

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	10 July 2023
<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 topical Health and Safety subjects, in particular the findings from the Health and Safety Executive (HSE) inspection programme of 2018-2022.

Also covered in this report is information relating to the Mental Health 136 suite facility review, control of vibration update and an update to the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) reporting decision flowchart.

**Cefndir / Background**

**A Summary of findings from April 2018 – March 2022 HSE inspections of NHS Trusts / Boards focusing on workplace violence and aggression and musculoskeletal disorders.**

Between 2018 and 2022, HSE carried out a series of inspections to assess the management and control of risk from musculoskeletal disorders (MSDs) and violence and aggression (V&A) in the NHS.

A total of 60 NHS trusts and boards were visited across Great Britain (England, Scotland and Wales). This included acute, mental health and community trusts, including Hywel Dda University Health Board (HDdUHB) between 2019 and 2021. Twenty organisations were inspected in each of three work years.

In 38 (63%) of the NHS employers inspected at least one contravention of health and safety law in respect of management of risk from MSDs or V&A was identified. In 26 (43%) of the organisations inspected they were found to have contraventions across both areas.

The level of contraventions of the law for V&A (60%) was slightly higher than that of MSDs (47%).

Whilst this summary necessarily focuses on the issues identified during the inspections, it is important to note that nearly 40% of NHS employers were compliant or only needed some verbal advice (37%).

The common feature where contraventions were identified were management failings. These are failings of the management systems and relate to the following four categories:

### Risk assessment

This refers to the steps taken by NHS employers to conduct suitable and sufficient risk assessments to control the risk to employees from MSDs and V&A.

Issues identified during the visits included:

- Assessments being too generic, with high-risk areas not being identified;
- Assessments not including non-clinical workers who were exposed to the risk;
- Inconsistencies in the approach to risk assessment across the same organisation.

### Training

This refers to the training on controlling risk from MSDs and V&A provided to employees.

Issues identified during the visits included:

- Training was too generic and lacked evidence it was based on a training needs analysis;
- Where training was identified as being mandatory, in practice it was optional for relevant workers to attend;
- Non-clinical workers who were exposed to the risk were not included in training;
- No suitable assessment of the competency of the trainers.

### Roles and Responsibilities

This refers to the allocation of specific roles and responsibilities within the organisation to effectively supervise and manage the risk to employees from MSDs and V&A.

Issues identified during the visits included:

- Lack of clarity over roles and responsibilities;
- Lack of wider organisational awareness of who does what; inadequate provision of time and resource given to those with roles and responsibilities;
- No suitable assessment of the competence of those with specific roles and responsibilities to carry out the work of supervising and managing the risks from MSDs and V&A.

### Monitoring and Review

This refers to conducting effective monitoring and review of existing risk control measures to ensure they are effective and that the risks to employees from MSDs and V&A are being effectively managed.

Issues identified during the visits included:

- Failure to actively monitor and review control measures to ensure they are effective;
- Insufficient time and resource being allocated to monitoring and review;
- Failure to use available data sources (e.g. absence data, incident reporting) in the review process;
- Lack of clarity over what should be reported and how, leading to non-reporting.
- In particular, the inspections found that, whilst NHS employers generally do have policies and procedures for MSDs and V&A in place, these are often not monitored or reviewed to ensure that they work in practice or remain effective.

## **HSE's Plan for the Next 12 Months**

For HSE to be assured that suitable action has been taken, they will be undertaking further interventions with the NHS over the next 12 months. These interventions will follow a two-step approach as follows:

**Step One:** Several high-level interventions by appointment between NHS Trust Chief Executives and HSE Field Operations Division (FOD) Operational managers, to discuss what is being done at senior management level to address the risks from V&A and MSDs.

These interventions will focus on the findings from the 2018-22 inspections. In addition, they will explore the following areas:

- steps taken by your organisation over recent years at senior level to address the risks from V&A and MSDs;
- leadership in ensuring that sufficient organisational attention, resources and priority are given to the reduction of V&A and MSD risks.

**Step Two:** Inspectors will carry out several site inspections to seek assurance that what was described to them, in the high-level interventions, is being delivered on the ground. Inspectors will engage with a cross-section of management and the workforce to assess the measures taken. Feedback on findings, including details of any action required, will be given at the end of the visits, at senior level where possible.

This report also focuses on the following topics:

- Mental Health 136 Suite Review
- Control of vibration update
- RIDDOR flowchart update

## **Asesiad / Assessment**

### **HSE V&A and MSD Inspections**

HDdUHB along with Swansea Bay and Betsi Cadwalader University Health Boards were the three Health Boards in Wales to be included within the HSE's review. As a result of the inspections, 8 Improvement Notices were served against HDdUHB in 2019. The Committee will recall that compliance was finally agreed in November 2021.

Whilst a significant amount of work was achieved and is still evident today, there were certain actions/processes agreed to be taken forward that have been difficult to fully implement. For example:

- Actively monitor and review manual handling control measures.
  - To comply with the Improvement Notices relating to reducing risk of MSDs the Manual Handling Team were tasked with undertaking regular compliance audits of clinical environments and this is something that has been extremely difficult to maintain due to the Team's training commitments and specialist clinical work.
  - In light of the HSE findings this element will be reviewed and where possible the work supported by Ward / Department Workplace Manual Handling Assessors.
  - Monitoring of manual handling compliance will also be raised at Directorate Quality and Safety / Business Management meetings in order to check that Directorates are completing the audit questionnaires produced as part of the HSE compliance work.

- Maintaining the competency of existing staff.
  - Maintaining the competency of existing staff has also been difficult to achieve over the past two years due to the need to train new staff at induction. This is hampered due to the capacity of the training room in Glien House, Carmarthen.
  - This is more challenging to resolve due to the cost of renting a suitably sized property within the Carmarthen locality. However if sourced, would dramatically increase our ability to function more efficiently and enable better compliance for new and existing staff training.
- Provision of 'Behaviours that Challenge' training to non-Mental Health/Learning Disability staff, e.g. Accident and Emergency, General Medical Wards/Care of the Elderly.
  - This has become increasingly difficult to roll out due to the training resource and clinical advisory workload of the Prevention and Management of Violence and Aggression Team. The team continue to provide this training wherever possible but many staff have not benefitted from it to date.
- Porter Restraint Compliance
  - Porter restraint training compliance is a concern with the exception of Prince Phillip Hospital. For example Bronglais Hospital only have 5 porters in full compliance. A number of portering staff are unable to undertake the full range of practical techniques.
  - The Facilities Management Team are currently undertaking an assessment of the Porter 'Security' role in line with the wider security management arrangements.

The Health, Safety and Security Team, including the Manual Handling and Reducing Restrictive Practice sub-teams, continue to work hard with their existing stretched resources to maximise their impact on the safety of all Health Board staff through audits and monitoring, delivering suitable and sufficient training and the provision of specialist advice.

### **Mental Health 136 Suite Review**

Terms of reference for the review have been agreed with the Assistant Director of Nursing, Mental Health and Learning Disabilities. Visits have been arranged for Bryngofal Ward at Prince Phillip Hospital, Morlais Ward, Glangwili Hospital, Gorwelion, Aberystwyth. It is intended to provide an assurance report on findings and any recommendations to the Health and Safety Committee in September 2023.

### **Control of Vibration Update**

The HDdUHB Control of Vibration at Work Policy is nearing completion and is planned to be submitted for approval at the September Health and Safety Committee.

All four Estates Departments have now returned their staff lists to the Occupational Health Department to commence health surveillance. The opportunity has been taken to look at all aspects of health surveillance for Estates staff including noise and confined space working, as well as the Hand Arm Vibration Syndrome (HAVS) risk.

The Health, Safety and Security Department have visited all four acute sites and logged every known vibrating power tool used by the Estates departments and are currently in the process of locating the manufacturer's stated vibration magnitude for each piece of equipment. This will allow the team to calculate exposure ratings.

The next step is to risk assess exactly who uses which tools, for how long and on what materials. The calculated exposure ratings will then be simplified as part of the risk assessment process (utilising the Health and Safety Executive's exposure points method) and finally presented back to the tool users as part of their training, along with set daily exposure limits.

### **RIDDOR Flowchart**

The updated RIDDOR Reporting Decision Flowchart is now live on the intranet under Corporate Policies. The flowchart is a tool for investigators to use to help them recognise the RIDDOR reporting trigger points. Please see: <https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/riddor-reporting-decision-flowchart/>

### **Argymhelliad / Recommendation**

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

For the Health & Safety Committee to note the challenges to full implementation of the improvement actions agreed with the HSE.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
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:	N/A
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 Cynllunio Planning Objectives	3L Review of existing security arrangements
Amcanion Llesiant BIP: UHB Well-being Objectives:	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report.
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:	Health and Safety Advisory Group 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>	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.
<b>Gweithlu: Workforce:</b>	Potential for adverse future staffing impacts if this legislation is not complied with as it relates to employee safety.
<b>Risg: Risk:</b>	Risk to health and safety management.
<b>Cyfreithiol: Legal:</b>	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
<b>Enw Da: Reputational:</b>	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	No evidence gathered to indicate a negative impact on any protected group/s.