

Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Health and Safety Committee 1st July 2021 via Microsoft Teams

Present

Maggie Berry Independent Member (in the chair)
Jackie Davies Independent Member

In Attendance

Craige Wilson Deputy Chief Operating Officer
Kathryn Jones Interim Director of Workforce and OD
Leah Joseph Corporate Governance Officer
Mark Parsons Assistant Director of Health and Safety
Christine Williams Interim Director of Nursing and Patient Experience
Joanne Jones Head of Support Services
Laurie Higgs Head of Health and Safety
Hazel Lloyd Head of Patient Experience (to minute 48/21)
Kate Morgan Corporate Services Manager/ Freedom of Information Lead (minute 53/21)

Minute No.		Action
42/21	APOLOGIES	
	Apologies for absence were received from: Tom Crick, Independent Member; Pam Wenger, Director of Corporate Governance; Des Keighan, Assistant Director of Operations for Estates; Liza Powell, Estates Manager.	
43/21	WELCOME / INTRODUCTORY REMARKS	
	The chair welcomed everyone to the meeting.	
44/21	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
45/21	MINUTES OF THE PREVIOUS MEETING	

	The minutes of the meetings held on 1 st April 2021 were received and confirmed as a true and accurate record.	
46/21	MATTERS ARISING	
	<p>i. <u>Estates representation</u></p> <p>Craige Wilson requested that item 3.1 Estates Services Report is deferred to October's Health and Safety Committee as late apologies from those due to present had been received. Maggie Berry agreed, but referenced the estates report on the in-committee agenda and asked that an In-Committee meeting was scheduled within the next few weeks to receive this. She stated that she was disappointed that the Estates Service Report was being deferred as this report was initially due to come to the committee in April 2021. Maggie Berry and Jackie Davies agreed for the in-committee session to be rescheduled and the Estates Services Report to be deferred to 7th October 2021.</p> <p>ii. <u>99/20 Water and ice machines across sites</u></p> <p>Mark Parsons advised that all machines have maintenance contracts and have been verified. He agreed to have a discussion with the Assistant Director of Operations for Estates as to whether the machines are a part of the water policy and include this in October's report.</p> <p>iii. <u>26/21 Personal appraisal and Development Review (PADR) in Support Services</u></p> <p>Joanne Jones advised that currently the PADR level is 40% and the statutory and mandatory training level is 66%. Both are increasing rapidly following the increased emphasis on this area.</p> <p>iv. <u>28/21 Bed Store lighting</u></p> <p>Joanne Jones confirmed that the bed store lighting issue was now resolved.</p>	<p>MB</p> <p>MP</p>
Resolved:	<ul style="list-style-type: none"> - Health and Safety In-Committee meeting to be arranged in the next few weeks. - October's Water and Ice machine report to include whether the machines are included in the water policy. 	<p>PW</p> <p>MP</p>
47/21	ACTION LOG	
	i. <u>132/19 Caswell Clinic camera and alarm system</u>	

Mark Parsons confirmed that a situation background assessment recommendation (SBAR) had been submitted to the Mental Health Group meeting and there is an expectation that the new system will be implemented later this year. The action is to remain on the action log until works have been completed.

ii. 95/20 Morrision Hospital flooring

Mark Parsons advised that funding had been agreed, however work has not yet commenced. Action to remain on the action log until the works have begun.

iii. 102/20 Tender for water risk assessments

Mark Parsons advised that the contractor had been appointed and the team are scheduling their attendance for a review.

iv. 24/21 Fire door compliance

Mark Parsons confirmed that additional funding had been received from Welsh Government (WG) to replace doors across sites and work is ongoing to develop a rolling programme. Action to remain on the action log until the works have begun.

v. 14/20 Six facet review of backlog maintenance

Mark Parsons advised that the Assistant Director of Operations for Estates was completing a summary which is to be presented to the Interim Director of Finance to attempt to secure funding. Action to remain on the action log until the works have begun.

vi. 27/21 Storage of paper risk register entry

Hazel Lloyd confirmed that the action had been completed and the action could be removed from the log.

vii. 27/21 Environment of Premises risk register entry

Hazel Lloyd confirmed that the executive lead has reviewed the risk and the action could be removed from the action log.

viii. 22/21 Face-to-face training for Executives and Independent Members

Mark Parsons requested that face-to-face training is delayed until the substantive Director roles have been filled, with the action expected to be completed towards the end of the year. Action to remain on the action log until a session has been planned.

ix. Site responsibility

Mark Parsons is still having challenges when trying to obtain the site's responsible person. An update will be brought to October's meeting as per the action log.

Resolved:	The action log was received and noted .	
48/21	HEALTH AND SAFETY RISK REGISTER	
	<p>A report providing an update on the Health and Safety risk register was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> – The risk register is being refreshed as per the Chief Executive’s request; – The risks that are currently assigned to the Health and Safety Committee are Health and Safety Infrastructure; Fire Safety Compliance; and Environment of Premises; – Workshops are taking place at Singleton Hospital surrounding the Environment of Premises risk; – Executives have reviewed risk 36, Storage of paper records and this is being overseen by Audit Committee. <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry queried if the current rating of 12 for ‘Environment of Premises’ was the right level. Hazel Lloyd advised that Christine Williams is the lead executive and is due to meet with the Interim Chief Operating Officer to support further review and re-assessment of the risk. Christine Williams provided committee members with assurance that the Fire Safety Compliance risk is in a better position and expects Swansea Bay University Health Board (SBUHB) to be fully compliant by the end of July 2021. She assured committee members that there is a phased implementation of the plan which is currently being worked through.</p> <p>Maggie Berry noted that a further update would be received in the substantive Health and Safety Risk Report in October 2021.</p> <p>Maggie Berry was pleased to see that the COVID-19 risk register issues had been absorbed into the Nosocomial Group.</p>	
Resolved:	The updates to the Health Board Risk Register risks assigned to the Committee, and Covid-19 Gold Command risk register were noted .	
49/21	CLADDING PROJECT DETAILS AT SINGLETON HOSPITAL	
	A report surrounding the cladding project at Singleton Hospital was received .	

	<p>In introducing the report, Mark Parsons highlighted the following points:</p> <ul style="list-style-type: none"> – The first phase of the project is complete and therefore compliant with the new legislation; – The second and third phases are not due to be completed for two and a half to three years. As such the programme is not fully compliant and the risks cannot be reduced until all three phases have been completed; – There are 66 additional car park spaces which have provided relief to support services; – There is a slight two week delay due to high winds which affected use of scaffolding; however the project is on target for completion by October 2023. <p>In discussing the item, the following points were raised:</p> <p>Jackie Davies queried if the complete funding had been received from WG. Mark Parsons responded that all of the funding had been confirmed by WG and would be allocated year-by-year.</p>	
Resolved:	<ul style="list-style-type: none"> – The governance around full technical compliance obtaining full planning approval and submission was noted. – Planning approval received in August 2020 was noted. – The main cladding works progress and removal of the existing cladding on 26th May 2021 were noted. 	
50/21	COVID-19 HEALTH AND SAFETY ISSUES	
	<p>A report on COVID-19 Health and Safety issues was received.</p> <p>In introducing the report, Mark Parsons highlighted the following points:</p> <ul style="list-style-type: none"> – SBUHB is maintaining WG’s policy on physical distancing and the Nosocomial Group is leading on outbreaks across sites; – Locally and nationally the personal protective equipment (PPE) is in a positive position and is managed by the Nosocomial Group; – A review has taken place at Morriston Hospital and quotes have been requested for a system which provides staff only access and egress points. <p>In discussing the item, the following points were raised:</p> <p>Jackie Davies queried if any of the staff COVID-19 infections have met the requirements for reporting of injuries, diseases and dangerous</p>	

	<p>occurrences regulations (RIDDOR). Mark Parsons advised that SBUHB have had zero COVID-19 RIDDOR reports. The staff deaths were reviewed however there was not enough evidence to determine whether COVID-19 had been healthcare acquired. He stated that in light of the hand hygiene, PPE and physical distancing policies and procedures followed by SBUHB, there were no breaches or management failures.</p> <p>Jackie Davies highlighted a recent study in England surrounding the use of FFP3 masks and queried whether transmission of the virus was significantly lower when the masks were worn. Mark Parsons advised that the study was completed by Cambridge University but had not been validated. The study highlighted that transmission had taken place in their Intensive Care Unit when FFP3 masks were worn. He has raised this study to national procurement because if the guidance were to change at short notice, SBUHB supply would decrease rapidly in a matter of weeks. He advised that if the guidance changed, SBUHB would ensure that legislation is adhered to.</p> <p>Christine Williams confirmed that the COVID-19 outbreak situation had been significant over the past 12 months; however she was pleased to inform committee members that all SBUHB outbreaks had been closed, and there were no clinical environments in outbreak. She advised that a learning event is to be planned over the next six weeks to share lessons learned.</p> <p>Maggie Berry queried whether the changes had been made following the Health and Safety Executive (HSE) notice of change received in January 2021. Mark Parsons advised that he visited Morriston Hospital two weeks ago with the Matron for Quality Improvement, Infection Prevention and Control. He noted that there is room for improvement; however, staff were fatigued. There was a discussion with staff on the day and this was a positive step to increase compliance. Maggie Berry supported Mark Parsons' comments and felt that better compliance was received when staff felt supported.</p> <p>Maggie Berry queried the position surrounding WG cleaning standards. Joanne Jones advised that additional funding from WG had been received and a three tier approach had been developed. Tier one includes touch points and reception areas, tier two includes acute areas and tier three is a rapid response team. She advised that to date tier three had not been instigated and the team were utilising tier's one and two effectively.</p>	
Resolved	The report was noted .	
51/21	FIRE SAFETY MANAGEMENT	

	<p>A report on fire safety management was received.</p> <p>In introducing the report, Mark Parsons highlighted the following points:</p> <ul style="list-style-type: none"> – The Fire Safety Group Terms of Reference, action log and agenda have been refreshed; – Fire Risk Assessment is expected to be within compliance next week; – Actions from the Fire Risk Assessment are being worked through and a review will take place bi-monthly. <p>In discussing the item, the following points were raised: Christine Williams advised that it was disappointing that the internal audit review gave 'limited assurance', however auditors did acknowledge that many actions had already been completed. She noted that significant progress had been made and a tremendous amount of work had taken place surrounding the outstanding risk assessment which was the greatest risk. Maggie Berry requested feedback in January 2022.</p>	MP
Resolved:	<ul style="list-style-type: none"> – An update report be received at January 2022 meeting. – The revised fire safety policy was agreed. – The report and action plan were noted. 	MP
52/21	ESTATES SERVICES HEALTH AND SAFETY REPORT	
	A report from the Estates Service from a health and safety perspective was received and deferred to October's Health and Safety Committee.	DK
Resolved:	The report be deferred to October's Health and Safety Committee.	DK
53/21	HEADQUARTERS UNIT HEALTH AND SAFETY REPORT	
	<p>A report from the Headquarters Unit from a health and safety perspective was received.</p> <p>In introducing the report, Kate Morgan highlighted that 450 staff are based at SBUHB Headquarters however since the COVID-19 pandemic, the daily average of staff using the building each day is 90.</p> <p>In discussing the item, the following points were raised: Laurie Higgs queried the effect on the fire evacuation strategy. Kate Morgan advised that a fire drill had taken place since the pandemic,</p>	

	additional meeting points have been introduced in the car park to enable physical distancing. She stated that additional people have received fire warden training.	
Resolved:	The report was noted .	
57/21	HEALTH AND SAFETY OPERATIONAL GROUP KEY ISSUES REPORT	
	<p>A key issues report on Health and Safety Operational Group was received.</p> <p>In introducing the report, Mark Parsons highlighted the following points:</p> <ul style="list-style-type: none"> – Singleton Hospital and Neath Port Talbot Hospital have new terms of reference and standing agenda for their Health and Safety Group; – Cladding remains the highest risk for the Singleton Hospital site; – Morryston Hospital has received approval for CCTV funding from WG; – Incident governance is being reviewed at Morryston Hospital to increase the amount of incidents investigated by the unit; – There are still challenges as to the identification of staff who are responsible for the various sites within Primary Care and work continues to address this; – CCTV for Cimla Hospital has been assessed, with options put forward. Await the outcome of decision; – New terms of reference have been developed for Mental Health Learning and Disabilities (MHL) service group; – A review of the Cefn Coed Hospital fire plan has taken place and circulated for further feedback; – Additional funding within Estates has been agreed for compliance related to fire safety posts. <p>In discussing the item, the following points were raised:</p> <p>Jackie Davies was pleased to see that Health and Safety Groups had been established across sites and queried whether there had been a big increase in incidents against staff in MHL. Mark Parsons advised that the majority of incidents were verbal abuse towards staff. Jackie Davies highlighted that patients on MHL wards could be suffering due to them having to remain on wards due to COVID-19 restrictions. Mark Parsons advised that social interactions and lack of visiting could be contributing</p>	

	<p>factors. Laurie Higgs advised that a patient grabbing a member of staff by the arm is counted as physical abuse and therefore this would be incident reported. There is no indication that incidents are rising quickly.</p> <p>Maggie Berry was pleased to see the display screen equipment (DSE) checklist appended to the report, but queried if training and assessments would take place. Mark Parsons advised that home visits may be required, but as a health board SBUHB may need to introduce DSE mandatory training.</p> <p>Kathryn Jones advised that an agile working group is live and in light of the blended workplace approach, both SBUHB and employees will have a duty to ensure an appropriate working environment at home. Mark Parsons stated that he is a member of the agile working group, and recognised that everyone should be asked to complete the training if working from home or office based. Maggie Berry requested a review in six months.</p> <p>Maggie Berry queried the communication around the accessibility of eye tests for staff. Mark Parsons advised that in 2019, 328 vouchers were distributed. In 2020, 315 vouchers were distributed and to date, 210 vouchers have been distributed which is an increase on average half way through the year.</p> <p>Maggie Berry queried the key performance indicator (KPI) parameters for tier one and two red, amber and green statuses. Mark Parsons advised that the parameters are due to be reviewed, but currently 75% or below would categorise the status as red.</p>	MP
Resolved:	<ul style="list-style-type: none"> – An update report on DSE guidance and home working assessments be brought to committee in January 2021. – The DSE guidance was noted. – The draft KPI's were approved. – The water safety policy was endorsed. 	MP
58/21	HEALTH AND SAFETY NEWSLETTER	
	<p>A verbal update on the Health and Safety Newsletter was received. Mark Parsons advised that a draft version would be received at October's committee. Maggie Berry suggested the DSE checklist, eye test information, cleaning processes and KPI's are detailed in the newsletter.</p>	MP
Resolved:	<ul style="list-style-type: none"> – Draft version of the newsletter be received at October's meeting. – The verbal update was noted. 	MP

59/21	ITEMS TO REFER TO OTHER COMMITTEES	
Resolved:	There were no items to refer other committees.	
60/21	ANY OTHER BUSINESS	
Resolved:	<p>i. <u>Interim Director of Workforce and OD</u></p> <p>Maggie Berry noted that this was Kathryn Jones's last meeting as she was leaving the organisation to take up a new role. She thanked Kathryn Jones for her support and hard work.</p>	
61/21	DATE OF NEXT COMMITTEE MEETING	
	The next scheduled meeting is 7 th October 2021.	