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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	01 September 2020	Agenda Item	5.1
Report Title	Health & Safety Operational Group Key Issues Report		
Report Author	Mark Parsons, Assistant Director of Health & Safety		
Report Sponsor	Christine Williams, Interim Director of Nursing and Patient Experience		
Presented by	Mark Parsons, Assistant director of Health & Safety		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to update the Committee on the business discussions of the Health and Safety Operational group meeting 4 August 2020.		
Key Issues	<ul style="list-style-type: none"> • The Health and Safety Operational group meets on a quarterly basis and reports to the Health & Safety Committee. • A range of reviewed and updated policies and procedures were endorsed for ratification. • Physical distancing challenges and actions. • PPE update report outlining arrangements presented and discussed. • SDU's Fire Management Plans 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the report, • ENDORSE the policies and procedures, DISCUSS and NOTE the Health and Safety Strategic plan for 2020/21		

HEALTH & SAFETY OPERATIONAL GROUP REPORT

1. INTRODUCTION

The purpose of this report is to update the Committee on the business discussions of the Health & Safety Operational group meeting 4th August 2020.

2. BACKGROUND

The Health and Safety Operational Group report is intended to summarise the business discussions and key issues identified.

2.1 HEALTH & SAFETY OPERATIONAL GROUP MEETING 4 August 2020

a. Health & Safety Operational Group

In line with the Health & Safety Operational group terms of reference reports were received from all units. Apologies received from Gary John, UNITE and Ricky Morgan, Mental Health & Learning Disabilities SDU. The meeting was via teams to minimise unnecessary travel and adhere to social distancing.

b. Unit Director Updates

Individual Unit Directors provided updates on health and safety issues within their respective areas. Health and Safety updates were also received from the Estates, Support Services, Security and HQ Corporate departments. Key elements are set out in the table below:

Item	Comments
Singleton Unit	<ul style="list-style-type: none">• COVID-19 risks have been identified, with action plans in place to monitor control measures.• Cladding – cladding still remains as one of the main risks to the Singleton Site. Phase two covering the front elevation removal and replacement work, with initial enabling works scheduled to commence in Q3/Q4. This will depend on the requirements to comply with covid-19 regulations.• Physical distancing featured significantly, with risk assessments undertaken and a number of control measures already in place. This is constantly being reviewed with the reintroduction of services and guidance updates.• Overall due to the reduced number of patients and staff, incidents have fallen with 116 reported 01/01/20 – 30/04/20.• RIDDOR reports identified and discussed.• Routine meetings that were cancelled due to COVID-19 pressures have now recommenced.• No significant PPE issues reported, with confirmation that PPE has always been available, however, certain models of masks are either no longer available or in short supply (8833 - 9332+)

	<ul style="list-style-type: none"> • Fire management plans have been updated and approved at SDU H&S group. SDU preparing for internal fire audit to be undertaken by NWSSP
Morrison Unit	<ul style="list-style-type: none"> • COVID-19 risks have been identified, with action plans in place to monitor control measures. • There were a total of 882 incidents reporting in May #7 June 2020. This volume presents the expected return to pre-COVID level in line with an increasing hospital inpatient population. • RIDDOR reports identified and discussed, particularly around completion of documentation and latest HSE guidance providing explicit advice on the reporting requirement for RIDDOR during the COVID-19 pandemic. • Routine meetings cancelled due to demands of COVID-19 are being reintroduced. • Training is being maintained where possible and current compliance for H&S related training between 72% & 81% • No significant PPE issues reported, with confirmation that PPE has always been available, however, certain models of masks are either no longer available or in short supply (8833 - 9332+) • Physical distancing featured significantly, with risk assessments undertaken and a number of control measures already in place. This is constantly being reviewed with the reintroduction of services and guidance updates. • Fire management plans have been updated and approved at SDU H&S group. SDU preparing for internal fire audit to be undertaken by NWSSP • Major risks identified as: <ul style="list-style-type: none"> - Roof above critical care unit leaks impacting on service provision - Ventilation system in critical care is not able to maintain sufficient air changes required for the area.
Neath Port Talbot Unit	<ul style="list-style-type: none"> • COVID-19 risks have been identified, with action plans in place to monitor control measures. • The only additional risk identified was alcohol gels situated in atrium and the possibility of slips, with controls put in place to minimise the risks. • Physical distancing featured significantly, with risk assessments undertaken and a number of control measures already in place. This is constantly being reviewed with the reintroduction of services and guidance updates.

	<ul style="list-style-type: none"> • No fluctuation in staff, incidents reported 01/05/20 – 30/06/20, with 25 staff incidents reported during this period. • Training is being maintained where possible and current compliance for H&S related training between 86% & 92%. • No significant PPE issues reported, with confirmation that PPE has always been available, however, certain models of masks are either no longer available or in short supply (8833 - 9332+) • Incident reported of a patient gaining access to the roof, this has been reviewed and resolved safely. With a further investigation (SUI) being undertaken to identify any lessons learnt and additional controls where practicable to do so.
Primary Care and Community Car Unit	<ul style="list-style-type: none"> • COVID-19 risks have been identified, with action plans in place to monitor control measures. • Physical distancing featured significantly, with risk assessments undertaken and a number of control measures already in place. This is constantly being reviewed with the reintroduction of services and guidance updates. • There were 83 staff incidents reported 01/01/20 – 30/05/20. • Training is being maintained where possible and current compliance for H&S related training between 73%.& 100% • No significant PPE issues reported, with confirmation that PPE has always been available. • Additional risks identified: <ul style="list-style-type: none"> - Due to ward 16 at Singleton designated at COVID-19 ward, Primary Care unable to access/use. - Gorseinon hospital roof leaks and flood risk
Mental Health & Learning Disabilities Unit	<ul style="list-style-type: none"> • There were no new risks identified, although risks relating to COVID have been recognised, with action plans in place to manage. • Physical distancing featured significantly, with risk assessments undertaken and a number of control measures already in place. This is constantly being reviewed with the reintroduction of services and guidance updates. • There were 5 incidents that met the criteria for RIDDOR during the period May - July 2020.

	<ul style="list-style-type: none"> • All risks are being monitored locally, with controls in place to mitigate as far as is reasonably practicable. • No significant PPE issues reported, with confirmation that PPE has always been available, however, certain models of masks are either no longer available or in short supply (8833 - 9332+) • Incidents reported for the reporting period May to July 725, with 143 identified as V&A incidents against staff. This has been attributed to the lack of visitors due to COVID-19 restrictions. • Training is being maintained where possible and current compliance for H&S related training between 82% & 90%.
HQ Baglan	<ul style="list-style-type: none"> • HQ health and safety group met on 22nd July, no major issues. • Physical distancing featured significantly, with risk assessments undertaken and a number of control measures already in place. This is constantly being reviewed with the reintroduction of services and guidance updates. • Fire risk assessment undertaken, with minor recommendations/actions identified. • No staff incidents reported
Estates Management	<ul style="list-style-type: none"> • There were no new risks identified, although risks relating to COVID have been recognised, with action plans in place to manage where practicable to do so. • COVID-19 has further highlighted current resources are insufficient in a number of areas in estates to meet the demands of workload to maintain compliance. • Routine meetings cancelled due to demands of COVID-19 are being reintroduced. • Physical distancing featured significantly, with risk assessments undertaken and a number of control measures already in place. This is constantly being reviewed with the reintroduction of services and guidance updates. • It was reported that estates do not have capacity to discharge all Authorised Person (AP) duties for electrical services. • Ventilation improvement programme in place (replacement of fans) to improve airflow rates. AP's and competent persons (CP's) trained and in place. • Authorised Engineer for lifts – this is not provided by NWSSP and is being commissioned through commercial sector. • 6 FACET survey commencement postponed due to COVID-19 and financial implications.

	<ul style="list-style-type: none"> • Estates sub groups: • Fire:- <ul style="list-style-type: none"> - concerns around fire warden training/drills/plans due to resources and COVID-19 - Outstanding fire risk assessments - Outstanding actions from fire risk assessments • Water:- <ul style="list-style-type: none"> - Updated tender specification to undertaken water risk assessment. Meeting with procurement to advertise tender - Water testing changes due to lab capacity, this has been included in the updated water plan • Asbestos:- <ul style="list-style-type: none"> - Updating asbestos management plan
Support Services	<ul style="list-style-type: none"> • Physical distancing featured significantly, with risk assessments undertaken and a number of control measures already in place. This is constantly being reviewed with the reintroduction of services and guidance updates. • Established two weekly support services partnership group to focus on health & safety operational issues. • CCTV review is on-going. • Training a main priority for support services as numbers have dripped due to COVID-19 pressures.
Health and Safety Alerts (MDA)	<ul style="list-style-type: none"> • General improvement in closure of Medical Device Alerts but further improvement required with some units. A review of the system has been recommended by the H&S Ops Group.
Policies with Health and Safety Implications	<ul style="list-style-type: none"> • Policies/procedures and protocols recommended through the Health and Safety Operational Group: <ul style="list-style-type: none"> - Fire Policy & EQIA - Medical Sharps Policy - Fleet Transport Policy

c. Policies

The group considered and approved the following policies:

- Fire Policy – **see appendix 1 and appendix 2.**
- Medical Sharps Policy - **see appendix 3.**
- Fleet Transport Policy – **see appendix 4.**

Through this paper the Committee is asked to endorse the policies approved by the Health & Safety Operational Group on 4th August 2020.

The agenda from the Health & Safety Operational group meeting held in May 2020 is presented in **Appendix 5** for information.

d. Health and Safety Executive (Update)

Confirmation that a notice of contravention was received on 21 July 2020 outlining contraventions under:

Safety Representatives and Safety Committee Regulations 1977

H&S (Consultation with Employees) Regulations 1996

Management of Health and Safety at Work Regulations 1998, Reg 3, Risk assessment and Reg4, Principles of prevention

These were discussed and it was highlighted that the HB will be challenging these and have commenced collating the evidence for this.

e. Logistics (PPE) Cell update

A report was received outlining the systems and process in place and the current position on PPE nationally, with the latest information received on future delivery of FFP3 masks and in particular 8833's and 9332+. The 8833 model, there was no update and these are still in a safe zone in Turkey and the 9332+ models now scheduled to arrive in Birmingham airport on 9th August 2020. Unfortunately, this did not materialise and further updates are expected during August.

3. PHYSICAL DISTANCING

During July a total of 28 physical distancing audits have been undertaken, these covered the following areas:

- Wards – Acute and Mental Health
- Medical records
- Outpatients
- Libraries
- SAU
- Chemotherapy day unit
- Maternity
- Pharmacy
- GP surgeries
- Autism service
- Antibody testing (Bay Field Hospital)
- Administration areas

The group undertaking the audits including trade union representation; project management; infection prevention & control and corporate. Overall the audits were well received, with local managers/leads taken on board recommendations. All areas had implemented control measures and were continuing to review and update as necessary.

4. OCCUPATIONAL HEALTH – SKIN SURVEILLANCE

Occupational Health (SD) discussed challenges experienced with CTMUHB – POW following HSE inspection that resulted in an improvement notice for CTMUHB covering skin surveillance. It is important that SBUHB formulates a skin surveillance programme to ensure systems are in place throughout the HB.

Key actions:

- Each SDU to identify leads for each area and to provide names to SD
- SD to arrange appropriate training for identified leads to commence skin surveillance
- Undertake monthly checks to avoid/minimise occupational dermatitis
- SD to share all documentation presented with SDU leads

5. COVID-19 RIDDOR PROCESS

The investigation protocol developed nationally through HOPE, with input from staff side and the all Wales H&S advisors group for patient related incidents is being adopted to identify staff who acquired COVID-19 since the pandemic, this uses criteria to determine if the COVID-19 positive result was work related or not. There will be a number of retrospective investigations to determine whether or not these are RIDDOR reportable.

6. 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

7. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

8. RECOMMENDATION

Members are asked to:

- **NOTE** the report,
- **ENDORSE** the policies and procedures,

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The effective communication of information and coordination of team activities is essential to providing safe patient care. The Health and Safety Operational group are responsible for managing and overseeing effective quality, safety and patient experience.		
Financial Implications		
There are no direct financial implications arising from this report.		
Legal Implications (including equality and diversity assessment)		
SBUHB is committed to providing and maintaining a safe and healthy work place and to provide suitable resources, information, training and supervision on health and safety to all members of staff, patients Contractors and visitors to comply with the legislative and regulatory framework on health and safety.		
Staffing Implications		
Staff will be briefed on health and safety developments through managerial meetings, staff meetings and health and safety alerts and bulletins.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The Act requires the Health Board to think more about the long term, how we work better with people and communities and each other, look to prevent problems and take a more joined up approach with partners. There will be long term risks that will affect both the delivery of services, therefore, it is important that you use these five ways of working (Long Term Thinking, Prevention, Integration, Collaboration and Involvement) and the wellbeing goals identified in the Act in order to frame what risks the Health Board may be subject to in the short, medium and long term. This will enable The Health Board to take the necessary steps to ensure risks are well managed now and in the future.		

Report History	Health & Safety Operational Group 4 August 2020
Supporting documents	Appendix 1 and 2 – Fire Policy Appendix 3 – Medical Sharps Policy Appendix 4 – Fleet Transport Policy Appendix 5 – Health & Safety Operational Group Agenda – August 2020