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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	03 March 2020	Agenda Item	2.5
Report Title	Health & Safety Operational Group Key Issues Report		
Report Author	Mark Parsons, Interim Assistant Director of Health & Safety – Darren Griffiths Associate Director of Performance		
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 5 February 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. • Health & Safety annual plan end of year completed actions and actions for continuation for 2020/21. • Health and Safety strategy plan update for endorsement. • Management of contractors. • Asbestos management • Insufficient resources to meet statutory obligations. • Increase in V&A incidents reported across units 		
Specific Action Required (please choose one only)	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.
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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 4th November 2019.

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 5 FEBRUARY 2020

a. Health & Safety Operational Group

In line with the Health & Safety Operational group terms of reference reports were received from all units. Attendance at the meeting was good with the exception of Primary Care (apology due to absence) and Singleton (operational pressures), all other units were in attendance.

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 – work to the flank walls was completed in December 2019, however, cladding still remains as one of the main risks to the Singleton Site. Phase two covering the front elevation removal and replacement work has been tendered, with interviews scheduled through February 2020 and the preferred contractor award to be issued in March 2020.• Due to the amount of building works that are scheduled there will be a number of environmental risks identified: Flooding, Noise, Asbestos and Service Disruption. Site progress meetings will be held to minimise any risks to the above concerns.• Security remains a perceived risk at Singleton and requests have been made for staff to report all security incidents. Currently incidents reported do not reflect the soft intelligence. Support services deployed a security guard to work over four nights to assess the incidents and were only called to three incidents, one of which was stood down as it was a clinical issue.• Training compliance has steadily increased month on month overall data from ESR continues to show

Lessons Learnt	<p>disappointing progress. Figures for 31 December at 74%.</p> <ul style="list-style-type: none"> • Reinforce contract responsibility for controlled areas prior to commencement of phase two of the cladding works in 2020.
Morrison Unit	<ul style="list-style-type: none"> • There have been no new risks added to the site risk register since their last meeting in October 2019. Key themes: <ul style="list-style-type: none"> - Violence and Aggression - Fire Safety - Sharps Incidents - Manual Handling <p>Actions have been identified and are being followed up by Head of Quality & Safety.</p> <ul style="list-style-type: none"> • Staff incident reporting: <ul style="list-style-type: none"> - 6 RIDDOR notifications were made during October – December, five of which related to patient care and the other contact with an object. - Overall incidents clearly show inappropriate behaviour towards staff account for a significant proportion of Incidents reported. - Incidents are being reviewed at the delivery unit Environment & Support Services (Health & Safety) Group. <p>Actions have been identified and are being followed up by Head of Quality & Safety.</p> <ul style="list-style-type: none"> • Manual Handling – Unit beds & trolleys. A recent audit was undertaken and has identified a number are close to end of life and require replacement in 2020/21. Some redundant hi/low beds have been identified as no longer fit for purpose and should be condemned. <p>Action being followed up by Head of Quality & Safety with MEMS and Moving and Handling.</p> <ul style="list-style-type: none"> • Training compliance has steadily increased month on month overall data from ESR continues to show disappointing progress.
Neath Port Talbot Unit	<ul style="list-style-type: none"> • There have been no new risks added to the site risk register at the meeting held December 2019. Key themes: <ul style="list-style-type: none"> - Violence and Aggression - Fire compartmentation - Environment safety (Lake) <p>Actions – V&A and environmental risks are being monitored/ reviewed regularly through departments and group meetings. Fire compartmentation programme is in place and on track for completion during 2020.</p> <ul style="list-style-type: none"> • Staff incident reporting: <ul style="list-style-type: none"> - No RIDDOR notifications

	<p>recommended to use template provided in the report submitted by Moriston Unit.</p> <p>Action: To provide separate staff incidents report at future meetings (May 2020).</p>
<p>Estates Management</p>	<ul style="list-style-type: none"> • All estates risks are currently being uploaded to Datix in line with HB RR template. Key themes: <ul style="list-style-type: none"> - Insufficient resources to cover full range of Authorised Person duties (High Voltage – Low Voltage – Medical Gas – Ventilation - Decontamination) - Insufficient resources throughout estates to meet demands of PPM and reactive maintenance - Asbestos software systems require consolidating to one central system. - Water management concerns – Schematics are either non-existent or out of date and require updating – Non compliant return temperatures - Fire compartmentation – Cause & Effect – Fire Dampers - Challenges concerning the Cefn Coed site due to the closure plans for areas of the site and how to maintain compliance in the areas of no occupation. <p>An action plan to address the key issues is being developed, with capital resources required to address some of the risks identified.</p> <ul style="list-style-type: none"> • Fire Safety Arrangements <ul style="list-style-type: none"> - Singleton Hospital scheduled fire risk assessments for the coming year - Morriston hospital has now developed an agreed site emergency fire plan - NPTH has completed a fire safety deep dive - PCCS is auditing fire drill compliance and refreshing the list of fire wardens to ensure full coverage - Fire safety reporting is a routine part of the business cycle for the operational group • Management of Contractors <ul style="list-style-type: none"> - Policy and procedures in place - Table top review undertaken; Capital team have good evidence of monitoring of capital programmes and dedicated responsibilities; Estates undertake ad hock monitoring, little or no evidence in place. (Resource issues impact on the ability to actively monitor). • Asbestos Management <ul style="list-style-type: none"> - Policy in place - Asbestos register in place - Asbestos surveys undertaken - Re-inspection records in place since 2010 - Training in place for estates staff - Contractor safety induction in place - Permit of work system in place

	<ul style="list-style-type: none"> - Risk assessment and method statements in place - Appointed asbestos consultant in place, Anchem laboratories contract in for surveys, sampling and air monitoring - Emergency call out HSE licensed contractor in place <p>Proactive review being undertaken for asbestos compliance.</p>
HQ Site	<ul style="list-style-type: none"> • The inaugural meeting for Health, Safety & Fire was held on 24 January 2020 and there were no issues identified that were not being adequately managed. • Incidents are monitored and lessons learnt are shared
Support Services	<ul style="list-style-type: none"> • There was one new risk added to support services risk register at their meeting in January 2020, this covered domestic cleaning resources for Morriston site. Actions have been identified and are being followed up by Head of Support Services. • Staff incident reporting: • One RIDDOR notification was submitted in November 2019. <ul style="list-style-type: none"> - Overall incidents clearly show violence & aggression behaviour towards staff account for a significant proportion of Incidents reported. - Incidents are being reviewed at the various delivery units and support services group meetings. • A review of security at Singleton Hospital was undertaken in December with low numbers of incidents reported but possible under reporting, so a further review to be undertaken in June 2020. • Making good progress with Statutory and Mandatory training compliance however, overall data from ESR continues to show disappointing progress for the four H&S disciplines ranging 54% - 63% for 31 December 2019.
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 – update from all units requested for next meeting
Policies with Health and Safety Implications	<ul style="list-style-type: none"> • Policy chart was presented to the group for identification of H&S related policies – The group approved the chart to monitor policies & procedure development/updates to maintain date compliance for review. See appendix 1
Health & Safety Operational Group Forward Plan	<ul style="list-style-type: none"> • The Health & Safety Operational Group forward plan, which included deep dive topics for 2020/21 was agreed.

C. Health and Safety Action Plan 2019-2020

The updated Health and Safety action plan for 2019-2020 (**see Appendix 2**) was circulated prior to the meeting, with a verbal update provided during the meeting. The group approved a number of actions to be closed and those that require including in the 2020/21 Health & Safety action plan.

d. Health and Safety Strategic Plan 2020-2021

The updated Health and Safety Strategic Plan was shared with the group, this was approved to be submitted to the Health & Safety Committee – **See Appendix 3**.

The group were also given an update report on the work progressing to address the Health & Safety Executive (HSE) improvement notices.

e. Policies

The group considered and approved the following policies:

- Waste Management Policy – **see Appendix 4**.
- Environmental Policy - **see Appendix 5**.
- Energy Policy – **see Appendix 6**.
- Incident Reporting & Investigation Procedure – **See Appendix 7**.

Through this paper the Committee is asked to endorse the policies and procedures approved by the Health & Safety Operational Group. The minutes of the meeting will be circulated to the Committee.

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 Action Plan for 2019-2020.

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	-	
Appendices	Appendix 1 – Health & Safety Policy/Procedure chart Appendix 2 – Health & Safety Action Plan 2019/20 Appendix 3 – Health & Safety Strategic Plan 2020/21	

	Appendix 4 – Waste Management Policy Appendix 5 – Environmental Policy Appendix 6 – Energy Policy Appendix 7 – Incident Reporting & Investigation Procedure
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Embedded appendix documents:

Appendix	Document Title	Document
Appendix 1	Health & Safety Policy/Procedure chart	
Appendix 2	Health & Safety Action Plan 2019/20	Insert file
Appendix 3	Health & Safety Strategic Plan 2020/21	
Appendix 4	Waste Management Policy	
Appendix 5	Environmental Policy	
Appendix 6	Energy Policy	
Appendix 7	Incident Reporting & Investigation Procedure	