

THE JOINT BELFAST TRUST HEALTH AND SAFETY COMMITTEE

Minutes of the above Committee held on Tuesday 5th July 2022 at 10.00am,
MS Teams Meeting

PRESENT

[REDACTED]	Regional Chair for Health and Safety for UNISON and Chair of Trade Union Side for Health and Safety for the Belfast Trust (Chairperson)
Claire Cairns	Co-Director Risk & Governance / Head of Office
Caroline Parkes	Occupational Health Services Manager
Louise Moore	Governance and Quality Manager, Adult Social and Primary Care
[REDACTED]	UNISON
Michelle Lawson	Governance and Quality Manager, Surgery and Specialist Services
Jolene Welsh	Governance and Quality Manager for Learning Disability Services, Specialist Hospitals and Women's Health
Owen Farrelly	Interim Admin & Governance Manager, Children's Community Services
Alan Metcalfe	Co-Director, Planning and Redevelopment Estates
Karen Devenney	Senior Manager Nursing, Quality, Safety & IPC, Nursing and User Experience
[REDACTED]	RCN
Patricia McAteer	General Manager Health & Social Care Records, PPI

IN ATTENDANCE

Philip Boyle	Service Manager, Corporate Standards & Risk
[REDACTED]	Health & Safety Manager
[REDACTED]	Health & Safety Manager
[REDACTED]	Health & Safety Manager

APOLOGIES

Chris Hagan	Medical Director, Medical Directorate (Chairperson)
Nicky Vincent	Governance & Quality Manager, Acute & Unscheduled Care
Catherine Shannon	Co-Director, Human Resources
Jonathan Killough	Interim Service Manager Knockbracken Healthcare Park, ASPC

2.0	CONFLICT OF INTERESTS There were no conflicts of interest to report. [REDACTED] welcomed everyone to the meeting.
3.0	MINUTES OF THE PREVIOUS MEETING The minutes of the last meeting held on Tuesday 29 th March 2022, were read and agreed to be a true reflection of the meeting and were signed off as such.
4.0	ACTION PLAN ARISING FROM THE LAST MEETING (see action plan for progress on other actions).

5.0 HEALTH & SAFETY BUSINESS

5.1 COVID-19 Update

██████████ highlighted that the number of patients presenting to the Trust has increased quite dramatically over the last 2 weeks and the number of in-patients has risen significantly. A major point of note is that the number of staff who are currently off work with COVID or COVID related illnesses has also dramatically increased from 258 two weeks ago, to 700 on 4th July 22, resulting in the hospitals being constantly full and an increase in trolley waits. This has resulted in significant pressure and stress for staff. ██████████ raised concerns regarding the resilience of staff due to these pressures.

Ms Parkes advised that OHS had started to downturn their COVID Teams, contact tracing and the results and advice line due to the decrease in COVID cases, however 140 calls were received on 4th July, highlighting the escalation in cases. OHS have a small team working with long COVID and are waiting on confirmation regarding additional funding for Respiratory Physiotherapists in particular, as the long COVID Team does not currently include this.

OHS continue to run the Thrive Programme and additional funding is required to roll the programme out wider.

There is still a requirement to get messages out to staff, for consistency and to highlight the importance of the use of PPE.

Ms Devenney advised that her area had 160 cases of COVID on 4th July and a further 30 on 5th July. The Infection Prevention Control (IPC) Team are currently managing 31 outbreaks. This number had decreased to 10 three weeks ago. Twenty five of those are in patient areas. Audits are being undertaken with staff in relation to compliance with PPE and IPC Guidance. The results are mainly good, but some areas are patchy and this is being addressed.

There have also been changes to testing. Patients are now being tested on day zero and day 5, due to the change in guidance.

Ms Devenney advised that some Teams have made use of Thrive and there has been very positive feedback and wanted to thank everyone involved in the Service.

██████████ highlighted an issue on Level 7 in the new build where there were 10 confirmed COVID cases in E.D. and 34 pending results following testing. This resulted in patients being admitted to wards who ended up being COVID positive as the wards were not aware of the results on admission.

There were discussions with Dr Jack in relation to this issue and one of the agreed observations was the lack of social distancing, the non-compliance of mask wearing in a lot of areas and as visitor numbers increased rules and procedures were being ignored.

One other observation reported was in Day Centres where the increase in numbers attending the Centres and the reduction of social distancing in particular for the buses resulted in a significant rise in the number of COVID cases reported.

According to the PHA we are almost at the crest of another wave which should be at its maximum within 2 weeks and that between October and November we will have another wave which could be significantly more important due to winter pressures.

Mr Farrelly advised that although the Trust are asking Service Users to come into facilities wearing masks, a lot of staff have stopped wearing them and he highlighted the need to reinforce to staff the need to wear masks in the health environment.

Ms Devenney advised of a walk-along on the RVH site, due to reports of poor compliance of staff wearing masks, as this appears to be reported on the RVH site the most. However, Ms Devenney found that most of the staff were wearing masks, approximately half of visitors coming on to the site were wearing masks, however about half of the visitor number were wearing the mask under their nose. Ms Devenney also advised of the need to advise that when in a healthcare setting masks should be worn.

██████████ advised of an agreement with the Chief Executive that if necessary masks and hand sanitisers would be provided again at the entrance to sites, in particular Acute sites, but if necessary to all sites, to try to limit the number of infection rates. ██████████ advised that PHA data advised of 10 deaths in the w/c 27/6/22 and highlighted the need to wear masks, maintain social distancing and the use of hand sanitiser, to protect both patients and staff.

Ms Devenney advised that they are looking at ventilation on the RVH site. Some areas have mechanical ventilation and in some areas the only ventilation is windows. With the building work that is ongoing on the site and with the risk of aspergillus, there are conflicting messages. For aspergillus windows should be kept closed, but that windows should be kept open for COVID. Whilst testing for aspergillus, an increase in cases was discovered in a couple of areas on the RVH site, one of the areas being Immunology in Elliott Dynes, where one of the most vulnerable groups are located.

There were 2 points relating to E.D. that came out of the letter issued by PHA on 01/07/22, one being overcrowding in E.D. and another point was ensuring adequate ventilation. Both are two challenges for the area.

██████████ highlighted that part of the difficulty was that the building works impact on approximately 75 % of the site and advised that the advice from the Estates Engineering Team was that the safest option was to keep windows closed.

Ms Lawson advised that there is an aspergillus risk on the risk register relating to Ward 34 in Elliott Dynes relating to its location and accommodation and there are issues and concerns relating to high temperatures and the lack of circulating air in that area.

Ms Devenney advised that she had spoken with the Sister in the area and that the windows have been closed.

██████████ advised that a meeting took place with the HSENI and the H&S Team on 25 May 22, which confirmed staff positive PCR and Lamp Test are RIDDOR reportable and that Lateral Flow Tests are not reportable, due to these being self-test kits and not aligned with a laboratory confirmed result.

There was discussion on the number of outstanding COVID-19 staff positives, (at present the Trust have 5185 outstanding staff COVID positives) and the time associated with RIDDOR Investigation and reporting. HSENI advised the Trust to send a letter detailing the proposals to streamline the RIDDOR reporting process to themselves. A signed letter by the chairs of the Joint Trust Health & Safety Committee is being prepared.

██████████ advised that the consideration for the JTHSC was how there could be support or resource to go forward to work through from an investigation point of view.

██████████ asked if the idea of clustering been raised with HSENI, where there is an outbreak for an area, if this can be associated with clustering, would it be faster to process and acceptable by HSENI.

██████████ advised that under early alerts and SAIs, they tend to be the areas that there are significant numbers of staff positives. These are more straightforward to investigate as there is a group of staff that you can engage with the manager about. These would then go through the

portal to the HSENI. Some of these cases may have been investigated through the local authority rather than HSENI.

██████ asked if a draft bid had been submitted as to the cost for additional temporary staff. ██████ advised that a briefing paper has been drafted for support for additional resources. The COVID investigations not only impact the Health & Safety Team, but also Laboratories, who complete a double check.

If any Service Areas need assistance or guidance in relation to COVID-19 RIDDOR reporting please contact their partnered Directorate Health and Safety Manager.

Risk Assessed Approach to Reduce from 2m to 1m Social Distancing

In line with the letter issued from the Chief Executive of the PHA on the 3 May 2022, the Trust is issuing the following steps to support the reduction in the social distancing from 2 metres to 1 metre, where possible. The relevant Sample Health and Safety Risk Assessments have been reviewed and available on The Loop site, the link is as follows
<https://view.pagetiger.com/ctokdqd/1>

5.2 RIDDOR Report / KPI – 1st April 2022 – 21st June 2022

██████ gave an overview of the RIDDOR Report for the period 1st April 2022 – 21st June 2022 (in comparison with 1st April 2021 – 21st June 2021) and the COVID-19 RIDDORs for the period March 2020 – 2022 @ 21/06/22.

COVID-19 RIDDOR Update - (March 20 – June 22)

Cases received by H&S Team	6885
Cases investigated by H&S Team	1700
RIDDORs Reported to HSENI	642
Outstanding Cases to be reviewed by H&S Team	5185**

**Increase of 737 since 29 March 2022.

██████ also highlighted the number of RIDDORs excluding COVID-19, for the period April – June – 13 (2022) in comparison with 12 (2021). ██████ also gave a breakdown of RIDDOR incidents by Directorate, person affected (all staff, there were no patient or member of the public incidents) and by incident type tier two category, compared with April – June 2021.

All RIDDOR Reportable Injuries by Incident Type Tier Two Category for Apr - Jun 22 (Compared with Apr - Jun 21)

	2021	2022		
Disease	156	0		↓
Exposure to Hazardous Substances	156	0		↓
Dangerous Occurrence	3	2	1	↓
Contact with Potentially Infectious Materials (Splash Hep C SU)	0	2	2	↑
Contact with Sharps	2	0	2	↓
Exposure to Hazardous Substances (Sharps)	1	0	1	↓
Injury preventing work for more than three days			2	↑
Slips, trips or falls	2	5	3	↑
Inappropriate/Aggressive Behaviour towards Staff by a Patient	6	3	3	↓

Lifting/ Handling	0	2	2	↑
Exposure to Hazardous Substances	1	0	1	↓
Other (Contact/ Collision/ Entrapment with objects/ materials (not sharps))*	0	1	1	↑
TOTAL	168	13		↓

*Tier 1

gave an overview of the percentage compliance with RIDDOR Reporting Timescales (to HSENI) for the period **01/04/2022-21/06/2022** detailed in the table below:

KPI: All RIDDOR reportable incidents must be reported to the HSENI within 10 days of the incident occurring:

Table 1- Total Number of RIDDORs reported during the period 01/04/2022-21/06/2022:

Reporting Timescale	No. of Incidents	%
Reported within 10 days	2	15
Reported within 10-15 days	0	0
Reported within 15-20 days	4	31
Reported 20+ days	7	54
Total	13	100

**NB: Disease category RIDDOR incidents have not been added to this table as they do not have a reporting time criteria placed on them by the HSENI.*

asked why there was an increase in the reporting time under KPI.
 advised that it may be due to over 3 day injuries. These appear to be the incidents that are slipping through the net. The Health & Safety Team have been working with the Datix Team, providing training, to help staff pinpoint these incidents and improve the KPIs.

Ms Cairns asked if our performance in terms of submitting investigations regarding COVID have an impact on our performance of RIDDOR Reporting and if this had been included in the figures.
 advised that with Disease we do not have the 10 day category as it could take years to manifest, so COVID does not affect these figures.

Ms Cairns asked what the Health & Safety Team hoped to gain from the earlier discussion regarding the reporting of RIDDOR COVIDs and the resource required to get the RIDDORs reported to HSENI, with the current backlog and the prospect of it growing significantly.

said that we need to endorse the work that has already been completed and any additional resources that need to be put in place to make this compliant. We need to have an idea of what additional resource is required, the cost element both as far as Risk Management and the Laboratories are concerned so that whatever is put forward to the Trust Executive Team can be fully endorsed to ensure we are compliant with legislation.

highlighted that this was a very large piece of work which needs resourced.
 Ms Cairns advised of a proposal to the COVID Oversight Group to consider additional resource, however the outcome was not as was hoped at the time, and asked if there was a paper available that could be shared with JTHSC to progress quicker.

Mr Boyle advised that there was a paper available with various options but it would need to be discussed with Ms Cairns and the chairs of JTHSC initially prior to it being circulated to Committee members.

Ms Cairns suggested that if the paper was finalised, it was shared with the joint chairs of the Committee and a stand alone meeting be arranged to discuss, prior to it being agreed with the Committee and circulated outside the Committee for approval to go forward with a letter to support it.

██████████ felt that a paper with the various proposals and recommendations was required and a meeting with Mr Hagan, Ms Cairns and ██████████ to discuss prior to the paper being shared electronically with the Committee, asking for agreement by return or by setting up an exceptional meeting to agree and approve, prior to being forwarded to Trust Executive Team.

Ms Cairns agreed.

5.3 Assurance Framework Review – ToR Review / EL/OL

Mr Boyle highlighted the JTHSC will report directly to the Organisational Governance Steering Group in line with the new recently agreed revision to the Trust Assurance Framework. As part of the revision to the Assurance Framework all Committees will be required to undertake a review of the Terms of Reference (ToR) and membership. As noted in the framework above, employer and occupiers liability will now be incorporated into the JTHSC and this will need to be reflected in the revision to the ToR.

Ms Cairns highlighted that this review had been very detailed and that it had taken some time to have it approved by Trust Board. The Chief Executive has directed that the framework should be functioning by September 22, so the next step is to review the Terms of Reference of all Committees. Ms McCollam is working with the Team and is taking the lead on overseeing the review. It is hoped to have Terms of Reference reviewed by September. This is also an opportunity to review the membership of the JTHSC and any difference in the focus of the Group.

██████████ highlighted two points that make JTHSC slightly different from other Committees. Under the Safety Reps and Safety Committees Regulations there is a legal standing that the Health & Safety Committee and the function thereof, is set out in legislation.

In parallel to that the facilities agreement and the structures put in place under the Regional TJNCF and the TJNCF that is set up within the Trust, this is a formal sub-committee of TJNCF, from a legal perspective as well as from an assurance perspective. It is multi-function and multi-reporting in that it has not only the legal stature but also has a Regional aspect. Not only do we report back to the Trust, but if necessary to Regional TJNCF.

Ms Cairns said that it had always been accepted that it was a statutory Group within the framework and asked if it would bar incorporating the claims element in the work of the Committee.

██████████ did not think it would impinge on the work of the Committee and felt that it may give it a better oversight as to the operational issues within the Trust and give a better bearing as to how health and safety could be improved. The ultimate aim of legislation and therefore of the Committee is to improve the health and safety of staff and service users.

In relation to the timescales for developing the JTHSC ToR, Mr Boyle agreed to progress a meeting with the joint chairs of JTHSC to agree the ToR and share with members of JTHSC, potentially outside of the JTHSC to ensure there was a draft available by September. Ms Cairns felt that it would be positive if we could have a draft ToR that were under consideration by all the relevant parties by September.

Mr Boyle also highlighted that Shared Learning would be a standard agenda item focusing on health and safety / litigation shared learning, incorporated into the JTHSC agenda going forward. A dedicated section on shared learning has been created on the new Trust loop site

5.4 BRAAT 3 Process

██████████ highlighted that the BRAAT 3 final reports (dated until 30 June 22), were almost ready to issue to Directorates. The Service Areas progress and compliance will then be monitored and evaluated through the Trust Quality Management System (QMS). If Directorates would like a copy of their report, they can request same from the Health & Safety Team.

The Joint Chairs of the JTHSC sent correspondence to the Directorate Directors on 23 June 2022 advising the Committee acknowledged the BRAAT 3 audit cycle had coincided with the exceptional circumstances of the COVID-19 pandemic and pressures on Services directly impacting on the Trust's position with regard to completion of the audit. The letter outlined the primary aim of the BRAAT 3 audit is to provide Directorates with assurance that robust and effective governance arrangements are in place with regard to key risk and governance issues. Trust Directors was asked to facilitate discussions with their Directorates with regard to improving compliance.

The correspondence advised that all Service Areas who have not yet achieved a substantive level of compliance (75%+) for applicable Standards should continue to work on their Standards to achieve this requirement. Directorates should also give due consideration as to whether BRAAT 3 compliance should be reflected on Directorate risk registers.

The Health and Safety team provide weekly BRAAT 3 training workshops. Service Areas are requested to contact ██████████ on 028 9504 3470 if they wish to join a session.

BRAAT 3 Audit Validation

A letter from the chairs of the JTHSC was sent on the 23 June 2022 to Directorate Directors to ask for nominees to attend a Task & Finish group to progress BRAAT 3 validation audit arrangements. Nominees are to be forwarded to the Health & Safety team via email HealthandSafetyDept@belfasttrust.hscni.net by Friday 8th July 2022.

██████████ advised that no nominations had been received as yet.
██████████ suggested re-issuing the letter to Directorates for immediate attention.

Action: Letter for BRAAT 3 Audit Validation Task & Finish Group to be re-issued to Directorates

5.5 Liaison with HSENI

██████████ updated the Committee on the following incidents:

5.5.1 The HSENI had made a request to the Trust to provide a copy of an SAI investigation following an Argon RIDDOR reportable Dangerous Occurrence incident that occurred in September 2021 when a 50 litre cylinder, during a patient procedure, had an accidental release of gas. A Trust response including a copy of the SAI investigation was sent through the Chief Executive's office on Wed 1st June 2022.

5.5.2 Following a patient complaint to the HSENI in relation to service received on 1st Feb 2022 the HSENI has asked the Trust to formally respond advising on the actions taken to prevent a reoccurrence. The incident involved the re-use of an insulin pen. A Trust

response was sent through the Chief Executive's office on Wed 1st June 22 illustrating that an incident form had been completed and the Trust's Medicine Governance Team notified. In addition, the ED Service completed the following actions:

- All RGH Emergency Department (ED) staff notified via the departmental safety briefs that insulin pens are for single use only;
- RGH ED staff reminded when an insulin pen has been opened to be used for the first time they should be labelled with the individual patient's details and the date of opening clearly annotated. The insulin pen should then remain with the patient for the remainder of their journey with exception of vulnerable at risk persons where the labelled annotated pen is stored in the fridge.
- The Trust policy for the "Safe, prescribing, preparation and administration of insulin for inpatients within BHSCT" has been disseminated to RGH ED staff.
- The RGH ED have implemented going forward a documented twice-daily check of all fridges to ensure that there are no unlabelled insulin pens and recorded.
- The Trust Medicine Governance Team developed an audit tool which has been disseminated Trustwide to relevant Service Areas.
- The incident has been discussed at the Weekly Medicine Incident Review Meeting, Weekly ED Governance Meeting and the Weekly Risk & Governance Teleconference call.
- The Service have developed and circulated a shared learning letter in relation to the incident which has been disseminated Trust wide.
- The RGH ED Service have documented a Control of Substances Hazardous to Health (COSHH) Risk Assessment on this specific task.

5.5.3 The Health & Safety team have been updating the HSENI Principal Healthcare Inspector with regard to the request for the SAI report related to a RIDDOR reportable staff COVID-19 death. The SAI report was released to the HSENI on the 17th June 2022.

5.6 Shared Learning

Mr Boyle advised that this had been discussed under agenda item 5.3 above, but highlighted the link to the loop site [Shared Learning New Loop Site page](#).

The Trust recently approved a shared learning letter in relation to the re-use of an insulin pen as noted in Section 5.5.2 above. Click on the link below to access the shared learning letter:

[Re-Use of Insulin Pens Shared Learning Letter](#)

5.7 Escalation of Health & Safety Related Risks

Mr Boyle advised that a standard agenda item titled "Escalation of Health and Safety Related Risks" will be included on the JTHSC agenda. The Directorate Workplace Health & Safety report will be reviewed and revised to include a section on the escalation of risks from the Directorates to the JTHSC.

5.8 JTHSC Workplan 22/23

Mr Boyle highlighted the draft 2022/23 Workplan for the JTHSC which includes Trust Health & Safety policies to be reviewed through the JTHSC this year, the work around the BRAAT 3 Validation, shared learning and other issues that are contained within the workplan year on year.

The workplan is currently in draft and Mr Boyle said that any additional points would be taken on board.

5.9 COSHH Management System Implementation Plan

██████████ advised that following the procurement of the COSHH Management System in late March 2022, the Belfast HSC COSHH Management System has been built and the NHS prepopulated site added in April 22. The Trust Organisational Framework was sent to CMS supplier with the framework design build ongoing. The Health and Safety Managers and Laboratory H&S Co-Ordinator/Rep was trained on the system in May 22. Health and Safety Managers are developing a Training course for COSHH Risk Assessors in June 22. The CMS Pilot Training and system support with PCSS will be in July 22. Training for the remainder of the Trust COSHH Risk Assessors will be rolled out over the next year or so.

The following items were for noting:

5.10 JTHSC Sub-Groups Updates

5.10.1 COSHH Working Group

The COSHH (Control of Substances Hazardous to Health) group plans to meet on Thursday 20th October 22 at 2pm.

5.10.2 Stress Working Group

The primary focus of the working group is to review the current Trust Management of Stress, Health and Wellbeing Policy and the associated Stress Management Resource Pack. The JTHSC members will form part of the Trustwide consultation on the policy when in a position to circulate. A Page Tiger document has been placed on the LOOP highlighting key sources on information currently available to staff and managers, link to the document is <https://bhsct.sharepoint.com/SitePages/Management-of-Stress,-Health-and-Wellbeing-%E2%80%93-Sources-of-support.aspx>

5.11 Provision of 2022 Health & Safety Training (E-learning/ MS Teams)

Further details can be found within the Health & Safety Managers report.

6.0 TRADE UNION SIDE BUSINESS

██████████ advised that most Trade Union side business was listed under the Health & Safety business of the Trust, but that there were a couple of points to note:

6.1 Staffing Levels

There is ongoing work on a Regional level for recruitment and retention, however there are still significant staff shortages. There have been major inroads as far as recruitment is concerned, from a nursing perspective, but the Trust is still very short of nurses, resulting in the pressures that staff are experiencing has been relentless.

Because there is no financial budget set for the Health Service there is limitations on the Trust budget, meaning that where there was flexibility over the last year or two, that will now be eroded. A point to highlight is the agency and locum spend in the last year, was significant, well over £100m, £40m of which was for off contract agency work within nursing. There will be an absolute need to reduce that spend, given the limitations on the Trust, resulting in availability especially of contract/agency will be tapered and limited. The plan regionally is that Trust own staff which are off contract will be stopped as of August and off contract should be stopped by November.

This raises concerns coming into the winter months regarding high patient numbers, underlying illnesses and another possible wave of COVID. Trade Unions are very concerned regarding the long term aspect of staff shortages and that this may have an ever increasing adverse impact on not only service delivery but on the health safety and welfare of staff who are trying to deliver it.

6.2 Stress Levels

██████████ highlighted the stress levels of staff. Not only does it go along with more patients and less staff, it impacts across all Service Areas, whether it be E.D. or Domiciliary Care, staff are reporting that the stress they are under is getting constantly worse. ██████████ stated that the number of staff off work due to stress is starting to increase and Ms Parkes agreed.

There is a lot of adverse publicity regarding the Trust at the minute and to some extent the staff, and ██████████ raised concerns as to how it is being reported in the press. The impact it has had on specific groups of staff has been overwhelming and it is also having an impact on their mental health and wellbeing and on their families. There is a need to focus on how we effectively can support staff through stressful periods of time.

Ms Lawson suggested contacting other organisation that have also been adversely impacted to see if there is any learning as to how to manage these situations and maintain morale in our organisation at this time and in the future.

██████████ felt that there had been a significant learning curve in the Trust over the last few years and that there are a lot more dedicated support services provided by either Occupational Health or the Stress Council, but felt that we can always improve. The major concern is that the volume of concerns being raised by staff is increasing and of our ability to cope.

6.3 Staff Shortages

██████████ highlighted the collective approach to improve the situation. Not all stress is related to work. We are in very difficult financial times with high rates of inflation, which is having a major impact on staff. Collectively with HR and OHS there are some good initiatives e.g. Money Matters and other Wellbeing issues that are listed on the HUB.

Trade Unions have liaised with colleagues in England and Scotland to see if there is any learning from them.

Ms Parkes advised that learning from the hyponatraemia case for staff who were directly or indirectly involved, was offering a Safe Space for staff to come to with tea and coffee for example and to read reports and to meet together safely. This was offered to Neurology staff and there was really positive feedback. It involved Staff Care, OHS and Clinical Psychologists. Alongside that one to ones were offered to staff who continued to struggle.

██████████ asked Ms Parkes to update the Committee on a recent meeting between Trade Union side and OHS. Ms Parkes advised that from an OHS perspective we need to be more preventative on our approach to sickness absence. There are key performance indicators and turnaround times but it is really important to get staff into work safely, that they are screened for blood borne viruses for TB due to the need to protect both staff and patients. OHS are trying to work within 5 working days for turnaround. There is a new pilot for electronic management referrals to make them simpler and easier for managers and trying to work to a KPI of 10 working days. Waiting times for medical appointments are now within 15 days and 10 days for physio appointments. The Psychology Team has been bolstered and their waiting times have been brought down from 40 days to 17 days. OHS COVID work is still ongoing, e.g. the advice line.

██████████ thanked all the staff in OHS for their continued work.

Mr Farrelly highlighted the difficulties in Community Facilities in finding accommodation for services. The staff in Fairview are planning to move to Dorothy Gardner some time next year and comments from staff in Fairview are regarding the lack of a tea room and no available down time. Mr Farrelly also mentioned the Stress Focus Groups which he helped to scribe and facilitate, which he found very useful both for himself and team that was being engaged with, and asked if there were any plans to resume the Stress Focus Groups.

██████████ thanked Mr Farrelly for his comments and hoped that the Stress Focus Groups could be brought back as comments from staff were positive.

Mr Metcalfe commented on the break out spaces and said that Ms Cotter had advised that charitable funds were available, if Ms Parkes wanted to link in with Ms Cotter.

██████████ highlighted that the rationale behind Stress Focus Groups was to meet up with specific groups of staff. The outcome was not so much the chat itself, which was beneficial, but to give the manager the information in which they should write their stress risk assessment. If the Stress Focus Groups worked, it may be something that could be looked at and taken from a slightly different perspective. The Stress Focus Groups stopped due to the lack of facilitators and scribes. Sometimes there were only 2 members of staff who turned up, meaning the group would not be anonymous. There is a huge resource to managing Stress Focus Groups and needs support from outside the Health and Safety Team.

██████████ advised of three benefits from the Stress Focus Groups; they identified issues for the risk assessment and improved the stress risk assessment for the area; they were therapeutic for staff; and from a managers perspective, they had reassurance that they were dealing effectively with issues that were being raised and ██████████ hoped that in the future they may be restarted, as there are new stressors on people and potential new learning.

██████████ thanked the all of the Health & Safety Team who were involved in the Stress Focus Groups.

Ms McAteer advised of stressors particularly in appointment centres. One big factor is that a lot of staff are not taking lunch or coffee breaks as they don't have areas in which to take breaks. Ms McAteer highlighted that stress not only affects clinical areas it also impacts on administrative areas. Staff continually ask and remind visitors to wear masks which can be challenging and staff are also reminded to wear masks. Ms McAteer would welcome break out rooms for staff or something different apart from a canteen as it would be a great opportunity to recognise what staff deserve and need.

██████████ thanked Ms McAteer, not only on his behalf but also on behalf of her staff for their input over the last few weeks, it was very timely, positive and responsive and has set forward a programme to address issues.

██████████ highlighted that stress impacts on everyone, not just clinical staff, nursing and administrative staff, but also managers and said that there had been a lot of pressure and stress put on managers constantly over the last couple of years but even more so in the last couple of months. Stress adversely impacts long term on peoples health and wellbeing, so anything we can do to reduce stress levels and improve health & wellbeing is important.

7.0 DIRECTORATE BUSINESS

7.1 Specialist Hospitals and Women's Health

Ms Welsh advised that the report for the SHWH Directorate had not been submitted to date and that there were no significant issues from last month. The key priority at the minute is the move to the new Maternity Hospital. The Directorate plan to link in with the Health & Safety Team as this

is progressed, looking at ligature assessments and other health and safety elements around the move. There are appropriate groups in place to monitor the move.

██████████ advised that he had a walk about in the new Maternity Unit and was very impressed with the unit, however, one area that concerned him from a health and safety perspective, was the staircase in the atrium with the glass ballistrad. It is 2 or 3 stores high and he felt that safeguards should be put in place to avoid an accident as someone could potentially jump off. Ms Welsh highlight that she was on the Working Group for the building and would flag ██████████ concern. She also advised that Johnston House would be still running at the same time and of a newsletter giving updates regarding the new unit.

Mr Lawson enquired if breakout rooms have been incorporated into the new build and if they and safe spaces would be incorporated into any new builds in the future.

Ms Welsh advised that planning and thought regarding the new Maternity Unit was excellent and that stillbirths and people with miscarriages for example, have been taken into account and that the area is very well zoned.

7.2 Unscheduled and Acute Care

Ms Vincent was unavailable for the meeting and no report has been received.

7.3 Adult Social and Primary Care (ASPC)

Ms Moore advised that Ms Kelly is the representative for the ASPC Directorate but that she feeds in with regards to Mental Health. Ms Moore has also linked in with Learning Disability. Ms Moore advised that the ASPC Directorate Report had been submitted late and ██████████ asked Ms Moore to highlight any issues.

Ms Moore highlighted that there were service users who attend premises in the South Eastern (SE) Health & Social Care Trust and of difficulties in having ligature surveys completed in the unit. She advised that she was keen for the Belfast Trust to progress the issue.

Mr Boyle advised that he had spoken with the services and it was agreed that the ligature surveys should be completed by the SE Trust due to the fact that they would link in with their Estates Department, who have recently undergone training in relation to ligature surveys. Mr Boyle advised that this information should be fed back to the Service.

Ms Moore highlighted a recent completed suicide incident in ██████████. This has been reported to NIAIC and a further updated is awaited. Currently the windows remain in a locked position due to the ligature risk. Estates colleagues are assisting re: replacement / costing for new windows throughout the wards. It is hoped that there is some learning from the incident. Actions have been taken to try to prevent this from happening again.

Ms Moore highlighted continuing bed pressures. There is an increase in patients awaiting a bed within a MH Facility across the region. There is a continuation of patients being admitted to a mattress on a floor or a sofa. This has been escalated to Senior Management, an early alert has been submitted and the issue is on the risk register.

██████████ advised that he has spoken with the Director and Co-Director for the area and that he has visited the AMHIC with Dr Jack and they both had concerns that the volume of patients was too high. This is putting additional pressure on staff. He said that patients were being put on mattresses in interview rooms and that the interview rooms were not bedrooms and therefore the ligature potential is different and this is very concerning.

██████████ thanked all the staff who are delivering services in the AMHIC and Beechcroft under such adverse circumstances.

Ms Cairns asked if the delay with ligature surveys in the SE Trust had been identified as a risk on the risk register. Ms Moore advised that it has not but that she has escalated the issue and that her counterpart in the SE Trust has also escalated it. Ms Moore advised that she would raise the issue as a risk. Ms Cairns advised that she would also go through the Governance line with her counterpart in the SE Trust to raise also.

7.4 Surgery & Specialist Services

Ms Lawson highlighted a couple of issues. Apart from COVID, monkey pox is also now an issue. Ms Lawson provided assurance that Laboratories have agreed their protocols for monkey pox testing and the samples are to be sent to the Rare and Imported Pathogens Laboratory (RIPL) Porton, for confirmation, using UN3373 transportation. The issues relating to transportation appear to have resolved.

In relation to the recent chemical fire Ms Lawson advised that the area have now engaged with a chemical company to assist with their chemical itineraries and COSHH risk assessments. The SEA report on the incident has been drafted and it is hope will be approved soon.

Other key health and safety issues include a number of items that have been added to the risk register across several areas of the Directorate. There is also an ongoing concern regarding exposure to COVID and the number of outbreaks across the Directorate. There is also the impact of delays in time critical surgery causing clinical and managerial staff immense distress, increase in waiting times and waiting lists.

There is also a concern regarding medical cover on the BCH site and access to Oncology and Cancer patients.

The Directorate are working through BRAAT but have not had a chance to review due to ongoing pressures. In terms of ligatures, the Directorate are very thankful to the Health & Safety Team for the Management of Self Harm Workshops and they are working with Health & Safety colleagues to address any issues.

██████████ thanked everyone who worked well together to respond to and resolve the issue regarding the chemical fire.

Ms Welsh asked if monkey pox would be RIDDOR reportable for staff and Mr Boyle advised that it would be due to the fact that it is a category 3 pathogen, the same as COVID-19. Details should be forwarded to Mr Boyle to follow up and look at communications regarding reporting.

Action: Mr Boyle to follow up on reporting of monkey pox

Ms Lawson advised of an ongoing pseudomonas outbreak ██████████. The PHA and IP&C are involved, measures have been put in place to mitigate and there are ongoing communications to identify the source. Ms Lawson thanked IP&C and Estates for their work to try to resolve the issue.

7.5 Children's Community Services

Mr Farrelly highlighted the wearing of face masks by service users and staff in community facilities.

Key health and safety issues include GP Practices who are now seeing COVID positive patients in Trust facilities. There is ongoing work with GP Practices to provide robust risk assessments and clear pathways have been identified for the management of this patient group.

There are still ongoing issues in relation to Bradbury Carpark. There are ongoing meetings with Trust Services and new arrangements are being put in place to manage the car park in line with BCH parking processes.

There is risk of significant ██████████ harm to young people, who are unable to access a secure care bed. There is provision of intense support and supervision to young people who have met the criteria for admission to a secure unit but cannot access a placement.

Provision of 4 BHSCT staff to Secure Care Centre. Escalation of concerns has been shared with CE of SET.

There is a risk to patients requiring out of hours admission to psychiatric hospitals due to a lack of regional mental health bed capacity. The Service continues to ensure that there are at least 2 ASW's on the 9 to 9 overnight shift. The risk has been highlighted to Executive Team. The Service has issued guidance to staff in relation to prioritisation of cases.

Panic Alarms not still not working in Arches, Knockbreda and Bradbury WTC's. Work is ongoing with Estates. Services are aware and have contingency measures in place.

Funding has been allocated pending submission of capital business case for removing the risk associated with the GP balcony in Arches. This will be taken forward to get the risk removed as soon as possible.

7.6 Human Resources

There was no representative available from the Directorate.

7.7 Nursing and User Experience

Mr Boyle advised that a representative from PCSS was still to be confirmed.

7.8 Finance / Estates

Mr Metcalfe advised that compliance with Statutory & Mandatory Health & Safety Training was reported on at Estates Dept Health & Safety meeting by all managers. Communication with all managers to raise the matter with their teams and to track improvement in compliance rates. Staff attendance at training remains a challenge for managers. It is now included in the new report template provided by all managers at each meeting. Regular reports also shared with Director. Estates Health & Safety Steering Group members having been steadily progressing compliance rates with BRAAT 3. Individual managers have now been allocated ownership and responsibility for their team compliance with BRAAT 3, to assist with compliance and reporting.

There are currently two key procedures under review – Hot Works and Asbestos Management. The Estates Health & Safety Group has been restructured to improve ownership at a local level. There are no RIDDOR reportable incidents to report.

██████████ thanked Mr Metcalfe and his colleagues for their work within the Estates Health & Safety Group.

7.9 Performance, Planning and Informatics

Discussed above. Ms McAteer advised that she had nothing further to report.

7.10 Medical Directorate

Mr Boyle advised that there is a focus within the Medical Directorate was on mandatory training to include Health & Safety Awareness, a review of the COVID-19 risk assessments and compliance in relation to BRAAT 3.

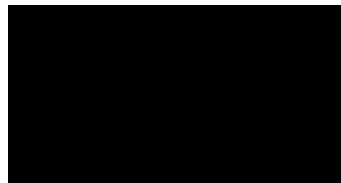
7.11 Occupational Health Service (OHS)

Ms Parkes highlighted the importance of the flu vaccine and issuing communication regarding same.

██████████ advised Ms Parkes to draft a communication that he would forward to Trade Union colleagues for distribution.

8.0 ANY OTHER BUSINESS

	There was no further business and [REDACTED] thanked everyone for their input, hard work and dedication.
9.0	Date and Time of Next Meeting – Tuesday 18 th October 2022, @ 10am, on MS Teams.

**Mr Chris Hagan,
Medical Director
Joint Chair of the JTHSC**

**[REDACTED]
Trade Union Side Chair
Joint Chair of the JTHSC**

Date: 23rd January 2023

Date: _____

