

HEALTH & SAFETY COMMITTEE PWYLLGOR IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 November 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Executive Enforcement Action 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 Adam Springthorpe, Health and Safety Manager

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) in order to provide an update on the continuing work towards compliance with the enforcement notices served against Hywel Dda University Health Board (HDdUHB) by the Health and Safety Executive (HSE) in October 2019, and to expand upon the previous reports presented to the HSC during the previous two years. The report also summarises the developments since the previous HSC meeting held on 13th September 2021.

Cefndir / Background

HDdUHB received an official letter following site visits undertaken by HSE Inspectors in July 2021 stating, although good progress had been made on the manual handling Notices, some aspects remained to be completed in order to achieve full compliance. The Inspector therefore formally extended IN2 and IN7 to 24th September 2021 to synchronise compliance dates of the existing outstanding Notices for IN6 and IN8. The summary position is detailed below:

Improvement Notices	Status
IN2 - Management of Manual Handling	Compliance date - 24th September 2021
IN6 - Incident Investigation	Compliance date - 24th September 2021
IN7 - Manual Handling in Theatres, Bronglais General Hospital (BGH)	Compliance date - 24th September 2021
IN8 - Needlestick Management	Compliance date - 24th September 2021

The HSE letter focused on four key areas for improvement - leadership, monitoring, competence and audit - and specified the actions required under IN2 and IN7 in order to reach a satisfactory level of compliance. As the HSE had already received all of HDdUHB's evidence to date, a final overarching action plan was developed to specifically track the additional work concerning the remaining Improvement Notices in one location.

The final action plan identified actions for the Corporate Teams including Health, Safety and Security; Occupational Health; Infection Prevention and Control; Datix; and Quality Assurance Safety. Other actions were identified for Unscheduled and Scheduled Care as well as Community Directorates.

Asesiad / Assessment

The overarching action plan covering all four notices was submitted to the HSE on 23rd September 2021.

The HM Inspector notified HDdUHB of their intention to visit the following areas:

- 7th October 2021 - Withybush General Hospital (WGH).
- 8th October 2021 - South Pembrokeshire Hospital (SPH).
- 13th October 2021 - Glangwili General Hospital (GGH).
- 14th October 2021 - Amman Valley Hospital (AVH).

The first visits (7th & 8th October 2021) went extremely well, as did the management interviews on days three and four (13th & 14th October 2021). However, the Inspector raised concerns on days three and four regarding aspects of needlestick injury management and incident investigation.

On 19th October 2021, despite the concerns identified, the Inspector confirmed that all of the Improvement Notices had now been complied with. The correspondence included the following:

'I am pleased to confirm that all the extended Improvement Notices have been complied with. We recognise the very significant improvement in the profile, understanding and leadership of health and safety management at senior level since our intervention in 2019. The improvements have been very ably supported and in some cases driven or delivered by the expanded Health, Safety and Security Team.

At the same time the rollout of the Managers' H&S Training is supporting managers to understand their role and the resources available, and they feel better equipped to make changes and to recognise poor practice. More capable managers are actively building on the positives from the pandemic and the opportunities this provides.

To make the improvement sustainable in the long term it will be necessary to build into normal operations the requirement for senior managers to monitor health and safety performance against recognisable standards and targets. This needs to become part of day to day management arrangements and conversations, and cannot be delivered only via governance meetings, partnership forum meetings etc though these have a very important role in ensuring accountability.

I look forward to our planned summary meeting with Steve Moore, Judith Hardisty and others, when that can be arranged in the next few weeks'.

HDdUHB will receive a formal letter in due course, however this had not been received at the time of writing this report. A meeting is being arranged between the Inspector and the Chief Executive.

The establishment of recognisable health and safety performance standards and targets (in addition to those already in place) has been discussed following the HSE visit and these will be presented to the HSC in January 2022.

The Sharps Safety Group, led by the Assistant Director of Operational Nursing and Quality, will continue to progress the outstanding needlestick management issues including:

- Ensuring that all sharps injuries that are acquired from dirty or unknown origin are investigated in a timely manner and that the Sharps Injury Investigation Checklist is utilised.

- Ensuring that Non-Safety Sharps Risk Assessments are completed for all procedures where non-safety sharps are in use, where safer alternatives are available.

In terms of wider incident investigation, although the quality of investigations has improved with the introduction of the new RLDatix System, the challenge remains that incidents are not being investigated in a timely manner and that there are a high number of outstanding investigations on the system. This issue is not limited to staff safety incidents and a wider piece of work is being undertaken on incidents in general.

Argymhelliad / Recommendation

For the Health & Safety Committee to gain assurance from the HSE Enforcement Action Update Report that the necessary work has now been completed in compliance with the Notices served against HDdUHB.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.10 Ensure there is a process of review of findings of safety management system audits and seek assurance that corrective actions are put in place. 3.11 Ensure reports and factual information from external regulatory agencies are acted upon within achievable timescales. 3.17 Seek assurances on the requirements arising from HDdUHB's regulators, WG and professional bodies.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	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: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Improvement Notices Material Breaches
Rhestr Termiau:	Contained within the body of the report

Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Executive Control Group Task & Finish Groups
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There is a growing financial impact in relation to the Fee for Intervention costs that HSE charge for their services.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable.
Gweithlu: Workforce:	Not applicable.
Risg: Risk:	Detailed action plans produced highlighting the mitigation of these identified risks.
Cyfreithiol: Legal:	Breaches of Health and Safety at Work Act 1974 potential for fines if not complied with within specified timescale.
Enw Da: Reputational:	Potential for political or media interest if compliance or further enforcement action is served.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqlA screening been undertaken? See below. • Has a full EqlA been undertaken? Full EqlAs have been undertaken for both the Violence & Aggression Policy and the Moving & Handling Policy under which the HSE work is focused.