



| | | | |
|--|--|--------------------------|-------------------------------------|
| Meeting Date | 01 September 2020 | Agenda Item | 3.1 |
| Report Title | Health & Safety Arrangements for Primary & Community Services Delivery Unit | | |
| Report Author | Debra Rees, Quality and Safety Improvement Manager | | |
| Report Sponsor | Karl Bishop, Dental Director, Interim Quality & Safety Lead | | |
| Presented by | Hilary Dover, Director Primary & Community Services | | |
| Freedom of Information | Open | | |
| Purpose of the Report | <p>To outline to the Health & Safety Committee the Unit's:</p> <ul style="list-style-type: none"> • Health & Safety approach; • Environment, Estates and Infrastructure risks; • Health & Safety performance, plans to improve and maintain the improvement throughout the next year. | | |
| Key Issues | <p>To raise the profile of staff well-being and health and safety, and drive change within the Unit incorporating relevant experts to support the health and safety agenda. Supporting staff regarding health and safety issues. Safety of patients and staff. Proactive risk management of health and safety issues</p> | | |
| Specific Action Required (please choose one only) | Information | Discussion | Assurance |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Recommendations | <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the report. | | |

Health & Safety Arrangements for Primary & Community Services Delivery Unit

1. INTRODUCTION

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

This report aims to outline the Health and Safety reporting and assurance arrangements within Primary Community Services Delivery Unit.

2. BACKGROUND

Since 4th February 2019, the Unit has worked towards developing a proactive Health & Safety Group meeting, and this is still maturing. An agreed Action Plan was developed in line with the Health & Safety Standards Area including Leadership & Accountability; Competent People; Compliance Assurance/Thematic Review; Risk Register; Learning from Events; and Emergency Preparedness. The Primary & Community Services Health & Safety Group has an agreed Terms of Reference to support and direct the bi-monthly meetings.

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

Covid-19 impacted greatly on the Unit with many services stood down, and staff deployed across the Health Board to support the needs of the community in line with the developing pandemic. The Unit developed Community Field Hospitals, namely Llandarcy and Bay Field Hospitals, and we note a paper was presented to the Health & Safety Committee regarding Field Hospitals on Monday, 13th July 2020.

The report will now focus on performance against and actions to improve:

- Sharps Injuries
- Violence and aggression including Lone Working
- Staff Accidents
- Personal Injury Claims
- Safety Alerts
- Staff working from home/shielding
- Social Distancing
- Primary and Community Services Estate

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

Sharps Injuries

A total of 12 incidents relating to sharps injuries were reported from 01.08.2019 – 31.07.2020. 3 incidents remain under investigation.

The current risk score in the Unit Risk Register is 9 (ID-2451).

Severity of harm for these incidents is shown in the table below:

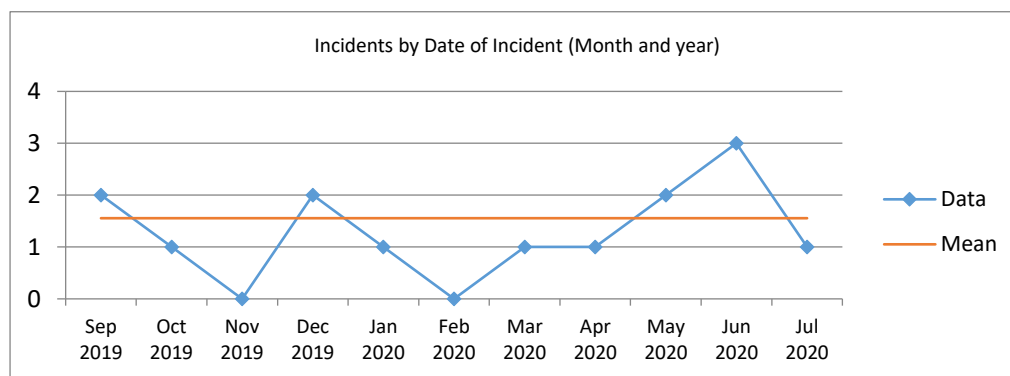
Incidents by Date of Incident (Month and year) and Severity

| | No Harm (1) | Low (2) | Moderate (3) | Total |
|-------|-------------|---------|--------------|-------|
| Total | 5 | 6 | 1 | 12 |

The moderate harm incident related to Elderly Medicine and has been investigated and closed.

The District Nursing Service reported 4 incidents, Podiatry reported 3 and Elderly Medicine 2.

The Datix run chart below demonstrates a peak of 3 sharps injuries in June this year which is the highest monthly number within the reporting period:



Whilst the number of incidents in the reporting period is low considering the amount of injections/procedures involving sharps undertaken within the Unit, the aim is for zero sharps incidents.

9 incidents related to dirty needlestick injuries

2 incidents related to incorrectly disposed medical sharps (non needle)

1 incident related to incorrectly disposed non-medical sharps

Actions for improvement:

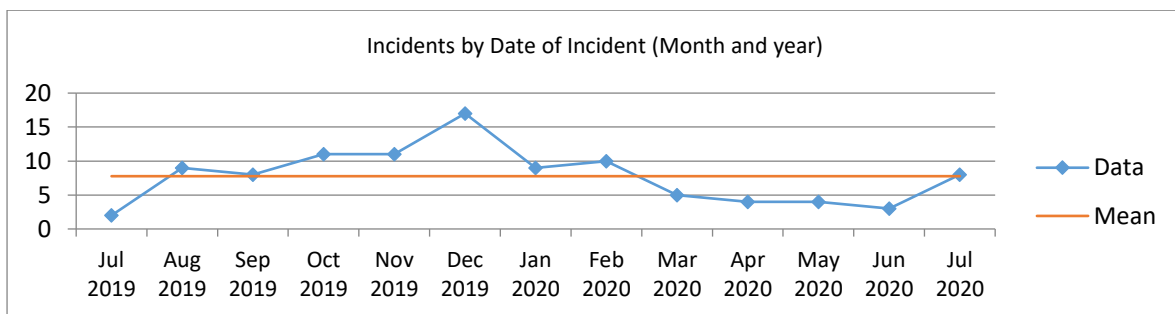
- Remind staff to follow the Safer Medical Sharps Policy.
- Remind staff to risk assess situations and incident report accordingly.
- Individual reflection on actions; risk assessment and prioritise sharps disposal.
- Consider taking staff stories on how individual practice changed following a sharps related incident for all staff to use as an opportunity to reflect.
- As part of PADR's, individual mandatory training is formally discussed and monitored.

- All staff new to an area (deployed) to undergo an update medication administration via injection.
- Podiatrist to ensure that there are sufficient Qlicksmart Blade FLASK scalpel blade removers available at each clinic site, all blades are removed from scalpel handles before returning handles to tray, and signing sheet in line with procedure.

Violence and Aggression including Lone Working

The current risk rating for Violence and Aggression incidents on the Unit's Risk Register is 12.

101 incidents were reported associated with behaviour including violence and aggression from 01/08/19 -31/07/20 as shown in the Datix SPC run chart below:



Please note one of the incidents was incorrectly reported and is not included in the detail below.

Severity of harm for these incidents is shown in the table below:

Incidents by Specialty and Severity

| | No Harm (1) | Low (2) | Moderate (3) | Total |
|-------|-------------|---------|--------------|-------|
| Total | 75 | 24 | 1 | 100 |

The top six services reporting these incidents are:

| | Total |
|-------------------------|-------|
| District Nursing | 33 |
| Elderly Medicine | 16 |
| GP Out Of Hours (GPOOH) | 6 |
| General Practitioners | 6 |
| HM Prison | 6 |
| Health Visiting | 5 |
| Total | 72 |

Of the 100 reported incidents, 9 involved notifying the police for the following services: Health Visiting (1), Acute Clinical Team (2), District Nursing (3), Community wound clinic (1), GP Managed Practice (1), and Elderly Medicine (1). These incidents are closed. Investigations identified that appropriate actions were taken with the expert support of the Health and Safety team regarding staff safety where appropriate.

RIDDOR incidents – none identified from the Datix reports.

Mandatory training for Violence & Aggression:

| | |
|---|----------|
| Community Hospital training compliance is | - 72.97% |
| All other Unit staff disciplines compliance training is | - 92.5% |
| Dementia Awareness Unit training compliance is | - 93.5% |

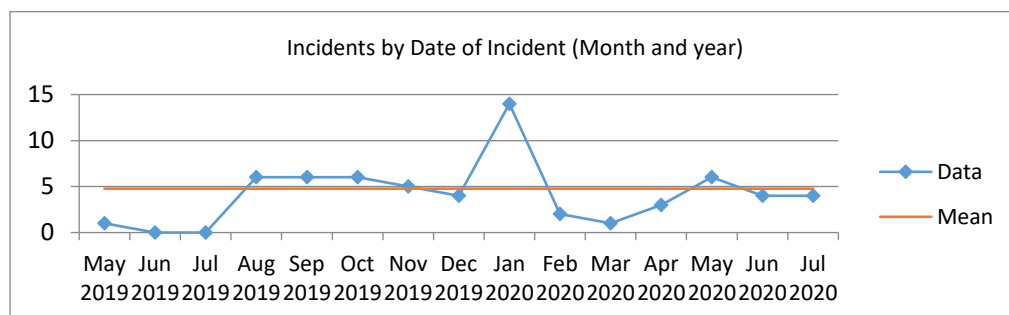
The Covid-19 related pressures have impacted on the ability of staff within the Community Hospital to complete training, but this is now being progressed.

Actions include:

- Staff continue to act immediately on safeguarding issues for patients.
- Staff to maintain awareness of lone working policy and all related policies, and dynamically risk assess at all times.
- Remind staff that the Lone Working Policy and associated procedures are available on the intranet and to reinforce this to staff.
- Ensure Violence and Aggression training is up to date for all staff.
- Remind staff of the Health Board’s Violence and Aggression Policy.
- Encourage staff to use Well Being services and offer referral to Occupational Health.
- RIDDOR reports will be discussed by the Head of Health & Safety at the Unit Health & Safety meetings.

Staff Accidents

62 incidents relating to staff accidents were reported during the timeframe. The Datix run chart below identifies a spike in January 2020 when the theme of 6 slips/trips/falls incidents were reported:



Severity of harm for these incidents is shown in the table below:

| | No Harm (1) | Low (2) | Moderate (3) | Total |
|-------|-------------|---------|--------------|-------|
| Total | 23 | 35 | 4 | 62 |

Motor vehicle accidents are the highest reported incidents as shown in the Datix crosstab report below for the top 5 incidents:

Incidents by Incident type tier three and Severity

| | No Harm (1) | Low (2) | Moderate (3) | Total |
|----------------------------------|-------------|---------|--------------|-------|
| Motor vehicle | 9 | 8 | 3 | 20 |
| Walking | 3 | 5 | 0 | 8 |
| Lifting/manual handling patients | 1 | 4 | 0 | 5 |
| Animal bite/injury | 1 | 2 | 1 | 4 |
| Fixtures/fittings (Doors) | 0 | 3 | 0 | 3 |
| Total | 14 | 22 | 4 | 40 |

Actions:

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

Personal Injury Claims

There are 2 personal injury claims in progress within the Unit as shown in the Datix crosstab report below:

Claims by Specialty and Type

| | Personal Injury | Total |
|--|-----------------|-------|
|--|-----------------|-------|

| | | |
|------------------|---|---|
| District Nursing | 1 | 1 |
| Elderly Medicine | 1 | 1 |
| Total | 2 | 2 |

The District Nursing case

Action: When the detail is anonymised lessons learned will be shared to reduce the risk of recurrence.

The Elderly Medicine case:

Action: The anonymised case has been discussed at the Unit Quality, Safety & Patient Experience meeting to learn lessons and reduce the risk of recurrence. The case is ongoing with Legal & Risk.

Safety Alerts

Primary & Community Services Delivery Unit has developed a policy for cascading alerts via the Heads of Service to their teams. This process includes maintaining an up to date register of staff for inclusion in the alerts cascade, and undertaking quarterly audits to check that alerts have been cascaded via Datix. If any alerts have not been actioned support is offered by the Quality and Safety Team. Assurance is gained via the audit process. Since April 2020 the alerts have been reported monthly at the Unit's Quality, Safety and Patient Experience meeting to ensure timely support is offered to any services who may not be up to date with compliance.

Staff new to the Unit who manage teams have alerts training as required by the Unit's Quality and Safety Team to support compliance.

Staff Working from Home/Shielding

Due to Covid-19 staff who are able to work from home, and those staff who are shielding, are doing so. Managers have sent requested risk assessment documentation for their staff to complete and requested staff to alert them if they have any issues. This has been discussed in the weekly Unit Silver Covid-19 Operational Group meetings, in the Unit Health & Safety meetings, communicated to staff via CEO Briefings, Unit Director Briefings, and at the July Team Brief where the Well Being Service provided a presentation to all attendees via Microsoft Teams.

Social Distancing

The Unit has representation at the Health Board wide Social Distancing Cell; this risk is discussed weekly in the Unit's Silver Covid-19 Operational Group meetings and in the Unit's Health & Safety meeting. A dedicated team has been tasked to visit each area where Primary & Community Services staff work and ensure the social distancing measures are in place as identified in their specific risk assessments.

Best practice will be shared across the Unit and Health Board wide via the aforementioned meetings.

Part of this work includes identifying our Unit staff working across the Health Board in different buildings to ensure that building ownership is assigned to the Unit who has the majority of their staff working within it e.g. Central Clinic. This will support identification of appropriate personnel as key contacts for Health Board owned estates.

Primary and Community Services Estate

There are 7 Environment, Estates and Infrastructure risks on the Unit Risk Register:

- 4 relate to Sexual Health Clinic Estates:
ID-382 Central Clinic, current risk score = 6;
ID- 2413 -Singleton Pregnancy Advisor Service (PAS) current risk core = 20;
ID-14 - Singleton GUM current risk score = 15
ID-310 - Quarella Road Clinic current risk score = 15
Action – Singleton: Infection Prevention and Control; manual handling, and Health and Safety Teams are reviewing the area; their findings will inform a report to be taken to the Unit Quality, Safety & Patient Experience meeting. A supportive Senior Team walk around undertaken on 30th July 2020. Long term plans to relocate Singleton sexual health to a Resource Centre in the centre of Swansea.
Quarella Road Clinic services suspended due to Covid-19.
- Risk ID-806 relates to an inappropriate room for Orthotics in Princess of Wales Hospital.
Action: Current room has been redesigned to better accommodate service users although there are still limitations regarding access with wheelchairs and mobility aids. Unnecessary stock and paperwork has been removed.
- Risk ID-1895 relates to Primary Care Estates.
Action: Improvement grant monies to support GP premises to support social distancing as part of Covid-19 plans will support improvements to the estate.
- Risk ID-2425 relates to the flooding risk when heavy rainfall at Gorseinon and leaking roof.
Action: Superseal have been to temporarily support and treat affected areas. Estates have a spare pump for the hot water as the pump is situated in the cellar which during very heavy rainfall floods and damages the pump resulting in no hot water in the unit. Monitoring of effected area implemented.

Two major achievements occurred during this reporting period regarding improved Primary Care facilities thanks to funding provided by the Welsh Government. Both were reported on the intranet for Health Board staff awareness:

1. Murton Clinic reopened on Monday 18th November 2019, following a £700,000 makeover and now enjoys two state of the art treatment rooms, a consulting room, a speech and language/interview room and a district

nurse office. There are new reception and waiting areas with disabled toilets and baby changing facilities. Dietary, Speech and Language and the Wound Care clinic can now operate from the clinic.

2. Penclawdd Health Centre welcomed patients back on Monday 24th February 2020. Five new consultation rooms have been created, along with two new treatment rooms. There is also an interview room which can be used by GPs and for community services. The offices have been refurbished to provide a fully accessible reception. The waiting room has also been updated and includes new seating and GP information and booking screens. Podiatry and phlebotomy services will return to Penclawdd. New accessible public and staff toilets have also been created as part of the refurbishment, which was funded by the Welsh Government (£1.2 million) and carried out by Swansea Bay University Health Board.

3. GOVERNANCE AND RISK ISSUES

The aim of the maturing health and safety approach within the Unit is to promote a proactive approach to health, safety and welfare, and make all practical efforts to safeguard everyone from hazards, injury and ill health. It is supportive of a focussed approach to health and safety issues whilst ensuring the appropriate expert advice. This should increase knowledge and confidence in managing such issues.

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

The Health and Safety Group is usually chaired by the Unit Nurse Director, but due to Covid-19 pressures and development of two Field Hospitals, the Interim Quality and Safety Lead is now the Dental Director.

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

The committee is requested to note the report.

| 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 checked="" 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 checked="" type="checkbox"/> |
| | Outstanding Research, Innovation, Education and Learning | <input checked="" type="checkbox"/> |
| Health and Care Standards | | |
| <i>(please choose)</i> | Staying Healthy | <input checked="" type="checkbox"/> |
| | Safe Care | <input checked="" 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>Health and Safety is a core value to which directors, managers and staff at all levels in the organisation have key roles to play. We recognise the vital links to partners such as trade unions colleagues and primary care providers; by working closely with them this will support our vision of good standards of safety for all.</p> <p>Patients, families and staff require safe facilities within the Health Board in which to provide the required care which should add to a positive patient, family and staff experience.</p> | | |
| Financial Implications | | |
| <p>No additional funding for the proposal is required as it is already budgeted (required and relevant staff are already working for the Health Board)</p> <p>Proactive approach to health and safety will reduce costs long term i.e. well-kept estate rather than deteriorating and dangerous estate with increased risk of harm to staff and patients/family members/visitors.</p> | | |
| Legal Implications (including equality and diversity assessment) | | |
| <p>The development of an effective Health and Safety policy is a key requirement of the Health and Safety at Work Act 1974 (HASAWA).</p> | | |
| Staffing Implications | | |
| <p>Adequate staffing levels within all services is essential</p> | | |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) | | |
| <p>Briefly identify how the paper will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.</p> | | |

Long Term – acting now by managing and identifying health and safety risks protects staff and patients and reduces long term cost
 Integration – the health and safety group may meet with Local Authority staff for some estate issues i.e. Community Hospitals
 Involvement – of staff and experts will support and engage staff who will feel valued; valued staff who are happy have improved patient outcomes
 Collaboration – the Health and Safety group will work collaboratively engaging with all to improve the health safety and well-being of those who work in, and those who use our services
 Prevention – the aim of the group is to be proactive not reactive and prevent harm to staff and patients

| | |
|-----------------------|---|
| Report History | 4 th March 2019: Health & Safety Arrangements for Primary & Community Services Delivery Unit |
|-----------------------|---|

| | |
|-------------------|-------|
| Appendices | None. |
|-------------------|-------|