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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>01 April 2021</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Health &amp; Safety Operational Group Key Issues Report</b>		
<b>Report Author</b>	Mark Parsons, Assistant Director of Health & Safety		
<b>Report Sponsor</b>	Christine Williams, Interim Director of Nursing and Patient Experience		
<b>Presented by</b>	Mark Parsons, Assistant Director of Health & Safety		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to update the Committee on the business discussions of the Health and Safety Operational group meeting 3 February 2021.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• The Health and Safety Operational group meets on a quarterly basis and reports to the Health &amp; Safety Committee.</li> <li>• Overview of service group exception reports.</li> <li>• COVID-19 challenges and actions.</li> <li>• Physical distancing challenges and actions.</li> <li>• PPE update report outlining arrangements presented and discussed.</li> <li>• Building infrastructure (Morrison Roof)</li> <li>• Cladding works (Singleton)</li> </ul>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report,</li> <li>• <b>ENDORSE</b> the policy,</li> <li>• <b>DISCUSS and NOTE</b> the updated Health and Safety Strategic action plan for 2020/21</li> </ul>		

# HEALTH & SAFETY OPERATIONAL GROUP REPORT

## 1. INTRODUCTION

The purpose of this report is to update the Committee on the business discussions of the Health & Safety Operational group meeting 3<sup>rd</sup> February 2021.

## 2. BACKGROUND

The Health and Safety Operational Group report is intended to summarise the business discussions and key issues identified.

### 2.1 HEALTH & SAFETY OPERATIONAL GROUP MEETING 3 February 2021

#### a. Health & Safety Operational Group

In line with the Health & Safety Operational group terms of reference reports were received from all service groups using then standard report template. The meeting was via teams to adhere to social distancing and minimise unnecessary travel.

#### b. Service Group Director Updates

Individual Service Group Director Representatives provided updates on health and safety issues within their respective areas. Health and Safety updates were also received from Estates, Support Services, Security and HQ Corporate departments. There is also a section specifically for our trade union colleague's topics, no specific topics. Key elements are set out in the table below:

Item	Comments
Singleton/NPTH Group: Singleton	<ul style="list-style-type: none"><li>• COVID-19 risks continue to be monitored and changes implemented where necessary.</li><li>• Cladding – cladding still remains as one of the main risks to the Singleton Site. Phase two covering the front elevation removal and replacement work, with initial enabling works for the car park commenced with expected completion end April 21. Scaffolding for the first phase is scheduled to commence 6 March 2021, with cladding works scheduled for April 2021.</li><li>• Physical distancing is regular monitored and actions updated where required.</li><li>• Singleton Site a number of environmental risks have been identified: Flooding, Noise, Asbestos and Service Disruption. Ongoing progress meetings are held to minimise any risks to the above concerns.</li><li>• Highlighted by the HSE and Singleton Site currently has temporarily secured 2x 24/7 security guards to support car park areas as well as on Site. This is currently</li></ul>

<p><b>Neath Port Talbot</b></p>	<p>unfunded however a business case has been submitted for permanent support.</p> <ul style="list-style-type: none"> <li>• Cleaning hours – additional out of hours cleaning has been secured in the assessment unit out of COVID monies. A business case has been submitted for funding these hours on a permanent basis. This is noted on the risk register.</li> <li>• Good progress has been made on overdue fire risk assessments.</li> <li>• Mandatory training is running at just below 70%, programmes in place to increase compliance.</li> <li>• Ongoing work around developing governance structures associated with the Singleton/Neath Port Talbot reorganisation</li> </ul> <ul style="list-style-type: none"> <li>• No new risk identified since the previous H&amp;S Ops meeting in November 2020.</li> <li>• COVID-19 risks continue to be monitored and changes implemented where necessary.</li> <li>• Physical distancing is regular monitored and actions updated where required.</li> <li>• A reduction in staff incidents with 33 recorded 21.10.20 – 20.01.21.</li> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 74% &amp; 91%.</li> <li>• No significant PPE issues reported.</li> <li>• Ongoing work around developing governance structures associated with the Singleton/Neath Port Talbot reorganisation.</li> <li>• Support services have assisted in implementing enhanced cleaning programmes.</li> </ul>
<p><b>Morrison Unit</b></p>	<ul style="list-style-type: none"> <li>• COVID-19 risks continue to be monitored and changes implemented where necessary.</li> <li>• Risks raised: Fire Safety, this was around the changes within the building infrastructure due to COVID-19 (main entrance to the hospital – Tawe Ward) – Site emergency fire plan under review to included changes, with an overarching fire risk assessment scheduled for Q4. Building infrastructure – the integrity of roof structure is faulty in a number of places allowing ingress of water. This is being pursued through capital &amp; planning to include in the capital programme.</li> <li>• Integrity of the hospital roof structure (this is also impacted on Facilities/Catering Services at Morrison)</li> </ul>

	<p>where the Environmental Health Score is being directly impacted)</p> <ul style="list-style-type: none"> <li>• Assurance in relation to achievement of water quality – routine reporting by the Estates Department is not in place</li> <li>• Assurance in relation to provision of air quality – routine reporting by the Estates Department is not in place</li> <li>• Oct 20 – Dec 20 V&amp;A incidents have increase and are in line with the same period in 2019 and continues to be the highest rate of incidents recorded.</li> <li>• Oct 20 – Dec 20 there were 4 RIDDOR's reported, 3 involving moving and handling and one V&amp;A incident.</li> <li>• On-going challenges with CCTV – Report has been produced to resolve and a paper has gone to MH senior team for consideration.</li> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 65% &amp; 82%.</li> <li>• No significant PPE issues reported.</li> <li>• Physical distancing continues to be monitored and changes implemented where required.</li> </ul>
<p><b>Primary Care and Community Car Unit</b></p>	<ul style="list-style-type: none"> <li>• COVID-19 risks continue to be monitored and changes implemented where necessary</li> <li>• Physical distancing continues to be monitored and changes implemented where required.</li> <li>• There were 124 staff incidents reported 01/06/20 – 31/08/20.</li> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 79%.&amp; 95%</li> <li>• No significant PPE issues reported.</li> <li>• Action being taken around enhanced cleaning for high volume touch points</li> <li>• There has been rise in needlestick injuries and a review has been undertaken to identify the root causes.</li> <li>• Most items on the risk register relate to the age profile of the unit's estates portfolio.</li> </ul>
<p><b>Mental Health &amp; Learning Disabilities Unit</b></p>	<ul style="list-style-type: none"> <li>• COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary.</li> <li>• Physical distancing continues to be monitored and changes implemented where required.</li> <li>• Unit restructuring all Unit Health and Safety group meetings held in 2020. New TOR will be developed for the Unit Health and Safety group.</li> </ul>

	<ul style="list-style-type: none"> <li>• A review of the Cefn Coed fire plan will take place next week. This is due to changes in management responsibilities associated with the reorganisation.</li> <li>• There were 2 incidents that met the criteria for RIDDOR during the period Oct - Dec 2020.</li> <li>• All risks are being monitored locally, with controls in place to mitigate as far as is reasonably practicable.</li> <li>• No significant PPE issues reported.</li> <li>• There were 748 Incidents reported for the reporting period October - Dec 2020, 169 identified as V&amp;A incidents against staff.</li> <li>• Training is being maintained where possible and current compliance for H&amp;S related training between 78% &amp; 91%.</li> </ul>
<b>HQ Baglan</b>	<ul style="list-style-type: none"> <li>• COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary.</li> <li>• Physical distancing continues to be monitored and changes implemented where required.</li> <li>• HQ health and safety group have no immediate H&amp;S concerns</li> <li>• The ageing heating system and the roof are the main risks identified for the building.</li> </ul>
<b>Estates Management</b>	<ul style="list-style-type: none"> <li>• COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary.</li> <li>• Physical distancing continues to be monitored and changes implemented where required.</li> <li>• Welsh Government have announced additional capital funding for 2021-22 financial year, covering four distinct areas: Decarbonisation; Fire; Infrastructure and mental health. All bids to be received by 26 February 2021.</li> <li>• Five additional estates staff have been appointed to assist in the sampling and reporting of water safety in Morryston and Singleton Estates department.</li> <li>• Resources continue to be an issue with a paper being developed to address resource challenges.</li> <li>• Estates sub groups:</li> <li>• Compliance with WHTM's in a number of areas was highlighted in the estates report: <ul style="list-style-type: none"> <li>○ Electrical services</li> <li>○ Ventilation</li> <li>○ Fire</li> <li>○ Emergency lighting</li> </ul> </li> </ul>
<b>Support Services</b>	<ul style="list-style-type: none"> <li>• COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary.</li> </ul>

	<ul style="list-style-type: none"> <li>Physical distancing continues to be monitored and changes implemented where required.</li> <li>Laundry services will transfer to Shared Services Partnership and the Head of Health and Safety has been supporting this work.</li> <li>Waste issue for Morriston Hospital continues to provide challenges with frequency of collections and the availability of 1100ltr bins for collection. Temporary issue due to national shortages and increases in waste volumes. Contingencies were implemented resolve. This will be added to the risk register at the next Morriston hospital board meeting.</li> <li>No RIDDOR's reported during November &amp; December 2020.</li> <li>Training a main priority for support services as numbers have dripped due to COVID-19 pressures, with current compliance between 56% &amp; 69%</li> </ul>
<b>Health and Safety Alerts (MDA)</b>	<ul style="list-style-type: none"> <li>Only one safety alert issued (one local safety notice relating to the risk of transporting ECG cables)</li> </ul>
<b>Policies with Health and Safety Implications</b>	<ul style="list-style-type: none"> <li>Policies/procedures and protocols recommended through the Health and Safety Operational Group: <ul style="list-style-type: none"> <li>- There were no policies submitted</li> </ul> </li> </ul>
<b>Trade Unions</b>	<ul style="list-style-type: none"> <li>No topics raised</li> </ul>
<b>Deep Dive: FIRE</b>	<ul style="list-style-type: none"> <li>Units are not competent to fully undertake the range of fire safety management affecting their activities with a need for significant support from the centre.</li> <li>Competent advice and support is provided from H&amp;S (fire) corporate team.</li> <li>Fire Wardens available and the challenges of rostering of fire warden was logistically difficult with high probability that they could not always be present.</li> <li>Fire warden for each area is being reviewed as numbers are not what is required, particularly throughout the various rotations.</li> <li>Corridors being used for storage (beds – trolley- cages), this restricts the flow of designated escape routes.</li> <li>Limited or no grab bags in place for each of the sites that provide essential information for the fire &amp; rescue service when they attend a fire.</li> <li>Emergency procedures in place, some reviewed others being reviewed to capture environment and structure changes.</li> <li>Fire extinguisher service contracts in place.</li> <li>Fire riser condition inspections in place</li> <li>Sprinkler service/inspection contact in place</li> <li>Fire risk assessments overdue in most premises (this is being worked through)</li> </ul>

## Violence & Aggression

- Some compartmentation works completed with NWSSP – SES, further works scheduled for 2021/22
  - PC&C to undertake a fire deep dive in March 2021.
  - More ward/department based scenarios are required given positive feedback from areas where this has occurred. Good learning and will cover what is required in mandatory training.
  - Singleton site they had reviewed their complement of Fire Wardens. A whole site evacuation plan has been developed and will be signed off by the Singleton board.
  - Fire drawings required for sites to identify compartmentation.
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- Overall for the HB approximately 2/3 of V&A incidents were associated with patient with clinically challenging behaviour.
  - Morriston there were numbers of low grade incidents associated with vulnerable patients.
  - CCTV issue remain in ED at Morriston.
  - Mental health continue to review V&A training and include the requirement for restrictive practices. There had been no requirement to restrain patients during the vaccination programme in the Mental Health and Learning Disabilities Unit.
  - Primary Care and Community unit incidents of violence and aggression had declined but this reason could not be identified.
  - The Prince group was mentioned. This is a group of mental health and learning disabilities unit from England and Wales who have been meeting to identify good practice. A separate group meets in the Health Board to review restrictive practices.
  - A number of positive interventions used in mental health & learning development have and could be used in other settings.
  - Overall training was seen as positive and the sharing of learning was essential to ensure good practices are shared and implemented across the HB.

### **c. Health and Safety Executive (Update)**

As part of the HSE inspections relating to COVID-19 (hospital hot spots –COVID-19), Morriston hospital was identified to be visited. This took place on 10<sup>th</sup> December 2020 and they reviewed clinical and non-clinical areas, with verbal feedback provided on the day and this was followed up in writing in the form of a notice of contravention. The HB are currently progressing through the actions identified.

### **d. Logistics (PPE) Cell update**

A report was received outlining the systems and process in place and the current position on PPE nationally and locally, both reporting positive levels of PPE, with nationally supplies through NWSSP having over 24 weeks of most lines of PPE. The exceptions to 24 weeks include examination gloves (3 weeks), gowns (9 weeks), visors (22 weeks) and FFP3 masks (6 weeks) and locally there are 3 weeks supplies.

## **3. GOVERNANCE AND RISK ISSUES**

Health and Safety governance is as important as any other aspect of governance. It is a fundamental part of an organisation's overall risk management function which is a key responsibility of directors. Failure to manage health and safety risk effectively has both human and business costs. The price of failure can be the damaged lives of workers, patients, their families and friends, as well as direct financial costs, damaged reputations and the risk of legal prosecution.

### **4. Terms of Reference**

The terms of reference were reviewed and are attached for reference.

## **5. FINANCIAL IMPLICATIONS**

There are no direct financial implications arising from this report.

## **6. RECOMMENDATION**

Members are asked to:

- **NOTE** the report.
- **ENDORSE** the Health & Safety Operational Group Terms of Reference.

**Governance and Assurance**



<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>	
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
The effective communication of information and coordination of team activities is essential to providing safe patient care. The Health and Safety Operational group are responsible for managing and overseeing effective quality, safety and patient experience.		
<b>Financial Implications</b>		
There are no direct financial implications arising from this report.		
<b>Legal Implications (including equality and diversity assessment)</b>		
SBUHB is committed to providing and maintaining a safe and healthy work place and to provide suitable resources, information, training and supervision on health and safety to all members of staff, patients Contractors and visitors to comply with the legislative and regulatory framework on health and safety.		
<b>Staffing Implications</b>		
Staff will be briefed on health and safety developments through managerial meetings, staff meetings and health and safety alerts and bulletins.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
The Act requires the Health Board to think more about the long term, how we work better with people and communities and each other, look to prevent problems and take a more joined up approach with partners. There will be long term risks that will affect both the delivery of services, therefore, it is important that you use these five ways of working (Long Term Thinking, Prevention, Integration, Collaboration and Involvement) and the wellbeing goals identified in the Act in order to frame what risks the Health Board may be subject to in the short, medium and long term. This will enable The Health Board to take the necessary steps to ensure risks are well managed now and in the future.		
<b>Report History</b>	Health & Safety Operational Group 3 <sup>rd</sup> February 2021	

<b>Supporting documents</b>	Appendix A – Health and Safety Operational Group Terms of Reference
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