



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



HEALTH AND SAFETY IMPROVEMENT PLAN 2019-2020



Health and Safety Improvement Plan 2019-2020

1.	Target	To have Health and Safety owned and effectively managed at all levels of the Health Board
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Leadership & Accountability						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
1.1	HSE Improvement Notices Further to the Health & Safety Executive (HSE) Improvement Notices received in 2018, review, strengthen and develop arrangements for the management of violence and aggression, management of manual handling and the process for reporting incidents and sharing lessons learned.	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> The Health Board has been proactive in addressing the issues raised and is working with the HSE and trade unions to address and improve the issues raised to ensure that all aspects of the enforcement notices are appropriately addressed by the September 2019 deadline. A dedicated Health and Safety Improvement task and finish group has been established to develop, oversee and implement a specific action plan to address all of the recommendations received from the HSE. 		
1.2	Health & Safety Policies Review and update all Health Board health and Safety Policies and procedures to ensure they are up to date and provide clear guidance for staff on processes to follow and risk assessments.	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> A review of all health and safety related policies has commenced which includes benchmarking the policy against industry best practice, updating logo and references to SBUHB and signposting to risk assessment templates as required. A review of the health and a safety section of the staff intranet has commenced which will include mapping all policies across to the list of policies The Head of Health and Safety will write to all Directors to advise them to review any health and safety related clinical policies and ensure that they are kept up to date and that are available to access via the intranet. 		

1.3	Health and Safety Governance Structure Review the existing health and safety governance structure, to include leadership, TOR, attendance and function of Operational Health and Safety Committee (Ops H&S Comm.)	July 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Responsibility for the health and safety portfolio has transferred from the Director of Strategy to the Director of Nursing and Patient Experience. An interim Head of Compliance who has been appointed on secondment and is working with the Head of Health and safety to review of health and safety governance matters. The health and safety governance review will review existing structures and make recommendations to strengthen and develop compliance. 	<i>*from 2018-2019 action</i>	
1.4	Management of H&S at Service Delivery Units/Non-Units The central Health and Safety Team to work with individual Units to develop effective systems to manage health and safety and effective reporting to the Health and Safety Operational Group.	Sept 2019	Unit Directors	<ul style="list-style-type: none"> It has been identified that there are inconsistent processes in place for managing health and safety matters, meetings etc at individual Unit sites. The health and safety governance review will review existing structures and make recommendations to strengthen and develop compliance. Unit Health and Safety committees and groups performing differently. Frequent poor Individual units to ensure they have a dedicated health and safety improvement plan accompanied by a risk register to demonstrate improved management of local risks 	<i>*from 2018-2019 action</i>	
1.5	H&S Risk Register Review the health and safety risk register and to develop a revised that register that more closely aligns with the new overarching Health Board risk register.	July 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the risks on health and safety risk register and update to reflect the current risk position Review the template for the health and safety risk register and develop a new template based on the new overarching Health Board risk register. Ensure that the risks are reflected in the Health and Safety Improvement plan for 2019-2020 		
1.6	Estates Management Review the existing estates management arrangements for all sites within SBUHB and identify lead officers for holding and owning responsibility for health and safety compliance on the site.	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> A review of the existing estates management arrangements for all sites within SBUHB to be undertaken in June 2019. 		

1.7	Security Review the existing security management arrangements for all sites within SBUHB and identify lead officers for holding and owning responsibility for security management (incl CCTV) on each site.	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> A specific review of security arrangements has commenced and will be completed by July 2019 		
1.8	Health and Safety Structure Review corporate resources for the management of health, safety and fire to ensure they are fit for purpose	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Following on from the Bridgend Boundary transfer 1 April 2019, a number of health and safety roles transferred to Cwm Taf Morgannwg UHB and a review if the resource required to effectively manage health and safety matters for SBUHB will be undertaken to ensure that health and safety can be managed effectively in the long-term. 		

Competent People							
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status		
1.9	Statutory and Mandatory Training Develop a strategy and competency pathways for the health and safety related online modules of the NHS Wales Core Skills Training Framework (CSTF) on ESR	Nov 2019	Director of Nursing & Patient Experience/ Unit Directors	<ul style="list-style-type: none"> It is a mandatory requirement that all staff within NHS Wales complete the CSTF. Monitor % compliance with CSTF at each Health and Safety Operational group and Unit Health and Safety meeting. Introduce a guidance for line managers to implement specific training and competency systems affecting their areas of control Review resources, training methods etc. to provide initial competency and to maintain those skills 			
1.10	H&S Role Related Training Undertake a review of which staff require additional health and safety related training linked to the duties of their job. Review arrangements to ensure managers are competent to	Jan 2020	Director of Nursing & Patient Experience/ Unit Directors	<ul style="list-style-type: none"> The Head of Health and Safety to work with Unit Directors to develop a health and safety specific management training scheme to identify staff who require additional h&s training and to track and monitor compliance to ensure that training competencies are kept up to date. Review training and competency arrangements in principle areas of health and safety risk to ensure that they are effective, e.g. COSHH 	<i>*from 2018-2019 action</i>		

	control health and safety in their areas of responsibility					
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Compliance Assurance						
Recommendation		Timescale	Lead Executive	Current position	Risk Reference	Status
1.11	H&S Training Dashboard Review current arrangements for the identification of, delivery, recording monitoring etc of H&S training and competencies	Jan 2020	Director of Nursing & Patient Experience/ Unit Directors	<ul style="list-style-type: none"> It is a mandatory requirement that all staff within NHS Wales complete the CSTF. Monitor % compliance with CSTF at each Health and Safety Operational group and Unit Health and Safety meeting. Introduce a health and safety training compliance dashboard to monitor % compliance and training gaps across different sites. 	<i>*from 2018-2019 action</i>	
1.12	Legislative and Regulatory Inspections Ensure that all formal reports received from legislative and regulatory bodies relating to health and safety are correctly managed and all relevant issues are addressed as appropriate to maintain health and safety compliance	March 2020	Director of Nursing & Patient Experience/ Unit Directors	<ul style="list-style-type: none"> Ensure that the Health and Safety Committee are kept abreast of any legislative and regulatory body reports received, including internal audit, HSE, SWFRS, and that the Committee are given routine updates on plans to address any recommendations Made. 		
1.13	Deep Dive – Key Risks Develop a programme of deep dive sessions to review key risk topics for the Health Board, with the initial report being received by the Health and Safety Operational Group	Oct 2019	Director of Nursing & Patient Experience/ Unit Directors	<ul style="list-style-type: none"> Develop a forward plan of business for the Health and Safety operational Group to include a forward plan for deep dive sessions to focus on key areas of health and safety risk for the directorates. Continue to include updates from unit directorates to the Health and Safety Committee and include specific deep dive sessions on key risks if required. Develop programme of review of key risk topics for 		

				Units with initial report to Unit Health and Safety Groups		
1.14	Unit Health and Safety Improvement plans Introduce unit specific health and safety improvement plans to monitor local risks.	Dec 2019	Director of Nursing & Patient Experience/ Unit Directors	<ul style="list-style-type: none"> Develop unit specific health and safety improvement plans to monitor local risks. Progress against plans to be monitored by the Health and Safety Operational Group. 		
1.15	DSE Assessments Ensure that a regular plan for undertaking Display Screen Assessments (DSE) across each HB site is in place, and includes arrangements for new starters	March 2020	Director of Nursing & Patient Experience/ Unit Directors	<ul style="list-style-type: none"> Reviewing existing policy and process for undertaking DSE assessments Monitor and track DSE assessment completion through the Health & Safety Operational group 	<i>*from 2018-2019 action</i>	

Risk Management						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
1.16	Health and Safety Risk Register Review the health and safety risk register and to develop a revised that register that more closely aligns with the new overarching Health Board risk register.	Nov 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the risks on health and safety risk register and update to reflect the current risk position Review the template for the health and safety risk register and develop a new template based on the new overarching Health Board risk register. Ensure that the risks are reflected in the Health and Safety Improvement plan for 2019-2020. Ensure that any high risks are escalated to the Executive team to consider if the risk needs to be included on the Health Board Risk Register. To be a standing item on the agenda for the Health and Safety Committee and the Health and Safety operational group 	<i>*from 2018-2019 action</i>	

1.17	Unit H&S Risk Registers Review the risks include don the existing unit h&s risk registers and develop a new risk register template for nits to use.	Nov 2019	Units	<ul style="list-style-type: none"> Review the risks on the unit health and safety risk registers and update to reflect the current risk position Introduce a new template for the unit health and safety risk register based on the new overarching health and safety risk register. To be a standing item on the agenda for the Health and Safety operational group and individual Unit health and safety meetings 		
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Learning From Events						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
1.18	Incident Reporting Policy Review the incident reporting policy and associated procedures and guidance to ensure they are up to date and clearly signpost what staff should do to report an incident.	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> As part of the broader review of health and safety related policies, review the existing incident reporting policy and associated procedures to ensure that there are clear processes in place and that the process to follow to report an incident is clear to staff. 	<i>*from 2018-2019 action</i>	
1.19	Incident Reporting Analysis Undertake routine data analysis of health and safety incidents and near misses reported via the Datix system	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Undertake a review of the health and safety incidents/near misses reported on Datix and analyse root cause and coding intelligence Develop a code book for staff to support them in inputting the correct code for specific incidents 	<i>*from 2018-2019 action</i>	
1.20	Incident Reporting Investigations Sample quality of investigation of H&S incidents including lessons learnt, action taken etc	March 2020	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Undertake a review of the process in place for health and safety investigations to assess consistency in process and practice. Develop guidance and template for staff to use in the process of investigations Ensure that incident investigations is a standards item on the agenda for the Health and Safety Operational group and Unit h&s meetings 	<i>*from 2018-2019 action</i>	

1.21	Lessons Learned from Claims Share lessons learned from pan NHS Wales claims management experience for health and safety	March 2020	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Include the NHS Wales Shared Services Partnership's Legal and Risk services team's personal injury summary report 	<i>*from 2018-2019 action</i>	
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Asset Management							
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status		
1.22	Electrical Equipment Asset Management Undertake a review of electrical equipment asset management	March 2020	Unit Directors	<ul style="list-style-type: none"> Relevant health and safety groups need to understand the risks profile of equipment and other systems (e.g. building safety for fire). All Groups with Health and Safety responsibilities to undertake review of systems to ensure equipment and other assets are safe and compliant 			
1.23	Equipment Risk Assessments Improve the use of risk assessments to inform capital programmes	March 2020	All	<ul style="list-style-type: none"> Relevant health and safety groups need to understand the risks profile of equipment and other systems and to manage risks associated with replacement/upgrading programmes 	<i>*from 2018-2019 action</i>		
1.24	Electrical Safety Testing Further review of dynamic air mattress systems to reduce risk of electric shock	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Action taken to comply with HSE notice January 2019 but need to ensure protection arrangements are comprehensive and are embedded at Unit level 			

Managing Contractors						
Recommendation		Timescale	Lead Executive	Current position	Risk Reference	Status
1.25	Contractor Management Ensure contractor management is effective at all levels of the organisation	March 2020	Director of Nursing & Patient Experience Director Operations Director Strategy Units	<ul style="list-style-type: none"> Undertake a review of the relevant policy Identify lessons to be learnt from recent serious incidents in other Health boards and introduce changes as required 	<i>*from 2018-2019 action</i>	

Communications						
Recommendation		Timescale	Lead Executive	Current position	Risk Reference	Status
1.26	Health And Safety Operational Group Review the governance framework for the Health And Safety Operational Group	Oct 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Undertake a review of the governance framework for the health and safety operational group, to include review of membership, terms of reference, reporting lines and agenda items 	<i>*from 2018-2019 action</i>	
1.27	H&S Section Intranet Review the h&s related content on the staff intranet to ensure it is up to date, relevant and presented in a user friendly format	Dec 2019	Head of Health and Safety	<ul style="list-style-type: none"> Undertake a desktop review of the h&s section of the intranet and develop a plan to update information. Review and update all Health Board health and Safety Policies and procedures to ensure they are up to date and provide clear guidance for staff on processes to follow and risk assessments 	<i>*from 2018-2019 action</i>	
1.28	Health & Safety Newsletter Introduce a quarterly newsletter to publicise important health and safety information to staff and patients	July 2019	Head of Health and Safety	<ul style="list-style-type: none"> Develop a template for a h&s newsletter and issue a quarterly publication to include articles on lessons learned from incidents, health and safety articles, guidance on accessing ESR, datix etc 		

Emergency Preparedness						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
1.29	H&S Emergency Procedures Where necessary (e.g. from risk assessments) have in place appropriate emergency procedures e.g. for spillages etc.	Mar 2020	Units	<ul style="list-style-type: none"> Undertake a review of all health and safety related policies and procedures to ensure there is comprehensive system is in place for all levels of the organisation including site and individual wards and departments, e.g. Firearms incident policy, First aid policy Meet with the Emergency Planning, Preparedness and Resilience (EPPR) team to review the health and safety elements of business continuity plans 	<i>*from 2018-2019 action</i>	
1.30	Review first aid provision	Mar 2020	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Further to the review undertaken in 2018-2019, which identified that there was reasonable first aid provision in place, undertake a further review in 2019-2020 to identify any gaps in compliance and areas for improvement. 	<i>*from 2018-2019 action</i>	

Measuring Performance						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
1.31	Key Performance Indicator's Identify, maintain and use Key Performance Indicators (KPI) for SBUHB Operational H&S Group and Unit H&S Groups	Mar 2020	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Undertake a review of the existing health and safety related KPIs and assess if they are relevant, need to be modified or if new KPI's are required. Following the KPI review develop h&s related KPI's for Units to report to the Health and Safety Operational group 	<i>*from 2018-2019 action</i>	

2.	Target	To have Fire Safety owned and effectively managed at all levels of the Health Board
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Leadership & Accountability						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
2.1 Fire Safety Management Systems Review corporate fire safety management systems and necessary resources to effectively manage fire safety	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Undertake a review of the existing resources to ensure there is adequate sustainable resource to provide a comprehensive service to support corporate and unit requirements 			
2.2 Fire Wardens Ensure Units have appropriate identified staff to manage fire safety issues in their areas of control	Sept 2019	Units	<ul style="list-style-type: none"> Assess who has responsibility for fire safety management within the Units including the development of emergency plans, site management etc. Work with the Fire & Rescue Service to ensure they are aware of current local Unit fire safety policies 			
2.3 H&S Operational Group All management areas to demonstrate the effective management of fire safety	Sept 2019	Units	<ul style="list-style-type: none"> Fire safety to be a standing item on the agenda for the Health and Safety operational groups and the Unit h&s groups 	<i>*from 2018-2019 action</i>		
2.4 H&S Unit Meetings Develop key actions that demonstrate the management of fire at ward and departmental level	Sept 2019	Units	<ul style="list-style-type: none"> Review the list of fire wardens at ward and departmental level required Fire safety to form part of the work of Unit Health and Safety groups 	<i>*from 2018-2019 action</i>		

Competent People						
Recommendation		Timescale	Lead Executive	Current position	Risk Reference	Status
2.5	Fire Safety Training – All Staff Review arrangements to ensure clear policy regarding fire safety training and maintenance of competencies	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the existing fire safety training in place at each unit to ensure that it references local evacuation plans etc and tests that necessary competencies have been achieved etc. Identify any challenges relating to fire safety training, e.g. Inability to release nursing staff in some areas to attend formal training sessions The lessons learned from the fire at Ward 12 Singleton fire in 2019 need to be incorporated into fire management systems 	<i>*from 2018-2019 action</i>	
2.6	Fire Safety Training – Fire Wardens Support managers so that they are fully aware of their role in fire safety management	March 2020	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the existing fire safety training in place at all sites ensuring that Fire wardens have up to date training and that training and awareness is in place for key managers Review the adequacy of fire warden ratios and assess if additional wardens are required, if additional training is required etc Undertake routine fire safety risk assessments and identify potential opportunities to use this system as an opportunity to raise management competency The lessons learned from the fire at Ward 12 Singleton fire in 2019 need to be incorporated into fire management systems 		

Compliance Assurance						
Recommendation		Timescale	Lead Executive	Current position	Risk Reference	Status
2.7	Fire Incident Investigations Improve the action taken following fire safety risk assessments	Dec 2019	Director of Nursing & Patient Experience Nursing/ Units	<ul style="list-style-type: none"> Review the existing process for undertaking fire safety investigations per ward/department and ensure that there are adequate monitoring systems in place. Introduce corporate monitoring of fire safety systems to give effective assurance that all actions (including low risk) have been taken 	<i>*from 2018-2019 action</i>	

				<ul style="list-style-type: none"> Ensure that the recommendations from the internal audit report on fire safety have been addressed in full (Fire Safety (follow up) (2018/2019 audit). 		
Risk Management						
Recommendation	Timescale	Lead Executive	Current position		Risk Reference	Status
2.8	Fire Safety Risk Register Maintain corporate SBUHB fire safety risk register and maintain constant review, update as necessary etc.	Oct 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the existing corporate fire safety risk register and ensure that the Unit fire related risks align with the central fire risk register. Fire safety risk included as a standing agenda item at health and safety group/Fire Safety group meetings 	<i>*from 2018-2019 action</i>	

Learning From Events						
Recommendation	Timescale	Lead Executive	Current position		Risk Reference	Status
2.9	Fire Safety Incidents Lessons Learned Improve the reporting and investigation of fire safety incidents with all events recorded effectively	Dec 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the processes in place for fire safety investigations across all sites and review the quality and consistency if investigations undertaken, with a view to providing training to staff if required. Review the lessons learned from false alarms with a view to taking positive action to eliminate or reduce the risk of a reoccurrence. 	<i>*from 2018-2019 action</i>	

Asset Management						
Recommendation	Timescale	Lead Executive	Current position		Risk Reference	Status
2.10	Fire safety Capital Investment Develop action plans for fire safety capital investment and other necessary improvements	Dec 2019	Director Strategy	<ul style="list-style-type: none"> Through the Health and Safety operational group develop action plans for fire safety capital investment and other necessary improvements Health and safety team to link in to capital discussions with strategy directorate and to keep the Health and Safety operational group updated 	<i>*from 2018-2019 action</i>	

2.11	Fire Safety Compartmentation Conduct (rolling) review of fire safety compartmentation (including above ceiling) across main sites	Mar 2020	Assistant Director Operations	<ul style="list-style-type: none"> Undertake a rolling review of fire safety compartmentation (including above ceiling across main sites) to assess the effectiveness of current building standards including changes made to compartmentation during engineering or IT upgrades etc. Review any past historical deficiencies that would not be identified through the current risk assessment programme Consider what capital monies may be required and submit bids to the capital programme allocation 	<i>*from 2018-2019 action</i>	
2.12	Fire Safety Root Case Analysis Conduct (rolling) review of fire safety cause and effect systems across main sites	Mar 2020	Director Operations	<ul style="list-style-type: none"> Review the effectiveness of current investigation arrangements including changes made to compartmentation during engineering or IT upgrades etc. Review any past historical deficiencies that would not be identified through the current risk assessment programme Consider what capital monies may be required and submit bids to the capital programme allocation 	<i>*from 2018-2019 action</i>	

Emergency Preparedness						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
2.13	Fire Safety – Business Continuity Plans Confirm all properties have an effective fire emergency plan	Dec 2019	Units	<ul style="list-style-type: none"> Review the business continuity plans in place at each site and ensure that the fire evacuation and fire safety elements of each plan are up to date and that there is clarity on who is responsible for what 	<i>*from 2018-2019 action</i>	
2.14	Fire Evacuation Plans Confirm all wards and departments have effective fire evacuation plans	Sept 2019	Units	<ul style="list-style-type: none"> Review the fire evacuation plans in place at each site and ensure that the fire evacuation and fire safety elements of each plan are up to date and that there is clarity on who is responsible for what, e.g. Personal Emergency Evacuation Plans (PEEP's) are in place, annual fire drills take place 	<i>*from 2018-2019 action</i>	

				and are evaluated		
2.15	Singleton Hospital Fire – Ward 12 Learn key messages etc. from the fire in Singleton hospital in 2019	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Incorporate good practice and lessons learnt into all SBUHB fire evacuation plans, fire safety management etc. 		

Measuring Performance						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
2.16	Fire Safety KPI's Develop capacity at Corporate level to enhance monitoring of fire safety performance including developing KPIs	Dec 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the existing fire related performance monitoring processes and ensure that it captures incidents effectively Develop the capacity within the Units etc to review their fire safety performance including developing KPIs 		
2.17	Local Fire Safety Audits Fire Safety Audit to be completed and used to inform management action	Dec 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Develop a schedule of centrally managed local fire safety audits to include properties such as clinics 	<i>*from 2018-2019 action</i>	

3.	Target	To have Manual Handling owned and effectively managed at all levels of the Health Board
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Leadership & Accountability						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
3.1	Resource and Capacity for Manual Handling Review of resources and management system to ensure it is fit for purpose	Nov 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the existing resources to inadequate to provide a comprehensive manual handling support service 		
3.2	Integrate Manual Handling Awareness Embed the management of manual handling into all levels of the Health Board	Nov 2019	Units	<ul style="list-style-type: none"> Work with the units to monitor manual handling performance on a formal and regular basis 	<i>*from 2018-2019 action</i>	

Competent People						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
3.3	Manual Handling Training Full review of manual handling training and competency system to ensure it is fit for purpose	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the manual handling training requirements for all sites to include arrangements for standard patient handling techniques Assess what bespoke training may be required in a wide variety of areas and if there are any other systems being developed locally Ensure that Manual Handling Coaches support the work of ward and departmental managers 	<i>*from 2018-2019 action</i>	

Risk Management						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
3.4	Manual Handling Risk Register Maintain and review manual handling risk register at corporate level	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Develop a specific report outlining manual handling compliance and provide updates to the Health and Safety Operational group Ensure that manual handling compliance is included on the h&s risk register 	<i>*from 2018-2019 action</i>	

Compliance Assurance						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
3.5	Manual Handling Performance Review arrangements and resources to formally monitor Health Board, Unit, ward and departmental manual handling performance	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Develop a specific report outlining manual handling compliance across the HB, wards and units and provide updates to the Health and Safety Operational group Manual handling compliance per site to be discussed at unit &s meetings 	<i>*from 2018-2019 action</i>	

Learning From Events						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
3.6	Manual Handling Incidents Maintain continuous review and effectively investigate manual handling incidents etc at all levels of SBUHB	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the format of the summary reports provided and regularly reviewed by Operational Health and Safety group and ensure that they provide accurate information o incidents reported and lessons learned Review the Datix incident reporting system and analyse the manual handling incidents that have been reported to identify any trends or inconsistencies 	<i>*from 2018-2019 action</i>	
3.7	Occupational Health Maintain continuous review of incidents and ill health associated with Musculoskeletal disorder (MSD)	Sept 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the Datix incident reporting system and analyse the manual handling incidents that have been reported to identify incidents and ill health associated with Musculoskeletal disorder (MSD) 	<i>*from 2018-2019 action</i>	

Asset Management						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
3.8	Manual Handling – Equipment Complete annual review of equipment profile in Health Board including confirmation that maintenance arrangements are still fit for purpose	Dec 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Following on from the review undertaken in 2018-2019 review progress in developing and implementing the hoist replacement programme 		

3.9	Hoists and Ligatures Replacement programme for hoists and other manual handling equipment	Dec 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Following on from the review undertaken in 2018-2019 review progress in developing and implementing the programme for hoists and other manual handling equipment 	<i>*from 2018-2019 action</i>	
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Measuring Performance						
Recommendation		Timescale	Lead Executive	Current position	Risk Reference	Status
3.10	Manual Handling – Local Inspection Develop audit programme for formal review by Health Board	March 2020	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Develop a schedule of centrally managed local manual handling audits to include properties such as clinics Recent thematic audit reviewed by the H&S Operational Group 		
3.11	Manual Handling Performance Develop arrangements for Units to review manual handling performance	March 2020	Units	<ul style="list-style-type: none"> Review the existing manual handling performance monitoring processes and ensure that it captures incidents effectively Develop the capacity within the Units etc to review their manual handling performance including developing KPIs Review the Datix incident reporting system and analyse the manual handling incidents that have been reported 		

4	Target	To have Violence and Aggression owned and effectively managed at all levels of the Health Board
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Leadership & Accountability						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
4.1	Violence & Aggression Policy Review SBUHB Violence and Aggression policy (See Section 1)	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the Violence and aggression policy ensuring that it includes guidance on undertaking workplace risk assessments and guidance n support for staff who have been affected by v&a incidents Ensure that the updated policy is included as evidence for the HSE improvement inspection in Sept 2019. 		
4.2	Violence & Aggression Awareness Incorporate the effective management of violence and aggression into the work of Units	September 2019	Units	<ul style="list-style-type: none"> Raise awareness of policies, processes and campaigns concerning v&a to staff via the intranet, posters, training and the h&s newsletter. 	<i>*from 2018-2019 action</i>	

Competent People						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
4.3	Violence & Aggression Training Improve staff safety when managing patients where aggression may be related to medical or clinical issues in acute/community hospitals	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the existing violence and aggression training programmes with a view to developing improved systems that prevent or reduce the risk of incidents. To include Dementia training, drug and alcohol training etc. which is provided in some areas but not consistently across the HB. Review the training undertaken in some areas such as ITU/recovery areas who have implemented training systems that may include elements of safe holding etc. but these may have lapsed for a variety of reasons 	<i>*from 2018-2019 action</i>	

4.4	All Wales Restraint Procedure Implement where required new training models developed as part of the all Wales restraint procedure review	September 2019	Units	<ul style="list-style-type: none"> Review the variety of Mental Health/LD training schemes that include safe systems of restraint Raise awareness of the All Wales restraint procedure has a target to reduce the numbers of incidents where restraint required Consider the potential impact on other units where safe handling required for clinical safety e.g. ITU and Recovery 		
4.5	Training Needs Analysis Produce training needs analysis for each ward and department to confirm training pathway	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Undertake a formal training needs analysis with a view to ensuring that there is a consistent approach in place across the HB Review and consider the feedback from the HSE improvement report which suggested that there was potential confusion with manager's understanding of the system 		

Compliance Assurance						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
4.6	Violence & Aggression Operational Performance Operational H&S Group to maintain constant review of V&A performance	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the existing violence and aggression performance monitoring processes and ensure that it captures incidents effectively Ensure that Incident reports and key lessons learnt are shared with the Health and Safety Operational group Develop a schedule of centrally managed local violence and aggression audits to include properties such as clinics 		
4.7	Violence & Aggression Unit Performance Units to maintain constant review of V&A performance	September 2019	Units	<ul style="list-style-type: none"> Review the existing violence and aggression performance monitoring processes at each unit and ensure that it captures incidents effectively Ensure that Incident reports and key lessons learnt are shared at the Unit Health and Safety meetings and are brought to the attention of staff as required 		

4.8	Violence & Aggression Internal Review Undertake internal reviews Annual Thematic report to ABMU Health and Safety Committee	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Develop a schedule of centrally managed local violence and aggression audits to include properties such as clinics and provide an annual thematic report to the Health and Safety Committee for assurance 	<i>*from 2018-2019 action</i>	
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Risk Management

Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
4.9	Risk Register Understand risks, control measures and training needs for individual staff groups and associated patient groups	September 2019	Units	<ul style="list-style-type: none"> Various systems of risk control in place including specialised training based upon risk profile of areas etc. Review unit risk registers and datix reports to assess if risks and control measures are recorded effectively 	<i>*from 2018-2019 action</i>	

Learning From Events

Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
4.10	Lessons Learned Operational H&S Group to maintain constant review of SBUHB trends, quality of investigations etc.	Nov 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the processes in place for v&a investigations across all sites and review the quality and consistency of investigations undertaken, with a view to providing training to staff if required. The group to provide regular reports to the health and safety committee 		
4.11	Lessons Learned Unit H&S Groups to maintain constant review of SBUHB trends, quality of investigations etc.	Nov 2019	Units	<ul style="list-style-type: none"> Review the processes in place for v&a investigations across all sites and review the quality and consistency of investigations undertaken, with a view to providing training to staff if required Units to provide regular reports to the h&s operational group to include an assessment of the quality of investigations undertaken 		

4.12	Investigation and Case Review Review resources etc. necessary for effective Case Management system including systems to review all Health Board incidents and respond accordingly	Nov 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Following the introduction of the New all-Wales procedures review the emphasis on the role of Case Management to support wards and departments 		
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Staff Well Being						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
4.13	Staff Welfare Concern expressed within the HSE improvement notice that the effects of levels of violence and aggression and the impact on staff welfare are not managed effectively	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the violence and aggression policy and ensure that it includes clear guidance on what support can be offered to staff following v&a incidents, e.g. occupational health services, counselling services etc Review the processes in place for v&a investigations across all sites and review the quality and consistency of investigations undertaken, with a view to providing training to staff if required. Arrange Case manager support including during any legal processes if required 		

Emergency Preparedness						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
4.14	Lone Worker Policy Review lone worker arrangements procedure etc. for Health Board	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the Lone worker policy and ensure that it includes clear guidance and a risk assessment template to safeguard lone workers 	<i>*from 2018-2019 action</i>	
4.15	Lone Worker Risk Assessment Review local lone worker arrangements, risk assessments procedure etc. for staff groups, risks etc.	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the Lone worker policy and ensure that it includes clear guidance and a risk assessment template to safeguard lone workers Asses what support and resources are required to support lone workers 		

4.16	Clinical Information Systems Review potential for clinical information systems being developed for community etc. staff to improve lone worker protection	March 2020	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> The Health and Safety team to work with the clinical information team to further develop the work already undertaken to consider how clinical information systems can support lone workers in the community 		
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5	Target	To have COSHH owned and effectively managed at all levels of the Health Board
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Leadership & Accountability					
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Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status
5.1 COSHH Procedure Develop COSHH Procedure which includes guidance on undertaking assessments	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Introduce a Control of Substances Hazardous to Health (COSHH) procedure providing clear guidance on processes and procedures to follow including undertaking risk assessments 		

Competent People					
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Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status
5.2 COSHH Training Determine training requirements for groups of staff	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Undertake a review of the existing COSHH training provision arrangements and ensure that all relevant staff received COSHH training and that training compliance is monitored through the H&S operational group. ensure that COSHH assessments have been carried out for all work processes involving hazardous materials and that these are readily accessible at the workplace Managers must provide their staff and visitors with suitable information, instruction and training about: <ul style="list-style-type: none"> the nature of the substances they work with, or are exposed to, and the risks created by exposure to these substances the precautions they should take control measures, their purpose and how to use them how to use personal protective equipment and clothing provided emergency procedures. 	<i>*from 2018-2019 action</i>	

Risk Management						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
5.3	COSSH Risk assessments Review existing COSSH arrangements and ensure that there is robust risk assessment process in place.	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Undertake a review of the existing COSSH training provision arrangements and ensure that all relevant staff received COSSH training and that training compliance is monitored through the H&s operational group. ensure that COSHH assessments have been carried out for all work processes involving hazardous materials and that these are readily accessible at the workplace 	<i>*from 2018-2019 action</i>	

Learning From Events						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
5.4	Learning for COSSH Incidents Review all chemical safety and biological safety incidents	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Undertake a review of all incidents and near misses concerning chemical safety and biological safety incidents and identify any trends or lesson learned to prevent a reoccurrence Provide routine reports to the h&s operational group on lesson learned and serious incidents reported. 		

6	Target	To have Display Screen Equipment owned and effectively managed at all levels of the Health Board
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Leadership & Accountability					
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status
6.1 DSE Procedure Review the existing Display Screen Equipment Procedures (DSE) protect employees and others, so far as is reasonably practicable, from the risks associated with display screen equipment	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the DSE procedure and ensure that it provides clear guidance on undertaking DSE assessments, to include mobile workers. Ensure that there is a clear DSE risk assessment/checklist in place for DSE assessors to undertake consistent workplace assessments 	<i>*from 2018-2019 action</i>	

Competent People					
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status
6.2 DSE Assessment Awareness Managers to understand the safety arrangements for display screen equipment	September 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Review the DSE procedure and ensure that it provides clear guidance on undertaking DSE assessments, to include mobile workers Raise awareness of the DSE process through the h&s newsletter and the staff intranet 	<i>*from 2018-2019 action</i>	

Risk Management					
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status
6.3 DSE Risks Undertake an audit to assess how many staff have received a DSE assessment including new starters	Nov 2019	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Undertake an audit of the DSE assessments undertaken. The procedure applies to display screen equipment used in offices, reception areas/interview rooms (where public security issues may also need to be considered), when working in the community, in other employer's workplaces and when home working. It also applies to shared 	<i>*from 2018-2019 action</i>	

				workstations, hot-desks and situations where people regularly use a number of different workstations.		
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Learning From Events						
Recommendation	Timescale	Lead Executive	Current position	Risk Reference	Status	
6.4	Lessons Learned Operational H&S Group to maintain constant review of DSE assessment compliance.	March 2020	Director Nursing	<ul style="list-style-type: none"> Review the number of occupational health referrals associated with DSE assessments and assess if the HB could do more to support staff. 		