



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	17 January 2023	Agenda Item	4.1
Report Title	Health & Safety Operational Group Key Issues Report		
Report Author	Mark Parsons, Assistant Director of Health & Safety		
Report Sponsor	Darren Griffiths, Director of Finance & Performance		
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 2 nd November 2022.		
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, support services and estates exception reports. • NWSSP Health & Safety Audit • Fare Safety Management deep dive. • Managing contractors Policy • Violence & Aggression Policy • H&S annual report 		
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 and • Approve the managing contractors policy and the violence and aggression policy 		

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 (HSOG) meeting on 2nd November 2022.

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 3rd AUGUST 2022

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. Welcome and apologies

The Chair welcomed Hannah Thomas (Graduate trainee) to the meeting and also welcomed everyone else to the meeting, with apologies received from: Morrision service group who had submitted the exception report. Due to staffing levels there were no deputies available to attend.

c. Action Log

The action log was reviewed, with two of the six actions recorded as being closed and the remaining four updated to reflect current position. Three of the updated actions are expected to be closed at the next meeting, with the final one covering site key contacts for primary care, this is being pursued with the service group to resolve.

d. Exception report update

Following on from the audit by NWSSP covering health and safety, the exception report template has been updated and circulated to the service groups and other departments who submit reports to the HSOG, it was originally circulated in October and given that these were not used for the November meeting, it was recirculated after the meeting in November 2022.

e. 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/Singlet on Service Group (NPTSSG): Singleton	The last NPTSSG meeting was held on 23/08/22, attendance at the service group meeting is positive, with representation across the various services/departments. In addition to the main service group meeting, there are monthly H&S safety tours that includes PFI partners plus managers & heads of department meetings.

Item	Comments
	<p>Daily safety huddle is also a forum to share any ad hoc H+S and EPRR info. Likewise, a hospital wide email communication is utilised as necessary.</p> <p>NPTHSSG Risk Register - Risks highlighted:</p> <ul style="list-style-type: none"> - 5th bed in bays on acute medical wards to increase capacity - Surgical services end of life equipment require replacement - Medicine DMARD & Biological monitoring - SCBU (special care baby unit) mobile imagine unit outdated - Staffing gap pharmacy re complex cardiac speciality - Children services staffing shortages community service - MIU (minor injury unit) waiting area - SAU (Singleton assessment unit) environment and flow <p>Risks above 16:</p> <ul style="list-style-type: none"> - Cladding - Staffing retention of staff - Inappropriate attendance at MIU - Unavailability of timely ambulance transfers from MIU to ED (emergency department) <p>The full list of risks on the register were provided within the report.</p> <p>Fire: Singleton have established a local fire safety group and includes walkabouts to identify training needs, site signage, fire plans and check that communication is being received.</p> <p>A training event in the use of ski sheets was carried out in central ward block, this was well attended by all disciplines. Additional sessions are being scheduled covering horizontal and vertical evacuation.</p> <p>Cladding works continue with on-going management of fire to accommodate changes required to facilitate the cladding works. Staffing to accommodate this continues to be challenging.</p> <p>The SG (service group) is reviewing communications to ensure key messages are being disseminated to all staff particularly around unwanted fire signals in staff residences (western residence block c - Singleton).</p> <p>Fire:</p> <ul style="list-style-type: none"> • Fire compartmentation surveys have been completed and waiting for the analysis of the findings to be shared. • Fire risk assessments compliance remains at 100%. • On-going collaboration working with the fire team to increase the number of fire wardens. Reviewing and update fire pans and in particular the inclusion of vertical evacuation. • Anti-ligature works continue.

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	<p>Mandatory training compliance:</p> <table border="1" data-bbox="408 304 1201 492"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>82</td> <td style="background-color: yellow;"></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>84</td> <td style="background-color: yellow;"></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>81</td> <td style="background-color: yellow;"></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>92</td> <td style="background-color: green;"></td> </tr> </tbody> </table> <p>Systems are in place to achieve and maintain mandatory training compliance as a minimum 85% target. The SG overall H&S training compliance slipped in the last quarter with 3 out of the 4 categories just below the 85%.</p> <ul style="list-style-type: none"> • No PPE issues raised. • Acute medical redesign works, this has workforce challenges and being worked through as part of the centres of excellence. Also, various capital works (Modular Theatres) taking place, adding to an already busy hospital environments. • Incidents to staff covering Q1 2021/22 to Q2 2022/23 <ul style="list-style-type: none"> - There were no RIDDOR incidents reported - There was no staff specific incident report due to challenges with new Datix system • Regular H&S walkabouts, these are supported by PFI partners and H&S colleagues. • As part of the redesign of services, NPTH will become a centre of excellence for orthopaedics, number of capital projects identified, with works progressing with capital and PFI partners. 	Course	Target %	Actual %	Compliance	Fire Safety	85	82		Health & Safety	85	84		Manual Handling	85	81		Violence & Aggression	85	92	
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<p>Morrison Service Group</p>	<p>The last meeting was held on 20/10/22, with good attendance.</p> <p>Risk Register - Risks highlighted:</p> <p>A full list of risks on the register were provided within the report with only one being highlighted as scoring over 16</p> <ul style="list-style-type: none"> • Lack of decontamination room risk to staff and patients of exposure to life threatening diseases such as Ebola and monkey pox – actions to mitigate include working in partnerships with Ops colleagues in WAST (Welsh Ambulance Service NHS Trust) to source mobile facility for decontamination requirements. • ED capacity issues – ambulance offloads & waiting area • Overcrowding due to lack of available beds • Staffing levels throughout the service group <p>The full list of risks on the register were provided within the report</p> <p>Mandatory training compliance: An overall service group training percentage was provided in the report, there were no individual category figures provided.</p>																				

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	<ul style="list-style-type: none"> • Service group continues to work with the fire team to increase the number of fire wardens and scheduling onsite training using scenarios and also reviewing and updating fire pans. • No PPE (personal protection equipment) issues reported. <p>Staff incidents Q4 2021/22 & Q1 2022/23: No RIDDOR's reported during this period</p> <table border="1"> <thead> <tr> <th data-bbox="355 645 815 678">Incident Type</th> <th data-bbox="820 645 911 678">Total</th> </tr> </thead> <tbody> <tr><td data-bbox="355 685 815 707">Access, Admission</td><td data-bbox="820 685 911 707">209</td></tr> <tr><td data-bbox="355 714 815 736">Accident, injury</td><td data-bbox="820 714 911 736">4</td></tr> <tr><td data-bbox="355 743 815 766">Assessment, Investigation, diagnosis</td><td data-bbox="820 743 911 766">3</td></tr> <tr><td data-bbox="355 772 815 795">Behaviour (including violence & aggression)</td><td data-bbox="820 772 911 795">8</td></tr> <tr><td data-bbox="355 801 815 824">Communication</td><td data-bbox="820 801 911 824">1</td></tr> <tr><td data-bbox="355 831 815 853">Equipment, Devices</td><td data-bbox="820 831 911 853">3</td></tr> <tr><td data-bbox="355 860 815 882">Information Governance, confidentiality</td><td data-bbox="820 860 911 882">2</td></tr> <tr><td data-bbox="355 889 815 911">Infrastructure</td><td data-bbox="820 889 911 911">9</td></tr> <tr><td data-bbox="355 918 815 940">Medication, IV fluids</td><td data-bbox="820 918 911 940">7</td></tr> <tr><td data-bbox="355 947 815 969">Patients/service user death</td><td data-bbox="820 947 911 969">2</td></tr> <tr><td data-bbox="355 976 815 999">Pressure damage, Moisture damage</td><td data-bbox="820 976 911 999">83</td></tr> <tr><td data-bbox="355 1005 815 1028">Records, Information</td><td data-bbox="820 1005 911 1028">4</td></tr> <tr><td data-bbox="355 1034 815 1057">Safeguarding</td><td data-bbox="820 1034 911 1057">1</td></tr> <tr><td data-bbox="355 1064 815 1086">Transfer, Discharge</td><td data-bbox="820 1064 911 1086">4</td></tr> <tr><td data-bbox="355 1093 815 1115">Treatment, Procedure</td><td data-bbox="820 1093 911 1115">3</td></tr> <tr><td data-bbox="355 1122 815 1144">Total</td><td data-bbox="820 1122 911 1144">343</td></tr> </tbody> </table> <p>It has been noted that the incidents reported to HSOG were patient incidents and not staff. However, it is noted through the attachments in the paper submitted that staff incidents are reviewed at the Morriston health, safety & environment group.</p>				Incident Type	Total	Access, Admission	209	Accident, injury	4	Assessment, Investigation, diagnosis	3	Behaviour (including violence & aggression)	8	Communication	1	Equipment, Devices	3	Information Governance, confidentiality	2	Infrastructure	9	Medication, IV fluids	7	Patients/service user death	2	Pressure damage, Moisture damage	83	Records, Information	4	Safeguarding	1	Transfer, Discharge	4	Treatment, Procedure	3	Total	343
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<p>Primary and Community Care Service Group</p>	<p>The last meeting was held on 04/08/22, with good attendance from the services. The SG went through their action log from the SG H&S meeting</p> <p>Risk Register - Risks highlighted: A full list of risks on the register were provided within the report, with none specifically highlighted.</p> <ul style="list-style-type: none"> • Ongoing discussions around building/site roles and responsibilities. Two meetings have taken place with a further meeting scheduled for December 2022 to agree a way forward to identify suitable persons/roles for each building/site. <p>Communications:</p> <ul style="list-style-type: none"> • Health and Safety is a quarterly update item to PCTSG Board. Triumvirate provides a weekly forum should any major risks, issues or items for communication need to be raised. 																																					

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	<ul style="list-style-type: none"> • Health and Safety is included on Service reports to QSOG and OHQSPE which report to QSAG • Heads of services have been requested to share/raise H&S issues with their teams and for each service to complete exception reports going forward to report into the PCTS Group H&S meetings. <p>There were 2 RIDDOR incidents reported between July – September 2022, one due to a fall and one due to manual handling resulting in over 7 day absence.</p> <p>For the period April – September 2022 the number of incidents reported was 104, 23 of these incidents relate to aggressive and violent behaviour, 10 to inappropriate behaviour and attitude, another 10 to verbal assault (swearing), and 1 to sexual or inappropriate behaviour. Therefore, 44% of these incidents are the result of behaviour towards staff. 11 incidents were in relation to needles/sharps.</p> <p>Mandatory training compliance:</p> <table border="1" data-bbox="408 931 1201 1120"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>87</td> <td style="background-color: green;"></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>91</td> <td style="background-color: green;"></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>87</td> <td style="background-color: green;"></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>96</td> <td style="background-color: green;"></td> </tr> </tbody> </table> <p>EW shared the SG induction booklet for new starters that covered a range of topics, providing a good overview of the SG and its services.</p> <ul style="list-style-type: none"> • Fire risk assessment completion remains at 100% <p>The level of sick absence is a concern for the SG and are working with workforce to ensure all support options are being explored.</p>	Course	Target %	Actual %	Compliance	Fire Safety	85	87		Health & Safety	85	91		Manual Handling	85	87		Violence & Aggression	85	96	
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Mental Health & Learning Disabilities Service Group	<p>The last H&S meeting was held on 11th October 2022, with next meeting scheduled for 6th December 2022.</p> <p>Risk Register - Risks highlighted:</p> <ul style="list-style-type: none"> • Violence & aggression • Slips, trips and falls • Child bearing staff members • Fire and security in MH&LD estate • Fire on wards (different handler/manager for each division of MH&LD SG) • Food hygiene compliance • Caswell clinic security issues • Ligature risk for patients • Adolescents being admitted to Mental Health wards 																				

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	<p>Particular focus was on the Cefn Coed (old Site) on its suitability for a modern mental health inpatient service. It was also noted that there is an Acute Mental Health master plan and project board that has recently restarted, this is looking at developing the site to facilitate future service requirements.</p> <p>CAMHS continues to be an issue where children and adolescents may not be appropriately placed.</p> <p>All risks are being monitored locally, with controls in place to mitigate as far as is reasonably practicable.</p> <p>Due to the majority of the old hospital being vacant, security is an issue, with a review undertaken and covered general security and CCTV. Updates to hard security and the provision of enhanced security staff, this has a revenue implication to the service group.</p> <p>No PPE issues have been reported.</p> <p>Incidents to staff covering July – Sept 2022</p> <ul style="list-style-type: none"> - One RIDDOR's reported due to over 7 day absence from the incident. <table border="1" data-bbox="448 1072 1230 1319"> <thead> <tr> <th>Incident Type</th> <th>July</th> <th>Aug</th> <th>Sept</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Aggressive, threatening behaviour</td> <td>61</td> <td>56</td> <td>42</td> <td>159</td> </tr> <tr> <td>Inappropriate behaviour/attitude</td> <td>21</td> <td>16</td> <td>13</td> <td>50</td> </tr> <tr> <td>Physical assault</td> <td>9</td> <td>14</td> <td>14</td> <td>37</td> </tr> <tr> <td>Sexual behaviour</td> <td>3</td> <td>1</td> <td>1</td> <td>5</td> </tr> <tr> <td>Patient clinically challenging behaviour</td> <td>1</td> <td>1</td> <td>2</td> <td>4</td> </tr> <tr> <td>Verbal assault</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> </tr> <tr> <td>Inappropriate use of social media</td> <td>0</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>Total</td> <td>95</td> <td>89</td> <td>73</td> <td>257</td> </tr> </tbody> </table> <p>Overall in this period there has been a reduction in V&A incident</p> <p>Training is being maintained where possible and current compliance for H&S related training</p> <table border="1" data-bbox="408 1538 1201 1727"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>87</td> <td style="background-color: green;"></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>88</td> <td style="background-color: green;"></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>86</td> <td style="background-color: green;"></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>94</td> <td style="background-color: green;"></td> </tr> </tbody> </table> <p>Programmes in place to maintain and continue improvements in compliance.</p> <ul style="list-style-type: none"> • Ligature works are almost complete at Cefn Coed, Caswell clinic, Ward F NPTH and some L&D (learning and disability) premises, these will continue in 2022/23. 	Incident Type	July	Aug	Sept	Total	Aggressive, threatening behaviour	61	56	42	159	Inappropriate behaviour/attitude	21	16	13	50	Physical assault	9	14	14	37	Sexual behaviour	3	1	1	5	Patient clinically challenging behaviour	1	1	2	4	Verbal assault	0	1	0	1	Inappropriate use of social media	0	0	1	1	Total	95	89	73	257	Course	Target %	Actual %	Compliance	Fire Safety	85	87		Health & Safety	85	88		Manual Handling	85	86		Violence & Aggression	85	94	
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	<ul style="list-style-type: none"> • Fire risk assessment completion is 100% with FRA schedule in pace. • There was an actual fire on Clyne ward, no harm to the patient but damage to the anti-ligature door. A fire enforcement notice was issued following a visit from the Mid and West Wales Fire Service. • A number of fire warden training sessions have taken place increasing FW numbers for improved resilience.
HQ Baglan	<p>KM provided apologise for the meeting and submitted the report.</p> <p>HQ H&S meeting last held on 17th August 2022, with good attendance.</p> <p>Risk Register - Risks highlighted:</p> <ul style="list-style-type: none"> • Aging chiller system. Routine inspections and maintenance to mitigate risk. <p>Additional fire wardens identified and trained, this will be continually reviewed. Security undertake regular tours to check the building internal and external.</p> <p>Fire stopping works identified, with works scheduled to address.</p> <p>HQ health and safety group have no immediate H&S concerns.</p>
Estates Management	<p>Pressures continue with resources, with staff either moving internally or externally, with added pressure due to being unsuccessful in suitable candidates to take up posts, even after successful interviews and are reviewing current structures and will be re-advertising. Sickness is also impacting of resources with 9.8% absence rate.</p> <p>The report covered a number of specialist areas:</p> <ul style="list-style-type: none"> ○ Medical Gases ○ Electrical services ○ Ventilation ○ Fire (fire alarm systems/fire dampers) ○ Water ○ Waste <p>Overall the estates department have a number of vacancies that are impacting of the ability of the department to appoint authorised persons (AP's).</p> <p>Medical gases:</p> <ul style="list-style-type: none"> • Task & finish group set up to review & update the MGPS Operational Policy and procedures with an updated MGPS policy submitted for approval. • Development of a training package to support designated nursing/medical officers and designated porters.

Item	Comments
	<p>Electrical Services:</p> <ul style="list-style-type: none"> • Issue remain on both main sites in maintaining compliance in accordance with WHTM's and a paper is being prepared highlighting the risks and opportunities and will be supported by the information detailed in the 6 FACET survey, this will be presented to the HB management team along with the estates strategy and development control plans (DCP). <p>Ventilation Systems</p> <ul style="list-style-type: none"> • Large percentage of the ventilation system is non-compliant with current WHTM's and is included in the estates risk register. • 6 FACET survey has been completed and identified deficiencies in the ventilation systems. Plans are being developed to address the backlog maintenance. <p>Estates fire safety:</p> <ul style="list-style-type: none"> • Fire compartmentation surveys were commissioned for Singleton and Morriston Hospitals. The reports identify the non-compliance, with work commencing on a specification to commission the repairs. This is also being reviewed as part of the HB capital programme. There are a number of dependencies to be able to undertake a large proportion of the works i.e. decant facilities. • Information from the fire compartmentation and 6 FACET surveys are being used to assist in developing the HB DCP and the priority of works/schemes. • Resources remain an issue to address non-compliance identified through the fire risk assessments. However, estates and the H&S fire team are working together to address works that can be picked up with current resource. <p>Water Safety Management:</p> <ul style="list-style-type: none"> • The HB commissioned water management risk assessment and have developed a priority action plan, these are reviewed/ monitored through the water safety group. One of the risks to this is resource, particularly around planned preventative maintenance. <p>Waste:</p> <ul style="list-style-type: none"> • Nationally there has been challenges around the management of waste, with additional pressures from the pandemic – PPE disposal (bulky items, create large volumes of waste). This continues to be monitored local and nationally with contingencies in place. • Future changes to waste streams. This will provide a number of challenges as the waste streams for segregation will be increased, so space/storage is a major concern. <p>A full list of the high risk items identified in the water risk assessments were provided with the report.</p>

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	<p>Training compliance overall is below the target of 85% and was reported as an estates department with all H&S categories as one and not split into categories.</p> <table border="1" data-bbox="408 376 1201 454"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Overall</td> <td>85</td> <td>71</td> <td style="background-color: red;"></td> </tr> </tbody> </table> <p>Estates have been requested to provide against each of the 4 categories in the next report.</p>	Course	Target %	Actual %	Compliance	Overall	85	71													
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<p>Support Services</p>	<p>The last support service management board meeting was held in 06/10/22.</p> <p>There were no new risk added to the Risk Register - Risks highlighted:</p> <ul style="list-style-type: none"> • CCTV – funding in place for some areas (ED & Pathology) • Security at Singleton SAU – Temporary resources withdrawn end of May 2022. • Car parking – Temporary parking and sustainable travel options being explored. • Mandatory training – alternative methods being explored. • Slips, trips and falls – digital solutions being explored to monitor areas. • Cleaning hours (Morrison Hospital) – funding allocated to recruit and reduce the risk. • Allergens – Action plan and training in place. <p>Incidents to staff reported in month</p> <ul style="list-style-type: none"> • No RIDDOR's reported <p>10 Incidents to staff in September 2022</p> <ul style="list-style-type: none"> • 4 accident/Injury • 2 violence & aggression including behaviour • 1 Equipment, Devices • 1 Information & Technology • 1 Nutrition & Hygiene • 1 Assessment, Investigation, Diagnosis <p>Overall incidents reported have decreased.</p> <p>Mandatory training compliance:</p> <table border="1" data-bbox="408 1765 1201 1955"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>67</td> <td style="background-color: red;"></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>73</td> <td style="background-color: red;"></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>68</td> <td style="background-color: red;"></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>91</td> <td style="background-color: lightgreen;"></td> </tr> </tbody> </table>	Course	Target %	Actual %	Compliance	Fire Safety	85	67		Health & Safety	85	73		Manual Handling	85	68		Violence & Aggression	85	91	
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Item	Comments																																															
	<p>Systems are in place to increase mandatory training compliance to achieve minimum 85% target.</p> <ul style="list-style-type: none"> The department has set up a fire governance group to monitor overall fire compliance 																																															
Health and Safety Alerts (MDA)	<p>A total of five Local Security Notices (LSNs) were received this month and out of the five LSN's only NPT and Singleton Hospitals responded and actioned, with the other service groups providing no response at the time of the report.</p> <p>The task & finish group that has been set up continues to work through the process to address the gaps identified in the NWSSP alert audit.</p>																																															
Policies with Health and Safety Implications	<ul style="list-style-type: none"> There were two policies submitted to the group: Managing contractors policy – please see 4.1.1 Violence and aggression policy – please see 4.1.2 <p>No additional comments were provided from the HSOG and recommended these be put to the HSC for approval.</p>																																															
Trade Unions	<ul style="list-style-type: none"> No topics were raised 																																															
Incident Reporting & Lessons Learned	<p>Incident type and severity for Q2:</p> <table border="1"> <thead> <tr> <th>Severity</th> <th>None</th> <th>Low</th> <th>Moderate</th> <th>Severe</th> <th>Major</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Number</td> <td>223</td> <td>238</td> <td>66</td> <td>7</td> <td>0</td> <td>534</td> </tr> </tbody> </table> <p>There were 11 RIDDOR incident reported in Q2 2022 (Table 1).</p> <table border="1"> <thead> <tr> <th rowspan="2">Incident Type</th> <th colspan="3">Service Group</th> <th rowspan="2">Total</th> </tr> <tr> <th>MGH</th> <th>MH_LD</th> <th>PC_Comm</th> </tr> </thead> <tbody> <tr> <td>Ergonomic</td> <td>1</td> <td>2</td> <td></td> <td>3</td> </tr> <tr> <td>Manual Handling Patient Load</td> <td></td> <td></td> <td>1</td> <td>1</td> </tr> <tr> <td>STF</td> <td>2</td> <td></td> <td>1</td> <td>3</td> </tr> <tr> <td>Struck by moving object</td> <td>1</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Total</td> <td>6</td> <td>3</td> <td>2</td> <td>11</td> </tr> </tbody> </table> <p>Nine of the incidents were reported in the required statutory time frame with four being outside the required time. Information on the incidents reported is available should committee members wish to view it.</p> <p>Two RIDDOR training sessions provided during this period and has been well received.</p>	Severity	None	Low	Moderate	Severe	Major	Total	Number	223	238	66	7	0	534	Incident Type	Service Group			Total	MGH	MH_LD	PC_Comm	Ergonomic	1	2		3	Manual Handling Patient Load			1	1	STF	2		1	3	Struck by moving object	1			1	Total	6	3	2	11
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Deep Dive review	<p>The deep dive covered at the HSOG was Fire Safety Management</p>																																															

Item	Comments
<p>Overview</p>	<p>Questions were circulated to the Service Groups/HSOG prior to the meeting to enable appropriate investigation/review to provide answers/updates.</p> <p>Responses were received from NPTSSG – MH&LD, Support Services and HQ, no responses were provided by PC&TSG or Morriston SG.</p> <p>There were variances in the responses that are shown in blue text against each of the questions listed:</p> <ul style="list-style-type: none"> • Do you know where the fire safety policy is and has this been shared with the SG? <i>NPTHSSG – Although the majority were aware, there appeared to be some confusion in the requirement to have a fire policy for each site, rather than referencing the HB Fire Safety Policy and local procedures.</i> • Who are the designated responsible person/designated contact for fire (Site/department/ward)? <i>Overall the majority were clear on this, with a little confusion in some areas identifying fire wardens as being responsible.</i> • How many fire risk assessments are scheduled for your area? <i>Good overall response on numbers with lists provided.</i> • How are actions signed off from the FRA from an operational perspective? <i>Tours/meetings with fire advisors – monthly/quarterly meetings, communications with estates.</i> • Do you undertake fire drills? <i>No actual fire drill undertaken in the main sites, only table top or walk through based on scenarios with fire safety team. HQ – yes 6 monthly.</i> • Do all areas have local fire procedures/action cards? <i>Majority of areas have local procedures/action cards in place, any outstanding are being addressed following this deep dive.</i> • Are fire wardens trained? <i>Yes, where identified as not receiving training, these are put forward for the training.</i> • What is the current online fire safety training compliance? <i>This has been provided in the main section of the key issues report and ranges from 67% - 87% compliance.</i> • Have any fire safety audits been undertaken? <i>Yes by the fire safety team.</i> • How many fire incidents have been reported? <i>This varied between sites. Causes of the fire alarm activation:</i> <ul style="list-style-type: none"> ➢ <i>Smoke from candles</i> ➢ <i>Cooking – burnt toast</i> ➢ <i>Cooking – unattended</i> ➢ <i>Aerosol – accidental</i> ➢ <i>MCP broken by accidental impact</i> ➢ <i>Faulty alarm panel</i> • Has there been any fire and rescue activity on site and did it result in follow up action? <i>MH&LD following fire at Clyne ward,</i>

Item	Comments
	<p>Cefn Coed Hospital – PC&TSG following site visit to Cimla hospital.</p> <ul style="list-style-type: none"> • Is the fire alarm maintained, please provide evidence? <i>All deep dives received indicated yes, with evidence provided.</i> • Are there fire extinguishers in place and are they serviced? <i>All deep dives received indicated yes, with evidence provided.</i> • Is there emergency lighting in place and regularly maintained? <i>All deep dives received indicated yes, with evidence provided.</i> <p>All SG’s agreed that the deep dive for Fire was again beneficial and has enabled them to identify gaps and also learn from others following the various discussions generated from the deep dive to share good practice highlighted and looking to see how mitigations can be put in place to close any gaps in systems to minimise risk.</p>
Health & Safety Risk Register	<ul style="list-style-type: none"> • The health & Safety risk register was reviewed and there were no significant changes.
Fire Safety Group	Minutes of the Fire Safety Group are provided in 4.1.3
AOB	MP stated Mid and West Wales Fire and Rescue Service have visited Cimla hospital and have issued a letter of fire safety matters with a limited number of actions and they do not plan to re-inspect.

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
- **APPROVE** the managing contractors and violence and aggressions policies

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	This is a routine report to committee	
Appendices	Appendix 1 – Managing Contractors Policy Appendix 2 – Violence and Aggression Policy	

