Meeting Date			Agenda Item	
Report Title	Princess of Wales Delivery Unit: Health & Safety Report			
Report Author	Malcolm Lerwell, Operational Services Manager, Princess of Wales Hospital			
Report Sponsor	Jamie Marchant, Unit Service Director, Princess of Wales Hospital			
Presented by	Jamie Marchant, Unit Service Director, Princess of Wales Hospital Malcolm Lerwell, Operational Services Manager, Princess of Wales Hospital			
Freedom of Information	Open			
Purpose of the Report	The paper is a summary of key elements of the Health & Safety Group within Princess of Wales Unit.			
Key Issues	The paper is a detailed account of the key elements of Health & Safety within Princess of Wales and covers a wide range of areas for noting by the Committee.			
Specific Action Required *(please ✓ one only)*	**Information**	**Discussion**	**Assurance** ✔	**Approval**
Recommendations	Members are asked to: • **NOTE** the Delivery Unit approach to managing Health and Safety within the Unit and wider hospital including managing associated risks.			

PRINCESS OF WALES DELIVERY UNIT
HEALTH & SAFETY REPORT

1. INTRODUCTION

This paper provides a summary and exception report of Princess of Wales Units' Health & Safety Group and progress over the period of the last 18 months. The Unit Triumvirate presented to the ABMU Quality and Patient Safety Committee on 4th October. The detailed report was formally discussed with Committee members. The report was wide ranging and covered a number of areas which are also reflected in the following report. This report does not however duplicate specific areas of Falls and Pressure Ulcers which were covered in detail at the aforementioned QPS Committee.

2. BACKGROUND

Health & Safety Governance at Princess of Wales Hospital Delivery Unit

The Princess of Wales Hospital Health & Safety Group is a forum group for the Unit which meets quarterly to discuss and disseminate all required Health & Safety issues and requirements for the Unit and Health Board. This meeting is chaired by the Operational Services Manager, who is also the Unit representative for the Health Boards Operational Health and Safety Group. A Terms of Reference for the group has been in place since 2016 together with a Health & Safety Improvement Plan and work programme.

The meeting consists of the following representation.

- Site Management i.e. Operational Services Manager (Chair)
- Patient Experience and Governance Manager
- Finance
- Staff side representative
- Representative of General Managers/Service Groups
- Representative from theatres
- Hotel services – porters, catering, domestic services and security/car parking (i.e. not POW Unit)
- Corporate Health and Safety (i.e. not POW Unit)
- Senior Nurse
- Estates (i.e. not POW Unit)
- Capital representative (i.e. not POW Unit)
- Representatives from other units based on site may attend (i.e Mental Health, Paediatrics)

3. HEALTH & SAFETY EXCEPTION REPORT

Health & Safety Risks

There are currently 2 recorded Health & Safety risks on the Princess of Wales Hospital Risk Register. The highest risk is currently scored at a 16 and reflects the increases in violence and aggression incidents reported within the Emergency Department at the hospital. The table below gives a brief summary of the 2 risks notified.

Princess of Wales Hospital Health & Safety Risks – (Nov 2018)

ID	Risk Type	Specialty	Rating (current)	Review date	Risk (in brief)
890	Health and Safety	Site Management	16	31/12/2018	ED staff are exposed to threatening and inappropriate behaviour by patients and their relatives/friends attending the unit.
933	Health and Safety	Site Management	16	31/12/2018	Staff are reporting incidents of violence and aggression against them within ward areas within the Unit

Health and Safety Incident Rates 2017-18

Delivery Unit/Directorate POWH	
Accident Code	Total
AGR PE	32
AGR VE	3
ASS PE	51
ASS VE	1
Electric Shock	1
Expose Biological	9
Expose Chemical	5
MH Np	2
MH Pt	8
MH Pt Fall	5
Sex Harassment	2
Sharps	41
Sharps box fault	5
STF	17
STF Vis	5
Struck by moving object	10
Struck object	3
Trapped by object	2
VER PE	35
VER VE	15
Weapon	1
Grand Total	253

In the last 3 years (2016-2019) there have been nearly 150 incidents of violence and aggression in the department. 96% had reported outcomes of no or negligible harm

There were 9 recorded incidents involving actual or alleged weapons (8 weapons in possession of patients and one threat of possession of a gun). 5 incidents are associated with a single patient with known mental health problems. In respect of the outcome no incidents have been classed as severe (Table 1) but risk grading have a range from low risk to significant as shown in Table 2.

Table 1	Outcome				
Incident Type	Minor	Moderate	Negligible	No Harm	Total
Weapon	0	0	1	8	9

In the DATIX incident reporting system the department has classed the incidents according to the risk grading. 22% of incidents are classed as significant but some of the verbal abuse incidents are classed as significant and may be too severely graded. (Table 2).

The incidents classed as significant involved a hammer (man walked into department from hospital street) and knife (patient produced a knife land left triage.

Table 2	Risk Grading			
Incident Type	Low Risk	Moderate Risk	Significant	Total
Aggression Patient to Employee	14	26	10	50
Assault Patient to Employee	2	10	4	16
Racial abuse		3		3
Security incident		1		1
Sexual Harassment	1	1		2
Verbal Abuse Patient to Employee	27	19	16	62
Verbal Abuse Visitor to Employee		2	1	3
Weapons	4	3	2	9
Total	48	65	33	146

Violence and Aggression in the Accident and Emergency Dept, Princess of Wales Hospital (Inspection 22/5/2018)

The Unit has had 2 visits from Health and Safety Executive (HSE) following a staff "concern" relating to violence and aggression in the Emergency Department.
The HSE stated that they were concerned that there were

- Large numbers of significant incidents
- Staff were frightened to work in the department.
- No feedback to staff
- A lack of effective security presence
- A lack of training. Bespoke training for the department has been arranged and will commence in June 2018.
- Though an Action Plan had been developed by the ED Security group progress was slow (partially awaiting staff consultation on changes to hospital access arrangements at night).

The Unit team have been working closely with colleagues from Security and Switchboard, as well as the staff members involved in the original concern to implement some developments and these were reported to HSE at a follow up meeting on 17th September 2018. Violence and aggression training has been implemented using a train the trainers concept and over 60% of

staff have now had up to date training. This programme is being actioned at pace. One concern related to the level of security presence within POW and thus the ability to have presence in ED. Recommendations were made to ensure additional investment of £63.5k which also allows head room for annual leave and sickness. This would take the establishment hours from 267 per week to 375 hours per week. The Security team have now increased these hours to provide two guards on site with one focused in ED. This presence is a very important step and gratefully received by the staff.

Another issue related to access and egress from the hospital out of hours. Historically, for many years, the access and egress was through ED. This compounded the number of people in and around ED even at the busiest times with no real control of this. In the early summer, following detailed conversations, the access and egress was switched to the main entrance with Switchboard monitoring/allowing access. Additional technology, including cameras was purchased. ED however could still be accessed by use of a code. Sadly code based entries are limited in their effectiveness as people share them even if they should not. This was therefore only the first step in improving demand through ED but this did not provide a secure lock down procedure or prevent inappropriate access. HSE were extremely keen at their recent meeting to see progress to a secure lock down department with swipe card access. The Service Director was able to confirm plans were in place and he needed to secure funding. Since the meeting this has been secured with the quick support of the capital team within ABMU and will now be procured and implemented. HSE have subsequently been briefed on this progress. It is the view of the Service Director following this meeting that progress has been noted by HSE as being positive and the risk of any enforcement action has been lessened substantially.

This action has reduced the current risk register status of ED security issues which was at a risk score of 20 which is now 16. This risk will further reduce with the introduction of the new swipe card access and lockdown mechanism which is to be installed imminently.

There is a further planned visits to the Unit by the HSE in relation to inspection of Violence and Aggression and Musculo-Skeletal Disorders. These visits are planned for the 27th and 28th November This is part of a review of 20 organisations in the UK. The HSE requested that the Health Board provide evidence to them on current policies and procedures.

The areas programmed to be visited within Princess of Wales are listed below and service managers of these areas will also meet the HSE to discuss any findings.

1. Theatres (Back and Orthopaedic surgery). Many local manual handling procedures developed based upon clinical needs, local focussed training in place etc.
2. Ward 9 – Orthopaedic: Low incident rates 11/two years.
3. Medical Assessment Unit 18 V&A incidents in two years

Fires and Unwanted Fire Alarm Signals

	Fires in ABMU Properties 2017-18			
Location	**Ward/Dept**	**Area**	**Details**	**Root Cause**
POW Hospital	Residences	Bedroom	Fire with mobile phone being repaired by resident	Defective equipment

The table below shows how unwanted fire alarm signals have reduced by 55% over the past year, this is due to the increase in fire awareness training that has been completed by staff members

Site	UwFS 2015-18			
	2015-16	2016-17	2017-18	Change
Princess of Wales Hospital	46	96	57	-39

The Health & Safety Group has a standard agenda item in regards to fire and all enforcement notices are discussed and disseminated via the Units Fire Officer. All fire risk assessments are discussed as required in exception to them being formally sent to the department/ward manager, Site Management and Estates Management for action. The Delivery Unit has recently had a fire audit completed by Shared Services and is awaiting the formal report to discuss and action risks identified. Verbal feedback has been obtained by Estates Management, the Fire Officer and Operational Site Management and actions have been taken where issues have been possible to rectify immediately.

Sharps Incidents causing Harm
In the period of the last 12 months there has been a total 39 sharps incidents reported. The areas with the most injuries are the ED and AMU departments and Theatres. These areas would expect to have a higher incident rate due to the high volume of sharps usage, but not accepting the risk as acceptable. Through the graph below it clearly identifies that injuries have reduced within the last three months. This is deemed to be in relation to clear education and equipment changes. The introduction of safe sharps bundles in areas and clear guidance. Within the Delivery Unit there has also been an education session led by Hotel Services in the Units Team Brief to discuss and disseminate vital lessons learnt and correct procedures to be followed.

Date	Incidents
November 2017	3
December 2017	5
January 2018	4
February 2018	4
March 2018	1
April 2018	2
May 2018	3
June 2018	4
July 2018	5
August 2018	3
September 2018	4
October 2018	1
Grand Total	39

Sharp Incidents 2017/2018
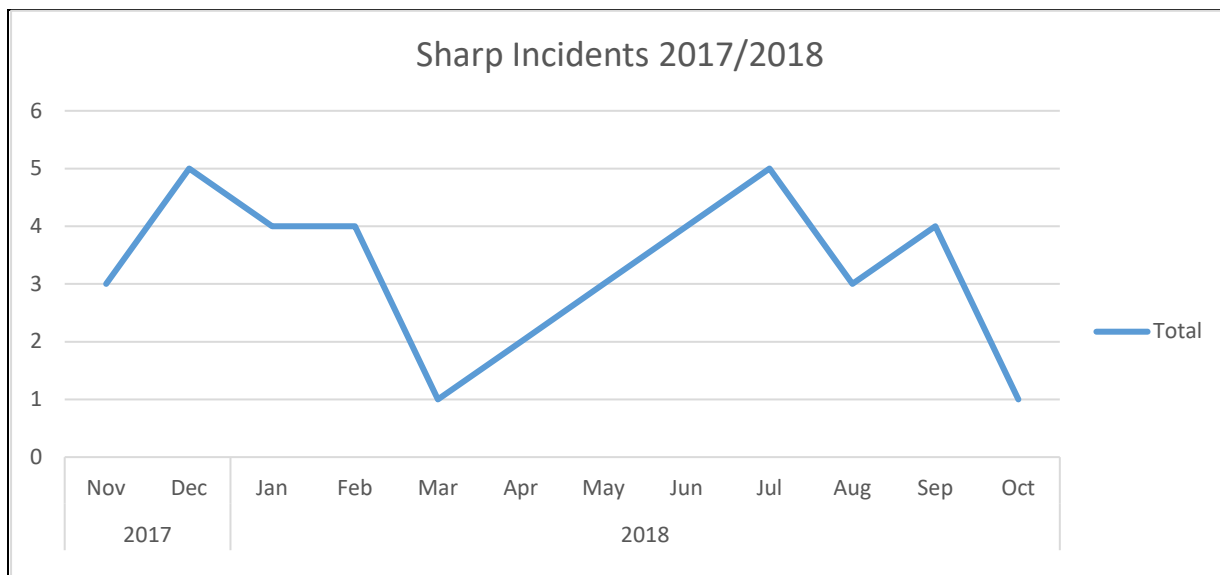
Areas of incident Breakdown

Accident & Emergency Department	5
Acute Medical Assessment Unit (POWH)	4
High Dependency Unit	1
Labour Ward / Central Delivery Suite	3
Labour Ward/Delivery Room	2
Obstetric Theatres	2
Ophthalmology Day Surgery Unit 2	1
Radiology / X Ray Department	3
Short Stay Unit	1
Theatre 1	2
Theatre 4	1
Theatre 5	2
Ward 10(POWH)	1
Ward 12(POWH)	1
Ward 2(POWH) - Stroke Unit	2
Ward 4 (POWH)	3
Ward 6 (POWH)	1
Ward 7(POWH)	3
Ward 9(POWH)	1

Mandatory Training Compliance

The tables below highlight the areas of compliance within Mandatory and Statuary training compliance through the Delivery Unit. The figures clearly show what areas have been concentrated on recently to ensure increased performance of compliance.

Training Compliance: 31st October 2018

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	1820	1820	1324	72.75%
NHS|CSTF|Fire Safety - 2 Years|	1820	1820	1378	75.71%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	1820	1820	1276	70.11%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	1820	1820	1265	69.51%
NHS|CSTF|Information Governance (Wales) - 2 Years|	1820	1820	1501	82.47%
NHS|CSTF|Moving and Handling - Level 1 - 2 Years|	1820	1820	1139	62.58%
NHS|CSTF|Resuscitation - Level 1 - 3 Years|	1820	1820	1006	55.27%
NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	1820	1820	1146	62.97%
NHS|CSTF|Safeguarding Children - Level 1 - 3 Years|	1820	1820	1143	62.80%
NHS|CSTF|Violence and Aggression (Wales) - Module A - No Specified Renewal|	1820	1820	1244	68.35%
NHS|MAND|Dementia Awareness - No Renewal|	1820	1820	1417	77.86%
NHS|MAND|Social Services and Well Being Act Wales Awareness (2014) - No Specified Renewal|	1820	1820	1546	84.95%
NHS|MAND|Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years|	1820	1820	1055	57.97%

Training Compliance: 31st October 2018 (By staff group)

Staff Group	Assignment Count	Required	Achieved	Compliance %
Add Prof Scientific and Technicians	42	546	456	83.52%
Additional Clinical Services	334	4342	3413	78.60%
Administrative and Clerical	286	3718	2588	69.61%
Allied Health Professionals	107	1391	1129	81.16%
Estates and Ancillary	7	91	71	78.02%
Healthcare Scientists	19	247	225	91.09%
Medical and Dental	271	3523	1140	32.36%
Nursing and Midwifery Registered	754	9802	7418	75.68%

In addition to the formal Health & Safety risks reported on the risk register the following issues have been identified as the top three risks scoring at 20 on the risk register. All risks are reviewed by the Hospital Management Committee

1. ITU

The bed space recommendation for ITU areas does not comply with HBN 57 (Health Building Note 57 {2003}. The current bed space on the main ward is a mean average of 11.5m2 and 18m2 in the single rooms. HBN 57 recommends 26m2 per bed. Due to a lack of storage there is clutter in all areas and stores are to be found in all clinical and utility rooms throughout the

department. Not every bed area has a sink, and current bed space doesn't allow for full manual handling guidance to be followed. There is also inadequate storage for stock and Medical devices

2. Parc Prison

There is an increase in the number of prisoners with complex medical conditions (including mental health conditions) who are detained in Parc prison which has resulted in Prisoners admitted to our acute wards, who are presenting complex clinical needs often resulting in individuals not meeting the criteria to be discharged back to the prison. Many of these patients have a long length of stay. Parc prison has appeared in the last 12 months to have accepted more prisoners from out of area (England and other areas of Wales) which is leading to increased length of stay within the acute hospital environment and leading to extremely long delayed transfers of care involving multi-agency liaison.

3. Leadership Team

Princess of Wales Delivery Unit has had an increased turnover in posts within the leadership team including matron level and service (and junior managers) - including the finance function. This has been increasing and affects the ability of leadership team to deliver key priorities. A loss of experience and the time lags between post holders is an increasing risk on areas of service delivery associated with these roles. An added complexity/risk is the need to consider whether replacements are permanent or temporary due to the planned transfer to Cwm Taf on April 1st 2019.

In Addition to the Health & Safety Group there are also actions in place to manage risk in the following areas.

- **Matrons Environmental Group**
  Environment Group established within the Delivery Unit, to have a multi disciplinary approach to the environmental needs of the hospital.

- **Decontamination Sub Group**
  Functioning and established decontamination group for the Delivery Unit. Ensuring required legislation is adhered to and complied with to the required standards. The Unit team is working closely with Capital team to design a Central Decontamination Unit within POW which will support the maintaining of the JAG accreditation received by POW in April 2018

- **CCTV**
  The CCTV across the whole of the hospital is to be reviewed after ED CCTV renewal project. Identification of multiple systems with the majority of them being fragmented or not maintained.

Recommendation

Members are asked to:
- **NOTE** the Delivery Unit approach to managing Health and Safety within the Unit and wider hospital including managing associated risks.

Appendices

POW Health & Safety Group ToR
POW Health & Safety Improvement Plan
POW Health & Safety Work Programme

ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD

PRINCESS OF WALES HEALTH AND SAFETY COMMITTEE

CONSTITUTION AND TERMS OF REFERENCE

1 INTRODUCTION

The Princess of Wales Health and Safety Committee within the Princess of Wales Service Delivery Unit has been constituted to provide a working group and a route of communication on health and safety matters for the unit. It will link to the Abertawe Bro Morgannwg University Health Board Health and Safety Committee.

It will be referred to as the POW Health and Safety Committee. It will be concerned with the health, safety, fire, security and welfare of all staff employed throughout the unit and those who may be affected by health and safety risks arising out of or in connection with work activities.

2 OBJECTIVES OF THE COMMITTEE

The objectives of the Committee are:-

2.1 To agree how health and safety issues will be handled throughout the POW SDU;

2.2 To work in partnership to promote effective consultation between the service delivery unit and safety representatives;

2.3 To provide a framework for agreeing and endorsing Health, Safety, Fire and Security Policies and develop local procedures for POW SDU;

2.4 To comment on draft strategies that will ensure effective health and safety management within the unit and monitor progress against the strategies within the unit

2.5 To act as a forum for monitoring the prevention of workplace accidents, avoidance of work-related injuries and disease and for developing preventative and remedial measures.

3   TERMS OF REFERENCE

The Terms of Reference of the Committee are:-

3.1   To note Health Board policy issues including effects of legislation, codes of practice and reports from enforcing authorities such as the Health Safety Executive and devolop policies to deliver them;

3.2   To monitor POW SDU Health & Safety Performance (eg key indicators) and monitor compliance, and may develop some that are specific for the unit;

3.3   To develop and monitor action plans on health and safety in accordance with the POW SDU Health and Safety Strategy;

3.4   To monitor progress of safety issues including receiving reports from areas in the POW SDU on staff accidents, serious incidents untoward occurrences and the remedial and preventative action taken;

3.5   To review compliance with training programmes and staff development specifically related to health, safety, fire and security issues;

3.6   To improve communication and develop effective communication within the unit about incidents and alerts and their management within the POW SDU

3.7   To review and monitor the SDU Risk Register

3.8   To appoint sub-committees/worksteams if required to address specific health, safety, fire and security related issues in POW SDU.

3.9   To ensure that major incidents and business continuity plans are tested with incident training and drills.

3.10   Provide quarterly reports to the POW SDU Q&PS and the Health Board H&S committee.

4   MEMBERSHIP

4.1   REPRESENTATION

4.1.1 Site Management
4.1.2 Patient Experience and Governance Manager
4.1.3 Finance
4.1.4 Staff side representative
4.1.5 Representative of general managers
4.1.6 Representative from theatres
4.1.7 Hotel services – porters, catering, domestic services and security/car parking
4.1.8 Corporate Health and Safety
4.1.9 Senior nurse

4.1.10 Estates
4.1.11 Capital representative
4.1.12 Representatives from other units based on site may attend (in attendance)
4.1.13 Representative of the executive lead for Health and Safety

4.2   VIABLE COMMITTEE

4.2.1   The minimum viable number of representatives for the functioning of the Committee will be 6 of the above.

4.3   CHAIRPERSON

4.3.1   The Committee will be chaired by the Site Manager with the Finance Manager as deputy

4.4   ADVISORY

4.4.1   Advisory members will attend the Committee in an ex officio role to provide independent specialist advice.

4.4.2   Regular advisory attendance at Committee meetings is required from the Head of Health and Safety.

4.5   POWERS OF CO-OPTION

In the event that the Committee requires specialist advice to discuss a particular health and safety item or report, the appropriate specialist advisor may be invited to attend the Committee meeting.

4.6   SECRETARIAT

Secretariat services will be provided through the Patient Experience and Governance meeting.

5   FREQUENCY OF MEETINGS

The Committee will meet at least once every 3 months.

6   REVIEW

The terms of reference for the Committee will be reviewed annually and any amendments agreed by the Committee.

7   ARRANGEMENTS FOR DISSOLUTION OF THE COMMITTEE

The Committee may be dissolved and replaced by alternative Health and Safety Consultative arrangements in the event that changes in legislation or the Health Board's organisational structure affect the viable operation of the Committee.

8   PUBLICATION

A copy of the Terms of reference will be made available to staff in order that they may refer to this document.

9   AGENDA FOR MEETINGS

Items for inclusion on the Agenda for the meetings must be provided to the committee chairman 8 days before the meeting. The Agenda will be circulated 7 working days before the meeting by the governance team .

10   MINUTES OF THE MEETINGS

Minutes of the Committee meetings will be circulated within 2 weeks of the date of the Committee meeting, following agreement by a management and employee representative, and will contain a summary of action, in an action log.

PRINCESS OF WALES SERVICE DELIVERY UNIT
HEALTH & SAFETY ACTION/IMPROVEMENTPLAN

Health & Safety Programme Area	Action	By When	By Whom	Progress to Date	Evidence	Next Actions/Follow-up
Leadership & Accountability	Development of hospital site based Health & Safety Group.	30/06/2016	Site Manager PWH (H&S Chair)	**COMPLETED** Group established as sub-group of hospital PWH Q&PS Group	POW SDU HSC ToR June 16.doc	Terms of Reference to be reviewed March 2017 and annual thereafter
	Development of hospital site based Health & Safety work programme – based on services directly managed by the delivery unit	31/12/2018	Site Manager PWH (H&S Chair)	Awaiting sign off by PWH H&S Dec 8th		For approval at PWH H&SC 8th Dec
	Development of hospital site based Health & Safety action/improvement plan	30/11/2018	PWH H&S Committee	Datix monitoring reports and dashboards to be developed for routine reporting	THIS DOCUMENT IS THE IMPROVEMENT PLAN	For approval at PWH H&SC 8th Dec
	PWH H&S Chair a formal member of the Quality & Patient Safety Group (ie the group beneath which H&SC sits as a subgroup)	01/04/2016	Site Manager PWH (H&S Chair)	**COMPLETED**	Included in ToR	Site Manager to represent H&SC in QPS meetings
	Formal nominations from service groups to lead on Health & Safety issues	30/06/2016	Directorate Management Leads	**COMPLETED**	Included in ToR	Representation to be reviewed in line with organisation change

Last Updated: 18 February 2019

PRINCESS OF WALES SERVICE DELIVERY UNIT
HEALTH & SAFETY ACTION/IMPROVEMENTPLAN

Health & Safety Programme Area	Action	By When	By Whom	Progress to Date	Evidence	Next Actions/Follow-up
	Request a nomination from staff side for formal representation at hospital H&S group	08/06/2018	Site Manager PWH (H&S Chair)	Staff rep confirmed		Sent meeting notification
Competent People	Hosptial Health & Safety training scorecard – in line with core skills framework and mandatory training requirements. Initial focus will be on fire, violence and aggression and manual handling	31/03/2019	PWH H&S Committee	Plan to be developed		Monitoring of training plan to be developed in line with PADR and thematic review
	Review security response for incidents occurring on hospital site.	31/03/2019	PWH Security group (a sub group of PWH H&S Committee)	Plan to be developed		Develop standard datix report to support monitoring
Compliance Assurance/Thematic Review	Quarterly monitoring of all reported health & safety incidents.	31/01/2019	PWH H&S Committee	Datix monitoring reports and dashboards in development		Need a HB definition of H&S Incidents – proposed list provided along with DATIX reporting functionality
	Monthly review of ALL Falls/Accidents incidents; Patient & Staff.	31/07/2016	Quality & Safety Group	**COMPLETED** Standard item on monthly Q&PS Report	QPS Falls Incidents Nov 16.doc	Assess appropriateness of report
	Quarterly review of ALL RIDDOR incidents	Quarterly	PWH H&S Committee	Included in agreed H&S Comittee work		Reviewed in line with Within H&SC ToR, standard agenda item–

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PRINCESS OF WALES SERVICE DELIVERY UNIT
HEALTH & SAFETY ACTION/IMPROVEMENTPLAN

Health & Safety Programme Area	Action	By When	By Whom	Progress to Date	Evidence	Next Actions/Follow-up
				programme		standard Datix report to be developed.
	Monthly Review of ALL violence and aggression	Quarterly	PWH H&S Committee	Included in agreed H&S Committee work programme		R Within H&SC ToR, standard agenda item– standard Datix report to be developed.eviewed in line with ToR
	Monthly Review of ALL Fire Safety Incidents	Quarterly	PWH H&S Committee	Included in agreed H&S Committee work programme	All risk assessments sent to departmental leads and also to site management for information.	Link in with the estates department to establish a baseline of fire alarm triggers – to cross check against datix reports
	Monthly Review of ALL security incidents including patients leaving against clinical advice	Quarterly	PWH H&S Committee	Included in agreed H&S Group work programme		Standard datix reporting to be developed
	Monthly Review of ALL Estates incidents including; Water Safety, Security and Environment	Quarterly	PWH H&S Committee	Included in agreed H&S Group work programme		Standard datix reporting to be developed
	Review of application of Window Restrictors in line with Welsh Health Estates requirements	31/07/2016	ABMU H&S Group	**COMPLETED** Window restrictor now in place	HSE_Letter_Window Safety_June2016.pdf	Review any reported incidents on a quarterly basis
	Monthly Review of ALL incidents relating to	Monthly	PWH Quality & Patient Safety	HB Safer Sharps Group		Unit Nurse Director leading on

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PRINCESS OF WALES SERVICE DELIVERY UNIT
HEALTH & SAFETY ACTION/IMPROVEMENTPLAN

Health & Safety Programme Area	Action	By When	By Whom	Progress to Date	Evidence	Next Actions/Follow-up
	sharps		group	meeting on a monthly basis		improvement programme within QPS
Risk Registers	Review of all directorate/service group risk registers	Quarterly	Patient Experience & Governance	Ongoing		Ongoing review process in place directly with all Heads of Service
	All risks >=16 to be reviewed by Health & Safety group on a quarterly basis	Quarterly	Patient Experience & Governance	Standard reporting to be developed in conjunction with Unit Risk Register		To link with Directorate/Service group performance review meetings
	Review of hospital site Fire Safety Plan	31/12/2018	PWH H&S Committee	H&S to lead on this	Agreed in H&S group that policy was signed off. To be reviewed Dec 2018	Annual review – to be included in H&S work programme
Learning from Events	Monthly review of all personal injury claims; new and settled in month	31/03/19	Head of Patient Experience/ PWH Quality & Patient Safety group	Link in with HB Legal Services to develop reporting processes		Review of PI claims for to be undertaken in order to establish a benchmark
	Review of HB Health & Safety Committee notes/action log	Quarterly	PWH H&S Committee	Included in agreed H&S Group work programme		Reviewed in line with ToR
	Routine review of safety notices including; local safety notices and other relevant notices issued	31/03/2019	PWH H&S Committee	HB Strategy required		ABMU H&SC Resolution

Last Updated: 18 February 2019

PRINCESS OF WALES SERVICE DELIVERY UNIT
HEALTH & SAFETY ACTION/IMPROVEMENTPLAN

Health & Safety Programme Area	Action	By When	By Whom	Progress to Date	Evidence	Next Actions/Follow-up
	externally					
	Routine review of all estates safety notices	Quarterly	Unit Project Lead for Quality & Safety	Included in agreed H&S Group work programme		Reviewed in line with ToR
	Receipt of all HB Internal Audit reviews related to Health & Safety	Ad hoc	PWH H&S Committee	To be included in agenda as required		Noted on H&S Group work programme

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Princess of Wales Service Delivery Unit: Health and Safety Committee Work Programme

HSC Ref	Agenda Item	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
1	Group Terms of Reference			√									√
2	Notes from previous meeting						√			√			√
2	Action Log						√			√			√
4 & 5	Notes, feedback and action log from ABMU HB H&SC			√			√			√			√
6	SDU H&S SOP						√			√			√
7	Review of Risk Register for H&S						√			√			√
8	Review of KPIs						√			√			√
8	Review of RIDDOR incidents						√			√			√
8	Review of Violence and Aggression incidents						√			√			√
8	Review of Fire incidents						√			√			√
8	Review of security incidents including patients leaving against clinical advice						√			√			√
10	Review of Estates related incidents including; water safety, power supply and environment						√			√			√
13	Key SDU Messages for ABMY H&SC						√			√			√
Items for Ad Hoc Receipt													
11	Health and Safety Executive Notices									√			√
12	Fire Safety Risk Assessments									√			√
14	Health and Safety related External/Internal Audit Reports									√			√
Items monitored through QPS													
Na	Performance against mandatory training requirements	Monitored through Quality & Patient Safety											
Na	Falls and Accident Monitoring: Patient and Staff	Monitored through Quality & Patient Safety											
Na	Review of Sharps incidents	Monitored through Quality & Patient Safety											
	Review of Personal Injury Claims	Monitored through Quality & Patient Safety											

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