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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	20 January 2022	Agenda Item	3.1
Report Title	Health & Safety Operational Group Key Issues Report		
Report Author	Mark Parsons, Assistant Director of Health & Safety		
Report Sponsor	Gareth Howells, 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 th November 2021.		
Key Issues	<ul style="list-style-type: none"> • The Health and Safety Operational group meet on a quarterly basis and reports to the Health & Safety Committee. • Overview of service group and support services exception reports. • Violence & Aggression deep dive. • Fire group minutes (appendix 1) • PPE update 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the report 		

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 on 3rd November 2021.

2. BACKGROUND

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

2.1 HEALTH & SAFETY OPERATIONAL GROUP MEETING 4th NOVEMBER 2021

a. Health & Safety Operational Group

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

b. Service Group Director & Cross Cutting Services Updates

Individual Service Group Director Representatives provided updates on health and safety issues within their respective areas. Health and Safety updates were also received from Estates, Support Services, Security and HQ Corporate departments. There is also a section specifically for our trade union colleague's topics. Key elements are set out in the table below:

Item	Comments
NPTH/Singleton Group (NPTSSG): Singleton	<ul style="list-style-type: none">• The new NPTSSG has now been established since May 2021, and working well, with good inclusion across the service group.• New terms of reference and a standing agenda mirroring the H&S Ops group have been approved by the NPTSSG Health & Safety/EPRR Operational Group.• Risk Register<ul style="list-style-type: none">- Cladding – cladding remains as one of the main risks for the Singleton Site. There have been several delays due to asbestos and other critical works/ investigations to be completed prior to works continuing. There is a Singleton Hospital Project Board Group that oversee the project and meet at least quarterly basis• Other risks include:<ul style="list-style-type: none">- Health care acquired transmission of COVID-19- Insufficient isolation facilities• Addition risks identified:<ul style="list-style-type: none">- Staffing shortages particularly SAU (Workforce & OD)- Lack of storage for equipment (Beds – Trolleys etc)

<p>Neath Port Talbot</p>	<ul style="list-style-type: none"> - Decanting of wards is challenging with the increase in staff shortages through COVID-19 related absences • On-going management of fire with the changes required to facilitate the cladding works. • Fire compartmentation survey by NWSSP-SES of the West ward block have been completed and drawings updated and issued, with the remainder of the areas scheduled to be completed in quarter 4. • Physical distancing is regularly monitored, and actions updated where required. • COVID-19 risks continue to be monitored and changes implemented where necessary. • Fire risk assessments compliance remain at 100%. • Mandatory training is running at 78-90%, programmes in place to continue improvements in compliance. • No PPE issues raised. • New risks identified: <ul style="list-style-type: none"> - Staff shortages due to COVID-19 are increasing. - Inappropriate attendance at MIU - Increased activity in MIU and the inadequate space in the waiting area to accommodate the numbers. • COVID-19 risks continue to be monitored and changes implemented where necessary. • Physical distancing is regular monitored and actions updated where required. • Training is being maintained where possible and current compliance for H&S related training between 78% & 90%, plans in place to increase training compliance. • No PPE issues reported. • Compartmentation survey is in the 'find and fix' review with anticipated completion date now end of March 2021. • Fire risk assessments compliance remain at 100%. • Regular H&S walkabouts, these are supported by PFI partners and H&S colleagues.
<p>Morrison Unit</p>	<ul style="list-style-type: none"> • The Morrison Hospital Service Group, Health, Safety and Environment Group Terms of Reference were ratified in October 2021. • COVID-19 risks continue to be monitored and changes implemented where necessary. • Tender for CCTV and affray alarm system has been published, with works expected to be completed in Q4. • Staff shortages due to COVID-19 are increasing.

	<ul style="list-style-type: none"> • Staff nosocomial transmission on the risk register (score 16) reflects the increase in incidents reported. • Training is being maintained where possible and current compliance for H&S related training between 69% & 83%, programmes in place to continue improvements in compliance. • No PPE issues reported. • Physical distancing continues to be monitored and changes implemented where required. • No additional risks raised in addition to those reported in the last meeting, however, staffing resources are worsening through COVID related absence and is continually monitored.
Primary Care and Community Car Unit	<ul style="list-style-type: none"> • Due to the continuing challenges in primary care and the retirement of DR, there was no representative available to represent PCC, with no report submitted. PCC did send their apologise and have recently recruited a replacement for DR who will attend the next meeting.
Mental Health & Learning Disabilities Unit	<ul style="list-style-type: none"> • Four bi-monthly meetings have been held so far in 2021, with good attendance and representation. A further meeting is scheduled for 16th November 2021. • 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. • A review of the Tonna fire plan has been drafted and is being presented to the November MH&LD H&S meeting. • The risk register has a number of legacy risks for H&S 2015 – 2017, with other risks added later. <ul style="list-style-type: none"> ○ Llynfi Training Centre at Glanrhyd Hospital has been highlighted as an increasing risk, with no venue identified to provide the training from, with the current venue having to be vacated by 31st March 2022. This is being reviewed by the HB accommodation group to identify suitable accommodation to facilitate the training. • Risks are being monitored locally, with controls in place to mitigate as far as is reasonably practicable. • No PPE issues reported. • There were 204 V&A Incidents reported between July & September 2021. • Training is being maintained where possible and current compliance for H&S related training between 82% & 96% for nursing staff only and between 78% & 91% for all staff, programmes in place to continue improvements

	<p>in compliance and regularly discussed at SG Board level.</p>
HQ Baglan	<ul style="list-style-type: none"> • HQ H&S meeting last held on 27th July 2021, with good attendance. • 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. • Majority of staff based at HQ are working from home where practicable to do so due to COVID-19 and in line with WG recommendations • HQ health and safety group have no immediate H&S concerns.
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. • Staff shortages due to COVID-19 are increasing • Physical distancing continues to be monitored and changes implemented where required. • Additional funding has been agreed for specific compliance related posts and these will now progress through the recruitment process. • Estate's subgroups Compliance with WHTM's in a number of areas was highlighted in the estates report: <ul style="list-style-type: none"> ○ Medical Gases ○ Electrical services ○ Ventilation ○ Fire ○ Emergency lighting • Medical gases – additional capacity has been provided at Morriston and Singleton hospitals, with AP's appointed for both areas. • Medical gas drawings have been updated and training for senior nursing staff has been identified as a key issue for 2021/22. • Deputy COO taking over as Chair of the Medical Gas Pipeline Group (MGPS). • Electrical Services – An authorised engineer (AE) has been appointed and has enabled AP appointments at Singleton & Morriston Hospitals. • APs appointed for decontamination at Morriston and Singleton. • Currently reviewing electrical drawings. • Ventilation Systems – The ventilation policy was approved at the Health and Safety Committee.

	<ul style="list-style-type: none"> • Works continue the fire cause and effect at the hospital sites. • Fire safety infrastructure works have commenced. • Estates have commissioned a survey of its fire dampers. • Works on fire compartmentation continue with AE fire NWSSP – SES. • Works are on-going with the management of asbestos, with further removals planned for 2021/22. • Resources remain a challenge across the estates team. • Various bids are being finalised for 202/23 financial year from discretionary capital and bids to WG.
Support Services	<ul style="list-style-type: none"> • There has been no new risk identified in October. • Introduction of support service newsletter has had positive feedback and the 6th issue was published in September 21. • Staff shortages due to COVID-19 are increasing • 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. • Training a main priority for support services as numbers have dropped due to COVID-19 pressures, with current compliance between 66% & 83%, a stepped increase on the previous quarter, with programmes in place to continue improvements in compliance.
Health and Safety Alerts (MDA)	<ul style="list-style-type: none"> • There has been a significant reduction in the number of safety notices received during the recent period and it was suggested that the types of alerts be reviewed to ensure these are monitored at the appropriate group or committee. <ul style="list-style-type: none"> - Medical Devices alerts (Medical Devices Committee) - Local Safety Notices (H&S Ops Group) It was noted that Medical Devices Alerts (MDA) system has been replaced with the Device Safety Information system (DSI).
Policies with Health and Safety Implications	<ul style="list-style-type: none"> • There were no policies/procedures or protocols presented to the group.
Trade Unions	<ul style="list-style-type: none"> • Violence & Aggression – this was picked up as part of the deep dive into V&A. • Long COVID – it was agreed for this to go through the partnership form, with any specific H&S issues relating to staff returning to work, that appropriate return to work plans including risk assessments should be completed.

<p>NPTSSG</p>	<ul style="list-style-type: none"> • MSG were unable to collate a response in time for the deep dive covering risk assessments, this was to be followed up. • There is no TNA in place at Morriston SG, this was questioned as a TNA was completed across the Health Board following HSE interventions in 2019. • There are challenges around implemented preventative measures due to space constraints in certain departments i.e., ED • Work is on-going within ED to develop department specific training; this is being linked to safeguarding training. • There are some specific areas identified for bespoke training that is outside of the current V&A passport scheme i.e., Recovery from anaesthesia. • There is a need to improve ward-based training with the patient profiles changing. • V&A is monitored through the SG H&S group quarterly. <ul style="list-style-type: none"> • Quarters 1 & 2 has seen an increase in the number of V&A incidents and in particular with general medical patients with cognitive impairment. • Risk assessments are in place for wards/departments. • The TNA is held by individual wards and departments with verbal assurance provided at the SG H&S meetings. • There is ongoing review of V+A incidents to ensure learning points are noted and that appropriate training is undertaken. • The service group are also going to revisit the more bespoke training that was undertaken a few years ago utilising the skills gained by colleagues within Neuro Rehab. • The service group will be undertaking a focussed piece of work in relation to hate crime and racial abuse over the coming weeks following some incidents at Singleton Hospital. • Training compliance is monitored through annual PDR. • Women of child bearing age are outside the V&A passport, with specific assessments carried out to identify training. • Adherence to the Lone Working Policy, with RA undertaken where appropriate.
<p>Mental Health & LD</p>	<ul style="list-style-type: none"> • There are a number of services within MH&LD all of which have their own challenges, with V&A incidents in rehab & recovery, outpatients mental health.

	<ul style="list-style-type: none"> • All risks are reviewed and PBM profiles monthly via MDT to identify specific needs. • Risk assessments in place and/or individual patient plans. • PBM profiles and restraint reduction reviewed along practices to minimise the requirement to restrain, with appropriate training put in place. • PBM is mandatory every 6 months to ensure competencies are maintained. • Preventive measures form part of the patient assessments and PBM. • Each department hold training information and uploaded to ESR. • All LD areas have bespoke training, with other areas of MH identified specific training where required. • Most areas are appropriately covered and currently looking at expanding PBM training to community teams. • 6 monthly reviews are carried out to monitor compliance and competence. • Lone workers have been identified, with appropriate assessments in place.
<p>Primary Care & Community</p>	<ul style="list-style-type: none"> • Due to resources, no report was received from primary care. DR retired and post has been filled, just waiting for commencement date. Apologise were provided.
<p>Support Services</p>	<ul style="list-style-type: none"> • The high-risk profiles are mainly in security and Portering teams. • The change in patient demographics has influenced the change in risk profile/incidents. • TNA in place for security, Portering staff, with no specific training for domestic or catering staff. • Additional training for security and some porters has been identified and implemented (breakaway training). • Datix incidents are reviewed to identify learning and to monitor the training provided. • Specialist training has been identified and implemented. • Training is monitored by the various departments and reported through support services H&S group. • Lone workers have been identified, with systems in place. • Staff who are pregnant would be redeployed to low-risk areas.

Overview	<p>Overall, the SG's have good systems in place, have identified areas where there are gaps and working through plans to address the gaps identified.</p> <p>Although a HB TNA was undertaken in 2019 and 2020/21, not all SG were aware of this. The H&S team will recirculate to ensure all SGs are aware of the TNA and feedback and implement.</p> <p>The change in patient profiles needs to be monitored to ensure the training requirements meets the needs of staff and patients.</p> <p>There are clearly good practices within the HB, with not all being shared throughout HB. Are there current training delivered in MH&LD that could benefit the acute and primary care settings i.e., PBM.</p>
Health & Safety Risk Register	<ul style="list-style-type: none"> • The health & Safety risk register was reviewed and there were no significant changes, although, it was noted that absence through COVID-19 was having an impact on services.
Policies and Procedures	<ul style="list-style-type: none"> • No policies or procedures were brought the H&S group for approval.
Fire Safety Group	<ul style="list-style-type: none"> • Minutes of the fire safety group are provided in Appendix 1.
AOB	<ul style="list-style-type: none"> • There was no specific topic raised in AOB.

c. Logistics (PPE) Cell update

Due to the positive position of PPE, a verbal update on the current position on PPE nationally and locally, both reporting positive levels of PPE, with nationally supplies through NWSSP having over 26 weeks of most lines of PPE.

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 and

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 workplace 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)		
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.		
Report History		

