



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 June 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Assurance Committee Annual 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

The purpose of this paper is to present the Health and Safety Assurance Committee (HSAC) Annual Report 2020/21 to the Board.

The Annual Report provides assurance in respect of the work that has been undertaken by the Committee during 2020/21, and demonstrates that the Terms of Reference, as set by the Board, are being appropriately discharged.

Cefndir / Background

Hywel Dda University Health Board's (HDdUHB's) Standing Orders and the Terms of Reference (ToR) for the Health and Safety Assurance Committee require the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The purpose of the Health and Safety Assurance Committee, as expressed in its ToR, is to advise and assure the Board on whether effective arrangements are in place to ensure organisation-wide compliance with the Health Board's (HB) Health and Safety Policy, approve and monitor delivery against the Health and Safety Assurance Committee's work programme and ensure compliance with the relevant Standards for Health Services in Wales.,

The Annual Report provides information on key issues considered by the Committee during 2020/21, together with key achievements and unexpected challenges, particularly in relation to the management of COVID-19 and compliance with the Health and Safety Executive (HSE) Improvement Notices and Fire Safety requirements.

During 2020/21, HSAC met on the following dates:

- 14th May 2020
- 22nd June 2020
- 7th September 2020
- 2nd November 2020
- 17th February 2021

Committee Terms of Reference and Principal Duties

In discharging its duties, the Health and Safety Assurance Committee has received assurance during 2020/21 against areas of responsibility including the following:

- **Governance and Reporting Arrangements**

Following a Fire Governance review, it was agreed at the September meeting of HSAC that Health and Safety and Fire Safety would be included as joint standing agenda items at these meetings.

Health and Safety will also be a standing agenda item at Directorate Quality and Safety meetings and this has now been achieved.

- **Trade Union Health and Safety Group**

This group was established during 2020 with the inaugural meeting held on 12th October. The meeting is well attended, with the majority of Trade Unions being represented at each meeting. The group has met on three occasions to date. It has been suggested that in future this group should formally report into HSAC.

- **COVID-19 Pandemic Work**

The establishment of various management arrangements during 2020/21 has only been achieved through the way in which individuals have worked tirelessly together. The Health and Safety Team worked closely throughout the pandemic with Infection, Prevention and Control, Procurement, IT, Estates Maintenance and Facilities and Property as well as the Directorate and Hospital Site Management Teams.

Recognition is given to the work undertaken by the Director of Nursing, Quality and Patient Experience in providing excellent leadership throughout this period and in taking the lead in many of the COVID-19 working groups, including the Personal Protective Equipment and Social Distancing Cells.

During 2020/21 the Moving and Handling and Prevention and Management of Violence and Aggression Teams moved into the Health and Safety Team. Throughout this period, commendation is given to the work of all staff members in supporting the various COVID-19 work streams in addition to undertaking a vast amount of work associated with HSE compliance.

Various reports have been provided to the Committee during 2020/21 relating to COVID-19 arrangements for managing the risks involved, including the following:

- **Respiratory Protective Equipment**

The Committee approved the Respiratory Fit Testing procedure, which reflects the approach taken by the HB in ensuring that staff are provided with the appropriate respiratory protection. Alongside the fit testing carried out by members of the Health and Safety and Infection Control Team, over 250 departmental fit testers were trained by the Health and Safety Manager and Advisers.

Expert advice was provided by the Health and Safety Team to the Procurement Department in ensuring that the most appropriate protection was being sourced and provided to staff.

- **COVID-19 Investigation Protocol**

The Committee received two papers during 2020/21 which described the approach taken across NHS Wales with regard to the development of the COVID-19 Staff Investigation

Toolkit, introduced to assist when undertaking investigations involving staff affected by COVID-19.

Due to the criteria agreed in the September 2020 Committee meeting - ie. that the protocol only be utilised where staff are admitted to hospital - the protocol has only had limited use. During 2020/21 it was used in its entirety on four occasions.

- **Field Hospital Commissioning and De-Commissioning**

Health and safety management arrangements were considered as part of the setting up, and during the de-commissioning, of the five Field Hospitals across the Hywel Dda region. This involved the development of standard operating procedures, risk assessing the working environment, and developing and introducing solutions to manage the specific and unique risks associated with temporary facilities.

An external Security Guard force was employed at each of these sites, which has been overseen and monitored by the Health, Safety and Security Teams' Violence and Aggression Case Manager and Security Manager.

- **Social Distancing Management**

The HB's Social Distancing Guidance was approved in order to provide advice and guidance to management teams and staff across the organisation. A significant amount of work was undertaken as part of this subject, including the following:

- Social distance risk assessments
- Prioritising the purchase and installation of protective screens
- Improvements to Doctors' accommodation to allow the implementation of social distancing measures
- Placing wall signs, floor stickers and other notifications to promote social distancing
- Installation of patient bed fixed screens
- Agreeing maximum occupancy of rooms

- **Mass Vaccination Centre (MVC) Commissioning**

Workplace health and safety risk assessments were completed at all the MVCs; these involved employing an external Security Guard Force at the majority of centres. Primarily this was to ensure the security of the vaccine, but also to assist with visitor flow and traffic management.

- **Manual Handling Training**

The Moving and Handling Team trained 1869 temporary staff appointed to provide support during the COVID-19 Pandemic this involved a significant amount of effort by the whole team and other staff seconded in to assist. In addition to the increased training for temporary staff the Moving and Handling Team still managed to provide training to 2344 existing staff in order to maintain individuals' compliance.

Violence and Aggression Case Management

Each reported case of violence and aggression, as identified below, received attention and support from the Violence and Aggression (V&A) Case Manager.

Offences by Type

Physical assault	691
Aggression/Threatening behaviours	187
Verbal abuse	136
Harassment offences	33

Sexual offences	18
Hate crime by race	10
Hate crime by religion	2
Criminal damage	7
Weapon related incidents	8
Anti-Social Behaviour (ASB)	26

Police were either called to or involved with 156 reported incidents involving HB staff, some involving multiple reports of assault.

Offences by Severity

No harm	605
Minimal harm	372
Short term harm	28
Major harm	0
Catastrophic harm	0

Actions by Case Managers included the introduction and implementation of more suitable and appropriate risk assessments.

Outcomes (Police, CPS, Internal)

Arrested by Police	17
Charged by Police	18
Informal Police warnings	29
Police caution	1
Code of Conduct letters issued (internal)	37
ASB referrals (internal)	29
Warning markers (internal)	7
Inpatient discussion, challenge to behaviours	15
Repeat Offenders incidents identified	422
Incidents with no offender details identified	182

Primary contributory factors are assessed as follows, although the circumstances and conditions contributing to incidents are not always clearly identified, making it currently difficult to accurately record all the data:

Older Mental Health	204
Mental Health	294
Learning Disability	42
Medical confusion	200
Alcohol & Drugs	52
Stress and waiting times	18
Pain	21
COVID-19	4

Case management primarily focused on the legal, moral and operational aspects of supporting staff who have been victims of abuse; this was achieved through contact being made and support provided, with advice offered on every reported occasion.

This has seen an increased uptake and confidence in reporting over the past year, in what has been a challenging chapter for all aspects of healthcare delivery, and increased awareness of violence and aggression reporting, with the HB fulfilling its legal obligations in terms of compliance with V&A-related Improvement Notices at the earliest opportunity.

HSE Improvement Notice Work

The Committee has been presented with regular update reports at each meeting throughout 2020/21, with assurance provided as to the progress being made against the 8 Improvement Notices and 13 Material Breaches identified by the 2019 HSE inspection.

Health and Safety Induction Training

An action identified by the HSE was to improve health and safety awareness training. A new Induction training course was developed, which was introduced within the HB in October 2020. The course is currently being delivered via the Microsoft Teams platform and has so far been well attended.

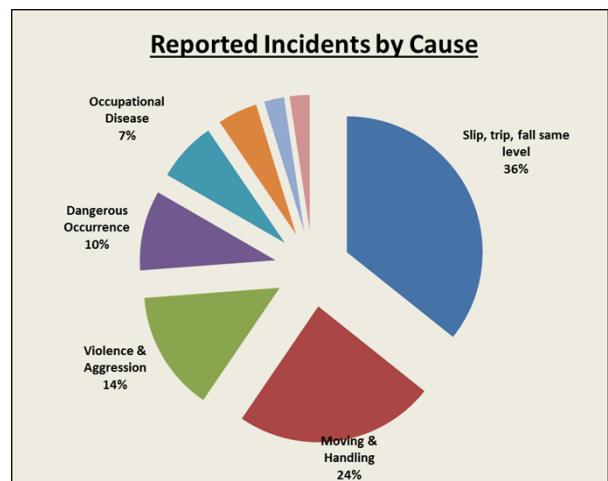
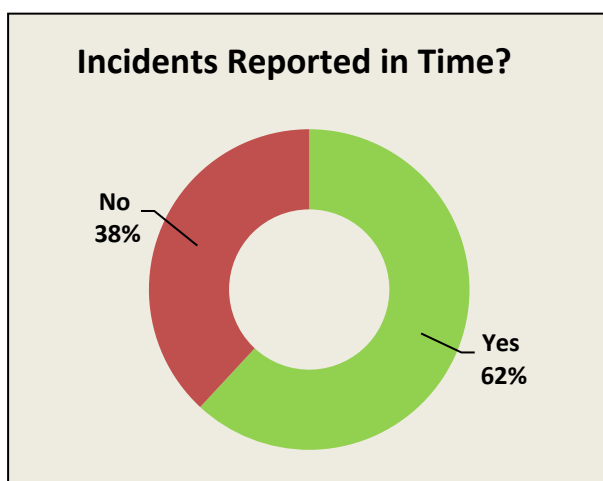
Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)

RIDDOR puts duties on employers, the self-employed and people in control of work premises to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses). The tables below provide details of the type, cause, location and whether the HSE were notified within the specified timescale (10 Days for Deaths and Specified Injuries; 15 Days for Over 7 day Injuries)

Rolling Totals & Percentages for 2020-21

Cause	Number	%
Slip, trip, fall same level	15	36
Moving & Handling	10	24
Violence & Aggression	6	14
Dangerous Occurrence	4	10
Occupational Disease	3	7
Struck against	2	5
Fall from height	1	2
Another kind of incident	1	2
	42	

%	Locality	No.
36	Glangwili General Hospital	15
29	Prince Phillip General Hospital	12
24	Withybush General Hospital	10
12	Bronglais General Hospital	5
		42



Health and Safety Audits

The Health and Safety Audit Programme is continuing well with a total of 20 audits and 19 audit follow-ups being completed during 2020/21.

The Committee received briefings on this programme of work during 2020/21, and it is intended that a more detailed paper be produced demonstrating the progress made against each identified action.

Fire Safety Management

The Committee has been presented with regular update reports throughout 2020/21, with assurance provided regarding the progress being made against the two Fire Enforcement Notices issued against the HB following visits by Mid and West Wales Fire Service to Withybush General Hospital in July 2019 and Glangwili General Hospital in February 2020.

Reports were also presented on the progress made for Fire Risk Assessments (FRA) completion. During 2020/21 considerable effort by the Fire Safety Team has seen a significant reduction in the number of overdue FRAs seen previously. In February 2020, the backlog was at zero; compared to January 2019 where the backlog was in the region of 140.

The HB can be assured that the current situation regarding FRAs is being managed appropriately.

Argymhelliad / Recommendation

The Board is requested to endorse the Health & Safety Assurance Committee Annual Report 2020/21.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
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:	Agendas, papers and minutes of the Committee meetings held in 2020/21
Rhestr Termâu: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Health & Safety Assurance Committee

Parties / Committees consulted prior to University Health Board:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A sound system of internal control, as evidenced in the Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	SBAR template in use for all relevant papers and reports.
Risg: Risk:	SBAR template in use for all relevant papers and reports.
Cyfreithiol: Legal:	<p>A sound system of internal control, as evidenced in the Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed.</p> <p>Compliance with the Health Board's Standing Orders, and the Committee's Terms of Reference, requires the submission of an Annual Report to the Board.</p>
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	SBAR template in use for all relevant papers and reports.