

Meeting Title	Board of Directors		
Date	8.11.18	Agenda item	Bo.11.18.38

CONFIRMED MINUTES OF HEALTH & SAFETY COMMITTEE MEETING 8 JUNE 2018

Presented by	Chair of the Health & Safety Committee		
Author	N/A		
Lead Director	Tanya Claridge, Director of Governance & Corporate Affairs		
Purpose of the paper	To present the Board with the confirmed minutes of the Health & Safety Committee 8 June 2018		
Key control	This paper provides the minutes of the meeting of a Board Committee that assures the strategic objectives to: <div><div>-</div>Provide outstanding care for our patients <div>-</div>Be a continually learning organisation</div>		
Action required	To receive		
Previously discussed at/ informed by	Health & Safety Committee		
Previously approved at:	Committee/Group	Date	
	Health & Safety Committee	28 September	
Recommendation			
The Board is asked to note the content of the minutes and any actions and escalations identified.			

HEALTH & SAFETY COMMITTEE MEETING MINUTES

Date:	8th June 2018	Time:	13.30 – 15.30
Venue:	FHMR	Chair:	Tanya Claridge - Director of Governance & Corporate Affairs

Members attending

- Tanya Claridge	Director of Governance & Corporate Affairs [TC] [Chair]
- Michael Cockayne	Workplace Health and Wellbeing Manager [MC]
- David Smith,	Director of Pharmacy [DS]
- Taniya Hussain	Health and Safety Office for Pathology (Joint Venture - Airedale)
- Paul Featherstone	Director of Estates and Facilities [PF]
- Collette Cunningham	Divisional General Manager, Division of Anaesthetics, Diagnostics & Surgery [CC]
- Sarah Freeman	Head of Nursing, Division of Medicine & Integrated Care [SF]
- Justine Carroll	HR Manager [JC]
- Anne Kennedy	Royal College of Nursing (RCN) [AK]
- Noreen Aslam	Health & Society Rep of Radiographers [NA]
- Pauline Johnson	Assistant Director of Governance and Risk [PJ]
- Steven Amos	Emergency Planning Manager [SA]
- Darren Jessett	Clinical Risk Manager [DJ]
- Reginald Whitfield	Interim Non Clinical Risk Manager [RW]
- Sehra Hassan	Executive Assistant (minutes) [SH]

In attendance

Mark Pitkethly	(for agenda item 11.1) [MP]
Jeff Hornby	Estates Risk Manager [JH]
Chris Davies	Head of Facilities (for Agenda item 14.1) CD
Annette Binns	Assistant Director of Estates (for agenda item 13.3) [AB]

Apologies

Rafaq Azad	Federation Clinical Scientist [RA]
Sara Keogh	Head of Midwifery [SK]
Amandeep Singh	UNISON representative [AS]
Lisa Davenport	UNITE Rep [LD]
Alison Helm	Staff Side Rep

Agenda item and Minutes

1.	Introductions and Apologies – See above
2.	Purpose of the Meeting
3.	Declaration of interests
	None declared.
4.	Minutes of the meeting held on 5 March 2018
	The minutes were agreed by the members as a true record of the meeting held on the 5 March 2018.
5.	Matters arising
	There were no matters arising that were not covered in the action log or agenda.
6.	Action Log
	Action log updated – see action log
7.	Terms of Reference

	These were reviewed in 2017 and are due for review this year, as some changes have been made to the membership. It is essential that the non-clinical Risk Managers, the Emergency Planning Manager and Trade Union reps attend these meetings. RW to review the Terms of Reference and put them into the standard Trust Format, and circulate to this group to review in September.
8.	Feedback from Board/IG&R
	TC proposed that after every Board a summary of the Corporate risks/discussions relating to H&S could be circulated, members to consider whether this would be useful.
9a	Work Plan Committee
	We agreed and considered the work plan for the Committee and the Trust, back in March. There is a requirement for RW, PJ and DJ to review the outcomes of RW work and re-define the work plans.
9b	Work Plans: Trust
10.	Risk Register
11.	Focus On
	<p>TC proposed that at the end of every meeting, we should agree what we would like to focus on at the following meeting i.e. for somebody to come and talk to us.</p> <p>To focus on Waste Segregation and KPI's.</p>
11.1	Staff Wellbeing
	<p>At each meeting we are to have a focus on wellbeing and to discuss a particular issue. Last meeting we started talking about rest breaks and that is where it all started from, the discussion came from rest breaks and wider conversations about stress, wellbeing and general employee health issues.</p> <p>MC mentioned that there has been some issues raised around, staff stress and how we action this. A task and finish group has been established and also the stress policy has been revised. We now have some tools to capture stress via a risk assessment. MC has not received any comments back about the stress policy. The policy will be finalised and will go to the committees.</p> <p>We are to capture information about stress from managers and in particular any staff concerns. The stress policy is there for all staff members, there is a self-referral system for staff members to use. We have worked with Charlotte Walker – specialist OT, her background is looking at overcoming barriers and primarily focusses on addressing issues of stress & anxiety. We also have a Vocational Rehabilitation Consultant from the Mental Health Access to Work Service (Remploy) who holds a clinic every 3 weeks within the Occupational Health Department. Staff can self-refer to this service via the Occupational Health Department or be referred internally after being assessed by the Occupational Health Practitioner. Once the Policy has been ratified there will be some pre training sessions available for Managers, around clear guidelines and for staff to know their responsibilities too. There will be some sessions about the policy but mostly about the tools to use.</p> <p>MP mentioned that there needs to be a two prong approach, working with individual members of staff to help them manage stress and also as an organisation as a whole. There are certain parts of the Trust where some teams are struggling with the level of demand, low staff and sickness absence. In Psychology mindfulness sessions were piloted, they were very well attended, every 8 weeks there</p>

	<p>were group sessions and around 55 staff attended. There have been six, half day workshops sessions too. Mindfulness is the flavour of the moment for wellbeing, this is a very good way of measuring the demand of stress, A new thing that has been introduced is Schwarz round, which will be re-launching on October 16th and will be held in The Sovereign Lecture Theatre.</p> <p>People can come and talk about particular experience of health care and how, this has had a personal impact on their health care. Over 200 trusts around the country are doing this now and it gives staff the opportunity to get together and talk about how they can support each other, publicity will go out in July about this. An invitation goes out to staff members inviting them to sit on the panel; this is different as it's a non-judgemental environment.</p> <p>World mental health day is 2nd week in October, staff wellbeing day on 5th October to coincide with this and to make managers aware of local services available.</p>
12.	Policies and Procedures
12.1	First Aid Protocol
	<p>We now have a First Aid Protocol. Healthcare staff have been considered for First Aid Training, as this releases the time of the nursing staff, if they are dealing with patients in emergency situations. We should utilise first aid crash course. High risk areas will also require this training, i.e. estates, lone workers, catering staff, risk assessments will also be carried out, Sharon Holmes is the first aider trainer for the Trust.</p>
12.2	Business Continuity Framework
	<p>SA gave an update on Business Continuity Framework – Resilience now sits under Tanya's remit. There have been a lot of gaps in the organisation and TC is looking at having the Framework signed off in 2 weeks' time, when it will be going to EMT. The framework will provide one set of guidance in the Trust, so that we have consistent continuity arrangements. SA is currently working with other organisations and teams, looking at getting the guidance in to place. Any comments to feedback to SA.</p>
13.	Health and Safety Performance
13.1	Annual Report
	<p>RW was asked to share the board report, TC asked him to create a base line which we can start planning Health and Safety work plans. We are now in an overarching position relation to H&S. A few changes need to be made to the report before it goes to Board. RW started looking at the policies and procedures and putting them together, reviewing and to go to next year board plan.</p> <p>Annual report in relation to Health and Safety is complete now. The training has been down for the last four years. RW has worked with the Datix Manager to make changes to the reporting that comes in so it works, what became apparent was that reports were coming in on time, some changes and recommendations were made to the Datix manager to look at the process. One of the changes is how do we make sure we are getting the reporting, one of the changes was what would you do if you cannot read the email address at the top, also including a generic email address for the risk team, attaching the documentation and also including the WR number, also making sure that all documentation is attached on the system, so this makes it easier for cross referencing, procedures, to include the WR number on the referrals and all documents.</p>

	<p>Risk assessments – do staff know what they are risk assessing, so looking at pulling together a sweep of risk assessments based on the whole Trust. Suggest annually risk audits as this has previously taken place bi-annually but if this could be done by staff seconded. Last year there was a 66% take up rate on national audits, we are getting staff trained to offer this training.</p> <p>How staff access health and safety management information, to make it available on the staff website. Recommendation is to have one central page that can be uploaded onto the intranet.</p> <p>What are managers' responsibilities around risk assessment; Health and Safety training specific for managers? RW met with the training department and looked at standardisation of the Induction programme and this will take effect from the end of the year.</p> <p>To introduce an H&S finance survey - similar to staff survey which has safety specific questions. Capsticks have offered us this training but there has not been a good response rate.</p> <p>Floor cleaning – RW met with Rachel to discuss wet floor and people slip on wet floors, how do we stop people slipping on wet floors, to recommend use floor drying devices.</p> <p>TC thanked RW for his work and support; we now have the final audit for this year as we have not had a joint audit before.</p>
13.1.1	Annual Health and Safety Report Estates
	<p>JH provided a summary of the report which has been submitted.</p> <p>Estates and Facilities Combined Meeting In Estates and Facilities, there is now a joint health and safety working group, which meets every 3 months; previously estates and facilities meetings were held separately. The purpose of the combined meeting is to create a more integrated approach to health and safety management.</p> <p>Training Mandatory training in estates is 100% compliant, estates are 96% compliant and clinical engineering are 100% compliant.</p> <p>COSHH With regards to COSHH, estates have carried out 100% of its assessments, facilities are 100% and clinical engineering are 100%. A new COSHH software management system is being introduced to the Trust. Estates will be one of the first Directorates to begin using it. Once fully trained on the package all the COSHH assessments will be transferred onto the new system.</p> <p>Noise and Vibration The control of noise and vibration management process is based on measurement data, which is the best source of data when carrying out an assessment. Noise and vibration awareness training are at 75% and 79% respectively. These figures are due to new starters who still need to attend training.</p> <p>Work at Height All work height is carried out in accordance with the Work at Height Regulations 2005. Prevention of falls from height is paramount. An annual budget is allocated to make improvements to fall protection on accessible roofs and to introduce further security measures to prevent unauthorised access on to</p>

	<p>roof areas.</p> <p>Estates and Facilities Risk Register At present there are 33 risk items on the risk register, one is extreme, 14 are high and 17 moderate and 1 low. There are also 5 estates and facilities risk related items on the corporate register.</p> <p>RIDDORS Over the last year estates have had no RIDDOR reports; facilities have had 4 and clinical engineering no reports. There are also 2 reports linked to estates and facilities, but not directly associated with our staff.</p> <p>Contractor Management Improvements Estates and facilities now have a contractor's site induction video in use. Contractors are required to answer multiple choice questions at the end of the video to check their knowledge and understanding.</p> <p>Asbestos Management In terms of asbestos management, we are 100% compliant with our asbestos management surveys. Environmental improvement work to reduce risk in a number of estates controlled areas has taken place over the last 12 months with red zones being lowered to amber zone.</p> <p>Water Hygiene There are some issues when departments have expanded into none augmented areas without prior notice to this being done, estates need to be made aware of these changes. Wards and departments need ensure that wash hand basins are used for hand washing only and not for disposal or storing of items. Legionella is being managed in accordance with the HSE L8 guidelines. Contaminated outlets are being maintained at a low level.</p>
13.2	Key Performance Indicators
13.3	Premises Assurance Model (PAM)
	<p>AB provided an update regarding implementation of the PAM model, which is a self-assessment tool used to provide Board assurance associated with management of Estates & Facilities services. Evidence is also required to underpin and validate the process. During 2017 it was agreed that the model would be implemented within the organisation. Subsequently this has now been made a mandatory requirement for NHS organisations from 1.4.18.</p> <p>A summary of areas of outstanding practice and improvement opportunities, including an action plan and funding requirements was presented within the report.</p> <p>TC agreed that the report would be submitted to Board.</p>
14.	Union/Safety rep/internal audit/external inspections
14.1	Internal Audit Waste Segregation
	<p>CD gave an update on the Internal Audit regarding Clinical Waste Management; last year there was an audit carried out and the trust received no assurance, since then there has been significant amount</p>

	of work done to improve processes. Recently there has been a follow up audit from which a rating of limited assurance was given. However, significant improvements have been made around paperwork and documentation, record keeping and security. Also, the waste policy has now been re-drafted, which is due to be approved by the end of June. The new waste producing group has now been established which is chaired by Claire Chadwick, with representation from divisions to drive the improvements required in terms of segregation. A range of training interventions are also being pulled together which will be included in a paper which is due to go to EMT shortly.
14.2	HG 3 Action plan
	DJ circulated the action plan, DJ has spoken to the joint venture, they have not had sight of this action plan previously, TC to write to the joint venture around reassurance.
14.3	Sharps Action Plan (deferred to September)
15.	Agenda items direct from membership
15.1	Sub group discussion
16.	Sub-group reports/Exception reports
16.1	COSHH Sub group: Annual report
	The report was received. The key thing to note was the attendance at the meeting; the chair has written out to the unions to try and get more attendance and will keep it under review. DS to link with maternity services and other services to make sure that we have a fully attended meeting.
16.2	CRAG – sub group: exception report
	PF gave a verbal update, CRAG is the E&F primary risk assurance group, the agenda is alternated from meeting to meeting, at one meeting concentration is given to the risk register and then the other meeting the E&F balance score cards are discussed, which is a suite of KPI's. In terms of CRAG recent activity, the PAM has featured quite heavily as has the waste segregation and disposal agenda. The group continues to work well and well attended.
16.3	Workforce Staff Survey: Exception Report
	JC gave an update on the exception report, there is a robust action plan in place, there is also the introduction of a new staff bullying and harassment policy. Lorraine Cameron has put her input into this and a lot of work has gone on to make this happen.
16.4	Dangerous Goods Act – sub group: exception report
	The proposal is that we form a formal sub-group of this group for the next 3 months to enable this agenda to be progressed and to consider how best to manage compliance with related legislation in the long term should be provided by this group, and its links to, for instance COSHH, waste producers and sharps. There are some red actions outstanding on the action plan but there is a meeting in August to sign them off, as at the last meeting there was no Pathology representative present. TC chaired this previously and now is looking for somebody to chair these meetings, please put names forward to TC.
16.5	Resilience sub group
	TC proposed that we establish a resilience sub-group to look at emergency planning, inject some life into how we manage emergency planning, business continuity, major incident planning to this organisation, as we do not have anything to fall back on. Terms of Reference to be approved. If anybody is interested to attend, then please let SA know.

17.	AOB
	PF discussed the risk of the Crossing on Smith Lane to the main staff and patient car park. Many people are crossing the public highway, and the public highway isn't in control of the Trust. The Trust has tried to convince the City Council to install a proper pedestrian crossing, but unfortunately City Council believes the risk associated with people crossing Smith Lane doesn't justify the means to install a pedestrian crossing, Local Authorities work on the basis of incidents having happened rather than actual incidents happening. This risk needs to go on the Corporate Risk Register and possibly to be escalated to the Senior Managers in the Trust.
18.	Next steps and responsibilities
	<ol style="list-style-type: none"> 1) Identification of actions and confirmation of action owner 2) Agree risks to be included on committee risk register 3) Agreement of items to escalate to Oversight Committee 4) Agreement of items to escalate to Sub-groups 5) Agreement of items to be escalated to Divisions 6) Items for Corporate Communications 7) Confirmation of time and date of next meeting
Date and time of next meeting: 28th September 2018, 10:00 – 12:00, Field House Meeting Room	