



HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 June 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Executive Enforcement Action Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Executive 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 paper is presented to the Health and Safety Assurance Committee 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 paper presented to the Committee in May 2020.

This paper summarises all the work undertaken to date by the Health Board towards compliance with these notices, in addition to outlining the work being progressed that should be completed on time, and the workstreams that are expected to extend beyond the compliance date, with their justification.

Cefndir / Background

As part of a national programme of inspections for 2019/20, the HSE attended Hywel Dda University Health Board (HDdUHB) between 2nd and 11th 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, the Health Board received 8 Improvement Notices and 13 Material Breaches, all with a compliance date of 1st May 2020. Due to the ongoing COVID-19 situation, an extension to the deadline was requested and has been agreed, initially until 31st July 2020, although this may potentially be further extended as the situation develops. The Improvement Notices (INs) and Material Breaches (MBs) received can be summarised as follows:

- Violence and Aggression (V&A), including Lone Working – 2 INs and 9 MBs
- Moving and Handling (M&H) – 4 INs and 1 MB
- Incident Investigation – 1 IN
- Sharps – 1 IN
- LOLER – (Lifting Equipment Examination) – 1 MB
- Control of Contractors – 1 MB
- Control of Substances Hazardous to Health Regulations (COSHH) in Mortuary – 1 MB

The Health Board will be required to confirm the action taken on each notice / contravention by the compliance date. If we do not take this action, further enforcement action will be

considered. As the Health and Safety at Work Act (HSWA) is a criminal legal statute, prosecution could result by non-compliance.

Asesiad / Assessment

The Health, Safety & Security Team now have HSE Action Plans in place for all 8 Improvement Notices and 13 Material Breaches.

A summary of each of these HSE Action Plans can be found attached in Appendix 1.

Current position in terms of risk

The Health Board's current position in terms of progress against all actions in the INs and MBs is shown below. Amber and red actions represent all outstanding action items, classified by risk, rather than whether they will be completed by the compliance date (Note: green actions are completed actions):

Improvement Notices:

	<u>IN1</u>	<u>IN2</u>	<u>IN3</u>	<u>IN4</u>	<u>IN5</u>	<u>IN6</u>	<u>IN7</u>	<u>IN8</u>
	22	2	15	13	8	16	4	3
	3	5	7	6	6	12	5	5
	0	0	1	0	0	0	0	2

Material Breaches:

	<u>MB1-9</u>	<u>MB1</u>	<u>MB2</u>	<u>MB3</u>	<u>MB4</u>	<u>MB5</u>	<u>MB6</u>	<u>MB7</u>	<u>MB8</u>	<u>MB9</u>	<u>MB10</u>	<u>MB11</u>	<u>MB12</u>	<u>MB13</u>
	5	1	1	1	2	0	1	1	1	5	2	7	7	2
	5	5	3	1	2	4	3	2	3	5	2	0	9	2
	0	0	0	1	1	0	1	1	0	0	0	0	0	0

* Note: The 'MB 1-9' section refers to collective measures relevant to all V&A/Lone Working Material Breaches.

Totals:

	<u>INs</u>	<u>MBs</u>
	83	36
	49	46
	3	4

The totals above demonstrate that good progress has been made towards the completion of the action items, particularly towards the Improvement Notice actions which hold a greater significance under the law at this stage than the Material Breaches.

Details of all 'red' actions can be found in the table in the following section.

Workstreams that extend beyond the HSE compliance date

A number of the outstanding actions will not be completed by the HSE compliance date which currently stands at 31st July 2020. For each action where this is applicable, a summary has been included within the table on the next page.

Some of the delays are due to the impact of COVID-19 and the required re-directing of resource to manage the evolving Health Board response to the situation. Others, such as the contractor compliance work, are based on a phased approach to compliance.

Improvement Notices:

IN/MB	Comp. Date	Action extending beyond compliance date & Reasoning	Risk
IN1	Sep-20	Develop a set of Standards for V&A so that all individuals are aware of their responsibilities – linked to the existing Policy. Including the development of easy to follow flowcharts.	
IN1	Sep-20	Roll-out the above, with the introduction of resource packs on Wards and in departments HB wide.	
IN1	Oct-20	Promote all of the positive work undertaken by taking part in European Safety Week in week 43 (October).	
IN3	Dec-20	This practice of staff not locking triage doors, thus allowing unsupervised access, will be challenged through the use of formal H&S audits. Withybush General Hospital (WGH) A&E is currently a COVID-19 Red Area, and as such, these audits will not take place until safe to do so. A&E Managers/staff self-assessing the situation.	
IN3	2021	The WGH A&E Training Needs Analysis (TNA) will show that additional Prevention and Management of Violence & Aggression (PAMOVA) 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.	
IN3	Oct-20	Signage review. To include increased CCTV signage and a review of all 'Restricted Access' signage in use in A&E Departments (and wider) looking at standardisations.	
IN4	Sep-20	Implement a procedure for safely operating the new stair lift for transporting notes in WGH. Awaiting the chair to be swapped for a basket – Once adapted, instruction and training will be rolled out.	
IN6	Apr-21	Contribute to the development of the OfWCMS ('New Datix'). Incident Module due April 2021 (COVID-19 dependent).	
IN6	Sep-20	To develop a separate stand-alone incident investigation course. (This has started but was put on hold due other priorities under COVID-19).	
IN6	Dec-20	Wider training and implementation strategy including the provision of wider H&S Training in a number of formats. (This has started but was put on hold due other priorities under COVID-19).	
IN7	Oct-20	The M&H 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 COVID19).	
IN8	Apr-21	Ensure that needlestick injuries are able to be captured sufficiently when the Once for Wales System (New Datix) is introduced in April 2021. (COVID-19 dependent).	
IN8	Dec-20	Datix to be reviewed to see if additional information can be obtained with regards to needlestick injuries including whether it was due to venepuncture, whether a 'safer sharp' was used and whether the individual was wearing gloves at the time of the incident. (Heavily reliant on the Infection Prevention & Control	

		(IP&C) & Occupational Health (OH) who are currently focusing on COVID-19 work).	
IN8	Dec-20	Compliance with glove usage for venepuncture to be monitored / audited going forwards. (Requires IP&C to undertake audits - They have stated that audits have not been completed due to COVID-19 and that they will add them to workload for the year ahead).	

Material Breaches:

IN/MB	Comp. Date	Action extending beyond compliance date & Reasoning	Risk
MB1-9	Sep-20	A trial is currently in place in Bronglais General Hospital (BGH) and the Ceredigion Field Hospital Sites in response to the COVID-19 threat to communicate efficiently and effectively across all departments, at any given time. Home Office Guidance May 2020 recommends two way radio communication to ensure social distancing in the workplace. This also improves our response to lone working on sites and in dealing with V&A and lock down of sites in an effective manner. The trial concludes in September 2020.	
MB1-9	Dec-20	If the trial proves to be successful then the Health Board will look at the provision of two-way radios across all of its sites as an additional control measure. Costs and funding route required.	
MB1-9	Dec-20	Suitable trial of the Calla Body Worn Video system awaited. Some internal barriers including Information Technology (IT) & Information Governance (IG) need addressing. A limited free trial at Prince Philip Hospital (PPH) has faltered due to staff absences and COVID-19 (and incorrect model supplied). A funding route is being explored for a trial with a true representation of the camera that we were first shown as it is felt that this would be well received by staff in the most at-risk areas. Costs / funding routes for an eventual purchase would need to be explored if a trial were to prove successful.	
MB2	Jun-21	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.	
MB3	2021	PAMOVA training required. (Disrupted due to COVID- 19 restrictions).	
MB4	2021	PAMOVA training required. (Disrupted due to COVID -19 restrictions).	
MB4	Dec-20	Considering Body Worn Video for protection. (Awaiting trial).	
MB6	2021	PAMOVA training required. (Disrupted due to COVID-19 restrictions).	
MB6	Dec-20	Considering Body Worn Video for protection. (Awaiting trial).	
MB7	2021	PAMOVA training required. (Disrupted due to COVID-19 restrictions).	
MB7	Dec-20	Considering Body Worn Video for protection. (Awaiting trial).	
MB8	Dec-20	Considering Body Worn Video for protection. (Awaiting trial).	
MB9	2021	The staff engagement exercise (following the implementation of the risk assessment, the new Conveyance form and the S.136 Suite) will allow management to make an informed decision on whether an upgrade to the existing Psychiatric Intensive Care Unit (PICU) conveyance vehicle or the sourcing of an alternative vehicle, as considered in the risk assessment, is still required.	
MB9	Dec-20	Considering Body Worn Video for protection. (Awaiting trial).	

MB12	Dec-20	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 arrangements for working on HDdUHB sites. (December 2020 marks the completion of a 4 phase implementation plan).	
MB12	Dec-20	Review Pre-Qualification Questionnaire (PQQ) returns for all other contractors to ensure that they have been vetted for their suitability to work safely on HDdUHB premises. (December 2020 marks the completion of a 4 phase implementation plan).	
MB12	Sep-20	Arrange and deliver Asbestos Awareness / Contractor Control Awareness training to community premises responsible persons. Delayed due to COVID-19 - To be organised at a suitable point in the future as the lockdown eases – Currently planned for 1st week of September).	
MB12	Sep-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 as the required contractor has not been able to attend site to undertake the required inspections).	

To summarise, the amber actions above are those that extend beyond the HSE compliance date, for which either an appropriate plan is in place or suitable time for a trial is required. The Health Board should be able to provide sufficient evidence of these actions to the HSE.

The red actions are primarily those where disruption caused by the ongoing COVID-19 situation has led to an uncertainty over anticipated completion dates. There is some repetition in the tables above, therefore the red actions can be summarised as:

Risk	No.	Summary of all 'Red' Actions	Action Required	Lead
	5	PAMOVA training required. (Disrupted due to COVID-19 restrictions i.e. Unable to undertake physical safe holding training).	Prioritise PAMOVA training to identified areas once restrictions lifted. (Safe provision of training under COVID-19 arrangements currently under review – Proposed maximum of 4 delegates with appropriate Personal Protective Equipment (PPE) for training elements that need to breach social distancing. Throughput will therefore be limited).	PAMOVA Team
	2	Venepuncture / needlestick actions heavily reliant on IP&C and OH involvement (who are both focussed on COVID-19).	1. IP&C & OH to review data capture via Datix for improvements. 2. IP&C to introduce venepuncture compliance audit / monitoring arrangements.	IP&C & OH

Argymhelliad / Recommendation

For the Committee to take assurance from the report that the necessary work is being undertaken towards compliance with the notices served against the Health 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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	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 Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	Executive Control Group Task & Finish Groups

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There is an immediate financial impact in relation to the Fee for Intervention costs that HSE have ordered. £40k In addition Manual Handling equipment £70k Funding routes will also be required for the Sky Guard Lone Worker devices, the Two-Way Radios and the Body Worn Video cameras, depending on the outcomes of the various trials.
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A

Risg: Risk:	Detailed action plan 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:	N/A
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqlA screening been undertaken? No • Has a full EqlA been undertaken? No

Appendix 1 – Improvement Notice & Material Breach Summaries – June 2020

Improvement Notice 1

That you have no effective arrangements for monitoring and reviewing the implementation of your Violence and Aggression Policy number 185 and whether risk to employees and others from violence and aggression is effectively controlled.

<u>Recommendation 1</u> <table><tr><td></td><td>10</td></tr><tr><td></td><td>3</td></tr></table>		10		3	Completed actions include: <ul style="list-style-type: none">• New V&A Case Manager (V&ACM) now personally reviews every V&A incident. Previously only those of level 3 harm and above were routinely reviewed.• Each incident is now evidenced with support from contact on every occasion from the V&ACM. Increased channels of support introduced for victims. Improved links have been established with local authority and Dyfed Powys Police.• All V&A data is now held on a database in order to identify higher risk areas/trends, and allowing pro-active management.• Improvements have been made to the Datix recording system in terms of V&A, with the creation of a Case Management module. Ongoing / outstanding / planned actions include: <ul style="list-style-type: none">• Develop a set of Standards for V&A so that all individuals are aware of their responsibilities – linked to the existing Policy. Including the development of easy to follow flowcharts.• Roll-out the above, with the introduction of resource packs on Wards and in departments HB wide.• Promote all of the positive work undertaken by taking part in European Safety Week in week 43 (October).
	10				
	3				
<u>Recommendation 2</u> <table><tr><td></td><td>2</td></tr><tr><td></td><td>0</td></tr></table>		2		0	Completed actions include: <ul style="list-style-type: none">• A V&ACM has been appointed to the HS&S Team to provide a dedicated resource for the management of V&A.• H&S added as Agenda item to all Q&S Meetings going forwards.
	2				
	0				
<u>Recommendation 3</u> <table><tr><td></td><td>7</td></tr><tr><td></td><td>0</td></tr></table>		7		0	Completed actions include: <ul style="list-style-type: none">• Quality and details of incidents and investigations scrutinised by the V&ACM. All data relating to V&A incidents is recorded.• All incidents requiring Porter support are recorded. Porters offered support and via V&ACM and access to knowledge.• New V&A database records all incidents of RPI.• Support is offered to victims both directly and via union reps.
	7				
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<u>Recommendation 4</u> <table><tr><td></td><td>2</td></tr><tr><td></td><td>0</td></tr></table>		2		0	Completed actions include: <ul style="list-style-type: none">• Improved data capture, management and practical understanding of V&A incidents. Provides auditable and valuable risk profile information, with location, behaviour type, severity and likelihood included. This will promote a preventative, pro-active strategy over the longer term.• V&A Dashboard developed & implemented.
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<p><u>Recommendation 5</u></p> <table border="1"> <tr> <td></td><td>1</td></tr> <tr> <td></td><td>0</td></tr> </table>		1		0	<p>Completed actions include:</p> <ul style="list-style-type: none"> V&A system implemented. V&ACM in post. Database established. All V&A incidents reviewed systematically. Individualised support offered. Approved Policy in place, include formal warning procedure. V&A included in remit of Health and Safety Assurance Committee.
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Improvement Notice 2

That you have no effective arrangements for monitoring and reviewing the implementation of your Manual Handling Policy number 273 and whether risk to employees and others from manual handling is effectively controlled.

<p><u>Recommendations 1-5 Combined</u></p> <table border="1"> <tr> <td></td><td>2</td></tr> <tr> <td></td><td>5</td></tr> </table>		2		5	<p>Completed actions include:</p> <ul style="list-style-type: none"> Introduction of new Moving & Handling risk assessment paperwork to standardise nursing documentation across Wales. <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> Critical review the M&H Policy underway to ensure that it is fit for purpose, following. All key areas have been asked to review their current moving and handling risk assessments and identify gaps where risk assessments are needed. Address training inconsistencies and raise with All Wales Group.
	2				
	5				

Improvement Notice 3

You have not made a suitable and sufficient assessment of the risk from violence and aggression to which employees are exposed while at work, and to persons not in your employment who may be exposed to violence and aggression in the Accident and Emergency department.

<p><u>Recommendations 1 & 2 Combined</u></p> <table border="1"> <tr> <td></td><td>15</td></tr> <tr> <td></td><td>7</td></tr> <tr> <td></td><td>1</td></tr> </table>		15		7		1	<p>Completed actions include:</p> <ul style="list-style-type: none"> Detailed violence and aggression risk assessment completed for the A&E Department in WGH. (Plus over 100 others Health Board wide). Risk assessment considers the physical layout and design, information on previous incidents, alarm systems, response arrangements, warning markers, training, Porters, RPI, CCTV, signage and posters and management approach to V&A. Local staff awareness raising delivered regarding locking triage doors and routinely checking patient markers on Patient Administration System (PAS). <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> Simple pull-pin audible alarms are currently being researched as a practical and cost effective solution. These alarms disrupting thought processes but also allow simple and effective locations to be established and responded to, therefore doubling as an alarm system and a lone worker device. Exploring whether patient markers can 'pop up' when accessed. Training needs analysis for the Department is currently under review. Additional PAMOVA training will be required.
	15						
	7						
	1						

	<ul style="list-style-type: none"> • Awareness raising is required Health Board wide to ensure that all incidents of RPI are recorded appropriately on Datix, particularly when Portering staff are involved. • Signage review. To include increased CCTV signage and a review of all 'Restricted Access' signage in use in A&E Departments (and wider) looking at standardisations. • Further improvements are being made to the Datix recording system in terms of V&A, with a Case Management module currently being developed.
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Improvement Notice 4

Where employees undertake manual handling of health records at work which cannot be avoided so far as reasonably practicable and which involve a risk of their being injured, you have not made a suitable and sufficient assessment of the risk, and you have not taken suitable steps to reduce the risk of injury to as low as reasonably practicable.

<u>Recommendation 1</u> <table border="1"> <tr> <td></td><td>1</td></tr> <tr> <td></td><td>1</td></tr> </table>		1		1	Completed actions include: <ul style="list-style-type: none"> • Company engaged to monitor push/pull force of manual trolleys. Ongoing / outstanding / planned actions include: <ul style="list-style-type: none"> • Risk assessments have commenced on all moving and handling activities involving health records.
	1				
	1				
<u>Recommendation 2</u> <table border="1"> <tr> <td></td><td>12</td></tr> <tr> <td></td><td>5</td></tr> </table>		12		5	Completed actions include: <ul style="list-style-type: none"> • Investigate types of smaller boxes available to reduce M&H risks to Health Records staff, Porters, Mail Staff etc. • Preference agreed, numbers established, purchase completed. • M&H review of Health Record trolleys to establish those that require replacing / updating. • Identifying and trialling potential new M&H solutions prior to purchase. Then securing funds. Ongoing / outstanding / planned actions include: <ul style="list-style-type: none"> • Roll-out new boxes and trolleys and implement the new procedure(s). Applicable to both Health Records & Mail Officers. • Implement a procedure for safely operating the new stair lift for transporting notes in WGH. Awaiting chair to be swapped for a basket. Once adapted, instruction and training will be rolled out.
	12				
	5				

Improvement Notice 5

You have failed undertake a suitable and sufficient assessment of the risks associated with manual handling operations undertaken by your employees and others such as Agency workers within the Laundry that could cause them injury.

<u>Recommendation 1</u> <table border="1"> <tr> <td></td><td>1</td></tr> <tr> <td></td><td>1</td></tr> </table>		1		1	Completed actions include: <ul style="list-style-type: none"> • Company engaged to monitor push/pull force of manual trolleys. Ongoing / outstanding / planned actions include: <ul style="list-style-type: none"> • Risk assessments have commenced on all moving and handling activities involving Laundry cages / trolleys, including the impaired vision caused by overloading.
	1				
	1				

<p><u>Recommendation 2</u></p> <table border="1"> <tr> <td></td><td>7</td></tr> <tr> <td></td><td>5</td></tr> </table>		7		5	<p>Completed actions include:</p> <ul style="list-style-type: none"> • Interim arrangements implemented to address the overfilling issue until a viable solution is found. 90% compliance noted. • Identification that the risk of impaired vision from overfilling can be eliminated by moving to Moulded Plastic Linen Cages. This will also reduce the risk of musculo-skeletal injury by reducing the amount that can be physically loaded and thus the weight. • Cost impact of the switch determined (due to reduced capacity). • Requirement determined, quotes obtained, funding secured, trolleys ordered and delivered. <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> • New trolleys to be added to stock and old trolleys to be removed from use to prevent their continued use. • Overfilling compliance checks to continue until all new laundry trolleys are in place and all old stock removed from circulation. • Posters advising load levels to be rolled-out HB wide coupled with education. These arrangements should be audited.
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Improvement Notice 6

You have failed to assess risks and implement adequate arrangements to report and investigate incidents to enable lessons to be learnt and acted upon to ensure the health, safety and welfare of your employees and others within your workplaces that are under your control.

<p><u>Recommendation 1</u></p> <table border="1"> <tr> <td></td><td>4</td></tr> <tr> <td></td><td>0</td></tr> </table>		4		0	<p>Completed actions include:</p> <ul style="list-style-type: none"> • Critical review of the incident reporting system undertaken. • Reviewed current arrangements for learning from incident investigation outcomes for managing and reducing those risks. • RIDDOR Critical Path Analysis and compliance figures.
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<p><u>Recommendation 2</u></p> <table border="1"> <tr> <td></td><td>4</td></tr> <tr> <td></td><td>3</td></tr> </table>		4		3	<p>Completed actions include:</p> <ul style="list-style-type: none"> • Improvements to automated incident feedback mechanisms, inc. clarification on procedure for feedback via Datix (with poster). • A 'Staff Incidents - Datix and RIDDOR Guidance Information' leaflet has been created for Line Managers / Datix investigators to use when staff incidents occur. A new 'Staff Incidents - Datix Final Approver Requirements' leaflet has also been developed. • Monthly V&A Reports now created for feedback / learning. <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> • HS&S & Assurance Safety and Improvement (ASI) to develop a joint 'Learning from Incidents' bulletin. • Explore other learning distribution mechanisms. • Continued roll-out of new guidance documents.
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<p><u>Recommendation 3</u></p> <table border="1"> <tr> <td></td><td>0</td></tr> <tr> <td></td><td>2</td></tr> </table>		0		2	<p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> • Review what support is available to individuals that do not have easy access to the Datix incident reporting system or who are having issues in submitting incident reports. • Contribute to the development stage of the new Datix system, as part of the Once for Wales Concerns Management System (OfWCMS) - the incident module due April 2021. Also ensure there is adequate training to support OfWCMS roll-out.
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<p><u>Recommendation 4</u></p> <table border="1"> <tr> <td></td><td>4</td></tr> <tr> <td></td><td>2</td></tr> </table>		4		2	<p>Completed actions include:</p> <ul style="list-style-type: none"> • Design a Datix RIDDOR module to capture incident data. • Develop the designed RIDDOR module within Datix. • New Datix RIDDOR module back-populate 3 years' worth of previous RIDDOR incidents. <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> • Develop an H&S Quality Dashboard able to pull both H&S incident data and RIDDOR module data to allow senior managers to easily access statistical info to inform their meetings. • HS&S Team to audit a % of completed staff incident investigations (for quality and completeness).
	4				
	2				
<p><u>Recommendation 5</u></p> <table border="1"> <tr> <td></td><td>4</td></tr> <tr> <td></td><td>5</td></tr> </table>		4		5	<p>Completed actions include:</p> <ul style="list-style-type: none"> • Develop and deliver guidance. • Undertake an incident investigation training mapping exercise. • Wider mapping exercise on the provision of H&S training. <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> • Develop a stand-alone basic incident investigation course. • H&S training review considerations: <ul style="list-style-type: none"> ○ Re-introduction of H&S on induction face-to-face. ○ Review of H&S content on Manager's Passport ○ Consideration of additional training routes. ○ Possible Line Manager's Induction. ○
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Improvement Notice 7

You have not made, and given effect to, adequate arrangements to assess the risk and identify where manual handling can be avoided or the control measures needed to ensure so far as reasonably practicable the health, safety and welfare of your employees and others such as Agency staff working in all theatres from the risk of manual handling activities.

<p><u>Recommendation 1</u></p> <table border="1"> <tr> <td></td><td>2</td></tr> <tr> <td></td><td>0</td></tr> </table>		2		0	<p>Completed actions include:</p> <ul style="list-style-type: none"> • Temporary measure introduced to minimise risk posed by floor mounted stopping bars in Theatre until a solution was found. • Stopping bars removed – hazard eliminated.
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	0				
<p><u>Recommendations 2 & 3 Combined</u></p> <table border="1"> <tr> <td></td><td>2</td></tr> <tr> <td></td><td>5</td></tr> </table>		2		5	<p>Completed actions include:</p> <ul style="list-style-type: none"> • Explored options to address the moving and handling hazard posed by the heavy double theatre fire doors. • M&H Team have attended additional training to allow them to deliver bespoke training to theatres on specialised manoeuvres. <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> • Quote for electric door mechanism for theatre fire doors to be obtained. Funding to be secured and mechanism to be installed. • Action to address the moving and handling hazard posed by the sloping walkway. Two potential solutions are being explored. • Risk assessments have commenced on specialist theatre moving and handling activities. No standard approach in Wales – to be taken to the All Wales Manual Handling Group for discussion. • The M&H Team now have a training programme for specialist M&H activities for theatre staff and are currently rolling this out.
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Improvement Notice 8

You have failed to implement a system to ensure that injuries from the use of medical sharps to your employees and others (e.g. Agency workers), are recorded, and investigated and any necessary action taken to prevent a recurrence.

<u>Recommendations</u> <u>1 & 2 Combined</u> <table><tr><td></td><td>3</td></tr><tr><td></td><td>5</td></tr><tr><td></td><td>2</td></tr></table>		3		5		2	Completed actions include: <ul style="list-style-type: none">• A review of Health Board Policies on the use of gloves for venepuncture confirmed that they are recommended for use. Re-emphasised with the Clinical Skills Team to enforce during training.• Education process agreed with the Clinical Skills Team.• Confirmed needlestick auto-notifications to OH via Datix. Ongoing / outstanding / planned actions include: <ul style="list-style-type: none">• Further educate on the need to report all needlestick injuries (already included on IP&C e-learning training).• Ensure OH make contact with all staff that suffer injury where they are or may have been exposed to a biological agent to ensure that they receive appropriate advice and treatment etc.• Ensure OfWCMS 'New Datix' adequately captures this data.• HS&S to Educate OH on RIDDOR linked to needlesticks.
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Material Breach 1-9

Material Breaches 1-9 are all variants on the themes of undertaking suitable and sufficient assessments for all employees and others and making arrangements for their protection from exposure to violence where this is reasonably foreseeable, particularly those members of staff that work alone.

A number of additional control measures are being considered / undertaken across the Health Board to address the issues of violence & aggression and lone working and to lessen the risk faced by staff in the workplace.

<u>Actions</u> <table><tr><td></td><td>5</td></tr><tr><td></td><td>5</td></tr></table>		5		5	Completed actions include: <ul style="list-style-type: none">• Sky Guard lone worker device trial completed.• Body Warn Video camera demonstration & early discussions.• Increased resource within the HS&S Team for V&A/Lone Work.• Increased monitoring of incidents and reporting.• Datix incident review to substantiate risk scores on RAs. Ongoing / outstanding / planned actions include: <ul style="list-style-type: none">• Assessment of need required for Sky Guard lone worker device.• Two way radio communication as a control measure trial.• Calla Body Warn Video trial.• Review of all V&A / Lone Working risk assessments received to ensure that they are suitable and sufficient.
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Material Breach 1

You should undertake a suitable and sufficient assessment of the risks to Estates employees who are required to work alone across all UHB estates (including Secure Mental Health Units) and implement a system whereby the identified risks (that include exposure to violence where reasonably foreseeable) are minimised and managed.

<p><u>Actions</u></p> <table border="1"> <tr> <td></td><td>1</td></tr> <tr> <td></td><td>5</td></tr> </table>		1		5	<p>Completed actions include:</p> <ul style="list-style-type: none"> Estates Risk Assessment (RA) completed for work in MH facilities. <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> Estates lone working RA in place. Due for review June 2020. Estates MH RA to be confirmed with Mental Health. Estates MH RA to be communicated to staff via Team Brief(s). 6 Skyguard devices per acute site requested. Anti-violence posters to be supplied.
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Material Breach 2

You should undertake a suitable and sufficient assessment for all Switchboard employees required to work alone at all UHB estates and make arrangements for their protection from exposure to violence where this is reasonably foreseeable.

<p><u>Actions</u></p> <table border="1"> <tr> <td></td><td>1</td></tr> <tr> <td></td><td>3</td></tr> </table>		1		3	<p>Completed actions include:</p> <ul style="list-style-type: none"> Door fitted to PPH Switchboard to allow safer breaks for staff. <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> Awaiting V&A /LW RA covering all HDUHB Switchboards. Considering Skyguard devices as temporary control measure. Future plans via restructuring will minimise lone working.
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Material Breach 3

You should undertake a suitable and sufficient assessment for all employees (e.g. Agency staff) required to work alone at Bronglais Hospital and make arrangements for their protection from exposure to violence where this is reasonably foreseeable.

<p><u>Actions</u></p> <table border="1"> <tr> <td></td><td>1</td></tr> <tr> <td></td><td>1</td></tr> <tr> <td></td><td>1</td></tr> </table>		1		1		1	<p>Completed actions include:</p> <ul style="list-style-type: none"> 17 V&A / LW risk assessments in place covering Bronglais. <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> PAMOVA training has been identified as a priority action. Safe hold training currently disrupted due to COVID-19 restrictions. Anti-violence posters to be supplied.
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Material Breach 4

You should undertake a suitable and sufficient assessment for all employees and others (e.g. Agency staff) within Prince Phillip Hospital Minor Injuries Unit (MIU) / Acute Medical Admissions Unit (AMAU) who are required to work alone and make arrangements for their protection from exposure to violence where this is reasonably foreseeable.

<p><u>Actions</u></p> <table border="1"> <tr> <td></td><td>2</td></tr> <tr> <td></td><td>2</td></tr> <tr> <td></td><td>1</td></tr> </table>		2		2		1	<p>Completed actions include:</p> <ul style="list-style-type: none"> V&A / LW RAs in place covering both MIU and AMAU at PPH. Mirror placed opposite the reception desk in MIU for staff situational awareness.
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	Ongoing / outstanding / planned actions include: <ul style="list-style-type: none"> • PAMOVA training has been identified as a priority action. Safe hold training currently disrupted due to COVID-19 restrictions. • Anti-violence posters to be supplied. • Considering Body Worn Video for patient / staff protection.
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Material Breach 5

You should undertake a suitable and sufficient assessment for all employees and others (e.g. Agency staff) within Prince Phillip Hospital Mortuary and Bereavement Services (including lone workers) and make arrangements for their protection from exposure to violence where this is reasonably foreseeable.

<u>Actions</u> <table border="1"> <tr> <td></td><td>0</td></tr> <tr> <td></td><td>4</td></tr> </table>		0		4	Ongoing / outstanding / planned actions include: <ul style="list-style-type: none"> • Awaiting confirmation of the V&A / Lone Working risk assessment covering PPH Mortuary and Bereavement Services. • Review public reception room & Furniture to provide safer exits. • Anti-violence posters to be supplied. • Consider Skyguard lone working device allocated to staff.
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Material Breach 6

You should undertake a suitable and sufficient assessment for all employees and others (e.g. Agency staff) in working within Bronglais General Hospital A&E/ Clinical Decisions Unit (CDU) (including lone workers) and make arrangements for their protection from exposure to violence where this is reasonably foreseeable.

<u>Actions</u> <table border="1"> <tr> <td></td><td>1</td></tr> <tr> <td></td><td>3</td></tr> <tr> <td></td><td>1</td></tr> </table>		1		3		1	Completed actions include: <ul style="list-style-type: none"> • Hospital Escalation Plan updated to include minimum staffing level for Minors when surging to avoid introducing lone working. Ongoing / outstanding / planned actions include: <ul style="list-style-type: none"> • Awaiting confirmation of the V&A / LW RA for BGH EUCC (A&E). • PAMOVA training has been identified as a priority action. Safe hold training currently disrupted due to COVID-19 restrictions. • Anti-violence posters to be supplied. • Considering Body Worn Video for patient / staff protection.
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Material Breach 7

You should undertake a suitable and sufficient assessment for all employees and others (e.g. Agency staff) within Glangwili General Hospital A&E (inc. reception) and make arrangements for their protection from exposure to violence where this is reasonably foreseeable.

<u>Actions</u> <table border="1"> <tr> <td></td><td>1</td></tr> <tr> <td></td><td>2</td></tr> <tr> <td></td><td>1</td></tr> </table>		1		2		1	Completed actions include: <ul style="list-style-type: none"> • V&A / LW RA in place GGH A&E Dept, inc. the Reception area. Ongoing / outstanding / planned actions include: <ul style="list-style-type: none"> • PAMOVA training has been identified as a priority action. Safe hold training currently disrupted due to COVID-19 restrictions. • Anti-violence posters to be supplied. • Considering Body Worn Video for patient / staff protection.
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Material Breach 8

You should undertake a suitable and sufficient assessment of the risks to all employees and others (e.g. Agency staff) working within the Community Mental Health Teams (including lone workers) and make arrangements for their protection from exposure to violence where this is reasonably foreseeable.

<u>Actions</u> <table><tr><td></td><td>1</td></tr><tr><td></td><td>3</td></tr></table>		1		3	Completed actions include: <ul style="list-style-type: none">• Four V&A / Lone Working risk assessment in place for Community Mental Health Teams, one for each locality. Ongoing / outstanding / planned actions include: <ul style="list-style-type: none">• Awaiting requirement from MH Teams for Skyguard Devices following Ceredigion Trial.• Anti-violence posters to be supplied.• Considering Body Worn Video for patient / staff protection.
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Material Breach 9

You should undertake a suitable and sufficient assessment of the risks to all employees and others (e.g. Agency staff) within the Mental Health teams involved with the transportation of patients and make arrangements for their protection from exposure to violence where this is reasonably foreseeable.

<u>Actions</u> <table><tr><td></td><td>5</td></tr><tr><td></td><td>5</td></tr></table>		5		5	Completed actions include: <ul style="list-style-type: none">• A V&A / LW RA is now in place covering the conveyance of mental health patients. This is coupled with the introduction of a new Adult Mental Health Conveyance Form.• An approved HDdUHB guidance document is now in place which includes the issue of conveyancing and staff safety.• An Alternative to Hospital S.136 Suite has opened in Gorwelion to provide a temporary place of safety / urgent assessment unit.• Adaptive learning solution used for PAMOVA training for staff to man the S136 Suite until full training recommences. Ongoing / outstanding / planned actions include: <ul style="list-style-type: none">• Staff engagement exercise to be undertaken now that additional control measures have been put in place.• Consider alternative patient conveyance vehicles.• Consider Skyguard lone working devices for all staff involved in the transportation of mental health patients.• Anti-violence posters to be supplied.• Considering Body Worn Video for patient / staff protection.
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Material Breach 10

You should undertake a suitable and sufficient assessment of the risks to the porters based at South Pembrokeshire Hospital (SPH) for the manual handling operations undertaken by them such as the movement and storage of health records.

<p><u>Actions</u></p> <table border="1" data-bbox="260 215 525 300"> <tr> <td></td><td>2</td></tr> <tr> <td></td><td>2</td></tr> </table>		2		2	<p>Completed actions include:</p> <ul style="list-style-type: none"> Decision taken to try and reduce the number of health records held in SPH (if the embargo allows). All records past their destruction dates now ready to destroy once embargo lifted. Racking arrangements reviewed following reduction in notes held on site. The top shelf has been removed thus eliminating the placing of health record boxes inappropriately high. <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> Risk assessments have commenced on Portering activities in relation to the moving and handling of health records in SPH. Access to the records facility to be improved by Estates.
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Material Breach 11

You should arrange for an effective recording system, for all lifting equipment requiring a thorough examination, to be implemented. It should also direct clear lines of communication between the competent person undertaking the examination and test and the person in control of the equipment. This system must ensure that information can be reviewed and acted upon should defects be noted and that equipment scheduled for examination is not missed.

<p><u>Actions</u></p> <table border="1" data-bbox="260 1019 525 1104"> <tr> <td></td><td>7</td></tr> <tr> <td></td><td>0</td></tr> </table>		7		0	<p>Completed actions include:</p> <ul style="list-style-type: none"> ARJO inspected Hoist subject of MB on 16/07/2019. Service procedures & service schedule developed. Service sheets now supplied, scanned & attached to job record. Audit completed by contractor. Inventory list and specification provided to Shared Services for new contract. Lifting Operations and Lifting Equipment Regulations (LOLER) and Planned Preventative Maintenance (PPM) service requirements split and fully identifiable on R5K system. New maintenance contract agreed from 03/02/2020.
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Material Breach 12

You should implement a system to ensure that any work where there is the potential to disturb Asbestos Containing Materials is effectively communicated to both internal staff and external contractors to ensure they comply with HDdUHB policy and procedures.

<p><u>Actions</u></p> <table border="1" data-bbox="260 1713 525 1798"> <tr> <td></td><td>7</td></tr> <tr> <td></td><td>9</td></tr> </table>		7		9	<p>Completed actions include:</p> <ul style="list-style-type: none"> Effective contractor control management system designed inc.: <ul style="list-style-type: none"> Pre-Qualification Health and Safety Questionnaire (PQQ); Code of Safe Practice Manual; Contractor induction and facilitator guidance; Additional Estates COVID-19 guidance. CDM Training for key staff involved in contractor control. <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> Estates/IT Engaging Managers to contact all contractors currently working on HDdUHB sites about the new arrangements – to be extended to other contractors in a phased approach. Review all PQQ returns to ensure that contractors have been vetted for their suitability to work safely on HDUHB premises.
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	9				

	<ul style="list-style-type: none"> • All contractors working on HDdUHB sites to have undergone a HDdUHB induction prior to working on site. • Design & deliver asbestos awareness and contractor control training to the responsible person(s) for community sites. • Asbestos Management Plans to be updated.
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Material Breach 13

If it is not reasonably practicable to clean the refrigerated body stores within the mortuary of Prince Phillip Hospital without the need for staff to enter these stores, you should implement the necessary control measures to ensure employees and others (e.g. Agency Staff) are not exposed or overcome by chemicals used whilst in confined spaces. You should also consider similar cleaning activities that are undertaken at other mortuaries within Hywel Dda UHB.

<p><u>Actions</u></p> <table border="1" data-bbox="260 768 525 853"> <tr> <td></td><td>2</td></tr> <tr> <td></td><td>2</td></tr> </table>		2		2	<p>Completed actions include:</p> <ul style="list-style-type: none"> • Purchase appropriate masks and filters for working safely with Tristel Fuse within the body stores. • Two members of Mortuary staff trained to undertake qualitative fit testing in line with the HDdUHB approved procedure. <p>Ongoing / outstanding / planned actions include:</p> <ul style="list-style-type: none"> • COSHH risk assessments for the use of Tristel Fuse to clean the Mortuary body stores to be updated. • All relevant Mortuary staff fit-tested to work with Tristel Fuse.
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	2				