



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>01 September 2019</b>	<b>Agenda Item</b>	<b>2.2</b>	
<b>Report Title</b>	<b>Health and Safety Training Modules</b>			
<b>Report Author</b>	Laurie Higgs, Head of Health and Safety			
<b>Report Sponsor</b>	Gareth Howells, director of Nursing			
<b>Presented by</b>				
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The purpose of this report is to update the Board Health and Safety Committee of training modules and other aspects of training arrangements for Health and Safety.			
<b>Key Issues</b>	Background Risks Summary			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to : <b>DISCUSS</b> the report			

## HEALTH AND SAFETY TRAINING MODULES

### 1. INTRODUCTION

The purpose of this report is to update the Board Health and Safety Committee of training arrangements for Health and Safety in the Health Board.

### 2. BACKGROUND

The term 'Health and Safety' training can apply in a wide variety of situations and can include

- Training to perform a particular task. Here the necessary elements of health and safety skills are included in the task training e.g. how to operate equipment such as a floor scrubbing machine correctly and efficiently, maintenance, loading of chemicals, action on equipment alarming etc. Where there is a standard Operating Procedure (SOP) or manufacturer's instructions the safety elements are normally included in that operational training. Though some of this type of training may be provided corporately (such as part of the Manual Handling Passport scheme) a significant volume will be provided locally from a variety of trainers, supervisors, managers etc.

This type of training may be included in elements of training modules available corporately in the Health Board

- Clinical training where the main focus is to deliver a safe and effective clinical service but elements of Health and Safety law are also critically important. These may weave through the training such as with patient fall training where there is a duty of care to persons not in our employment (Section 3 Health and Safety at Work Act (HASAWA) 1974) or medical device training where more specific controls are required (Provision and Use of Work Equipment Regulation (PUWER) 1999 in areas such as labelling, selection of equipment, maintenance, incident reporting).
- Management and supervisory training to enable these staff to discharge their management and supervisory duties. These skills may be generic health and safety skills or ward or departmental specific e.g. working at height, ionising radiation etc.,
- Training and support for senior managers required to give leadership in health and safety or procedure but elements of Health and Safety legislation impact on the necessary training and competencies. These include the management of patient falls and the safe use of medical devices
- Emergency procedure training such as action to be taken on discovery of a fire. Some emergency procedure training such as spillage procedures may be included in task training outlined above. There will be also be a requirement for management training for those staff responsible for the control of the risk e.g. site management.

### **3. GOVERNANCE AND RISK ISSUES**

- There is still an over reliance in the Health Board to monitor training compliance using Module A or level 1 of the e-learning system. As these training systems are focussed on the lower end of the risk profile of staff they are considered to give a poor indicator of the true level of risk due to inadequate competencies in the organisation.
- With the large volume and diversity of Health and Safety training taking place in the organisation a clear understanding of training and competency pathways should be in place to ensure that risks are effectively understood by all levels of the organisation and controlled.
- Frequently generic training is considered to be adequate but this does not truly reflect the actual required skills required of individual groups of staff, equipment and environments, patient profile etc. These may be challenged post incident, as part of a claim for injury or other reviews.
- Where specialist training is used in areas such as manual handling current methods of recording using the Electronic Staff Record (ESR) do not permit the easy identification of staff with similar job titles who will have different competency pathways and skill requirements (e.g. not all nurses do manual handling)
- Some training data is held locally by wards and departments and is not immediately available electronically to Units, corporate Health and Safety etc.
- Significant elements of 'health and safety' training are not monitored by Health and Safety groups and Committees but may form work of more specialist groups such as the Radiation Safety Committee.

- Training in its own right does not guarantee safety. Other key elements include review of skills being used to ensure that they are still current and that poor practice, short cuts etc. have not developed. Supervision also forms part of the safety system. The regular review of incidents, claims and other key performance indicators will also assist in identifying if control measure are still effective.
- Monitoring of training performance needs to be reviewed to ensure that key compliance matters are effectively reviewed

#### 4. **FINANCIAL IMPLICATIONS**

There are no immediate financial implications arising from this report. However, as further work is developed and the need to ensure that all training is focussed and fit to manage the risks for individual groups of staff additional resources and facilities may be required. Additional costs may be incurred to release staff to access training that may be delivered centrally or in their own wards or departments.

#### 5. **RECOMMENDATION**

Members are asked to: **DISCUSS** the report

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
Failure to have competent staff places the organisation, patients, staff and others at risk of injury, illness etc.		
<b>Financial Implications</b>		
There are no immediate financial implications arising from this report.		
<b>Legal Implications (including equality and diversity assessment)</b>		
Failure to have competent staff places the organisation, patients, staff and others at risk of injury, illness etc. Significant levels of Health and Safety fines, prosecution etc.		
<b>Staffing Implications</b>		
To be determined when strategy developed		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
Failure to have competent staff places the organisation, patients, staff and others at risk of injury, illness etc.		
<b>Report History</b>	None	
<b>Appendices</b>	None	

## Health and Safety Training Modules and Recording of Training

### 1. Induction (includes Inexperienced and Experienced staff).

There is an induction policy for new staff that also reference in areas such as Passport training recognising previous knowledge. Table A shows a broad outline of some areas of Health and Safety Induction training

<b>Table A</b>				
<b>Training Type</b>	<b>Delivery</b>	<b>Key Content</b>	<b>Records</b>	<b>Comments</b>
Local Induction	Ward/Dept resource	Various	Ward/Dept	Local arrangements
Online (Includes H&S, Fire, V&A, Manual Handling etc.	On line	Various	ESR (automatic)	Local arrangements
<b>Violence and Aggression (V&amp;A)</b>				
V&A Passport B (*)	Classroom (F2F)	All Wales	ESR (H&S)	
V&A Passport B/C (*)	Classroom (F2F)	All Wales	ESR (H&S)	Mental Health only
V&A Passport D (*)	Classroom (F2F)	All Wales	ESR (H&S)	Mental Health only
V&A Forensic	Classroom (F2F)	SWUHB system	ESR (H&S)	Mental Health only
V&A PBM	Classroom (F2F)	SWUHB system	ESR (MH/LD)	Learning Disabilities only
V&A specialist e.g. Recovery	Classroom (F2F)	As per risk assessment	ESR (H&S)	Currently not provided
Security Guards	Classroom (F2F)	Contractor	ESR (H&S)	Support Services only
<b>Manual Handling Passport</b>				
Inanimate Load (*)	Classroom (F2F)	All Wales	ESR (H&S)	All staff
Passport Patient Handling(*)	Classroom (F2F)	All Wales	ESR (H&S)	All staff
Ward/Dept specific	Manual Handling Coach	SWUHB system	ESR (H&S)	e.g. Theatre manual handling
Manual Handling Coaches (MHC)	Classroom (F2F)	All Wales	ESR (H&S)	5 Day course

#### Note

(\*) Existing Passport holders in V&A and MH trained in other organisations are not recorded on ESR but local records kept.

## Risks (Induction Arrangements)

Area	Comments	Risks/Action
Induction Policy	Induction Policy refers to the need to attend manual handling and V&A training	Policy does not reference other training and competency risks e.g. local procedures
Local Induction	Manual Handling coaches, Fire Wardens etc. should provide local induction	Unclear if consistent across the Health Board No corporate records held. No monitoring etc.
Module A	There is an induction policy that requires staff to complete Module A of the e-learning system in disciplines such as fire, violence and aggression and manual handling	This provides, based upon the low risk profile of the training no compliance for staff undertaking higher risks duties.
General	One report in HSE inspection of delays to staff attending Module D V&A training	No risks. Sufficient 4 day courses for new held (9 courses 144 places). May be a required to wait a short period of time to attend

## 2. Update Training/Refresher Training/Competency Assessments

Depending on their duties and necessary skills staff will receive update training, competency assessments or no further training. Where information is uploaded to ESR this can create the potential risk that performance may be lower (e.g. not all nurses need further updates to violence and aggression foundation training). Table B gives an overview.

Table B				
Training Type	Delivery	Key Content	Records	Comments
<b>Fire Safety</b>				
Fire General	F2F or Online	Various	ESR (automatic) ESR (H&S)	Local records in some areas No ward or Dept specific information
Fire Wardens	F2F	Various	ESR (H&S)	Review update training frequency
Fire Ward/Dept	F2F	Local knowledge e.g. Singleton ward evacuation plans	Unit	Generally Local records only
<b>Violence and Aggression</b>				
Module B	F2F (2 Yearly)	All Wales	ESR (H&S)	Provision based upon Ward/dept training needs analysis
Module B/C	F2F (Annual)	All Wales	ESR (H&S)	Mental Health only
Module D	F2F (Annual)	All Wales	ESR (H&S)	Mental Health only

Training Type	Delivery	Key Content	Records	Comments
<b>Violence and Aggression</b>				
Forensic	F2F	SWUHB system	ESR (H&S)	Mental Health only
V&A PBM	F2F	SWUHB system	ESR (MH/LD)	Mental Health only
V&A specialist e.g. Recovery	F2F	As per risk assessment	ESR (H&S)	Currently not provided
Security Guard	F2F	Specialist skills including restraint	ESR (H&S)	Annual Update
<b>Manual Handling</b>				
Competency Assessments Patient Load	F2F	All Wales	Local MHC record and ESR (H&S)	
Competency Assessments non-Patient Load	F2F	All Wales	Local MHC record and ESR (H&S)	
Specialist	Various	As required	Local MHC record and ESR (H&S)	Includes updates to clinical staff e.g. anaesthetists
Manual Handling Coaches	F2F (Annual)	All Wales	ESR (H&S)	

## Risks

Area	Comments	Risks/Action
Competency Pathways	Limited numbers of agreed competencies  Where specialist training required record keeping may not be effective e.g. grouping of staff to a single refresher code.  ESR does not currently provide the platform to develop individual staff group's competency pathways	Develop agreed pathways for groups of similar staff and signed off by Units and Operational Health and Safety Group.  e.g. Nurse Managers may not need manual handling
Fire Safety online	Module A training may be used by areas such as wards as a way not to release staff to attend classroom sessions	Module A being used to demonstrate compliance without local knowledge of fire risks etc.
Fire Safety Compliance Pathways	Some managers may not be implementing previously agreed training pathways  Confusion over fire training and other strategies	Limited monitoring in place. Consider adding this element to fire risk assessments, manual handling reviews etc.  Develop ward/department training and competency pathways
Manual Handling Coaches	Limited monitoring only by Manual Handling Team visits	Consider as a routine KPI for Health Board and Units

Change management	Changes in risk profile e.g. service change may not be recognised by local manager as requiring different training arrangements  Previous training arrangements changed e.g. by formation of Units	Develop ward/department training and competency pathways
Monitoring	Poor monitoring of training and competency performance generally at all levels of the Health Board	Develop KPIs (consider rolling programme of KPIs) and periodically monitor available training and competency data.

### 3. **Recommendations**

- 3.1 Develop clear competency pathways for groups of staff and pathways agreed at SWUHB Operational Health and Safety group. These pathways
- 3.2 Confirm competency pathways for each unit and other relevant management areas e.g. Support Services and Estates via their Unit Governance Structures
- 3.3 Competency pathways to be recorded at ward and departmental level and linked to local risk assessment
- 3.4 Monitoring of key indicators to be developed. Based upon the potentially large number of potential indicators consider a rolling programme of indicators (also link them to any formal audits or reviews made any risk topics such as fire and manual handling).
- 3.5 Use the Key Performance Indicators at all relevant areas of the Health Board