



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	04 October 2022	Agenda Item	4.1
Report Title	Health & Safety Operational Group Key Issues Report		
Report Author	Mark Parsons, Assistant Director of Health & Safety		
Report Sponsor	Darren Griffiths, Director of Finance & Performance		
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 3 rd August 2022.		
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. • Display Screen Equipment (DSE) deep dive. • Estates Speciality Groups updates • Occupational Health Overview • Terms of Reference review 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the report 		

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 3rd August 2022.

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 3rd AUGUST 2022

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. Welcome and apologies

The Chair welcomed and introduced Amanda Millard who joined the group for the first time as RCN representative and also welcomed everyone else to the meeting, with apologies received from: Mental Health and Learning Disabilities, Primary Care, Head Quarters and Estates, all providing written reports. Due to staffing levels there were no deputies available to attend.

c. 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 Service Group (NPTSSG): Singleton	<ul style="list-style-type: none">• The last NPTSSG meeting was held on 23/02/22, attendance at the service group meeting is positive, with representation across the various services/departments• The meeting scheduled for 31/05/22 was repurposed to support Business Continuity exercise, which was well attended with excellent cross section participation. <p>Risk Register - Risks highlighted:</p> <ul style="list-style-type: none">- 5th bed in bays on acute medical wards to increase capacity- Surgical services end of life equipment require replacement- Medicine DMARD & Biological monitoring- SCBU mobile image unit outdated

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	<ul style="list-style-type: none"> - Staffing gap pharmacy re complex cardiac speciality - Children services staffing shortages community service - MIU waiting area - SAU environment and flow <p>Risks above 16:</p> <ul style="list-style-type: none"> - Cladding - Staffing retention of staff - Inappropriate attendance at MIU - Unavailability of timely ambulance transfers from MIU to ED <p>The full list of risks on the register were provided within the report.</p> <p>There is on-going management of fire with the changes required to facilitate the cladding works and in addition a formal quarterly fire walk around is being scheduled, with key stakeholders involved. The SG is reviewing communications to ensure key messages are being disseminated to all staff.</p> <p>Fire:</p> <ul style="list-style-type: none"> • Fire compartmentation surveys have been completed and waiting for the analysis of the findings to be shared. • Fire risk assessments compliance remain at 100%. • Working with the fire team to increase the number of fire wardens. Reviewing and update fire pans and in particular the inclusion of vertical evacuation. • Fire stopping/compartmentation works continue at NPTH, only ward F remains outstanding. • Anti-ligature works commenced in July 2022. • There were four fire incidents reported, 3 in singleton and one at NPTH. Two near miss, one was a patient lighting paper and one where microwave was omitting white smoke, no harm. <p>Mandatory training compliance:</p> <table border="1" data-bbox="427 1489 1222 1675"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>89</td> <td style="background-color: green;"></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>87</td> <td style="background-color: green;"></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>86</td> <td style="background-color: green;"></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>97</td> <td style="background-color: green;"></td> </tr> </tbody> </table> <p>Systems are in place to maintain mandatory training compliance as a minimum 85% target.</p> <ul style="list-style-type: none"> • No PPE issues raised. • Acute medical redesign works, this has workforce challenges and being worked through as part of the centres of excellence. Also, 	Course	Target %	Actual %	Compliance	Fire Safety	85	89		Health & Safety	85	87		Manual Handling	85	86		Violence & Aggression	85	97	
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	<p>various capital works taking place, adding to an already busy hospital environment.</p> <ul style="list-style-type: none"> Incidents to staff covering Q4 2021/22 to Q1 2022/23 <ul style="list-style-type: none"> 1 RIDDOR incidents reported for Singleton, this was an over 7 day injury <p>There was no staff specific incident report due to challenges with new Datix system</p> <ul style="list-style-type: none"> Regular H&S walkabouts, these are supported by PFI partners and H&S colleagues. As part of the redesign of services, NPTH will become a centre of excellence for orthopaedics, number of capital projects identified, with works progressing with capital and PFI partners. 																																																																				
<p>Morrison Service Group</p>	<p>The last meeting scheduled was deferred due to staffing challenges and availability of representatives.</p> <p>Risk Register - Risks highlighted:</p> <p>A full list of risks on the register were provided within the report with only one being highlighted as scoring over 16</p> <ul style="list-style-type: none"> CCTV in the Emergency Department – delays due to COVID-19 and the high capacity in the department. <p>Mandatory training compliance:</p> <table border="1" data-bbox="427 1160 1222 1346"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>77</td> <td></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>74</td> <td></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>70</td> <td></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>72</td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> Working with the fire team to increase the number of fire wardens and scheduling onsite training using scenarios and also reviewing and updating fire pans. No PPE issues reported. <p>Staff incidents Q4 2021/22 & Q1 2022/23: 1 RIDDOR was reported during this period</p> <table border="1" data-bbox="379 1644 1043 1957"> <thead> <tr> <th>Incident Type</th> <th>Q4</th> <th>Q1</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Assault Patient to staff</td> <td>29</td> <td>34</td> <td>63</td> </tr> <tr> <td>Aggression Patient to staff</td> <td>10</td> <td>30</td> <td>40</td> </tr> <tr> <td>Slip, trip & fall</td> <td>11</td> <td>13</td> <td>24</td> </tr> <tr> <td>Sharps</td> <td>11</td> <td>9</td> <td>20</td> </tr> <tr> <td>Struck by moving object</td> <td>4</td> <td>8</td> <td>12</td> </tr> <tr> <td>Manual handling (Patient)</td> <td>4</td> <td>8</td> <td>12</td> </tr> <tr> <td>Verbal abuse</td> <td>14</td> <td>11</td> <td>25</td> </tr> <tr> <td>Racial abuse</td> <td>2</td> <td>3</td> <td>5</td> </tr> <tr> <td>Manual handling</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Struck object</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>Animal</td> <td>0</td> <td>1</td> <td>1</td> </tr> </tbody> </table>	Course	Target %	Actual %	Compliance	Fire Safety	85	77		Health & Safety	85	74		Manual Handling	85	70		Violence & Aggression	85	72		Incident Type	Q4	Q1	Total	Assault Patient to staff	29	34	63	Aggression Patient to staff	10	30	40	Slip, trip & fall	11	13	24	Sharps	11	9	20	Struck by moving object	4	8	12	Manual handling (Patient)	4	8	12	Verbal abuse	14	11	25	Racial abuse	2	3	5	Manual handling	1	2	3	Struck object	0	1	1	Animal	0	1	1
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Primary and Community Care Service Group	<p>Primary and Community provided apologised for not being able to attend, this was due to operational challenges but submitted a report.</p> <p>Risk Register - Risks highlighted: No specific risks were highlighted in the report</p> <ul style="list-style-type: none"> Ongoing discussions around building/site roles and responsibilities, with a target date of 31 December 2022 to agree responsibilities and suitable persons identified for each building/site. <p>Communications:</p> <ul style="list-style-type: none"> Heads of services have been requested to share/raise H&S issues with their teams and for each service to complete exception reports going forward to report into the PCTS Group H&S meetings. 																							
Mental Health & Learning Disabilities Service Group	<p>Mental Health & LD provided apologised for not being able to attend, this was due to operational challenges but submitted a report.</p> <p>The last H&S meeting was held on 19th July 2022, with next meeting scheduled for 20th September 2022.</p> <p>Risk Register - Risks highlighted:</p> <ul style="list-style-type: none"> Violence & aggression Slips, trips and falls Child bearing staff members Fire and security in MH&LD estate Fire on wards (different handler/manager for each division of MH&LD SG) Food hygiene compliance Caswell clinic security issues Ligature risk for patients <p>All risks are being monitored locally, with controls in place to mitigate as far as is reasonably practicable.</p>																							

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	<p>No PPE issues have been reported.</p> <p>The SG has developed a reducing restrictive practices steering group to focus on operationalise the overarching strategic framework for Reducing Restrictive Practices March 2019 and will link in with the various groups across MH&LD.</p> <p>Incidents to staff covering April – June 2022</p> <ul style="list-style-type: none"> - No RIDDOR's reported <table border="1" data-bbox="469 560 1232 884"> <thead> <tr> <th>Incident Type</th> <th>Apr</th> <th>May</th> <th>June</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Aggressive, threatening behaviour</td> <td>31</td> <td>30</td> <td>20</td> <td>81</td> </tr> <tr> <td>Inappropriate behaviour/attitude</td> <td>4</td> <td>2</td> <td>1</td> <td>7</td> </tr> <tr> <td>Physical assault</td> <td>11</td> <td>13</td> <td>10</td> <td>34</td> </tr> <tr> <td>Sexual behaviour</td> <td>1</td> <td>5</td> <td>2</td> <td>8</td> </tr> <tr> <td>Struck against or by an object</td> <td>1</td> <td>2</td> <td></td> <td>3</td> </tr> <tr> <td>Verbal assault (racial abuse)</td> <td>1</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Verbal assault (swearing etc)</td> <td>1</td> <td>1</td> <td>1</td> <td>3</td> </tr> <tr> <td>Anti-social behaviour</td> <td></td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Harassment</td> <td></td> <td>1</td> <td></td> <td>1</td> </tr> <tr> <td>Sexual assault</td> <td></td> <td>1</td> <td></td> <td>1</td> </tr> <tr> <td>Total</td> <td>50</td> <td>56</td> <td>35</td> <td>141</td> </tr> </tbody> </table> <p>141 Incidents to staff</p> <ul style="list-style-type: none"> - 59 resulted in no harm - 721 resulted in low harm - 11 resulted in moderate harm <p>Training is being maintained where possible and current compliance for H&S related training</p> <table border="1" data-bbox="429 1214 1222 1400"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>86.5</td> <td style="background-color: green;"></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>87</td> <td style="background-color: green;"></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>85</td> <td style="background-color: green;"></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>93</td> <td style="background-color: green;"></td> </tr> </tbody> </table> <p>Programmes in place to continue improvements in compliance</p> <ul style="list-style-type: none"> • Ligature works are underway at Cefn Coed, Caswell clinic, Ward F NPTH and some L&D premises, these will continue in 2022/23. • Fire risk assessment completion is 100% with FRA schedule in pace. • A number of fire warden training sessions have taken place increasing FW numbers for improved resilience. • The Cefn Coed Fire Plan is being reviewed and will be approved at the SG H&S meeting. 	Incident Type	Apr	May	June	Total	Aggressive, threatening behaviour	31	30	20	81	Inappropriate behaviour/attitude	4	2	1	7	Physical assault	11	13	10	34	Sexual behaviour	1	5	2	8	Struck against or by an object	1	2		3	Verbal assault (racial abuse)	1			1	Verbal assault (swearing etc)	1	1	1	3	Anti-social behaviour		1	1	2	Harassment		1		1	Sexual assault		1		1	Total	50	56	35	141	Course	Target %	Actual %	Compliance	Fire Safety	85	86.5		Health & Safety	85	87		Manual Handling	85	85		Violence & Aggression	85	93	
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HQ Baglan	<p>KM provided apologise for the meeting and submitted the report.</p> <p>Risk Register - Risks highlighted:</p>																																																																																

Item	Comments
	<ul style="list-style-type: none"> • There was one new risk added to the RR – Aging chiller system. Routine inspections and maintenance to mitigate risk. • HQ H&S meeting last held on 22nd February 2022, with good attendance. <p>New ways of working being introduced at HQ, with a blended approach, with directorates/teams managing their dedicated areas, early indications are positive.</p> <p>Additional fire wardens identified and trained, this will be continually reviewed.</p> <p>Fire stopping works identified, with works scheduled to address.</p> <p>HQ health and safety group have no immediate H&S concerns.</p>
Estates Management	<p>DK provided apologise for the meeting and submitted a report, there was no availability of a deputy due to leave and operational pressures.</p> <p>Pressures continue with resources, with staff either moving internally or externally, with added pressure due to being unsuccessful in suitable candidates to take up posts, even after successful interviews and are reviewing current structures.</p> <p>The report covered a number of specialist areas:</p> <ul style="list-style-type: none"> ○ Medical Gases ○ Electrical services ○ Ventilation ○ Fire ○ Decontamination ○ Asbestos <p>Overall the estates department have a number of vacancies that are impacting of the ability of the department to appoint AP's.</p> <p>Medical gases:</p> <ul style="list-style-type: none"> • Task & finish group set up to review & update the MGPS Operational Policy and procedures. • Development of a training package to support designated nursing/medical officers and designated porters. <p>Electrical Services:</p> <ul style="list-style-type: none"> • Issue remain on both main sites in maintaining compliance in accordance with WHTM's and a paper is being prepared highlighting the risks and opportunities and will be supported by the information detailed in the 6 FACET survey, this will be presented to the HB management team.

Item	Comments
	<p>Ventilation Systems</p> <ul style="list-style-type: none"> Large percentage of the ventilation system is non-compliant with current WHTM's and is included in the estates risk register. <p>Estates fire safety:</p> <ul style="list-style-type: none"> Fire compartmentation surveys have been commissioned covering Singleton and Morriston Hospitals, reports scheduled to be received June/July 2022, this includes cause & effect and a percentage of the ducting to identify fire dampers within the compartmentation. Resources remain an issue to address non-compliance identified through the fire risk assessments. <p>Decontamination:</p> <ul style="list-style-type: none"> Aps have been appointed at Singleton and Morriston Hospitals. IP&C have set up a working group focussing on operational challenges. <p>Asbestos Management:</p> <ul style="list-style-type: none"> Works are on-going with the management of asbestos, with a tender being prepared for completion of an Asbestos Management Plans. <p>Water Safety Management:</p> <ul style="list-style-type: none"> A draft water management risk assessment has been issued, this is being reviewed for accuracy/comments, with a final draft expected along with indicative costs. <p>Waste:</p> <ul style="list-style-type: none"> Nationally there has been challenges around the management of waste, with additional pressures from the pandemic – PPE disposal (bulky items, create large volumes of waste). This continues to be monitored local and nationally with contingencies in place. <p>Security:</p> <ul style="list-style-type: none"> The security management group has been re-established to focus on security issues across the HB. <p>Progress has been made in several areas; however, resources remain a challenge across the estates team.</p>
<p>Support Services</p>	<p>The last support service management board meeting was held in July 2022.</p> <p>Following our annual review of health & safety, there were 5 key issues affecting support services:</p> <ul style="list-style-type: none"> Roof above Morriston catering department

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	<ul style="list-style-type: none"> • Poor response to fire and intruder alarms – (out of hours on small unmanned sites). • Review of arrangements following car bomb attack at Liverpool. • Review of security services at singleton Hospital. • Issue that arose out of the ‘deep dives’ requested through the HSOG. <p>Risk Register - Risks highlighted:</p> <ul style="list-style-type: none"> • CCTV – funding in place for some areas (ED & Pathology) • Security at Singleton SAU – Temporary resources withdrawn end of May 2022. • Car parking – Temporary parking and sustainable travel options being explored. • Mandatory training – alternative methods being explored. • Slips, trips and falls – digital solutions being explored to monitor areas. • Cleaning hours (Morrison Hospital) – funding allocated to recruit and reduce the risk. • Allergens – Action plan and training in place. <p>Incidents to staff reported in month</p> <ul style="list-style-type: none"> • No RIDDOR’s reported <p>34 Incidents to staff</p> <ul style="list-style-type: none"> • 3 accident/Injury • 12 violence & aggression including behaviour • 1 Equipment, Devices <p>Majority of incidents were reported by security and car parking teams.</p> <p>Mandatory training compliance:</p> <table border="1" data-bbox="432 1402 1222 1588"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>70</td> <td style="background-color: red;"></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>75</td> <td style="background-color: red;"></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>71</td> <td style="background-color: red;"></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>91</td> <td style="background-color: green;"></td> </tr> </tbody> </table> <p>Systems are in place to increase mandatory training compliance to achieve minimum 85% target.</p> <ul style="list-style-type: none"> • The department is involved with the Swansea Bay Travel Charter – attached • The department is also involved in the decarbonisation strategy in relation to Fleet Transport and the introduction of ULEV and chargers 	Course	Target %	Actual %	Compliance	Fire Safety	85	70		Health & Safety	85	75		Manual Handling	85	71		Violence & Aggression	85	91	
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	<ul style="list-style-type: none"> A review of Singleton security has been undertaken, with evidence indicating that security cover is not required at this time. 																																			
Health and Safety Alerts (MDA)	<p>Only four Local Security Notices (LSNs) have been received this month</p> <p>For the four LSN's only NPT and Singleton Hospitals responded and actioned, with the other service groups providing no response.</p> <p>A recent audit on the alert process has identified a number of gaps, these are being addressed through a task & finish group.</p>																																			
Policies with Health and Safety Implications	<ul style="list-style-type: none"> There were no policies/procedures or protocols presented to the group. However, there are two policies that have already been through the HSOG and have been included again for formal approval by the H&S committee. The Health and Safety Policy has been updated following the recent health & safety internal audit recommendations, so this is presented for approval. 																																			
Trade Unions	<ul style="list-style-type: none"> No topics were officially raised, however, NH raised a number of questions/comments on the previously submitted maternity procedure submitted at the last HSOG meeting. NH to send queries to MP to review outside of the meeting and MP will respond. NH also raised that not all SG's conduct joint H&S walk about, MP to follow up to ensure this good practice is mirrored across the service groups. 																																			
Incident Reporting & Lessons Learned	<p>There were 3 RIDDOR incident reported in Q1 2022 (Table 1). This may partially reflect the change in functionality of the On for Wales DATIX system that no longer permits manager to trigger suspected RIDDOR incidents to the Health and Safety department for analysis. Accordingly, during the period under review there were no incidents recorded (typically that were clinically related) that the manager may have classed as RIDDOR</p> <table border="1" data-bbox="379 1458 1374 1715"> <thead> <tr> <th data-bbox="379 1458 687 1503">Table 1</th> <th colspan="5" data-bbox="687 1458 1262 1503">Service Group/Management Unit</th> <th data-bbox="1262 1458 1374 1503"></th> </tr> <tr> <th data-bbox="379 1503 687 1547">Incident Type</th> <th data-bbox="687 1503 783 1547">MGH</th> <th data-bbox="783 1503 903 1547">MH_LD</th> <th data-bbox="903 1503 1007 1547">NPTH</th> <th data-bbox="1007 1503 1166 1547">PC_Comm</th> <th data-bbox="1166 1503 1262 1547">SGH</th> <th data-bbox="1262 1503 1374 1547">Total</th> </tr> </thead> <tbody> <tr> <td data-bbox="379 1547 687 1615">Manual Handling of Patient</td> <td data-bbox="687 1547 783 1615">2</td> <td data-bbox="783 1547 903 1615"></td> <td data-bbox="903 1547 1007 1615"></td> <td data-bbox="1007 1547 1166 1615"></td> <td data-bbox="1166 1547 1262 1615"></td> <td data-bbox="1262 1547 1374 1615">2</td> </tr> <tr> <td data-bbox="379 1615 687 1682">Struck by moving object</td> <td data-bbox="687 1615 783 1682"></td> <td data-bbox="783 1615 903 1682"></td> <td data-bbox="903 1615 1007 1682">1</td> <td data-bbox="1007 1615 1166 1682"></td> <td data-bbox="1166 1615 1262 1682"></td> <td data-bbox="1262 1615 1374 1682">1</td> </tr> <tr> <td data-bbox="379 1682 687 1715">Total</td> <td data-bbox="687 1682 783 1715">2</td> <td data-bbox="783 1682 903 1715"></td> <td data-bbox="903 1682 1007 1715">1</td> <td data-bbox="1007 1682 1166 1715"></td> <td data-bbox="1166 1682 1262 1715"></td> <td data-bbox="1262 1682 1374 1715">3</td> </tr> </tbody> </table> <p>All these incidents were reported in the required statutory time frame with the average number of days to report 11 calendar days. RIDDOR training has been well received, with additional sessions scheduled in 2022/23:</p>	Table 1	Service Group/Management Unit						Incident Type	MGH	MH_LD	NPTH	PC_Comm	SGH	Total	Manual Handling of Patient	2					2	Struck by moving object			1			1	Total	2		1			3
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Overview	<p>There were variances in the responses that are shown in blue text against each of the questions listed:</p> <ul style="list-style-type: none"> • Are managers aware that staff who are regular users of DSE must complete online training? NPTH aware – Singleton and Support Service not aware and mixed response from MH&LD • Can staff access the ESR training module for DSE? All saying yes as now aware through the deep dive • What is the current level of training against ESR records? Percentages are low, will now circulate to ensure staff are aware how to access and complete, noting that this is not a mandatory requirement – staff being encouraged to complete • How are staff who are regular users of DSE informed of the need to take regular 'breaks' from the equipment? Staff are encouraged to vary their works to take breaks away from the DSE – staff are aware based on responses • How does the Service group or management unit make managers aware of new or update policies or procedures? Communication process are in place through the various groups and governance structures including teams and emails • Are staff aware that they should complete a DSE self-assessment using the online training module in ESR? Majority not aware based on the responses received – process being put in place to communicate to staff • How many work stations have received a DSE assessment? This is not known and not sure how this will be collated to capture this going forward • Is the Service group or management unit aware of the need to keep local DSE records? NPTSSG aware, not so in MH&LD and Support Services and been made aware through this deep dive • How are the risks of homeworking with DSE managed? NPTSSG identified the need of DSE assessment and the requirement to provide appropriate equipment as did MH&LD and Support Services • Where there are risks that require support where would the manager seek help? NPTSSG and MH&LD identified Occupational Health/H&S/Authorised experts and Wellbeing services. Support Service did not • Do any DSE risks appear on the Service group or management unit risk register? All replied none at the moment • Has the Service group or management unit developed a monitoring programme for DSE management? None had this in place and will be looking to ink in to current processes i.e. ESR • Have appropriate financial arrangements been made to manage purchase of equipment necessary to control DSE risks? No

Item	Comments
	<p>specific funding identified and would check with financial colleagues</p> <p>All SG's agreed that the deep dive for DSE has made them realise the things that they are required to carry out and having gone through this, will be looking at good practices discussed to maximise benefits from good practice highlighted and looking to see how mitigations can be put in place to close any gaps in systems to minimise risk.</p>
Health & Safety Risk Register	<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"> High Voltage Policy has been recirculated to include in the HSC in October 2022. Please see 4.1.1 New and Expectant Mothers Procedure has been recirculated to include in the HSC in October 2022. Please see 4.1.2 & 2a Health and Safety Policy – updated following internal audit recommendations. Please see 4.1.3
Fire Safety Group	Minutes of the Fire Safety Group are embedded for information.
AOB	SD from Occupational Health provided an overview of the surveillance programmes offered/facilitated by the Occupational Health department.

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 policies

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 workplace 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	This is a routine report to committee	
Appendices	Appendix 1 – High Voltage Policy Appendix 2 – New and Expectant Mother’s Procedure Appendix 3 – Health and Safety Policy – October 2022	

	Appendix 4 – Health and Safety operational group terms of reference Appendix 5 – Minutes of Health and Safety operational group meeting
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