

**HEALTH & SAFETY ASSURANCE COMMITTEE
PWYLLGOR IECHYD A DIOGELWCH**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 May 2022
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 over the period March 2022 – May 2022. The work undertaken encompasses a variety of health and safety topics, which will be detailed in turn.

Cefndir / Background

The report focuses on the following topics, COVID-19, Internal Audit Ligature assessment review, Manual Handling, Security Management, Prevention, Assessment and Management of Violence and Aggression (PAMOVA)/Reducing Restrictive Practice, Health and Safety Audit Programme and Policy updates.

Asesiad / Assessment

COVID-19 Health Board Guidance

COVID-19 guidance was updated on 29th March 2022 following consultation with Infection Prevention Control and Communications colleagues. The latest guidance includes updates to the following:

- Risk assessment for staff identified as a contact.
- COVID PCR testing arrangements
- Video messaging detailing latest guidance

https://nhs.wales365.sharepoint.com/sites/HDD_CovidSite/SitePages/Staff-testing.aspx

Ligature Assessment Compliance

During March and April 2022, NHS Wales Shared Services Partnership (NWSSP) Audit and Assurance Services were commissioned to undertake an internal audit (IA) to review the procedures for the prevention of self-harm following several improvement actions identified by Health Inspectorate Wales (HIW) across Wales to mitigate points of ligature risk within the Hywel Dda University Health Board (HDdUHB).

The procedures for recording and monitoring HIW actions through to implementation were satisfactory, and no issues were identified with the arrangements for incident monitoring.

However, three areas for improvement have been identified:

1. Arrangements for ligature audits, specifically the absence of sufficient, consistent processes in place for the completion of ligature audits.
2. Whilst audits had been completed for most mental health inpatient sites during 2021, some had not been completed annually.
3. Failure to clearly identify, monitor and implement improvement actions to address issues arising in the ligature audits.

A draft Assessment and Management of Environmental Ligature Risks within the Mental Health and Learning Disabilities (MHL) Procedure has been written and is currently being reviewed by MHL colleagues.

The management response to the findings was included as part of the IA report presented to the Audit and Risk Assurance Committee in April 2022.

Manual Handling Update

The Manual Handling Team continue to offer a referral service and visit patients at home as well as inpatients and staff groups across all Health Board sites to provide advice. Workplace assessments in response to need and structured formal training delivery at three main locations is provided.

Training – new starters are prioritised to get staff into work as soon as possible. Upcoming training considerations include accommodating overseas nursing cohorts and 80 new bank Health Care Support Workers (HCSW). Staff who have existing or previous NHS work experience may not require training.

Development of the 4 tier training system as detailed in the Health and Safety Committee meeting in March is progressing and a one day minimal and emergency handlers course has already been adapted, enabling staff requiring the full two days course to be prioritised.

The Carmarthen team are relocating to Glien House, Carmarthen alongside Workforce and Organisation Development.

The team have recently undergone their recertification as trainers and are using this opportunity to reflect on and revise the presentations and lesson plans. Some improvements include integrating more detail on bariatric patients and fire evacuation handling options. An annual peer review approach to continue to evolve and improve core training is also being implemented.

Fire Evacuation

The Manual Handling Team are working in partnership with fire officers to support them in educating staff in the use of ski sleds, commonly available on all sites.

On site developments currently supported by the team:

- New tracking hoist development in the maternity birthing pool at Glangwili General Hospital (GGH).
- New Day Surgery Unit at Prince Philip Hospital (PPH), requiring an update for whole team.
- Fire decant ward plans for Worthybush General Hospital (WGH) – involved in planning layout design and equipment provision.

- Single handed care – ongoing work to look at single care options supporting safe discharge. This is discussed as part of our training content review.

Security Management

A Security Management Group (SMG) has been established with the first meeting taking place in May 2022. The SMG will lead on the development of security management improvements identified within the Health Board's Planning Objective and in line with NHS Wales Security Management Framework.

The group will establish systems to deter, detect, prevent and investigate security incidents in line with national requirements and implement local solutions in relation to security management.

The group will initially agree improvements to the following work areas:

- Standard operating arrangements for access control systems.
- Upgrading and delivery of standard operating procedures for CCTV systems.
- Standard operating procedures for ID badge issue that link to access control.
- Agree the external security guard force provision and oversee any related contract.
- Review current security response arrangements and determine their adequacy.

PAMOVA/Reducing Restrictive Practice

In addition to delivering training, the PAMOVA team provide expert advice regarding safe clinical care to staff who are treating and caring for extremely vulnerable patients to clinicians on a frequent basis. One such case related to advice and support provided to staff caring for a young patient who was at risk of self-harm. This patient was recovering from significant leg and spinal injuries following such an incident.

The team developed bespoke physical restraint techniques that were to be used, if appropriate, in order to safely hold the patient whilst mitigating the risk of spinal cord injury if the spine were to be flexed. The level of risk of each intervention was dependent on the level of resistance by the patient so the techniques provided needed to be dynamic in nature. The advice included specific scenarios such as standing, seated, prone, supine restraint.

In relation to the delivery of PAMOVA training:

- 139 staff have been trained during January – April 2022 (approximately 60 staff were unable to attend training due to COVID-19/staffing issues).
- Training continues to be face-to-face and has returned to mixed groups which ensures more participants can attend, with infection control measures still in place.
- Reducing Restrictive Practice training has recently been introduced using the Microsoft Teams platform with 30 staff in attendance to date. This training is offered Health Board wide and is available via the learning and development training prospectus.

Health and Safety Audit Programme

The Health and Safety Team have developed projected audit plan up until March 2025. The plan is subject to final sign off and regular updates will be provided. The plan details the departments to be visited with an average eight areas visited each month as well as scheduled follow up visits.

Health and Safety Themed Risk Register Review

As of 4th April 2022 there were 58 open risks. 26 had sufficient information to provide adequate assurance, 27 had insufficient information to provide assurance and 1 had no information to provide assurance. Four had actions that were due for completion by 31 Mar 2022.

Those with adequate assurance have not been inspected by the Health and Safety team. Therefore, assurance is assumed based on the controls identified and actions closed on the risk register.

Contact has been made with those that do not have assurance. A majority of these are awaiting funding through business cases, some with repeated cases for the last 5 years with little or no information on the actions taken to mitigate the risks.

Reporting of Injuries Diseases, Dangerous Occurrences (RIDDOR)

An end-of-year report on all 2021/22 RIDDOR incidents is included under agenda item 2.2.

Policy Update

The Fit-Testing for Respiratory Protective Equipment (RPE) Procedure (Procedure 814) has been revised and updated and is presented to the HSC for approval under agenda item 5.

In March 2022, the HSC were informed that the First Aid at Work Procedure (Procedure 696) was under review following the proposed introduction of internal first aid at work training instead of using external providers. Unfortunately, this proposal has been postponed due to staffing issues within the Resuscitation Team who were going to be delivering the training. However, the process for managers to identify their first aid needs, which was being reviewed and improved to coincide with the introduction of the training, will still be progressed without the internal training option. It is anticipated that HSC approval for the Procedure will be sought in July 2022.

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: 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.
Partion / 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