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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	02 September 2019		Agenda Item	2.5
Report Title	Health and Safety Annual Report 2018-2019			
Report Author	Laurie Higgs, Head of Health & Safety			
Report Sponsor	Gareth Howells, Director of Nursing & Patient Experience			
Presented by	Laurie Higgs, Head of Health & Safety			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to provide the Health & Safety Committee with summary information relating to principal activities associated with the promotion and management of health and safety issues for the period 1 April 2018 to 31 March 2018.			
Key Issues	<ul style="list-style-type: none"> The Health and Safety Annual Report 2018-2019 is published annually and provides assurance on the health and safety matters managed by the Health Board. 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to : <ul style="list-style-type: none"> NOTE the Health and Safety Annual Report 2018-2019. APPROVE the Health and Safety Annual Report 2018-2019. 			

HEALTH AND SAFETY ANNUAL REPORT 2018-2019

1. INTRODUCTION

The purpose of this report is to provide the Health & Safety Committee with summary information relating to principal activities associated with the promotion and management of health and safety issues for the period 1 April 2018 to 31 March 2019.

2. BACKGROUND

All organisations have a legal duty to put in place suitable arrangements to manage health and safety. Ideally, this should be recognised as being a part of the everyday process of conducting business and/or providing a service, and an integral part of workplace behaviours and attitudes. The arrangements used by the Health Board are aligned with the principles of the guidance issued by the Health and Safety Executive (HSG65) which is represented by four key components of health and safety management: 'Plan, Do, Check, Act.'

In 2018-2019 the majority of health and safety objectives outlined within the Health and Safety Action Plan 2018-2019 were achieved. The Health and Safety Annual Report 2018-2019 is presented at **Appendix 1** for approval and provides information relating to key activity undertaken by the Health and Safety team with respect to: fire safety; Operational Estates health and safety management; manual handling; occupational health and wellbeing; radiation safety and health and safety training provision.

During 2018-2019 significant attention was given to:-

- Reviewing arrangements to reflect the new Health board structure
- Recognising specific health, safety and fire risks that are in the organisation
- Using statistical information to better understand priorities for action
- Improving the scope of work and governance undertaken by the Health and Safety Committee
- Addressing matters identified by the Health, Safety and Fire Internal Audit reports

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 financial implications for the committee to consider.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the Health and Safety Annual Report 2018-2019.
- **APPROVE** the Health and Safety Annual Report 2018-2019.

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 checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The effective communication of health and safety information and coordination of team activities is essential to providing safe patient care. Effective teamwork and communication are just two aspects of the 'non-technical' skills required to ensure patient safety.</p>		
Financial Implications		
No financial implications for the committee to be aware of.		
Legal Implications (including equality and diversity assessment)		
<p>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 which includes:</p> <ul style="list-style-type: none"> • The Health & Safety at Work Act 1974 • The Management of Health and Safety at Work Regulations 1999 • The Workplace (Health, Safety and Welfare) Regulations 1991 • The Manual Handling Operations Regulations 1992 • The Control of Asbestos at Work Regulations 2012 • The Health and Safety (Display Screen Equipment) Regulations 1992 • The Electricity at Work Regulations 1989 • The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 • The Control of Substances Hazardous to Health Regulations 2002 • The Provision and use of Work Equipment Regulations 1998 • The Construction (Design and Management) Regulations 2007 • The Quality Act 2010 • The Health and Safety (First Aid) Regulations 1981 • The Regulatory Reform (Fire Safety) Order 2005 • The Fire and Rescue Services Act 2004 • Civil Contingencies Act, 2004 		

<ul style="list-style-type: none"> • Corporate Manslaughter • Corporate Homicide Act 2007 	
Staffing Implications	
The organisational structure of the Health and Safety is under review to ensure that there is adequate resource to maintain health and safety standards for the SBUHB in the future.	
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 Annual Report 2018-2019



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Health and Safety Annual Report 2018-2019

HEALTH AND SAFETY ANNUAL REPORT 2018-2019

1. Introduction

In November 2017 Abertawe Bro Morgannwg University Health Board (ABMU) reviewed its previous health and safety improvement plan. Drivers for this review continued to be the developing management arrangements for the six Service Delivery Units (SDU) and improved health and safety arrangements for monitoring and assurance.

As part of the preparation for the formation of the Swansea Bay University Health Board (SBUHB) and transfer of resources to the Cwm Taf University Health Board (CTUHB) action was taken to review health and safety arrangements between the two Health Board. This report continues to include aspects of the management of health and safety in areas that were part of the Abertawe Bro Morgannwg University NHS Health Board (ABMU) but from April 2019 were transferred to CTUHB.

2. Scope of the Report

This report continues to include aspects of the management of health and safety in areas that were part of the Abertawe Bro Morgannwg University Health Board (ABMUHB) but from 1 April 2019 were transferred to Cwm Taf Morgannwg University Health Board (CTMUHB).

Though frequently driven by the requirements to comply with the large volume of health, safety and fire legislation effective health and safety management is about the Health Board discharging its moral, legal and financial obligations to those accessing, providing or who are affected by its services.

As a general principle health and safety law does not apply to clinical decisions such as the choice of treatment regimes or clinical consequences of the use of medication. Health and Safety legislation does impact upon patient safety in areas such as the management of patient falls, safety with medical devices, and the decontamination of medical devices. With changes in fines structures for breaches of health and safety law recent prosecutions of English NHS organisations have been the result of failures in the management of patient safety. With a diverse patient risk profile it will be vital moving forward that there is an effective coordination between clinical and non-clinical risk management and clear lines of accountability and reporting to the Health Board.

Though there are a broad range of health and safety requirements on the Health Board affects all areas, ward, departments, disciplines, equipment management, building and facilities management etc. The report has concentrated on a number of key topics that affect large parts of the organisation.

3. Reorganisation of the Health Board

From the spring of 2019 action was taken to implement arrangements to form the new SBUHB. Regular meetings were held with colleagues in the CTMUHB and policies,

procedures and other records were made available to them as part of the legacy statement.

The Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) had a significant impact on the resources of the health and safety department. With a policy decision that staff working more than 50% of their time providing services in the Bridgend area resulted in the loss of 4 safety and fire advisers posts. This left the department with 1.2 WTW to provide health and safety and violence and aggression advice, a single Fire Safety Adviser and 1.2 WTE for manual handling. Prior to the reorganisation the Health Board was already under resourced and the current situation, which will be further affected by retirements is unsatisfactory.

4. Key Achievements in 2018-19

Key achievements are shown below and are discussed in greater detail in the relevant sections of the report.

- The management of fire risks in Singleton Hospital required the Service Delivery Unit supported by Estates and the Health and Safety department to review fire prevention, monitoring and emergency response strategies for the central ward block. All wards were reviewed and bespoke fire evacuation strategies developed. Enhanced monitoring both by Fire Safety Advisers and Fire Wardens was introduced. Fire wardens were trained to cascade information to their colleagues. Work continues on longer term strategies
- Work continued to use active and reactive monitoring to improve the management of health and safety.
- Resources were deployed to assist and support Service Delivery Units to develop their local health and safety arrangements.
- At the end of the review period more Health and Safety committees and groups were active including new groups in Service Delivery units and Estates; the latter with specific risk focused remits such as medical gases and low voltage electricity safety.
- The use of incident statistics to monitor trends was significantly improved during the period. Quarterly trends are reviewed by the Operational Health and Safety Committee and where there appears to be a significant change in performance these are analysed in greater detail to attempt to identify any root causes, inadequate health and safety systems etc. This work will be further developed by Service Delivery Units as their governance arrangements are strengthened permitting greater understanding of their risk issues and action that they will need to take

5. Health and Safety Management Arrangements and 2018-19 Plan

5.1 Introduction

During the period of review focus continued to review and improve ABMU arrangements for the management of health and safety. The six Service Delivery Units

were required to further develop their health and safety arrangements and were considered to be in a stronger position as their management teams and governance structures started to become imbedded.

5.2 Health and Safety Management

5.2.1 Principles

Good practice in health and safety requires that a continuous cycle is in place with the following principles.

Principles	
Plan	<ul style="list-style-type: none"> • Where are we and where do we need to be? • Know what risks you have got and decide priorities • What do we want to achieve, who is responsible, timescales? • How did we know it worked, performance indicators, outcomes etc.? • Is the plan suitable for management levels, risks etc. in ABMU?
Do	<ul style="list-style-type: none"> • Organise to deliver the plan • Implement the plan
Check	<ul style="list-style-type: none"> • Has the plan been effectively implemented • What are indicators telling you about performance? • Do not rely on accident statistics
Act	<ul style="list-style-type: none"> • Review plans and update as required • Take action on lessons learnt

These principles were used to underpin the 2018-2019 Health and Safety Improvement plan that includes the 11 management system principles developed to support Healthcare Standards in Wales.



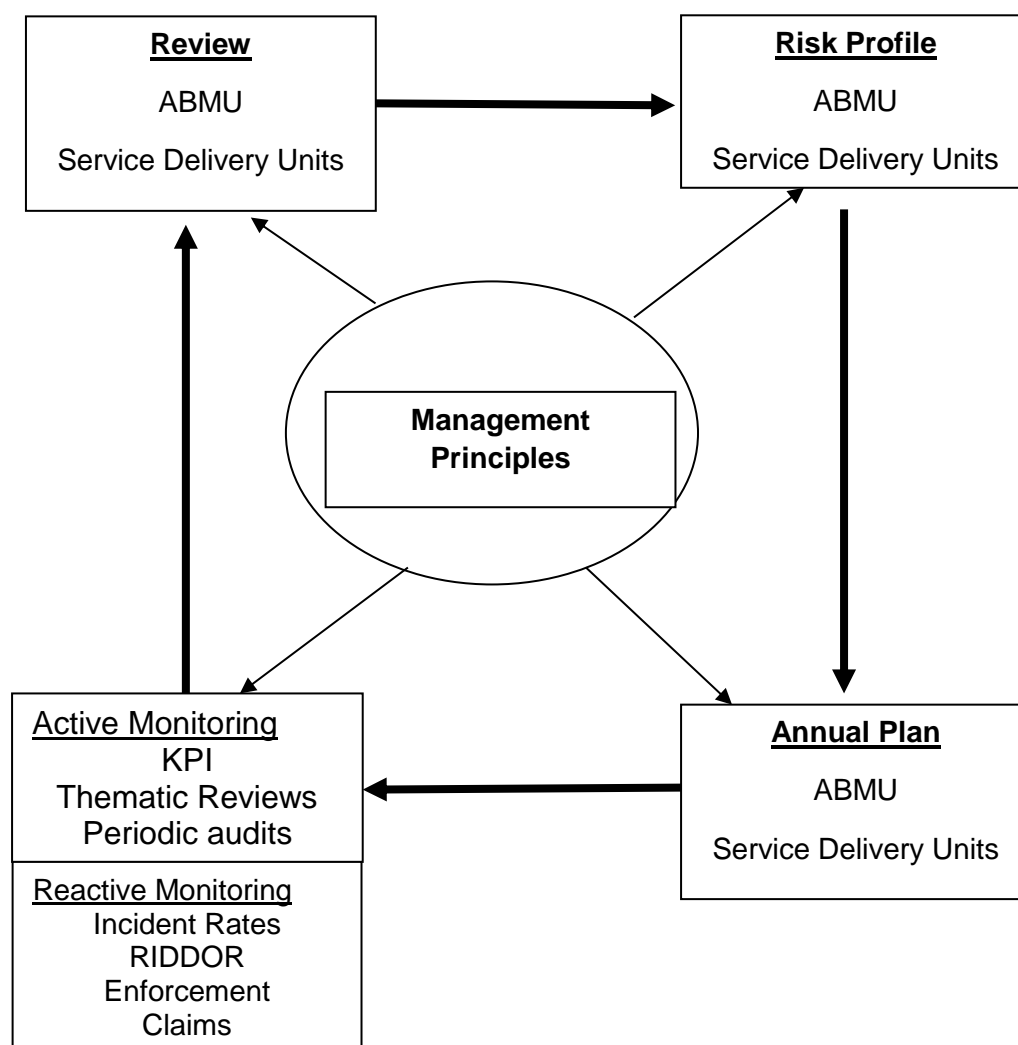
5.3 ABMUHB Health and Safety Management System

The above principles have been developed into Health Board arrangements that link together those standards (Chart 1) and are based upon a continuous cycle of improvement

- ABMUHB risk profile
- Annual (Health and Safety (Improvement) plan
- Monitoring of performance
- Review

The system applies to the management of health and safety at Corporate, Service Delivery Units, remaining Directorates and wards and departments.

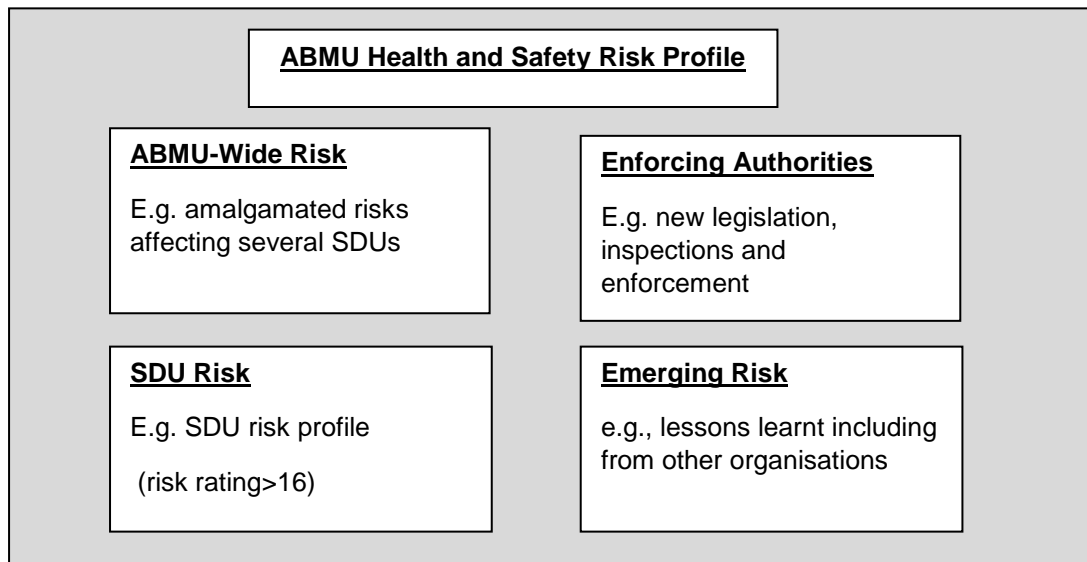
Chart 1



5.4 Health and Safety Risk Profile

The ABMUHB Risk Profile is based upon the identification and management of risks in 4 key areas (Chart 2).

Chart 2



The ABMUHB Health and Safety risk profile was regularly reviewed by the Health and Safety Committee and sub Committees such as the Fire Safety and Safer Sharps group. It is based upon the standard 5x5 matrix adopted in ABMUHB that considers the severity of the incident and its likelihood.

There are 35 currently risks that are being reviewed and managed by the Health and Safety Committee; these are grouped as follows (Table 1)

Table1:

Risk Type ↓	Risk Rating →	6	8	9	10	12	15	16	Total
Fire		1	2	4		1	2	1	11
H&S Management		1		1			1	1	4
Manual Handling				1		2			3
Performance						3			3
Policy				1					1
Sharps		1							1
Training						2			2
Violence and Aggression			1			2			3
Medical Device Information			1						1
COSHH				1					1
Radon Gas			1						1
Incident Reporting						1			1
Training						2			2
Display Screen Equipment		1							1
Total		4	5	8		13	3	2	35

The two risks scoring 16 relate to:

- Developing an effective health and safety management system at all levels of the Health Board
- Fire risk at Singleton Hospital associated with cladding

6 **Health and Safety Improvement Plan Review 2018-2019**

In May 2017 the ABMUHB Health and Safety Committee reviewed, agreed and kept under constant review the Health and Safety Improvement plan for 2018-19. The plan continued to focus on 4 broad areas of:-

- Management of health and safety
- Fire safety
- Manual handling
- Violence and aggression

In addition Control of Substances Hazardous to Health (COSHH) and Display Screen Equipment (DSE) management were included.


Where practicable the 6 areas of improvement included the 11 elements of Health and Safety Management Principles were included in the plan.


In summary progress against the plan in respect of general health and safety management is shown in (Table 2). Progress for other elements such as fire safety is shown in their respective sections.


Table 2	Progress against ABMU Health and Safety Improvement Plan 2018-19
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Management Principle	Leadership & Accountability	
Action	Outcome	Progress
Develop the ABMU Board level Health and Safety Committee (ABMU H&S Comm.)	New Committee formed and active	✓
Review roles and responsibilities of Operational Health and Safety Committee (Ops H&S Comm.)	Review undertaken and improved representation from Units	✓
Develop, maintain and review progress against ABMU Health and Safety plan 2018-19	Reviews undertaken by Board and Operational Health and Safety Committee/Group	✓
Units to develop effective systems to manage health and safety	Unit Health and Safety groups developed during the period of review but greater consistency of approach required	↑
Units to develop maintain and review progress against Unit Health and Safety plan 2018-19 as it applies to their areas of control etc.	Limited numbers of health and safety plans developed Units generally did not develop	→
Imbed Health and Safety advice and support into the work of the Units	Representation generally consistent at all six Unit Health and Safety Groups	✓
Develop Health and Safety arrangements in management areas of ABMU	Progress with Support Services and Estates but no progress in areas such as Finance and Workforce/OD	↑
Further development of required ABMU-wide Health and Safety Policies or Procedures	COSHH procedure developed but no progress with Display Screen procedure	→


Management Principle	Competent People	
Action	Outcome	Progress
Review current arrangements for the identification of, delivery, recording monitoring etc. of H&S training and competencies	Review of statutory and mandatory training systems including online has commenced but not complete	↑
Review training and competency arrangements in principle areas of health and safety risk to ensure that they are effective	Training needs analysis review undertaken for manual handling and violence and aggression. Fire safety review completed for Singleton Unit. Limited progress on other reviews	↑


Training systems appropriate to their areas are owned and managed by ward and departmental managers	Training needs analysis review undertaken for manual handling and violence and aggression. Fire safety review completed for Singleton Unit. Limited progress on other reviews	
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Management Principle	Compliance Assurance	
Action	Outcome	Progress
Periodic thematic reviews of health and safety risk topics at ABMU level	Regular reports made to ABMU Health and Safety Committee and Ops. Health and Safety group. No formal programme for the work of the Ops. Health and Safety group.	



Management Principle	Risk Management	
Action	Outcome	Progress
Develop, maintain and review H&S risk register for areas of control etc.	Risk register updated and reviewed by Ops Health and Safety group. Unit registers reviewed as part of ABMU reorganisation but many risks not formally monitored by Unit Health and Safety groups	


Management Principle	Learning From Events	
Action	Outcome	Progress
Monitor and review H&S incidents	Consistent set of data provided to Ops. Health and Safety group and Unit Health and Safety groups	
Sample quality of investigation of H&S incidents including lessons learnt, action taken etc.	RIDDOR reports reviewed by Ops. Health and Safety Group including quality of lessons learnt etc.	
Review of significant incidents in ABMU and Units	Regular reports made to Ops. Health and Safety Group	
Review of significant incidents affecting NHS Wales	Report made as required to Ops. Health and Safety Group	
Review of HSE Improvement notices etc.	Report made as required to Ops. Health and Safety Group and formation of HSE Improvement group	<input checked="" type="checkbox"/>
Review of significant Fire safety correspondence etc.	Report made as required to Ops. Health and Safety Group and formation of HSE Improvement group	<input checked="" type="checkbox"/>

Management Principle	Asset Management	
Action	Outcome	Progress
Improve the use of risk assessments to inform capital programmes	Effective use of risk assessment in manual handling equipment replacement programme, cladding review, fire safety estates. However, no clear understanding of other risks requiring investment	

Management Principle	Managing Contractors	
Action	Outcome	Progress
Support HSE strategy to improve SME management	Control of Contractors policy reviewed	

Management Principle	Communications	
Action	Outcome	Progress
Review membership of ABMU Ops H&S Comm. to include non-Service Delivery Unit representation	Review undertaken but currently no representation from low risk areas e.g. Finance	
Develop appropriate Health and Safety communication and consultation arrangements in Service Delivery Units	Review undertaken and Unit Health and Safety Groups developing	

Management Principle	Emergency Preparedness	
Action	Outcome	Progress
Where necessary (e.g. from risk assessments) have in place appropriate emergency procedures e.g. for spillages, UVc shutdown etc.	Some improvements but greater management e.g. review of site fire plans required from Units	
Review first aid provision	Review undertaken and arrangement satisfactory. Further review 2019-20	

Management Principle	Measuring Performance	
Action	Outcome	Progress
Identify, maintain and use Key Performance Indicators for ABMU Ops H&S Comm.	Review undertaken but limited range of indicators formally reported	

7. Policies and Procedures

7.1 General

The requirement for Policies and Procedures forms part of effective health and safety management. Due to the diversity of risks reviews have been undertaken on ABMU-wide policies and these arrangements are recorded in separate policies such as violence and aggression and manual handling.

7.2 Policy Review

Some health and safety policies required by the Health Board are more effectively managed by specialist committees such as the Radiation Safety (e.g. Ionising Radiations and Medical Examination Regulations 1995) or Patient Falls Group. These continued to report to the Quality and Safety Committee.

Some policies that were programmed for review in 2018-19 have been reclassified as procedures. This in part recognises that policies are more aspirational whereas procedures give greater detail. The Control of Substances Hazardous to Health (COSHH) and First Aid procedure were reviewed. The Display Screen Equipment procedure was not reviewed.

8. Service Delivery Units

During the review period Service Delivery Units were required, as part of the requirement to demonstrate leadership and accountability for health and safety, to further modernise their arrangements. Many of the Units were still developing their management arrangements and in particular embedding their governance teams, identifying their areas of responsibility, updating their risk registers and dealing with the backlogs of incidents, claims and complaints.

Key areas to be modernised were to put in place effective ways to understand their key risks, review their arrangements to control those risks, learn from incidents and to develop a Service Delivery Unit health and safety plan.

To assist with the coordination of health and safety arrangements units were required to either set up a unit-based health and safety committees or to incorporate health and safety management into their governance meetings. All units ultimately set up their own health and safety groups but there were differences in approach primarily relating to their structure and risk profile. Most groups were formally supported by representation from Health and Safety, Estates, Support Services and Trade Union colleagues.

Table 3 summarises some key performance indicators for the units

Table 3	Overview of Health and Safety Management in Service Delivery Units					
Service Delivery Unit	POW	MGH	SGH	NPTH	LD/MH	PC/Comm
Health and Safety committee meetings regularly held	☑	☑	☑	☑	☑	☑
Frequency of meetings	L	M	M	H	H	H
Regular Attendance by Operational managers	N	Y	L	Y	Y	Y
Incidents reviewed and lessons learnt	☑	☑	☑	☑	☑	☑
Risk Profile reviewed	N	Y	Y	Y	Y	Y
Annual plan developed 2018-19	N	N	N	Y	Y	Y

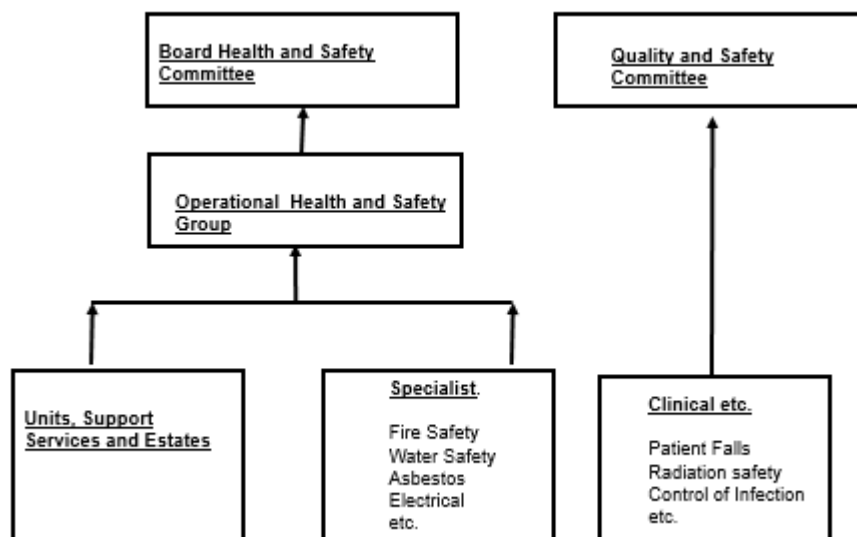
As a general summary there still remains significant work to be done to imbed health and safety governance arrangements in the units. In particular some Committees do not achieve the required numbers of meeting per year. Some have poor attendance by their operational managers with a risk of failure of communication and management of risk.

Key: ☑ - In place; L – Low attendance; M – Medium attendance; H – High attendance; Y – Yes; N - No

8. Health and Safety Committees and Groups

The Health Board reviewed its committee structure (chart 4). A dedicated Board Health and Safety Committee was formed.

Chart 4:



8.1 Board Health and Safety Committee

This Committee has a clear role in the management of health and safety. Work plans including assurance reports are in place. Certain health and safety risks such as ionising radiation and those around certain aspects of patient safety such as patient falls continue to be managed by groups that report to the Quality and Safety Committee.

8.2 ABMU Health and Safety Committee (Operational Health and Safety Group)

Five Health and Safety Committees meetings took place. In general there was good attendance from all Service Delivery Units. Estates and Support Services were represented. Only UNITE and UNISON currently attend the Committee meetings though other unions are invited and receive papers.

With changes in Health and Safety management arrangements and the introduction of the ABMU Board Health and Safety Committee this Committee became the Operational Health and Safety Group reporting to the Board Committee.

8.3 HSE Enforcement Group

This group has been developed to manage the HSE Improvement notices. It also considers actions taken by other enforcing agencies such as fire safety.

8.4 Fire Safety Group

Currently this group comprises representatives from Estates, Capital and Health and Safety. It functions to review estates fire safety arrangements in the Health Board and to consider fire risks and their management including links to capital programmes. Unit management of fire safety will be via their Health and Safety groups

8.5 Assurance and Learning Group

Regular health and safety reports are no longer provided to the Assurance and Learning Group.

8.6 Service Delivery Units (SDU)

Service Delivery Units (SDU) were formed in October 2014 with SDUs replacing the previous locality and directorate structures. The ABMU risk profile correctly identified the need to develop health and safety management arrangements in the new units. Flexibility was given to permit focus on the key risks faced by each unit. This process has taken longer than expected due to the need to for the SDUs to develop governance arrangements and appoint staff to fulfil these roles

At the end of the period the following groups were active and having regular meetings:-

- Mental Health& Learning Disabilities: Health and Safety Group
- Princess of Wales: Health and Safety Group
- Neath Port Talbot: Health and Safety Group
- Morriston: Environmental group
- Primary Care and Community: Health and Safety Group
- Support Services: Health and Safety Group
- Estates: Health and Safety Committee

8.7 Water Safety Management Committee

This Committee is chaired by the Director of Nursing and continues to review the Water Safety Management Policy and associated plan for ABMU.

8.8 Asbestos Management Committee

This Committee comprises Estates and Health and Safety representation. It continues to review risk management arrangements and manages the Asbestos capital programme.

8.9 Radiation Safety Committee

This committee is chaired by the Medical Director and links into the Quality and Safety Committee. It comprises Radiation Safety Advisers and Supervisors and Waste Management representation for radioactive waste. Key focus includes the reviews of reports from radiation protection supervisors and Adviser, monitoring of exposure to radiation by staff and local rules.

During the period of review the Ionising Radiation Policy was reviewed. This will require the Director of Operations to put in place arrangements for monitoring of Radon in (at-risk) ABMU properties

8.10 Medical Sharps Group

This group is represented by Procurement, Medical Devices management, Infection Control, Risk Management, Nursing and Health and Safety. It has reduced the numbers of meetings but continues to monitor safety with medical sharps. A key piece of work for 2018-19 will be to review where non-safety engineered medical sharps continue to be used and to identify possible replacements.

8.9 Medical Devices Committee.

The Medical Devices Committee has Health and Safety Representation. This reflects the health and safety legislation around equipment management and training. The group is chaired by the Medical Director

9. Monitoring

9.1 Introduction

A variety of monitoring arrangements have been put in place. Currently they are generally reviewed by the Health and Safety Committee but will be further used by the Service Delivery Units and other management areas.

Active monitoring reviews performance against elements including:-

- Health and Safety Improvement plan
- Programme of thematic audits that consider performance against specific risk topics and areas
- Progress on managing risks identified on the ABMU Health and Safety risk profile.
- Reports on other topics outside of the thematic review programme such as progress against other health and safety topics e.g. medical sharps

Reactive monitoring includes

- Reviews of incident statistics
- Reviews of RIDDOR incidents
- Progress against enforcement action taken against the Health Board

9.2 Reactive Monitoring: The Use of Incident Statistics in the Management of Health and Safety

9.2.1 Introduction

When an actual incident (or near miss takes place), apart from the immediate management of the incident, there are opportunities for the Health Board and its managers to improve the management of risk by:-

- Identification of main (root) cause(s) of the incident
- Determine if there are gaps in arrangements. These may include lack of or inadequate risk assessments, procedures, training and suitably maintained equipment
- Using the information widely in the Health Board to identify trends across similar risk areas
- Sharing of information including lessons learnt

Improvements (or concerns) around control of risks associated with incidents are discussed within the relevant sections such as violence and aggression.

9.3.2 Data

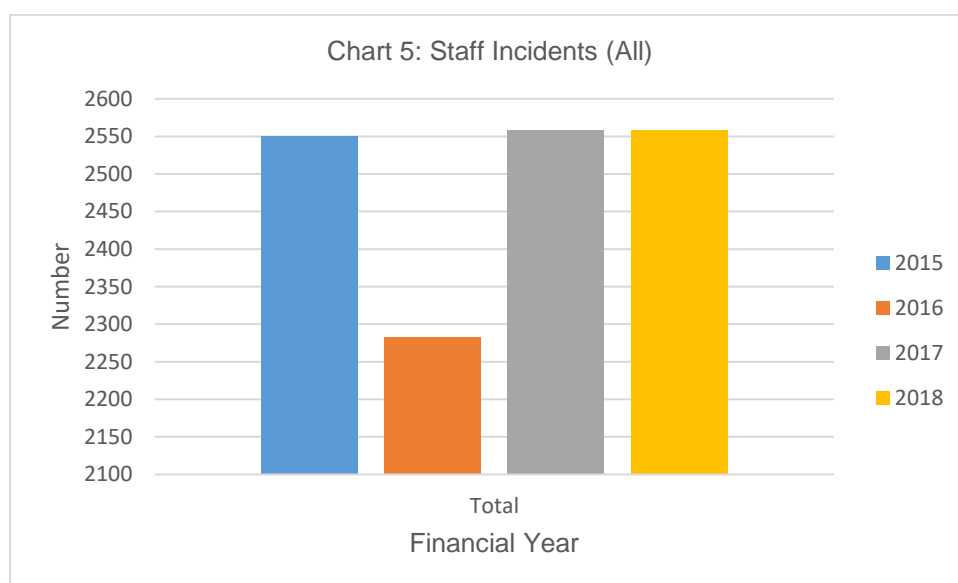
For each meeting of the Operational ABMU Health and Safety group or Unit Health and Safety groups a full set of data is provided. Each incident is reviewed and given a

common health and safety code that assist in determining trends. Where there is a significant change in incident rates a more detailed analysis is provided; this would include the data associated with single wards and departments.

Incident rate data is also provided to all Unit Health and Safety groups. Again, where necessary, an analysis by incident type is made of each ward and department. This permits discussions in the committee regarding potential hot spot and opportunities to learn lessons.

9.3.2 Reactive Monitoring: General Review of Incidents

For 2018-19 there were no significant changes in staff incidents rates (Chart 5)



Excluding violence and aggression there was a slight overall reduction in incident rates (Table 4) but increases were observed in cuts, slip/trip/fall, manual handling of objects and struck by a moving object (e.g. door closing, object falling off a shelf).

For violence and aggression, manual handling, fire and sharps incident rates are discussed separately in this report.

Table 4	Incident Types (excludes violence and aggression)					
	Financial Year					
Incident Type	2015-16	2016-17	2017-18	2018-19	Change	Total
Sharps	209	168	214	198	-24	789
Slip, trip and Fall	218	194	180	185	+5	777
Struck by moving object	101	122	79	86	+7	388
Expose to biological materials	65	49	50	38	-12	202
Manual handling of patients	44	54	48	45	-3	191
Struck object	59	34	52	37	-15	182
Cut	31	40	45	61	+16	177
Manual handling of objects	27	43	38	50	+12	158
Trapped by object	18	20	36	36	0	110

RTA	20	24	25	13	-12	82
Ergonomic	9	23	26	19	-7	77
Manual handling of falling patients	7	11	27	15	-12	60
Expose to chemicals	3	20	11	10	-1	44
Elec Shock	6	6	5	4	-1	21
Total	817	808	836	797	-39	3258

9.7. Reactive Monitoring: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

9.7.1 Introduction

RIDDOR requires that significant injuries to staff and accidents resulting in staff being absent from work for over 7 days are formally reportable to the Health and Safety Executive (HSE). There is also a requirement to report specified dangerous occurrences and certain work-related diseases.

For patients the majority of accidents and clinical incident are normally not RIDDOR reportable unless there has been a significant failure in ABMU arrangements. Visitor accidents are only reportable if a significant injury occurs.

9.7.2 RIDDOR Accidents to Staff

For the period of review 59 incidents were formally reported to the Health and Safety Executive under the RIDDOR regulations (Table 5); this represented a small increase from the previous year. For staff these reports were made for a significant injury or a minimum absence from work of over 7 days.

Table 5	RIDDOR Incidents 2015-19			
	Financial Year			
Incident Type	2015-16	2016-17	2017-18	2018-19
Assault	11	22	13	11
Burn	2	1	2	2
Ergonomic	3	4	3	4
Manual Handling	13	15	7	12
Slip, trip and fall	17	9	18	18

Struck by object	8	4	4	3
Other	7	3	8	11
Total	61	58	55	61

9.7.3 RIDDOR Accidents to Patients

To be RIDDOR reportable accidents to patients requires that there is a possibility of a system failure rather than being determined by the outcome and injury resulting from the accident.

For 2018-19 there were no patient fall accidents that were RIDDOR reportable.

9.7.4 Dangerous Occurrences

RIDDOR requires that specified dangerous occurrences are reportable to HSE. As the regulations have a strong industrial element to them RIDDOR dangerous occurrence reporting in the NHS is limited to a small range of incidents such as potential exposure to blood or body fluids associated with a high-risk patient. For 2018-19 there were no incidents reported as dangerous occurrences where staff were exposed to blood or body fluids.

10. Risk Assessment and Management

10.1 Policy

The Health Board has an overarching Risk Management Strategy and the health and safety arrangements dovetail into this system. This strategy sets out a clear methodology of risk identification, assessment, management and monitoring. The system is linked to the DATIX Risk register.

10.2 Risk Management – General

The Risk Management Strategy and Health and Safety Policy (and supporting policies) requires that risks are identified at all levels of the organisation. Where the risk is identified at ward or departmental level it will be managed there but will be monitored by their governance functions if the risk rating is above 9. Risks scoring above 16 are reviewed and subject to approval will be included in the ABMU Risk Register for monitoring at corporate level. Generally ABMU monitoring will be undertaken in the ABMU Assurance and Learning Group.

10.3 Identification of Risks

Health and Safety risks will be identified and managed in a number of ways. Typically there are two levels of health and safety risk assessments

1. Standard risk assessments that identify particular risks relating to or affecting the activities of a ward or department. In respect of health and safety these may

include violence and aggression, manual handling and fire safety and more specialist risk assessment around asbestos, water safety, working at height, lone working etc.

2. Risks relating to particular patients such as manual handling where the changing condition of the patient requires that their individual risk assessment may be frequently reviewed and risk control measures updated.

10.4 Risk Management – Health and Safety Risks on DATIX

During the year Service Delivery Units reviewed the risk assessments held on DATIX. Theatre currently 137 risks held on the system where control measures are deemed as inadequate (Table 6).

Table 6	Health and Safety Risks Reported on the DATIX System		
Risk Sub-Type	Environment , Estates and Infrastructure	Health and Safety	Total
Environment	85	1	86
Built Environment, Waste, Engineering	1	3	4
COSHH	0	2	2
Fire	0	5	5
Instrument Sterilisation	0	1	1
Isolation facilities	0	1	1
Management Structure	0	1	1
Manual Handling including LOLER	0	15	15
Medical Equipment & Devices, Competencies	1	0	1
Security	5	0	5
Staff Supervision, Competency	0	1	1
Transport	3	0	3
Violence & Aggression, Lone Working	0	1	1
Violence and Aggression	0	10	10
Waste Management	1	0	1
Total	96	41	137

- The Environment , Estates and Infrastructure report relates primarily to the need to upgrade facilities
- Violence and aggression is mainly security provision on sites such as Singleton Hospital

- For manual handling equipment replacement programme for small equipment such as couches are frequent entries

As part of their governance arrangements units are required to actively manage these risks.

11. Management of Risk – Training and Competency (Education and Training)

11.1 Induction Training

There were no significant changes made to the arrangements for induction training. All new staff are required to complete e-learning modules each with associated competency assessments. These included Modules A for manual handling and violence and aggression and generic modules in health and safety and fire. Depending upon their training needs analysis new staff may complete advanced modules in violence and aggression (Modules B, C and D or specialist and Manual Handling (Modules B or B&C or B-F)

All staff will receive induction at ward or departmental level to include local fire emergency plans and any specific equipment or procedure training.

11.2 Developing Training and Competency Models

Using risk assessments, incidents and claims management intelligence training and competency models have continued to evolve. This approach has also been tested as part of the HSE investigation in review of a serious manual handling patient incident in 2013.

The advantages of this approach is

- Staff receive training that is clearly and demonstrably linked to their work, equipment, working environment, patients and risks present
- Duration of training is correct for the risk present increasing the efficiency of training
- Training and competency is owned by ward and departmental managers
- Staff competency can be demonstrated rather than relying on attendance at a classroom where training content may not address their local and specific risks
- Demonstrate to enforcing authorities etc. that risks have been assessed and training and competency models implemented according to the risk.
- Training and competency systems and reports can be used where necessary to defend litigation claims
- Release of resources from training rooms to support manager and staff in the workplace such as problem solving of particular areas of risk.

During their review of the Health Board in November 2018 the HSE identified a number of issues

- Staff awaiting foundation training (but often this training was available)
- Where competency assessment models were in place in some areas assessments had not been kept up to date
- Managers failing to understand the competency pathway associated with their staff. This will be addressed via formal and local training needs analysis agreed with each manager.
- Certain risks that had not been assessed and/or appropriate training provided. In some cases the risk assessments were located after the HSE inspection

12. Working with Service Delivery Units

The Health Board is a complicated organisation. Generic risk control measures such as training may need to be modified in particular areas due factors such as the degree of patient mobility, specific equipment used by staff and the environments where they work. Risk assessment is the key foundation to understanding what is happening; this permits local and more effective systems to control particular risks to be implemented. This typically requires working with Service Delivery Units to critically review their processes and for the updated processes to be implemented and owned by the local management team. Review reports will need to be discussed at Health and Safety meetings and this gives those teams both a better understanding of their requirement and demonstrates that they are managing their risks; examples of this process are review of specific manual handling arrangements and review of violence and aggression in specific wards and departments and developing specific solutions.

13. Sickness and Absence

Health and safety resources are used to support managers in identifying deficiencies in working areas that may contribute to accidents and sickness and absence. Technical advice regarding adjustments to workplaces and working systems is also given when risk assessments are made and to support staff returning to work after operations, long term sickness etc. Approximately 70 individual staff assessments are undertaken each year but it is difficult to quantify the monetary benefit to the Health Board.

14. Health and Safety Executive (HSE) and Fire and Rescue Services

During 2018-19 the Health Board was, as part of a UK wide inspection programme, visited by the HSE. South Wales Fire Brigade continued to periodically inspect Health Board premises and issued relevant notices where defects were found.

14.1 Health and Safety Executive (HSE)

14.1.1 HSE Inspection November 2019

In November 2018 HSE inspected the Health Board for its management of violence and aggression and manual handling. Three Inspectors spent three days on five sites

and as a consequence nine improvement notices were issued on 8th February 2019. For eight of these notices, though relating to the inspected elements, the notice was issued against individual departments rather than a Health board-wide improvement notice. As an example, though three operating theatres were inspected only the Singleton Unit received a manual handling notice; this related to a specific technique in the unit. Overall four notices were issued for manual handling and four for violence and aggression. There was a single Health Board-wide notice for incident reporting and investigation. Compliance for all notices is 10th September 2019.

A Health Board working group was set up to determine action to be taken and is working with the Units, Support Services and other areas to put in place the necessary measures.

14.1.2 Other HSE Reviews of ABMU

In January 2019 a further improvement notice was issued against the Health Board for its management of electric profiling mattress in the Princess of Wales Unit. Key actions were to identify risks and to put in place monitoring arrangement. This notice has been complied with but further work is still required to roll out arrangements across the Health Board. Monitoring will be achieved by linking the review of the mattress condition to standard safety checks undertaken around bed.

14.1.3 Fees for Intervention (FFI)

HSE are entitled to recover their costs to investigate technical breaches of breaches of health and safety legislation. Where a formal improvement notice is issued they will routinely recover costs from the Health Board. All these investigations resulted in the HSE Charging for their investigation under a scheme called Fees for Intervention (FFI).

There were a number of FFI made against the Health Board for a variety of matters including

- Management of violence and aggression on A&E at Princes of Wales hospital
- Management of scabies outbreak in Princes of Wales hospital
- Management of UVc in Morriston Hospital

Other smaller reviews

Costs for Fee for Intervention during the period of review was £15,000.

14.2 Fire and Rescue Services

South Wales Fire and Rescue Service continued its programme of inspections of premises in the Bridgend and Cardiff area. Common themes include housekeeping, maintenance of fire doors and changes made to doors without sufficient consideration of the fire safety features required.

15. Freedom of Information (FOI)

During the period of review the following analysis was made to support FOI requests. Many of the requests required significant time commitment and data analysis for data gathered over a number of years and on different reporting systems. Typical reports on the period of review were:-

- Staff to patient assaults
- Patient to patient assaults
- Sharps injuries
- Security incidents

16. Violence and Aggression

16.1 Overview

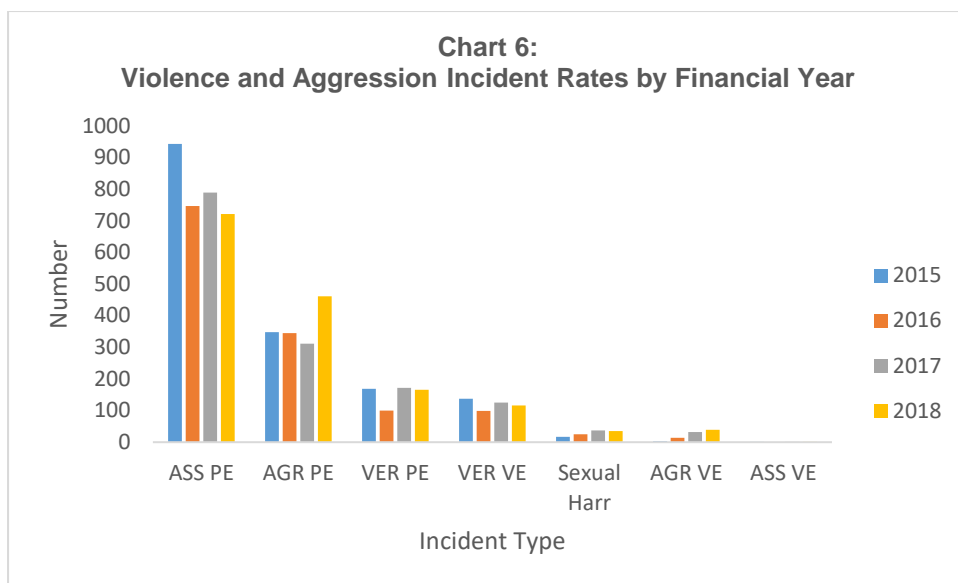
The ABMU Violence and Aggression Policy remained current during the period of review. It defines a violent or aggressive incident in the following ways and recognises that assaults may take a number of forms (Table 7).

Table 7	Violence and Aggression Incident Types	
Incident Type	Example	Code
Assault	Grabbed, scratched, spat punched, kicked etc. by Patient	ASS PE
	As above by Visitor, relative etc.	ASS VE
Aggression	Direct threat, intimidation etc.	AGR PE
	As above by Visitor, relative etc.	AGR VE
Verbal	Swearing etc. by patient	VERPE
	As above by Visitor, relative etc.	VER VE
Racist	Verbal aggression targeted on colour, race etc.	Racial
Sexual Harassment	Inappropriate touching, sexual innuendo etc.	Sexual Harr

The policy further records control measures that will be adopted including training and support for staff. It gives high priority to the identification and management of specific risks.

16.2 Incidents

For the financial year 2018-19 there was a very slight increase in overall incident rates (Chart 6). Average rates continued at around 1500 incidents per year. There was a slight fall in incidents of assaults to staff by patients (ASS PE) but an increase in aggression towards staff by patients (AGR PE)

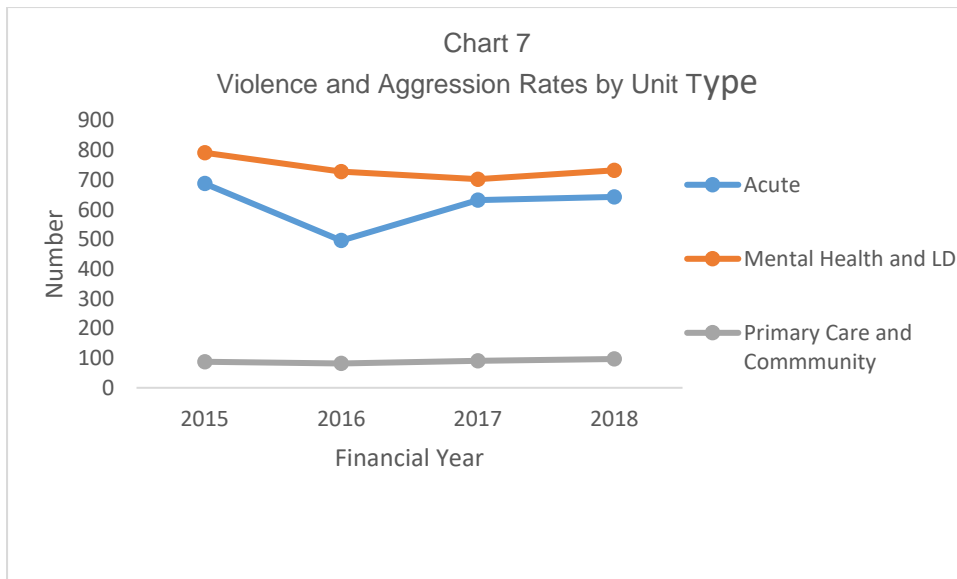


16.2 RIDDOR and Incident Severity

11 Incidents of assault were reported to the HSE. Nine RIDDOR reports were made for Mental Health/Learning Disabilities with the remaining two occurring in Care of the Elderly and Theatre recovery. For severity of assaults none were reported as severe, none reported as minor harm and three reported as moderate harm.

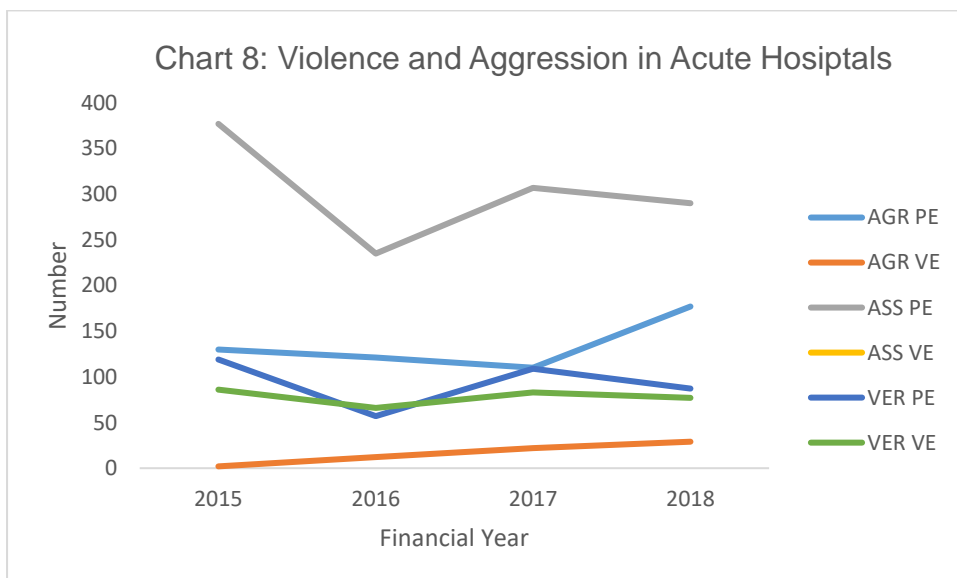
16.3 Incident Locations and Types

As in previous reviews Mental Health and Learning Disabilities units account for the most incidents. However, overall incident rates in acute hospitals closely match those in Mental Health and Learning Disabilities. Incident rates in Primary Care and Community remained static (Chart 7).



16.4 Assaults and Aggression to Staff in Acute Hospital Units

For acute hospitals (chart 8) there was an increase in aggression displayed by patients to staff.



This increase is not confined to Accident and Emergency departments that showed a 30% increase in aggression to staff

Accident and Emergency departments are often perceived as high risk areas for violence and aggression. Incidents here are frequently related to anti-social behaviour rather than assaults and the severity of incidents remain reasonably low. Table 6 shows the types of violence and aggression and trends

Table 6: Incidents in accident and Emergency Departments in Morriston and Princess of Wales Hospitals 2018-19

Incident Type	Financial Year				Total
	2015	2016	2017	2018	
MGH	53	36	38	58	185
AGR PE	24	20	13	29	86
ASS PE	16	8	7	16	47
VER PE	9	5	12	10	36
VER VE	2	1	2	2	7
Sexual Harr		1	2		3
AGR VE			2	1	3
Racial	2	1			3
POWH	5	36	50	60	151
AGR PE	1	12	16	29	58
VER PE		12	23	14	49
ASS PE	3	6	9	12	30
AGR VE		3	1	1	5
VER VE		1	1	2	4
Sexual Harr		2		2	4
Racial	1				1
Total	58	72	88	118	336

16.5 Assaults and Aggression to Staff in Acute Hospital Units

Assaults and aggression in acute hospitals indicate that there are a number of key areas where particularly due to the medical condition or other factors of the patient an incident of violence and aggression is likely to occur (table 7)

Table 7: Acute Hospitals Aggression and Assaults

Speciality	Incident Type		Total (N>5)
	AGR PE	ASS PE	
Accident & Emergency	58	28	86
Elderly Medicine	9	53	62
General Medicine	12	32	44
Orthopaedics	14	25	39
Cardiology	11	20	31
Care of Elderly	5	20	25
Stroke	5	16	21
Gastroenterology	3	15	18
Rehabilitation	6	9	15

Cardiothoracic	7	7	14
Burns & Plastic Surgery	4	5	9
Respiratory Medicine	4	5	9
Vascular	3	5	8
General Surgery	3	5	8
Urology	4	3	7
Intensive Care	2	4	6

This has reinforced the need to develop training systems that are focussed on specific patient groups and significant focus being required on the clinical aspects of patient care. This will include elements of training designed to minimise specific risks such as dementia management, support from Mental Health nurses and understanding of clinical pathways such as drug and alcohol withdrawal. This will in practice take a significant part of violence and aggression training away from traditional health and safety training where Module B can only provide general awareness.

16.6 Control Measures for Violence and Aggression

Due to the complexity of violence and aggression risks control strategies are now tailored to the risk profile of the staff, patients and environments worked. Table 8 summarises some control strategies in place or being developed.

TABLE 8	Control Strategies												
Area/Staff Group/ Risk Type	Risk Assessment (General)	Risk Assessment (Patient specific)	Incident Reporting	Training - V&A module A	Training - V&A module B	Training -Specialist/ Supplementary	Environment Assessment	Risk Response Strategy	Lone worker procedures	Security Staff Response	Restraint (Staff, Chemical Saf)	Case Management	
Community Nursing, Health visitors etc.	Y	Y	Y	Y	Y	Lone Work er	Y	Y	Y	N/ A	N/ A	Y	
Community CPN	Y	Y	Y	Y	Y	Mod B/C CPN	Y	Y	Y	N/ A	N/ A	Y	
Low risk acute (OPD, wards etc.)	Y	Dyn	Y	Y	Y		Y	Y	N/ A	Sit e	N/ A	Y	
Acute AE	Y	Dyn	Y	Y	Y		Y	Y	N/ A	Y	N/ A	Y	
Acute Medium risk	Y		Y	Y	Y	Pilot sche me	Y	Y	N/ A	Y	RA	Y	
Acute Confused	Y		Y	Y	Y	TBD	Y	Y	N/ A	Y	RA	Y	
Acute ITU etc.	Y		Y	Y	Y	Risk Specif ic	Y	Y	N/ A	Y	S, C	Y	
MH Acute	Y	Y	Y	Y		Mod D	Y	Y	N/ A	Sit e	S, C	Y	

MH Elderly	Y	Y	Y	Y		Risk Specific	Y	Y	N/A	No	S	Y
MH Forensic	Y	Y	Y	Y		Forensic	Y	Y	N/A	Site	S, C	Y
Learning Disabilities	Y	Y	Y	Y		LD	Y	Y	N/A	No	S, C	Y
Clerical Staff, Offices etc.	Y	N/A	Y	Y	RA	RA	RA	RA	N/A	Site	N/A	Y
Security Staff	Y	N/A	Y	Y	Y	Y	Y	Y	Y	N/A	S	Y

Key						
Dyn	Dynamic risk assessment	risk	RA	Risk assessed	Risk Specific	Specialist Training
Site	Site dependent		TBD	To be developed	N/A	Not applicable

The main features of the table are:-

- Many arrangements for the risk assessment of individual patients
- Some risk assessments are dynamic and staff are trained to respond to changing behaviours and given training as to correct action to take,
- Training needs analysis for staff that identifies the need for specialist training
- The move from a standardised training approach to one that give real focus on the risks faced by staff and their patients
- Development of further specialised training in Mental Health and ITU

16.11 Prosecutions and Sanctions, Police Support


In 2018 the NHS in Wales, along with the Police Service and Crown Prosecution Service reviewed and relied their arrangements for the prosecution and the taking of other sanctions against perpetrators of violence to staff. The NHS Anti-Violence Collaborative Obligatory responses to violence in healthcare sets out responsibilities for all parties.


In the Health board the key lead is the Case Manager. With changes in staffing levels and reduction in resource due to reorganisation and the pending retirement of the (Part time) Case manager the Health Board is at risk at not being able to manage the system and support affected staff effectively.



16.13 Progress against the Health and Safety Improvement Plan


Table 9 shows progress for the elements of violence and aggression in the Health and Safety Plan for 2018-19.


Table 9	Progress against ABMU Health and Safety Improvement Plan 2018-19
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Management Principle	Leadership & Accountability		
Action	Outcome	Progress	
Link violence and aggression into the work of the Service Delivery Unit Health and Safety /Governance Committee	Regular reports made to Units on incident rates etc. However, need to ensure that they are aware of their keys risk , control measures etc.		


Management Principle	Competent People		
Action	Outcome	Progress	
Improve staff safety when managing patients where aggression may be related to medical or clinical issues in general hospitals	Progress being made around the rollout of dementia and other clinical training		
Produce training needs analysis for each ward and department to confirm training pathway	Actioned in 2019-20	<input checked="" type="checkbox"/>	

Management Principle	Compliance Assurance		
Action	Outcome	Progress	
Annual Thematic report to ABMU Health and Safety Committee	Regular reporting on violence and aggression made to Committee but no formal report		
Where required units to undertake review of violence and aggression arrangements and controls	Currently Units generally monitoring incident rates but improved reporting now taking place		

Management Principle	Risk Management	
Action	Outcome	Progress
Understand risks, control measures and training needs for individual staff groups and associated patient groups	Training need analysis completed	

Management Principle	Learning From Events	
Action	Outcome	Progress
Maintain continuous review and effectively investigate and manage all V&A Incidents	Regular reports made to Ops Health and Safety and Unit reports. Potential issues with quality of the investigations, learning lessons etc.	

Management Principle	Emergency Preparedness	
Action	Outcome	Progress
Review lone worker arrangements	Policy reviewed. Full review being undertaken in Primary Care and Community Unit. Support Services reviewing as part of HSE Improvement notice	

Management Principle	Measuring Performance	
Action	Outcome	Progress
Annual Thematic report	Regular reports made to Ops and Unit Health and Safety group but no overall report made.	

17. Manual Handling

17.1 Incident Statistics

Manual handling incidents (Table 10) occur when staff are handling patients and inanimate loads such as equipment. Incidents may occur when a patient, who is being escorted by staff starts to fall and they are assisted safely to the ground. Also included in this section are ergonomic incidents such as where staff experience muscle strains during work; these ergonomic incidents may not necessarily have a direct manual handling cause and may be related to posture etc.

Table 10	Manual Handling incidents 2015-19				
Incident Type	2015-16	2016-17	2017-18	2018-19	Change
Movement of patient	44	54	38	45	+7
Movement of inanimate loads	27	43	48	50	+2
Protection of patient during fall episode	7	11	27	15	-12
Ergonomic	9	23	26	19	-7
Total	87	131	139	129	-10

Overall there was a slight reduction in all incidents but patient handling accidents increased by 19%. It is unclear why this change has taken place

For ergonomic accidents the Health Board has taken a proactive approach is assessing many work situations. However, many of these accidents are random such as a member of staff experiencing pain whilst standing up or turning.

17.3 Refresher Training and Manual Handling Coaches

The Health Board continues to provide training for staff to achieve either the All Wales Patient Handling or non-patient handling passport. This training is supplemented in many areas with ward or departmental specific procedures that give greater focus to the patient or load type experienced by individual groups of staff.

Refresher training is provided on a risk assessed basis. For patient handling 230 areas in the Health Board operate, where required by manual handling needs, a system of ongoing competency assessment of staff in the ward or department. These

competency assessments focus on the key tasks and the process allows intelligence to be used to consider the key competencies. Delivery of this system is via Manual Handling coaches who also provide a higher level of support for their manager.

17.4 Reviews of Wards and Departments

Due to increasing demands on the training part of manual handling and in particular low resources and sickness in the team the number of reviews of ward and departments fell. This weakening of the assurance process and there will be a need to review resources for the work in 2019-20.

17.5 Reducing the Risk and Developing Specific Competencies

With greater emphasis on developing risk management solutions based upon real risks the Health Board continued to review the work activities of its staff, tasks undertaken, equipment and workplaces. As discussed previously manual handling risks encompass a range of ergonomic and traditional manual handling requiring often bespoke solutions. Typically this will involve risk assessments of medium and high risk manual handling tasks with local managers and staff, meeting to explain options and consider the way forward and the creation of training and other information to support better control of the risk.


17.6 Equipment Replacement Programme


A full review was undertaken of hoist types and age profile. Significant numbers of hoists were due to fall out of manufacturer support with the potentially of no spare parts being available. Approximately £450,000 capital monies were invested in replacing equipment and these have been deployed to wards and departments. There was a limited requirement for update training as the replacement equipment was from the same supplier.


17.7 Progress against Health and Safety Improvement Plan


Table 11 shows progress for the elements of manual handling in the Health and Safety Plan for 2018-19.


Table 11	Progress against ABMU Health and Safety Improvement Plan 2018-19
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Management Principle	Leadership & Accountability		
Action	Outcome	Progress	
Imbed the management of manual handling into all levels of the Health Board	Developing arrangements in Units as they revitalise their health and safety systems but no full reviews being undertaken consistently		

Management Principle	Competent People		
Action	Outcome	Progress	
Improve the management of manual handling at ward and departmental level	Manual Handling Coach system imbedded in wards and departments but limited formal monitoring both by Units and centrally Developing arrangements in Units as they revitalise their health and safety systems but no full reviews being undertaken consistently		


Management Principle	Risk Management		
Action	Outcome	Progress	
Maintain and review manual handling risk register	Manual handling risk identified in corporate health and safety risk register but many unit risks are not monitored and frequently historical records		

Management Principle	Compliance Assurance		
Action	Outcome	Progress	
Develop systems to review ward and Dept manual handling performance	Regular reports made to unit Health and Safety groups and Ops. Health and Safety group. However, consistent, formal monitoring at ward and departmental level not possible due to lack of resources		

Management Principle	Learning From Events		
Action	Outcome	Progress	
Maintain continuous review and effectively investigate manual handling incidents etc. at all levels of ABMU	Regular reports (including RIDDOR) made to unit Health and Safety groups and Ops. Health and Safety group. Issues with quality of investigation		

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Management Principle	Asset Management	
Action	Outcome	Progress
Replacement programme for hoists and other manual handling equipment	2018-19 programme completed	<input checked="" type="checkbox"/>

Management Principle	Measuring Performance	
Action	Outcome	Progress
Develop system to assure that manual Handling arrangements effective and implemented	Regular reports made to unit Health and Safety groups and Ops. Health and Safety group. However, consistent, formal monitoring at ward and departmental level not possible due to lack of resources	

18. Fire Safety

18.1 Fires in ABMU Premises 2018-19

Table 12 summarises fires that took place in ABMU properties in 2015-17. All fires were generally well managed by staff including prompt investigation and assessment, evacuation where necessary and simple firefighting action where safe to do so.

Table 12 Fires in ABMU Properties 2017-178				
Location	Ward/Dept	Area	Details	Root Cause
Llansamlet Laundry	Laundry	Laundry	Overheating of electric motor due to brushes worn out	Defective equipment
Princess of Wales Hospital	Residences	Bedroom	Fire with mobile phone being repaired by resident	Defective equipment
Cefn Coed Hospital	Clyne ward	Bedroom	Patient set light to bedding	Arson
	Clyne ward	Outside ward	Patient set light to clothing	Self-harm
Princess of Wales Hospital (Mental Health)	PICU	Bedroom	Patient set light to clothing	Arson
		Bedroom	Patient set light to clothing and bedding	Arson
Singleton Hospital	Grounds	Grounds	Waste bin fire from discarded cigarette	Smoking materials
Tonna Hospital	Day hospital	Bathroom	Smouldering light fitting	Defective equipment

Root causes of fire have included:-

- Deliberate (Arson) including fires in Mental Health premises involving bedding.

- Overheating and smouldering of electrical equipment. In the case of Llansamlet laundry there was a small risk of fire spread. This incident reinforces the need for effective maintenance of equipment.
- Discarding of smoking materials. A number of small fires have occurred in Mental Health wards where smoking facilities are provided. There has been small fire associated with waste bins in the ground of acute hospitals.

18.2 Unwanted Fire Signals (UwFS)

Table 13 summarises Unwanted Fire Signals (UwFS) performance. UwFS is a cause for concern as there is the potential risk of disruption to sites, staff become complacent and assume a fire is a false alarm. Fire Brigade resources are wasted and the Health board is required by them to take reasonable steps to control the risk of an UwFS taking place.

Typical causes include

- Activation by patients e.g. operation of break glass points, spraying of hairspray or other products into detectors
- Cooking and steam from showers
- Dust created by contractors

Table 13	UwFS 2015-19				
Site	2015-16	2016-17	2017-18	2018-19	Change
Quarella Rd	8	17	16	0	-16
Cefn Coed Hospital	86	100	84	9	-75
Cimla Hospital	0	2	3	4	+1
Central Clinic	1	0	0	0	
Morrison Hospital	38	48	66	58	-8
Neath Port Talbot Hospital	34	59	47	38	-9
Singleton Hospital,	21	33	20	39	+19
Tonna Hospital	0	0	0	2	+2
Total	188	259	236	150	-86

For Cefn Coed Hospital the significant numbers of UwFS is primarily due to the isolation of the old fire alarm system in closed parts of the hospital and installation of an air monitoring system.

18.3 Cladding at Singleton Hospital, Swansea

Following the tragic fire event at Grenfell Towers in West London in June 2017 the NHS in Wales reviewed high-rise buildings fitted with cladding over 18 metres above ground level. The central ward block in Singleton Hospital was identified as requiring further review; this has concluded that short-term, medium term and longer term action is needed.

Short-term action included checks on housekeeping and putting in place a system of monitoring of ward areas. Medium-term action has involved a full review of fire evacuation procedures, enhanced evacuation strategies and the training of specialised fire warden who undertake both monitoring and the training of their colleagues.

Longer term action is to seek funding to fully replace the current cladding system.

18.6 Risk Assessments

There is a requirement to undertake risk assessments to identify the fire safety control measures required for all areas of the Health board. Control measures would include provision of fire alarms, suitability of ward and other environments, storage of materials and equipment, fire evacuation procedures and staff training.

Each risk assessment will be reviewed at regular basis. Depending upon the risk a review frequency varying between one and three years is programmed. Wards and patient care areas will be reviewed at an annual frequency. Risk assessments will also be reviewed if there are changes in use of the area where it is believed that this makes the risk assessment invalid; this includes changes in patient type and mobility, changes to ward layouts affecting evacuation routes and strategies or following a significant fire safety incident.

Table 14 shows risk assessment performance at 31/03/2019 by area type. Category B areas will have a fire risk assessment but this is up to 90 days overdue

review and category C has a fire risk assessment that is more than 90 days beyond its review date.

Table 14	Risk Assessment by Area Type		
Area Type	A	B	C
Business	2	2	1
Circulation	4	1	9
Clinic	3	1	39
Closed	4		9
Community Centre			4
Cwm Taff properties		2	
LD		1	15
Office	30	5	25
Other			1
Site assessment	2	3	12
SSP			
Storage	1	3	2
Support	58	32	64
Treatment/OPD	66	10	56
Ward	80	7	18

With limited fire safety resources priority was given to maintaining risk assessments in ward areas. As consequence many areas such as community clinics have risk assessments that are significantly overdue review.

18.7 Management of Risk Assessments

A further review by Internal Audit has highlighted that there are poor systems to confirm that the requirements of risk assessments have been completed. For a typical area there may be around 10 actions that include those that are the responsibility of the local manager such as housekeeping or those for Estates where fire doors repairs and other actions will be recorded individually. This has created a massive database of around 6,000 items where there is a requirement to seek assurance that action has been taken. Though a number of systems have been trialled the present view is that the most effective way is to link the fire risk assessment to the DATIX system and this will be tested in 2019-20

18.8 Training and Competency

Current training systems have been limited in their scope by the availability of resources. Training is frequently limited to face to face training with limited opportunities for in depth information on local fire safety arrangements for individual wards and departments. Significant numbers of staff and in particular nursing staff now access fire safety refresher training via the e-learning system. Again this system cannot provide focused training on local matters such as fire evacuation strategies,

For Singleton Hospital the use of Fire Wardens with a higher level of skills permitted ward specific evacuation training to be delivered.

General fire safety competency is provided at induction through the e-learning system that has a competency assessment made at the end of the session. New staff are inducted into their departments by Fire Wardens or their manager.

18.9 Fire Drills

A limited number of formal fire drills were held during the period of review. Where patient areas are tested significant planning is required to avoid the possibility of an incident and frequently to avoid unnecessary disruption other areas are chosen.

18.10 Fire Safety Group

ABMU Fire Safety Group continued to manage aspects of fire safety. However, here their main focus continued to be estates fire safety management including cause and effect, fire drawing and capital plans.

There is no representation by Units at this group but this will be addressed via the improvements in governance structure at Unit level with fire safety consistently on their agenda.

18.11 Fire and Rescue Services and Fire Safety Notices

ABMU works with two Fire and Rescue Services. South Wales Fire and

Rescue Service has a dedicated team that regularly review hospitals and clinics in the Bridgend area, Mid and West Wales Fire and Rescue Service currently do not have the resources to undertake this work and consequently their direct impact on ABMU resources to support inspection is more limited.

The main findings of the inspections are:-

- General maintenance and repairs of property such as damage to fire doors
- Missing elements of fire protection such as door seals
- Obstructions of fire exits
- Missing fire action notices
- Requirement to inspect maintenance records relating to fire alarm systems, escape lighting etc.

18.12 Fire Alarm Systems – Cause and Effect Reviews

Activation of a fire alarm will potentially cause a number of automatic actions to be taken such as the closure of fire doors and operation of fire safety engineering features. £25,000 has been allocated to Estates to permit testing to take place on an annual basis. Solutions are being sought for certain engineering aspects such as fire dampers where in some hospital designs direct access to the damper is impossible requiring removal of walls.

18.13 Fire Drills and Evacuation Exercises




A limited number of drills have been held. Organisation of drills and particularly where ward evacuation is tested must be meticulously planned to avoid injury or unwanted clinical outcomes. Areas for formal drills included ward areas, laboratories and special care baby unit. Lessons learnt were incorporated into


Reviews of site, ward and departmental fire evacuation plans, training etc.


18.14 Progress against Health and Safety Improvement Plan



Table 15 shows progress for the elements of fire in the Health and Safety Plan for 2018-19.


Table 15	Progress against ABMU Health and Safety Improvement Plan 2018-19
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Management Principle	Leadership & Accountability	
Action	Outcome	Progress
All management areas to demonstrate the effective management of fire safety	Unit health and safety groups starting to develop management arrangements for fire safety	
Develop key management actions that demonstrate the management of fire at ward and departmental level	Fire Wardens maintain constant review of general housekeeping, maintenance of fire exits etc. However, in some areas pressures on space result in blockage of fire exit routes	
Review resources, roles and responsibilities etc. to deliver fire safety policy effectively	Some sites do not have (e.g. multiple users of site) an identified fire safety lead	

Management Principle	Competent People	
Action	Outcome	Progress
	Frequently training is generic. Due to staff pressures nursing staff may only access fire safety training online	




Management Principle	Competent People	
Action	Outcome	Progress
Improve the level of fire safety matters reviewed and managed at Service and Management level	Units starting to review fire safety arrangements in their Health and Safety groups	


Management Principle	Compliance Assurance	
Action	Outcome	Progress
Improve the level of fire safety matters reviewed and managed at Service and Management level	Units starting to review fire safety arrangements in their Health and Safety groups	
Improve the action taken following fire safety risk assessments	Full monitoring system not implemented due to technical and resource issues	

Management Principle	Risk Management	
Action	Outcome	Progress
Maintain ABMU fire safety risk register	Fire safety risks identified in main Health Board Health and Safety risk register	<input checked="" type="checkbox"/>
Units to understand the key fire safety risks affecting their activities	Significant work undertaken in the Singleton Unit. Other units starting to review their key fire safety risks e.g. Arson in mental health	

Management Principle	Learning From Events	
Action	Outcome	Progress
Improve the reporting and investigation of fire safety incidents with all events recorded effectively	Generally all fire safety incidents including false alarms reviewed by Fire Safety Advisers with limited Unit involvement	

Management Principle	Asset Management	
Action	Outcome	Progress

Develop plans for fire safety capital investment and other necessary improvement	Fire Safety Group has developed actions around cladding, fire safety compartmentation and case and affect	
Conduct (rolling) review of fire safety compartmentation	Programme commenced focussing on Singleton and Morriston Hospitals	
Conduct (rolling) review of fire safety cause and effect systems across main sites	Programme commenced focussing on Singleton Hospital	

Management Principle	Emergency Preparedness	
Action	Outcome	Progress
Confirm all properties have an effective fire emergency plan	Reviews currently confined to main hospital sites but reviews undertaken as part of risk assessment process	

19. Safety Engineered Medical Sharps

19.1 Introduction

Medical sharps are widely used in the NHS and include traditional hypodermics, sutures and scalpels. Other devices including cannula, theatre instruments, lancets and laboratory equipment would also fall under the category of medical sharps. Medical sharps are likely to become contaminated with blood and body fluids during use. Staff may receive penetrating injuries such as needle stick and cuts that can result in transfer of patient biological material into the bloodstream of the staff and risk of cross-infection.

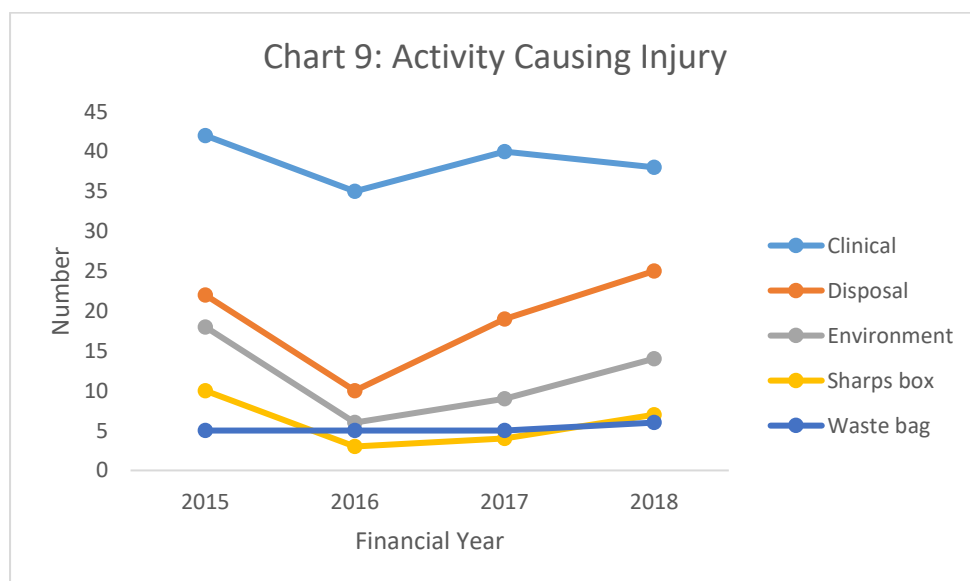
19.2 Progress

Staff may receive injury from medical sharps at various stages of their use. These include

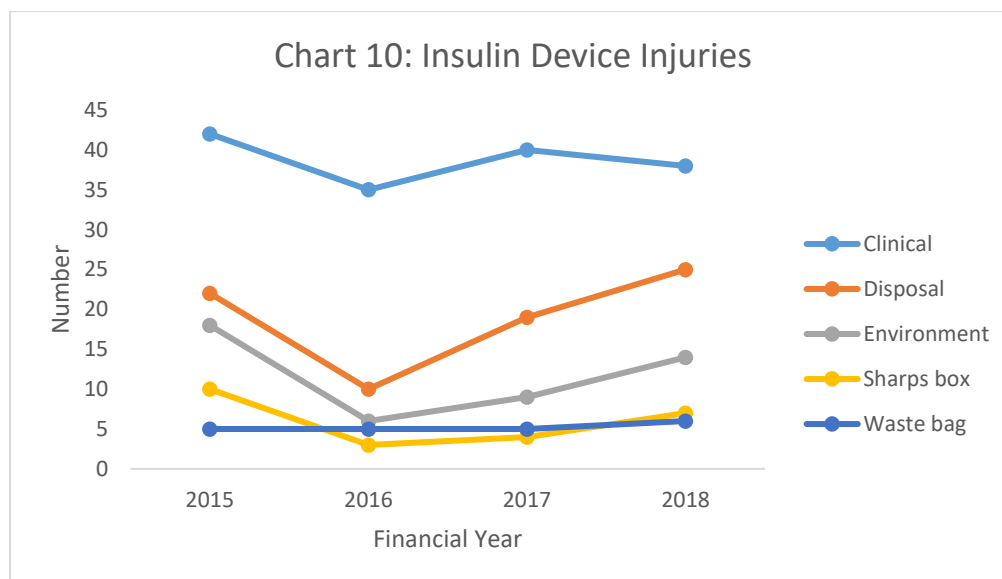
- Preparation (e.g. drawing up of a drug)
- Clinical (actual use of medical sharp)
- Disposal (preparing for safe disposal into a suitable sharps container etc.)
- Environment (used sharps left on beds, cupboards etc.)
- Sharps container (e.g. around sharps bin)
- Waste bag (unprotected used sharps in plastic bags rather than sharps bins)

Incidents involving medical sharps were kept under constant review with regular reports made to Health and Safety Committee

There was good progress made in areas where staff are injured by medical sharps placed in sharps bins and waste bags. Frequently these staff did not use the sharp and can include domestic staff including porters and cleaners. (Chart 9)



Though safety devices have been introduced for insulin pens there continues to be an underlying problem where accidents take place after the clinical use of the product (Chart 10). A further review of safety engineered products is being undertaken



20. **Control of Substances Hazardous to Health (COSHH)**

The COSHH procedure was reviewed in 2018. An internal audit report concluded that there was inadequate monitoring of COSHH performance at corporate level. Currently there is limited resource in the Health and Safety team to undertake work with the Units and this will need to be addressed as part of review of the Health and Safety function.

21. **Internal Audit**

The Health Board continues to work through internal audit reports on Health and Safety and Fire. These reports are reviewed at meeting of the operational Health and Safety Group. For Health and Safety assurance has now been achieved but for fire safety, due to the inability to effectively review nearly 5,000 individual lines of risk assessment outcomes and closure the assessment remains at limited assurance.