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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	7th August 2018	Agenda Item	2a
Report Title	Health and Safety Annual Report 2017-18		
Report Author	Dr Laurie Higgs, Head of Health and Safety		
Report Sponsor	Mrs Siân Harrop-Griffiths, Director of Strategy		
Presented by	Mr Darren Griffiths, Assistant Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This report informs the Abertawe Bro Morgannwg University (ABMU) Health Board Health and Safety Committee of health and safety matters in the organisation for the period of review 2017/18		
Key Issues	The paper sets out how the work of the Health and Safety Committee in 2017/18 supports the achievements of the Health Board's corporate objectives, overview of risk implications.		
Specific Action Required	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to: Approve		

Governance and Assurance										
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
	✓		✓		✓		✓		✓	
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
	✓	✓	✓			✓	✓			
Quality, Safety and Patient Experience										
The report informs the Board Health and Safety committee of the health and safety performance of the organisation in the financial year 2017/18.										
Financial Implications										
There are no immediate financial implications										
Legal Implications (including equality and diversity assessment)										
There are moral, legal and financial duties placed on the Health Board to effectively manage health and safety. Informing the Board of its position in matters of health and safety is recognised as good practice and consistent with good leadership and accountability.										
Staffing Implications										
None										
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)										
None										
Report History	Previous reports for 2017-8 submitted to ABMU Operational Health and Safety Committee, Learning and Assurance Committee and Quality and Safety Committee									
Appendices	None									

Health and Safety Annual Report 2017-18

1. Introduction

In November 2017 Abertawe Bro Morgannwg University NHS Health Board (ABMU) reviewed its previous health and safety improvement plan. Drivers for this review continued to be the developing management arrangements for the six Service Delivery Units (SDU) and improved health and safety arrangements for monitoring and assurance.

2. Scope of the Report

Though frequently driven by the requirements to comply with the large volume of health, safety and fire legislation effective health and safety management is about the Health Board discharging its moral, legal and financial obligations to those accessing, providing or who are affected by its services.

As a general principle health and safety law does not apply to clinical decisions such as the choice of treatment regimes or clinical consequences of the use of medication. Health and Safety legislation does impact upon patient safety in areas such as the management of patient falls, safety with medical devices, and the decontamination of medical devices. With changes in fines structures for breaches of health and safety law recent prosecutions of English NHS organisations have been the result of failures in the management of patient safety. With a diverse patient risk profile it will be vital moving forward that there is an effective coordination between clinical and non clinical risk management and clear lines of accountability and reporting to the Health Board.

Though there are a broad range of health and safety requirements on the Health Board affects all areas, ward, departments, disciplines, equipment management, building and facilities management etc. The report has concentrated on a number of key topics that affect large parts of the organisation.

3. Key Achievements in 2017-18

Key achievements are shown below and are discussed in greater detail in the relevant sections of the report.

- The management of fire risks in Singleton Hospital required the Service Delivery Unit supported by Estates and the Health and Safety department to review fire prevention, monitoring and emergency response strategies for the central ward block. All wards were reviewed and bespoke fire evacuation strategies developed. Enhanced monitoring both by Fire Safety Advisers and Fire Wardens was introduced. Fire wardens were trained to cascade information to their colleagues. Work continues on longer term strategies
- Work continued to use active and reactive monitoring to improve the management of health and safety.
- Resources were deployed to assist and support Service Delivery Units to develop their local health and safety arrangements.
- At the end of the review period more Health and Safety committees and groups were active including new groups in Service Delivery units and Estates; the latter with specific risk focused remits such as medical gases and low voltage electricity safety.
- The use of incident statistics to monitor trends was significantly improved during the period. Quarterly trends are reviewed by the Health and Safety Committee and where there appears to be a significant change in performance these are analysed in greater detail to attempt to identify any root causes, inadequate health and safety systems etc. This work will be further developed by Service Delivery Units as their governance arrangements are strengthened permitting greater understanding of their risk issues and action that they will need to take
- Significant support and reviews were undertaken to allow the reintroduction of Ultraviolet C decontamination systems
- A joint Health and Safety, Occupational Health and Infection Control group was formed with its remit to consider issues such as health surveillance and the use of chlorine releasing chemical safety.

4. Health and Safety Management Arrangements and 2017-18 Plan

4.1 Introduction

During the period of review focus continued to review and improve ABMU arrangements for the management of health and safety. The six Service Delivery Units were required to further develop their health and safety arrangements and were considered to be in a stronger position as their management teams and governance structures started to become imbedded.

4.2 Health and Safety Management

4.2.1 Principles

Good practice in health and safety requires that a continuous cycle is in place with the following principles.

Principles	
Plan	<ul style="list-style-type: none">• Where are we and where do we need to be?• What do we want to achieve, who is responsible, timescales?• How did we know it worked, performance indicators, outcomes etc?• Is the plan suitable for management levels, risks etc in ABMU?
Do	<ul style="list-style-type: none">• Know what risks you have got and decide priorities• Organise to deliver the plan• Implement the plan
Check	<ul style="list-style-type: none">• Has the plan been effectively implemented• What are indicators telling you about performance?• Do not rely on accident statistics
Act	<ul style="list-style-type: none">• Review plans and update as required• Take action on lessons learnt

These principles were used to underpin the 2017-18 Health and Safety Improvement plan that includes the 11 management system principles developed to support Healthcare Standards in Wales.



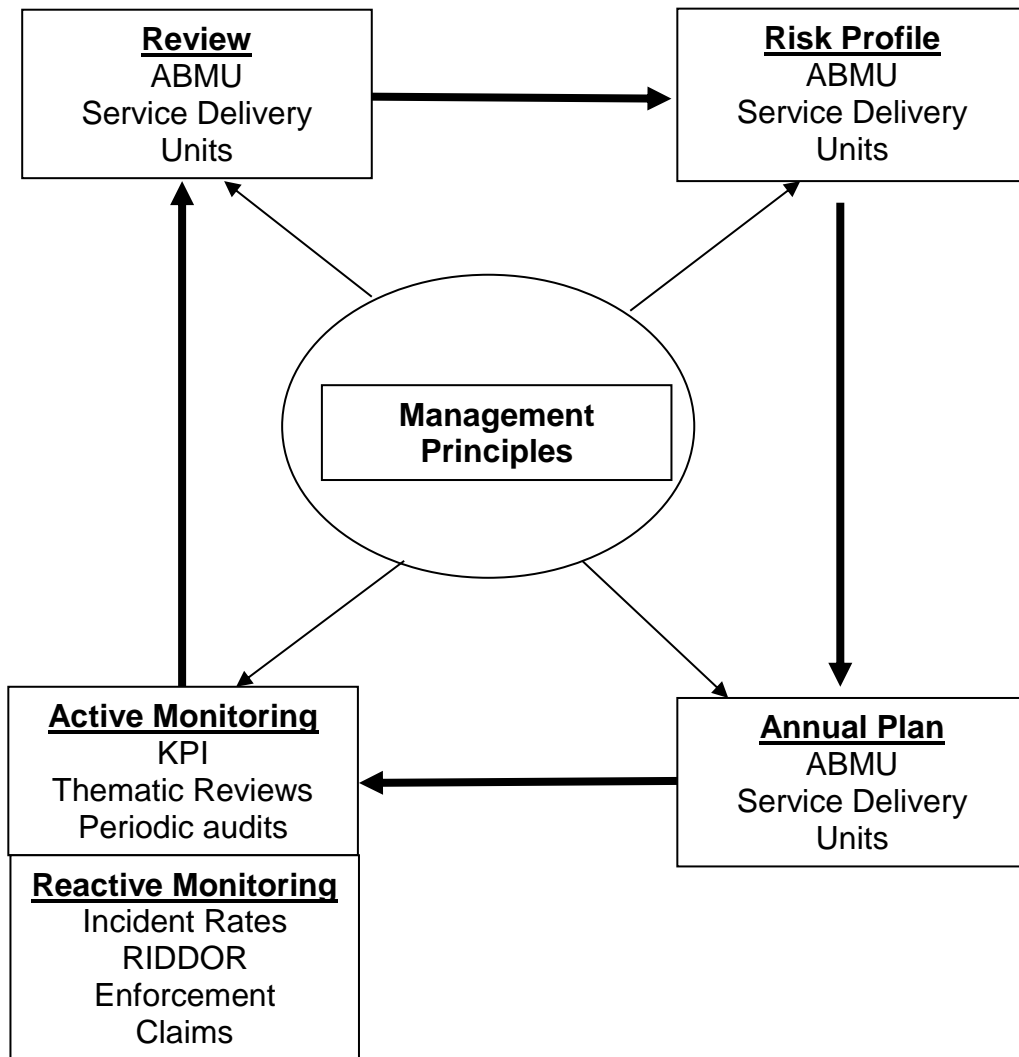
4.3 ABMU Health and Safety Management System

The above principles have been developed into Health Board arrangements that link together those standards (Chart 1) and are based upon a continuous cycle of improvement

- ABMU risk profile
- Annual (Health and Safety Improvement) plan
- Monitoring of performance
- Review

The system applies to the management of health and safety at Corporate, Service Delivery Units, remaining Directorates and wards and departments.

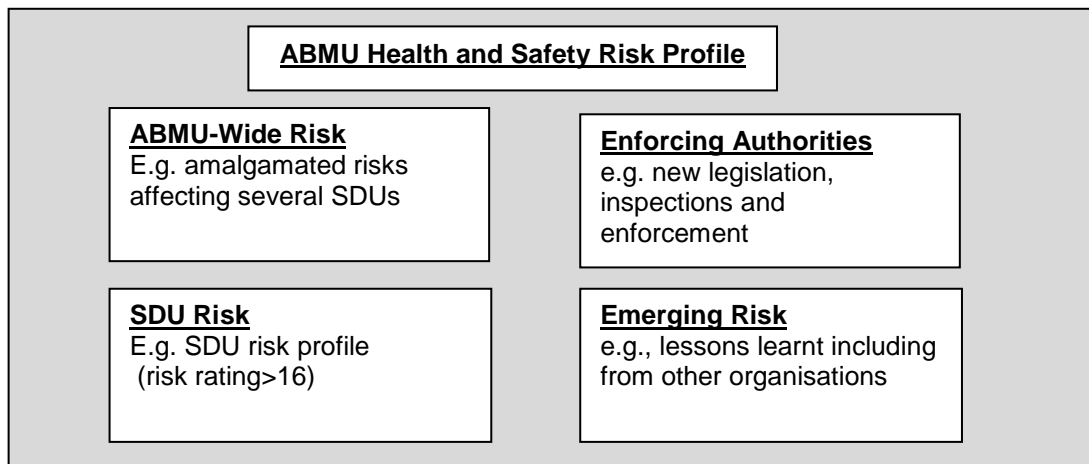
Chart 1



4.4 Health and Safety Risk Profile

The ABMU Risk Profile is based upon the identification and management of risks in 4 key areas (Chart 2).

Chart 2



The ABMU Health and Safety risk profile was regularly reviewed by the Health and Safety Committee and sub Committees such as the Fire Safety and Safer Sharps group. It is based upon the standard 5x5 matrix adopted in ABMU that considers the severity of the incident and its likelihood.

There are 24 currently risks that are being reviewed and managed by the Health and Safety Committee; these are grouped as follows (Table 1)

Table 1	Risk Rating							
Risk Type	6	8	9	10	12	15	16	Total
Fire	1	1	2		1	1	1	7
H&S Management	1		1			1	1	4
Manual Handling			1		1		1	3
Performance					3			3
Policy			1					1
Sharps					1			1
Training					2			2
V&A		1			2			3
Total	2	2	5		10	2	3	24

The three risks scoring 16 relate to

- Developing an effective health and safety management system at all levels of the Health Board
- Replacement programme for existing hoists that are no longer supported by manufacturer (no spare parts)
- Fire risk at Singleton Hospital associated with cladding

4.5 Health and Safety Improvement Plan Review 2017-2018

In May 2017 the ABMU Health and Safety Committee reviewed, agreed and kept under constant review the Health and Safety Improvement plan for 2017-18. The plan continued to focus on 4 broad areas of:-

- Management of health and safety
- Fire safety
- Manual handling
- Violence and aggression

Where practicable the 4 areas of improvement included the 11 elements of Health and Safety Management Principles were included in the plan.

In summary progress against the plan in respect of general health and safety management is shown in (Table 2). Progress for other elements such as fire safety is shown in their respective sections.

Table 2	Progress against ABMU Health and Safety Improvement Plan 2017-18
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Management Principle	Leadership & Accountability	
Action	Outcome	Progress
Develop, maintain and review progress against the Health and Safety plan for 2017-18	ABMU-wide Health and Safety plan	Developed, maintained and kept under constant review
Develop, maintain and review progress against the SDU Health and Safety Improvement plan for 2017-18	Service Delivery Unit Health and Safety plan	Many units did not update their previous plans
Further development of required ABMU-wide Health and Safety Policies	Control Of Substances Hazardous to Health (COSHH)	No progress
	Management of Contractors (non Estates)	Agreed
	First Aid at Work	Agreed May 2018
	Display Screen Equipment (DSE)	No progress
Develop health and safety procedure for each SDU	Clear understanding of roles and responsibilities, coordination with other units and employers etc.	Limited progress
Confirm Health and Safety Management arrangements in non SDU management units	Improved management of health and safety	Limited progress

Management Principle	Competent People	
Action	Outcome	Progress
Review training and competency arrangements in principle areas of health and safety	Risk-focussed training and competency systems owned at all levels of the organisation	Work undertaken to review fire safety training arrangements and piloted in one Unit. New V&A training in some areas

Management Principle	Compliance Assurance	
Action	Outcome	Progress
Periodic thematic reviews of health and safety risk topics at ABMU level	Programme of reviews linked to work of the Health and Safety Committee to include:-	Completed
	Training and Competency arrangements	Completed
	Health and Safety Annual Report	Completed
	Coding structures for DATIX	Completed
	Reporting and Investigation of fire incidents	Completed
	Fire Safety (link to Fire Safety audit)	Feb 2018
	First aid provision	May 2018 (late review)
	Occupational Health arrangements	Not completed

	Safety with Medical Sharps	Not completed
Periodic thematic reviews of health and safety risk topics at SDU and management unit level	Thematic review programme based upon risk profile of units etc	Inconsistent across units
Monitor Unit progress against Health and Safety Plan	Check progress for their elements of the plan	Inconsistent across units

Management Principle	Risk Management	
Action	Outcome	Progress
Review risk registers for ABMU	Programme of risk register reviews	Completed and ongoing
Review of risk registers applicable to Unit Health and Safety	Periodic review of unit risk registers by ABMU Health and Safety Committee	Completed and ongoing
Review Risk registers for SDU	Service Delivery Units have risk register that they own and manage Risks> 16 will also be reviewed by ABMU H&S Committee	Risk registers updated reflecting changes in unit boundaries etc.

Management Principle	Learning from Events	
Action	Outcome	Progress
Review of significant incidents in ABMU	Learning lessons and identifying actions	Completed and ongoing
Review of significant incidents affecting NHS Wales etc	Monitoring progress with compliance etc.	Completed and ongoing
Review of HSE Improvement notices etc	Monitoring progress with compliance etc	Completed and ongoing
Review of significant Fire safety correspondence etc	Monitoring progress with compliance etc	Completed and ongoing
Review of claims management experience for health and safety	Learning lessons and identifying actions	Completed

Management Principle	Occupational Health	
Action	Outcome	Progress
Develop Health surveillance sub-group	Occupational Health embedded with Health and Safety function etc.	Completed
Review and Update of Occupational Health & Wellbeing service within ABMU	Ongoing review of health surveillance arrangements being undertaken	New joint Occupational Health and Health and Safety group formed
Review eyesight test arrangements for VDUs	Clear understanding of roles and responsibilities budgets etc.	Not commenced

Management Principle	Asset Management	
Action	Outcome	Progress
Improve the use of risk assessments to inform capital programmes	Health and Safety committee aware of capital investment etc	Asbestos, fire and manual handling completed
Manual handling equipment replacement programme	Health and Safety committee aware of capital investment etc	Completed but waiting further funding

Management Principle	Occupational Health	
Action	Outcome	Progress
Develop ABMU-wide policy for the management of non-estates contractors	Revised policy	Completed (Estates only)
Use Policy to support HSE strategy to improve SME management	Encourage contractors to improve their health and safety	HSE inspection likely to review coordination with contractors

Management Principle	Communications	
Action	Outcome	Progress
Review membership of ABMU Health and Safety Committee to include non-Service Delivery Units	Identify key attendees, roles and responsibilities	Not actioned
Develop appropriate Health and Safety communication and consultation arrangements in Service Delivery Units	Active Health and Safety governance and communication arrangements/Committee	Developing

Management Principle	Emergency Preparedness	
Action	Outcome	Progress
Review key policies/procedures	Firearms	Completed
	Hospital Lockdown	Completed
	Bomb Threat/Suspect packages	Completed
	Lone worker	Completed
Develop Service Delivery arrangements	As identified in Policy etc	Ongoing e.g. Singleton fire plan

Management Principle	Measuring Performance	
Action	Outcome	Progress
Develop Key Performance Indicators for ABMU Health and Safety Committee	Key indicators to be reviewed at all ABMU H&S meetings	Completed and ongoing
Review Fire Safety Audit	Monitor by Health and Safety Committee. Include key outcomes in updated H&S Plan	Reviewed but audit submission late
Health and Safety Annual Report 2016-17	Update Health and Safety Annual Report for 2015-17 financial year	Completed
Develop Key Performance Indicators for Service Delivery Unit	Key indicators to be reviewed at all Service Delivery Units H&S meetings	No consistent performance

5. Policies and Procedures

5.1 General

The requirement for Policies and Procedures forms part of effective health and safety management. Due to the diversity of risks reviews have been undertaken on ABMU-wide policies and these arrangements are recorded in separate policies such as violence and aggression and manual handling.

5.2 Policy Review

Some health and safety policies required by the Health Board are more effectively managed by specialist committees such as the Radiation Safety (e.g. Ionising Radiations and Medical Examination Regulations 1995) or Patient Falls Group. These will continue to report to the Quality and Safety Committee but with the development of the ABMU Board level Health and Safety Committee a review will be undertaken to confirm the interrelationships between these Committees. There is a risk of matters falling between groups or a lack of joined up thinking; as an example there is a current proposal to remove Radon monitoring from the Radiation Safety Committee and transfer the issue to the Health and Safety Committee.

Some policies that were programmed for review in 2017-18 have been reclassified as procedures. This in part recognises that policies are more aspirational whereas procedures give greater detail. The Control of Substances, Hazardous to Health, Display Screen Equipment and First Aid systems will now be classed as procedures and reviewed in 2018-19.

6. Service Delivery Units

During the review period Service Delivery Units were required, as part of the requirement to demonstrate leadership and accountability for health and safety, to further modernise their arrangements. Many of the Units were still developing their management arrangements and in particular embedding their governance teams, identifying their areas of responsibility, updating their risk registers and dealing with the backlogs of incidents, claims and complaints.

Key areas to be modernised were to put in place effective ways to understand their key risks, review their arrangements to control those risks, learn from incidents and to develop a Service Delivery Unit health and safety plan.

To assist with the coordination of health and safety arrangements units were required to either set up a unit-based health and safety committees or to incorporate health and safety management into their governance meetings. With the exception of the Primary Care and Community Service Delivery unit the majority chose to set up or to continue with formal health and safety committees. These would be supported by Health and Safety, Estates and Facilities advisers and where required other specialist staff.

As a general summary there remains significant work to be done to embed health and safety governance arrangements in the units although initial progress has been made. In particular some Committees do not achieve the required numbers of meeting per year. Some have poor attendance by their operational managers with a risk of failure of communication and management of risk. Table 3 summarises some key performance indicators for the units

Table 3	Overview of Health and Safety Management in Service Delivery Units					
Service Delivery Unit	POW	MGH	SGH	NPTH	LD/MH	PC/Comm
Health and Safety committee meetings regularly held	L	L	L	Y	Y	Y(RM)
Regular Attendance by Operational managers	N	L	Y	Y	L	Y(RM)
Incidents reviewed and lessons learnt	L	Y	Y	Y	Y	Y (RM)
Risk Profile reviewed	N	Y	Y	Y	Y	Y (RM)
Annual plan developed 2017-18	N	Y	N	Y	Y	N

Key

L Small number of meetings held or committee formed late in review period

N No

(RM) via Risk Management Committee

7. Committees and Groups

7.1 ABMU Health and Safety Committee (Operational Health and Safety Group)

5 Health and Safety Committees meetings took place (one Committee was cancelled due to bad weather. In general there was good attendance from the 6 Service Delivery Units. Estates and Facilities were represented. Only UNITE and UNISON currently attend the Committee meetings though other unions are invited and receive papers.

With changes in Health and Safety management arrangements and the introduction of the ABMU Board Health and Safety Committee this Committee will become the Operational Health and Safety Group reporting to the Board Committee

7.2 ABMU Board Health and Safety Committee

This Committee met in April 2018 and agreed its terms of reference. There will be a need to have a clear understanding of their responsibilities in some areas such as patient accidents that continue to be reviewed by the Board Quality and Safety Committee.

7.3 Fire Safety Group

Currently this group comprises representatives from Estates, Capital and Health and Safety. It functions to review general fire safety arrangements in the Health Board and to consider fire risks and their management including links to capital programmes.

7.4 Assurance and Learning Group

Regular reports have been submitted from the Health and Safety Committee to the Assurance and Learning Group. These have included a wide variety of health and safety topics. Reports recently include lessons learnt from both ABMU and NHS in general. A section to report concerns to the Board Quality and Safety Committee is also included but again there needs to be a clear line of responsibility and coordination with ABMU Board Health and Safety Committee. A review will be undertaken in early 2018 with the Director of Nursing

7.5 Service Delivery Units (SDU)

Service Delivery Units (SDU) were formed in October 2014 with SDUs replacing the previous locality and directorate structures. The ABMU risk profile correctly identified the need to develop health and safety management arrangements in the new units. Flexibility was given to permit focus on the key risks faced by each unit. This process has taken longer than expected due to the need to for the SDUs to develop governance arrangements and appoint staff to fulfil these roles

At the end of the period the following groups were active and having regular meetings:-

- Mental Health & Learning Disabilities: Health and Safety Committee
- Princess of Wales: Health and Safety Committee
- Neath Port Talbot Health and Safety Committee
- Morriston Health and Safety Committee
- Primary Care and Community: Governance meetings
- Facilities: Health and Safety Committee
- Estates: Health and Safety Committee

The Singleton Health and Safety Committee met for the first time in late 2017. For the no recent meetings have been held.

7.5 Water Safety Management Committee

This Committee is chaired by the Director of Nursing and has developed the Water Safety Management Policy for ABMU.

7.6 Asbestos Management Committee

This Committee comprises Estates and Health and Safety representation. It continues to review risk management arrangements and manages the Asbestos capital programme.

During the period of review concern was raised that Asbestos registers at Maesteg Hospital and offices at Quarella Road in Bridgend were not suitable and sufficient. A rolling programme of risk assessments reviews has been introduced to update the current risk Asbestos risk register.

7.7 Radiation Safety Committee

This committee is chaired by the Medical Director and links into the Quality and Safety Committee. It comprises Radiation Safety Advisers and Supervisors and Waste Management representation for radioactive waste. Key focus includes the reviews of reports from radiation protection supervisors and Adviser, monitoring of exposure to radiation by staff and local rules.

During the period of review the Ionising Radiation Policy was reviewed. This will require the Director of Strategy to put in place arrangements for monitoring of Radon in (at-risk) ABMU properties

7.8 Medical Sharps Group

This group is represented by Procurement, Medical Devices management, Infection Control, Risk Management, Nursing and Health and Safety. It has reduced the numbers of meetings but continues to monitor safety with medical sharps. A key piece of work for 2018-19 will be to review where non-safety engineered medical sharps continue to be used and to identify possible replacements.

7.9 Medical Devices Committee.

The Medical Devices Committee has Health and Safety Representation. This reflects the health and safety legislation around equipment management and training. The group is chaired by the Medical Director

8. Monitoring

8.1 Introduction

A variety of monitoring arrangements have been put in place. Currently they are generally reviewed by the Health and Safety Committee but will be further used by the Service Delivery Units and other management areas.

Active monitoring reviews performance against elements including:-

- Health and Safety Improvement plan
- Programme of thematic audits that consider performance against specific risk topics and areas
- Progress on managing risks identified on the ABMU Health and Safety risk profile.
- Reports on other topics outside of the thematic review programme such as progress against other health and safety topics e.g. medical sharps

Reactive monitoring includes

- Reviews of incident statistics
- Reviews of RIDDOR incidents
- Progress against enforcement action taken against the Health Board

8.2 Active Monitoring: The Use of Thematic Reviews

The Health and Safety Annual plan has been regularly reviewed in the Health and Safety Committee.

A number of Thematic Audits were conducted in line with the Health and Safety Improvement Plan programme. These included:-

- Use of DATIC codes
- Reporting of fires and unwanted fire signals
- Training and competency
- Annual Health and Safety Report
- Fire Safety Audit

8.3 Reactive Monitoring: The Use of Incident Statistics in the Management of Health and Safety

8.3.1 Introduction

When an actual incident (or near miss takes place), apart from the immediate management of the incident, there are opportunities for the Health Board and its managers to improve the management of risk by:-

- Identification of main (root) cause(s) of the incident
- Determine if there are gaps in arrangements. These may include lack of or inadequate risk assessments, procedures, training and suitably maintained equipment
- Using the information widely in the Health Board to identify trends across similar risk areas
- Sharing of information including lessons learnt

Improvements (or concerns) around control of risks associated with incidents are discussed within the relevant sections such as violence and aggression.

Currently the ABMU Health and Safety Committee is provided with an analysis of all identified and where possible corrected health and safety incidents. The data is analysed to try to identify if there are any significant changes taking place. Where necessary the particular incident type is analysed in greater detail. Service Delivery Units are starting to adopt the same system.

8.3.2 Current Matters Affecting Incident Reporting: Coding Structure, Severity and Lessons Learnt

To develop the necessary statistical analysis and monitoring of performance all reports held on the DATIX system are regularly reviewed to identify potential health and safety related incidents. These include incidents such as sharps incidents which may be coded as medical device incidents.

To permit intelligent reports to be made for relevant Committees and managers each incident is duplicated onto on a separate database and given a specific health and safety code. No changes are made to the existing reports held on the DATIX system that are made by and coded by the relevant Service Delivery or management unit.

For 2017-18 2458 health and safety incidents were recorded using 111 DATIX Tier 3 codes. For 5 selected incident types (Table 4) nearly 50 DATIX codes were used.

Table 4	Incidents	Codes Used
Aggression Patient to Employee	311	12
Assault Patient to Employee	789	10
Manual Handling of Patient	48	6
Sharps	213	13
Verbal Abuse Patient to Employee	172	6

It is therefore considered that over-reliance on the current DATIX coding system and a lack of effective review and challenge to the codes used will produce false data,

Many incidents do not appear to have any lessons learnt associated with them. There is a high probability that should a serious accident follow a previous accident graded as a minor outcome the Health Board would be in breach of Health and Safety legislation and at risk of a significant fine.

8.3.2 Reactive Monitoring: General Review of Incidents

For 2017-18 around 2500 staff incidents were reported to DATIX, this represents a 10% increase on the previous period. (Chart 3)

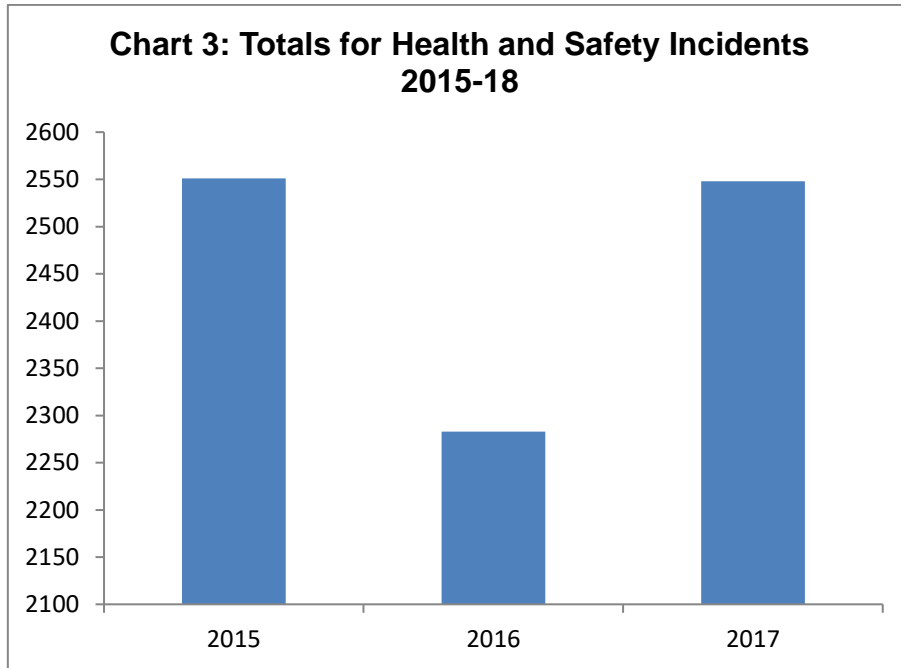
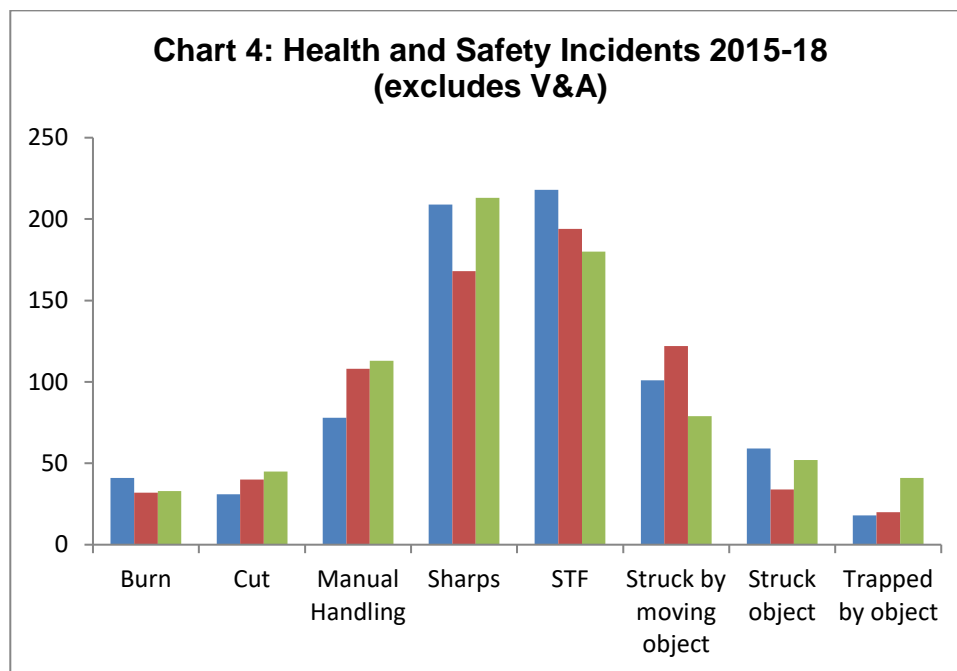


Chart 4 shows the main areas of incidents affecting staff. As violence and aggression events account for 60% of incidents they are excluded from the chart.



There was an increase in all manual handling accidents and a surprising increase in sharps injuries; these are analysed later.

8.7. Reactive Monitoring: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

8.7.1 Introduction

RIDDOR requires that significant injuries to staff and accidents resulting in staff being absent from work for over 7 days are formally reportable to the Health and Safety Executive (HSE). There is also a requirement to report specified dangerous occurrences and certain work-related diseases.

For patients the majority of accidents and clinical incidents are normally not RIDDOR reportable unless there has been a significant failure in ABMU arrangements. Visitor accidents are only reportable if a significant injury occurs.

8.7.2 RIDDOR Accidents to Staff

For the period of review 55 incidents were formally reported to the Health and Safety Executive under the RIDDOR regulations (Table 5); this represented a small reduction from the previous year. For staff these reports were made for a significant injury or a minimum absence from work of over 7 days.

Incident Type	Year		
	2015-16	2016-17	2017-18
Assault	11	22	13
Burn	2	1	2
Ergonomic	3	4	3
Manual Handling	13	15	7
Slip, trip and fall	17	9	18
Struck by object	8	4	4
Other	7	3	8
	61	58	55

8.7.3 RIDDOR Accidents to Patients

To be RIDDOR reportable accidents to patients requires that there is a possibility of a system failure rather than being determined by the outcome and injury resulting from the accident.

In 2017 1 patient fall accident was reported where the Service Delivery Unit considered that supervision arrangements were inadequate. In this case staff were managing an incident on the ward and the patient fell whilst walking away from the bed. As discussed above this has resulted in an HSE investigation and the outcome is not known at present.

8.7.4 Dangerous Occurrences

RIDDOR requires that specified dangerous occurrences are reportable to HSE. As the regulations have a strong industrial element to them RIDDOR dangerous occurrence reporting in the NHS is limited to a small range of incidents. For 2017-18 2 incidents of exposure to biological materials were reported to HSE; these are primarily related to splashes of blood and body fluids rather than exposure to high risk sharps.

9. Risk Assessment and Management

9.1 Policy

The Health Board has an overarching Risk Management Strategy and the health and safety arrangements dovetail into this system. This strategy sets out a clear methodology of risk identification, assessment, management and monitoring. The system is linked to the DATIX Risk register.

9.2 Risk Management – General

The Risk Management Strategy and Health and Safety Policy (and supporting policies) requires that risks are identified at all levels of the organisation. Where the risk is identified at ward or departmental level it will be managed there but will be monitored by their governance functions if the risk rating is above 9. Risks scoring above 16 are reviewed and subject to approval will be included in the ABMU Risk Register for monitoring at corporate level. Generally ABMU monitoring will be undertaken in the ABMU Assurance and Learning Group.

9.3 Identification of Risks

Health and Safety risks will be identified and managed in a number of ways. Typically there are two levels of health and safety risk assessments

1. Standard risk assessments that identify particular risks relating to or affecting the activities of a ward or department. In respect of health and safety these may include violence and aggression, manual handling and fire safety and more specialist risk assessment around asbestos, water safety, working at height, lone working etc.
2. Risks relating to particular patients such as manual handling where the changing condition of the patient requires that their individual risk assessment may be frequently reviewed and risk control measures updated.

9.4 Risk Management – Health and Safety Risks on DATIX

During the year Service Delivery Units reviewed the risk assessments held on DATIX. For the health and safety risks a number were removed from the risk register with currently 24 shown in the following categories (Table 6).

Table 6	Health and Safety Risks Reported on the DATIX System									
	Year opened									Total
Category	2006	2007	2011	2013	2014	2015	2016	2017	2018	
COSHH					1					1
Environ								1		1
Fire			1				1		3	5
Lone working				1			1		1	3
MH	1		1		1	1		1		5
NA						1		1	1	3
Security					1					1
Sharps							1			1
STF							1			1
VA		2						1		3
Total	1	2	2	1	3	2	4	4	5	24

The Health and Safety committee maintains a separate risk register that reports risks affecting the whole organisation. This will also include horizon scanning of developing risks including those emerging from lessons learnt in other organisations.

10. Management of Risk – Training and Competency (Education and Training)

10.1 Induction Training

There were no significant changes made to the arrangements for induction training. All new staff are required to complete e-learning modules each with associated competency assessments. These included Modules A for manual handling and violence and aggression and generic modules in health and safety and fire. Depending upon their training needs analysis new staff may complete advanced modules in violence and aggression (Modules B, C and D or specialist and Manual Handling (Modules B or B&C or B-F)

All staff will receive induction at ward or departmental level to include local fire emergency plans and any specific equipment or procedure training.

10.2 Developing Training and Competency Models

Using risk assessments, incidents and claims management intelligence training and competency models have continued to evolve. This approach has also been tested as part of the HSE investigation in review of a serious manual handling patient incident in 2013.

The advantages of this approach is

- Staff receive training that is clearly and demonstrably linked to their work, equipment, working environment, patients and risks present
- Duration of training is correct for the risk present increasing the efficiency of training
- Training and competency is owned by ward and departmental managers
- Staff competency can be demonstrated rather than relying on attendance at a classroom where training content may not address their local and specific risks
- Demonstrate to enforcing authorities etc that risks have been assessed and training and competency models implemented according to the risk.
- Training and competency systems and reports can be used where necessary to defend litigation claims
- Release of resources from training rooms to support manager and staff in the workplace such as problem solving of particular areas of risk.

Developmental work during this period included enhanced focussed training for particular groups of staff for violence and aggression. However, though this approach can demonstrate good control of risk it does, due to the smaller numbers of staff involved, require the wards and departments affected to take ownership of the training system. They are frequently required to pay for the front-end training of their trainer. However, this type of training can frequently be undertaken more efficiently than releasing staff to attend training that may not be relevant to them and can on occasions be undertaken as part of the normal work of the ward or department.

In 2018-19 further training schemes will be developed in mental health and it is likely that the lessons learnt from fire training arrangements at Singleton hospital will become more widely used in the Health Board.

11. Working with Service Delivery Units

The Health Board is a complicated organisation. Generic risk control measures such as training may need to be modified in particular areas due factors such as the degree of patient mobility, specific equipment used by staff and the environments where they work. Risk assessment is the key foundation to understanding what is happening; this permits local and more effective systems to control particular risks to be implemented. This typically requires working with Service Delivery Units to critically review their processes and for the updated processes to be implemented and owned by the local management team. Review reports will need to be discussed at Health and Safety meetings and this gives

those teams both a better understanding of their requirement and demonstrates that they are managing their risks; examples of this process are review of specific manual handling arrangements and review of violence and aggression in specific wards and departments and developing specific solutions.

12. Sickness and Absence

Health and safety resources are used to support managers in identifying deficiencies in working areas that may contribute to accidents and sickness and absence. Technical advice regarding adjustments to workplaces and working systems is also given when risk assessments are made and to support staff returning to work after operations, long term sickness etc. Approximately 70 individual staff assessments are undertaken each year but it is difficult to quantify the monetary benefit to the Health Board.

13. Health and Safety Executive and Fire and Rescue Services

The Health Board is subject to various reviews by statutory and NHS organisations. This may be on a planned basis or reactive to the reporting of an incident such as one that is reportable under RIDDOR to the Health and Safety Executive.

13.1 Health and Safety Executive (HSE)

13.1.1 Health and Safety Offences Fines

New sentencing guidelines have been issued in the UK for health and safety and similar offences. For health and safety offences offending organisations will be placed into one of four bands relating to turnover; for large NHS organisations this places them into the top tier Regulations 2016 with fines potentially being severe for serious breaches of legislation. Previously as fines for breaches of health and safety law were based upon the profit of an organisation the NHS was insulated from potential large costs. During the period of review 2 Trusts in England each received £1 million fines; a further Trust received a £2 million for two fatal accidents to their patients.

13.1.2 HSE Reviews of ABMU

Hydrogen Peroxide Vapour (HPV) and Ultraviolet (UVc) Decontamination systems were still the subject of HSE monitoring during the period of review. HPV decontamination has been withdrawn from use by ABMU and HSE are satisfied that revised arrangements for Ultraviolet (UVc) are now in place.

Towards the end of the review period HSE began to show a significant interest in the health and safety arrangements of ABMU. Part of this related to complaints made directly by one trade union to them regarding decontamination systems discussed above and safety of waste disposal cupboards at Morriston Hospital. Further complaints were received by HSE from staff regarding violence and aggression risks in the Accident and Emergency department at Princes of Wales

Hospital and a possible failure to identify all staff affected by a scabies outbreak in 2016. They also received a complaint from a lift contractor regarding the competencies of ABMU Estates staff. As required by the RIDDOR regulations ABMU made HSE aware of accidents to staff (electric shock) and a patient fall. All these resulted in HSE starting to implement visits to ABMU to review arrangements and these investigations are ongoing.

13.1.3 Fees for Intervention (FFI)

HSE are entitled to recover their costs to investigate technical breaches of breaches of health and safety legislation. Where a formal improvement notice is issued they will routinely recover costs from the Health Board. All these investigations resulted in the HSE Charging for their investigation under a scheme called Fees for Intervention (FFI).

There was one FFI made against the Health Board for its management of radioactive waste in the Nuclear Physics department at Singleton Hospital.

13.2 Fire and Rescue Services

South Wales Fire and Rescue Service continued its programme of inspections of premises in the Bridgend and Cardiff area. Common themes include housekeeping, maintenance of fire doors and changes made to doors without sufficient consideration of the fire safety features required.

In the Mental Health Unit the Mental Health and Learning Disabilities Service Delivery Unit were required following two arson attacks in wards at Princess of Wales Hospital to fully review their systems for controlling smoking and sources of ignition.

14. Freedom of Information (FOI)

During the period of review the following analysis was made to support FOI requests. Many of the requests required significant time commitment and data analysis for data gathered over a number of years and on different reporting systems. Typical reports on the period of review were:-

- Staff to patient assaults
- Patient to patient assaults
- Sharps injuries
- Security incidents

15. Violence and Aggression

15.1 Overview

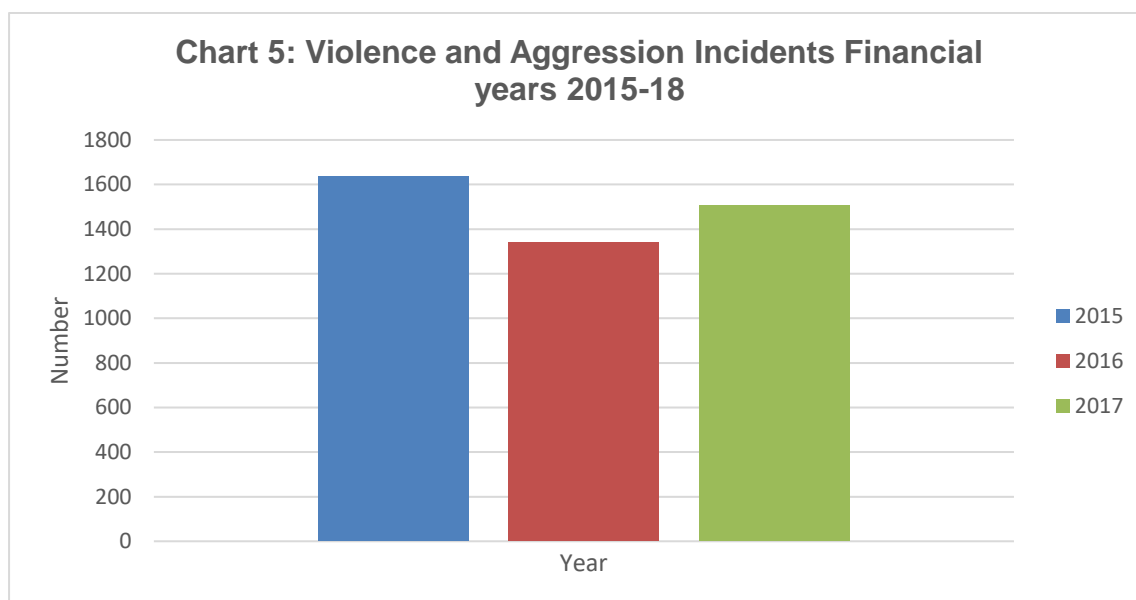
The ABMU Violence and Aggression Policy defines a violent or aggressive incident in the following ways.

- Assault: Grabbed, scratched, spat punched, kicked etc.
- Aggression: Direct threat, intimidation etc.
- Verbal: Swearing.
- Racist: Verbal aggression targeted on colour, race etc
- Sexual Harassment: Inappropriate touching, sexual innuendo etc

The policy further records control measures that will be adopted including training and support for staff. It gives high priority to the identification and management of specific risks in the discipline.

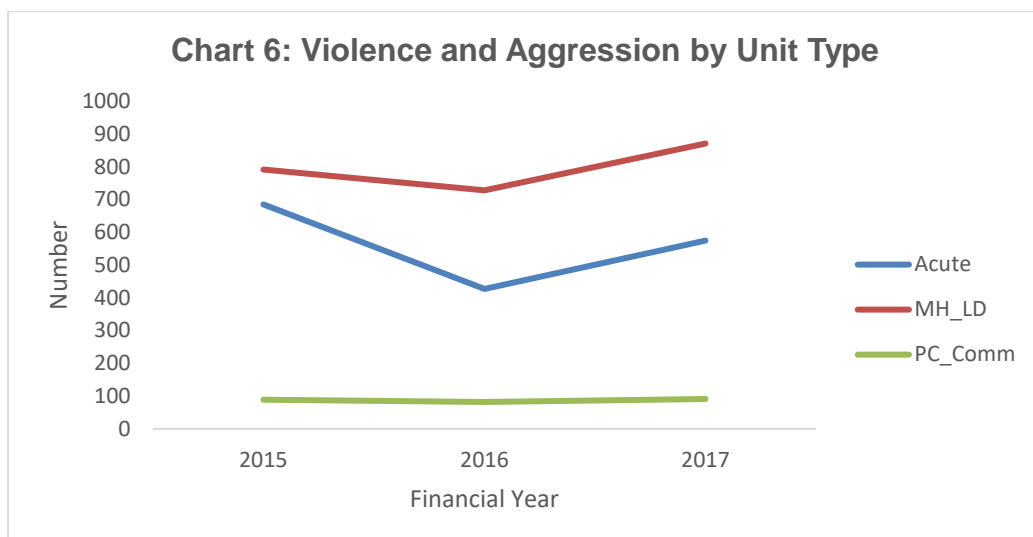
15.2 Incidents

In the last three years there have been nearly 6,000 incidents of violence and aggression reported directed towards staff (Chart 5). For 2017-18, compared to 2016-17, there was a slight increase in incident rates. Average yearly rates continued around 1,500 incidents.



15.3 Incident Locations and Types

As in previous reviews Mental Health and learning Disabilities units account for the most incidents. The 30% fall in acute hospital rates in 2016 was reversed in 2017. Incident rates in Primary Care and Community remained static (Chart 6).

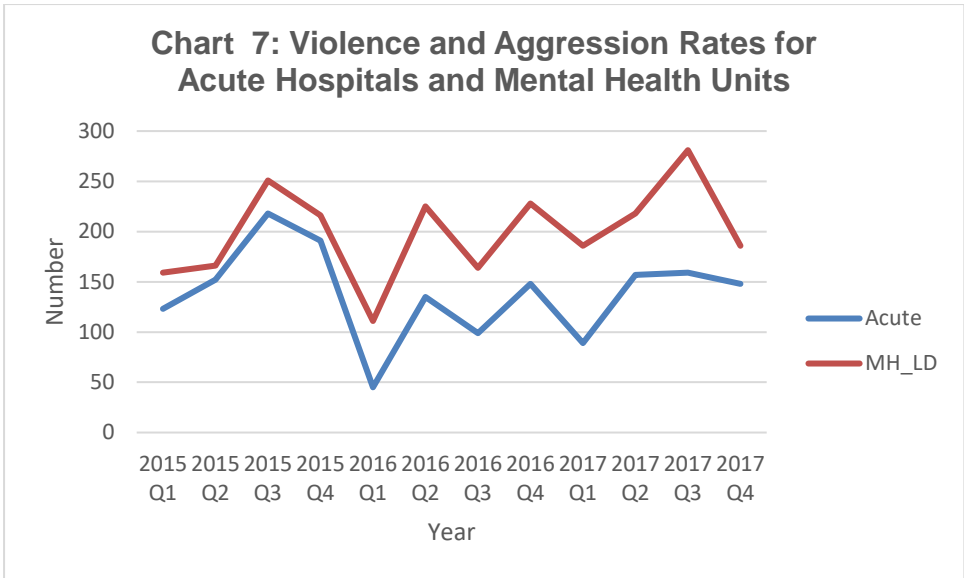


For wards and departments in acute hospitals assaults to staff dominate. These are frequently associated with patients with clinical or other matters that cause them to be violent towards staff.

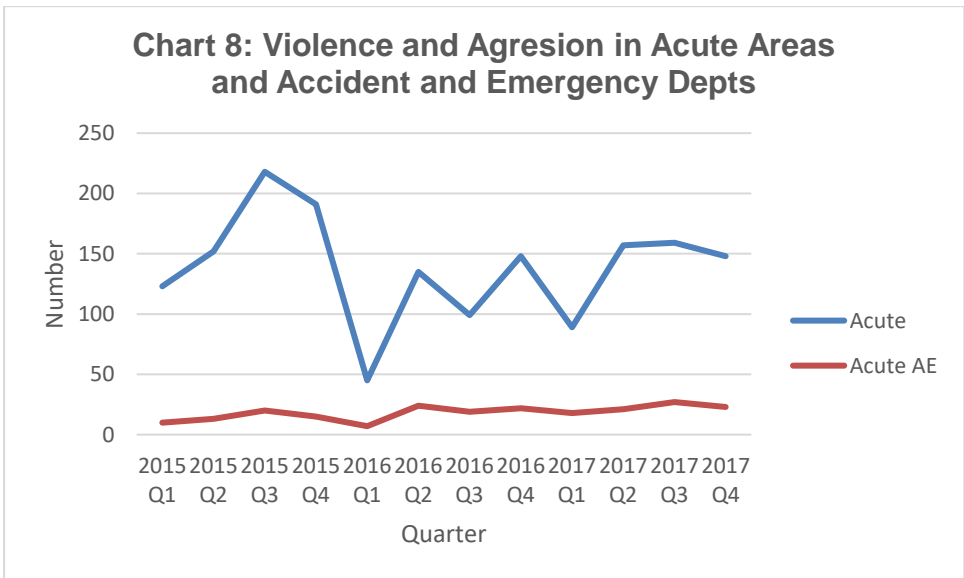
Accident and Emergency departments are often perceived as high risk areas for violence and aggression. Incidents here are frequently related to anti-social behaviour rather than assaults and the severity of incidents remain reasonably low. Table 7 shows the types of violence and aggression recorded for 2017-18 and area type

Table 7		Area Type				
V&A Type	Person Involved	A&E	Acute	Comm	MH_LD	Total
Aggression	Patient to Employee	29	81	14	173	297
	Visitor to Employee	3	24	0	5	32
Assault	Patient to Employee	16	291	21	457	785
	Visitor to Employee	0	1		0	1
Racial abuse	To Staff (all sources)		6		8	14
Sexual harassment	To Staff (all sources)	2	15	7	13	37
Verbal abuse	Patient to Employee	35	74	26	35	170
	Visitor to Employee	3	80	23	17	227
	Total	89	572	91	732	1484

Comparing rates by quarters there is a surprising correlation between both acute and mental health/learning disability rates and time of year. It also appears that peaks of incidents are likely to occur near Quarter 3 in the year (Chart 7).



Though incident rates in Accident and Emergency Units are expected to be high they have generally remained static (Chart 12).



15.4 Assaults to Staff

785 Assaults (includes scratching, grabbing, kicks and punches etc) to staff took place in 2017-18; these represent over 50% of recorded incidents of violence and aggression. There was a fall from the previous year from 22 to 13 for assaults recorded as RIDDOR and reported to the HSE. For severity of assaults none were reported as severe and 23 were reported as moderate harm

For acute hospital assaults may occur across the wide range of disciplines but a number of higher risk areas are evident (Table 8).

Table 8	Assaults by Speciality n>10)
Elderly Medicine	107
Orthopaedics	56
General Medicine	54
Cardiology	37
Burns & Plastic Surgery	34
Obstetrics	24
Paediatrics (acute)	22
Cardiothoracic	17
Respiratory Medicine	17
Rehabilitation	14
Stroke	14
Gastroenterology	14
Care of Elderly	11
Vascular	11

This has reinforced the need to develop training systems that are focussed on specific patient groups and will include elements of training designed to minimise specific risks such as dementia and the safe restraint of patients who (not deliberately) may wish to harm staff or themselves. As an example staff in Theatre recovery rooms and Intensive Care units have received specific training.

15.5 Severity

Despite large numbers of reported incidents the numbers of significant physical injuries to staff are generally low. There was a 50% reduction in RIDDOR incidents in 2015-16 from 22 to 11 but an increase from 2016-17.

15.6 Clinical and other Effects on Violence and Aggression

In 2017-18 it is estimated that for 80% of incidents the root cause was associated with clinical or mental health matters that affected the patient's behaviour.

Root causes may be mental health, dementia and confusion where often the affects will be long term. Short term violence and aggression may occur in Intensive Care Units, Operating Theatre Recovery rooms etc; here the patient often changes to normal behaviour later as recovery progresses.

In managing the issues around patient behaviour the approach adopted in Wales of managing violence and aggression by reliance on prosecutions of perpetrators of violence to staff was never adopted by the Health Board as its main control measure. Greater emphasis on understanding the triggers for violence and aggression, specific staff training, support to identify appropriate control strategies that are primary protection for staff is the correct strategy.

There are opportunities to change one of the control strategies adopted in acute hospitals where typically a bank member of staff who is mental health qualified may be employed to supervise a patient causing a disturbance on the ward or

threatening other patients or members of staff. Here costs are high and there is the potential to train local staff to supervise the patient and if necessary such as for an older patient to use appropriate skills such as dementia training and soft restraint to improve standards of care and protection.

15.8 Control Measures for Violence and Aggression

Due to the complexity of violence and aggression risks control strategies are now tailored to the risk profile of the staff, patients and environments worked. Table 9 summarises some control strategies in place or being developed.

TABLE 9		Control Strategies										
Area/Staff Group/ Risk Type	Risk Assessment (General)	Risk Assessment (Patient specific)	Incident Reporting	Training - V&A module A	Training -V&A module B	Training -Specialist/ Supplementary	Environment Risk assessment	Response Strategy	Lone worker procedures	Security Staff Response	Restraint (Staff, Chemical, Soft)	Case Management
Community Nursing, Health visitors etc	Y	Y	Y	Y	Y	Lone Worker	Y	Y	Y	N/A	N/A	Y
Community CPN	Y	Y	Y	Y	Y	Mod B/C CPN	Y	Y	Y	N/A	N/A	Y
Low risk acute (OPD, wards etc)	Y	Dyn	Y	Y	Y		Y	Y	N/A	Site	N/A	Y
Acute AE	Y	Dyn	Y	Y	Y		Y	Y	N/A	Y	N/A	Y
Acute Medium risk	Y		Y	Y	Y	Pilot scheme	Y	Y	N/A	Y	RA	Y
Acute Confused	Y		Y	Y	Y	TBD	Y	Y	N/A	Y	RA	Y
Acute ITU etc	Y		Y	Y	Y	Risk Specific	Y	Y	N/A	Y	S,C	Y
MH Acute	Y	Y	Y	Y		Mod D	Y	Y	N/A	Site	S,C	Y
MH Elderly	Y	Y	Y	Y		Risk Specific	Y	Y	N/A	No	S	Y
MH Forensic	Y	Y	Y	Y		Forensic	Y	Y	N/A	Site	S,C	Y
Learning Disabilities	Y	Y	Y	Y		LD	Y	Y	N/A	No	S,C	Y
Clerical Staff, Offices etc	Y	N/A	Y	Y	RA	RA	RA	RA	N/A	Site	N/A	Y
Security Staff	Y	N/A	Y	Y	Y	Y	Y	Y	Y	N/A	S	Y

Key						
Dyn	Dynamic risk assessment	RA	Risk assessed		Risk Specific	Specialist Training
Site	Site dependent	TBD	To be developed		N/A	Not applicable

The main features of the table are:-

- Many arrangements for the risk assessment of individual patients
- Some risk assessments are dynamic and staff are trained to respond to changing behaviours and given training as to correct action to take,
- Training needs analysis for staff that identifies the need for specialist training

- The move from a standardised training approach to one that give real focus on the risks faced by staff and their patients
- Development of further specialised training in Mental Health and ITU

15.11 Prosecutions and Sanctions, Police Support

The Health Board also uses more formal arrangements to deal with aggression identified as deliberate. The procedure for the management of disruptive patients and visitors was reviewed in 2017-18. This gives staff information on action that can be taken and the circumstances where this would be appropriate. Sanctions can include warning letters, Anti-Social Behaviour Orders, Exclusion of visitors and ultimately and in the last resort prosecution. The Health Board, South Wales Police and Crown Prosecution Service works in accordance with a memorandum of understanding that gives guidance on prosecution strategies and support for organisations in terms of gathering of information and support for staff.

15.12 Lone Worker Alert System

During the period of review Service Delivery Unit were required to review their systems for managing lone workers. No technical solutions are used in the Health Board with a reliance on buddy systems where staff support and monitor each other. This review did not take pace.

15.13 Progress against the Health and Safety Improvement Plan

Table 10 shows progress for the elements of violence and aggression in the Health and Safety Plan for 2017-18.

Table 10	Progress against ABMU Health and Safety Improvement Plan 2017-18	
Management Principle	Leadership & Accountability	
Action	Outcome	Progress
Link violence and aggression into the work of the Service Delivery Unit Health and Safety /Governance Committee Risk HS Management HS1	Imbedded into SDU Governance Committee work	Limited in a few Units only
Management Principle	Competent people	
Action	Outcome	Progress
Review training and competency systems	Effective risk focussed training and competency systems	Review ongoing in Mental Health and Learning Disabilities Training completed in Theatres and ITU
Improve staff safety when managing patients where aggression may be related to medical or clinical issues in general hospitals	Review of general arrangements including incident rates, claims etc	Reviews conducted in a limited number of Service Delivery Units

Management Principle	Compliance Assurance	
Action	Outcome	Progress
Annual Thematic report to ABMU Health and Safety Committee	Annual Thematic report to ABMU Health and Safety Committee via Annual Report	Completed

Management Principle	Learning from Events	
Action	Outcome	Progress
Maintain continuous review of all V&A Incidents	Incident Reviews at ABMU and Service Delivery Unit level	Not all Units are active

Management Principle	Compliance Assurance	
Action	Outcome	Progress
Link violence and aggression into the work of the Service Delivery Units Health and Safety Committee	Incident Reviews at ABMU and Service Delivery Unit level	Not all Units are active

Management Principle	Emergency Preparedness	
Action	Outcome	Progress
Review lone worker arrangements Risk V&A VA3	Confirm safety systems in place for staff working alone	Not actioned

Management Principle	Measuring Performance	
Action	Outcome	Progress
Annual Thematic report to ABMU Health and Safety Committee	Review by ABMU Committee	Completed

16. Manual Handling

16.1 Incident Statistics

Currently manual handling incidents are coded to include incidents that are recorded as muscle strains occurring during work; these may not necessarily have a direct manual handling cause and may be related to posture etc. (Table 11)

Incident Type	Definition	2015-16	2016-17	2017-18	Change
Manual Handling Patient	Movement of patient	44	54	38	-30%
Manual Handling non Patient	Movement of inanimate loads	27	43	48	+12%
Manual Handling Patient fall	Protection of patient during fall episode	7	11	27	+59%
Ergonomic	Strains etc during work activity	9	23	26	+13%
	Total	87	131	139	+4%

The significant rise is staff injured when protecting patients who suddenly fall is an area for concern. It may in part relate to changes in the patient population and associated frailties. Control measures would include an effective patient falls risk assessment and manual handling assessment. All staff involved in patient handling are trained as to how to protect a falling patient but this may carry a small risk of

injury. Additional training is also provided to staff required to recover a fallen patient using specialist equipment.

For ergonomic injuries these are often strain associated with posture. It is likely this may be an area for HSE investigation in 2018-19.

16.3 Refresher Training and Manual Handling Coaches

The Health Board continued to change its approach to the management of refresher training. Historically large numbers of staff were returning regularly to the classroom to receive update training. The training received did not necessarily reflect their growing skills or even give effective focus to particular risks that they were faced with. Virtually all ward areas now use a system of staff assessing the competency of their colleagues in the workplace.

230 areas in the Health Board operate, where required by manual handling needs, a system of ongoing competency assessment of staff in the ward. The process avoids the need to release large number of staff to undertake update training and gives attention to actual manual handling risk faced by those groups of staff. Averaging 20 staff per area this would equate to 5,000 training days per year or each day 25 staff being released for update training. Operating Theatres have confirmed that this approach avoids them closing one theatre each day for staff training. Some areas such as community nursing continue to operate in house refresher training but again the training is focussed on their particular risks

16.4 Reviews of Wards and Departments

Due to increasing demands on the training part of manual handling the number of reviews of ward and departments fell. This is a weakening of the assurance process and there will be a need to review resources for the work in 2018-19.

16.5 Reducing the Risk and Developing Specific Competencies

With greater emphasis on developing risk management solutions based upon real risks the Health Board continued to review the work activities of its staff, tasks undertaken, equipment and workplaces. As discussed previously manual handling risks encompass a range of ergonomic and traditional manual handling requiring often bespoke solutions. Typically this will involve risk assessments of medium and high risk manual handling tasks with local managers and staff, meeting to explain options and consider the way forward and the creation of training and other information to support better control of the risk.

16.6. Progress against Health and Safety Improvement Plan

Table 13 shows progress for the elements of manual handling in the Health and Safety Plan for 2017-18.

Table 13 Progress against ABMU Health and Safety Improvement Plan 2017-18		
Management Principle	Leadership & Accountability	
Action	Outcome	Progress
Review resources to deliver policy effectively	Confirm responsibilities of Service Delivery Units and Head of Health and Safety	Units review manual handling in their Health and Safety Committees
Management Principle	Competent People	
Action	Outcome	Progress
Review training and competency systems	Clear policy on training and competency	Further assessment required to consider issues around ergonomic risks
Management Principle	Risk Management	
Action	Outcome	Progress
Identify effective equipment replacement programme	Risk based programme with capital funding etc	£124k spent in 2017-18 but insufficient funding for whole scheme
Management Principle	Compliance Assurance	
Action	Outcome	Progress
Develop systems to review ward and dept manual handling performance	Programme of independent assessments	Round of assessments have been completed and to be updated in 2018-19.
Management Principle	Learning From Events	
Action	Outcome	Progress
Maintain continuous review of manual handling incidents etc at all levels of ABMU	Reports provided to ABMU Committees and Service Unit Committees	Completed
Management Principle	Occupational Health	
Action	Outcome	Progress
Review incidents and ill health associated with MSD across ABMU	Ongoing	Developing work in Occupational and H&S group
Management Principle	Asset Management	
Action	Outcome	Progress
Replacement programme for hoists and other manual handling equipment	Replacement programme for hoists and other manual handling equipment	£124k spent in 2017-18 but insufficient funding for whole scheme
Management Principle	Asset Management	
Action	Outcome	Progress
Review current arrangements for LOLER inspections	Release of resources for other manual handling work and improvement in efficiency of LOLER system	Currently limited to the management of new equipment and slings

Management Principle	Asset Management	
Action	Outcome	Progress
Utilise manual handling expertise in the development of evacuation strategies for 'difficult' patients	Effective evacuation Strategies	Actions completed in Singleton Hospital

Management Principle	Emergency Preparedness	
Action	Outcome	Progress
Develop system to assure Service Delivery Units manual Handling arrangements effective and implemented	Annual cultural review and feedback to Service Delivery Units Governance and monitoring systems	Majority of assessments completed but limited feedback to Committees

17. Fire Safety

17.1 Fires in ABMU Premises 2017-18

Table 15 summarises fires that took place in ABMU properties in 2015-17. All fires were generally well managed by staff including prompt investigation and assessment, evacuation where necessary and simple fire fighting action where safe to do so.

Fires in ABMU Properties 2017-178				
Location	Ward/Dept	Area	Details	Root Cause
Llansamalet	Laundry	Laundry	Overheating of electric motor due to brushes worn out	Defective equipment
POW Hospital	Residences	Bedroom	Fire with mobile phone being repaired by resident	Defective equipment
Cefn Coed Hospital	Clyne ward	Bedroom	Patient set light to bedding	Arson
	Clyne ward	Outside ward	Patient set light to clothing	Self-harm
POW Hospital (MH)	PICU	Bedroom	Patient set light to clothing	Arson
		Bedroom	Patient set light to clothing and bedding	Arson
Singleton Hospital	Grounds	Grounds	Waste bin fire from discarded cigarette	Smoking materials
Tonna Hospital	Day hospital	Bathroom	Smouldering light fitting	Defective equipment

Root causes of fire have included:-

- Deliberate (Arson) including fires in Mental Health premises involving bedding. The South Wales Fire and Rescue Service issued a notice against the Health board to improve its management of smoking materials. This notice has been complied with
- Overheating and smouldering of electrical equipment. In the case of Llansamalet laundry there was a small risk of fire spread. This incident reinforces the need for effective maintenance of equipment.
- Discarding of smoking materials. A number of small fires have occurred in Mental Health wards where smoking facilities are provided. There has been small fire associated with waste bins in the ground of acute hospitals.

17.2 Unwanted Fire Signals (UwFS)

Table 16 summarises unwanted fire signals (UwFS) performance. UwFS is a cause for concern as the is the potential risk of disruption to sites, staff become complacent and assume a fire is a false alarm. Fire Brigade resources are wasted and the Health board is required by them to take reasonable steps to control the risk of an UwFS taking place.

Typical causes include

- Activation by patients e.g. operation of break glass points, spraying of hairspray or other products into detectors
- Cooking and steam from showers
- Dust created by contractors

Where there is an obvious sign of a small fire such as damaged cables these are normally treated as a fire rather than an UwFS.

Table 16	UwFS 2015-18			
	Site	2015-16	2016-17	2017-18
Quarella Rd	8	17	16	-1
Caswell Clinic	7	13	7	-6
Cefn Coed Hospital	86	100	84	-14
Cimla Hospital	0	2	3	+1
Central Clinic	1	0	0	0
Glanrhyd Hospital	29	17	9	-8
Maesteg Hospital	5	1	2	+1
Morrison Hospital	38	48	66	+18
Neath Port Talbot Hospital	34	59	47	-12
Princess of Wales Hospital	46	96	57	-39
Singleton Hospital,	21	33	20	-12
Tonna Hospital	0	0	0	0
Taith Newydd	0	1	3	+2
Total	275	387	314	113

For Cefn Coed Hospital a management plan has been introduced to reduce the large number of unwanted fire signals. In closed parts of the hospital the fire alarm system was unreliable and has now been isolated. Equipment has been installed in these areas that will monitor for smoke and give an alarm signal to the main fire alarm system. This change appears to have made a dramatic difference in numbers of UwFS and the requirement for the Fire and Rescue Service to attend site.

The fire alarm system is currently being upgraded. This will reduce the risk of an UwFS as equipment will be more reliable and features such as self-monitoring of detector heads helps to give early warning of potential failure conditions.

17.3 Fire Incident Reporting

The ABMU Health and Safety Committee undertook a review of the benefits of the use of DATIX to record fire incidents and in particular recording of UwFS. They conclude that DATIX would only be use for actual confirmed fires. However, this does leave issues with the gathering of data on the numbers and causes of UwFS where various records are maintained with no consistent of approach. Records (or partial record) may be held in telephone exchanges, estates departments and sometimes fire brigade records hold information that we have not recorded. A further review of incident recording and investigation will be conducted during 2018-19

17.4 Appointment of Third Fire Safety Adviser

ABMU resources for Fire Safety Advisers is recognised as insufficient for a large organisation and compares unfavourably to similar sized Health boards in Wales. During 2016 and 2017 a contractor was employed to assist in the updating of fire risk assessments but he then was unable to undertake the work and a decision was made to employ a permanent third Fire Safety Adviser. In April 2018 the third fire Safety Adviser was interviewed and will commence work late May 2018.

17.5 Cladding at Singleton Hospital, Swansea

Following the tragic fire event at Grenfell Towers in West London the NHS in Wales reviewed high-rise buildings that was fitted cladding over 18 metres above ground level. The central ward block in Singleton Hospital was identified as requiring further review and a report was commissioned from a Fire Safety Engineer. Though the cladding fitted has passed Building Control and Fire Brigade approval it is identified as being not compliant with the relevant regulation and guidance. An action plan was developed comprising short and medium-term action. Long-term action could be to remove and /or replace the cladding.

Short-term action included checks on housekeeping and putting in place a system of monitoring of ward areas. Medium-term action has involved a full review of fire evacuation procedures, enhanced evacuation strategies and the training of specialised fire warden who undertake both monitoring and the training of their colleagues.

17.6 Risk Assessments

There is a requirement to undertake risk assessments to identify the fire safety control measures required for all areas of the Health board. Control measures would include provision of fire alarms, suitability of ward and other environments, storage of materials and equipment, fire evacuation procedures and staff training.

Each risk assessment will be reviewed at regular basis. Depending upon the risk a review frequency varying between 1 and 3 years is programmed. Wards and patient care areas will be reviewed at an annual frequency. Risk assessments will also be reviewed if there are changes in use of the area where it is believed that this makes the risk assessment invalid; this includes changes in patient type and mobility, changes to ward layouts affecting evacuation routes and strategies or following a significant fire safety incident.

During 2017-18 existing risk assessments requiring review in the Bridgend and Port Talbot areas were largely kept up to date in respect of their review frequencies. For the Swansea area due to the loss of the one fire Safety Adviser and the need to urgently and fully review and address matters in Singleton Hospital performance in updating of risk assessments fell sharply. For Singleton Hospital thought there was a failure to update risk assessments the central ward block was kept under constant review and the action plan for management of the cladding clearly identified the significant findings of control measures to be introduced into wards and other areas.

17.7 Management of Risk Assessments

A further review by Internal Audit has highlighted that there are poor systems to confirm that the requirements of risk assessments have been completed. For a typical area there may be around 10 actions that include those that are the responsibility of the local manager such as housekeeping or those for Estates where fire doors repairs and other actions will be recorded individually. This has created a massive database of around 6,000 items where there is a requirement to seek assurance that action has been taken.

All Estates repairs are placed on the Estates repair system and can be reviewed by the Fire Safety Group. This permits monitoring of overall performance but does not reflect each and every individual repair made. For ward or departmental managers a system is being trialled where the manager is required to formally confirm back to the Health and Safety department that their actions have been completed. A clerical unit is now assigned for this work. This system will be able to provide broad levels of reporting to Service Delivery Units and other management areas on the progress with their groups of risk assessments.

17.8 Training and Competency

Current training systems have been limited in their scope by the availability of resources. In singleton Hospital a Ongoing reviews are being made of the Health Board and how it can ensure the competency of all its employees in fire safety. General fire safety competency is provided at induction through the e-learning system that has a competency assessment made at the end of the session. New staff are inducted into their departments by Fire Wardens or their manager.

The Health Board holds training sessions across all sites to update staff. However, by their nature, they cannot give precise information regarding evacuation arrangements etc from each ward or department.

There is a need to further review the ward and departmental arrangements to provide and maintain skills relevant to the local fire risk. Large amounts of training is provided the arrangements to ensure that the training is both relevant and understood forms part of that review.

17.9 Fire Drills

Discussions continue at the Health and Safety committee to how this and other approaches such as e-learning may facilitate the need to train very large numbers of staff each year. The use of Health and Safety resources to cover the entire ABMU area will require significant investment in resources and may not guarantee that the training provided will always be relevant

ITU units have introduced competency assessments of staff using their Fire Wardens and Trainers. Here much of the assessment takes place at the bedside with focus on their actual fire risks. The work was evaluated and positive results obtained from both staff retention of knowledge and better use of staff's time. Endoscopy units and Theatres also adopt a similar approach.

17.10 Fire Safety Group

ABMU Fire Safety Group to oversee the general management of fire safety and to report to the main Health and Safety Committee. Currently formed with Estates and Health and Safety staff it has allowed focus to be given to

- Making better use of risk assessment and other data to improve the overall management of fire safety
- Review of overall findings of risk assessments to permit greater understanding of control measures, procedures, resource requirements etc particularly for specific risks such as maintenance and training
- Development of risk profile for ABMU and necessary action including priorities for investment and links to capital programmes

17.11 Fire and Rescue Services and Fire Safety Notices

ABMU works with two Fire and Rescue Services. South Wales Fire and Rescue Service has a dedicated team that regularly review hospitals and clinics in the Bridgend area, Mid and West Wales Fire and Rescue Service currently do not have the resources to undertake this work and consequently their direct impact on ABMU resources to support inspection is more limited.

The main findings of the inspections are:-

- General maintenance and repairs of property such as damage to fire doors
- Missing elements of fire protection such as door seals
- Obstructions of fire exits
- Missing fire action notices
- Requirement to inspect maintenance records relating to fire alarm systems, escape lighting etc

17.12 Fire Alarm Systems – Cause and Effect Reviews

Activation of a fire alarm will potentially cause a number of automatic actions to be taken such as the closure of fire doors and operation of fire safety engineering features. £25,000 has been allocated to Estates to permit testing to take place on an annual basis. Solutions are being sought for certain engineering aspects such as fire dampers where in some hospital designs direct access to the damper is impossible requiring removal of walls.

17.13 Fire Drills and Evacuation Exercises

A limited number of drills have been held. Organisation of drills and particularly where ward evacuation is tested must be meticulously planned to avoid injury or unwanted clinical outcomes. Areas for formal drills included ward areas, laboratories and special care baby unit. Lessons learnt were incorporated into Reviews of site, ward and departmental fire evacuation plans, training etc.

17.14 Progress against Health and Safety Improvement Plan

Table 18 shows progress for the elements of fire in the Health and Safety Plan for 2017-18.

Table 18 Progress against ABMU Health and Safety Improvement Plan 2017-18		
Management Principle	Leadership & Accountability	
Action	Outcome	Progress
Ensure effective arrangements for the management of fire safety at Service Delivery Unit and Management Unit level Risk Fire F1	Identify key staff including fire response teams, fire wardens and managers	Some areas unclear or no resources to lead in fire safety e.g. site managers

Management Principle	Competent People	
Action	Outcome	Progress
Review arrangements to ensure clear policy regarding fire safety training and maintenance of competencies	Identify methods of training etc delivery Identify resources to deliver those skills Identify methods of checking competencies including during training, post training etc Recorded training needs analysis	New systems introduced into Singleton service Delivery Units. Ongoing training and development of Fire Wardens

Management Principle	Compliance Assurance	
Action	Outcome	Progress
Improve the action taken following fire safety risk assessments	Confirm the process of management of fire safety assessments and report to Health and Safety Committee	Procedure agreed by Health and Safety committee but slow implementation due to resources and long term sickness of staff
Monitor progress with risk assessments as they affect Service Delivery Units and Management units Risk Fire F1	Assurance that key actions have been taken	Procedure agreed by Health and Safety committee but slow implementation due to resources and long term sickness of staff
Monitor progress with risk assessments as they affect Estates action Risk Fire F1, F8	KPIs for Estates management action	Completed and ongoing

Management Principle	Risk Management	
Action	Outcome	Progress
Develop ABMU fire safety risk register (included in ABMU Health and Safety risk register)	Report to ABMU Health and Safety Committee	Completed and ongoing

Management Principle	Learning From Events	
Action	Outcome	Progress
Improve the reporting and investigation of fire safety incidents with all events recorded on DATIX	Review roles and responsibilities for investigation of fires and false alarms etc to ensure consistent approach across ABMU.	Reviewed by ABMU Health and Safety Committee

Management Principle	Asset Management	
Action	Outcome	Progress
Conduct (rolling) review of fire safety compartmentation (including above ceiling) across main sites	Upgrading of and accurate fire drawings, maintenance systems etc	Capital funding to be identified
Conduct (rolling) review of fire safety cause and effect systems across main sites	Cause and effect matrices. Identification of and progression with remedial works etc	Capital funding identified but limited
Develop plans for fire safety capital investment and other necessary improvements	Formal linking of fire risk assessments into capital programmes	Funds available each financial year

Management Principle	Communications	
Action	Outcome	Progress
Improve the level of fire safety matters reviewed at Service and Management Health and Safety Committees	Service Delivery Units receive assurance on fire safety issues	Limited at present

Management Principle	Emergency Preparedness	
Action	Outcome	Progress
Confirm all properties have a fire emergency plan for each site confirming roles and responsibilities, coordination etc	Annual review of main site plans as part of fire Safety audit	Some plans not yet finalised
Confirm all wards and departments have effective fire evacuation plans	Confirm plans are in place and suitable and sufficient	Some plans not yet finalised
Review wards and departments where bed or other evacuation methods are difficult due to design or other feature in the area	Local procedures, training as appropriate, links to capital programme etc	Review undertaken in Singleton Hospital and identified during risk assessments
Develop agreed standard for fire drills across ABMU Risk Fire F6	Number and types of fire drills, fire drill programme etc	Agreed at ABMU Health and Safety Committee

Management Principle	Measuring Performance	
Action	Outcome	Progress
Fire Safety Audit	Completion of on time and effectively managed	Audit submitted late due to resources and other demands

18. Safety Engineered Medical Sharps

18.1 Introduction

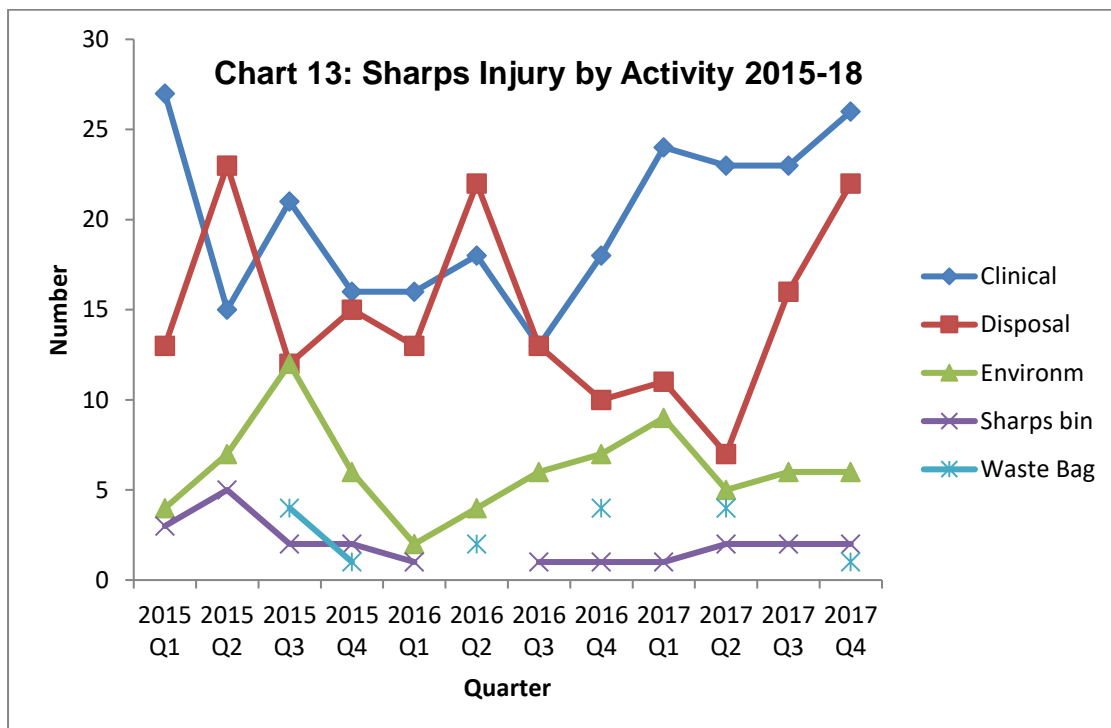
Medical sharps are widely used in the NHS and include traditional hypodermics, sutures and scalpels. Other devices including cannulae, theatre instruments, lancets and laboratory equipment would also fall under the category of medical sharps. Medical sharps are likely to become contaminated with blood and body fluids during use. Staff may receive penetrating injuries such as needlestick and cuts that can result in transfer of patient biological material into the bloodstream of the staff and risk of cross-infection.

18.2 Progress

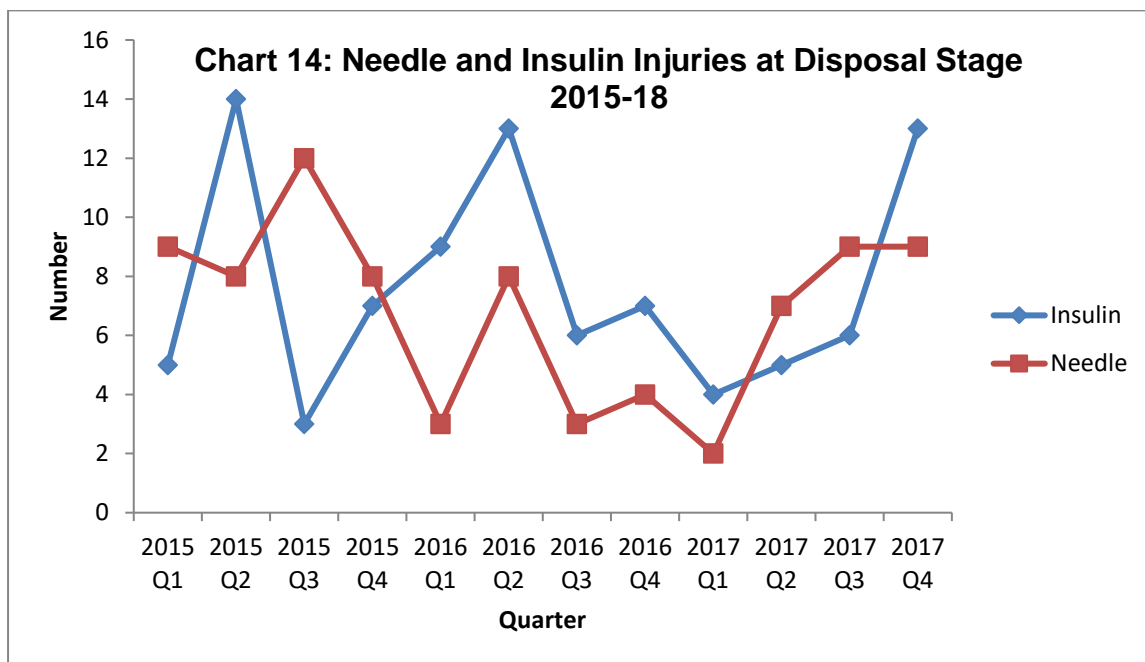
Staff may receive injury from medical sharps at various stages of their use. These include

- Preparation (e.g. drawing up of a drug)
- Clinical (actual use of medical sharp)
- Disposal (preparing for safe disposal into a suitable sharps container etc)
- Environment (used sharps left on beds, cupboards etc)
- Sharps container (e.g. around sharps bin)
- Waste bag (unprotected used sharps in plastic bags rather than sharps bins)

Incidents involving medical sharps were kept under constant review with regular reports made to Health and Safety Committee (Chart 13)



There was good progress made in areas where staff are injured by medical sharps placed in sharps bins and waste bags. Frequently these staff did not use the sharp and can include Hotel Services staff including porters and cleaners. After a gradual reduction in sharps injuries at the disposal stage sharps injuries rose in the final two quarters of the year. Both insulin and general needles have both contributed to this rise in incidents (Chart 14). It is not proposed to change the current safety engineered device for needles but to consider for with insulin administration to identify a better device with improved safety features.



A number of solutions have been trialled. For one solution the insulin safety device safety feature was automatically deployed and was 100% safe for staff. However, it was difficult to operate and correctly administer the medication creating an unacceptable clinical risk to patients as administration of insulin could not be guaranteed. Further work continues to find alternative safety products.

19. Internal Audit

The Health Board continues to work through internal audit reports on Health and Safety and Fire. These reports are reviewed in a timely manner at each relevant meeting of the Health and Safety Committee. Reviews have considered progress in the management of ABMU-wide policy, Service Delivery Units engagement in health and safety, use of incident statistics and follow-up of fire risk assessments.