

Health and Safety Annual Report 5 August 2019

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Agenda Item No: 7.7

Trust Board Report

Meeting Date:	5 th August 2019
Title:	Health & Safety Annual Report
Executive Summary:	To inform the committee of the activities of the Health and Safety Steering Group for the period 1 st April 2018 to 31 st March 2019.
Action Requested:	<p>The Board can do one or more of the following:</p> <p>Receive and note, The document has been received and approved by Health & Safety Steering Group, Quality Governance Assurance Committee, Compliance & Oversight Group and received to note by Trust Management Committee.</p>
For the attention of the Board	This Annual report captures the achievements and performance with regard to the management of Health & Safety for 2018/19 and highlights those areas the Trust needs to improve on to continue to make The Royal Wolverhampton NHS Trust a safe place for both staff and service users. The main areas of which are summarised below;
Assure	<ul style="list-style-type: none"> • RWT has not received any HSE visits 2.0 p3 • Security Management Team Award 2.1 p9 • Overall Incident statistics reduced 5.4 p19 • Improved sharing of messages 4.4 p14 • Improved Mandatory Training compliance 4.5 p15 • RIDDOR reportable incidents reduced 5.4 p20 • Defending personal injury claims 4.2 Table 10 p23 • PAM Compliance improving App 1 & p34 • Cytotoxic drug compliance improved App1 p34 • Bedrail compliance improved App1 p34
Advise	<ul style="list-style-type: none"> • Sharps incidents not reduced 2.1 p6 • Health Surveillance (HAVS & Driving) 2.1 & App 1 • Audit programme not achieved 5.1 p17 • Pressure systems compliance with regulations App1 p33 & App2 p36 • Tenanted buildings assurances
Alert	<ul style="list-style-type: none"> • 1 Safety alert response - overdue 7.0 p26 • 8 departments have an overall audit rating of RED (significant gaps in documentation) 5.1 p17
Author + Contact Details:	Tel 01902 695114 Email Margaret.simcock@nhs.net
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 6. Be in the top 25% of all key performance indicators
Resource Implications:	<p>Revenue: None Capital: None Workforce: Vacancies held in H&S Team (2 wte), Safety Representatives – all areas time allowed to undertake H&S responsibilities. Funding Source: None (if none, state 'none')</p>
Report Data Caveats	<i>This is a standard report using data provided from Datix/Audits and Reviews all data relating to the period between 1st April 2018 to 31st March 2019.</i>

CQC Domains	Safe: patients, staff and the public are protected from abuse and avoidable harm. Responsive: services are organised so that they meet people's needs. Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	No impact identified.
Risks: BAF/ TRR	
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	Board Committees Quality Governance Assurance Committee Trust Management Committee Compliance Oversight Group Health & Safety Steering Group
References	If required/appropriate e.g. if addressing a national policy priority.
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
1	<p>This report looks back on another year of positive progress for the Trust with regard to the management of Health & Safety. It captures achievements and performance during 2018/19, and how resources have been used and continues to be used to help make The Royal Wolverhampton NHS Trust (RWT) a safer place for both its staff and service users.</p> <p>The approach of identifying gaps and risks associated with any of the Health & Safety regulations benefits the Trust in gaining a wider picture of Health & Safety compliance. This is reflected in the diversity of our achievements, we continue to:</p> <ul style="list-style-type: none"> • Actively engage those who influence Health and Safety across the Trust to produce and refine the risk profile for all areas identified under the regulations of Health and Safety. • Securing improvements to the management of risk through direct interaction with areas/Departments/Directorates. • Actively engaging Health & Safety representatives across the Trust. • Actively supporting those areas that fail to meet their obligations in an effort to help them improve • Actively monitoring HSE enforcement actions and notices ensuring that they are shared with the relevant specialists across the Trust for learning

Appendices	
1	Appendix 1 – Health & Safety 2018/19 Annual Report.

Health and Safety Annual Report
2018/19

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2.0 Executive Summary

This report looks back on another year of positive progress for the Trust with regard to the management of Health & Safety. It captures achievements and performance during 2018/19, and how resources have been used and continues to be used to help make The Royal Wolverhampton NHS Trust (RWT) a safer place for both its staff and service users.

The approach of identifying gaps and risks associated with any of the Health & Safety regulations benefits the Trust in gaining a wider picture of Health & Safety compliance. This is reflected in the diversity of our achievements, we continue to:

- actively engaging those who influence Health and Safety across the Trust to produce and refine the risk profile for all areas identified under the regulations of Health and Safety.
- securing improvements to the management of risk through direct interaction with areas/Departments/Directorates.
- actively engaging Health & Safety representatives across the Trust.
- actively supporting those areas that fail to meet their obligations in an effort to help them improve
- actively monitoring HSE enforcement actions and notices ensuring that they are shared with the relevant specialists across the Trust for learning

It is good to say that this year 2018/19 RWT has not received any visits from the Health and Safety Executive (HSE), however we do continue support the asks of the CQC and the internal Quality Review Visits, providing information and data as requested.

Whilst the Trust's safety performance is good, there remains room for further improvement. In the last 12 months 1136 Health & Safety incidents have been reported through Datix as at 31/03/2019 which equates to 139(160)* incidents per/1000 whole time equivalent (WTE)¹. There has been a 6.73% reduction in the number of health and safety incidents when comparing 2018-2019 to 2017-2018, continuing the downward trend. (refer to section 5.4 for more detail).

Focus remains on the high incident reporting areas; ensuring investigations are undertaken where needed and risk assessments reviewed to improve control measures. Emphasis continues on sharing lessons identified across the Trust, using various forums to do this including the Safety Representative Forum, Risk Newsletter 'Risky Business' and direct email when appropriate.

This would indicate that RWT has continued their challenge to reduce adverse incidents overall this year which indicates the targeted work with high risk areas undertaken by the Health and Safety Officers continues to pay dividends.

¹ Whole time equivalent figures provided by RWT Workforce as at 31/08/2019 as **8163.10**

*Previous year ()

The Trust health and safety risk profile continues to be maintained and shows a risk based compliance level with relevant HSE legislation. Work continues with the specialist subject leads to identify gaps and provide action plans to fill these gaps giving the Board an improved assurance around compliance with the Regulations. (refer to appendix 1). Estates and Facilities continue with their work programme to achieve compliance with the Premises Assurance Model (PAM) accreditation system and are making good progress with this improving the robustness of assurance received from Estates. Estates Facilities continue to maintain their CHAS (Contractors Health & Safety Assessment Scheme) accreditation allowing them to work as approved contractors.

The progress of the past year has only been possible through the collective efforts of the Health and Safety team and colleagues across the Trust. It has been a busy and demanding year, and we thank them all for their continued efforts.

From the areas audited throughout the year those listed below require follow up of audits as their overall rating is RED (RED – significant gaps in documentation to address). **(As at 31/3/19)**

Division 1	Division 2	Division 3	E&F
Maxillo-Facial Laboratory Maternity Reception Maternity Administration C55 AEC	C25 Renal	Coalway Road Health Centre Warstones Medical Centre	Housekeeping NX

(refer to section 5.1 for further information)

Safety alerts have proved challenging this year as they can at times be quite complex at the time of writing the report one NHS PSA alert is overdue response and remains open on the CAS system due to inappropriate lead being identified. (Refer to section 7 for further information)

Introduction

The health and safety risk profile is developing locally within the areas responsible with reporting into Health and Safety Steering Group (HSSG) to monitor the Trust risk level. The planned review of compliance against the HSE Regulations independent of the specialist lead responsible has commenced, topics reviewed to date include: Driving for Work (HS33), Stress, Management of Contractors, Health Surveillance and as a result of Safety Alerts there has been some significant work on Ligatures.

The H&S team continues to work at a reduced capacity having been unsuccessful with the recruitment process: 1 qualified wte, 1 p/t qualified (bank worker) and 1 x support officer and intermittently we are trialling the effectiveness of an admin support officer (B2).

The Trust continues to receive first line assurance from the specialty leads through their business as usual process/external audits which have been used to make a judgement on the current status of risk.

The HS33 **Driving for Work- all vehicles** (including Tugs) **Policy** was audited in year with a view to it becoming a protocol within HS01 Management of H&S depending on the audit outcome. The audit outcome did not improve and it has therefore been decided that the policy

would remain a further year in conjunction with targeted support to those areas with the highest risk in relation to this regulation (e.g. Porterage/Estates/RDC)

Estates Management

The Royal Wolverhampton Trust **Estates Management** Team continues to maintain their accreditation of The Contractors Health and Safety Accreditation Scheme CHAS. This has enabled Estates to achieve approved contractor status under CDM regulations to undertake project work on behalf of the Estates Development Department or other third party organisations. The adoption of the PAM system within their management system is proving successful with all documentation being reviewed, and systems and processes embedded.

Waste Management

The incinerator project has continued throughout the year, it is hoped that the Trust will have beneficial use mid-June `19 with commissioning and handover to the Trust late August 2019.

To ensure the waste streams are being segregated correctly and to further expand the introduction of offensive waste the Trust has employed a Waste and Recycling Sustainability Officer. The intention is to identify the wards/department that produce offensive waste over the next 12 months. The Sustainability Officer will also carry out waste audits to increase compliance across the Trust. July `18 saw the introduction of an offensive waste collection and disposal service on the Dementia ward.

Fire Safety

During the last twelve months, The Royal Wolverhampton NHS Trust has continued to improve its fire safety provision, in relation to current legislative requirements. (refer to the Trust Fire Safety Annual Report)

The Trust Fire Safety team, supported by the Fire Safety Group continue to provide assurance that the Trust maintains an effective approach to the management of fire safety.

Occupational Health & Wellbeing

Occupational Health & Wellbeing Team continue with their health surveillance programme working well with Pathology and Theatres, gaps have been identified with regard to completing drivers medicals which has been identified through the review of the Driving for Work Policy /HSE Guidance. The Driving for Work Policy is being reviewed to provide clear guidance for Managers of their responsibility for health surveillance. Estates and Facilities remain a gap in terms of health surveillance for Hand and arm vibration (HAVS) – the action being taken to address this is Estates grounds section have reviewed the equipment manufacturers data and the items used by RWT staff are categorised as ‘low vibration/mass’ for operational personnel. However all equipment will be reviewed and risk assessed accordingly with staff referred for health surveillance if identified through this process.

The Trust continues to monitor sharps and encourage the procurement and use of safety devices where possible via the Inoculations Group. However the last few months has seen no reduction in sharps incidents which is being monitored at IPCG (Infection Prevention Control Group).

Sharps/Splash incidents – 180 incidents in 2018
 176 incidents in 2017
 231 incidents in 2016

Top three instruments involved in incidents are highlighted in the tables below and give a 3 year comparison:

	2018
Splash	27
Sub cut safety needles	22
IM Safety needles	24

Top 3 comparisons		
	2016	2017
Insulin	40	9
Splash	31	34
Suture Needles	22	25

To address this, an awareness campaign is being launched to improve and promote safe use.

Stress Management remains a key issue for the Trust and is monitored for trends.

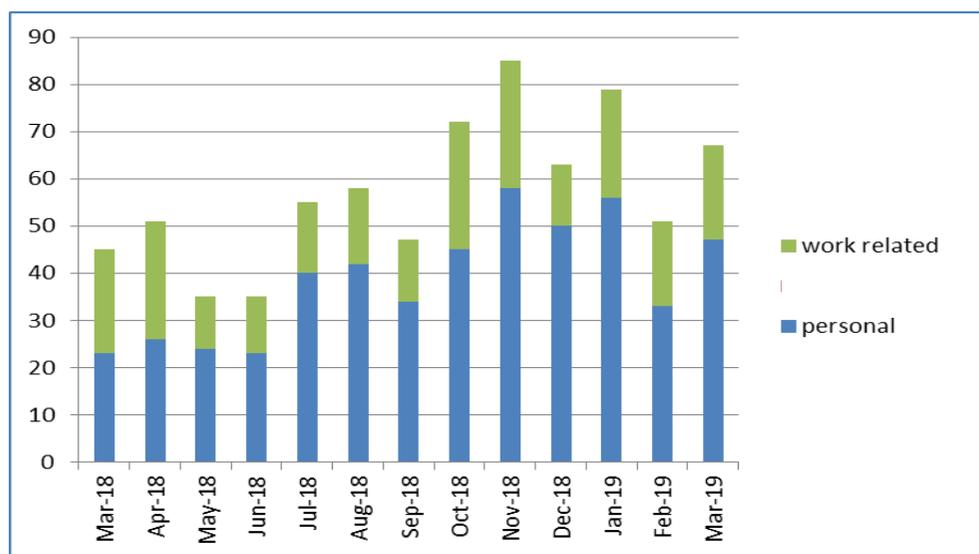
Stress referrals

The chart below shows the monthly new cases related to stress referred to the OH&WB service. All cases are categorised using OH standard categories on the basis that the key stressor determines the category. The categories have changed slightly and now there are only 7 categories which have been grouped in the chart to show the overarching stress causes in relation to personal (category 1), work (categories 2-7). The category 'personal/work' was removed so we're able to challenge and clearly identify if employees were off sick from work due to 'personal' or 'work' stressors. The outcomes of referral cases are reported to managers where appropriate authorisation has been received for managers to undertake individual stress risk assessments accordingly and review their team risk assessments to reflect findings. Some cases where appropriate, will be monitored and supported by Occ.Health offering various wellbeing services.

HSSG has requested non personal-identifiable data i.e. Department/Directorate only be received by the H&S Team to enable them to review team stress risk assessments to ensure controls are sufficient to support individuals as far as is reasonably practicable.

	Reporting criteria	No of referrals	Description
1	Personal	478	Not related to work & no absence from work
2	Work DEMANDS	130	Including issues like workload, work patterns & the work environment
3	Work CONTROL	20	Involving how much say the person has in the way they do their work
4	Work SUPPORT	34	Including encouragement, sponsorship & resources provided by the organisation, line

			management & colleagues
5	Work RELATIONSHIPS	54	Including promoting positive working to avoid conflict & dealing with unacceptable behaviour
6	Work ROLE	12	Including an understanding of one's role within the organisation & whether the organisation ensures that the person does not have conflicting roles
7	Work CHANGE	9	With regard to how organisational change is managed and communicated



The chart above shows the monthly new cases related to stress referred to the OH&WB service.

The introduction of the new Health Assessment form (HAF) to identify existing conditions and to highlight exposure risks so baseline readings could be taken prior to commencement of new person recruited to post has proven successful. The OH&WB Team are now able to introduce baseline reading appointments when managers highlight the exposure risk on the HAF. The only gap identified is driver medicals and Occupational Health is working on this by updating the front page of the HAF.

The health surveillance plan for 2019/20 is as below.

Surveillance	Department involved	Screening Required	Due Date	Comments
WTD	Staff working long hours, nights in accordance with WTD guidance	Questionnaire	Jan-20	

Surveillance	Department involved	Screening Required	Due Date	Comments
Skin Surveillance	All HCWs who use skin sensitisers	Questionnaire	Nov-19	
Formaldehyde	Histopathology	Questionnaire & Spirometry	May-19	09/04/19 sessions on COHORT split between 9/10/23/24 May 2019, 6th June 2019 allocated to complete COSHH forms.
Bone cement	Theatres	Questionnaire & Spirometry	Jun-19	07/05/19 - sessions on COHORT split between 4th & 28th June 2019, and 02/07/19 and time on 04/07/19 allocated to complete paperwork.
Nail Dust	Foot Health	Questionnaire & Spirometry	Jul-19	
Noise	Estates	Questionnaire & Audiometry	Sep-19	
Hand, Arm Vibration	Estates	Questionnaire & HAVS assessment with Peg Board	TBC	Awaiting risk assessment - Health & Safety aware
TB	Respiratory wards, AMU, ED, ICCU, GUM & Respiratory Physiotherapists.	Symptom reminder letter	Oct-19	

Security – Our onsite Security team provided by Carlisle Support Services continues to perform well.

The introduction of Work IT (Smart patrolling and Reporting application) continues to develop with the inclusion of Priority incident rating to enable us to better report on types of incidents rated 1 emergency to 4 routine and scheduled. The team on average are receiving 300 emergency calls a month and are hitting specified targets in attending emergency incidents.

The maternity baby tagging system was successfully upgraded to include the delivery suite and MLU, and all staff were appropriately trained.

The Security Management Team were recognised for their work within the NHS security sector and were successful in winning the Hospital Security Award 2018 from the Health Business Awards.

Infection Prevention

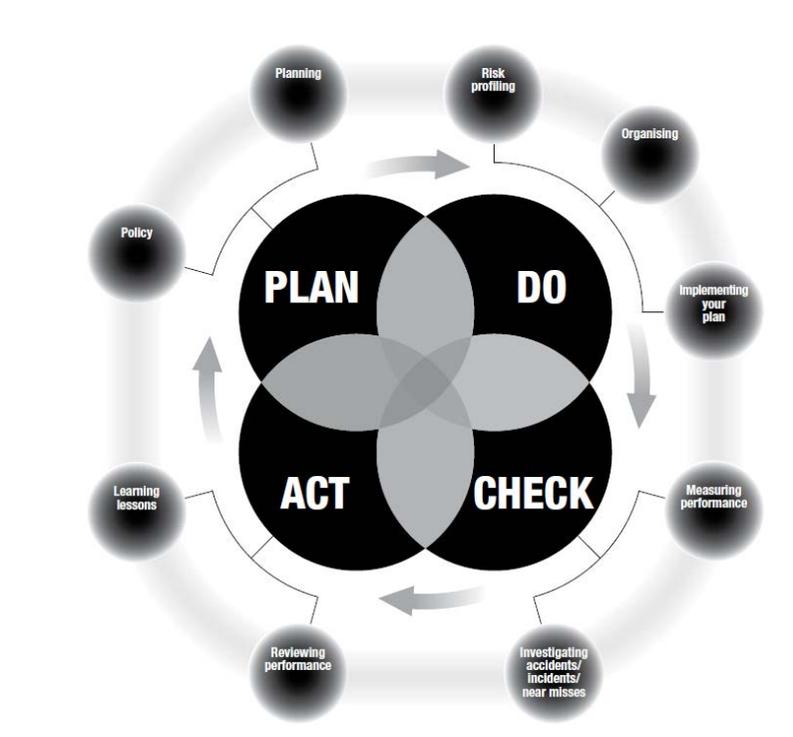
Specific achievements against 2018/19 objectives include the following:

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- *Clostridium difficile* has remained within trajectory this year. At the end of month 11 RWT is 7 under an annual trajectory of 34
- Community TB services have moved to Corporate Support Services. Proactive latent TB case find continues through contact screening and through collaborative working with Wolverhampton City Council and the Refugee and Migrant Centre in the city. The team have commenced BCG vaccinations for eligible 1-17 year olds. The service continues to respond to TB incidents and work collaborative with Public health England.
- The Intravenous Resource Team continues to deliver a high standard of line care with increasing numbers of patients discharged on Outpatient Parenteral Antibiotic Therapy
- Surgical Site Infection (SSI) Surveillance data is shared with Consultant Surgeons via a monthly Dashboard; this will continue into 2019/20 to further support with a reduction in SSI
- Device related bacteraemia in the Trust remains within the internal trajectory. At the end of month 11 there have been 43 with an annual trajectory of 48. Continued communication of community acquired related device related bacteraemia cases is also in place
- Robust catheter robust management and surveillance continues with the Continence Team involved in reviewing residents in care homes for removal of urinary catheters
- Continued outbreak management support to care homes and very sheltered housing establishments across the Wolverhampton health economy, ensuring a seamless service across healthcare facilities throughout the city and reducing norovirus-related hospital admissions to acute services
- The Infection Prevention Scrutiny process continues, which involves clinical areas presenting their investigations for each incidence of infection, to identify themes, risk, lessons learnt and to support with strengthening Governance processes in relation to HCAI
- Partnership working with Walsall Healthcare Trust to develop electronic sharing of infection risks
- Outbreak management for Influenza included dedicated bays to prevent further movement of patients and ward closures
- A process for flu outbreak management and treatment/prophylaxis in care homes continues to prevent admissions to hospital as implemented in 2017/18. This is joint working between the Infection Prevention team and the Rapid Interventions team (RIT)
- Lead on Flu vaccination programme for healthcare workers, achieving 63% uptake of frontline staff
- A gram-negative bloodstream infection action plan is in place to support RWT, CCG and PH to reduce these infections by 50% by 2021
- Recruitment of Sepsis Team to support the Sepsis Lead Consultants to help drive early recognition and management of sepsis at ward level and support a cultural shift across the Organisation and contribute towards reducing the number of preventable deaths due to sepsis

The Trust continues with the HSE model for managing Health and Safety as described in HSG65 to provide an analysis of Health and Safety performance across the Trust for the year April 2018 to March 2019 using the four elements of: Plan, Do, Act, Check.

The Health and Safety team continues to work towards providing a Trust wide risk profile, assuring a safe site, safe plant and equipment for our staff and service users.



3.0 PLAN – Strategy progress

HS01 – Management of Health and Safety continues to be developed and is the main document for managers and safety representative training, compliance with this policy will lead to compliance with legislation. This is monitored through Health and Safety Steering Group.

The following policies were reviewed during the year 2018/19:

Policy No	Policy Title	Reason for update (in year changes only)	Current status	Expiry Date
HS01	Management of H&S	Update of Head Nurse on Policy Statement	Approved April 18	April 2021
HS03	Sharps Safety Policy	Minor amendments around waste and reference to waste policy HS10	Approved Nov 2017	Nov 2020
HS32	Smoking Policy	Full review which is delayed due to new guidance and work with various external bodies on a 'Smokefree Environment'	Draft Policy out for consultation. Policy renamed 'Nicotine Management Policy'	June 2018 extension applied to June 2019. For full review
HS33	Driving for Work	3 yrly review. Minor amendments to include	Draft Policy going to May	May 2022

Policy No	Policy Title	Reason for update (in year changes only)	Current status	Expiry Date
		health surveillance under Managers responsibility	HSSG.	

The Trust Health and Safety Strategy (2015-2020) is progressing, an end of year position is shown below/overleaf. Implementation is progressing, however due to the staff vacancies some areas have been necessarily deferred using a risk prioritised approach. Progress against the strategy is being monitored through HSSG all completed milestones have been reported to HSSG and removed..

Progress statement - Strategy Implementation March 2019

Indicator 1 Health and safety audit process for all Directorates including: self-assessment, incident monitoring, inspections, observations and staff awareness questionnaires.

Milestone	Who:	When:	March 19 update
Completion of H&S Quarterly self-assessment	Dept. /Ward Managers	March 2016 and annually to 2020	Agreed through HSSG to undertake twice yearly self-assessments. Returns monitored at HSSG see 5.1 for latest results.
Interrogation of SharePoint	H&S Officers	Weekly activity to support audit process from July 2015 onwards	Work being undertaken to improve SharePoint, make more user friendly and to cleanse information, unfortunately this is taking longer than expected due to other work commitments. Position statements provided upon request to Directorates.
Review of claims data to identify themes for learning.	H&S Officers/Legal Services	At least quarterly following initial report due July 2018 (claims for last 5 years)	Work re-prioritised due to vacancies. Revisit by Sept 2019.
All departments will receive at least one visit throughout a 12 month period.	H&S Officers	March 15 annually	Resources available have meant that priority areas have been visited (i.e. where high incidents/RIDDORs etc.) and where advice has been sought. (refer to section 5 for Audit outcome)

Indicator 2 All health and safety risk assessments to be stored on the H&S SharePoint folder to enable quality assurance checks and compliance

Milestone	Who:	When:	March 19 update
All documents are kept up to date and relevant	Departments /H&S Officers	December 31 st 2015 onwards	See section 5.0 in main report for end of year position.

Indicator 3 Achieve 100% compliance rate for general risk assessments to be completed by departments, wards or services

Milestone	Who:	When:	March 19 update
All departments to undertake general risk assessments as per the annual audit tool requirements to a quality standard	Departments to undertake risk assessments. Health and Safety Officers to audit via self-assessment and SharePoint	31 st December 2015 on-going review	See section 5.0 in main report for position status.
Monitor Health and Safety documentation	H&S Officers	At least quarterly July 2015 onwards	See section 5.0 in main report for position status.

Indicator 4 Using the average performance statistics for 2014/15 as a baseline indicator to achieve a 25% reduction per annum to 2020 in the number of reported incidents against the following categories : Manual handling(patient & inanimate), Contact, Slips trips falls, V&A, Sharps

An overall reduction of 13.5% has been achieved to date against 2014/15 incident statistics the last 12 months has seen a 6% decrease. (Refer to section 5.4 for further detail)

Indicator 5 Using the average performance statistics for 2014/15 as a baseline indicator to achieve a 35% reduction per annum to 2020 in the number of reported RIDDOR incidents

The Trust has an overall reduction of 65% during the period 2014 – 2019 with the last year showing the highest reduction. (Refer to section 5.4 for further detail)

Indicator 6 Apply for BS18001(now ISO 45001) accreditation to provide assurance the Trust H&S System is suitable for purpose

Indicator closed – cost prohibitive.

The Assurance Framework reporting spreadsheet has proved invaluable, enabling the team to track compliance and identify areas of concern. The framework is continuing to expand and has become the main centre for reporting.

4.0 DO – risk profiling against HSE Legislation, implementation of strategy, organising work,

4.1 Risk Profiling – Progress of risk profiling at RWT

The Trust risk profile continues to evolve and enables us to provide a year on year comparison for progress and brief commentary against each specialist subject/piece of legislation with increased support from the specialty leads.

Data is discussed at local Governance forums, speciality groups as well as Health and Safety Steering Group (HSSG) and is being used to support other externally monitored standards, e.g. the Estates, PAMs system. The HSSG is receiving improved reporting from the specialist leads where the action plan/RAG rating is monitored and challenged where appropriate to closure. Where further assurance is required in relation to a specialist subject, the speciality lead will be invited to provide further assurance.

Appendix 1 provides a Trust Risk profile position as at 31st March 2018 with comparison to 2016/17. Action plans are monitored through speciality groups and HSSG with progress being reflected in the RAG status of the risk profile (more detailed information is available on rating rationale).

***N.B Appendix 2** provides some detail of the explanations provided for the decision on the grading of the risk where position is amber.*

4.2 Audit process

The audit process has continued in 2018/19 with a combination of self-assessment and targeted audit, the aim was for all departments to receive at least 1 visit within the year. Targeted audit was based on higher risk areas determined by previous audit outcomes, incident data including RIDDOR and claims. The areas not audited will have received the self-assessment audit which is issued twice yearly.

4.3 Organising for Health and Safety:

Organising for Health and Safety is the collective label given to activities in three key areas that together promote positive Health and Safety outcomes (Co-operation, Communication and Competence).

The safety representatives remain a key point of contact for Health and Safety within Departments, being the feet on the ground and passing messages onto teams. Health & Safety officers continue to run the Health and Safety Representative training programme along with the Safety Rep Forum which is always well attended. Health and Safety representatives across the Trust remain engaged and quite static in numbers.

Health & Safety officers have continued to provide advice and support when requested and work closely with them. Guest speakers are often in attendance including Infection Prevention, Fire Security and Estates to ensure relevant messages are shared along with any learning and updates to legislation.

Following the success of the Health & Safety Awareness week in previous years the H&S Officers ran their event again across all sites of the Trust in October 2018, once again this proved successful from the feedback evaluation received. Each officer specialised in a topic which was prioritised based on incidents/claims and included manual handling, occupational health and sharps each running a quiz to establish awareness and knowledge. Prizes were awarded to winners drawn from the correct responses.

4.4 Co-operation & Communication

The Health and Safety officers continue to work closely with both the safety representatives and managers supporting with the risk assessment process and providing advice and support. Safety representatives and managers are used as the first point of contact for communicating messages and providing information to staff, disseminating it throughout their department. The Trust has various routes for communication that H&S have access to including the Trusts Governance Risky Business newsletter, All User Bulletins and the Safety Representative Forum and general emails. Any message we need to communicate is undertaken via whichever route is felt to be the most relevant for that message.

Messages shared 2018/19 have in relation to

Message shared	Reason for communication
Safe use of operator chairs	Incidents and claims relating to injuries of users of chairs with castors
Safer Sharps Insulin needles, patients must be issued with the safety insulin mechanism during their stay in hospital	Incidents to staff disposing of or administering insulin using patients own non-safe mechanisms
Health surveillance requirements for users of chemicals	Gap identified by Occ. Health at HSSG
Storage of chemicals	CQC raised concern and also receipt of a safety alert
Use of fans in clinical areas	Receipt of safety alert

4.5 Competence

The Trust continues to offer a variety of training sessions for all staff with specific training for safety representatives and managers to support them in their roles. This training has been very successful with the majority of the safety representatives having completed all training offered.

Table 1

	Div 1	Div 2	Corp	Comm	Unknown	Total	No of Sessions provided	No of Sessions run
Basic Health and Safety	0	0	22	0	0	22	6	1
Risk Assessment Awareness	0	0	0	12	0	12	2	2
COSHH	3	6	2	0	0	11	4	2
Safety Reps	8	12	13	5	3	41	6	5
Total	11	18	37	17	3	86	18	10

Table 2 below shows the compliance rates for mandatory health and safety training across the Trust for the year Apr – Mar 2018/19, compliance targets are set at 95% through Induction Mandatory Training Group (IMTG).

The mandatory e-package training for health and safety was launched in April 2018 so to see the Trust compliance above 95% is very encouraging, thank you to all who have supported these.

First Aid training continues to be a challenge during 2018 as the Trust has been unable to appoint an internal first aid trainer with appropriate qualifications within the H&S team, External procurement of first aid training was not attended to the appropriate level and therefore the session was cancelled. Further sessions have been booked for May 19. To mitigate any risk, all departments are expected to risk assess their need/requirements for first aiders and have control measures in place in case of emergency as per policy HS01 Protocol 9.

Overall H&S training compliance is looking very healthy at year end.

Table 2

Training/Awareness provided	Target group	Compliance/ attendance	Places offered	No. of Trained Staff
First Aid training – no uptake of course offered in November 2018	Nominated First Aid Reps	0	EFAW – 12	0
Manual Handling inanimate	As per Training Needs	98.3% Compliant as at	Compliance rate	1.3% increase in

objects (induction/mandatory)	Analysis(TNA) – OP41	31/3/19	95% as per agreement with the Board	compliance on last year 17/18
Manual Handling (people) (induction/mandatory)	As per TNA – OP41	92.1% Compliant as at 31/3/19		2.1% increase in compliance on 17/18
Health and Safety for Managers (mandatory)	As per Training Needs Analysis (TNA) – OP41	95.4% Compliant as at 31/3/19		Data available on TNA, mandated in 2018
Health and Safety for All Staff (mandatory)	As per Training Needs Analysis (TNA) – OP41	97.2% Compliant as at 31/3/19		Data available on TNA, mandated in 2018

4.6 Implementing

HS01 Management of Health and Safety policy continues to develop and remains the primary Health and Safety policy to comply with HSE Regulations; it provides the documentation and tools for safety representatives and managers and others to manage Health and Safety within their area. Partnering this with the new e-learning packages the Trust has improved its support mechanism to achieve compliance. Risk assessments are taken through the local governance process to ensure they are approved by management then shared for implementation to all relevant staff. All departments work to build a risk profile for their specific service to support the management of Health and Safety, Health and Safety folders are held in all areas for access by all staff at any time and these are checked during the audit process by the Health and Safety officers. The H&S Team continue to work with Departments to improve documentation quality and suitability this has been supported by using SharePoint as the main storage location, SharePoint is currently being reviewed with a view to improving ease of use.

5 CHECK – measuring performance, investigating incidents/near misses

5.1 Measuring performance – Active Monitoring

HS01 sets out the annual Health and Safety audit process, the programme advises on levels of compliance to each area and provides a progress report of compliance to HSSG at each meeting.

The departments listed below require follow up of audits as their overall rating is RED (RED – significant gaps in documentation to address). (As at 31/3/19)

Division 1	Division 2	Division 3	E&F
Maxillo-Facial Laboratory Maternity Reception Maternity Administration C55 AEC	C25 Renal	Coalway Road Health Centre Warstones Medical Centre	Housekeeping NX

Each of these areas has received at least one visit to provide support in improving their position. Reduced variable resource for H&S over the 12 months has prevented all areas from being audited with 58% of the audit programme overall this year being achieved in comparison to 85% last year.–

- **Division 1 - 73% audited**
- **Division 2 – 40% audited**
- **Division 3 – 53% audited**
- **E&F – 40% audited**
- **Corporate – 89% audited**

A risk prioritised approach taken having regard to new services and buildings utilised by the Trust.

- Self-Assessment 1 = 136/225 – 60% returned
- Self-Assessment 2 = 118/225 – 52% returned

Non-returns are reported to Division via the quarterly Divisional health and safety report for monitoring. Health and Safety officers follow up with areas for non-returns on a regular basis. This information is reported and monitored by Health & Safety Steering Group

The areas not audited will have received the self-assessment audit which is issued twice yearly and these areas have been prioritised for the new financial year and although no audit may have been undertaken it does not mean they have not received a visit providing support and or advice.

5.2 Pro-active monitoring

The Health and Safety officers continue to undertake site/department inspections as part of the audit process to assist in the identifying of issues/concerns reporting to the relevant response team.

Datix is scrutinised weekly to review incidents and identify investigation needs, trends and whether all relevant documentation has been completed, from this information the Health and Safety officers trigger communication to the department to review their risk assessments to take into consideration any learning following the incidents and put in additional controls where identified.

As part of the audit process and provision of service, the Health and Safety Officers undertake visual inspections of areas and also observe activity and if poor practice is identified this is raised at the time with managers.

5.3 Reactive monitoring activity

Site Inspections – regular inspections (minimum of one per month) of the site are undertaken by Health and Safety team and concerns are informed to Estates to support their maintenance and repair programme.

Reactive inspections following slip trip fall incidents to review the area for safety purposes and identify control measures to prevent further incidents; these are undertaken by Estates and/or the Health and Safety officers. Direction is also taken from claim investigations and outcomes to improve arrangements in place.

Any serious incident is investigated upon receipt of notification, an example of this is a chemotherapy infusion bag spill which affected several members of staff, on investigation it was identified a giving pump stand had collapsed causing the bag to split, during the investigation it could not be identified if this was human error or equipment failure therefore both had to be addressed, all the stands held in the trust were checked and training on equipment reviewed to include securing the clamp and bag.

5.4 Accidents, ill health and dangerous occurrences

The Trust continues to follow the practice described in HSG65 to have procedures in place for investigating injuries, ill health, property damage, near misses with investigations being proportionate to the event. All incidents reported within the Trust are monitored through HSSG bi-monthly. The criteria for reporting an incident is an occurrence that has caused injury/ill health to anyone or damage to property or nearly happened (near miss) so captures all levels of health and safety incidents.

In addition, in accordance with the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995, RIDDOR, certain incidents must be reported to the HSE within appropriate timescales.

The Trust Risk Management and Patient Safety Policy (OP10) sets out the investigation & escalation process for serious incidents (including RIDDOR). Health and safety Incidents (including RIDDOR) are monitored by the HSSG.

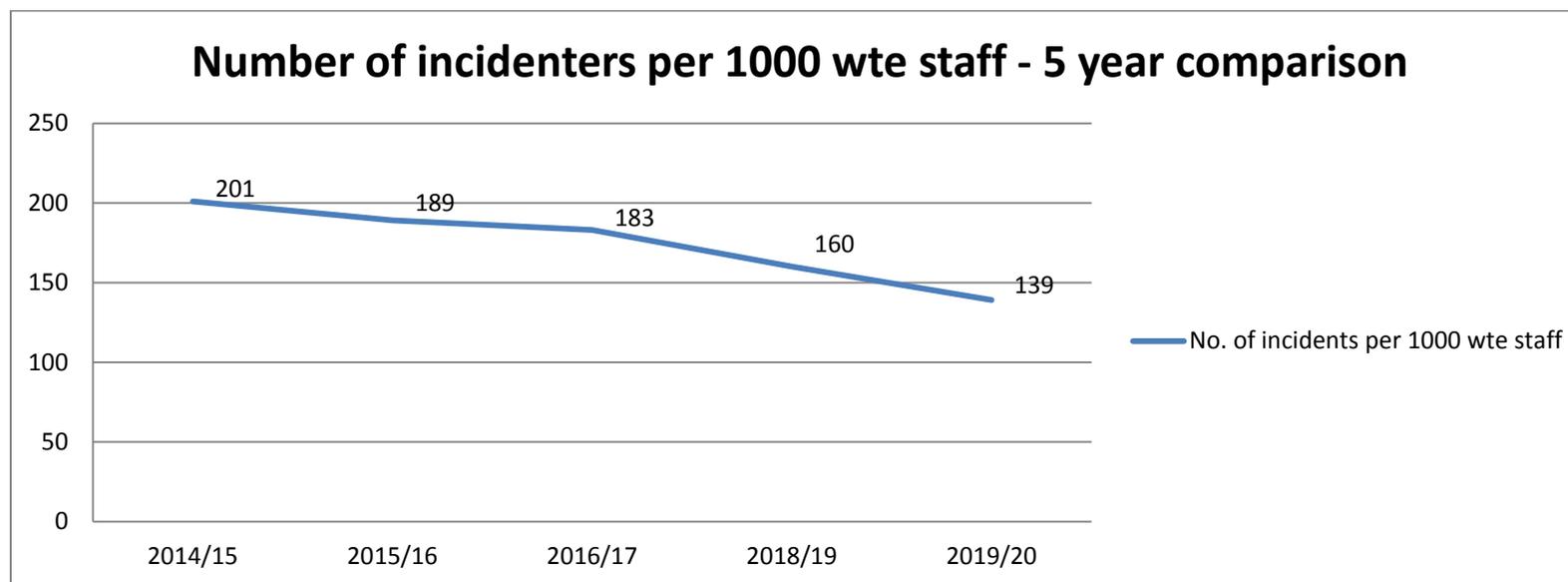
The Trust has seen an overall decrease in incidents reported of 6.73% however, when reviewing the last 4 years based on incidents per 1000 WTE the number of incidents per 1000 WTE staff has fallen (**refer to Table 3**). Focus this year has been on high incident reporting areas, ensuring investigations are undertaken where needed and risk assessments are reviewed to improve control measures where possible to help reduce further incidents. Sharing lessons learnt across the Trust using various forums has also been on the agenda, the Trust Risk Newsletter 'Risky Business', safety rep forums and direct email are used to highlight these. Following last year's spike in the number of RIDDOR's reported, this year 2018/19 has seen a significant decrease(15), slips, trips falls remains the highest cause (10), but this has reduced on last year's 16 (see table 6 for details)

The top 5 reported health and safety related incidents for the year are:

- Sharps incidents (14% increase)
- Personal Contact Injury (4% increase)
- Violence and Aggression (7% decrease)
- Manual Handling (15% decrease overall with patient handling down 20% and inanimate objects down 9%)
- Slips, trips & falls (25% decrease)

It has been identified that incidents involving hazardous substances has a 34% decrease this year on last year.

Table 3



RIDDOR Reporting:

A RIDDOR incident is a certain category of incident or one that has occurred and caused a member of staff to take over 7 days absence from work or an incident involving the public/service users that was caused by the Trust’s actions.

RIDDOR reportable incidents for April to March 2018/19 total 16, **Table 4** shows a breakdown of the incidents by subject and Division.

Table 4

	Slip trip falls (10)	Internal transport (1)	Manual People (1)	Handling Inanimate (2)	Contact (1)
Div 1	2	0	0	0	0
Div 2	3	0	0	0	0
Div 3	0	0	1	0	0
Corporate	1	0	0	0	0
Estates & facilities	3	1	0	1	1
Public	1	0	0	0	0

Table 5 – Total number of RIDDORs reported – 5 year comparison.

Year	No. of RIDDOR Reported	Direction of change	% RIDDOR per Total No of incidents reported in same year.
2018/19	15		1.32%
2017/18	38		3.25%
2016/17	33		2.52%
2015/16	20		1.58%
2014/15	44		3.35%

A total of 1136 incidents categorised on Datix as Health and Safety have been reported during the period of April 18 to March 19. This figure includes RIDDOR and near miss incidents and indicates a 6.73% decrease in the number reported for the same period 17/18 (1218). The table below (6) plots the percentage of RIDDORs per total number of incidents reported in the same year. Table 7 shows a comparison of incidents reported and table 8 gives the incidents by subject activity comparison.

Table 6 - % RIDDORs per total number of incidents reported (5 year comparison)

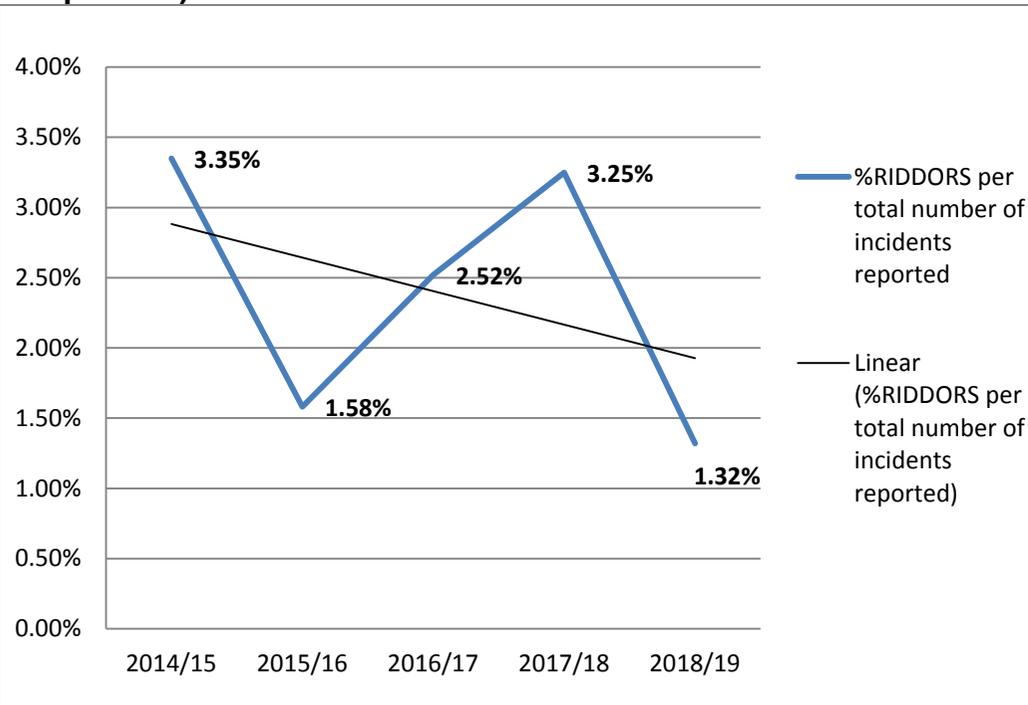
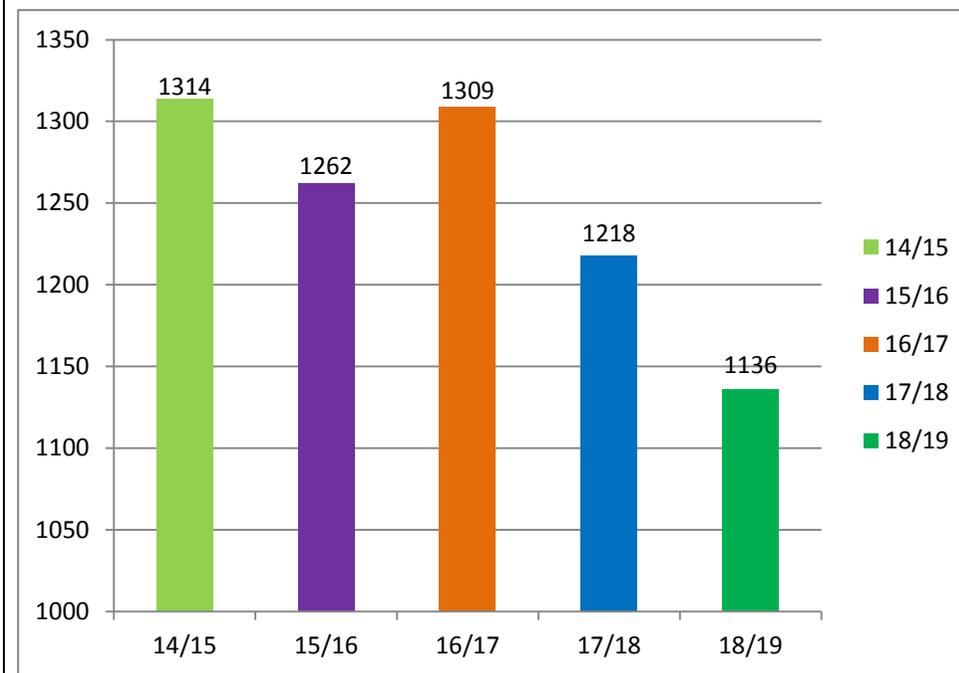


Table 7 – 5 year comparison Health and Safety incident numbers reported



Personal Injury Claims Monitoring – 2017/18

The table below (8) shows a 5 year comparison of the number of new personal injury claims received within this financial year. Table 9 shows claims by subject category:

Table 8

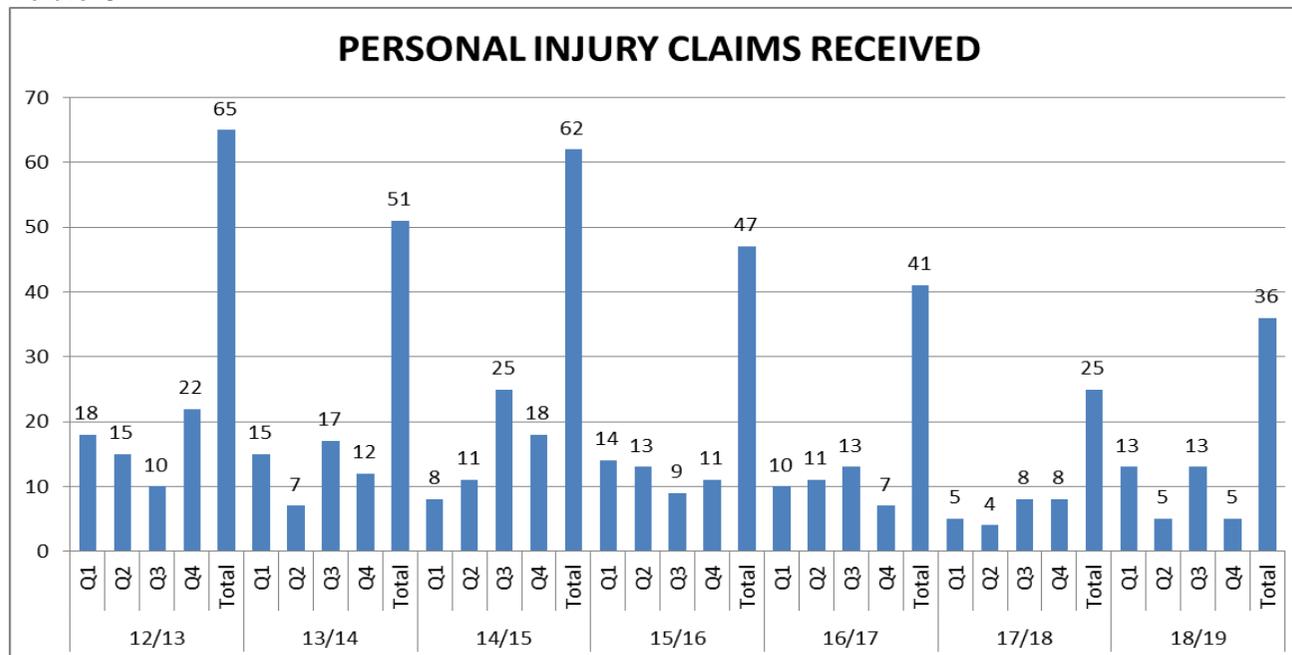
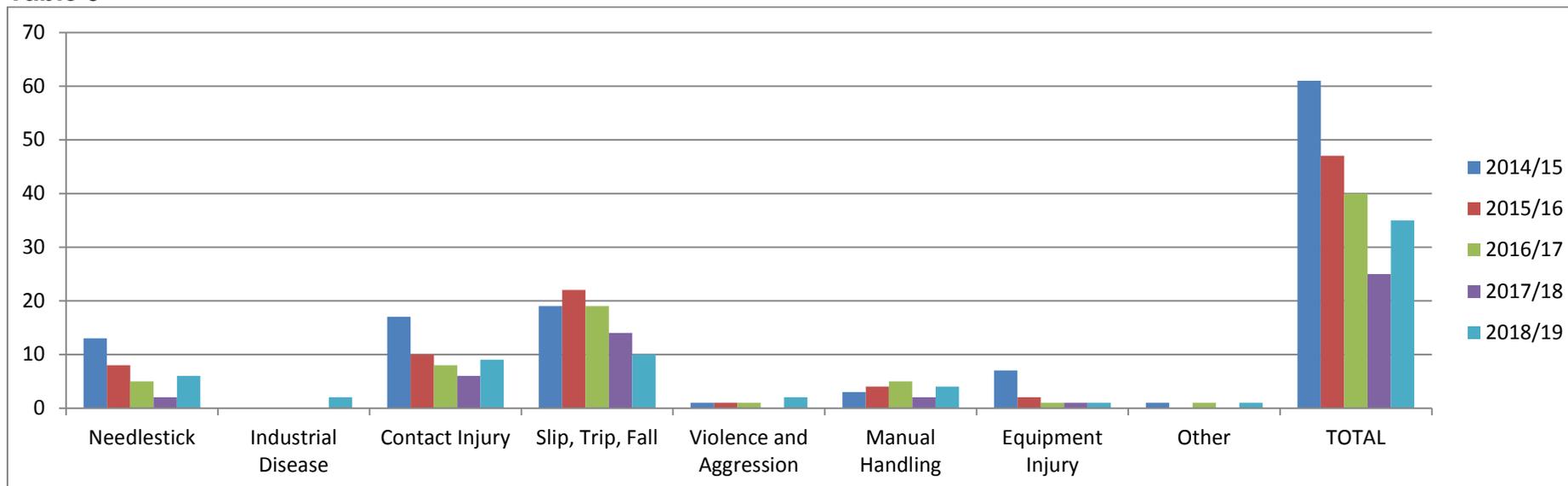


Table 9



A record number of claims closed where a denial had previously been made and no action pursued, resulting in the limitation period to expire. The figures demonstrate that the Trust have settled far less claims and defended more than ever before. Table 10 shows number of claims v costs for the financial year:

Table 10 - End of year financial year table - personal injury claims

Outcome	No of claims	Damages	Claimants costs	Defence costs	Total
Claim dormant for 3 years or more	21	£0	£525	£500	£1,025
Dismissed after full trial	2	£0	£0	£3,525	£3,525
Investigation withdrawn	1	£0	£0	£0	£0
Payment before proceedings served	6	£16,705	£12,017	£757	£29,479
Payment out of Court after proceedings served	16	£148,910	£189,930	£70,189	£409,029
Totals	46	£165,615	£202,472	£74,971	£443,058

5.5 Investigate the causes of accidents, incidents or near misses;

OP10 the Risk Management and Patient Safety Reporting Policy continues to manage incident reporting and the level of investigation required. We continue to investigate all RIDDOR incidents, to assist with this process there are various investigation forms available, with topic specific for sharps and slip/ trip/falls. When a RIDDOR is received the H&S Officer provides support to departments when requested, and ensures reporting timeframes are met. The process has improved from the provision of documentation perspective; however the H&S Team continue to work with department to further improve the quality of investigations undertaken and sharing of lessons.

Where learning has been identified it is shared through various means of communication including Risky Business Newsletter, Safety Spot Newsletter, personal email, HSSG and Safety Representatives Forum.

6.0 ACT –reviewing performance and learning lessons

In the context of HSG65 this policy requires the Trust to review performance and take action on any gaps highlighted and also take action on lessons learned. The H&S Risk Profile supports this with the reporting into HSSG by subject specialists, it also forms part of the H&S Teams working day, with regular reviews to identify high risk areas using incident data and audit outcomes.

6.1 Performance review:

Quarterly reports are provided against all indicators identified in the H&S Strategy, these go to Divisions, HSSG and QSAG to ensure monitoring of the Trust performance with regard to Health & Safety compliance. The Health and Safety work plan 2018/19 will further improve this process once indicators have been reviewed to meet current demands. Refer to section 2 above for current position.

6.2 Learning from other organisations

HSSG review enforcement notices issued by the HSE in the UK, and where applicable instigate preventative actions to assess the risk and prevent the incident within RWT. The following are examples of Notices/Prosecutions of NHS organisations, these are circulated to the relevant specialist lead for information and assurance that RWT has sufficient controls in place to prevent such incidents occurring:

Examples of recent fines/Notices in the NHS are:

Case	Defendant	Hearing date	Fine £	Description of case	RWT Lead
44796120/01	Royal United Hospital (Bath) NHS Trust	20/04/18	300,000.00	Health and Safety At Work Act 1974 / 3/ Legionnaires - the Trust had failed to put in place all of the necessary precautions to minimise the risk to patients in the annex to the William Budd ward from exposure to legionella.	Estates & Facilities
45263750/01	Southern Health NHS Foundation Trust	26/03/18	950,000.00	Health and Safety At Work Act 1974 / 3 / 1 A mental health inpatient who expressed suicidal ideation on the Winsor Ward at Woodhaven Adult Mental Health hospital at Southern Health NHS Foundation Trust, attempted to self-harm by going to the telephone kiosk on the ward and tying the telephone cord around her neck and hooking the handset of the telephone on top of the ledge of the telephone unit to form a secure noose. The alarm was raised and was taken to Southampton General Hospital. They later died in hospital on 25th April 2012	Estate Developments Ward Managers
44981180/01	Southern Health NHS Foundation Trust	19/03/18	1,050,000.00	Health and Safety At Work Act 1974 / 3 / 1 failure to monitor safety of patients while bathing leading to fatality.	Ward Managers
308952056	University Hospitals Birmingham NHS Foundation Tru	01/05/18	Improvement Notice	Health & Safety At Work Act 1974 / 2 Workplace H&S At Work Regs / 4 & 17 failure to ensure that the staff car park at the workplace has been arranged in such a way that pedestrians and vehicles can circulate in a safe manner	Estates Developments/ Estates & Facilities
309064938	Alderhay Children's NHS Foundation Trust	12/6/18	Improvement Notice	Management of H&S at Work Regs 1999/5/1 Inadequate health and safety management arrangements of planning, organising, control, monitoring and review of the preventative and protective measures and procedures necessary to minimise the risk of exposure of employees to Hazard Group (HG) 3 biological agents.	Microbiology Labs
309082863	Imperial College Healthcare NHS Trust	2/7/18	Improvement Notice	Management of H&S @ Work Regs 1999/5/1 Inadequate management arrangements for standard operating procedures associated with work undertaken in the CL3 laboratory. . Arrangements for the review of SOPs fails to identify the hazards of the activity under consideration, identify changes in the procedure (e.g. change in equipment) or take account of other elements, such as human factors, to ensure the written documentation accurately reflects how the procedure should be performed by the employee, nor does it bring the SOP into line with the current North West London Pathology policy for the production of SOPs. This resulted in the use of SOPs by employees that were inadequate and: 1. Did not identify all safety critical steps within the process because of a failure to ensure the risks associated with the process have been suitably and sufficiently assessed; AND 2. Lacked sufficient detail and did not accurately reflect the actual steps to be taken by an employee	Pathology Labs

				to ensure those undertaking the procedure do so without unnecessarily increasing the risk of exposure of themselves, or others (including members of the public) to substances hazardous to health. Furthermore, insufficient resource was assigned to ensure the deficiencies identified through monitoring were acted upon and implemented in a timely manner, resulting in many SOPs that have been subject to a review but are still awaiting necessary changes to be acted upon and implemented.	
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Data courtesy of HSE website

These give a clear message of the importance of complying with health and safety regulations.

The H&S Team also participate in a Regional H&S Group who meet quarterly, any messages received here are shared with HSSG and any other relevant departments.

6.3 Learning from audit/inspection reports

Policy compliance reporting continues to be reported via HSSG bi-monthly and 6 monthly to COG with Divisional reports provided quarterly with compliance position statements. The Health and Safety team continue to strive to improve the information it provides and how it reports the Assurance Framework. Departments are encouraged to share good practice and this is often shared via the Safety Representatives Forum.

7.0 Safety Alerts:

All NHS organisations receive safety alerts these come under several headings each described below:

MDA (medical device alerts)	These are about equipment or sundries used in patient care, if users have experienced problems whilst using the equipment /sundry and there is potential harm to patients they are bound to inform the MHRA (Medicine and Healthcare Products Agency) who will assess the risk and when relevant issue an MDA.
EFN (Estates Facilities Notice)	Issued to inform Trusts of problems highlighted following incidents relating to Plant and Equipment e.g. valves, light fittings etc. most are relating to the electrical systems
EFA (Estates Facilities Alert)	Normally to do with procedures undertaken relating to other Estates Facilities services/equipment.
NHS/PSA/W	Stage 1 – Typically issued in response to a new or under-recognised patient safety issue with the potential to cause death or severe harm. We aim to issue warning alerts as soon as possible after becoming aware of an issue and identifying that healthcare providers could take constructive action to reduce the risk of harm. Warning alerts ask healthcare providers to agree and coordinate an action plan, rather than to simply distribute the alert to frontline staff.
NHS/PSA/Re	Stage 2 – Typically issued in response to a patient safety issue that is already well-known, either because an earlier warning alert has been issued or because they address a widespread patient safety issue. Resource alerts are used to ensure healthcare providers are aware of any substantial new resources that will help to improve patient safety, and ask healthcare providers to plan implementation in a way that ensures sustainable improvement. Highlighted resources will usually have been developed by national bodies, professional organisations or networks.
NHS/PSA/D	Stage 3 - Typically issued because a specific, defined action to reduce harm has been developed and tested to the point where it can be universally adopted, or when an improvement to patient safety relies on standardisation (all

	healthcare providers changing practice or equipment to be consistent with each other) by a set date.
FSN (Field Safety Notice)	Issued by suppliers/manufacturers to inform users of issues identified with their products.
SDA (Supply Disruption Alert)	Issued to inform organisations of major disruption to supply of equipment/sundries.

The use of Health Assure (Allocate) for the management of safety alerts has taken place however, this has had limited success and is due to be relaunched. Unfortunately there is limited response across the Trust which forces the H&S Team to revert to manual chasing of responses which is quite onerous. Table 11 provides detail on the type of alerts received, how many and the Trust responses:

Table 11 Safety Alerts received and responded to (Apr 18 – Mar 19)

YTD received (financial year)		YTD Closed		YTD Open		Open (YTD & Previous years still open)	
MDA's	40	MDA's	32	MDA's	8	MDA's	8
EFN's	9	EFN's	9	EFN's	0	EFN's	0
NHS/PSA/	8	NHS/PSA/	4	NHS/PSA/	4	NHS/PSA/	4
EFA	8	EFA	5	EFA	3	EFA	3
NHSI	1	NHSI	1	NHSI	0	DH	0
SDA	2	SDA	2	SDA	0	SDA	0
Total	68	Total	53	Total	15	Total	15

Overdue Alerts x NHS PSA	1
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At the time of writing the report 1 NHS PSA alert is overdue response and remains open on the CAS system due to inappropriate lead being identified. (NHS/PSA/Re/2018/005 Dysreflexia) there is now an action plan in place with actions underway.

1 x MDA was late in response
 3 x EFA's late response

Alerts relevant across Trust:

EFA 2019 001 Use of Fans in clinical areas, there is an ongoing action plan underway to address this.
 EFA 2018 005 Ligatures – there is an ongoing action plan underway to address this.

This year 2017/18 the Trust achieved 93% responses received within timescales this is a 5% decrease on last year's 98%.

Safety alerts continue to be monitored by external bodies and the Trust works to ensure compliance within time-frames mandated, as a result of the overdue alert the Trust was subject to an FOI request regarding the action taken to implement this alert.

There are two areas that the Trust monitors in terms of the completion of Safety Alerts, The first is that the alerts are responded to appropriately within the time frames mandated and secondly, where action plans remain open following official closure of the alert that all actions are completed. This is currently undertaken by the Health and Safety Steering Group (HSSG), bi-monthly reports are received and any issues highlighted within this report, there is a Divisional compliance report circulated to the Divisional Management Teams that identifies the status of NHSPSAs. The Medical Devices Group manages the responses to all Medical Device alerts and the Medicines Management Group receives reports in relation to all Drug alerts.

To improve on monitoring of internal action plans the Trust is continuing to develop the monitoring/reporting process through Health Assure, a review of the current protocol is also being undertaken to raise awareness of the importance of compliance with response times.

8.0 Moving Forward 2019/20



Following the H&S Good to Great workshop the Team continues to look for new ways of working to assist in the move towards supporting ownership and accountability in Departments developing a hand off process by the Health and Safety Officers moving into “Business as Usual” for the departments.

The Health and Safety Steering Group will continue to challenge the strength of assurance being both provided and received and strengthen where gaps are identified. Continue to use incident data and audit outcomes to identify problem areas, review documentation, escalate risks when relevant; provide support and guidance to help improve the quality and suitability of control measures.

Continue to work towards compliance of the Health and Safety Strategy, developing the risk profile, systems and processes to achieve this. Undertaking gap analysis of HSE regulations v’s RWT Policy/processes and identify action plans to improve the assurance of compliance to the Board.

The training programme continues supported by the e-learning packages to continue to educate and raise awareness of the Health & Safety agenda and support departments and safety reps to undertake their roles.

The Health & Safety Team are working to move audit onto MyAssure in particular the self-audits to improve visibility of results.

An example of planned work for other areas includes:



Estates & Facilities	Waste Management	Infection Prevention	Fire Safety
<ul style="list-style-type: none"> • Re-submission of CHAS documentation to facilitate changes to accreditation. • Estates staff will continue to achieve the CSCS skill card assessments. • Estates and Facilities are continuing to review their Quality, Health, Safety, and Environmental to align their systems to the requirements of the NHS England Premises Assurance Model. (PAM). As 	<ul style="list-style-type: none"> • Increase recycling • Explore bring confidential waste shredding in-house • Explore introduction of recycling bin bank outside UECC 	<ul style="list-style-type: none"> • A strategy for reduction in gram negative bacteraemia (in particular <i>E.coli</i>) • Robust prevention and management of MRSA, MSSA and Carbapenemase Producing Enterbacteriaceae • Continued focus on the environment and sustaining improvements • Influenza preparedness and prevention for patients and staff. 	<ul style="list-style-type: none"> • Continuation of risk management plan. Construction works to remove/replace the failed cladding • Revision of ‘Mandatory Non Clinical’ training presentation Completed and Launched April 2019 • Development of bespoke clinical ‘Fire Scene Manager’ training e-learning presentation Ongoing

<p>part of this requirement all documentation is under review and will be stored on the Planet Enterprize system.</p>		<ul style="list-style-type: none"> • Sepsis Team to help drive early recognition and management of sepsis at ward level and support a cultural shift across the Organisation and contribute towards reducing the number of preventable deaths due to sepsis • Sustain the Trusts' excellent reputation for Infection Prevention through team members' participation in national groups and projects 	
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Summary

2018/19 has been another challenging year for all areas of Health and Safety compliance, reduced staffing levels forced the team to refocus and prioritise areas for audit. The Team has become more reactive this year investigating incidents and events, engaging with Estates projects and external contractors. There is joined up working with regard to the Nicotine Management programme involving wider stakeholders.

The Trust continues to demonstrate it is making good progress in both maintenance of the management of health and safety (i.e. local risk assessments etc.) and in improving the monitoring and reporting of the risk profile and where appropriate expanding the profile. The improved working relationships are supporting all areas to provide assurance of the Trust's position and commitment to complying with HSE Legislation.

9.0 Acknowledgments:

- Tom Butler, Head of Estates
- Priyanka Dhanda, Occupational Health
- Rosi Edwards, Non-Exec Director
- Malcolm Foley, Head of Medical Physics & Clinical Engineering
- Brendan Houston, Portering Services
- Lindsey Ibbs-George, Head of Hotel Services
- Barry Nicholls, Estates Compliance & Helpline Manager
- Keith Massen, Fire Safety
- Rob Millard, Medical Physics
- Richard Penberthy, Waste Manager
- Paul Smith, Security
- Sandra Tang, Pharmacy
- Kim Corbett, Infection Prevention
- Diane Preston, Decontamination Lead

Falls from windows (1)						Equipment safety – medical equipment					Workplace violence					Workplace							
Year	16/17	17/18	18/19			Year	16/17	17/18	18/19			Year	16/17	17/18	18/19			Year	16/17	17/18	18/19		
			int ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan				Int. Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan
			Y	N	Y				Y	N	Y				Y	Y	Y				N	Y	
Low Voltage Systems (Electrical)						Medical Gas Compliance and Authorisation of Processes					Pressure Systems					Latex							
Year	16/17	17/18	18/19			Now considered as part of Medical Gas Systems as discussed with Estates Compliance					Year	16/17	17/18	18/19			Year	16/17	17/18	18/19			
			Int Ass	Ext Ass	Gap Action Plan									Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan	
			Y	Y	N/A									Y	Y	Y				Y	N	N/A	
Patient handling including Bariatric						Air Conditioning Plant					Water Safety (Trust Premises)					Tenants (Safety of staff in non-Trust premises & Co-operation of RWT tenants)							
Year	16/17	17/18	18/19			Year	16/17	17/18	18/19			Year	16/17	17/18	18/19			Year	16/17	17/18	18/19 (no update received)		
			Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan						
			N	N	Y				Y	Y	N/A				Y	Y	N/A				N	N	Y
Workplace Transport Safety HSE Guidance						Estate Quality, Safety & Environmental Management (PAM)					IN SERVICE INSPECTION OF PORTABLE ELECTRICAL EQUIPMENT (PAT Testing)					Health Surveillance							
Year	16/17	17/18	18/19			Year	16/17	17/18	18/19			Year	16/17	17/18	18/19			Year	16/17	17/18	18/19		
			Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan
			P		Y				Y	N	Y				Y	Y	N/A				P	N	Y

Fire Safety						Fire Safety						COSHH						Stress					
Year	16/17	17/18	18/19			Year	16/17 Upgraded	17/18	18/19			Year	16/17	17/18	18/19			Year	16/17	17/18	18/19		
			Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan
			Y	N	Y			Y	Y	Y			Y	N	Y			Y	N	Y			
Infection Prevention						Driving for Work (Community Drivers)						Slips, trips and falls						Bed rails					
Year	16/17	17/18	18/19			Year	16/17	17/18	18/19			Year	16/17	17/18	18/19			Year	16/17	17/18	18/19		
			Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan
			Y	Y	N/A			Y	Y	Y			Y	N	Y			Y	N	N/A			
Security						Cytotoxic drugs						Sharps injuries						First Aid					
Year	16/17	17/18	18/19			Year	16/17	17/18	18/19			Year	16/17	17/18	18/19			Year	16/17	17/18	18/19		
			Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan				Int Ass	Ext Ass	Gap Action Plan
			Y	N	Y			Y	Y	N/A			Y	N	Y			Y	N	Y			

Full details available if required.

Appendix 2 provides some detail of the rationale for the decision of the AMBER graded subjects against the risk profile (provided by specialist leads)

No	Area	EVIDENCE & FAILURE (Photo's - Statement)	RECOMMENDATION	COMPLETION Date
1	<p>Falls from windows Falls from windows or balconies in health and social care (HSE Info 5) MHRA Safety Alert EFA/2012/001 Never Event</p>	<p>There are many different styles and age of windows on the estate and within the wider trust. While they passed the regulations at the time of build, they do not comply with the current regulations. To upgrade these windows will require a business case and an allocation of capital funding. A management plan is in place to upgrade restriction where this is feasible and a range of solutions to the problem are being implemented.</p>	<p>A complete audit of windows has been completed via a third party provider and a list of repairs and non-conformance has been identified. A programme of works has been implemented on a risk based profile as resources allow. Consideration as to the risk profile of the patient group has been taken into account and the programme is being worked through. Every window above the ground floor currently benefits from restriction but improvements are required. It is recommended that NX014 requires new windows as the current windows are original in the majority of cases and are non-compliant and adequate restriction cannot be fitted.</p>	<p>Progressive from 01/06/2019</p>
2	<p>Medical Gas Compliance and Authorisation of Processes HTM 02 MHRA</p>	<p>Medical Gases compliance survey has been completed, however none compliances require Capital investment.</p>	<p>Following the MGPS review of the BOC Medical Gas Compliance audit. Estates have defined and revalidated the individual higher cost items. This have been entered these into the 2019/20 Capital submissions. As departmental activities have allowed a small number of no cost and low cost actions have been completed. Capital funding is still be progressed to address the outstanding points.</p>	<p>2/12/2019</p>

3	Pressure Systems Safety Regulations 2000	Increased Management focus on Pressure Systems required, including but not limited to; New Permit to Work. Pressure Systems Isolations SOP	a) Two Senior Estates managers successfully completed Pressure System Management training and are now certified as Approved Persons (AP) Pressure systems. PTW and Isolations SOP completed and currently awaiting review. LMP Consulting Engineers are to be engaged to agree an overarching corrective action plan. An internal assurance monitoring system to be provided and implemented. The system to incorporate internal auditing.	1/10/2019
4	Decontamination HTM Guidance	Risk Assessments for undertaking decontamination work require development.	JAG audit of all New Cross and CCH arrangements and existing risk assessments have been completed Additionally the Trusts internal audit program is in place.	30/08/2019
5	Decontamination HTM Guidance	SOP's to support the management of the Decontamination require development.	Refresh SOP's for the management of the decontamination, systems and plant currently ongoing.	01/10/2019
6	Radiation IRR99 (HSE) and IRMER2000 (CQC). Lead: Head of Medical Physics	Risk assessment and access control to radiation designated areas lack of information.	Estates review of controls and procedures specifically regarding access and managing work in radiation designated areas still in progress	30/08/2018-01/19/2019
7	Stress (HSE Management Standards)	This is a HSE priority. It has been identified through audit/review that teams undertaking stress risk assessments awareness requires a re-launch.	Stress risk assessments (OH&WB and H&S) have been adopted as part of the Estates Work Place RA procedure.	Sept 2018

Appendix 3

H&S Audit Emerging Risks

	Emerging Risks identified within this report:	Potential impact (including regulation)	Actions	Timeframe	2018/19 update
2018/19	Risk 4663 H&S Team capacity	Failure to meet audit target. Potential gap in assurance against compliance with H&S legislation	All departments have risk assessments. Self-Assessment issued.	August 2019	Explore to appoint. Bank worker to permanent. Review structure.
2018/19	Increased RIDDORs for slip, trip falls & manual handling	Increased claims HSE inspection FFI	Analysis of data for themes and high reporting areas, correlate with personal injury claims and learning.	started c/f 30/9/18	Continue to work with high incident areas. Continue to monitor.

2018/19 Action plan

Action	H&S Strategy Aim/ Indicator	Lead	Timeframe	Activity required
Prioritise depts. Not audited within last year.	Indicator 1	H&S Officers	Sept 2019	Portfolio review for H&S Officers – assign areas to be audited.
First Aid training funding ends March 2018	Indicator 4 & 5	HSIC	Sept 2019	Training provided during 2017, request put in for 2018/19. Unable to recruit first aid trainer to date continuing search further sessions 2018/19. 2019 update capacity issue continues. First Aid training being procured adhoc as required.
Manual handling equipment – insufficient bariatric equipment Inappropriate slide sheets Slide sheets not being used in some areas Broken equipment		Matron Boyce	Dec 2019	Project group meet regularly website developed and currently being populated. Good progress. Policy being drafted. 2019 update The bariatric working group meets bi-monthly to discuss Trust wide incidents/actions/progress The Bariatric web page content has been agreed and is ready for upload onto the Trust intranet A further gap analysis for equipment needs to be completed and agreement with progression of a business case to support this and who should lead
Maintain and develop risk profile	Aim 1.1	HSIC	March 2020	Project work – review regulations/liase with subject leads to assess level of compliance and develop action plan to address gaps. 2019 update commenced during 18/19 and will continue throughout 19/20
Review H&S Indicators	Indicator 4 & 5	HSIC/ Compliance Lead	Sept 2019	Review indicators and monitor part of the Good to Great work plan 2019 update c/f.
Align RIDDOR's with claims for last 3 years and analyse data	Aim 1.4	H&S Team	Sept 2019	Work started, data currently being analysed Review data and report 2019 update continue

Glossary:

HSG65	HSE Managing for Health & Safety Guidance. A framework to oversee an organisation's health and safety arrangements.
Health Technical Memoranda	Give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.
Risk Profiling	Overarching status assessed by Specialist Lead based on the strength of compliance with identified regulations

Definitions:

CAS	Central Alerting System
CDM	Construction Design Management Regulations 2015
CERL	Clinical Equipment Resource Library
CHAS	Contractor Health and Safety Accreditation Scheme
COG	Compliance Oversight Group
COSHH	Control of Substances Hazardous to Health Regulations 2013
CPE	Carbapenemase-producing Enterobacteriaceae
CQC	Care Quality Commission
EFA	Estates Facilities Alerts
EFN	Field Safety Notice
FSN	Field Safety Notice
HSE	Health & Safety Executive
HSSG	Health & Safety Steering Group
HTM	Health Technical Memoranda (HTMs)
IRMER	Ionising Radiation (Medical Exposure) Regulations 2000
LEV	Local Exhaust Ventilation
LOLER	Lifting Operations and Lifting Equipment Regulations 1998
MDA	Medical Device Alerts
MHRA	Medicines and Healthcare products Regulatory Agency
NHS/PSA/D	National Health Service Patient Safety Alert – Directive (Stage 3)
NHS/PSA/Re	National Health Service Patient Safety Alert – Resource (Stage 2)
NHS/PSA/W	National Health Service Patient Safety Alert – Warning (Stage 1)
PAM	Premises Assurance Model (Estates).
PUWER	Provision and Use of Work Equipment Regulations 1998
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
SDA	Supply Disruption Alert

SOP	Standard Operating Procedures
WTE	Whole Time Equivalent