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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	01 December 2020	Agenda Item	4.1	
Report Title	Health & Safety Operational Group Key Issues Report			
Report Author	Mark Parsons, Assistant Director of Health & Safety			
Report Sponsor	Christine Williams, Interim Director of Nursing and Patient Experience			
Presented by	Mark Parsons, Assistant Director of Health & Safety			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to update the Committee on the business discussions of the Health and Safety Operational group meeting 4 November 2020.			
Key Issues	<ul style="list-style-type: none"> • The Health and Safety Operational group meets on a quarterly basis and reports to the Health & Safety Committee. • A range of reviewed and updated policies and procedures were endorsed for ratification • COVID-19 challenges and actions. • Physical distancing challenges and actions. • PPE update report outlining arrangements presented and discussed. • Building infrastructure (Morrison Roof) • Cladding works (Singleton) 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the report, • ENDORSE the policy • DISCUSS and NOTE the updated Health and Safety Strategic action plan for 2020/21 			

HEALTH & SAFETY OPERATIONAL GROUP REPORT

1. INTRODUCTION

The purpose of this report is to update the Committee on the business discussions of the Health & Safety Operational group meeting 4th November 2020.

2. BACKGROUND

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

2.1 HEALTH & SAFETY OPERATIONAL GROUP MEETING 4 November 2020

a. Health & Safety Operational Group

In line with the Health & Safety Operational group terms of reference reports were received from all units. Apologise received from one of the trade union representatives. The meeting was via teams to minimise unnecessary travel and adhere to social distancing.

b. Service Group Director Updates

Individual Service Group Director Representatives provided updates on health and safety issues within their respective areas. Health and Safety updates were also received from the Estates, Support Services, Security and HQ Corporate departments. A specific section has been introduced for trade union colleagues topics, as previously covered under AOB. Key elements are set out in the table below:

Item	Comments
Singleton/NPTH Group: Singleton	<ul style="list-style-type: none">• COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary.• Cladding – cladding still remains as one of the main risks to the Singleton Site. Phase two covering the front elevation removal and replacement work, with initial enabling works scheduled to commence in Q4. This will depend on the requirements to comply with covid-19 regulations.• Physical distancing is regular monitored and actions updated where required.• Incidents have risen with the increase in activities due to reopening of services, with highest increase in V&A incidents• No significant PPE issues reported, with confirmation that PPE has always been available, however, certain models of masks are either no longer available or in short supply.• Fire incident reported in linen room – Overheated plastic tie was smouldering, so no actual fire. Procedure

<p>Neath Port Talbot</p>	<p>updated by support services to ensure ties are removed and disposed of appropriately.</p> <ul style="list-style-type: none"> • COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. • Physical distancing is regular monitored and actions updated where required. • No fluctuation in staff, incidents reported 01/05/20 – 30/06/20, with 25 staff incidents reported during this period. • Training is being maintained where possible and current compliance for H&S related training between 75% & 90%. • No significant PPE issues reported, with confirmation that PPE has always been available, however, certain models of masks are either no longer available or in short supply • Anti-ligature assessments are on-going and will report when completed • Five staff RIDDOR's were reported between July & October 20, two due to V&A incidents, two moving and handling and one slip, trip & fall.
<p>Morrison Unit</p>	<ul style="list-style-type: none"> • COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. • Risks raised: Fire Safety, this was around the changes within the building infrastructure due to COVID-19 (main entrance to the hospital – Tawe Ward) – Site emergency fire plan under review to included changes, with an overarching fire risk assessment scheduled for Q4. Building infrastructure – the integrity of roof structure is faulty in a number of places allowing ingress of water. This is being pursued through capital & planning to include in the capital programme. • There were a total of 429 staff incidents reporting in 01/01/2010 – 31/09/2020. The number of incidents significantly reduced during April & May due to the COVID-19 response. V&A continues to be the highest rate of incidents recorded. • On-going challenges with CCTV – Report has been produced to resolve and a paper has gone to MH senior team for consideration. • There were 4 RIDDOR's reported 01/06/20 – 30/09/20, three related to V&A and one to moving & handling.

	<ul style="list-style-type: none"> • Training is being maintained where possible and current compliance for H&S related training between 65% & 81% • No significant PPE issues reported, with confirmation that PPE has always been available, however, certain models of masks are either no longer available or in short supply. • Physical distancing continues to be monitored and changes implemented where required.
Primary Care and Community Car Unit	<ul style="list-style-type: none"> • COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. • Physical distancing continues to be monitored and changes implemented where required. • There were 124 staff incidents reported 01/06/20 – 31/08/20. • Training is being maintained where possible and current compliance for H&S related training between 81%.& 90% • No significant PPE issues reported, with confirmation that PPE has always been available.
Mental Health & Learning Disabilities Unit	<ul style="list-style-type: none"> • COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. • Physical distancing continues to be monitored and changes implemented where required. • One additional risk has been added that has an H&S implication, Llynfi Training Centre – following the boundary changes ownership transferred to CTMUHB and they require full use of the area from 2022/2023 financial year. • There were 5 incidents that met the criteria for RIDDOR during the period May - July 2020. • All risks are being monitored locally, with controls in place to mitigate as far as is reasonably practicable. • No significant PPE issues reported, with confirmation that PPE has always been available, however, certain models of masks are either no longer available or in short supply • There were 688 Incidents reported for the reporting period August to 19 October 2020, 143 identified as V&A incidents against staff. • Training is being maintained where possible and current compliance for H&S related training between 77% & 90%.

HQ Baglan	<ul style="list-style-type: none"> • HQ health and safety group have no immediate concerns • Due to COVID no meetings have taken place since July, next meeting scheduled January 2021.
Estates Management	<ul style="list-style-type: none"> • COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. • Physical distancing continues to be monitored and changes implemented where required. • Update provided on authorised persons (AP's): <ul style="list-style-type: none"> - Medical Gas & Pipeline Systems (MGPS) AP's in place for Singleton & Morriston - Electric Services (LV), AP's in place for Morriston & Singleton - Electrical Services (HV) – AP's with limited responsibilities in place for Singleton & Morriston - Ventilation – AP in place for Singleton, person for Morriston is awaiting interview. - Decontamination – AP in place for Singleton, not one currently for Morriston. • Ventilation improvement programme in place (replacement of fans) to improve airflow rates. AP's and competent persons (CP's) trained and in place. • 6 FACET survey commencement postponed due to COVID-19 and financial implications. • Estates sub groups: • Fire:- <ul style="list-style-type: none"> - concerns around fire warden training/drills/plans due to resources and COVID-19 - Outstanding fire risk assessments - Outstanding actions from fire risk assessments • Water:- <ul style="list-style-type: none"> - Updated tender specification completed with tender released in Q3/Q4. - Water testing changes due to lab capacity, this has been included in the updated water plan. - A review of all water schematics is being undertaken to identify gaps in schematic library for the estate • Asbestos:- <ul style="list-style-type: none"> - Software systems being consolidated to have a single system
Support Services	<ul style="list-style-type: none"> • Physical distancing continue to provide challenges, particularly in communal (restaurants), this is constantly being reviewed and changes implemented where identified.

	<ul style="list-style-type: none"> • Waste issue – frequency of collections and the availability of 1100ltr bins for collection. Temporary issue due to national shortages and increases in waste volumes. Contingencies were implemented resolve. • Established two weekly support services partnership group to focus on health & safety operational issues. • CCTV review has been completed and a report submitted. • No RIDDOR's reported during August & September 2020. • Training a main priority for support services as numbers have dripped due to COVID-19 pressures.
Health and Safety Alerts (MDA)	<ul style="list-style-type: none"> • General improvement in closure of Medical Device Alerts but further improvement required with some groups. This is being monitored by the groups H&S meetings.
Policies with Health and Safety Implications	<ul style="list-style-type: none"> • Policies/procedures and protocols recommended through the Health and Safety Operational Group: <ul style="list-style-type: none"> - Moving & Handling & EQIA
Trade Unions	<ul style="list-style-type: none"> • Physical distancing – review of PD risk assessment, need to ensure these are being reviewed – this is completed locally. NH mentioned the CAB building being overcrowded, MP offered to arrange a joint visit. • PPE and staff undertaking own risk assessment – MP stated that the HB is following national guidance to ensure appropriate PPE was issued and worn in the appropriate settings.
Deep Dive RIDDOR	<ul style="list-style-type: none"> • Analysis undertaken on RIDDOR's identified on Datix, this identified that there were potentially 44 during the period June – September 2020 of these 27 identified by line managers did not meet the RIDDOR criteria and were not reported. 12 have been reported and 5 require further information. • The reporting lines for reporting RIDDOR's - ultimately it is the H&S team that report to the HSE. • The criteria for RIDDOR was shared and managers encouraged to contact H&S department • Average time of managers informing H&S is 9 days, this is too long • Processes could be shortened if the appropriate details are received reducing the time lapse from incident date to RIDDOR submission to HSE • Guidance to be circulated to reaffirm process

c. Policies

The group considered and approved the following policies:

- Manual Handling – **see file 3.1.1**
- Manual Handling EQIA – **see file 3.1.2**

Through this paper the Committee is asked to endorse the policies approved by the Health & Safety Operational Group on 4th November 2020.

The agenda from the Health & Safety Operational group meeting held in November 2020 is presented in file **3.1.3** for information.

d. Health and Safety Executive (Update)

Due to the number of COVID-19 outbreaks the HSE requested a meeting that was convened on 19th October 2020. This included Interim director of Nursing & Patient Experience – Assistant Director Infection Prevention & Control – Group Service Director (Morrison) – Group Nurse Director – Assistant Director Health & Safety – Principle Inspector HSE – Specialist Inspector HSE (Healthcare) – Inspector HSE. Overall the HSE were content with the measures that the HB had in place prior to outbreak and the processes in place to identify area where additional improvements can be made and sharing the learning across the HB.

A follow up feedback meeting was arranged for 21st October 2020 with TU colleagues – RCN & Unite – HSE and Assistant director of Health & Safety. The feedback overall was positive “they though what was outlined was good”.

e. Logistics (PPE) Cell update

A report was received outlining the systems and process in place and the current position on PPE nationally, with the latest information received on future delivery of FFP3 masks. Alternative models of masks are being pursued and initial fit test trials carried out by C&V and CTMUHB’s are positive, further updates are expected by end of November 2020. Supplies are good locally (between 6 – 10 days) and nationally, most lines over 10 weeks with FFP3’s 3 weeks with additional supplies being received daily/weekly.

NWSSP winter plan aims to have 24 weeks of supply and have sourced additional warehousing to accommodate the storage of PPE supplies.

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the report,
- **ENDORSE** the policy

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 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 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 type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The effective communication of information and coordination of team activities is essential to providing safe patient care. The Health and Safety Operational group are responsible for managing and overseeing effective quality, safety and patient experience.		
Financial Implications		
There are no direct financial implications arising from this report.		
Legal Implications (including equality and diversity assessment)		
SBUHB is committed to providing and maintaining a safe and healthy work place and to provide suitable resources, information, training and supervision on health and safety to all members of staff, patients Contractors and visitors to comply with the legislative and regulatory framework on health and safety.		
Staffing Implications		
Staff will be briefed on health and safety developments through managerial meetings, staff meetings and health and safety alerts and bulletins.		

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
<p>The Act requires the Health Board to think more about the long term, how we work better with people and communities and each other, look to prevent problems and take a more joined up approach with partners. There will be long term risks that will affect both the delivery of services, therefore, it is important that you use these five ways of working (Long Term Thinking, Prevention, Integration, Collaboration and Involvement) and the wellbeing goals identified in the Act in order to frame what risks the Health Board may be subject to in the short, medium and long term. This will enable The Health Board to take the necessary steps to ensure risks are well managed now and in the future.</p>	
Report History	Health & Safety Operational Group 4 August 2020
Supporting documents	<p>Appendix 1– Manual Handling Policy</p> <p>Appendix 2 – Manual Handling Policy EQIA</p> <p>Appendix 3 – Health & Safety Operational Group Agenda – November 2020</p>