



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	01 December 2020	Agenda Item	3.1
Report Title	Singleton Delivery Unit Health and Safety Committee Meeting		
Report Author	Jan Worthing – Unit Director		
Report Sponsor	Jan Worthing		
Presented by	Mark Parsons, Assistant Director of Health and Safety		
Freedom of Information	Open		
Purpose of the Report	To provide the Health and safety Committee with an overview of Singleton Delivery Units systems for managing health and safety and to provide a summary of key issues, risks and plans to address them.		
Key Issues	<p>Singleton Delivery Unit comprises of a number of both Singleton based, Neath Port Talbot and pan Health Board services, therefore the management of Health and Safety poses a series of unique challenges.</p> <p>The Unit has in place, an established Health and Safety Group which meets bi-,monthly, working to an annual delivery plan. The group is chaired by the Head of Operational Services and reports directly to the Quality and Safety Committee and then to Singleton Delivery Unit Board.</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE the report 		

Singleton Delivery Unit Health and Safety Assurance Report

1. INTRODUCTION

This report is to provide the Health and Safety Committee with an overview of Singleton Delivery Units system for managing health and safety and to offer assurance of our compliance with health and safety matters affecting staff, patients and visitors using our services

2. BACKGROUND

Singleton Delivery Unit Health & Safety Group is a sub-group of the Quality & Safety Committee, which in turn is a reporting forum of the Singleton Delivery Unit Management Board. This meeting is chaired by the Head of Operations.

The report will focus on performance against and actions to improve

- Sharps Injuries
- Violence and aggression
- RIDDOR
- Safety alert
- Fire and cladding
- Environmental issues
- HSE Improvement Notices
- Pressure Ulcers (PU)
- Falls

Management of Medical Sharps

The Unit has made good progress in implementation of the requirement to introduce safety engineered medical sharps.

Stage of Use/ Device Type	Quarter				Total
	2019 Q3	2019 Q4	2020 Q1	2020 Q2	
Grand Total	6	14	5	8	33

Current incident rates in the units suggest that

- 50% of sharps injures occur during the clinical use of the sharps when safety features associated with their disposal would not have be activated
- 20% of incidents occur during the disposal stage (prior to being placed in the sharps box). With the exception of scalpels and sutures all devices have safety engineered features
- There are low numbers of injuries due to sharp left on work surfaces, beds etc. (environment phase)
- There were no injuries due to the disposal of sharps into waste bags.

Action is being taken to support the work of the Health Board to implement a new safety engineered insulin pen including training of staff.

Incident Rates

	Quarter				
Incident Type	2019 Q3	2019 Q4	2020 Q1	2020 Q2	Total
Sharps	6	14	5	8	33

Summary

The Unit maintains a constant review of its health and safety incident rates. The main purpose of this is to map trends and to consider any root causes of increases in rates of specific incidents, or locations where these incidents occur. There was a slight decline in overall incident rates during the early stages of the first COVID pandemic however activity on site was reduced.

Violence and Aggression

Aggression (AGR), Assault (ASS) and verbal abuse (VER) from patients towards staff continues to be the main cause of incidents.

In Quarter 2 there were 18 incidents of violence and aggression towards staff members within the delivery unit. This equates to a reduction of 2 from Q4.

	Quarter				
Incident Type/Area	2019 Q3	2019 Q4	2020 Q1	2020 Q2	Total
AGR PE		7	3	4	14
ASS PE	8	9	4	6	27
VER PE	11	4	5	8	28
Total	19	20	12	18	69

Safety Alerts

Singleton Delivery Unit has developed a policy for cascading alerts via the Service Group Managers to their teams. This process includes maintaining an up to date register of staff for inclusion in the alerts cascade.

Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)

The Unit has reviewed its current RIDDOR reporting procedure. There is a legal requirement for the timely and accurate report to the Health and Safety Executive (HSE) of certain incidents (includes staff, patients, visitors, dangerous occurrence and illness). For over 7-day absence from work for staff the reporting period is 15 calendar days. There were no RIDDOR incidents that resulted in major injury to staff, patients, visitors and contractors that would be immediately reportable to the Health and Safety Executive. The process is: -

- Stage 1 Line Manager DATIX Trigger RIDDOR to Health and Safety department
- Stage 2 Health and Safety department to Line Manager requesting information (staff address etc.) not held on DATIX

Stage 3 Line Manager to Health and Safety department (staff details)

Stage 4 Health and Safety department to HSE (RIDDOR report)

Staff Accidents

2 RIDDOR reports were made. All were reported in a timely manner

	Stage 1	Stage 2	Stage 3	Stage 4	Total		
Month	DATIX Trigger	Staff Info.	Manger response	RIDDOR report made	Rid Perf	Area	Type
6	4	11	0	0	15	Path	Manual handling non-patient load
7	5	0	0	0	5	Wd 9	Manual handling patient load

- Managers correctly and promptly reported
- Delay in the Health and Safety department of 11 days to contact line manager (annual leave)

Managers are reminded to monitor staff absence to ensure that a timely DATIX trigger is made to the Health and Safety department

Non RIDDOR Incidents

4 Incidents were coded as RIDDOR by Line Managers but on assessment these were not validated as RIDDOR

Area	Incident Type
Ward 2	Verbal abuse to staff
Maternity	Scratch to eye (staff but not over 7 day absence)
Cancer	Delay to treatment
Oncology	Pt record problem

- Line Managers to be reminded of the RIDDOR reporting criteria
- Line Managers can seek advice from the Health and Safety department where patient accidents such as fall occurs

Fire Safety

Site and Ward/Departmental Plans

The Singleton Site fire safety plan was approved by the Unit Health and Safety group in 2020. In addition the Unit has developed a large number of very comprehensive fire evacuation strategies required to manage the medium-term risks associated with the cladding on the central ward block.

Management of COVID-19

Where changes have been made such as the creation of new wards action has been taken to update local fire safety plans associated with the new areas and to provide appropriate training via fire Wardens.

Fire Risk Assessments

The majority of areas in the Unit have a fire risk assessment. This risk assessment would identify control measures associated with factors such as patient profile and mobility and develop associated evacuation strategies. Where there are no significant changes to the patient profile, ward or department layout etc. the risk assessment remains valid. However, current Health Board Policy is to review, based upon the risk profile of the assess area, the risk assessment to confirm it is still valid.

Area Type	Review in date	Review < 90 days overdue	Review >> 90 days overdue	Total
Business	3			3
Circulation	2		1	3
Commercial	3			3
Office	2		2	4
Site assess			1	1
Support	22	1	29	52
Treatment/OPD	14		30	44
Ward	7		12	19
Total	53	1	75	129

- Insufficient numbers of competent Fire Safety Advisers in the Health Board who would undertake the review of the fire risk assessment. This has been further affected by long-term sickness in the Health and Safety department.
- The need to develop additional capacity to manage COVID-19 has diverted resource from work in Singleton into areas such as developing fire safety arrangements in field hospitals and changes to use of wards and departments to create additional capacity.

Fire

The Delivery Unit has been working on its fire plans for the site for at least a year and the plans clearly worked during the unfortunate fire on ward 12 in March 2019. A robust fire action plan is in place for the site, which include the new TCU based on ward 5.

Fire training for staff has been a priority with Fire Marshalls on our wards/departments.

Singleton site audit completed as part of the Health Board annual shared services (fire safety services) fire audit in September 2020.

Shared services internal audit report for fire safety completed (forms part of separate (concurrent) Health Board review) in September 2020 and awaiting feedback from internal audit team.

Singleton delivery has now completed their whole hospital evacuation policy which is currently awaiting ratification at board.

Cladding

- Car park works due to start mid Oct 2020 complete end Feb 2021 20wks
- Main Facade works due to start early Jan 2021 August 2023

Risk ref.	Description of Risk Identified	Initial Score	Current Score	Trend	Controls	Target	Progress at September 2019
	<p><u>Cladding at Singleton Hospital</u></p> <ul style="list-style-type: none"> • Current cladding does not meet fire safety standards • Potential risk of spread of fire across south face of building 	15	15	➡	➡	Dec 2019	<ul style="list-style-type: none"> • Regular review by HSE working group • Cladding Side panels being removed currently • Awaiting funding for full removal of south facing cladding • Ward specific fire safety procedures implemented • Significant fire in Ward 12 in April 2019 tested procedures and generally satisfactory but lessons learnt. • Reduction in number of active Fire Wardens in wards identified and new training programme being instigated

Environmental issues

Review to be undertaken by Estates to ensure all management surveys are up to date

Areas of interest:-

- Ward 5 – TCU – works complete and area now operational
- Ward 12 – Removal of asbestos in reception and Swansea end of ward following fire and survey.
- Implementation of Cladding project and new car park as above

HSE improvement Notice /Mid and West Wales Fire Notices

There were no HSE or Fire notices issued against or directly affecting the Unit.

Pressure Ulcers (PUs)

The table below shows the number of avoidable and non-avoidable hospital acquired pressure ulcers (PU's) reported.

Dec-19	Jan-20	Feb-20	March-20	April-20	May-20	June-20	July-20
7	12	11	9	8	7	5	6

The table below shows the number of avoidable and non-avoidable hospital acquired PU's excluding grade 1 & grade 2 reported.

Dec-19	Jan-20	Feb-20	March-20	April-20	May-20	June-20	July-20

2	3	2	2	1	3	2	3
---	---	---	---	---	---	---	---

In August 2020, Health Boards senior Tissue Viability Nurse conducted a Pressure Ulcer Prevention documentation Audit across 7 areas. Findings of the audit were shared with team at the Sisters Meeting in August and each ward and SAU are developing action plans.

The causal themes identified were; Failure to identify and implement offloading of heels pending pressure relieving mattress provision. Pressure relieving equipment not provided for patients until after changes to skin occurred. Patient's medical conditions and co morbidities.

The main areas of learning are;

- Misclassification of wounds and incorrect grading of Pressure Ulcers.
- Delays in recognising when a patients pressure ulcer that is deteriorating.
- Nurses record keeping, improvements required. Nurses reminded that they must assess the patient and read all information provided by other health care professional.
- Earlier risk assessments and implementation of SKIN Bundle when previously mobile independent of self-care needs patients suddenly decline.

All healthcare acquired (HCA) pressure ulcers attributed to Singleton Delivery Unit are subject to scrutiny via the Pressure Ulcer Scrutiny Panel. The panel is a sub-group of the Quality & Safety Group and is chaired by the Unit Nurse Director. The panel reviews all HCA pressure ulcer cases on a case by case basis.

Patient Falls

The table below shows the number of inpatient falls per month.

Falls - 1/10/2019 - 31/10/2020

Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Total
48	41	58	46	43	38	33	45	34	36	36	48	28	534

There is a steady reduction in patient falls from the previous year. We hold monthly falls scrutiny panels chaired by senior matron for medicine with representation from the ward and Quality & Safety team to scrutinise the incident and share lessons learnt and monitoring of actions noted.

Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
74	53	51	58	62	51	36	53	43

3. GOVERNANCE AND RISK ISSUES

The ongoing risks for the Delivery Unit include:-

- Lack of security on the site – currently 24/7 cover x2 but unfunded
- Ongoing issues with asbestos
- Implementation of new staff car park and replacement cladding project with the amount of building work happening across the site

4. RECOMMENDATION

- **NOTE** the report

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Financial Implications		
No direct financial implications for the Delivery Unit but financial implications for 'estate' issues being met through capital planning and Welsh Government		
Legal Implications (including equality and diversity assessment)		
Staffing Implications		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Report History		
Appendices		