Meeting Date	05 October 2021	Agenda Item	3.1
Report Title	Health & Safety Arrangements for Primary, Community and Therapies Services Delivery Group		
Report Author	Tanya Spriggs Group Nurse Director		
Report Sponsor	Brian Owens , Service Group Director		
Presented by	Brian Owens, Service Group Director		
Freedom of Information	Open		
Purpose of the Report	To outline to the Health & Safety Committee the Group's: • Health & Safety approach; • Environment, Estates and Infrastructure risks; • Health & Safety performance, plans to improve and maintain the improvement throughout the next year.		
Key Issues	Staff well-being and health and safety, and drive change within the Group incorporating relevant experts to support the health and safety agenda. Supporting staff regarding health and safety issues. Safety of patients and staff. Proactive risk management of health and safety issues		

Specific Action Required *(please choose one only)*	Information	Discussion	Assurance	Approval
	☐	☐	☒	☐

Recommendations	Members are asked to: • **Note** the report.

Health & Safety Arrangements for Primary, Community and Therapies Services Delivery Group

INTRODUCTION

.
The development of an effective Health and Safety policy is a key requirement of the Health and Safety at Work Act 1974 (HASAWA).
This report aims to outline the Health and Safety reporting and assurance arrangements within Primary, Community and Therapies (PCT) Services Delivery Group.

BACKGROUND

The Primary & Community Services Health & Safety Group has an agreed Terms of Reference to support and direct the bi-monthly meetings.

The PCT Health & Safety Operational Group reports to the PCT Quality, Safety and Patient Experience Group. Any urgent health and safety matter is dealt with immediately seeking appropriate expert advice. The PCT Health and Safety Group meeting will have wider discussion on the event and actions taken with relevant health and safety experts, and ensure lessons learned are shared within the Group, and at the Health Board's Operational Health & Safety Group.

Covid-19 impacted greatly on all service areas and continues to challenge service delivery, particularly as services strive to reset and recover against a backlog of demand amidst an ongoing pandemic.

The report will now focus on performance against and actions to improve:
- Sharps Injuries
- Violence and aggression including Lone Working
- Staff Accidents
- Personal Injury Claims
- Safety Alerts
- Staff working from home/shielding
- Social Distancing
- Primary and Community Services Estate

Mandatory training and risk rating are included in relevant sections of the report.

Health and Safety Committee – 5th October 2021

Incident Profile

For the financial year period 2018-20 the health and safety incident profile for the Service Unit is shown in Table 1.

Table 1	
Incident Type	**%**
Violence and Aggression	55%
Slip, Trip or Fall	11%
Sharps	10%
Road Traffic Collision	7%
Manual Handling	5%
Animal	2%
Other	10%

Key Incident Types

Violence and Aggression including Lone Working

The current risk rating for Violence and Aggression incidents on the PCT Risk Register has reduced. From 2018 to 2020 numbers of incidents across all the violence and aggression incident types (Aggression, Assault, Verbal abuse and Sexual Harassment have generally declined).
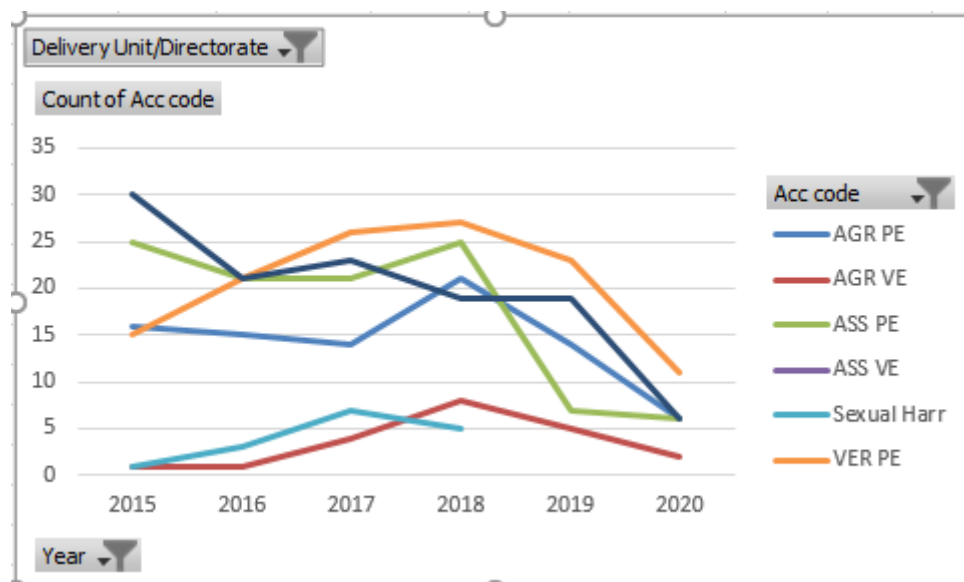

In 2020 there were two incidents which were assessed as severity level moderate (level 3); these were verbal abuse from a patient to a dental nurse and aggression from a patient to a District Nurse. There were 6 assaults to staff that were associated with confused or elderly patients of which 3 were classed as low severity and 3 as no harm.

Slips, Trips and Falls

These average 14 per year with District Nursing Services accounting for 50 % of the incidents. There is a slight impact of winter weather conditions. However, many incidents are associated with the condition of the patient's property and there is a process in place to risk assess to identify any issues with safe access and other factors such as the presence of dogs and other animals.

Sharps Injuries

The Service Group has implemented a range of safety engineered medical sharps required to comply with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. From 2015 to 2020 overall numbers of injuries reduced by 50%.

Primary Care and Community : Sharps Injuries
2015 -2020
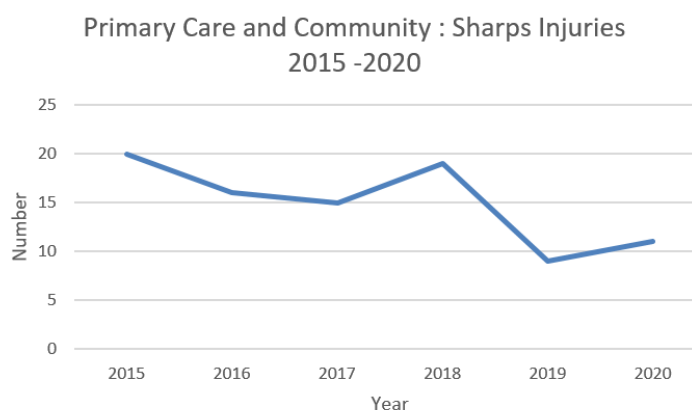
For the 2020 financial year approximately 50% of reported injuries occurred where the safety engineered medical sharps were being disposed of (3) or whilst the medical sharp was close to the sharps box (2). (Table xxx). Two injuries occurred between the clinical (treatment) and disposal phase whilst staff were assisting patients who were self-administering their Insulin treatment where safety engineered products are not required

Sharp Use	Total
During Clinical Use	5
Disposal Stage	3
Re-sheathing	1
Sharps box	2
Total	11

Road Traffic Collisions

These are associated with staff travelling in the community and average 8 per year. These are normally low speed collision with low or minor severity outcomes. There does not appear to be a significant seasonal impact on the number of incidents

Health and Safety Committee – 5th October 2021

Of the 76 reported incidents, 14 involved notifying the police for the following services: Dental practices (1), District Nursing (3), Elderly Medicine (1), Flying Start (1), GP's (4), GP OOHs (1), HM Prison (1) Physio (2).

RIDDOR incidents – 1 incident identified from the Datix reports.

Mandatory training for Violence & Aggression:

Current arrangements are that staff with face to face contact with patients and the public receive Modules A (online) and Module B (face to face); for Module B there is a greater focus on the management of confused and elderly patients (clinically challenging). For Module B there will be a need across the Health Board to review the content that will improve staff's knowledge of potential triggers for violence and aggression and the possible need to implement a limited range of safe holding to permit treatment to take pace or to ensure the patient's safety.

Based upon risk assessment no staff currently receive training in breakaway skills (Module C) such as escape from various types of strangulation; most assaults are typically scratching, grabbing, spitting, throwing punches or kicking at staff.

Where staff are not at high risk they will only receive the online Module A training that is repeated every three years.

Current staff compliance for Violence and Aggression training is 96%

ACTIONS UNDERTAKEN

- To assist in the identification of improved safety for individual patients who may assault staff all staff are encouraged to report low levels of violence and aggression
- Staff to maintain awareness of lone working policy and all related policies, and dynamically risk assess at all times.
- Remind staff that the Lone Working Policy and associated procedures are available on the intranet and to reinforce this to staff.
- Ensure Violence and Aggression training is up to date for all staff.
- Remind staff of the Health Board's Violence and Aggression Policy.
- Encourage staff to use Well Being services and offer referral to Occupational Health.
- Work has commenced to consider whether for a patient who makes vexatious complaints against staff whether recording of the visit by staff is appropriate; this recording would only be audio rather than capturing images. Previous action has been taken against the patient but this has not resulted in an improvement in their behaviour.
- RIDDOR reports will be discussed by the Head of Health & Safety at the Unit Health & Safety meetings.

Staff Accidents

Staff are encouraged to report accidents at work. During the reporting period, 57 staff accidents were reported

	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Total
Total	2	1	7	6	4	5	4	4	6	4	8	6	57

Actions:
- Staff requested to revisit mandatory training (manual handling) and ensure manual handling processes are followed.
- Staff to reflect on risk assessment process supported by line manager.
- Police informed of animal bites.
- Homes with animals placed on the District Nursing register to inform other staff of the risk following risk assessment. Patients with animals are politely requested to have the animals is a different room before the staff member attends.
- Staff reminded to always risk assess tasks e.g. manual handling: staff should not overfill confidential waste bags making them too heavy to carry.
- Staff reminded to always dynamically risk assess clients' properties regarding access to and maintenance of the property; care to be taken at all times particularly on steps.
- Staff reminded of self-referral to Well Being services
- Managers to consider and discuss referral to Occupational Health following an accident at work with staff member.

Personal Injury Claims

There are 0 personal injury claims currently.

Safety Alerts

Primary, Community and Therapies Services Delivery Group developed a robust process for cascading alerts to Heads of Services via distribution lists within the safety alerts module in Datix. This method has allowed the Group to identify, any non-compliant service in providing assurance on specific individual alerts and send reminders. This together with monthly audits included as an agenda item during the monthly Quality and Safety meetings is facilitating the closure of all alerts, for the period, since monthly audits were introduced. The group also maintains a spreadsheet to identify Heads of Service and key staff responsible for cascading alerts within services. Where there is any movement within these key posts, alerts training is

provided to new staff members to ensure inclusion onto distribution lists and assurance that relevant staff receive patient safety information for cascading.

Staff Working from Home/Shielding

The PCT group continues to advocate staff working from home but maintaining a healthy balance and undertaking risk assessments when appropriate. The PCT Group will ensure compliance with Health Board policy around home working when approved.

Staff who are unable to work in their substantive roles due to Covid are reviewed in line with Occupational Health guidance and line manager. It is important that line managers keep in touch with staff on a regular basis to support well-being.

Social Distancing

In line with Welsh Government guidance, staff continue to work in line with social distancing requirements.

Primary and Community Services Estate

There are 5 Environment, Estates and Infrastructure risks on the Unit Risk Register:

- **Risk ID 2758** – Specialist Chair for SLT Clinical examinations
  Capital bid submitted, however there is discussion ongoing regarding the relocation of the SLT clinical room within the Morriston template whereupon the requirements for the examination chair will be reviewed.

- **ID-310** - Quarella Road Clinic current risk score = 15
  Action – New build agreed with plans to open in November 2021
  Quarella Road Clinic services suspended due to Covid-19.

- **Risk ID-806** relates to an inappropriate room for Orthotics in Princess of Wales Hospital.
  Action: Room is situated in POWH, Bridgend and therefore under control of CTM HB not SBU HB. Communication with CTM colleagues identified that risk is not currently on CTM risk register. Risk will therefore remain on SBU register until adopted by CTM.

- **Risk ID-1895** relates to Primary Care Estates.
  Action: Risk listed for discussion in bi-monthly H&S meeting.

- **Risk ID-2425** relates to the flooding risk when heavy rainfall at Gorseinon and leaking roof – Current risk score = 8
  Action: Update - roof repaired and no further leaks reported.

GOVERNANCE AND RISK ISSUES

The aim of the maturing health and safety approach within the PCT Service Group is to promote a proactive approach to health, safety and welfare, and make all practical efforts to safeguard everyone from hazards, injury and ill health. It is supportive of a focussed approach to health and safety issues whilst ensuring the appropriate expert advice. This should increase knowledge and confidence in managing such issues. It is important to note that Health Board Estates are responsible for Health Board properties and as such are the landlord, this includes buildings with multiple occupancy.

Each service within PCT will ensure health and safety issues are managed through existing management arrangements. Heads of Service bring forward Health and Safety issues to the Group meeting on behalf of their service areas. The Chair of the PCT Health and Safety Group will access dedicated expertise from the corporate health and safety team to support the discussion and decision making.

The Health and Safety Group is usually chaired by the Group Nurse Director, on behalf of the Service Director, supported by the Quality and Safety Manager. It is important to note that this post is currently vacant and interim arrangements are being worked through. The Group continue to have oversight of Bay Field Hospital, discussions around the Field Hospital take place within the Field Hospital Establishment Group which is chaired by the Executive Director of Finance.

The minutes of the PCT Health and Safety Group are on the Group's Quality, Safety Improvement and Patient Experience business cycle and agenda for discussion as a regular item. They are also included in the Quality and Safety Exception report for the PCT Board Meeting. The Health Board's Health & Safety Operational Group meeting also receives Health & Safety exception reports from the Group.

FINANCIAL IMPLICATIONS

If health and safety issues are not managed appropriately at the time and mitigating actions put in place, there is the potential for financial implications i.e. estate issues, mandatory training completion. By the Unit holding bi-monthly Health and Safety meetings the associated risks should be reduced or mitigated.

RECOMMENDATION

The committee is requested to note 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	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☒

Quality, Safety and Patient Experience

Health and Safety is a core value to which directors, managers and staff at all levels in the organisation have key roles to play. We recognise the vital links to partners such as trade unions colleagues and primary care providers; by working closely with them this will support our vision of good standards of safety for all.
Patients, families and staff require safe facilities within the Health Board in which to provide the required care which should add to a positive patient, family and staff experience.

Financial Implications

No additional funding for the proposal is required as it is already budgeted (required and relevant staff are already working for the Health Board)
Proactive approach to health and safety will reduce costs long term i.e. well-kept estate rather than deteriorating and dangerous estate with increased risk of harm to staff and patients/family members/visitors.

Legal Implications (including equality and diversity assessment)

The development of an effective Health and Safety policy is a key requirement of the Health and Safety at Work Act 1974 (HASAWA).

Staffing Implications

Adequate staffing levels within all services is essential

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.

Long Term – acting now by managing and identifying health and safety risks protects staff and patients and reduces long term cost Integration – the health and safety group may meet with Local Authority staff for some estate issues i.e. Community Hospitals Involvement – of staff and experts will support and engage staff who will feel valued; valued staff who are happy have improved patient outcomes Collaboration – the Health and Safety group will work collaboratively engaging with all to improve the health safety and well-being of those who work in, and those who use our services Prevention – the aim of the group is to be proactive not reactive and prevent harm to staff and patients	
Report History	4th March 2019: Health & Safety Arrangements for Primary & Community Services Delivery Unit
Appendices	None.