



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	03 March 2020	Agenda Item	2.3	
Report Title	Health and Safety Training Modules			
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Presented by	Laurie Higgs, Head of Health and Safety			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to update the Board Health and Safety Committee of training modules and other aspects of training arrangements for Health and Safety.			
Key Issues	Background Risks Summary			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to : DISCUSS the report			

HEALTH AND SAFETY TRAINING MODULES

1. INTRODUCTION

The purpose of this report is to update the Board Health and Safety Committee of training arrangements for Health and Safety in the Health Board.

2. BACKGROUND

The term 'Health and Safety' training can apply in a wide variety of situations and can include

- Training to perform a particular task. Here the necessary elements of health and safety skills are included in the task training e.g. how to operate equipment such as a floor scrubbing machine correctly and efficiently, maintenance, loading of chemicals, action on equipment alarming etc. Where there is a standard Operating Procedure (SOP) or manufacturer's instructions the safety elements are normally included in that operational training. Though some of this type of training may be provided corporately (such as part of the Manual Handling Passport scheme) a significant volume will need to be provided locally from a variety of trainers, supervisors, managers etc.

This type of training may be included in elements of training modules available corporately in the Health Board

- Clinical training where the main focus is to deliver a safe and effective clinical service but elements of Health and Safety law are also critically important. These may weave through the training such as with patient fall training where there is a duty of care to persons not in our employment (Section 3 Health and Safety at Work Act (HASAWA) 1974) or medical device training where more specific controls are required (Provision and Use of Work Equipment Regulation (PUWER) 1999 in areas such as labelling, selection of equipment, maintenance, incident reporting.
- Management and supervisory training to enable these staff to discharge their management and supervisory duties. These skills may be generic health and safety skills or ward or departmental specific e.g. working at height, ionising radiation etc.,
- Training and support for senior managers required to give leadership in health and safety or procedure but elements of Health and Safety legislation impact on the necessary training and competencies. These include the management of patient falls and the safe use of medical devices
- Emergency procedure training such as action to be taken on discovery of a fire. Some emergency procedure training such as spillage procedures may be included in task training outlined above. There will be also be a requirement for management training for those staff responsible for the control of the risk e.g. site management.

3. GOVERNANCE AND RISK ISSUES

- There is still an over reliance in the Health Board to monitor training compliance using Module A or level 1 of the e-learning system. As these training systems are focussed on the lower end of the risk profile of staff they are considered to give a

poor indicator of the true level of risk due to inadequate competencies in the organisation.

- With the large volume and diversity of Health and Safety training taking place in the organisation a clear understanding of training and competency pathways should be in place to ensure that risks are effectively understood by all levels of the organisation and controlled.
- Frequently generic training is considered to be adequate but this does not truly reflect the actual required skills required of individual groups of staff, equipment and environments, patient profile etc. These may be challenged post incident, as part of a claim for injury or other reviews.
- Where specialist training is used in areas such as manual handling current methods of recording using the Electronic Staff Record (ESR) do not permit the easy identification of staff with similar job titles who will have different competency pathways and skill requirements (e.g. not all nurses do manual handling)
- Some training data is held locally by wards and departments and is not immediately available electronically to Units, corporate Health and Safety etc.
- Significant elements of 'health and safety' training are not monitored by Health and Safety groups and Committees but may form work of more specialist groups such as the Radiation Safety Committee.
- Training in its own right does not guarantee safety. Other key elements include review of skills being used to ensure that they are still current and that poor practice, short cuts etc. have not developed. Supervision also forms part of the safety system. The regular review of incidents, claims and other key performance indicators will also assist in identifying if control measure are still effective.
- Monitoring of training performance needs to be reviewed to ensure that key compliance matters are effectively reviewed

4. FINANCIAL IMPLICATIONS

There are no immediate financial implications arising from this report. However, as further work is developed and the need to ensure that all training is focussed and fit to manage the risks for individual groups of staff additional resources and facilities may be required. Additional costs may be incurred to release staff to access training that may be delivered centrally or in their own wards or departments.

5. RECOMMENDATION

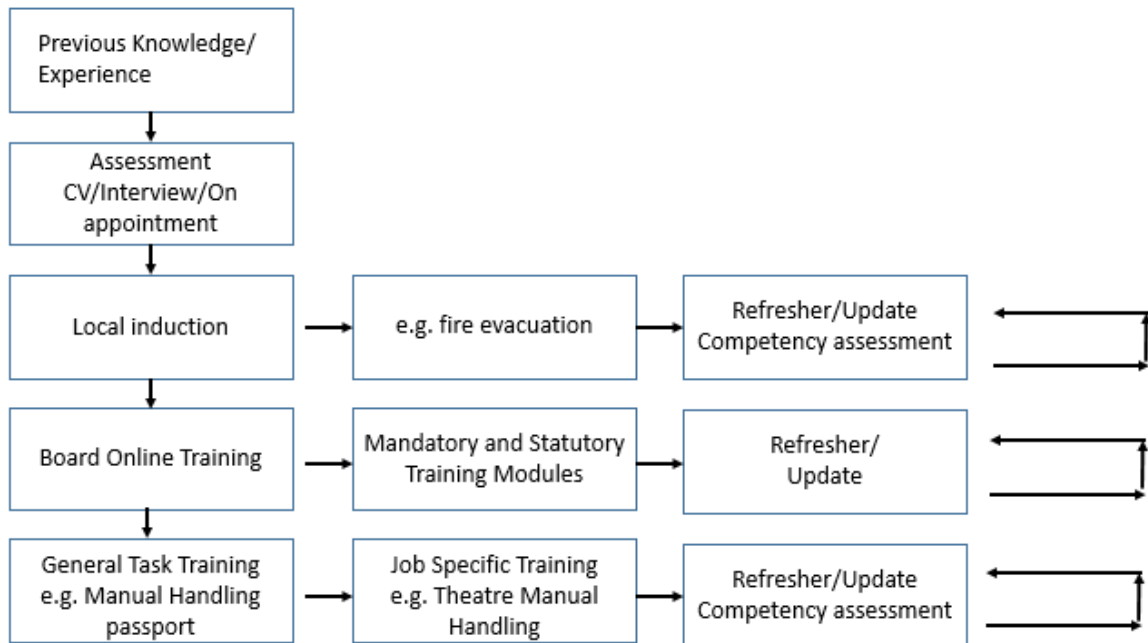
Members are asked to: **DISCUSS** the report

Governance and Assurance		
Link to Enabling Objectives (please choose)	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 checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" 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		
Failure to have competent staff places the organisation, patients, staff and others at risk of injury, illness etc.		
Financial Implications		
There are no immediate financial implications arising from this report.		
Legal Implications (including equality and diversity assessment)		
Failure to have competent staff places the organisation, patients, staff and others at risk of injury, illness etc. Significant levels of Health and Safety fines, prosecution etc.		
Staffing Implications		
To be determined when strategy developed		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Failure to have competent staff places the organisation, patients, staff and others at risk of injury, illness etc.		
Report History	None	
Appendices	None	

Health and Safety Training Modules and Recording of Training

1. Principles

- Training and competencies will be based upon a risk assessment that will focus on the risks faced by individual groups of staff
- At all stages the competencies (e.g. skills, knowledge, attitude, learning lessons from incidents, changes to risk e.g. new equipment etc.) must influence the training content, delivery methods etc. to achieve the required competencies.
- Training and competency systems will be adaptable
- Staff will follow the following route. Not all elements will be applicable for all health and safety risks.
- The main focus on general health and safety training will be on the key task/job skills required by staff



2. Control of Training Records

Training records may be held in a number of locations. These frequently are independent of each other

Training Type	Recorded
Ward or departmental induction	Ward/departmental training record
Online training modules	Electronic Staff Record (ESR) automatic update
Classroom training/ Face to Face (F2F)	If provided by Subject Matter Leads (e.g. specialist trainer) will be placed onto ESR but possibility of local records only in some disciplines. These records may not be readily available to ward and departmental managers and frequently they maintain a separate database for their own use
Competency assessments made locally	These may be uploaded to the ESR system by subject matter expert staff

3. Induction (includes Inexperienced and Experienced staff).

There is an induction policy for new staff that also reference in areas such as Passport training recognising previous knowledge. Table A shows a broad outline of some areas of Health and Safety Induction training

Induction includes

- Local procedures/equipment etc.
- Management of any gaps in knowledge e.g. lack of training in manual handling or not trained in specific arrangements, techniques and equipment relating to their ward or department
- Bank staff should go through a recognised training scheme including key elements of health and safety
- For agency or locum staff local induction should take place when they arrive.

Table A				
Training Type	Delivery	Key Content	Records	Comments
Local Induction	Ward/Dept resource	Various	Ward/Dept	Local arrangements
Online (Includes H&S, Fire, V&A, Manual Handling etc.	On line	Various	ESR (automatic)	Local arrangements
Violence and Aggression (V&A)				
V&A Passport B (*)	Classroom (F2F)	All Wales	ESR (H&S)	
V&A Passport B/C (*)	Classroom (F2F)	All Wales	ESR (H&S)	Mental Health only

V&A Passport D (*)	Classroom (F2F)	All Wales	ESR (H&S)	Mental Health only
V&A Forensic	Classroom (F2F)	SWUHB system	ESR (H&S)	Mental Health only
V&A PBM	Classroom (F2F)	SWUHB system	ESR (MH/LD)	Learning Disabilities only
V&A specialist e.g. Recovery	Classroom (F2F)	As per risk assessment	ESR (H&S)	Currently not provided
Security Guards	Classroom (F2F)	Contractor	ESR (H&S)	Support Services only
Manual Handling Passport				
Inanimate Load (*)	Classroom (F2F)	All Wales	ESR (H&S)	All staff
Passport Patient Handling(*)	Classroom (F2F)	All Wales	ESR (H&S)	All staff
Ward/Dept specific	Manual Handling Coach	SWUHB system	ESR (H&S)	e.g. Theatre manual handling
Manual Handling Coaches (MHC)	Classroom (F2F)	All Wales	ESR (H&S)	5 Day course

Note

(*) Existing Passport holders in V&A and MH trained in other organisations are not recorded on ESR but local records kept.

Risks (Induction Arrangements)

Area	Comments	Risks/Action
Induction Policy	Induction Policy refers to the need to attend manual handling and V&A training	Policy does not reference other training and competency risks e.g. local procedures
Local Induction	Manual Handling coaches, Fire Wardens etc. should provide local induction	Unclear if consistent across the Health Board No corporate records held. No monitoring etc.
Module A	There is an induction policy that requires staff to complete Module A of the e-learning system in disciplines such as fire, violence and aggression and manual handling	This provides, based upon the low risk profile of the training no compliance for staff undertaking higher risks duties.
General	One report in HSE inspection of delays to staff attending Module D V&A training	No risks. Sufficient 4 day courses for new held (9 courses 144 places). May be a required to wait a short period of time to attend

4. Update Training/Refresher Training/Competency Assessments

Depending on their duties and necessary skills staff will receive update training, competency assessments or no further training. Where information is uploaded to ESR this can create the potential risk that performance may be lower (e.g. not all nurses need further updates to violence and aggression foundation training). Table B gives an overview.

Table B				
Training Type	Delivery	Key Content	Records	Comments
Fire Safety				
Fire General	F2F or Online	Various	ESR (automatic) ESR (H&S)	Local records in some areas No ward or Dept specific information
Fire Wardens	F2F	Various	ESR (H&S)	Review update training frequency
Fire Ward/Dept	F2F	Local knowledge e.g. Singleton ward evacuation plans	Unit	Generally Local records only
Violence and Aggression				
Module B	F2F (2 Yearly)	All Wales	ESR (H&S)	Provision based upon Ward/dept training needs analysis
Module B/C	F2F (Annual)	All Wales	ESR (H&S)	Mental Health only
Module D	F2F (Annual)	All Wales	ESR (H&S)	Mental Health only

Training Type	Delivery	Key Content	Records	Comments
Violence and Aggression				
Forensic	F2F	SWUHB system	ESR (H&S)	Mental Health only
V&A PBM	F2F	SWUHB system	ESR (MH/LD)	Mental Health only
V&A specialist e.g. Recovery	F2F	As per risk assessment	ESR (H&S)	Currently not provided
Security Guard	F2F	Specialist skills including restraint	ESR (H&S)	Annual Update
Manual Handling				
Competency Assessments Patient Load	F2F	All Wales	Local MHC record and ESR (H&S)	
Competency Assessments non-Patient Load	F2F	All Wales	Local MHC record and ESR (H&S)	
Specialist	Various	As required	Local MHC record and ESR (H&S)	Includes updates to clinical staff e.g. anaesthetists
Manual Handling Coaches	F2F (Annual)	All Wales	ESR (H&S)	

Risks

Area	Comments	Risks/Action
Competency Pathways	<p>Limited numbers of agreed competencies</p> <p>Where specialist training required record keeping may not be effective e.g. grouping of staff to a single refresher code.</p> <p>ESR does not currently provide the platform to develop individual staff group's competency pathways</p>	<p>Develop agreed pathways for groups of similar staff and signed off by Units and Operational Health and Safety Group.</p> <p>e.g. Nurse Managers may not need manual handling</p>
Fire Safety online	Module A training may be used by areas such as wards as a way not to release staff to attend classroom sessions	Module A being used to demonstrate compliance without sufficient local knowledge of fire risks etc.
Fire Safety Compliance Pathways	<p>Some managers may not be implementing previously agreed training pathways</p> <p>Confusion over fire training and other strategies</p>	<p>Limited monitoring in place. Consider adding this element to fire risk assessments, manual handling reviews etc.</p> <p>Develop ward/department training and competency pathways</p>
Manual Handling Coaches	Limited monitoring only by Manual Handling Team visits	Consider as a routine KPI for Health Board and Units

Change management	Changes in risk profile e.g. service change may not be recognised by local manager as requiring different training arrangements Previous training arrangements changed e.g. by formation of Units	Develop ward/department training and competency pathways
Monitoring	Poor monitoring of training and competency performance generally at all levels of the Health Board	Develop KPIs (consider rolling programme of KPIs) and periodically monitor available training and competency data.

5. Action Currently Being Taken to Improve Arrangements

Fire Safety

- Review of training and competency arrangements for fire safety across all key disciplines including wards and departments and the role of key staff who respond in the event of a fire. This will give greater focus on the skills necessary to manage fire safety in their place of work rather than the current over-reliance of general fire safety training (key lesson from the Singleton fire).
- Review of ward and departmental manager fire safety skills for them to be able to discharge their responsibilities
- Will require review of resources

Violence and Aggression

- Review of training and competency arrangements for violence and aggression in Mental Health and Learning Disabilities. Key focus will be to achieve a degree of commonality between a number of different training systems and to address the requirement to manage the use of restrictive practices on patients
- Review of training and competency arrangements for violence and aggression in acute hospitals and to give greater focus on the management of patients that present with clinically challenging behaviours
- Will require review of resources

Manual Handling

- Ongoing updating of Theatre staff to manage specific manual handling tasks

6. **Recommendations**

- 6.1 Develop clear competency pathways for groups of staff and pathways agreed at SWUHB Operational Health and Safety group. These pathways
- 6.2 Confirm competency pathways for each unit and other relevant management areas e.g. Support Services and Estates via their Unit Governance Structures
- 6.3 Competency pathways to be recorded at ward and departmental level and linked to local risk assessment
- 6.4 Monitoring of key indicators to be developed. Based upon the potentially large number of potential indicators consider a rolling programme of indicators (also link them to any formal audits or reviews made any risk topics such as fire and manual handling).
- 6.5 Use the Key Performance Indicators at all relevant areas of the Health Board