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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	02 June 2020	Agenda Item	2.6
Report Title	Health & Safety Operational Group Key Issues Report		
Report Author	Mark Parsons, Interim Assistant Director of Health & Safety		
Report Sponsor	Gareth Howells, Director of Nursing and Patient Experience		
Presented by	Mark Parsons, Interim 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 12 May 2020.		
Key Issues	<ul style="list-style-type: none"> • The Health and Safety Operational group meets on a quarterly basis and reports to the Health & Safety Committee. • A range of reviewed and updated policies and procedures were endorsed for ratification. • A reviewed Health & Safety Strategic plan updated for endorsed. • PPE report outlining arrangements presented and discussed. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the report, • ENDORSE the policies and procedures, • DISCUSS and NOTE the Health and Safety Strategic plan for 2020/21 and the Health & Safety Annual Action Plan final position 2019/20.Improvement Plan for 2019-2020. 		

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 12th May 2020.

2. BACKGROUND

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

2.1 HEALTH & SAFETY OPERATIONAL GROUP MEETING 12 May 2020

a. Health & Safety Operational Group

In line with the Health & Safety Operational group terms of reference reports were received from all units. Apologise received from support services due to operational pressures relating to COVID-19. The meeting was via teams to minimise unnecessary travel and adhere to social distancing.

b. Unit Director Updates

Individual Unit Directors provided updates on health and safety issues within their respective areas. Health and Safety updates were also received from the Estates, Support Services, Security and HQ Corporate departments. Key elements are set out in the table below:

Item	Comments
Singleton Unit	<ul style="list-style-type: none">• Cladding – cladding still remains as one of the main risks to the Singleton Site. Phase two covering the front elevation removal and replacement work tender has been awarded, with initial site meetings and background planning continuing to ensure the health board can progress the works in Q3/Q4, this will depend on the requirements to comply with covid-19 regulations. .• COVID-19 feature significantly in the update, with specific risks uploaded to the unit risk register<ul style="list-style-type: none">- Healthcare associated transmission of COVID-19- Availability of PPE- SSDU COVID related risks – delays to routine care – changes to provision of care & focus on urgent care- Use of West ward block entrance for potential COVID-19 patients to ward 16- Social distancingMitigation actions developed where practicable to do so and all risks monitored through silver command.• Development and implementation of Singleton Hospital COVID-19 Silver On-Call Standard Operation Procedure.

	<ul style="list-style-type: none"> • Overall due to the reduced number of patients and staff, incidents have fallen with 116 reported 01/01/20 – 30/04/20. • RIDDOR reports identified and discussed. • Routine meetings cancelled due to demands of COVID-19. • Training is being maintained where possible and current compliance for H&S related training at XX% • No significant PPE issues reported, with confirmation that PPE has always been available, however, on occasions it was on a just in time basis.
Morrison Unit	<ul style="list-style-type: none"> • COVID-19 feature significantly in the update, with specific risks uploaded to the unit risk register <ul style="list-style-type: none"> - Healthcare acquired infection of COVID-19 on Morrison site – staff. - Healthcare acquired infection of COVID-19 on Morrison site – patients - Inability to sustain and provide an appropriate clinical/non-clinical response to national and organisational statutory & regulatory performance measures due to redeploy/reallocate resources due to COVID-19 work streams. <p>Mitigation actions developed where practicable to do so and all risks monitored through silver command.</p> • Development and implementation of Morrison Hospital COVID-19 specific action plan. • There were a total of 284 incidents reporting in April 2020. This volume presents a significant reduction in the volume of incident reporting and is below the expected level for both March & April 2020. The reduction is largely in relation to the Emergency Department. • RIDDOR reports identified and discussed, particularly around completion of documentation and latest HSE guidance providing explicit advice on the reporting requirement for RIDDOR during the COVID-19 pandemic. • Routine meetings cancelled due to demands of COVID-19. • Training is being maintained where possible and current compliance for H&S related training at XX% • No significant PPE issues reported, with confirmation that PPE has always been available, however, on occasions it was on a just in time basis.
Neath Port Talbot Unit	<ul style="list-style-type: none"> • There were no new risks identified, although risks relating to COVID have been recognised, with action plans in place to manage.

	<ul style="list-style-type: none"> • Current risks include: <ul style="list-style-type: none"> - Risk of harm to staff by violence and aggression from patients, which could result in physical harm to staff and poor patient experience - Actual and potential breaches in the fire compartments within NPTH site - Site safety issues relating to safety around the lake - Site safety issues relating to safety within the hospital re patients using the space to harm themselves. - Transportation of liquid nitrogen for WFI <p>Controls have been put in place to minimise the risks.</p> <ul style="list-style-type: none"> • No fluctuation in staff, incidents reported 01/01/20 – 30/04/20, with 90 staff incidents reported during this period. • Training is being maintained where possible and current compliance for H&S related training at 88.5%. • No significant PPE issues reported, with confirmation that PPE has always been available, however, on occasions it was on a just in time basis.
Primary Care and Community Car Unit	<ul style="list-style-type: none"> • HMP Swansea: PAVA looking to go live at the end of summer in Swansea HMP. Clinical pathway was being reviewed based on Royal Physicians nationally agreed clinical pathway, N.B. Brought forward due to potential unrest in HMP due to COVID-19. • COVID-19 risks have been identified, with action plans in place to monitor control measures. • Good progress with field hospitals with regular meetings keeping all stakeholders informed. • Fire wardens – need for Unit to maintain a Fire Warden Register with contingency planning when staff away/leave. • Fire Risk Assessments for Health Board owned buildings; the need for the Unit to identify fire officers, and ensure they have appropriate training and clarity of responsibilities. Support will be provided by the Health & Safety Team. • There were 98 staff incidents reported 01/01/20 – 30/04/20. • Training is being maintained where possible and current compliance for H&S related training at 85%. • No significant PPE issues reported, with confirmation that PPE has always been available, however, on occasions it was on a just in time basis.
Mental Health & Learning Disabilities Unit	<ul style="list-style-type: none"> • There were no new risks identified, although risks relating to COVID have been recognised, with action plans in place to manage.

	<ul style="list-style-type: none"> • There were no incidents that met the criteria for RIDDOR during the period January and February 2020 and therefore there were no incidents reported. • Risks on the risk register include: 683 – Violence and Aggression – Offending History patients; 1389 – Child bearing staff members; 1432 – Fire on wards (different handler/manager for each locality); 1436 – Violence and Aggression towards staff from patients; 1440 – Staff health and morale. • 2062 – Caswell Clinic Security Issues – The alarm system requires updating as it is no longer meeting the security needs of staff. <p>All risks are being monitored locally, with controls in place to mitigate as far as is reasonably practicable, next full review taking place in June 2020.</p> <ul style="list-style-type: none"> • No significant PPE issues reported, with confirmation that PPE has always been available, however, on occasions it was on a just in time basis. • Incidents reported for the reporting period 01/01/20 – 30/04/20 is 439. This was for patient & staff, no further breakdown presented. Detail of staff incidents to be submitted to the next meeting. • Training is being maintained where possible and current compliance for H&S related training at 89%.
HQ Baglan	<ul style="list-style-type: none"> • HQ health and safety group terms of reference agreed. • COVID-19 challenges within HQ Baglan – conversion of some rooms to store items donated through amazon and other routes for donations. • Accommodation of storage containers to provide central store to house PPE for the health board. • Introduction of new ways of working to adhere to essential travel only and social distancing. • No staff incidents reported during the period 01/01/20 – 31/03/20 • Risk identified – complying social distancing within HQ, Baglan.
Estates Management	<ul style="list-style-type: none"> • There were no new risks identified, although risks relating to COVID have been recognised, with action plans in place to manage where practicable to do so. • Significant works have been completed during the last two/three months that has impacted on normal business. • COVID-19 has further highlighted current resources are insufficient in a number of areas in estates to meet the demands of workload to maintain compliance. • Routine meetings cancelled due to demands of COVID-19.

	<ul style="list-style-type: none"> • Confusion over PPE requirements, with guidance updated on a regular basis and with different interpretations, led to confusion and different process in ward/departments.
Support Services	<ul style="list-style-type: none"> • COVID-19 – adhering to social distancing regulations within the department. • Confusion over PPE requirements, with guidance updated on a regular basis and with different interpretations, led to confusion. • PPE – route to order and receive at each unit not clear at the beginning of COVID-19. • Additional/new staff – induction training has been key to support staff in the workplace. • Challenges with facilities availability locally – wet room and drying area for waste operatives.
Health and Safety Alerts (MDA)	<ul style="list-style-type: none"> • General improvement in closure of Medical Device Alerts but further improvement required with some units. A full report requested for next meeting – August 2020
Policies with Health and Safety Implications	<ul style="list-style-type: none"> • Policies/procedures and protocols recommended through the Health and Safety Operational Group: <ul style="list-style-type: none"> - Waste Policy & EQIA - Executive report (Waste management) - Waste policy circulation - Restricted bed movement SOP - RPE Policy & EQIA

c. Policies

The group considered and approved the following policies:

- Waste Management Policy – **see Appendix 1.**
- RPE Policy - **see Appendix 3.**
- Restricted Bed Movement SOP – **see Appendix 5.**

Through this paper the Committee is asked to endorse the policies and procedures approved by the Health & Safety Operational Group.

The agenda from the Health & Safety Operational group meeting held in May 2020 is presented in **Appendix 6** for information.

d. Health and Safety Strategic Plan

A revised health and safety strategic plan was presented to the Health and Safety Operational Group held in May 2020 – **see Appendix 7.**

e. Health and Safety Executive (Medical Records)

Confirmation that a notice of contravention was issued against the Health Board for failure to control COVID-19 risks in medical records, Morriston. The recommendation was to challenge the breach following investigation in to the arrangements initiated following national regulations introduced on 23rd March 2020.

f. Gorseinon fire Report NWSSP(Fire)

The scheduled annual inspection/audit undertaken by NWSSP fire team in February 2020, with the report received in late March and was shared with the H&S group for information and questions. This has been reviewed by the health and safety team, with an action plan being developed to address the actions outlined in the report and will be shared with the H&S group next meeting.

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the report,
- **ENDORSE** the policies and procedures,
DISCUSS and **NOTE** the Health and Safety Strategic Plan for 2020-2021.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The effective communication of information and coordination of team activities is essential to providing safe patient care. The Health and Safety Operational group are responsible for managing and overseeing effective quality, safety and patient experience.		
Financial Implications		
There are no direct financial implications arising from this report.		
Legal Implications (including equality and diversity assessment)		
SBUHB is committed to providing and maintaining a safe and healthy work place and to provide suitable resources, information, training and supervision on health and safety to all members of staff, patients Contractors and visitors to comply with the legislative and regulatory framework on health and safety.		
Staffing Implications		
Staff will be briefed on health and safety developments through managerial meetings, staff meetings and health and safety alerts and bulletins.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
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	Health & Safety Operational Group 12 May 2020
Supporting documents	Appendix 1 – Waste Management Policy Appendix 2 - Waste Management Policy EQIA Appendix 3 – RPE Policy Appendix 4 – RPE Policy EQIA Appendix 5 – Restricted Bed Movement SOP Appendix 6 – Health & Safety Operational Group Agenda – May 2020 Appendix 7 – Health and Safety Strategic Plan