HEALTH & SAFETY ASSURANCE COMMITTEE
PWYLLGOR IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	13 September 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Health and Safety Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Tim Harrison, Head of Health, Safety and Security

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is presented to the Health and Safety Committee (HSC) to provide an update on the activities of the Health and Safety Team from the period July - September 2021. The work undertaken encompasses a variety of health and safety topics which will be detailed in turn.

Cefndir / Background

The report contains an update concerning manual handling, violence and aggression, prevention and management of violence and aggression with reducing restrictive practice, lone working devices, social distance audit and sharps safety.

Asesiad / Assessment

Manual Handling Update
- Jennifer Lewis, Manual Handling Manager, commenced in post on 2nd September 2021.
- There is currently no training facility in Ceredigion for manual handling following the loss of the facility provided by Aberystwyth University at their Health Education Centre. Attempts to find alternative accommodation have not been successful and therefore classroom manual handling training has been suspended for Ceredigion staff.
- The Manual Handling Team has worked closely with Clinical Engineering colleagues to oversee the bed replacement programme at Prince Philip Hospital (PPH), Glangwili General Hospital (GGH), Llandovery and Amman Valley Hospitals. This involves integrating utilisation of the Medstrom beds purchased for the field hospitals. The aim is to standardise each site to a single bed type.
- Manual handling training has been completed for Estates and Clinical Engineering staff at GGH and PPH.

Violence and Aggression Update
The tables overleaf indicate the number of incidents reported in July 2021 and in August 2021 (up to 26/08/21).

Withybush General Hospital		Prince Philip Hospital		Glangwili General Hospital		Bronglais General Hospital	
Accident & Emergency (A&E)	7	Ward 4	4	Cilgerran Ward	2	Emergency and Urgent Care Unit (EUCC)	1
Ward 12	6	Ty Bryngwyn	2	Rainbow Suite	1	Dyfi Ward	1
Intensive Care Unit (ICU)	1	Bryngofal (Mental Health)	9	Physiotherapy	1	Ystwyth Ward (OAMH)	13
Puffin	1	Bryngolau (Older Adult Mental Health (OAMH))	3	Morlais Ward	3		
Ward 11	1	Acute Medical Assessment Unit	2	Dewi Ward	5		
Ward 7	1	Ward 5	1				
Ward 9	1	Ward 9	2				
Patient support	1	Outpatients	1				
	19		**24**		**12**		**15**

South Pembrokeshire Hospital	2	Physical Assault	59
Hafan Hedd	1	Aggressive/Threatening behaviour	51
Cwm Seren, Psychiatric ICU (PICU)	11	Verbal Abuse	8
Patients home	8	Psychological abuse/Harassment Social media/ Malicious telecommunications	2
Havenway Resource Centre	4		
Hafan Derwen – Ty Bryn	11	Hate content	3
Bro Cerwyn	12	Sexual assault/offence	3
Covid Testing/Vaccination	3	Weapons (Stanley knife)	1
Tregaron Hospital	1	Damage	1
Community Premises	3	Anti-Social Behaviour	1
GP Surgery	1		

- Since April 2020, there have been 32 Anti-Social Behaviour referrals made to Dyfed Powys Police.
- 58 Stage 1 warning/code of conduct letters have been issued to patients/service users. 2 Stage 2 letters have been issued to patients together with patient behaviour undertakings.
- The Health and Safety Team have been involved in many multi-disciplinary meetings with partner agencies including the Police, Crown Prosecution Service, Social Services, Probation and Ambulance Trust.

Prevention and Management of Violence and Aggression (PAMOVA)
The Team has provided expert advice to several departments including the following specific examples:
- Continued support and advice given to staff in Begelly (learning disabilities unit), supporting one individual relating to restrictive practices. All staff in Begelly have now completed specific training techniques to be used for the individual.
- The Team has supported staff from St Caradog's in the implementation of a Person-Centred Support Plan including a bespoke intervention designed around the management of nasogastric feeding under restraint to a patient with physical health concerns. This support has helped the staff gain confidence and they are now able to manage other complex patients without the need to rely on the PAMOVA team.
- Provided support to staff on PICU following the transfer of the above patient and advice provided with the person-centred support plan. The patient no longer requires restraining and the nasogastric feeding tube remains in situ daily.
- Supporting a patient with learning disabilities who requires dental treatment that may require restrictive physical intervention for them to attend the appointment.

- The Team is currently liaising with Park Prison regarding restrictive physical intervention for a patient being transferred to our services who has physical health needs.

Reducing Restrictive Practice Training
- 81 staff have undertaken training during July and August 2021; a further 32 staff should have received training, however due to COVID-19/staffing issues, these courses have been cancelled.
- Along with the mandatory updates and full courses planned during September, October, and November 2021, the Team is due to train an additional 60 apprentices.
- The Team will be reintroducing the All Wales Violence and Aggression Passport for staff in community settings, following its suspension during the height of the COVID-19 pandemic.
- All training is now face-to-face (socially distanced), either at Hafan Derwen, Carmarthen, with 8 participants, or in other areas identified whereby participants can be increased to 10, depending on the venue.
- Porters from different sites have been trained together, providing Lateral Flow Tests are undertaken prior to the training. No issues reported at present.

The Welsh Government has launched the Reducing Restrictive Practice Framework which applies to the Health, Social Care and Education sectors. This has been included within the training, focusing on the implementation of a person-centred model of care to support those patients who display behaviours that present a challenge across all Health Board sites.

Peoplesafe Lone Working Devices
209 devices have been issued across 20 teams. However, the activity usage over the past three months is extremely disappointing. During June 2021, only 21% of staff issued with devices had used them with 79% being inactive. In July and August 2021, 96% and 95% respectively of staff issued with the devices had not switched them on.

Following this analysis, the following action is being undertaken to improve engagement and to boost overall usage:
- Managers of existing teams are being contacted to boost understanding of the system. Engagement sessions will be undertaken with these managers during September 2021.
- Following the management engagement, identified users will receive email/text information with a tailored eLearning refresher training.
- A drop in session will also be held for any questions. The Peoplesafe Support Team will also be available to provide answers to queries and requests.
- Usage data will be shared and discussed at Directorate Quality & Safety Committee/ Groups.

Social Distancing Audits
The Director of Nursing, Quality and Patient Experience tasked the Health, Safety and Security Team and the Quality Assurance and Safety Team with undertaking a Health Board-wide audit of social distancing compliance in line with the Health Board's Social Distancing Guidelines (LocCOV.058, Version 2) and the UK Government guidance on working safely during coronavirus (COVID-19).

The purpose of this audit was to undertake a snap-shot study of several key areas across the Health Board, in both the acute and community setting, to assess compliance with the relevant guidance, with the intention of praising good practice and highlighting areas for improvement.

The full report is attached for information.

A summary of the recommendations and learning points noted from the exercise are as follows:

- Management and discipline are required in terms of room configuration to ensure that compliance with social distancing requirements is maintained.
- Rooms may need to be reconfigured if distancing measures cannot be adhered to, and maximum occupancy levels may need to be lowered if required.
- Maximum occupancy level should be determined and clearly marked with signage.
- Staff are required to check the current occupancy of a room when entering to ensure that maximum occupancy levels are not breached.
- Worn, peeling or missing signage should be replaced/updated.
- Ear savers can be ordered from stores to provide a better fit for Fluid Resistant Surgical Masks (FRSMs), removing the need to cross the straps.
- Fans should not be used in clinical areas and are discouraged in non-clinical areas with shared occupancy.

Sharps Safety

A review of safety sharps devices has been undertaken, resulting in the removal of a number of non-safety sharps devices found to be in use across the various sites. The procurement of these devices have now been prohibited as safer alternatives are available.

Sharps incidents have been reviewed by the Health and Safety Officer who has identified the following themes/trends:

General

Re-sheathing; hidden sharp; disposal in sharps box, withdrawing needle; injury due to patient moving; injury from/by other staff member (co-ordination); finding sharps.

Safety Sharp

Failure of safety feature; safety feature not used; safety feature not used correctly.

A good recording of post-contact actions have being completed.
78% record bleeding injury site, A&E/Minor Injuries Unit (MIU) visit and blood taken.
40% record occupational health referral.
80% of incidents correctly categorised.
80% are needle-based devices.
25% of entries specify the sharp used.

Primary locations where incidents are occurring:

Withybush General Hospital	Prince Philip Hospital	Glangwili General Hospital	Bronglais General Hospital	Vaccination	Community
9	18	17	6	10	7

Argymhelliad / Recommendation

For the Health & Safety Committee to gain assurance from this report that work has progressed, and improvements have been made in relation to the various health and safety themes as detailed within the report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	718 Health and Safety Management
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	No Avoidable Deaths Protect Patients From Avoidable Harm From Care Focus on What Matters to Patients, Service Users, Their Families and Carers, and Our Staff
Amcanion Strategol y BIP: UHB Strategic Objectives	2. Living and working well.
Amcanion Llesiant BIP: UHB Well-being Objectives:	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Partnership Forum meetings

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not applicable
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Potential for quality of patient care to be compromised if large numbers of staff are affected by COVID-19 themselves.
Gweithlu: **Workforce:**	There is an impact on staff health and wellbeing as well as safety for non-compliance with COVID-19 management arrangements.
Risg: **Risk:**	Directorate Risk Registers have highlighted a number of the topics covered within this report.
Cyfreithiol: **Legal:**	A breach of health and safety regulations can result in the issue of prohibition or improvement notices or criminal proceedings.
Enw Da: **Reputational:**	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity
Gyfrinachedd: **Privacy:**	Not applicable

Cydraddoldeb: Equality:	• Has EqIA screening been undertaken? No

Social Distancing Compliance Audit Report

AUGUST 2021

Hywel Dda University Health Board

Authored by Adam Springthorpe, Health and Safety Manager

Introduction

The Director of Nursing, Quality and Patient Experience tasked the Health, Safety and Security Team and the Quality Assurance and Safety Team with undertaking a Health Board-wide audit of social distancing compliance in line with the Health Board's Social Distancing Guidelines (LocCOV.058, Version 2) and the UK Government guidance on Working safely during coronavirus (COVID-19).

LocCOV.058 was introduced to set out measures to maintain safe working practices in order to reduce the possibility of transmission of COVID-19 in the workplace whilst lockdown measures were eased. The UK Government stated that organisations should implement all reasonable measures to manage risks related to COVID-19 that can affect the health, safety and wellbeing of workers and other relevant interested parties, including agency workers, contractors, patients and visitors.

LocCOV.058 introduced a standard risk assessment template for social distancing which has been utilized throughout the Health Board and provided practical guidance on how facilities could be reconfigured to provide public confidence and allow the NHS to return to a "new normal".

Purpose and Scope

The purpose of this audit was to undertake a snap-shot study of several key areas across the Health Board, in both the acute and community setting, to assess compliance with the relevant guidance, with the intention of praising good practice and highlighting areas for improvement.

In deciding which areas should be targeted for audit, the Health, Safety and Security (HS&S) Team liaised with the Infection Prevention and Control Team for their specialist insight on clinical areas within the Health Board. The HS&S Team also reviewed the outbreak list as a key indicator of possible areas for concern. The decision was taken however not to visit any departments that were COVID-19 'Red Areas' at the time of audit to remove unnecessary risk to the Auditor(s). The areas included in this Audit were:

Community	GGH	PPH	BGH	WGH
Aberaeron ICC	A & E	AMAU	Ceredig	CCU
Amman VH	Cadog	Bryngolau	Dyfi/Iorwerth	Ward 1
Cardigan ICC	CCU	MIU	Enlli	Ward 3
Gorwelion	Cleddau	Outpatients	EUCC	Ward 5
Llandovery CH	Dewi	Phlebotomy	Meurig	Ward 8
S. Pembs Hosp	Merlin	Radiology	Outpatients	Ward 10
St. Nons etc	Outpatients	Ward 3	Radiology	
Tenby CH	Radiology	Ward 4	Rhiannon	
Tregaron Hosp	Steffan	Ward 5	Ystwyth	
	Teifi			
	Towy			

Some planned areas were not completed due to unforeseen closures at the time of the audit. Additionally, Ward 6 in PPH was not audited as it was found to be a 'super green area' at the time of the audit.

Methodology

A list of suitable questions was devised by one of the Health, Safety and Security Officers based on some of the requirements of the Health Board's Social Distancing Guidelines (LocCOV.058, Version 2) and the UK Government guidance on Working safely during coronavirus (COVID-19). The questions were entered into a table format that prompted a narrative response from the Auditor. An advice column was added to provide the Auditor with additional prompts. The audit form was then sent to the Clinical Audit Manager for comment. A copy of the final Audit Form used can be found in Appendix 1.

All audits were undertaken between April and June 2021 by members of either the Health, Safety and Security Team or the Quality, Assurance and Safety Team. The audits were unannounced and consisted of the Auditor entering the area in question and simply noting the social distancing practices observed during their visit using the audit form question prompts, thus providing a snapshot of compliance at the time of the audit.

After each audit the completed audit form with the Auditor's notes were sent to the local management team to acknowledge the good practices observed and to highlight any areas of concern that require further work to ensure compliance.

Findings

The audit consists of narrative answers, therefore in order to analyze the findings effectively, the narrative answers will be simplified into yes/no answers initially, then themes will be extracted and discussed for each question.

Question	Yes	No	N/A
1. Are all staff/visitors/patients 2m apart? **a. At their workstations** **b. In the rest rooms** **c. In the waiting areas**	24	20	
2. Does the area have appropriate signage?	21	23	
3. Are workstations face-to-face?	10	34	
3a. If yes, are there social distancing screens?	3	7	34
3b. If screens are not in place can the workplace be rearranged to provide distancing or are screens required? (Yes = ok, No = Further work / screens needed)	3	4	37
4. Are staff observed maintaining distance when not at their workstations?	36	8	
5. Where distancing cannot be achieved, or staff are transiting is an appropriate face covering in use?	42	2	

6. Is appropriate space allocated for staff to get changed (as required)	37	7
7. Is sufficient and appropriate PPE readily available to staff?	43	1
8. Is PPE being worn correctly and in the right areas?	41	3
9. Are room maximum occupancy appropriate and adequately signed?	22	22
10. Are there a reasonable number of sanitising stations for surfaces and hands?	41	3
11. Are fans being utilised to increase air movement?	41	3

Themes

Questions 1 & 9

Question one was generally answered as one question rather than the three sub-questions by most of the auditors. Many of the comments noted were about staff not being able to stay 2m when providing patient care, which is to be expected, rather than the specific areas in the question, however in this situation all cases were noted to be done using Fluid Resistant Surgical Masks (FRSM). The majority of audits noted staff to be observing 2m distancing when at their workstations and that patient seating in most Waiting Rooms were adequately demarked to ensure compliance.

Of the restroom, many did not have maximum occupancy signage, however, only one was physically seen to be in non-compliance at the time of audit. The restroom in question had signage in place that stated 'Max occupancy of 8'. The auditor noted 7 seated unmasked staff members on their break upon arrival, and an eighth (with a mask) making tea. Two more arrived and did not check how many were in the room. The 7 seated persons were not all 2m apart from each other when unmasked. Learning points to note:

- The limit of 8 was based on an equal spacing of chairs. Over time it appears that the chairs have crept closer to their pre-pandemic locations. Management and discipline are required in terms of room configuration;
- Rooms may need to be reconfigured if distancing measures cannot be adhered to, and maximum occupancy levels may need to be lowered if required (question 9 found that maximum room occupancy was appropriate and adequately signed in 50% of workplaces audited);
- Staff need to check the current occupancy when entering.

Question 2

Signage was noted to be present in most areas, however, only 47.7% of areas visited were found to be adequate. The most common form of signage noted to be absent were the maximum occupancy signs for multiple occupancy rooms such as offices and toilet facilities. In other areas the signage was found to be worn, peeling or missing from its original location. Learning points to note:

- Maximum occupancy level should be determined and clearly marked with signage;
- Worn, peeling or missing signage should be replaced / updated.

Questions 3, 3a & 3b

Note: If Q3 was answered as 'No', then 3a & 3b recorded as 'N/A'. This is because they were written as continuing questions - this allows consistency across the report.

Only 7/44 workstations were found to be face-to-face without social distancing screens in place. Of the 7, 3 workplaces could be rearranged to create adequate distancing, and the remaining 4 would likely need further controls to ensure compliance. This was fed-back to each area in question following the audits.

Questions 4, 5 & 8

Good compliance was found with question 4, with 81.8% of staff noted to maintain suitable distancing when not at their workstations. Linked to this in question 5, where distancing could not be achieved or staff were transiting, an appropriate face covering was observed to be worn in all but 2/44 workplaces and in question 8, 41/44 noted PPE being worn correctly and in the right areas. The exceptions included staff wearing FRSM under their noses during handover and a Doctor observed leaving a ward pulling their FRSM under the chin as leaving, accessing the stairs with no face covering.

Staff were noted in several areas to have crossed the elastic strings on their FRSMs to achieve a better fit. It is suggested that ear savers can be ordered from stores to provide a better fit, removing the need to cross the straps.

Question 6

Appropriate space was noted as having been allocated for staff to get changed in 84.1% of workplaces audited. Commonly staff were noted to change in vacant clinic rooms where there was no officially dedicated staff changing facility, however in some instances staff were noted to change in staff rooms and toilets.

Question 7

All PPE stations observed were well stocked. The one query raised in the audit was a ward that did not stock visors. When questioned, the Sister said that if visors were required, e.g. if a patient was awaiting a COVID result, then visors were available from stores and were brought to them quickly.

Question 10

A reasonable number of sanitising stations for surfaces and hands were noted in 41/44 locations audited. In one Outpatients Department it was noted that hand gel was not made available in public areas to prevent removal, however, that there was good availability of hand sanitizer and hand washing facilities in consulting rooms. It was also noted that there was no sanitizing station at the public entrance to one of the A&E Departments. This was fed-back to the department following the audit.

Question 11

Fans were only being utilised to increase air movement in 3/44 workplaces audited, with none actively in use in a clinical area at the time of the audit. (Note: due to Covid-19, fans are not permitted in any clinical areas and are discouraged in non-clinical areas with shared occupancy).

Recommendations and Learning Points

Below is a summary of the recommendations and learning points noted in the Themes section:

- Management and discipline are required in terms of room configuration to ensure that compliance with social distancing requirements is maintained;
- Rooms may need to be reconfigured if distancing measures cannot be adhered to, and maximum occupancy levels may need to be lowered if required;
- Maximum occupancy level should be determined and clearly marked with signage;
- Staff need to check the current occupancy of a room when entering to ensure that maximum occupancy levels are not breached;
- Worn, peeling or missing signage should be replaced / updated;
- Ear savers can be ordered from stores to provide a better fit for Fluid Resistant Surgical Masks (FRSMs), removing the need to cross the straps;
- Fans should not be used in clinical areas and are discouraged in non-clinical areas with shared occupancy.

It is important to ensure that social distancing measures continue to be complied with until the official guidance is updated, even with certain measures gradually being relaxed in wider society.

Appendix 1: Social Distancing Audit Form

	Question	Comment	Advice

1	Are all staff/visitors/patients 2m apart?
	   a. At their workstations
	   b. In the rest rooms
	   c. In the waiting areas
			• A rough guide is can you touch the person next to you with outstretched arms. If so, you are too close
			• Can a one-way system be used instead of 2-way flow

2	Does the area have appropriate signage?		• Keep left/one-way route • 2m markers periodically in thoroughfares • Demarcated waiting line at reception areas • Reminders of covid-19 and social distancing e.g. entrances, staff only areas • Maximum occupancy levels • Is the signage in good repair
3	Are workstations face-to-face?		
3a	If yes, are there social distancing screens?		
3b	If screen are not in place can the workplace be rearranged to provide distancing or are screens required?		
4	Are staff observed maintaining distance when not at their workstations?		• Corridors • Rest rooms • Meetings
5	Where distancing cannot be achieved or staff are transiting is an appropriate face covering in use?		• All staff with patient contact FRSM • Non - patient areas fabric face covering
6	Is appropriate space allocated for staff to get changed (as required)		• Clean/dirty areas
7	Is sufficient and appropriate PPE readily available to staff?		• Gloves • Masks (FRSM/FFP3/Hoods) • Aprons • Scrubs

8	Is PPE being worn correctly and in the right areas?		• Are staff clean shaven when wearing FFP3 or ½ masks • Are masks covering mouth and nose (e.g. under the chin)
9	Are room maximum occupancy appropriate and adequately signed?		
10	Are there a reasonable number of sanitising stations for surfaces and hands?		
11	Are fans being utilised to increase air movement?		• Not permitted in any clinical areas (incl. bladeless fans) • Discouraged in non-clinical areas with shared occupancy