

## HEALTH & SAFETY COMMITTEE MEETING MINUTES

<b>Date:</b>	28 <sup>th</sup> September 2018	<b>Time:</b>	10.00-12.00
<b>Venue:</b>	FHMR	<b>Chair:</b>	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]
- 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]
- Steven Amos	Emergency Planning Manager [SA]
- Caroline Nicholson	Head of Non-Clinical Risk [CN]
- Razaq Azad	Federation of Clinical Scientists [RA]
- Sehra Hassan	Executive Assistant (minutes) [SH]
- Charlotte Keasey	Assistant General Manager – Facilities [CK]
- Chris Davies	Head of Facilities [CD]
- Shaun Beggs	Head of Radiation Physics [SB]
- Amandeep Singh	Union Representative [AS]
- Craig Wilson	Environment and Sustainability Manager [CW]
- Wendy Hartley	Matron DADS [WH]
- Virginia Mason	Communications Officer [VM]
- Mahesh Mistry	Estates [MM]
- Jeff Hornby	Estates Risk Manager [JH]
- Susan Rooney	Matron W&C [SR]
- Alison Helm	Unison
- Hannah Miller	Assistant Director of Pharmacy

### In attendance

### Apologies

Darren Jessett – Clinical Risk Manager [DJ]  
 Steve Blenkinsop – Associate Director of Estates & Facilities [SB]  
 Anne Kennedy – Royal College of Nursing (RCN) [AK]  
 Taniya Hussain – Health & Safety Officer for Pathology (Joint Venture – Airedale) [TH]

### Agenda item and Minutes

<b>1.</b>	<b>Introductions and Apologies – See above</b>
<b>2.</b>	<b>Purpose of the Meeting</b>
<b>3.</b>	<b>Declaration of interests</b>
	None declared.
<b>4.</b>	<b>Minutes of the meeting held on 8 June 2018</b>
	The minutes were agreed by the members as a true record of the meeting held on the 8 <sup>th</sup> June 2018.
<b>5.</b>	<b>Matters arising</b>
	There were no matters arising that were not covered in the action log or agenda.

<b>6.</b>	<b>Action Log</b>
	Action log updated – see action log
<b>7.</b>	<b>Terms of Reference</b>
	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.
<b>8.</b>	<b>Feedback from Board/IG&amp;R</b>
<b>9a</b>	<b>Work Plan Committee</b>
<b>9b</b>	<b>Work Plans: Trust</b>
<b>10.</b>	<b>Risk Register</b>
<b>11.</b>	<b>Focus On – Waste Segregation</b>
	TC briefed the Committee on the current situation with Waste Segregation.
<b>11.1</b>	<b>Risk Profile</b>
<b>11.2</b>	<b>Staff Wellbeing</b>
<b>12.</b>	<b>Policies and Procedures</b>
<b>12.1</b>	<b>Medical Equipment and Devices Policy</b>
	There were no Comments from the group.
<b>12.2</b>	<b>Slips, Trips and Falls</b>
	CN is pulling together all the plans.
<b>12.3</b>	<b>BTHFT Severe weather plan</b>
	SA is pulling all the weather related plans together and putting them all in one plan. This has now been approved.
<b>13.</b>	<b>Health and Safety Performance</b>
<b>13.1</b>	<b>Quarter 1 Health and Safety</b>
	CN gave an update on the Health and Safety performance. There is nothing to raise as an exception. There is a slight increase in RIDDOR's and we will know a bit more in the next quarter. Contamination incidents have slightly increased in June, looked into this and the Data does not seem to be unusual, a lot of this is around splashes.
<b>13.2</b>	<b>Annual Health and Safety Report Estates</b>
<b>13.2</b>	<b>Key Performance Indicators</b>
	CN to look into this as not sure if all categories of Health and Safety should fall under this. Paper here for next meeting proposing KPI's for us to agree.
<b>13.3</b>	<b>Premises Assurance Model (PAM)</b>
	The Medical Devices report was submitted to Donna Thompson, this is now on the corporate risk register, which reflects the outcome of the paper. CN will consider this in the Health and Safety Training Strategy and to address any risks.

<b>14.</b>	<b>Union/Safety rep/internal audit/external inspections</b>
14.1	CC commented that there is some work underway with lead aprons used in Theatres and some tests are currently being carried out. Suggestions have been made to WYAAT as a regional collaborative, that there are potential links between lead aprons and sickness due to musculoskeletal injuries. There was a suggestion that with potential investment across the region, we could buy some more light weight lead aprons, this does not apply to every situation or theatre, but move towards lightweight aprons where possible, as this will result in less musculoskeletal injuries. There is a piece of work ongoing with the collaborative which will require million pounds of investments and an application for a business case. Internally there are regular meetings with the radiographers, who are informing CC if there are any issues in theatres, there are enough lead aprons for all staff entering the theatres and the Trust is also looking at buying individual lead aprons, where an Occupational Health recommendation has been put in place.
<b>15.</b>	<b>Emergency Preparedness, Resilience &amp; Response (EPRR)</b>
15.1	Compliance with this.
<b>16.</b>	<b>Agenda items direct from membership</b>
16.1	
<b>17.</b>	<b>Sub-group reports/Exception reports</b>
17.1	Radiation Protection Group
	SB brought it to the attention of the committee that it is likely that one member will exceed the legal limit for radiation exposure to their eyes. The Radiation Physics team is keeping a close eye on this. If the limit is exceeded then HSE will be notified and may prosecute the Trust. This risk needs escalating to the corporate risk register. A letter will be going out to staff likely to receive higher radiation doses to their eyes, to make them aware of the situation and to inform them of their individual radiation doses. Also, to inform staff what the organisation is doing to promote their safety and also encouraging staff, regarding their responsibilities and reducing their radiation dose.
17.2	Sharps Action Plan
	None to report on
17.3	SI Investigations 2017/17427
	JH gave an update on the cable drum incident, where a large cable drum associated with a task caused injury to a staff member. The staff member was diagnosed as having sustained soft tissue damage to their arm. This has resulted in a civil claim and a RIDDOR being submitted to the Health and Safety Executive due to an 'over-seven day incapacitation'.
17.4	Resilience Operations Terms of Reference
	TC and SA are proposing that the Resilience group reports to this committee now, as there isn't a governance structure around resilience and we need a group to manage this. There is a proposed terms of reference that we would like the committee to agree on, to allow the Trust to have governance in our preparedness and assurance for the NHS England Core standards and on how we test our resilience and plan the business continuity for the Trust. If anybody has any comments then feed that back to Steve Amos.
17.5	
<b>18.</b>	<b>Task and finish group updates</b>
<b>19.</b>	<b>Policies for information</b>

<b>20.</b>	<b>Any other business</b>
	CC mentioned that assurance is needed, around the work that is to be completed in theatres. Regular inspections are carried out in theatres to gain assurance with our Estates colleagues, but we need to see the complete list as to what has been done, what needs to be done and we need to show evidence, as to what has been done in the last year ahead of the CQC visit, so we need an investigation report back here in December.
<b>21.</b>	<b>Next steps and responsibilities</b>
1)	<b>Identification of actions and confirmation of action owner</b>
2)	<b>Agree risks to be included on committee risk register</b>
3)	<b>Agreement of items to escalate to Oversight Committee</b>
4)	<b>Agreement of items to escalate to Sub-groups</b>
5)	<b>Agreement of items to be escalated to Divisions</b>
6)	<b>Items for Corporate Communications</b>
7)	<b>Confirmation of time and date of next meeting</b>
<b>Date and time of next meeting Tuesday 11th December 13:00 – 15:00</b>	