



HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 September 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Executive Enforcement Action Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety and Security 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 and June 2020. This paper summarises the developments since the previous Committee meeting on 22nd June 2020.

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 (V&A), musculoskeletal disorders (MSDs) and asbestos.

As a result of the inspection, the Health Board received 8 Improvement Notices (INs) and 13 Material Breaches (MBs), all with a compliance date of 1st May 2020. Due to the ongoing COVID-19 situation, an extension was agreed to 31st July 2020. The HSE requested further information and we await feedback following our response (see Assessment). It is likely that a further extension will be granted on the notices that they deem incomplete at this stage.

Asesiad / Assessment

Following the HSAC meeting on 22nd June 2020, the Health and Safety Executive Enforcement Action Plan report was shared with HSE Inspectors ahead of the progress meeting scheduled for 25th June 2020.

At the meeting, the HSE advised that, although the Health Board had Action Plans in place for all 8 Improvement Notices and 13 Material Breaches, they did not need to see them at that time, instead confirming that they would review the report and contact the Health Board to request further information, if required.

On 1st July 2020, the Principal Inspector requested a response to 12 specific follow-on questions / queries, and the responses together with the supporting evidence issued to the HSE on 28th July 2020 are attached at Appendix 1.

Current position in terms of risk

The Health Board's current position in terms of progress towards the Improvement Notices and Material Breach actions are shown below. Amber and red actions represent all outstanding actions, classified by risk (note: green actions are completed actions). The numbers in brackets indicates the additional actions progressed since the previous report.

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>
	28 (+5)	7 (+4)	15	17 (+1)	8	27 (+4)	7 (+3)	3
	4	3	7	7 (-1)	6	10 (-1)	3 (-2)	5
	0	0	1	0	0	0	0	2

Material Breaches:

	<u>MB1-8</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>
	6 (+1)	4 (+3)	2	2 (+1)	3 (+1)	2 (+1)	3 (+1)	2 (+1)	2 (+1)	6 (+1)	5 (+2)	7	7	2
	4 (-1)	3 (-2)	2	0 (-1)	1 (-1)	2 (-1)	1 (-1)	1 (-1)	2 (-1)	4 (-1)	0 (-2)	0	9	2
	0	0	0	1	1	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:

	<u>INs</u>	<u>MBs</u>
	112 (+17)	53 (+13)
	45 (-4)	31 (-12)
	3 (-)	4 (-)

The totals above demonstrate that good progress continues to be made towards the completion of the actions in respect of both the Improvement Notices and the Material Breaches.

Argymhelliad / Recommendation

For the Committee to take assurance from this report that the required 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:

Risk 718.
Current Risk Rating 8.

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
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	3 x Executive-led Control Groups on V&A, M&H and Incident Investigation 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 (business case in progress), 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 – Response to HSE Questions

Question	Comment	Supporting Evidence
<p>1. IN 1 – Role of senior managers in monitoring implementation / performance against the standards being developed, and how this performance will be evidenced.</p>	<p>The general standards for the management of violence and aggression are set out in the aims and objectives of 285 – Violence and Aggression Policy. Key roles in the implementation and monitoring of performance against the standards include:</p> <ul style="list-style-type: none"> • Senior Managers, whose role it is to ensure that an adequate assessment of risk has been made for all areas of their responsibility. This would include ensuring that suitable and sufficient arrangements have been put in place by their Service / Line Managers; • Service / Line Managers, whose role it is to ensure those arrangements are in place through conducting thorough risk assessments, ensuring staff are suitably trained and developing workable local procedures and safe systems of work etc. They are also responsible for ensuring suitable and sufficient investigations are conducted when incidents do happen, lessons are learned and those affected are given the support they need; • The Health, Safety & Security Team, whose role it is to receive and examine every single incident of V&A within HDdUHB and to offer support and advice from V&A for every incident. To encourage a cultural change to risk assessment and prevention of incidents where possible, and where residual risk cannot be eliminated, to offer practical advice and support. Through these measure the Team can maximise opportunities to reduce or eliminate the occurrence & impact of V&A incidents. <p>Our incident reporting system has now been updated so that, whenever an incident of violence and/or aggression occurs within the Health Board, there is a mandatory prompt to ensure that the violence and aggression risk assessment for that area is reviewed by the managers and updated in light of the incident that has occurred. In essence the risk assessment allows the manager to keep a live assessment of the risks faced within their area(s) of control, rather than having just a periodically reviewed document. The Violence and Aggression Case Manager also checks that this has been completed for each incident.</p> <p>The recently appointed Violence and Aggression Case Manager creates a monthly</p>	<p>Violence & Aggression Policy</p>

	<p>report which is delivered to senior managers within Hywel Dda via our new committee structure. The report includes a summary of all V&A incidents in that period by location, type, severity and contributory factors and also highlights concerns regarding reported matters.</p> <p>As well as being used for the dissemination of information and reports, the new committee structure can also be used to escalate any issue or concerns that arise. The new committee structure consists of local directorate Quality and Safety meetings which feed up into the new board-level Health and Safety Assurance Committee.</p> <p>In addition to the committee structure and the existing Partnership Forum model, extra meetings with staff-side health and safety representatives are being arranged. These will give the representatives additional opportunity to deliver any reports on performance against the standards that they may wish to present.</p> <p>Senior managers will also be able to monitor their performance against the standards via the new H&S Quality Dashboard which has been designed and is currently in development and which will have a specific dashboard for monitoring V&A incidents. For further information please see question 10.</p> <p>All of the above will be backed up by the new Manager's H&S Induction which is in development and will be delivered from October 2020. Both the management of violence and aggression and lone working are key elements of this new course. For further information on the training please see Question 9.</p>	Monthly V&A Reports
2. IN2 – The actions described here don't seem to reflect the notice requirements. Response to each point on Schedule.	All of the actions identified in the notice schedule are in the process of being addressed by the Moving and Handling Team through their Action Plan for 2020-2021. This includes the update and revision of the Moving and Handling Policy.	<p>M&H Team Action Plan 2020-21</p> <p>Draft Revised and Updated M&H Policy</p>
3. IN3 – Copy of risk assessment and action plan for Wylabush A&E, with evidence supporting actions taken to date.	<p>A Violence and Aggression Risk Assessment for Wylabush General Hospital (WGH) A&E Department can be found within the Action Plan supporting this Improvement Notice, along with the actions taken towards compliance with the notice to date.</p> <p>As outlined in answer 1, our incident reporting system has now been updated so that, whenever an incident of violence and/or aggression occurs within the Health Board, there is a mandatory prompt to ensure that the</p>	IN3 Action Plan

	<p>violence and aggression risk assessment for that area is reviewed by the managers and updated in light of the incident that has occurred. In essence the risk assessment allows the manager to keep a live assessment of the risks faced within their area(s) of control, rather than having just a periodically reviewed document. The Violence and Aggression Case Manager also checks that this has been completed for each incident.</p>	
<p>4. IN4 – Copy of risk assessment and action plan for health records at WGH, with evidence supporting actions taken to date.</p>	<p>The Moving and Handling Risk Assessments undertaken by Health Records management at WGH can be found within the Action Plan along with all of the supporting evidence for this Improvement Notice.</p>	<p>WGH Health Records M&H Action Plan for IN4</p>
<p>5. IN6 – Outcomes of critical review. Copies of leaflets. How leaflet information will be embedded into management system. Standards against which performance will be monitored and evidenced by managers / senior managers. How this will be independently audited.</p>	<p>In terms of critical review a group discussion was undertaken at the first Incident Investigation Control Group (IICG) on 2nd January 2020, which included key senior managers and a number of Trade Union representatives. Issues identified included difficulty with using the Datix incident reporting system, no access to Datix, time taken to submit a report and reports that the system was clunky to use. Concerns were raised that there was lack of feedback when incidents were reported and a lack of communication from investigators. There were even reports of staff being actively discouraged from reporting incidents, which is clearly unacceptable (this was also mentioned in the HSE report).</p> <p>A 'Staff Incidents - Datix and RIDDOR Guidance Information' leaflet has been created for Line Managers / Datix investigators to use when staff incidents occur. Roll-out of this information has been via:</p> <ul style="list-style-type: none"> o Global e-mail (16/09/2019); o Targeted face-to-face roll-out on all acute sites; o On H&S and Datix Guidance Intranet pages; o Meetings as attended i.e. the Health & Safety and Emergency Planning Sub-Committee (HSEPC), Partnership Forums etc. <p>A new 'Staff Incidents - Datix Final Approver Requirements' leaflet has been developed. The development and rollout process has included:</p> <ul style="list-style-type: none"> o A list was obtained of all 202 individuals identified as final approvers on Datix; o Circulated for comment prior to approval; o Agreed version was e-mailed directly to all 202 final approvers; o Added Datix Guidance Intranet pages. <p>Both of the above leaflets will be included on, and supported by, the new Manager's H&S</p>	<p>Staff Incidents – Datix and RIDDOR Guidance Information</p> <p>Staff Incidents – Datix Final Approver Guidance</p>

	<p>Induction training module once developed (See question 9).</p> <p>These guidance leaflets set the standards or 'minimum expectations' of managers and final approvers in terms of incident investigation. The first quality check should be performed by the final approver before signing off the incident. All incidents are then reviewed by the Datix team (for completeness). The H&S Team then audit a certain percentage of finally approved staff incidents on top of this (for quality) and provide feedback to managers, independent to the investigation.</p> <p>For further information on performance standards, please see question 10 which explains that we are currently looking at introducing a number of new KPIs to enable the organisation to better measure and monitor health and safety performance.</p>	
<p>6. MB1 – Mental health was only an example. What other lone working issues have been assessed? Copies of example risk assessments and evidence of action taken.</p>	<p>In addition to the Mental Health Lone Working Risk Assessment the Estates Department also have a General Lone Working Risk Assessment for each locality which have been developed in line with our 170 - Lone Worker Policy. Lone working also forms part of the main HDdUHB Violence and Aggression Risk Assessment template and has therefore been conducted for over 120 areas as part of the recent V&A compliance work.</p> <p>Estates have also considered the lone working of contractors on our sites and have included a section in their 'Contractors Code of Safe Practice' on the subject, outlining expectations when working on HDdUHB sites. The relevant section of which has been extracted and added. This forms part of the Contractor's induction which all contractors working on site now have to attend.</p> <p>Estates have also reviewed their need and requested 6 x Skyguard Devices for each locality for Estates staff to utilise (24 in total) to help them be better compliant.</p>	<p>Estates General Lone Working RA (WGH Example)</p> <p>Lone Worker Policy</p> <p>Lone Working Extract from Contractors Code of Safe Practice</p>

<p>7. MB2 – Why has no risk assessment been completed yet? What management action is being taken?</p>	<p>A Violence and Aggression Risk Assessment has been conducted for each of the four Switchboards across HDdUHB with control actions taken included within the Action Plan.</p> <p>To address an issue highlighted by the HSE an additional door has been fitted to Prince Philip Hospital (PPH) Switchboard to allow staff to take comfort breaks safely.</p> <p>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.</p>	<p>Switchboard PPH</p> <p>Switchboard GGH</p> <p>Switchboard BGH</p> <p>Switchboard WGH</p>
<p>8. MB10 – Risk assessment / method statement and supporting evidence for how health records were safely removed for destruction. Evidence of action taken on other manual handling e.g. laundry, deliveries.</p>	<p>The Moving and Handling Risk Assessments undertaken by Facilities at South Pembrokeshire Hospital in conjunction with the moving and Handling Team can be found embedded within the Action Plan along with all of the supporting evidence for this Material Breach.</p>	<p>SPH Portering M&H Action Plan for MB10</p>
<p>9. More detail on H&S management training was being considered – what form will this take and how is it to be linked to career development. Also how is it linked to other management training?</p>	<p>As part of the work of the Incident Investigation Control Group, ways to improve H&S training for managers were considered, both for incident investigation and for wider H&S training. In the end we have opted to develop a 'Manager's H&S Induction' training course which has been designed to be attended by all staff moving up into managerial positions or arriving at the Health Board as managers. This would also be available to all existing managers to attend. Who should attend will be decided by job title rather than pay band as often Supervisors or Team Leaders etc. on lower bands may have significantly more managerial responsibilities than medical staff on higher bands.</p> <p>Initially the training will consist of 2 modules:</p> <ul style="list-style-type: none"> o Module 1: H&S for Managers including risk management, H&S policies and legislation (1.5 days approximately). o Module 2: investigation for supervisors and managers (level 1-3 incidents and complaints) (0.5 days approximately). <p>This training is in development now and will be delivered for the first time in October 2020 (Dates TBC).</p> <p>In time a 3rd module will be added which will extend the course for those that require that additional level of training:</p> <ul style="list-style-type: none"> o Module 3: Root Cause Analysis and Investigation of Serious Patient Safety 	<p>Manager's H&S Induction Training Proposal</p>

	<p>Incidents, RIDDOR Incidents, Serious Complaints and Claims (1 day).</p> <p>The wider Manager's Passport course will continue to be held, of which H&S is an element.</p>	
<p>10. What useful and measurable performance standards for H&S are being considered? How can these be built into the governance of other things the HB measures?</p>	<p>Currently the only H&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 measure and monitor health and safety performance. Those being considered include:</p> <ul style="list-style-type: none"> • Number of Datix incident investigations approved on time; • Percentage of workforce trained in manual handling and fire safety awareness; • Number of risk assessments reviewed as well as percentage of actions generated by risk assessment completed; • Number of Safety tours completed by Senior Manager. <p>In addition to these KPIs the H&S Team is currently designing the H&S Quality Dashboard which will display both H&S incident data and data from the new Datix RIDDOR module to allow senior managers to easily access statistical information to inform their meetings and gain assurance.</p> <p>Additionally performance will be review through the new committee structure for health and safety which consists of local directorate Quality and Safety meetings which feed up into the new board-level Health and Safety Assurance Committee.</p>	<p>H&S Quality Dashboard Design</p>
<p>11. Bariatrics and audit of inoculation injuries (which should actually be identified by LMs during investigation) should also be considered in addition to manual handling in theatres. Please evidence.</p>	<p>The issue highlighted in the Report was around the management of bariatric pregnancies. The Management of Obesity in Pregnancy Guideline was revised and updated in 2019 and includes the M&H Risk Assessment requirement and the complexities surrounding these patients. A copy of the guideline can be evidenced.</p> <p>Additionally the Health Board has been undertaking a work stream on super bariatric care within HDdUHB as evidenced in the minutes from the Operational Quality, Safety and Experience Sub-Committee where this was discussed at senior level (section QQSESC (20)09).</p> <p>The audit of inoculation injuries forms part of the work that the Infection Prevention and Occupational Health Teams will be picking up post-COVID-19, in line with the work towards compliance with Improvement Notice 8.</p>	<p>Management of Obesity in Pregnancy Guideline</p> <p>QQSESC Minutes 17-03-2020</p>

<p>12. With reference to the 136 suite at Gorwelion, how will patients be transferred for assessment elsewhere if staff resources become low (which has previously occurred at Tenby and Carmarthen suites resulting in these closing temporarily)?</p>	<p>Mental Health management have stated that we currently have an out of hours on call transport arrangement and this 136 facility currently, is only operational during these hours. As we increase the operational hours of the 136 suite we will also need to align the transport arrangements too.</p> <p>The Health Board has made significant progress towards addressing the issue of patient conveyance since the issue of this Material Breach, which is evidenced within the Action Plan, and which the H&S Team have been overseeing from their perspective.</p>	<p>MB9 Action Plan</p>
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