

## HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR IECHYD A DIOGELWCH

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	10 January 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Health and Safety Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 over the period November – December 2021. The work undertaken encompasses a variety of health and safety topics which will be detailed in turn.

#### Cefndir / Background

The report focuses on the Manual Handling Team's work, concerns associated with compliance with the Lifting Operations and Lifting Equipment Regulations and Omicron planning arrangements.

#### Asesiad / Assessment

##### **Manual Handling Update**

- The Manual Handling Team continue to provide training and specialist advice across the Health Board both in acute and community settings. A recent surge has been seen in display screen equipment requests, which is likely to be a result of improved awareness from attendance at Managers Induction training. The Team continues to experience high demand for training, particularly in Carmarthenshire, where pressure is increasing with recruitment drives for Winter/Omicron.

##### **Continuing priorities as we enter Winter and in light of Omicron are:**

- Prompt and effective delivery of foundation patient handling training as a priority to assist in getting new staff into post as quickly and effectively as possible.
- Prompt and effective delivery of specialised courses to meet the changing needs of recruits, including the vaccinating staff and Family Liaison Officer roles.
- Providing timely advice following referrals for patients both in the community and in ward areas to contribute to their safe care and the safety of staff. This includes visits into ward areas/homes where clinically necessary.
- In order to prioritise this work and manage the areas of greatest risk given the restrictions of COVID-19, the challenges of releasing staff from wards and our reduced training capacity due to staff changes, lower priority will be given to the formulaic requirement for annual updates for all staff. This can be supported by strengthening the workplace

assessor base, to assist with supporting employees ongoing competency in their ward area.

- The Manual Handling Team is also continuing to balance the need for training/assessment visits against the risks of spreading infection and will only enter clinical areas when necessary. The Team will also only train where the need to provide training outweighs the risk of asking staff to be released from wards to come in to a training environment and mix with other clinical areas, etc.

### **Bariatric Management.**

The Manual Handling Team continues to work to improve the awareness of staff regarding access to bariatric equipment. Although pathways exist for this, staff awareness remains quite poor. The Team is continuing to work with the Manual Handling Co-ordinator who has recently been tasked with developing a more robust bariatric care pathway and in the meantime has undertaken the following:

- Issuing ward notices inclusive of flowcharts to follow for equipment requisition.
- Increasing the dedicated time on foundation training to include more detail on bariatric care for all new staff.
- Creating an in house bariatric study day in Spring 2022.

### **Servicing and Inspection of Hoists**

The Head of Health, Safety and Security outlined concerns relating to the current rate of compliance with Lifting Operations & Lifting Equipment Regulations 1998 (LOLER) and its Approved Code Of Practice to the Medical Device Group (MDG) in December 2021. Under these regulations, hoists should be LOLER inspected every 6 months and undergo Pre Planned Maintenance (PPM) every year.

Current hoist compliance (for LOLER and PPM) at the end of November 2021 across the Health Board stood at 67.67% broken down as follows:

Bronglais General Hospital (BGH)	96.72%
Glangwili General Hospital (GGH)	66.18%
Prince Phillip Hospital (PPH)	73.33%
Withybush General Hospital (WGH)	52.38%

The report noted that hoists out of LOLER inspections and/or PPM dates are in breach of the LOLER regulations and present a potential risk to the patients being handled as well as presenting potential risks to staff involved in using the equipment and risks relating to:

- Health & Safety Executive (HSE) enforcement for breach.
- Cost to the NHS for managing subsequent injuries, impact on length of stay, etc.
- Inability to defend civil claims from injured patients.
- Inability to defend civil claims from staff, sick leave and associated cover costs.

The report noted that hoists sit in the Medium risk category for servicing and inspection with the nominal Health Board target for Medium risk category devices being 75%.

The Medical Devices Group discussed the report and noted that:

- The LOLER checks and hoist servicing (PPM) arrangements are achieved via an external contract with Drive Devilbiss.
- Medium category risks targets are nominal. Clinical Engineering aims for 100% across all categories and the Health Board has established the nominal target of 75% across all

Medium risk items in order to ensure 100% compliance with High risk items (e.g. ventilators). It was further noted that this is an external contract and as such, every effort is made to achieve 100% compliance, and that resetting a nominal target would make little difference to the outcome.

- There is a clear, internationally recognised system for risk categorising devices which places hoists in the Medium risk category.

Reasons were presented for not meeting full LOLER and PPM compliance rates performance including access to hoists, e.g.:

- in clinical use and not available, no longer present on the ward, having been moved without informing Clinical Engineering/Drive Devilbiss;
- unable to gain access due to COVID-19 restrictions;
- equipment cannot be found;
- staff not informing Clinical Engineering/Drive Devilbiss that hoists are out of date (noting devices are tracked however this is a 2-way flow of information);
- hoists have been removed from service without informing Clinical Engineering/updating the inventory.

The Chair of the MDG welcomed the discussion as a practical demonstration of the issues that arise in a system that cannot guarantee timely maintenance of all equipment, noting rates for Medium and Low risk categories devices have been reported regularly, and that these categories do not equate to “no” risk.

Following lengthy discussion, the Group agreed that the Chair should discuss the issues raised with senior colleagues across a number of Health Board functions and agenda further discussion on this issue at the next MDG meeting in February 2022.

### **Omicron – COVID-19 Pandemic**

The Health and Safety Team has continued to provide support for Directorates in relation to their management arrangements against COVID-19; this includes the following that has increased the demands more recently on the team:

- Provision of advice on respiratory protective equipment.
- Provision of Fit tester training for certain departments.
- Half mask training and developing guidance for chemical vapour filters.
- Developing and issuing user guides for new powered air hood system.
- Social distancing audits.

### **Argymhelliad / Recommendation**

For the Health & Safety Committee to gain assurance that work has progressed, and improvements have been made in relation to the 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:	718 Health and Safety Management

Datix Risk Register Reference and Score:	
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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: 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

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Potential for quality of patient care to be compromised if large numbers of staff are affected by COVID-19 themselves.
<b>Gweithlu: Workforce:</b>	There is an impact on staff health and wellbeing as well as safety for non-compliance with COVID-19 management arrangements.
<b>Risg: Risk:</b>	Directorate Risk Registers have highlighted a number of the topics covered within this report.
<b>Cyfreithiol: Legal:</b>	A breach of health and safety regulations can result in the issue of prohibition or improvement notices or criminal proceedings.
<b>Enw Da: Reputational:</b>	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	<ul style="list-style-type: none"> <li>Has EqIA screening been undertaken? No</li> </ul>