



Meeting Date	27 June 2023	Agenda Item	4.1	
Report Title	Health & Safety Operational Group Key Issues Report			
Report Author	Mark Parsons, Assistant Director of Capital Planning			
Report Sponsor	Darren Griffiths, Director of Finance & Performance			
Presented by	Mark Parsons, Assistant Director of Capital Planning			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to update the Quality and Safety Committee on the business discussions of the Health and Safety Operational group meeting 9 th May 2023.			
Key Issues	<p>The Health and Safety Operational Group (HSOG) meet on a quarterly basis and is the main management group which oversees all Health and Safety Activity for the Health Board.</p> <p>As a result of agreed governance changes the reporting from this Group now feeds through to the Quality & Safety Committee from June 2023.</p> <p>This report provides updates on the following areas: -</p> <ul style="list-style-type: none"> • Overview of service group, support services and estates exception reports. • Health and Safety Alerts • Policy matters • Staff side matters • Incident reports and lessons learned • Violence and Aggression Management deep dive • Health and Safety Risk Register • Fire Safety Group update • HSOG Term of Reference and Health board assurance committee structure changes 			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the report 			

HEALTH & SAFETY OPERATIONAL GROUP REPORT

1. INTRODUCTION

The purpose of this report is to update the Quality and Safety Committee on the business discussions of the Health & Safety Operational Group meeting on 9th May 2023.

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 9th May 2023

The tables which follow provide updates on the key areas of discussion. Operational updates area matter of routine business and further reports are received based on the key work areas in the reporting period in question. For the May 2023 meeting the areas of discussion were: -

- Overview of service group, support services and estates exception reports.
- Health and Safety Alerts
- Policy matters
- Staff side matters
- Incident reports and lessons learned
- Violence and Aggression Management deep dive
- Health and Safety Risk Register
- Fire Safety Group update
- HSOG Term of Reference and Health board assurance committee structure changes

Item	Comments
NPTH/Singleton Service Group (NPTSSG): Singleton	<p>The last NPTSSG meeting was held in February 2023, attendance at the service group meeting is positive, with representation across the various services/departments. In addition to the main service group meeting, there are monthly H&S safety tours that includes PFI partners plus managers & heads of department meetings.</p> <p>Daily safety huddle is also a forum to share any ad hoc H+S and EPRR info. Likewise, a hospital wide email communication is utilised as necessary.</p> <p>NPTHSSG Risk Register - Risks highlighted:</p> <ul style="list-style-type: none"> • 5th bed in bays on acute medical wards to increase capacity • Surgical services end of life equipment require replacement • Medicine DMARD & Biological monitoring SCBU mobile imagine unit outdated • Staffing gap pharmacy re complex cardiac speciality • Children services staffing shortages community service • MIU waiting area <p>1 new risk has been added: ID3327 CDT Cellular Pathology Mortuary (replacement of mortuary trolley – H&S risk).</p> <p>Risks above 16:</p>

Item	Comments																				
	<ul style="list-style-type: none"> • Cladding • Staffing – retention of staff • Inappropriate attendance at MIU • Unavailability of timely ambulance transfers from MIU to ED <p>The full list of risks on the register were provided within the report.</p> <p>Fire: Singleton have established a local fire safety group and includes walkabouts to identify training needs, site signage, fire plans and check that communication is being received.</p> <p>Cladding works continue with on-going management of fire to accommodate changes required to facilitate the cladding works. Staffing to accommodate this continues to be challenging.</p> <p>Fire:</p> <ul style="list-style-type: none"> • Fire risk assessments compliance remains at 100% • FRA action tracker in place. • Unwanted fire signals reported in Q4 in NPT (3) & singleton (3). These were through dust (contractor), cooking (hospital canteen) and 1 unknown. • On-going collaboration working with the fire team to increase the number of fire wardens. • Reviewing and update fire plans and in particular the inclusion of vertical evacuation. <p>Mandatory training compliance:</p> <table border="1" data-bbox="427 1272 1222 1462"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>83</td> <td style="background-color: yellow;"></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>88</td> <td style="background-color: green;"></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>82</td> <td style="background-color: yellow;"></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>93</td> <td style="background-color: green;"></td> </tr> </tbody> </table> <p>All areas of training have improved over the last quarter by at least 1%, moving H&S training to green, with two now 82% & 83%. There are systems in place to achieve and maintain mandatory training compliance of 85% as a minimum.</p> <p>With the changes of staff moving from Singleton to Morriston, this is not reflected in the current reporting figures, particularly medical staff. ESR requires updating to capture the staff transfers.</p> <p>Incidents:</p> <ul style="list-style-type: none"> • Overall for the service group there has been an increase of incidents reported, these are primarily violence & aggression Incidents <p>There were three RIDDOR incidents reported in Q4</p> <ul style="list-style-type: none"> • <i>Burn, filling hot water bottle</i> 	Course	Target %	Actual %	Compliance	Fire Safety	85	83		Health & Safety	85	88		Manual Handling	85	82		Violence & Aggression	85	93	
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	<ul style="list-style-type: none"> • <i>Struck by object</i> • <i>Manual handling of object</i> <p>All were reported due to absence of over 7 days and reported within the permitted time (15 days).</p> <p>To increase staff knowledge in RIDDOR, staff are being encouraged to attend RIDDOR training provided by H&S team.</p> <p>Additional issues:</p> <ul style="list-style-type: none"> • Modular theatre/Cladding works continue on sites, adding to an already busy hospital environments. • Regular H&S walkabouts, these are supported by PFI partners and H&S colleagues. • A positive pseudomonas reading was reported on Ward 12, Singleton. There were some challenges around the communication. This is being reviewed and raised at the HB water safety committee. • Flooding issues at Singleton resulted in implementing horizontal evacuation, successfully. 								
<p>Morrison Service Group</p>	<p>The last meeting was held on 9 March 2023, with good attendance.</p> <p>Risk Register - Risks highlighted:</p> <p>A full list of risks on the register were provided within the report With some highlighted below:</p> <ul style="list-style-type: none"> • Lack of decontamination room risk to staff and patients of exposure to life threatening diseases such as Ebola and monkey pox – actions to mitigate include working in partnerships with Ops colleagues in WAST to source mobile facility for decontamination requirements. • ED capacity issues – ambulance offloads & waiting area • Overcrowding due to lack of available beds • Staffing levels throughout the service group <p>One of the H&S risks being highlighted as scoring over 16:</p> <ul style="list-style-type: none"> • Patients presenting in A&E Dept /CDU / other dept.'s/ ward areas that are self-harming or / and demonstrating violence and aggression towards staff and other patients , this also includes the risk of patients absconding from dept.'s. <p>Mandatory training compliance:</p> <p>An overall service group training percentage was provided in the report.</p> <table border="1" data-bbox="427 1937 1220 2011"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>82</td> <td style="background-color: #FFD700;"></td> </tr> </tbody> </table>	Course	Target %	Actual %	Compliance	Fire Safety	85	82	
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Fire Safety	85	82							

Item	Comments			
	Health & Safety	85	83	
	Manual Handling	85	79	
	Violence & Aggression	85	85	
	<p>There are systems in place to achieve and maintain mandatory training compliance of 85% as a minimum, with updates provided at HSOG meetings.</p> <ul style="list-style-type: none"> • Service group continues to work with the fire team to increase the number of fire wardens and scheduling onsite training using scenarios and also reviewing and updating fire pans. <p>Staff incidents Q4 2022/23: Incidents:</p> <p>Overall for the service group the main categories of incidents are:</p> <ul style="list-style-type: none"> • 65 Violence & Aggression • 23 Contact with needles or medical sharps • 12 Manual handling (patient/services user handling) • 10 Slip, trip or fall • 5 Manual handling (non-patient handling) <p>There were 3 severe incidents reported:</p> <ul style="list-style-type: none"> • <i>Shortage of safety engineered product</i> • <i>Staff sickness – impact on staffing</i> • <i>Shortage of medical staff</i> <p>There were two staff and one patient RIDDOR incidents reported in Q4</p> <ul style="list-style-type: none"> • <i>Contact by object (cut) – Staff</i> • <i>Slip, trip or fall (twisted ankle) – Staff</i> • <i>Fall - Patient</i> <p>The two staff incidents were reported due to absence of over 7 days and reported two days outside of the permitted time (15 days).</p> <p>To increase staff knowledge in RIDDOR, staff are being encouraged to attend RIDDOR training provided by H&S team.</p> <p>Fire:</p> <ul style="list-style-type: none"> • Fire risk assessments compliance remains at 100% • FRA action tracker in place. • There has been a significant increase in fire wardens (63), with on-going collaboration with the fire team to increase further the number of fire wardens. • Reviewing and update fire plans. <p>Additional issues:</p> <ul style="list-style-type: none"> • Corridor storage remains a challenge, particularly condemned 			

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	<p>beds and equipment. Process put in place with '10 Golden Rules' issued to all departments/wards, with weekly MDT site walk about to identify and address issues identified.</p>																				
<p>Primary and Community Care Service Group</p>	<p>Due to network issues the minutes of the previous meeting were unable to be uploaded and will be circulated once issues have been resolved. The SG went through their action log from the SG H&S meeting.</p> <p>Risk Register - Risks highlighted: A full list of risks on the register were provided within the report, with none specifically highlighted.</p> <ul style="list-style-type: none"> • Ongoing discussions around building/site roles and responsibilities. Two meetings have taken place with a further meeting scheduled for December 2022 to agree a way forward to identify suitable persons/roles for each building/site. • Two particular risks were highlighted for discussion: <ul style="list-style-type: none"> - Cimla CCTV (SG to revisit and obtain costs) - Gorseinon Fire alarm (This is being picked up under EFAB for 23/24) <p>Communications:</p> <ul style="list-style-type: none"> • Health and Safety is a quarterly update item to PCTSG Board. Triumvirate provides a weekly forum should any major risks, issues or items for communication need to be raised. <p>Incidents: For the period Jan – April 2023, there were 32 incidents reported, with an overall increase in V&A (verbal) incidents.</p> <p>Mandatory training compliance:</p> <table border="1" data-bbox="427 1339 1225 1525"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>91</td> <td style="background-color: #008000;"></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>93</td> <td style="background-color: #008000;"></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>89</td> <td style="background-color: #008000;"></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>97</td> <td style="background-color: #008000;"></td> </tr> </tbody> </table> <p>Compliance increased further in all areas of H&S training (1% - 4%)</p> <ul style="list-style-type: none"> • Fire risk assessment completion remains at 100% <p>The level of sick absence is a concern for the SG and are working with workforce to ensure all support options are being explored.</p>	Course	Target %	Actual %	Compliance	Fire Safety	85	91		Health & Safety	85	93		Manual Handling	85	89		Violence & Aggression	85	97	
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<p>Mental Health & Learning Disabilities Service Group</p>	<p>The last H&S meeting was disrupted due to the national IT network outage, with the majority of attendees unable to connect. This has now been rearranged for early June 23.</p> <p>Risk Register - Risks highlighted:</p> <ul style="list-style-type: none"> • Food hygiene compliance 																				

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	<ul style="list-style-type: none"> • Fire and security in MH&LD estate • Fire on wards (different handler/manager for each division of MH&LD SG) • Caswell clinic security risks • Slips, trips & falls • Violence & aggression • Child bearing staff members • Adolescents being admitted to Mental Health wards • Caswell clinic security issues • Concerns regarding the safety and security of the decommissioned Park View Health Centre that is situated opposite Rowan AATU • Fire Risk Assessment actions • Compromised security of Taith Newydd Low Secure Unit • Cefn Coed Security <p>Particular focus was on the Cefn Coed (old Site) on its suitability for a modern mental health inpatient service. It was also noted that there is an Acute Mental Health master plan and project board that has recently restarted, this is looking at developing the site to facilitate future service requirements.</p> <p>CAMHS continues to be an issue where children and adolescents may not be appropriately placed.</p> <p>All risks are being monitored locally, with controls in place to mitigate as far as is reasonably practicable.</p> <p>Incidents to staff for Q4</p> <ul style="list-style-type: none"> • There were 377 incidents reported for the period <table border="1" data-bbox="469 1368 1249 1641"> <thead> <tr> <th>Incident Type</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Aggressive, threatening behaviour</td> <td>68</td> <td>65</td> <td>105</td> <td>238</td> </tr> <tr> <td>Inappropriate behaviour/attitude</td> <td>15</td> <td>13</td> <td>18</td> <td>46</td> </tr> <tr> <td>Indecent exposure</td> <td>1</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>Patient challenging behaviour</td> <td>7</td> <td>4</td> <td>9</td> <td>20</td> </tr> <tr> <td>Physical assault</td> <td>9</td> <td>6</td> <td>8</td> <td>23</td> </tr> <tr> <td>Sexual behaviour</td> <td>4</td> <td>1</td> <td>2</td> <td>7</td> </tr> <tr> <td>Verbal assault</td> <td>8</td> <td>3</td> <td>0</td> <td>13</td> </tr> <tr> <td>Anti-social behaviour</td> <td>9</td> <td>12</td> <td>8</td> <td>29</td> </tr> <tr> <td>Total</td> <td>121</td> <td>105</td> <td>151</td> <td>377</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Two RIDDOR's reported due to over 7 day absence from the incident. <ul style="list-style-type: none"> - Slip, trip or fall - <i>Strain during restraining patient</i> <p>Overall in this period there has been a reduction in V&A incident</p> <p>Training is being maintained where possible and current compliance for H&S related training</p>	Incident Type	Jan	Feb	Mar	Total	Aggressive, threatening behaviour	68	65	105	238	Inappropriate behaviour/attitude	15	13	18	46	Indecent exposure	1	0	0	1	Patient challenging behaviour	7	4	9	20	Physical assault	9	6	8	23	Sexual behaviour	4	1	2	7	Verbal assault	8	3	0	13	Anti-social behaviour	9	12	8	29	Total	121	105	151	377
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HQ Baglan	KM provided apologise for the meeting and submitted the report.																				

Item	Comments
	<p>HQ H&S meeting last held on 13th March 2023, with good attendance.</p> <p>Risk Register - Risks highlighted:</p> <ul style="list-style-type: none"> • Aging chiller system. Routine inspections and maintenance to mitigate risk. • Replacement of seals to fire doors and fire stopping works – these are be planned on a phased approach. <p>Security undertake regular tours to check the building internal and external.</p> <p>HQ health and safety group have no immediate H&S concerns.</p> <p>Fire:</p> <ul style="list-style-type: none"> • All FRA are in date, with 90% of identified actions completed. • HQ fire drill carried out 19th April 2023 with no issues recorded. There are 26 fire wardens trained. <p>Additional issues:</p> <ul style="list-style-type: none"> • Collision in car park due to person driving the wrong way around the one way system
Estates Management	<p>No report received or representation at the meeting, this was due to absence and work pressures, there was no one available from estates.</p>
Support Services	<p>The last support service management board meeting was held on 20th April 2023.</p> <p>There were no new risk added to the Risk Register - Risks highlighted:</p> <ul style="list-style-type: none"> • CCTV – funding in place for some areas (ED & Pathology) • Car parking – Temporary parking and sustainable travel options being explored. • Mandatory training – alternative methods being explored. • Slips, trips and falls – digital solutions being explored to monitor areas. • Cleaning hours (Morrison Hospital) – funding allocated to recruit and reduce the risk. • Allergens – Action plan and training in place. <p>A risk register was included with the paper covering all risks on the risk register.</p> <p>Incidents:</p> <p>29 Incidents to staff were reported in March 2023, 24 in Morrison, 2 in Singleton & NPT and 1 in Central Clinic.</p> <p>Overall incidents reported have decreased.</p>

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	<p>Mandatory training compliance:</p> <table border="1" data-bbox="427 304 1222 495"> <thead> <tr> <th>Course</th> <th>Target %</th> <th>Actual %</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Fire Safety</td> <td>85</td> <td>80</td> <td></td> </tr> <tr> <td>Health & Safety</td> <td>85</td> <td>81</td> <td></td> </tr> <tr> <td>Manual Handling</td> <td>85</td> <td>80</td> <td></td> </tr> <tr> <td>Violence & Aggression</td> <td>85</td> <td>93</td> <td></td> </tr> </tbody> </table> <p>Systems are in place to increase mandatory training compliance to achieve minimum 85% target, with steady progress recorded month on month.</p> <p>Additional issues/developments:</p> <ul style="list-style-type: none"> The department has set up a fire governance group to monitor overall fire compliance and met in February 2023. A catering induction manual has been produced and shared. 	Course	Target %	Actual %	Compliance	Fire Safety	85	80		Health & Safety	85	81		Manual Handling	85	80		Violence & Aggression	85	93	
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Health and Safety Alerts (MDA)	<p>A total of four Local Security Notices (LSNs) were issued in Q4. Out of the four issued only Singleton Hospitals responded and actioned, with the other service groups providing no response at the time of the report.</p> <table border="1" data-bbox="379 898 1410 1480"> <thead> <tr> <th>Notice Ref</th> <th>Summary</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>DSI 2023 001</td> <td>EyeCee One preloaded and EyeCee One Crystal preloaded intraocular lenses (IOLs)</td> <td>Quarantine</td> </tr> <tr> <td>DSI 2023 002</td> <td>Belzer UW Cold Storage Solution and Belzer MPS UW Machine Perfusion Solution manufactured by Carnamedica (UKRP: Bridge to Life): Contamination of fluid;</td> <td>Visual inspection of product</td> </tr> <tr> <td>DSI 2023 003</td> <td>NexGen Knee replacement: affected patients should be offered additional follow up</td> <td>Monitor and review patients</td> </tr> <tr> <td>DSI 2023 004</td> <td>BD BodyGuard MicroSets and residual ethylene oxide: devices may continue to be used to treat paediatric patients 5kg and above</td> <td>Updated instructions for use</td> </tr> </tbody> </table> <p>The task & finish group that has been set up continues to work through the process to address the gaps identified in the NWSSP alert audit. The group are also exploring the alerts module on DATIX (OFW), with a possible implementation in September 2023.</p>	Notice Ref	Summary	Action	DSI 2023 001	EyeCee One preloaded and EyeCee One Crystal preloaded intraocular lenses (IOLs)	Quarantine	DSI 2023 002	Belzer UW Cold Storage Solution and Belzer MPS UW Machine Perfusion Solution manufactured by Carnamedica (UKRP: Bridge to Life): Contamination of fluid;	Visual inspection of product	DSI 2023 003	NexGen Knee replacement: affected patients should be offered additional follow up	Monitor and review patients	DSI 2023 004	BD BodyGuard MicroSets and residual ethylene oxide: devices may continue to be used to treat paediatric patients 5kg and above	Updated instructions for use					
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DSI 2023 004	BD BodyGuard MicroSets and residual ethylene oxide: devices may continue to be used to treat paediatric patients 5kg and above	Updated instructions for use																			
Policies with Health and Safety Implications	<p>There were no policies or procedures submitted to review.</p>																				
Trade Unions	<ul style="list-style-type: none"> No topics were raised 																				
Incident Reporting &	<p>Incident type and severity for Q4:</p> <table border="1" data-bbox="379 1962 1410 2045"> <thead> <tr> <th>Severity</th> <th>None</th> <th>Low</th> <th>Moderate</th> <th>Severe</th> <th>Major</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Number</td> <td>174</td> <td>238</td> <td>78</td> <td>5</td> <td>0</td> <td>495</td> </tr> </tbody> </table>	Severity	None	Low	Moderate	Severe	Major	Total	Number	174	238	78	5	0	495						
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Number	174	238	78	5	0	495															

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Lessons Learned	<p>There were 15 RIDDOR incident reported in Q4 (Table 1).</p> <table border="1" data-bbox="379 338 924 739"> <thead> <tr> <th>Incident Type</th> <th>No:</th> </tr> </thead> <tbody> <tr> <td>Assault Patient to Staff</td> <td>1</td> </tr> <tr> <td>Burn</td> <td>1</td> </tr> <tr> <td>Cut</td> <td>1</td> </tr> <tr> <td>Exposure to biological agent</td> <td>1</td> </tr> <tr> <td>Manual Handling - Object</td> <td>1</td> </tr> <tr> <td>Manual Handling – Patient</td> <td>1</td> </tr> <tr> <td>Slip, trip or fall</td> <td>7</td> </tr> <tr> <td>Struck by moving object</td> <td>2</td> </tr> <tr> <td>Total</td> <td>15</td> </tr> </tbody> </table> <p>10 of the incidents were reported in the required statutory time frame with five being outside the required time, one of which was 63 days over.</p> <p>Description covering the 6 severe incidents reported:</p> <table border="1" data-bbox="379 922 1378 1700"> <thead> <tr> <th>Incident Description</th> </tr> </thead> <tbody> <tr> <td>Patient became agitated and aggressive and was hitting out at staff with crutches, Patient also grabbed member of staff by the hair and proceeded to scratch at her face then also attempted to punch her. Patient also assaulted another member of staff during the incident and grabbed at her left arm leaving scratch mark on her arm. Following this incident, family members were contacted in past under similar circumstances, order to calm the patient and to take medication.</td> </tr> <tr> <td>Patient very aggressively came out of his room shouting. He walked passed everyone and started to shout and swing his arms. He had a glasses case and paper work in his hand which he then swung at the staff member. The staff member managed to move back but not did not move in time and got hit in the right side of his neck by the glasses case. The patient then went on to hit his wife in the back as she walked passed him.</td> </tr> <tr> <td>Patient assaulted member of staff at approx. 19:10pm. HCSW working down other side was sat at reception desk speaking with 1 other staff nurse and 1 HCSW. he came behind HCSW (who's back was towards patient) and punched her in the back with both fists. I told patient that this was unacceptable behaviour and then took patient back to his room, he willingly walked back with me. when asked why he hit member of staff he said because he "hates her" and called her a "b****d". HCSW working with patient reported that he was being racist towards same member of staff earlier in afternoon, and said he did not like her because she was "African". This is not first time patient has been racist towards staff members on the ward. ward manager, bed managers, and medical team and these behaviours</td> </tr> <tr> <td>Unable to locate any lancets for taking patients blood glucose readings on the unit. Attempted to find them multiple times but unable to source them from another ward due to busyness of shift, as a result, had to take BM with sub-cut needle. After taking patients reading, I accidentally caught myself with the needle on my left thumb and it started bleeding immediately.</td> </tr> <tr> <td>WAS WALKING OUT AFTER WORKING 12HOUR SHIFT.WAS WALKING AND LOST MY BALANCE.FELL TO THE GROUND AND AS I WAS GETTING UP AND FELT PAIN IN LOWER BACK AND HURT MY ANKLE .MANAGED TO GET UP AND WENT HOME.ONCE I WAS HOME I WAS IN SO MUCH PAIN I WENT TO A&E AT 9PM AND FINALLY GOT TO SEE DOCTOR AT 5.30AM.SHE EXAMINED ME AND SAID I HAD HURT MY LOWER BACK AND GIVE ME PAIN KILLERS AND SAID TO HAVE REST.</td> </tr> </tbody> </table> <p>To date 238 staff have received RIDDOR training, with more sessions being scheduled.</p> <p>During Q5, the number of incidents reported is 493 of which 323 recorded as V&A, 31 sexual harassment, 13 racial, 72 slip, trip or fall and 31 struck by object being the top five recorded incidents</p>	Incident Type	No:	Assault Patient to Staff	1	Burn	1	Cut	1	Exposure to biological agent	1	Manual Handling - Object	1	Manual Handling – Patient	1	Slip, trip or fall	7	Struck by moving object	2	Total	15	Incident Description	Patient became agitated and aggressive and was hitting out at staff with crutches, Patient also grabbed member of staff by the hair and proceeded to scratch at her face then also attempted to punch her. 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Item	Comments
<p>Deep Dive review</p>	<p>The deep dive covered at the HSOG was Violence & Aggression</p> <p>Questions were circulated to the Service Groups/HSOG prior to the meeting to enable appropriate investigation/review to provide answers/updates.</p> <p>Responses were received from NPTSSG – Morriston SG - MH&LD, Support Services, no responses were provided by PC&TSG or Estates.</p>
<p>Overview</p>	<p>There were variances in the responses that are shown in blue text against each of the questions listed:</p> <ul style="list-style-type: none"> • What is the V&A risk profile for the Departments/Wards and Service Group? <i>The answers were mixed, some areas not picking up that this was in relation to the patient's conditions/behaviours, with others identifying this and having systems in place for individuals rather than whole wards.</i> • Has the risk profile been influenced by changes in patient demographics or other factors? <i>Not all areas captured this, with mainly MH&LD and NPTSSG providing examples.</i> • Do you have a risk assessment for all wards and departments that identifies their key V&A risks, triggers etc.? <i>Some have this in place, with the majority referencing the HB policy on the intranet (this has a generic RA as an example).</i> • How are you addressing the reduction in incidents where 'restraint' is used? <i>This was mainly relevant to MH&LD, with response also from ITU. Both had good processes in place with access to psychiatrist and implement a value based approach using restraint as a last resort and review any incidents to identify any lessons for improvement. MH&LD have specialist groups, with restrictive practices a standard agenda item.</i> • Provide incidents numbers by incident type (category) covering 01/04/22 – 31/03/2023 – Identify separately any serious incidents? <i>Where replies were received, all provided examples of incidents, some of which were discussed to obtain an overall picture. There were good processes in place for review.</i> • Incident Trends? <i>SG's identified in general that V&A incidents (verbal aggression) as the main trend.</i> • What are the factors that have influenced the changes? <i>Factors influencing change identified i.e. increased training and staff empowerment & Ward F becoming the single point of access for admissions.</i> • How lessons learnt are captured and shared? <i>From undertaking investigation and reflection on how incidents were managed. Use of DATIX. Via team handovers, ward/service meetings, quality & safety and health & safety meetings.</i> • Are V+A Risk Assessments in place, if so please provide details? <i>Mixed response, not all have these in place, one SG undertake</i>

Item	Comments
	<p>individual assessments as not required for the whole ward and MH&LD having these in place for all patients.</p> <ul style="list-style-type: none"> • Are there any special groups (Women of child bearing age)? Are any special arrangements for pregnant staff regarding V&A? All who replied had systems in place to capture any specific groups, all examples provided were for pregnant staff. • Are risk assessments in place for lone working? Where lone workers were identified reference was made to the HB policy and the generic RA • Has a training needs analysis been completed and agreed by the service group? If so, when? Please provide examples of TNA? All mentioned E-learning other than MH&LD who provided examples of specific training i.e. PBM. • Has the TNA been through the service group governance structure for sign off? When? Two of the replies stated yes and provided information with others referencing e-learning or no. • What data do you use to identify the type of training each member of staff receives? Replies covered, follow HB guidance, mandatory training, individually assessed and regular reviews from incident data. • Is there a need to provide specialist training in some areas (where for instance V&A passports are not suitable & sufficient) Mixed replies from SG stating not required and yes, with examples provided by NPTSSG and MH&LD. • Are there any gaps in the training provision that need to be reviewed? Mixed response due to the work and patient profiles of the various areas, with some suggestions of additional training that could be provided i.e. PBM. • For training provided, how do you prioritise preventative measures rather than reactive action? Areas where identified, specific procedures/activates were provided i.e. bringing people off life support and/or from anaesthetics. The move to SPoA was provided by MH and also risk assessed. • How do you monitor V&A training and competency performance? The majority replied stating, DATIX, e-learning and ESR. Additional information provided by NPTSSG/MH&LD – mentioned their governance structure and particular groups/committees. • How do you monitor V&A performance? Through investigation/reflections and through governance groups. • Is there any key learning identified as part of the monitoring & review? Alternative training to e-learning, PBM/de-escalation, learning from ombudsman training – sage & thyme training – PALS • Have staff been identified who may be classed as a lone workers? This was mixed with the majority stating no and those that identified lone working had systems in place. • What arrangements do you have in place to monitor lone workers safety? Systems such as rotas, implementation of HB lone worker

Item	Comments
	<p data-bbox="475 232 1433 304">RA (Buddy systems), key holder services as well as onsite security (this was Morriston only).</p> <p data-bbox="379 344 1437 524">All SG's agreed that the deep dive for V&A was again beneficial and has enabled them to identify gaps and also learn from others following the various discussions generated from the deep dive to share good practice highlighted and looking to see how mitigations can be put in place to close any gaps in systems to minimise risk.</p>
Health & Safety Risk Register	The health & Safety risk register was reviewed and there were no significant changes.
Fire Safety Group	Minutes of the Fire Safety Group were distributed and discussed.
AOB	<ul data-bbox="427 786 1465 1120" style="list-style-type: none"> <li data-bbox="427 786 1465 1003">• The group were informed of the governance structure changes, with the Health & Safety Committee being stepped down due to the positive works undertaken since the HB received several Health & Safety Executive improvement notices in 2019. The HB has reviewed the Board Assurance Committees, with the HSOG reporting to the Quality & Safety Committee from June 2023. <li data-bbox="427 1010 1465 1120">• Following on from the governance changes and reporting lines, the HSOG Terms of Reference will need to be updated to reflect the changes. These will be presented at the next HSOG in August 2023.

3. GOVERNANCE AND RISK ISSUES

Health and Safety governance is as important as any other aspect of governance. It is a fundamental part of an organisation's overall risk management function which is a key responsibility of directors. Failure to manage health and safety risk effectively has both human and business costs. The price of failure can be the damaged lives of workers, patients, their families, and friends, as well as direct financial costs, damaged reputations, and the risk of legal prosecution.

4. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the report

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