



Health, Safety, & Fire Committee Minutes

Tuesday 8th March 2022

Microsoft Teams

Present

XXXX XXXX	Executive Director of Finance
XXXX XXXX	Head of Health and Safety and Regulatory Compliance
XXXX XXXX	Associate Director of Governance
XXXX XXXX	Performance Manager (Chair of Corporate H&S)
XXXX XXXX	Operational Manager - Acute and Urgent Care
XXXX XXXX	Associate Director of Operations - Secure Care
XXXX XXXX	Associate Director of Operations - ICCR
XXXX XXXX	Associate Director of Operations – Specialties
XXXX XXXX	RCN Safety Representative
XXXX XXXX	Estates SSL
XXXX XXXX	Unison H&S Representative
XXXX XXXX	PAM

Apologies

XXXX XXXX	Chair
XXXX XXXX	Unite Union H&S Representative
XXXX XXXX	Local Security Management Specialist
XXXX XXXX	Fire Safety Advisor
XXXX XXXX	Associate Director of Operations - Acute and Urgent Care

1. Apologies

Introductions, welcome and apologies were given.

2. Minutes of the previous meeting

The minutes of the last meeting December 2021 were agreed as a true record.

3. Matters Arising

See Updated action log / see notes below: -

Actions, December 2021 Updates – Please see action table for details

- Staff assist alarms - ensure spare alarms are available at Acute Care sites to prevent delays for replacement of lost items.

Action Open

- XXXX to speak to contractors and security staff to remind them of the requirement to wear masks on Trust buildings.

Action Closed

- XXXX to get clear guidance on the smoke free requirement for NHS premises in light of some of the safety concerns raised for staff and service users having cigarette breaks off site.

Action Open

- XXXX to obtain a clear decision on the requirement for level of details of staff member's name on new yellow name badges.

Action Open

4 Operational Reports – Service Area reports submitted with committee papers

Acute and Urgent Care – XXXX provided an update

Concerns were noted regarding staff accessing ELS and ILS training and managers are working through this with the Learning and Development team.

The Urgent Care Centre is now open and while some snagging issues were highlighted, these were being rectified and the space was in use.

The service is in the process of completing a CQEIA to determine whether the bathrooms at the Oleaster will remain or the spaces re-purposed. Where they remain, there will be discussions around any additional works required to enhance safety where possible.

It was noted that the service continues to have some challenges around drugs at the Oleaster and staff are utilising the support of the Trust LSMS and the Police where appropriate.

XX requested a clear plan to address the gaps in ELS and ILS training given some of the incidents that the Trust had recently dealt with.

Action – XXXX/ XXXX to develop clear plan to address the ELS/ILS training concerns

Integrated Community Care and Recovery – XXXX

It was reported that ERAs were up to date and that local H&S meetings were taking place as per requirements.

Concerns were noted regarding site safety at some Trust premises, including staff being stalked and of particular concern was Rookery Gardens. The relevant services are receiving support from the Trust LSMS for the intruder issues identified.

The refurbishment at Newington is nearly complete and there has been a preliminary walk around to identify any issues for rectification prior to re-opening.

Staff in the service continue to work really hard to improve the usage of lone working devices and CNMs are working closely with teams to achieve this.

Secure Care - XXXX

There continues to be staffing issues at Ardenleigh and Tamarind. There are currently 48 nurse vacancies at Ardenleigh. The service is also working to address the security issues as mentioned by XXXX at Ardenleigh.

UV light machines were being delivered at Reaside to support with improving the air quality as due to the age of the building, ventilation could be improved in some areas. This is part of the suite of measures to prevent/ reduce the spread of the COVID19 virus.

The FIRST team at Reaside has significantly outgrown that office space available and Hollyhill is being looked at as an option for additional space.

It was noted from the monthly usage reports received by each service area, that there were improvements in the lone working usage levels and the service is working to maintain this and continue to improve further.

Specialties – XXXX

Barberry reception area had been experiencing issues with the hearing loop and these were being investigated. Some security issues were also noted here, and the Trust LSMS had been providing support.

It was reported that all ERAs and LRAs were up to date.

There were ongoing efforts to improve and maintain the usage levels for the lone working devices.

As the Veteran service is a regional one, it was noted that some staff were driving long distances to get to different sites for service provision. This issue will be monitored and reviewed as necessary.

For staff who are homeworking, there are concerns around this and it was recommended that all relevant staff get a DSE assessment completed to enable any identified risks to be managed.

It was also recognised that there were some concerns around staff who were providing escort duty at Acute hospitals having the ability to take welfare breaks. The service is exploring solutions to resolve this.

****Redacted paragraph - exemption Section 38 (b) health and safety applied.*

XXXX noted the importance of ensuring the safety and wellbeing of those staff working from home by taking the necessary steps to assess and address any risks identified.

Corporate Services – XXXX

Some staff who work from home are making enquiries about ergonomic assessments. XXX advised that Posturite can do these virtually or in person and PAM can also offer this service. There was also discussions about the future of B1 and what it means for those for whom it is a base. Staff are keen to understand when it will close and what a return to face to face might look like.

XXXX advised that a project is being set up to deal with B1 and in the meantime there is a room booking system to enable efficient and safe use of the space. The building will remain in use for the NHS until December 2022 and staff can continue to use it as they would until then. XXXX asked what advice is being to staff regarding storage, printing etc requirements. XXXX explained that each department should state what they need and advise XXXX, who is the project lead.

XXXX made a comment regarding the use of Northcroft and when we might be able to normal use of Northcroft and other hubs.

5 Lone Working – All

This is a standing agenda item. XXXX provided an update as part of their reports. They are continuing to encourage all staff to use the devices when lone working and using different methods to monitor compliance. Usage levels across the organisation are relatively stable with percentage largely between high thirties and low forties.

6 Update on 3-5 Year Ligature Works Capital Programme – XXXX/XXXX

There are some delays with the Kingsway door sets due to high demand nationally. However, SSL are working closely with them to ensure delivery of a reasonable

programme. The en-suites in the south PFI are now scheduled for completion by the end of July.

Action – delay to en-suite door installation to be added to risk register by relevant service area – XXXX,XXXX

SSL are still awaiting the final list to enable them to confirm the capital programme for 2022/23. XXXX agreed to re-send the long list to those ADs who had not yet completed the prioritisation exercise to enable them to do so. XXXX emphasised the importance of getting this list finalised so that capital programme works can commence. XXXX also advised that where possible we need to try and avoid price increases due to materials etc increasing. There has been pre-approval of £1.7m for Statutory Standards and backlog maintenance.

There was a short discussion around patient alarms and XXXX reminded the group of the development of the Vulnerability Protocol that was led by Acute Care and was for use in all inpatient services to identify those service users that might require an alarm and were suitable to have one. XXXX was asked to re-circulate the document.

7 Health and Safety Report

- To aid with the improvement of air quality in spaces where there is little or no natural or mechanical ventilation, UV light machines have been purchased for use as appropriate on inpatient wards and in communal areas. These have now been delivered to Reaside and there is a schedule for delivery to the rest of the Trust.
- To enable the Trust to have a real understanding of staff risk as it relates to COVID19, it has been agreed that all staff will complete a baseline assessment. The outcome of this will be recorded in the Staff Portal.
- Members of the H&S team put on a number of training sessions for ligature risk assessment training. Unfortunately, the turnout has not been as expected but we will continue to run these sessions to ensure as many staff as possible can attend.
- As it relates to lone working and the usage of the devices, we note 43% usage for December and 45% for January. Monthly training sessions have been agreed with the supplier to ensure that new starters as well as those requiring a refresher receive this training regularly.
- We are still waiting for the outcome of the HSE review as mentioned in previous minutes.
- XXXX noted that while we were awaiting updated guidance, COVID19 rules/ mitigations had not changed in the Trust, and it was important for staff to continue to follow their COVID secure risk assessments.
- XXXX noted that for the period there were a number of anchor point incidents, which was higher than usual. There were a total of 9, with 6 of these being on Melissa ward, 1 on Saffron, 1 on Meadowcroft and 1 on Newbridge House. These were all subject to 72-hour reviews with advice given to the services by the Patient Safety team.
- The First Aid report detailing compliance with number of first aiders at each site was circulated. This highlights one area that requires urgent action and that is Northcroft. The report has been shared with the CSM for the building and will also be discussed at the relevant local H&S meeting.

Fire Safety Report

There was a request for an update for outstanding fire safety actions from FRAs for Juniper.

XXXX agreed to pick these up.

There still appears to be delays in receiving fire risk assessment reports and fire drill reports for the sites that are looked after by Amey. The concerns have been raised with SSL managers and they are making every effort to get the matter resolved. There has been a lot of change in the Amey management structure recently and unfortunately this seems to have affected performance.

Face to face training is being run on a regular basis and where additional requests are made, all efforts are made to facilitate these.

A request was made for another CNM/ CSM fire safety session to be held to ensure new staff have been covered.

Action – XXXX to arrange CNM/CSM fire safety session.

LSMS Security Report

XX sent apologies however XXXX used notes from his submitted report for the following - Security risk assessments are being completed in line with ERAs and LRAs.

****Redacted paragraph - exemption Section 38 (b) health and safety applied.*

First 5 warning letters were issued under the Management of Unacceptable Behaviour policy – this includes three yellow cards. Committee members asked if it was possible to get a kind of evaluation/ feedback on how the new policy was being received primarily by service users and carers.

Action – XXXX to explore what is possible with obtaining this information and complete a short evaluation.

The Police Intervention Policy was reviewed and approved at PDMG in February.

We are still awaiting a decision as it relates to the proposed new concierge service. XXXX provided an update that there were currently no identified funds for the works, which would cost close to £0.5m.

The new Traka system in Acute Care has initially been installed on George, Eden and Newbridge House. This is to support with the management of alarms on the wards.

8. Estates & Facilities Report

SSL have commenced a 3 day induction programme for new starters and does monthly toolbox talks for relevant staff. The order has now been placed for all curtains across the Trust. This will put the Trust in better position to also keep track of fire retardance of these items. The draft Pest Control policy will be going to PDMG for sign off this month.

9. Occupational Health

XXXX XXXX presented the OH report. XXXX noted that there were high volumes of referrals in January, and this was also the case in other Trusts too. this was primarily for Anxiety, Stress and Depression linked to the mandatory vaccine programme. PAM have been working proactively with HR to deliver workshops to support staff in this area.

10. Risk Register

XXXX requested that the risk raised around fire safety be added to the risk register and that the H&S register is circulated for the next meeting.

Action – XXXX to update register and bring to the next meeting

11. New Legislation / Policies/ Guidance

COSHH Policy was approved

COVID Secure Fire Safety policy was also approved

12. ANY OTHER BUSINESS

Members requested clarity around the wearing of masks from IPC and asked whether any additional communication was required to ensure everyone was clear about the expectations.

Staff side raised the issue about evacuation chair training that had to be rebooked at the Barberry due to delays with the trainer arriving. This was rearranged for April 27th.

13. Date of next meeting:

June 9, 2022 – 13:00 to 15:00 on Microsoft Teams