so;
- Consideration was being given to developing a solar farm at Morriston Hospital.

In discussing the report, the following points were raised:

Martyn Waygood commented that while it was clear that backlog maintenance was a challenge, assurance could be taken that it was under control and being dealt with on an ongoing basis.

Reena Owen stated that it was pleasing to see the health board's involvement in the Green Growth Initiative and the fact that it was one of the first to do so was encouraging. Des Keighan responded that work was also ongoing with the Botanic Gardens team to improve some of the open spaces within hospitals to support patient care.

Steve Davies sought clarity as to how the lack of decant wards was to be addressed. Des Keighan advised that colleagues working within capital planning were developing proposals. Darren Griffiths added that it would be considered as part of the clinical services plan. Martyn Waygood stated

that the facilities were a clear enabler to a lot of health and safety work and the committee needed to be kept apprised of progress.

Sandra Husbands queried whether the Green Growth Initiative was an opportunity to address lighting and boilers. Des Keighan responded that plans were in place in this regard with a contractor appointed to replace lighting and energy systems.

Resolved: The report be **noted**.

49/18 PLANNING FOR HEALTH AND SAFETY IMPROVEMENT PLAN 2019/20

A report outlining the health and safety plan for 2019-20 was **received**.

In introducing the report, Darren Griffiths highlighted the following points:

- Work had commenced on the work programme for the next year;
- A review of policies needed to be included;
- Consideration was to be given to having an 18-month cycle;
- There were potential resource issues to consider in light of the potential structure following the Bridgend boundary change;
- Lines of accountability due to changes to executive portfolios needed to be taken into account.

In discussing the report, the following points were raised:

Paula O'Connor stated that the plan was a good starting point but needed to include explanations of risk and timelines. Pam Wenger advised that she and Darren Griffiths had started to have discussions in relation to health and safety risks and those which scored highly would be on the corporate risk register, which would align to the work programme.

Pam Wenger suggested that given the upcoming changes to the Bridgend boundary, the committee should receive an update in March 2019 providing assurance. Darren Griffiths responded that he had agreed with the Director of Nursing and Patient Experience, who was taking over the portfolio, that an independent review of health and safety would be undertaken as soon as the transition had occurred to consider the implications and next steps. Pam Wenger advised that the reduction in health and safety staff as a result of the change should be highlighted to the board.

Nigel Hill stated that the boundary change was a big concern for all staff and stress management needed to be a consideration as part of the process. Julian Quirk responded that a significant amount of workforce resource had been allocated to the Bridgend transition in order to

undertake staff briefings to keep people apprised of the details but due to its nature, not all of the details had been finalised. He added that once things started to be finalised, a more targeted approach could be taken. Martyn Waygood queried whether there was somewhere staff could go for support. Julian Quirk advised that the wellbeing at work programme was available to staff and this could be reiterated in order to remind them.

Resolved: The report be **noted**.

50/18 HEALTH AND SAFETY EXECUTIVE VIOLENCE AND AGRESSION

Jackie Davies declared an interest that a relative was an employee of the Health and Safety Executive.

A verbal report in relation to the recent health and safety executive inspection regarding violence and aggression was **received**.

In introducing the report, Laurie Higgs highlighted the following points:

- Notification had been received from the Health and Safety Executive in relation to a UK-wide inspection of violence and aggression and musculo-skeletal visits;
- The health board had been selected as part of the sample and 50 documents had been supplied as part of the evidence;
- A programme of visits had been undertaken across a number of ABMU sites and the inspectors were to brief the Chief Executive of the findings;
- The inspectors had met with ward and departmental managers as well as health and safety representatives and also took the opportunity to enquire about other areas of interest, such as fire;
- Representatives of some trade unions had taken part;
- The inspectors had been pleased with the progress made in relation to violence and aggression;
- Discussions had taken place with regard to a number of issues, including security, manual handling, and Datix.

In discussing the report, the following points were raised:

Martyn Waygood queried when the health board would receive the formal report. Laurie Higgs advised that it would in January 2019. Darren Griffiths added that it would be received at the March 2019 committee meeting but he would share it with Martyn Waygood in advance.

Nigel Hill stated that it was surprising that an inspection had not taken place at Neath Port Talbot Hospital. Laurie Higgs responded that the

Health and Safety Executive had identified the areas it wished to visit although the health board did suggest it included Neath Port Talbot Hospital.

Reena Owen stated that consideration should be given as to whether any of the issues raised informally could be addressed prior to the receipt of the formal report to show pre-emptive progress.

Resolved: The report be **noted**.

51/18 CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH) POSITION

A report setting out the COSHH position was **received** and **noted**.

52/18 REVIEW OF FIRE SAFETY AT SINGLETON HOSPITAL

A verbal update with regard to fire safety at Singleton Hospital was **received** and **noted**.

53/18 INTERNAL AUDIT: HEALTH AND SAFETY REVIEW

A report setting out findings of an internal audit of health and safety was **received**.

In introducing the report, Paula O'Connor stated that there was recognition that there had been some progress against the recommendations of the previous audit but not all, and those outstanding should be incorporated into the annual work programme.

Resolved: The report be **noted**.

54/18 FIRE AUDIT REPORT (NWSSP)

A report setting out the findings of the NHS Wales Shared Services Partnership (NWSSP) fire audit report was **received** and **noted**.

Resolved: The report be **noted**.

55/18 FIRE AUDIT FOLLOW-UP

A report setting out the findings of a follow-up internal audit of fire safety was **received**.

In introducing the report, Darren Griffiths highlighted the following points:

- This was the third consecutive limited assurance rating for an internal audit of fire safety;
- A significant amount of resource had been deployed to Singleton Hospital;
- Five actions were required across two broad themes; effectiveness of the operational group and the recording and monitoring of fire assessments and actions had been identified for both areas.

In discussing the report, the following points were raised:

Martyn Waygood stated that it was encouraging to see progress being made as this was an area of high focus and it needed to be addressed.

Reena Owen queried how progress against action plans in response to audits was monitored. Paula O'Connor advised that the finance department had a tracker tool for which the executive leads were asked for monthly updates and these were relayed to the executive board and Audit Committee.

Resolved: The report be **noted**.

56/18 HEALTH AND SAFETY GROUP OPERATIONAL MINUTES

The minutes of the October 2018 health and safety operational group were **received** and **noted**.

Resolved: The report be **noted**.

57/18 HEALTH AND SAFETY ANNUAL REPORT

The final version of the health and safety annual report was **received** and **noted**.

58/18 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

59/18 DATE OF NEXT MEETING

Agenda item:

The next scheduled meeting was noted to be 4th March 2019.