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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	05 October 2021	Agenda Item	4.1
Report Title	Health & Safety Operational Group Key Issues Report		
Report Author	Mark Parsons, Assistant Director of Health & Safety		
Report Sponsor	Christine Williams, Interim Director of Nursing and Patient Experience		
Presented by	Mark Parsons, 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 11 th May 2021.		
Key Issues	<ul style="list-style-type: none"> • The Health and Safety Operational group meet on a quarterly basis and reports to the Health & Safety Committee. • Overview of service group and support services exception reports. • RIDDOR deep dive. • Fire safety update. (fire risk assessments) • PPE update report outlining arrangements presented and discussed. • Cladding works (Singleton) 		
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 and the DSE guidance/procedure • APPROVE the ventilation policy 		

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 on 4th August 2021.

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 4th AUGUST 2021

a. Health & Safety Operational Group

In line with the Health & Safety Operational group terms of reference reports were received from all service groups using a standard report template. The meeting was via teams to adhere to social distancing and minimise unnecessary travel.

b. Service Group Director & Cross Cutting Services Updates

Individual Service Group Director Representatives provided updates on health and safety issues within their respective areas. Health and Safety updates were also received from Estates, Support Services, Security and HQ Corporate departments. There is also a section specifically for our trade union colleague's topics. Key elements are set out in the table below:

Item	Comments
NPTH/Singleton Group (NPTSSG): Singleton	<ul style="list-style-type: none">• Following the inaugural meeting of the NPTSSG on 18th May 2021, some minor adjustments continue to fine tune the group to ensure inclusion across the various services.• New terms of reference and a standing agenda mirroring the H&S Ops group have been approved by the NPTSSG Health & Safety/EPRR Operational Group.• Risk Register<ul style="list-style-type: none">- Cladding – cladding remains as one of the main risks for the Singleton Site. There have been several delays due to asbestos and other critical works/ investigations to be completed prior to works continuing. There is a Singleton Hospital Project Board Group that oversee the project and meet at least quarterly• Other risks shown as a score of 16 or more:<ul style="list-style-type: none">- Health care acquired transmission of COVID-19- Isolation facilities• Addition risks identified:

<p>Neath Port Talbot</p>	<ul style="list-style-type: none"> - Staffing shortages particularly SAU (Workforce & OD) - Lack of storage for equipment (Beds – Trolleys etc) • Additional car park works have been completed and is in full use. As with all programmes, snagging works are being worked through and completed. • On-going management of fire with the changes required to facilitate the cladding works. • Fire compartmentation survey by NWSSP-SES of the West ward block have been completed and drawings updated and issued. • Physical distancing is regularly monitored, and actions updated where required. • COVID-19 risks continue to be monitored and changes implemented where necessary. • Excellent progress has been made on overdue fire risk assessments, with Singleton now 100% compliance. • Mandatory training is running at 79-89%, programmes in place to continue improvements in compliance. • No PPE issues raised. • 24-hour security has been stepped down. • Capital works – approval for robot replacement for the pharmacy. • No new risk identified. • COVID-19 risks continue to be monitored and changes implemented where necessary. • Physical distancing is regular monitored and actions updated where required. • Training is being maintained where possible and current compliance for H&S related training between 79% & 89%. • No PPE issues reported. • Compartmentation survey is in the ‘find and fix’ review with anticipated completion date now end of August 2021. • Excellent progress has been made on overdue fire risk assessments, with NPTH now 100% compliant. • Regular H&S walkabouts, these are supported by PFI partners and H&S colleagues.
<p>Morrison Unit</p>	<ul style="list-style-type: none"> • Confirmation of the renaming of the group to ‘Morrison Hospital Health & Safety and Environmental Group • Updated terms of reference and a standing agenda mirroring the H&S Ops group have been put approved by the MHH&SEG. • COVID-19 risks continue to be monitored and changes implemented where necessary.

	<ul style="list-style-type: none"> • CCTV funding has been approved with works scheduled to be completed this financial year. • Staff nosocomial transmission on the risk register (score 16) reflects the increase in incidents reported (number of these are back dated incidents). • Training is being maintained where possible and current compliance for H&S related training between 65% & 80%, programmes in place to continue improvements in compliance. • No PPE issues reported. • Physical distancing continues to be monitored and changes implemented where required. • No additional risks raised in addition to those reported in the last meeting, however, staffing resources are worse than pre-COVID-19 and is continually monitored.
Primary Care and Community Car Unit	<ul style="list-style-type: none"> • COVID-19 risks continue to be monitored and changes implemented where necessary • Physical distancing continues to be monitored and changes implemented where required. • Still challenges on the identification of staff who are responsible for the various sites. This remains on the agenda with work continuing to address this. • No new risks have been identified since the last meeting. • Emerging issue around storage, this is compounded by the blood borne viruses (BBV) inquiry. • RIDDOR training sessions have been attended by 17 staff. • There were 37 staff incidents reported 01/05/21 – 30/06/21. • Training is being maintained where possible and current compliance for H&S related training between 83% & 96%, programmes in place to continue improvements in compliance. • No PPE issues reported.
Mental Health & Learning Disabilities Unit	<ul style="list-style-type: none"> • Three bi-monthly meetings have been held so far in 2021, with good attendance and representation. • COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. • Physical distancing continues to be monitored and changes implemented where required. • A review of the Cefn Coed fire plan has taken place and has been adopted and re-circulated for implementation. • Tonna Hospital site fire plan is currently being updated and consulted on; this is expected to be approved in September 2021 meeting. • The risk register has a number of legacy risks for H&S (5) 2015 – 2017, with 3 other risks added later.

	<ul style="list-style-type: none"> ○ Llynfi Training Centre at Glanrhyd Hospital has been highlighted as an increasing risk, with no venue identified to provide the training from, with the current venue having to be vacated by 31st March 2022. This is being reviewed by the HB accommodation group to identify suitable accommodation to facilitate the training. ● Risks are being monitored locally, with controls in place to mitigate as far as is reasonably practicable. ● No PPE issues reported. ● There were 202 V&A Incidents reported between April & June 2021. ● Training is being maintained where possible and current compliance for H&S related training between 80% & 91%, programmes in place to continue improvements in compliance and regularly discussed at SG Board level.
HQ Baglan	<ul style="list-style-type: none"> ● HQ H&S meeting last held on 27th July 2021, with good attendance. ● COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. ● Physical distancing continues to be monitored and changes implemented where required. ● HQ health and safety group have no immediate H&S concerns.
Estates Management	<ul style="list-style-type: none"> ● COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. ● Physical distancing continues to be monitored and changes implemented where required. ● Additional funding has been agreed for specific compliance related posts and these will now progress through the recruitment process. ● Estates sub groups Compliance with WHTM's in a number of areas was highlighted in the estates report: <ul style="list-style-type: none"> ○ Medical Gases ○ Electrical services ○ Ventilation ○ Fire ○ Emergency lighting ● Medical gases – additional capacity has been provided at Morriston and Singleton hospitals, with AP's appointed for both areas. ● Medical gas drawings have been updated and training for senior nursing staff has been identified as a key issue for 2021/22.

	<ul style="list-style-type: none"> • Electrical Services – An authorised engineer (AE) has been appointed and has enabled AP appointments at Singleton & Morriston Hospitals. • Currently reviewing electrical drawings. • Ventilation Systems – The ventilation policy has been submitted for approval. • Works continue the fire cause and effect at the hospital sites. • Fire safety infrastructure works have commenced. • Estates have commissioned a survey of its fire dampers. • Works on fire compartmentation continue with AE fire NWSSP – SES. • Works are on-going with the management of asbestos, with further removals planned for 2021/22.
Support Services	<ul style="list-style-type: none"> • COVID-19 risks continue, with action plans in place to monitor control measures and make changes where necessary. • Physical distancing continues to be monitored and changes implemented where required. • Waste issue for Morriston Hospital continues to provide challenges and has been added to the risk register. • No RIDDOR's reports received during Q1. • Training a main priority for support services as numbers have dropped due to COVID-19 pressures, with current compliance between 60% & 76%, programmes in place to continue improvements in compliance. • Manual handling deep dive highlighted several areas that required improvement. Plans developed and being worked through to improve overall compliance.
Health and Safety Alerts (MDA)	<ul style="list-style-type: none"> • There has been a significant reduction in the number of safety notices received during the recent period and it was suggested that the types of alerts be reviewed to ensure these are monitored at the appropriate group or committee. <ul style="list-style-type: none"> - Medical Devices alerts (Medical Devices Committee) - Local Safety Notices (H&S Ops Group)
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"> - The Ventilation Policy was submitted, and no additional comments were received, and the group approved for it to be submitted to the H&S committee for final approval.
Trade Unions	<ul style="list-style-type: none"> • Stress management arrangements to take account of new methods of working due to COVID-19 and need to take account of the 6 standards outlined by the HSE. • Review the organisational change policy and stress policy to see if there is any links and report back to the next H&S operation group meeting.

NPTSSG	<p>identified that there was formal training for RIDDOR, with confusion on patient RIDDOR's.</p> <p>RIDDOR's reported:</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Public/Visitors</th> <th>Staff</th> </tr> </thead> <tbody> <tr> <td>01/01/21 – 25/07/21</td> <td>1</td> <td>18</td> </tr> </tbody> </table> <p>Challenges for reporting RIDDOR is the timeframes required on Datix and staffing (3 long days) has a negative impact on RIDDOR reporting, with staff not due back in work for 5.5 days on occasions.</p>	Period	Public/Visitors	Staff	01/01/21 – 25/07/21	1	18
	Period	Public/Visitors	Staff				
01/01/21 – 25/07/21	1	18					
<p>There isn't a specific monitoring action but the Service Group management team. Local managers are responsible for their incidents. However, H+S have RIDDOR alerts via the incident approval process. All RIDDOR incidents are managed via the manager of the area where the incident was reported and there is good understanding of what patient incidents are covered under RIDDOR.</p> <p>RIDDOR's reported:</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Public/Visitors</th> <th>Staff</th> </tr> </thead> <tbody> <tr> <td>01/01/21 – 25/07/21</td> <td>2</td> <td>1</td> </tr> </tbody> </table> <p>All RIDDOR incidents are reported through the SG Health & Safety group and all lessons learned are discussed and shared.</p> <p>Challenges in completing RIDDOR's – timeframes in completion on Datix and the reliance on managers for updating Datix.</p>	Period	Public/Visitors	Staff	01/01/21 – 25/07/21	2	1	
Period	Public/Visitors	Staff					
01/01/21 – 25/07/21	2	1					
Mental Health & LD	<p>All RIDDOR incidents are monitored by the SG H&S group on a bi-monthly basis with local managers investigating within their directorate. The understanding of RIDDOR for staff is good and requires additional work to increase understanding of patient RIDDOR's.</p> <p>RIDDOR's reported:</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Public/Visitors</th> <th>Staff</th> </tr> </thead> <tbody> <tr> <td>01/01/21 – 25/07/21</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>There is good understanding of BBV and the requirement to report under RIDDOR.</p> <p>Challenges in completing RIDDOR's is ensuring as part of the return to work (RTW) interview to identify if it is a RIDDOR</p>	Period	Public/Visitors	Staff	01/01/21 – 25/07/21	0	0
	Period	Public/Visitors	Staff				
01/01/21 – 25/07/21	0	0					

<p>Primary Care & Community</p>	<p>There is no formal monitoring process, with no named person identified for the SG. The SG H&S group receives reports on RIDDOR, with support from the H&S team. CDS have an outline of a process for managing RIDDOR locally. The understanding of RIDDOR is indifferent between the various groups.</p> <p>RIDDOR's reported:</p> <table border="1" data-bbox="432 555 1289 633"> <thead> <tr> <th>Period</th> <th>Public/Visitors</th> <th>Staff</th> </tr> </thead> <tbody> <tr> <td>01/01/21 – 25/07/21</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>Challenges in completing RIDDOR's is knowing if staff have been off for 7 or more days and there could be different people involved in an incident and sickness management.</p>	Period	Public/Visitors	Staff	01/01/21 – 25/07/21	0	0
Period	Public/Visitors	Staff					
01/01/21 – 25/07/21	0	0					
<p>Support Services</p>	<p>Although systems are in place and reported through support services board meetings, some reports are submitted late and are not picked up until sick absence reviews.</p> <p>Managers knowledge on RIDDOR has room for improvement, with understanding varying throughout the service.</p>						
<p>Overview</p>	<p>Overall, there were processes in place to identify and monitor, with indifferent knowledge in what is reported under RIDDOR, this was more of a challenge for patient RIDDOR reporting.</p> <p>All H&S groups received reports covering RIDDOR's and have systems in place for identifying and sharing lessons learnt from RIDDOR's. Most SG stated that gaining appropriate information on occasions was difficult. This impacts on the completion of the investigation.</p> <p>There is a clear identification that appropriate RIDDOR training is required.</p> <p>Virtual training for RIDDOR has been put in place with positive feedback.</p> <p>There have been positive improvements in Q1, with a significant improvement from 29 days to reporting within 8 days, only one was outside the HSE timeframe.</p>						
<p>Health & Safety Risk Register</p>	<ul style="list-style-type: none"> The health & Safety risk register was reviewed and there were no significant changes. 						

Policies and Procedures	<ul style="list-style-type: none"> The Ventilation Policy was submitted with no comments received and it was agreed to submit to the H&S committee for approval. This is provided in appendix 1.
Fire Safety Group	<ul style="list-style-type: none"> Minutes of the fire safety group are provided in Appendix 2.
AOB	<ul style="list-style-type: none"> Patient safety day (September 2021) was discussed Review of meeting dates and whether or not to continue with Teams or look to introduce face to face meetings or a blended approach, it was agreed to monitor the COVID position for the remainder of the year and continue with Teams for the rest of this financial year. MP thanked DR for her dedication and contribution to H&S and wished her a long and happy retirement.

c. Logistics (PPE) Cell update

A report was received outlining the systems and process in place and the current position on PPE nationally and locally, both reporting positive levels of PPE, with nationally supplies through NWSSP having over 31 weeks of most lines of PPE. The only exception to achieving 24 weeks supply was nitrile examination gloves showing 17 weeks supplies.

There were only 3 incidents reported during Q1 where PPE was indicated, one had a face covering and not a surgical mask on the ward, two were linked to potential tampering with PPE. On investigation the PPE was identified as returned stock that was recirculated and one of the packs had previously been opened, these were removed and not used.

d. Fire Safety Audit

An update was provided on the NWSSP fire safety audit and the actions identified in the action plan, with a number of the actions already closed. The action plan was shared with the group along with the progress made, with significant improvement in compliance with fire risk assessments, moving from a position of over 72% of fire risk assessments overdue to fully compliant in July 2021.

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 and
- **APPROVE** the Ventilation Policy

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	Substantive item
Appendix 1	Ventilation Policy
Appendix 2	Fire Safety Group minutes