



HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 November 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Report
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 paper is presented to the Health and Safety Assurance Committee (HSAC) in order to provide an update on the activities of the Health and Safety Team from the period of March 2020 – October 2020. The work undertaken encompasses a variety of health and safety topics which will be detailed in turn.

Cefndir / Background

In March 2020 the Health and Safety Team expanded to include a Chemicals specialist and an all-round health and safety professional to assist the Health Board in achieving health and safety compliance. The initial focus of these additional staff was to expand the existing Environmental Audit programme, develop an independent audit of substances covered by the Control of Substances Hazardous to Health Regulations 2002 and improve the way in which violence and aggression management is addressed.

Two Internal Audit reports identified a lack of health and safety audits being undertaken and this was also highlighted by the Health and Safety Executive (HSE) during their inspection of Hywel Dda University Health Board (HDdUHB) in July 2019.

Shortly after commencing employment, the additional staff were required to assist with the COVID-19 pandemic plans, which added additional key priorities including respiratory fit testing, field hospital set up, social distancing and respiratory protective equipment training.

Asesiad / Assessment

Environmental Health and Safety Audits

In March 2020 an audit schedule commenced with the aspiration to complete all acute and community sites within a 1-year rolling program. The program focuses on inspecting each service across all sites to enable collaborative working in developing actions.

To date 49 individual audits have been completed. Areas inspected include however, are not limited to Rehabilitation, Pathology, Estates, Health Records, Clinical Engineering and

Informatics. Community sites including South Pembrokeshire, Tenby, Amman Valley, Llandovery and Tregaron Hospitals have also been completed.

Key themes emerging are:

- Aging infrastructure, fixtures and fittings
- Space constraints
- Environmental conditions e.g. Temperature (too hot or cold)

Following each audit an Estates and a Service Management action report is prepared, with predetermined timeframes for completion. An action plan is required within 2 weeks of the report identifying what remedial actions can be taken and highlights any predetermined delays for example, capital bid consideration. Revisits to departments were forecast for 3 months; however, due to COVID-19 work this has not been fully achieved.

Site	No. Of Estates Actions	Estates Action Items	No. Of Local Man. Actions	Local Management Action Items
2020 TOTALS	282	Low Risk (within 6 months)	110	Low Risk (within 6 months)
		Medium Risk (within 3 month)		Medium Risk (within 3 month)
		Urgent (within 1 month)		Urgent (within 1 month)

Significant work has been undertaken with the Estates and Pathology departments on the use, storage and disposal of hazardous substances following the discovery of highly volatile obsolete chemicals and mixed storage arrangements. Detailed reports have been prepared with immediate actions being undertaken with guidance from the Health and Safety Team.

COVID-19 Actions

Social distancing audits have been undertaken in all managed or leased community premises and acute hospitals looking at administrative areas and receptions. A priority action plan has been produced indicating which areas required protective screens and which areas could be locally managed. All priority 1 areas identified have been completed with additional requests for assessments being undertake on an ad-hoc basis as services resume.

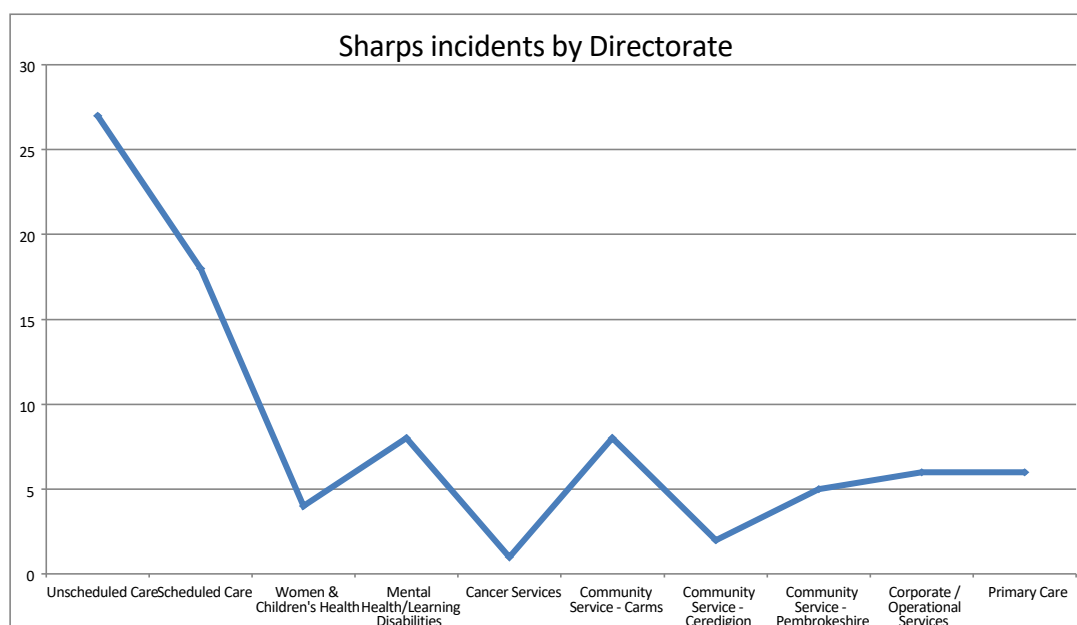
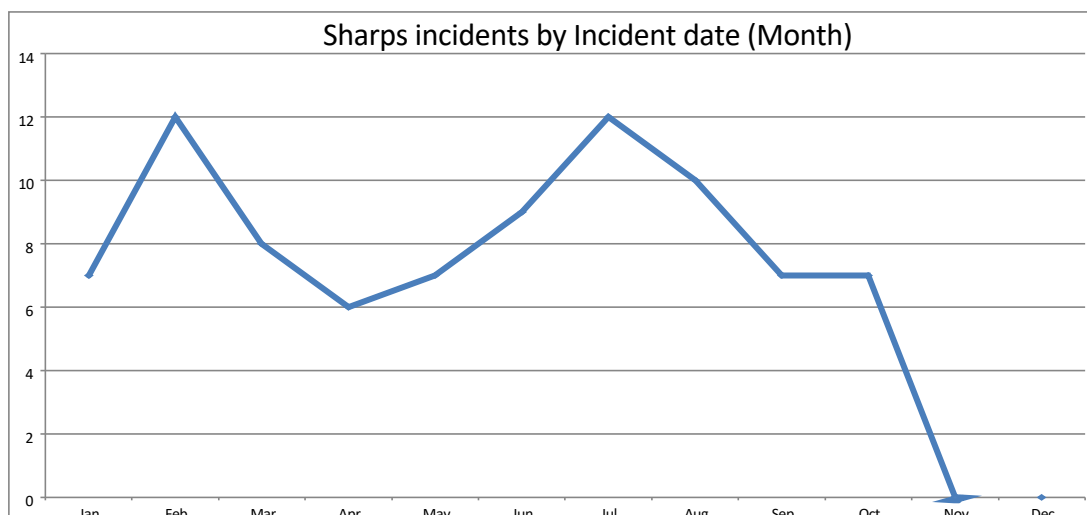
Respiratory fit testing for staff has been a significant task for the Health and Safety Team during the last six months. The team has helped train 365 fit testers who provide fit testing and cascade training across the Health Board and local authority. This has enabled front line staff to be assessed on a number of different masks, often at very short notice, and has also helped to identify where other alternatives are required e.g. air fed hoods.

Respiratory Protective Equipment training has been the focus of the chemical specialist who has worked alongside departments and manufacturers to identify those requiring powered air hoods, compatibility with work tasks and the development of training plans. These training sessions have been undertaken across all sites for each of the hood variants available with 42 staff now able to cascade the training to their colleagues.

Sharps Incidents During the Previous 12 months

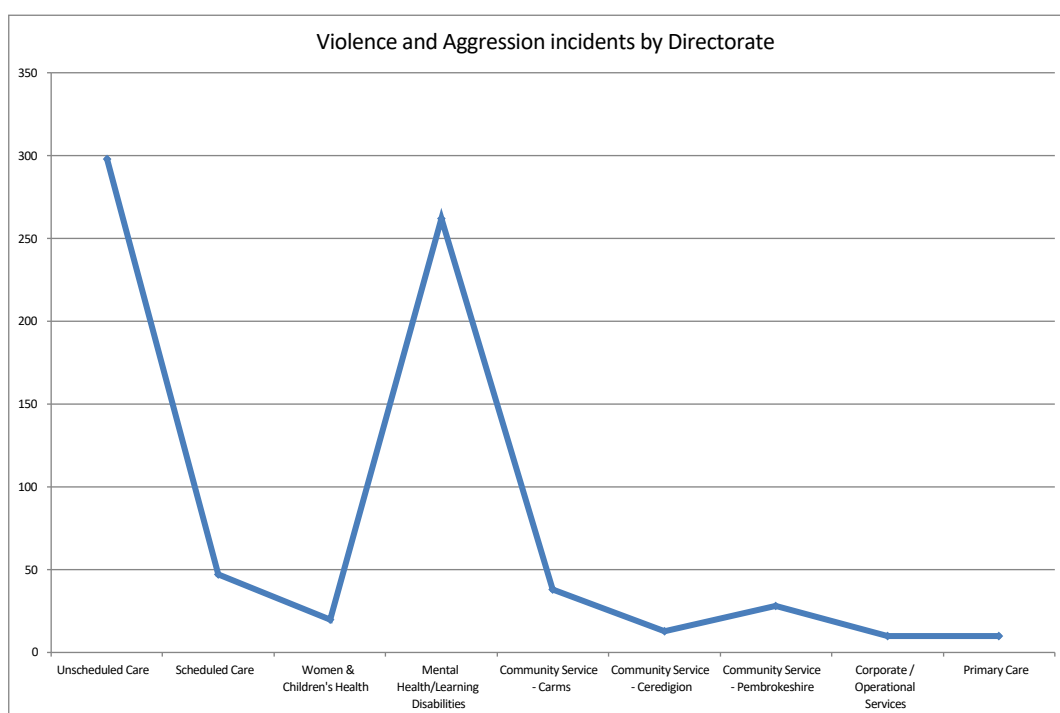
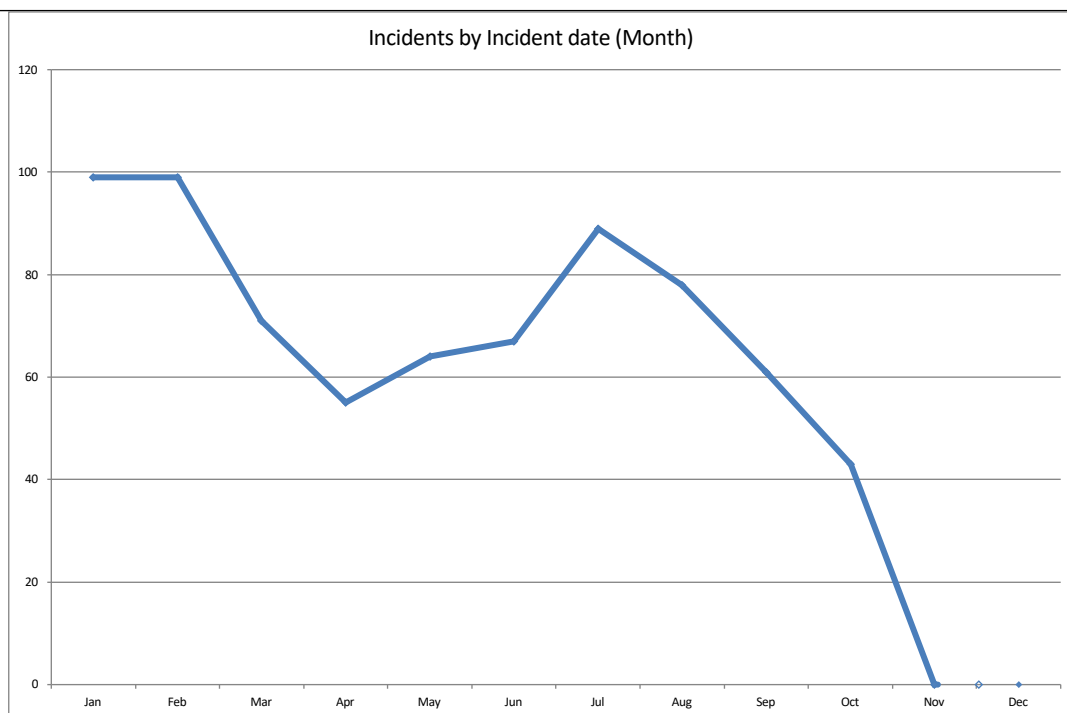
Sharps incidents between February and April, indicated an encouraging decline however, this has not been sustained, with numbers increasing to July 2020. Since July 2020, there has been a renewed continual decline.

Unscheduled and Scheduled Care have the highest rate of sharps injuries at 27 and 17 incidents respectively with the next highest identified as 8 within Mental Health and Community Services. The rationale for the high rates requires investigation by the individual services in order to identify any trends, which may require intervention.



Behaviour (including Violence and Aggression) incidents

There has been a general downward trend in Violence and Aggression incidents since January 2020 with Unscheduled Care and Mental Health/Learning Disabilities recording the highest incidents. There has been a similar trend to sharps incidents, with an early reduction in incidents with a peak in July 2020, followed by a steady decline.



The general downward trends in both Sharps and Violence and Aggression incidents is not reflected in the overall reporting of incidents during the same timeframe.

Lone Working

Since the previous HSAC meeting, 500 Lone Working 'Skyguard/Peoplesafe' devices have been purchased and an implementation plan is currently being delivered. These devices will be used in both Community settings and for a number of potential vulnerable staff working within the Hospital sites.

Health and Safety Training for Managers

The first two-day training session to improve health and safety awareness amongst our management teams was held in October 2020, with further training sessions planned. Due to Social Distance measures, these are being delivered via the Microsoft Teams platform.

Argymhelliad / Recommendation

The Health and Safety Assurance Committee is requested to take assurance from the work undertaken by the Health and Safety Team, as outlined within the Health and Safety Report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.1 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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch:	Partnership Forum meetings

Parties / Committees consulted prior to Health and Safety Assurance Committee:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There may be financial implications based upon each individual site audit if the issues identified require monetary rectification.
Ansawdd / Gofal Claf: Quality / Patient Care:	There may be direct impacts on quality or patient care through inadequate clinical environments and inappropriate storage of medical records.
Gweithlu: Workforce:	There is an impact on staff health and wellbeing as well as safety identified through the overcrowding of some areas as well as inappropriate accommodation for non-clinical staff.
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: v	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> Has EqIA screening been undertaken? No