



## HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	02 November 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Health and Safety Executive Enforcement Action 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 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 paper is presented to the Health and Safety Assurance Committee (HSAC) in order to provide an update on the continuing work towards compliance with the enforcement notices served against the Health Board by the Health and Safety Executive (HSE) in October 2019, and to expand upon the papers presented to the Committee in May, June and September 2020. This paper summarises the developments since the previous Committee meeting.

#### Cefndir / Background

As part of a national programme of inspections for 2019/20, the HSE attended Hywel Dda University Health Board (HDdUHB) between 2<sup>nd</sup> and 11<sup>th</sup> July 2019 with the targeted intention of examining the management arrangements for violence and aggression, musculoskeletal disorders (MSDs) and asbestos.

As a result of the inspection, HDdUHB received 8 Improvement Notices (INs) and 13 Material Breaches (MBs), all originally with a compliance date of 1<sup>st</sup> May 2020. Due to the ongoing COVID-19 situation an extension was initially agreed until 31<sup>st</sup> July 2020. On the 1<sup>st</sup> July 2020 the Principal Inspector requested answers to 12 specific follow-on questions / queries. Detailed responses were prepared for each of these questions together with supporting evidence, and sent to the HSE on 28<sup>th</sup> June 2020. At the time of the previous HASC meeting in September 2020, no response had been received from the HSE.

It should also be noted that the HSE have still not requested sight of the full Action Plans that HDdUHB have been compiling for each of the Notices and Breaches. These Action Plans detail HDdUHB's route to compliance and have been overseen by Executive-led Control Groups.

#### Asesiad / Assessment

Shortly following the September 2020 Committee meeting, HDdUHB received correspondence from the HSE, via the Chief Executive, in response to our submitted responses. It had been anticipated that the HSE would then sign off some of the notices. However, the correspondence received only notified the Health Board that further extensions were to be granted to the previous extended compliance dates for all of the Improvement Notices and Material Breaches. The new extension dates are detailed below.

## Improvement Notices:

Compliance Date 27/11/2020	Compliance Date 29/01/2021
IN4 - Manual Handling - Health Records	IN1 - Management of Violence & Aggression (V&A)
IN5 - Manual Handling - Laundry	IN2 - Management of Manual Handling
	IN3 - Violence & Aggression in A&E Withybush
	IN6 - Incident Investigation
	IN7 - Manual Handling in Theatres in Bronglais
	IN8 - Needlestick Management

## Material Breaches:

Compliance Date 27/11/2020	Compliance Date 29/01/2021
MB1 - V&A / Lone Working (LW) Estates	MB3 - V&A / LW- Bronglais General Hospital
MB2 - V&A / LW – Switchboard	MB4 - V&A / LW - MIU/AMAU Prince Philip Hospital
MB5 - V&A / LW - Mortuary Prince Philip Hospital	MB6 - V&A / LW - A&E Bronglais Hospital
MB10 - Manual Handling - South Pembs Hospital	MB7 - V&A / LW - A&E Glangwili Hospital
MB11 - Examination of Lifting Equipment	MB8 - V&A / LW - Community Mental Health Teams
MB12 - Control of Contractors	MB9 - V&A / LW - Patient Conveyance
MB13 - Control of Substances Hazardous to Health (COSHH) - Mortuary Prince Philip Hospital	

As the compliance dates approach, the Executive-led Control Groups have now been combined into a single group with the objective of addressing all of the outstanding actions. The document prepared for, and amended, following the Control Group on 21<sup>st</sup> October 2020 can be found in Appendix 1, which is a complete list of outstanding actions at the time of writing.

## Current position in terms of risk

The Health Board's current position in terms of progress towards the INs and MBs is shown below. Amber and red actions represent all outstanding action items, classified by risk (note: green actions are completed actions). The numbers in brackets indicate the progress / change since the previous report to the Committee.

## Improvement Notices:

	IN1	IN2	IN3	IN4	IN5	IN6	IN7	IN8
	32 (+4)	12 (+5)	21 (+6)	21 (+4)	9 (+1)	33 (+6)	9 (+2)	10 (+7)
	1 (-3)	3	1 (-6)	4 (-3)	6	4 (-6)	1 (-2)	4 (-1)
	0	0	1	0	0	0	0	0 (-2)

## Material Breaches:

	MB1-8	MB1	MB2	MB3	MB4	MB5	MB6	MB7	MB8	MB9	MB10	MB11	MB12	MB13
	10 (+4)	4	2	2	3	3 (+1)	3	2	2	7 (+1)	5	7	10 (+3)	3 (+1)
	2 (-2)	4 (+1)	2	0	1	1 (-1)	1	1	2	3 (-1)	1 (+1)	0	8 (-1)	1 (-1)
	0	0	0	1	1	0	0 (-1)	1	0	0	0	0	0	0

\* Note: The 'MB 1-8' section refers to collective measures relevant to all V&A/Lone Working Material Breaches.

Totals:

	INs	MBs
	147 (+35)	63 (+10)
	24 (-21)	27 (-4)
	1 (-2)	3 (-1)

The totals above demonstrate that good progress continues to be made towards the completion of the action items for both the Improvement Notices and the Material Breaches.

#### **Argymhelliad / Recommendation**

For the Committee to take assurance from Health and Safety Executive Enforcement Action Update report that the necessary work is being undertaken towards compliance with the notices served against the Heath Board by the Health and Safety Executive.

#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.8 Ensure there is a process of review of findings of safety management system audits and seek assurance that corrective actions are put in place.
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):	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	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: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y	Executive Control Group Task & Finish Groups

Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	There is an immediate financial impact in relation to the Fee for Intervention costs that HSE - £40k Manual Handling equipment - £70k Lone Worker devices - £29700+VAT/annum. Also funding routes may be required for Two-Way Radios, Vocera and Body Worn Video cameras, depending on the outcomes of the various trials.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	N/A
<b>Gweithlu:</b> <b>Workforce:</b>	N/A
<b>Risg:</b> <b>Risk:</b>	Detailed action plan produced highlighting the mitigation of these identified risks.
<b>Cyfreithiol:</b> <b>Legal:</b>	Breaches of Health and Safety at Work Act 1974 potential for fines if not complied with within specified timescale.
<b>Enw Da:</b> <b>Reputational:</b>	Potential for political or media interest if compliance or further enforcement action is served.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A
<b>Cydraddoldeb:</b> <b>Equality:</b>	<ul style="list-style-type: none"> <li>Has EqIA screening been undertaken? No</li> <li>Has a full EqIA been undertaken? No</li> </ul>

## **Appendix 1 – Outstanding HSE Actions @ 23/10/2020**

### **IN1 - V&A Management**

<b>Target Date</b>	<b>Action taken/planned</b>	<b>RAG Rating</b>	<b>Lead (s)</b>
Dec-20	<p>Formally review and update the 285 Violence and Aggression Policy. The update should include the development of a set of standards by which to assess the performance of those with responsibilities, and to ensure that all individuals are aware of their responsibilities. To include the new easy to follow V&amp;A incident flowchart.</p> <p>Update: Policy has been reviewed and update. Policy has been circulated to the Owning Group for local consultation prior to Global consultation.</p>		TH/BJ/PL / All

### **IN2 - Manual Handling Management**

Dec-20	All of the actions identified in the notice schedule are in the process of being addressed by the Moving and Handling Team (M&H Team) through their Action Plan for 2020-2021.		M&H Team
Dec-20	<p>The HSE also commented in September 2020 that point 2 of the Schedule on resourcing had not been addressed satisfactorily.</p> <p>The M&amp;H Team are in the process of developing an SBAR to request funding for a new 0.6FTE Band 4 to assist the team in fulfilling their duties.</p>		JB
Ongoing	<p>The Health Board have also been undertaking a work stream on super bariatric care within HDDUHB. The Operational Quality, Safety and Experience Sub-Committee received a report to their meeting in March 2020, where this was discussed at senior level.</p> <p>Awaiting response to request for further information. Already added:</p> <ul style="list-style-type: none"> <li>- Management of Obesity in Pregnancy</li> <li>- M&amp;H Guidance for Plus-Size Patients</li> </ul> <p>To add Super Bariatric Pathway - (Draft in hand -requested latest version).</p>		All / M&H Team

### **IN3 - V&A in WGH A&E**

Dec-20	Explore whether it is feasible to have a violent patient marker physically 'pop-up' when the notes are accessed rather than relying on the individual to check what the flag on the notes is referring to.		TH/BJ/PL + IT & IG
2021	The TNA showed that additional training for A&E staff is required. Training with regards to safe holding is in place but is currently disrupted due to COVID-19 restrictions.		PAMOVA Team / A&E Managers

### **IN4 - Moving & Handling of Health Records in WGH**

Nov-20	<p>A review highlighted that further boxes were required to make the system work fully in practice. Blue boxes were already in use for the movement of records from the acute sites to the central store in Llangennech, but had not been introduced within the sites due to an apparent lack. To be reviewed and further boxes ordered.</p> <p>Confirmed - Review has been undertaken and JD has ordered further blue boxes.</p>		JB/JD/JE
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Nov-20	<p>A spot check on 17th June 2020 in Glangwili General Hospital (GGH) revealed that, although the black boxes were in use and working well, there did not appear to be enough. Further black boxes are to be purchased so that the system can work HB wide.</p> <p>Update – Estates Operations Manager to liaise with Mailroom Staff to determine the number of additional black boxes that need to be purchased so that they can be ordered ASAP.</p>		JB/HW
Nov-20	<p>Issue identified in GGH via spot check on 17th June 2020 following introduction of the new trolleys. Health Records trolley is slightly too wide to negotiate the tight entrance into the Health Records Library. Alternative solutions being investigated.</p> <p>Update from JB - Due to sickness within the company resulting in no one being available to undertake a site visit, I have agreed to talk to staff, take photos and measurements to send to the company for them to review to identify if they can provide a suitable alternative.</p>		JB/JD/JE
Nov-20	<p>The next phase is to implement a new procedure for using the stair lift to transport health records, including training / instruction on safe operation and use.</p> <p>Action currently on hold. Stair lift was expected to come with basket rather than chair. Adaption awaited.</p> <p>In the meantime, the stair lift is being used via its original design i.e. staff sit on the chair with the records on their lap (rather than carrying them up / down the stairs).</p>		JB/JD/JE

#### **IN5 - Moving & Handling of Laundry at GGH**

Nov-20	<p>Following the HSE feedback in September 2020 (regarding the Health Record risk assessments) the completed Laundry M&amp;H risk assessments are to be reviewed utilising the Manual Handling Assessment Charts (MAC Tool), Risk Assessment Tool for Pushing and Pulling Operations (RAPP Tool) or the Assessment of Repetitive Tasks (ART Tool), or equivalent, and clearly showing the input of employees and competent persons. The H&amp;S Team will be supporting Laundry in this task utilising the Rapid Entire Body Assessment (REBA) tool which is approved by the HSE.</p>		DU/GV/JB
Dec-20	<p>Once the new trolleys were delivered they were added to the stock and all old trolleys were removed from circulation to prevent their continued use, thus managing the historic practices out of the system.</p> <p>Unfortunately, with the opening of our Field Hospitals as part of the Health Board's COVID-19 response, we were once again left with a shortfall in trolleys as they were needed across more sites and the metal cages were re-introduced.</p> <p>Once all operations have returned to normal there will be enough trolleys within the system to eliminate the need to use the metal cages. These metal cages are to be removed from site to prevent their use and Porters are to be educated on the need to ensure that they utilise the new plastic trolleys.</p>		DU/HW/DL
Dec-20	<p>DU has reported that the interim arrangements (tagging of the metal cages to prevent over-fill) have been going well with 90% of cages checked loaded to a suitable level, so a high level of assurance has been taken that the interim measures are taking place. These checks should continue until the new cages are fully in place and all old cages removed from the system.</p>		DU/HW/DL

Nov-20	Bronglais General Hospital (BGH) have their own posters advising of compliance for load levels within laundry bags. HW reported that these posters are available across all sites. HW to meet Senior Nursing staff at each site to push education of filling levels of laundry bags.		HW
Dec-20	Once the posters and the education are in place, these arrangements should be audited periodically to ensure continued compliance.  Audit programme to be developed to ensure ongoing compliance.		DU/HW/DL

#### **IN6 - Incident Investigation**

Dec-20	HS&S Team to look at creating a periodic 'Learning from Incidents' bulletin. This could potentially include statistics on Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS), staff incidents and actions taken to improve safety. Suggested quarterly frequency commencing after COVID-19.		HS&S Team
Apr-21	In April 2021 the incident module of the new Once for Wales Concerns Management System (OfWCMS) will be rolled-out across Wales. HDdUHB are taking a number of measures to ensure that the new system is fit for purpose: <ul style="list-style-type: none"> <li>• The Head of Quality and Governance is the HDdUHB lead and single point of contact on the new system, not just for incidents but for all modules, including complaints, claims, adverse outcomes, risks and events in healthcare</li> <li>• CS has established a HDUHB Project Group to feed into the National group and manage the implementation of the new system with HDUHB. This Project Group will continue for the length of the project which currently runs to June 2022.</li> <li>• The HSM met with the ABUHB Head of H&amp;S who is the H&amp;S Representative on the OfWCMS group with a view to feed into the development of the system at a suitably early stage to ensure the system is user friendly for staff incidents. (See next Action).</li> <li>• The OfWCMS Programme Coordinator attended the All Wales H&amp;S Advisory Group and agreed to use the group as another feedback mechanism RE suitability.</li> <li>• It must be ensured that training on the new system is included when it is rolled out.</li> <li>• It has been confirmed that, in the longer term, an App Version of the incident reporting system will be available. It is felt that this would likely improve the reporting of low harm / no harm / near miss incidents and thus facilitate proactive health and safety management.</li> </ul>		CS/SJ/AS OfWCMS etc.
Dec-20	Develop a H&S Quality Dashboard which can pull both H&S incident data and data from the new RIDDOR module to allow senior managers to easily access statistical information to inform their meetings and gain assurance.  To be modelled on the Patient Safety Quality Dashboard which was successfully launched in March 2020 and allows managers quick access to patient incident data including falls, pressure damage etc. and can be searched by severity, location or speciality.  Design completed and agreed by the Quality Dashboard Working Group on 20/07/2020. It was agreed that this will be the next module that they create once they have completed their current work on the Medicines Management Dashboard.		CS/SJ/AS etc.



Nov-20	<p>Currently the only H&amp;S key performance indicator (KPI) measured is that of timely RIDDOR submissions. We are currently looking at introducing a number of new KPIs to enable the organisation to better measure and monitor health and safety performance. Those being considered include:</p> <ul style="list-style-type: none"> <li>• Number of Datix incident investigations approved on time;</li> <li>• Percentage of workforce trained in manual handling and fire safety awareness;</li> <li>• Number of risk assessments reviewed as well as percentage of actions generated by risk assessment completed;</li> <li>• Number of Safety tours completed by Senior Manager.</li> </ul>		HSS Team / Datix Team
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#### **IN7 - Moving & Handling - BGH Theatres**

Dec-20	<p>The Moving and Handling Team now have a training programme for specialist moving and handling activities for theatre staff and are currently rolling this out across the workplace, Health Board wide. (This programme of work started, then was postponed due to COVID-19).</p> <p>Update October 2020 - Further training has now been delivered although is still being hampered by the 'catch-up' work being undertaken in theatres due to COVID-19. (GGH outstanding).</p>		M&H Team
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#### **IN8 - Needlestick Injury Management**

Dec-20	Ensure that Occupational Health make contact with all staff members that suffer needlestick injuries where they are exposed, or may have been exposed to a biological agent, to ensure they receive appropriate medical advice, treatment and counselling.		OH
Dec-20	HS&S Department to educate the Occupational Health Team on RIDDOR and how it may be applicable to needlestick injuries. Session postponed due to COVID-19.		HS&S Dept
Jan-21	A working group has been established to develop alternative working strategies for Phlebotomy services, and part of this work is to develop a venepuncture/phlebotomy policy.		IP&C / OH / HSS / Phlebotomy
Jan-21	<p>Compliance with training (i.e. glove use for venepuncture) to be monitored / audited going forwards.</p> <p>Audits not yet completed by Infection, Prevention &amp; Control (IP&amp;C) as the COVID-19 response continues to take priority.</p> <p>There is however a Clinical Audit in development. The audit is titled Junior Awareness of Needle stick Injury Policy and has the following three key objectives:</p> <ul style="list-style-type: none"> <li>- Determine new junior doctor's awareness of needle stick injury policy.</li> <li>- If not meeting national standards of 100% awareness of pathway, implement change.</li> <li>- Improve staff safety.</li> </ul>		IP&C

#### **MB1-9 - All V&A / Lone Working Material Breaches**

Dec-20	Roll-out planning of the new Skyguard lone working device is in progress. (Note: Now called the Peoplesafe MySOS).		HS&S Dept / End Users
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Dec-20	<p>The Calla Body Worn Video (BWV) trial is awaiting confirmation from IT regarding Welsh Government licence principles and there are internal barriers to be overcome from Information Governance.</p> <p>A funding route is being explored for a trial with a true representation of the Calla BWV camera that we were first shown as it is felt that this would be well received by staff in the most at-risk areas.</p> <p>A funding route for an eventual purchase would need to be explored if a trial were to prove successful.</p> <p>Update: All key stakeholders were contacted following the August 2020 V&amp;A Control Group. No responses have been received.</p> <p>The proposal and aims were shared with an A&amp;E Consultant who verbally was reluctant for clinical A&amp;E staff to wear BWV.</p> <p>The consultant is currently reviewing the proposals and further information from the Security Manager. A response is awaited.</p>		IT / Information Governance / A&E / Mental Health / HS&S Dept.
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#### **MB1 - Estates Lone Working**

Nov-20	<p>Following HSE feedback in September 2020 the General Estates Lone Working Risk Assessment(s) are to be extended to include lone working situations in normal working hours, and escalation systems / procedures, and be brought in line with the guidance issued to contractors on lone working.</p> <p>Update: RA to be revised and ratified to include day time working and improved communications on site between workers and base, this to include the use of radios/mobile devices.</p>		Site Operations Teams
Nov-20	<p>The Estates Mental Health Lone Working Risk Assessment is to be agreed by the Mental Health and Learning Disabilities (MH&amp;LD) services as an agreed approach to safe access / lone working by Estates operatives.</p> <p>Update: Revised document to be taken to the MH &amp;LD Estates Property group on Friday 16/10/2020 for discussion and approval.</p>		Site Operations Teams
Nov-20	<p>The risk assessments are to be formally discussed with all Estates personnel via Team briefs.</p> <p>Update: Following approval the revised RA and SOP are to be formally discussed at next Ops Delivery meeting and disseminated down to staff by team brief meetings.</p>		Site Operations Teams
Dec-20	<p>Request to supply 6 x Skyguard Devices to each site for estates staff (24 in total) for staff as identified via risk assessment. It is felt that communications will be greatly improved with the devices. Roll-out planning of the new Skyguard lone working device is in progress.</p>		HW / PL

#### **MB2 - Switchboard Lone Working**

Nov-20	<p>In their September 2020 feedback, the HSE have provided a number of additional comments that should be addressed in the Switchboard V&amp;A risk assessments. Risk assessments to be reviewed.</p>		IT / PL / SJ
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Dec-20	Management are considering Skyguard devices as temporary control measure, however future Switchboard plans are for staff to be in pairs at all time and restructuring of the Department will minimise risk in terms of lone working. Roll-out planning of the new Skyguard lone working device is in progress.		IT / PL
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#### **MB3 - Lone Working in BGH**

2021	PAMOVA training has been identified as a priority action. Training with regards to safe holding is in place but is unfortunately currently disrupted due to COVID-19 restrictions.		PAMOVA Team
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#### **MB4 - Lone Working in PPH MIU/AMAU**

2021	PAMOVA training has been identified as a priority action. Training with regards to safe holding is in place but is unfortunately currently disrupted due to COVID-19 restrictions.		PAMOVA Team
Dec-20	Considering Body Worn Video for patient / staff protection.		PPH GM / PL

#### **MB5 - Lone Working in PPH Mortuary / Bereavement Services**

Dec-20	Consider Skyguard lone working device allocated to staff. Roll-out planning of the new Skyguard lone working device is in progress.		Mortuary / PL
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#### **MB6 - Lone Working in BGH A&E/CDU**

Dec-20	Consider Body Worn Video for patient / staff protection.		BGH GM / PL
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#### **MB7 - Lone Working in GGH A&E**

2021	PAMOVA training has been identified as a priority action. Training with regards to safe holding is in place but is unfortunately currently disrupted due to COVID-19 restrictions.		PAMOVA Team
Dec-20	Consider Body Worn Video for patient / staff protection.		BGH GM / PL

#### **MB8 - Lone Working in CMHTs**

Nov-20	MH Teams to confirm which staff would require Skyguard Devices. Roll-out planning of the new Skyguard lone working device is in progress.		Mental Health / PL
Dec-20	Consider Body Worn Video for patient / staff protection.		Mental Health / PL

#### **MB9 - Conveyance of Mental Health Patients**

2021	In the Conveyance Risk Assessment prepared by the service, one of the further control measures proposed is 'Consideration of purchasing vehicles suitable for transporting including a barrier/screen to prevent the patient from being able to attack the driver/attempt to control the steering wheel, also a vehicle with wheelchair accessibility'. This is still under consideration.		Mental Health
Dec-20	Skyguard lone working devices to be used by all staff involved in the transportation of mental health patients. Our business case has been approved for the purchase of the devices.  Device roll-out planning in progress.		Mental Health / PL
Dec-20	Consider Body Worn Video for patient / staff protection.		Mental Health / PL

#### **MB10 - Health Records SPH**

Nov-20	Confirm the Risk Assessment Method Statement (RAMS) that were used for the movement of health records from the first floor records facility to the temporary ground floor facility.		JB/HW/ JR/TH
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#### **MB11 - Control of Contractors**

Nov-20	IT Engaging Managers to contact all contractors currently working on HDdUHB sites informing them of the new contractor's arrangements. This includes: <ul style="list-style-type: none"> <li>• The Pre-Qualification Questionnaire (PQQ)</li> <li>• Code of Safe Practice Manual</li> <li>• Additional COVID-19 Information</li> </ul> Advises on: <ul style="list-style-type: none"> <li>• The need for RAMS</li> <li>• Signing In &amp; Out procedure</li> <li>• Induction</li> </ul>		IT Dept.
Nov-20	The Estates Engaging Managers (EEMs) are currently reviewing and validating all PQQ returns for contractors currently working on site to ensure that they have been vetted for their suitability to work safely on HDdUHB premises. Generic Rams have been provided by the contractors with their PQQ returns.  A Record has been created for logging all completed and vetted PQQ returns which the EEMs are currently populating.		Site Operations Team Engaging Managers
Nov-20	IT Department (and other engaging managers) to review all PQQ returns for contractors currently working on site to ensure that they have been vetted for their suitability to work safely on HDdUHB premises. A Record has been created for logging all completed and vetted PQQ returns.		IT Dept Engaging Managers

Ongoing	<p>Contact all potential contractors not-currently working on HDdUHB sites, but likely to do so in the future (e.g. those used previously) informing them of the new contractor's arrangements for working on HDUHB sites.</p> <p>PQQ's and all associated documentation is currently being distributed in phases: (Phase 2 currently met)</p> <ul style="list-style-type: none"> <li>- Phase 1 - to current contractors on site</li> <li>- Phase 2 - to regular contractors on site , who will return to site following COVID lifting rules</li> <li>- Phase 3 - all other contractors that are likely to be used on HB premises in the future months</li> <li>- Phase 4 - specialist contractors that are added due to new work etc.</li> </ul>		All Engaging Managers
Ongoing	Review PQQ returns for all other contractors to ensure that they have been vetted for their suitability to work safely on HDdUHB premises. (As per phasing above).		All Engaging Managers
Oct-20	<p>Design a training package to be delivered as a seminar to the nominated responsible person(s) for each HDdUHB community premises. This will be include Asbestos Awareness and Contractor Control information, background to the Material Breach, and their duties under the new Contractor Control Policy.</p> <p>The training package is nearing completion and it will be in two parts:</p> <ol style="list-style-type: none"> <li>1) Contractor Control For Responsible Persons on Site</li> <li>2) Asbestos Awareness For Responsible Persons for those Community Sites that contain Asbestos</li> </ol>		Operations Compliance
Dec-20	<p>Arrange and deliver the above training. Programme as follows, initially to those HDdUHB community sites that contain Asbestos Containing Materials (ACMs):</p> <ol style="list-style-type: none"> <li>1) Ceredigion by the end of October 20</li> <li>2) Pembrokeshire by the end of November 20</li> <li>3) Carmarthenshire by the end of December 20</li> </ol>		Operations Compliance
Dec-20	Deliver updated Asbestos Management Plans to each HDdUHB community premises. (This action was planned earlier in the year but delayed due to Covid-19). Now to be delivered with the above training.		Operations Compliance

#### **MB13 – COSHH**

Nov-20	All relevant Mortuary staff fit-tested to work with Tristel Fuse.		HM/RM/GS
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