

Board of Directors: 10.5.18

Agenda Item: Bo.5.18.29

### Health & Safety Committee Minutes 8 December 2017

<b>Presented by:</b>	Tanya Claridge, Director of Governance & Corporate Affairs	<b>Author:</b>	Sheridan Osbourne, Corporate Governance Officer
<b>Previously considered by:</b>	Health & Safety Committee		

<b>Key points</b>	<b>Purpose:</b>
Health & Safety Committee minutes 8 December 2017	To discuss and note

<b>Executive Summary</b>
Health & Safety Committee minutes 8 December 2017

<b>Financial implications:</b>
No

<b>Regulatory relevance:</b>
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<b>Monitor:</b>	
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<b>Equality Impact / Implications:</b>	Choose an item.
	Choose an item.
	Choose an item.
	<p><b>Is there likely to be any impact on any of the protected characteristics?</b> (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>

<b>Other:</b>	
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<b>Strategic Objective:</b> <i>Reference to Strategic Objective(s) this paper relates to</i>	To deliver our financial plan and key performance targets
	Choose an item.
	Choose an item.

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## HEALTH & SAFETY COMMITTEE MEETING MINUTES

<b>Date:</b>	8 December 2017	<b>Time:</b>	2.30-4.30
<b>Venue:</b>	Eurich	<b>Chair:</b>	Tanya Claridge, Assistant Director of Governance and Risk, Deputy Chair

### Members attending

- Pauline Vickers, Non-Executive Director
- Michael Cockayne Workplace Health and Wellbeing Manager
- David Smith, Director of Pharmacy
- Hannah Ackroyd, Directorate Manager - Women's Services (Deputy for Sara Keogh)
- Amandeep Singh, UNISON representative

### In attendance

Iain Threlkeld, Head of Clinical Engineering(for agenda item 14.1)

### Apologies

Donna Thompson Director of Governance & Operations\Deputy Chief Executive- Chair  
 Caroline Nicholson, Head of Non Clinical Risk (Deputy Chair),  
 Paul Featherstone, Director of Estates and Facilities  
 Sara Keogh, Head of Midwifery  
 Collette Cunningham Divisional General Manager, Division of Anaesthetics, Diagnostics & Surgery  
 Anne Kennedy , Royal College of Nursing (RNC)  
 Lisa Davenport, UNITE Rep  
 Sarah Freeman, Head of Nursing, Division of Medicine and Integrated Care

No.	Agenda item and Minutes
<b>1</b>	<b>Introductions and Apologies-</b> See above
<b>2</b>	<b>Purpose of the Meeting</b>
<b>3</b>	<b>Declaration of interests-</b> non declared
<b>4</b>	<b>Minutes of the meeting held on 8 September 2017</b>
	The minutes were agreed by the members as a true record of the meeting held on the 8 September 2017.
<b>5</b>	<b>Matters Arising</b>
	There were no matters arising that were not covered in the action log or the agenda
<b>6</b>	<b>Action log of the meeting held on 8 September 2017</b>
	Action log was updated
<b>6.1</b>	<b>Action log 30 - safer sharps presentation</b>
	DT was not present at the meeting and therefore no feedback provide. Status to be changed to red and TC to check with DT about sharps presentation. <b>Action</b>
<b>6.2</b>	<b>Action log 36 COSHH management system</b>
	BTHFT have purchased Sybol COSSH management system. <b>Closed</b>
<b>6.3</b>	<b>Action log 50 A&amp;E Reception</b>
	AS has met with staff in AED. A business case had been developed but the manager leading it has now left the Trust and the new manager wants to review the business case before submitting. Staff are unhappy and AS feels he is unable to progress the issue any further. A risk assessment has been completed. TC agreed to write to Simon Kirk, Jo Steadman and Sue King (cc AS). <b>Action</b>
<b>6.4</b>	<b>Action log 52 BTHFT Safety Representatives Report</b>
	Shaun Davis from the Royal Mail provided a talk at the wellbeing event. The Stress Group will feed into the Health & Wellbeing group. <b>Closed</b>
<b>6.5</b>	<b>Action log 64 The Workplace Procedure</b>

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	Staff side feedback has been provided to the non clinical risk manager. <b>Closed</b>
<b>6.6</b>	<b>Action log 65 RIDDOR protocol</b>
	It was agreed that the RIDDOR protocol would be circulated to staff side for comments which should be provided to Angela Hopwood by 15.01.18. RIDDOR protocol will be approved at March Meeting. <b>Action</b>
<b>7</b>	<b>Feedback from Board/IG&amp;R</b>
	A new Board assurance has been presented to the Board. Board members have now articulated the risk appetite for the Trust.
<b>8</b>	<b>Work Plans</b>
	TC informed the meeting that due to maternity leave, the risk management department only had a non-clinical risk manager in post. Helen Naylor, Acting Head of Clinical Risk would be taking over the post of Acting Head of Non clinical in January, to cover maternity leave.
<b>9</b>	<b>Risk Register</b>
	The Health & Safety Committee risk register was circulated in the meeting. The Non Clinical Risk Manager will work with each risk lead to produce a risk assessment for each risk on the risk register. <b>Action</b>
<b>10</b>	<b>Policies and Procedures</b>
<b>10.1</b>	<b>Risk Management Strategy</b>
	The Risk Management Strategy circulated for information. Strategy has been approved by the Board.
<b>10.2</b>	<b>Risk Assessment Procedure</b>
	Circulated with the agenda. The new risk assessment form is starting to be used across the organisation and shared point is being used to store risk assessments, making them accessible to all. A number of generic risk assessments will eventually be produced e.g. First Aid.
<b>10.3</b>	<b>Health and Safety Policy</b>
	The Health & Safety policy has been updated, changes to the policy were circulated with the agenda. Any comments on the changes need to be sent to Angela Hopwood by 05.01.18. <b>Action</b>  A full review of the policy will take place in 2020.
<b>10.4</b>	<b>Procedure for the issuing of UIN</b>
	Circulated with the agenda. The document was originally produced in 2011. AS was happy with the process but it was agreed that the document needed to be reformatted into a proper procedure. <b>Action</b>
<b>10.5</b>	<b>Contamination injury policy</b>
	The Contamination Injury Policy review date is extremely overdue. MC informed the meeting that Anna Trakoli is reviewing the policy, which will then be approved by the Sharps Injury Prevention Group. AH to chase a copy of the policy for Chairs action to approve. <b>Action</b>
<b>10.6</b>	<b>Driving at Work Procedure</b>
	Circulated with the agenda. Comments to be returned to AH by 05.01.18 and procedure will be approved through Chairs action. <b>Action</b>
<b>10.7</b>	<b>COSHH Policy</b>
	Policy was not available for the meeting. Policy to be circulated to members when the policy has been received. <b>Action</b>
<b>10.8</b>	<b>Ionising Radiation Protection Policy</b>
	For information only
<b>10.9</b>	<b>Control of Artificial Optical Radiation (Medical) Policy</b>
	For information only
<b>10.10</b>	<b>Medical Gas Operational Policy</b>
	The policy is out for comment from the Medical Gas Group. Comments are due back 22.12.17 in readiness for wider a consultation with TOG, E&F CRAG before seeking approval from Executive.

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	Policy to be submitted at March meeting. <b>Action</b>
<b>11</b>	<b>Health &amp; Safety Performance</b>
<b>11.1</b>	<b>KPIs</b>
	KPIs were circulated with the agenda. They highlighted that RIDDORS being reported to the HSE in the correct timescale were poor. It was agreed that more awareness was needed for managers relating to RIDDORS. It had been previously agreed that PF would work on the KPIs and link in with the Non Clinical Risk Manager.
<b>11.2</b>	<b>Health &amp; Safety Quarterly report</b>
	Circulated with the agenda for information
<b>11.3</b>	<b>Risk Assessments</b>
	Already discussed above 10.2
<b>12</b>	<b>Union/Safety rep/internal audit/external inspections</b>
<b>12.1</b>	<b>Internal Audit – Waste segregation</b>
	The internal audit report on waste segregation was circulated with the agenda. The audit outcome was no assurance. The report has been presented at the Audit committee and referred to the Board. DT is to have an urgent meeting with PF relating to the report. It was agreed that the action plan from the report should be presented at the March meeting as an agenda item. <b>Action</b> Estates are carrying out a piece of work using the premises assurance toolkit. This will be discussed at the March meeting by PF. <b>Action</b>
<b>13</b>	<b>Agenda items direct from membership</b>
<b>13.1</b>	<b>Issuing of UIN – paediatric services , C2, SLH</b>
	UIN was circulated with the agenda. AS had issued the UIN to Diane Daley on 11 November 2017 with an action date of 20 December 2017. The UIN had been issued in relation to the condition of carpet in Paediatric services – C2 SLH. HA informed the meeting that the carpet was to be replaced, however confirmation was expected in writing from Diane Daley.
<b>14</b>	<b>Sub-group reports/Exception reports</b>
<b>14.1</b>	<b>Annual Report of the Medical Devices Group</b>
	The Annual Report of the Medical Devices Group was circulated with the agenda. IT attended the meeting to discuss the report. The report highlighted issues around training compliance and provided limited assurance regarding safe management of medical devices across the Trust's premises. Further discussion took place around training which highlighted similar issues as those experienced with moving & handling. It was agreed that TC would discuss this with DT. <b>Action</b>
<b>14.2</b>	<b>SIPG exception report</b>
	The report was circulated with the agenda and noted.
<b>15</b>	<b>Task and finish group updates</b>
<b>15.1</b>	<b>Records transfer bags</b>
	The above task & finish group did not meet as representation from secretaries has proved to be difficult. AS was happy to speak to staff individually rather than try to get everyone in a meeting environment. AS/Darran Jessett to progress. <b>Action</b>
<b>15.2</b>	<b>Carriage of Dangerous Goods</b>
	The terms of reference for the dangerous goods group were circulated with the agenda. A further paper was circulated in the meeting which highlighted issues with attendance from key stakeholders. TC asked that the chair and deputy chair of the dangerous goods group review the membership and ensure that the membership reflects a small focus group which can address the issues. An interim report is to be provided to TC at the end of January 2018. <b>Action</b>
<b>15.3</b>	<b>Moving &amp; Handling</b>
	TC informed the meeting that the proposed business case for changes to moving & handling training had been refused at the Business Case Review panel. Other options for funding the proposals were investigated but monies were not available from other sources. A paper will now be presented to the Integrated Governance and Risk Committee for a decision to be made how to progress. It was agreed that any issues from the Governance and Risk Committee should be raised

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	to the Board.  At the moment the Trust has only 80 moving & hand ley trainers.
<b>16</b>	<b>Any other business</b>
<b>16.1</b>	<b>Radon Briefing</b>
	A briefing report was circulated with the agenda for information
<b>16.2</b>	<b>Health &amp; Safety Committee Attendance</b>
	This meeting was not quorate as only one staff side rep was present. Representation from all divisions was also lacking. TC is to ask DT to write to all members of the Health & Safety Committee highlighting the importance of attendance. <b>Action</b>
<b>16.3</b>	<b>Sub Groups reporting to the Health &amp; Safety committee</b>
	The chairperson for each of the groups reporting to the Health & Safety Committee will be invited to attend the March meeting to discuss their respective group. <b>Action</b>