

Trust Board Report

Meeting Date:	2 June 2014
Title:	Health and Safety Report
Executive Summary:	<p>This report informs the Board of the activities undertaken in relation to Health & Safety during the period of October 2013 to March 2014 to bring the reporting period into line following the last report. These activities were based upon achieving implementation of the Trust health and safety strategy. The report covers:</p> <ul style="list-style-type: none"> • Incident monitoring • RIDDOR reporting • Compliance via Audit • Moving forward <p>Evidence shows a reduction in the overall number of incidents reported and a reduction in 4 of the top 5 subjects (section 5 reactive monitoring). There is significant improvement in the outcomes of the annual audit (section 5 active monitoring) assuring the Board risk assessments are in place.</p>
Action Requested:	For information and assurance
Report of:	Activities of the Trust Health & Safety Steering Group
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Resource Implications:	None identified
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	Patient Safety, CQC Registration, NHSLA
Appendices/ References/ Background Reading	Annual report
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <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

Background Details

- 1** The report provides on the progress of health and safety across the Trust. This report provides a review against the Trust's health and safety strategy and is in line with the HSE's guidance HSG65 Managing Health and Safety:
- Policy
 - Organisation
 - Plan and implementation
 - Measure performance
 - Audit & Review
- This report brings the Trust up to date to the end of the financial year March 2014 for health and safety activity.
- HSG Guidance has been reviewed and you should note that the next Annual Report will be structured on the reviewed guidance of Plan, Do, Check & Act.
- The areas to highlight from the report are as follows:
- Progress with the annual health and safety audit tool which provides assurance of compliance with obligations under Health and Safety at Work Act
 - Progress of First Aid Training – the Trust has a programme to continue to meet First Aid Regulations
 - Policy reviews to continue to comply with NHSLA
 - Monitoring of incidents including RIDDOR – show a decrease in the number of incidents reported



HEALTH & SAFETY REPORT October 2013 – March 2014

Contents

1. Introduction.....	5
2. Policy.....	5
3. Organisation.....	6
4. Plan (and Implementation).....	9
5. Measuring Performance, Review & Audit	11
Active Monitoring.....	11
• H&S Risk Assessment status 2013/14 Oct - Mar 6 months	
• FIRST AID Training	14
• SHARPS Activity – EU Directive.....	14
• NHS Litigation Authority (NHSLA)	14
• Legislative consultations/changes	15
Reactive monitoring.....	15
• Health & Safety Incidents:	15
• RIDDOR Reporting:.....	16
• Claim Monitoring – Oct 2013 to Mar 2014	17
• Safety Alerts:.....	17
6. The next 12 months:.....	19

Appendices:

1. Organisational chart
2. First Aid Training results update
3. HSE consultation actions
4. Overdue Safety Alert
5. 2014/15 action plan

Health & Safety Report 2013/14 (5 months Oct 13 – Mar 14)

1. Introduction

The Health and Safety at Work Act 1974 provides a legislative framework to promote, stimulate and encourage high standards of health and safety at work.

In particular it requires organisations to:

- a) Provide a health and safety policy
- b) Provide safe and secure working environment
- c) Provide safe and suitable work equipment
- d) Provide information, instruction, training and supervision
- e) Provide adequate welfare facilities

The legislation is enforced by the Health and Safety Executive (HSE) who have far reaching powers which include:

- Access to work premises at any reasonable hour
- Freedom to interview staff and visitors, contractors or patients
- Confiscation of equipment and applicable documents
- Take statements, photographs, measurements and samples
- Issue notices (Improvement and Prohibition) requiring respectively improvements within a certain timeframe or stopping work until improvements are made also within a timeframe.
- Initiating criminal court proceedings for alleged breaches of Health & Safety (H&S)

This report provides analysis of H&S performance across the Trust for the period of 5 months (October 2013 to March 2014).

The report has been structured using the HSE model of managing health and safety as described in HSG65 HSE Inspection Aide Memoir (POPMAR), the five elements are: Policy, Organisation, Plan, Monitor, Audit and Review.

The sections below will demonstrate how the Trust meets policy and regulatory requirements.

2. Policy

HSG65 guidance recommends that the organisation has an up to date policy that includes a general statement of the intention to protect staff and comply with the law, the policy must:

- Cover all key risks & H&S matters supported by other specialist policies and procedures.
- Set out the strategy for H&S management, risk assessments, risk control systems
- Provide a vision of leadership commitment

The Trust has up to date policies to direct safe practice, minimise risk and promote health, safety and wellbeing of staff patients and visitors. The main policy driving

arrangements for health and safety is the Management of Health and Safety policy (HS01). This is supplemented by more specialist policies e.g. those listed in the table below. Each policy will contain a standard section for audit and monitoring of effectiveness.

During the period October 2013 to March 2014 the following policies were consulted on and approved.

Policy No	Policy Title	Reason for update	Revised Date
New Policy	PAT Testing	To meet HSE legislation	Awaiting final approval at Policy Committee
New Policy	Driving for Work	To meet HSE legislation	Still under consultation
HS07	CAS	Due review	Still under consultation due to new changes to the safety alert system from NHS England Extension requested
HS11	Management of Medical Devices	Minor amends	Sept 2014

Policy – Regulation Requirement	Trust Position	Compliant
Policy up to date and implemented	HS01 in place and monitored	Yes

3. Organisation

HSG 65 recommends that the Trust sets out the specific H&S responsibilities of each role/position and that all key H&S roles are allocated to someone competent to carry them out. People must understand, accept and act on their responsibilities.

Trust policy (HS01) identifies accountabilities of all staff with specific H&S responsibilities in section 3.

HS65 also recommends that the arrangements for managing H&S are set out clearly e.g. for how risk assessments will be completed, implemented and reviewed, how training needs will be identified and met, employees consulted and performance monitored.

HS01 mandates that risk assessments are undertaken by all areas for identified hazards. It also details guidance of how to complete, implement and review a risk assessment and that this process will be audited on an annual basis. The summary for the period October 2013 to March 2014 results is detailed in section 5.

HSG65 guidance also advises that to secure a positive health and safety culture where staff are involved and committed, organisations need to manage 4Cs; Competent workforce/advice; Control, Cooperation, Communication;

Competent Workforce:

The Trust has in HS01 allocated key roles and responsibilities for H&S. The H&S team comprise of qualified:

- 1 x wte Health & Safety Improvement Coordinator
- 3 x wte Health & Safety Officers

To develop workforce competency the Health & Safety team delivers an annual training programme which is targeted as follows:

Training/Awareness implemented 2013/14	Target group
Training programme including risk assessment, DSE, manual handling risk assessments, stress, role of the safety rep, workplace inspections	Safety representatives – **local training record to be centralised
First Aid training	Nominated First Aid Reps refer section 5 for compliance
Individual stress risk assessment advice/guidance	Ad hoc requests from individuals/departments – **local training record to be centralised
Manual Handling inanimate objects (induction/mandatory)	As per TNA – 94.3% Compliant as at 31/3/14
Manual Handling (people) (induction/mandatory)	As per TNA – 89.1% Compliant as at 31/3/14
RIDDOR Reporting	Ad hoc requests – **local training record to be centralised
General health and safety training package (new e-learning package) underway.	All staff **local training record to be centralised
Manual handling inanimate objects (new e-learning package)	As per TNA

** Local training record to be centralised for H&S training in 14/15 - central team are now recording attendance but have not added previous records, this will be completed over the next 3 months.

Advice/Support H&S Representation provided 2012/13	Level of input
Water Safety Working Group	Regular member
Provide support to Occ. Health with DSE/workplace assessments, manual handling risk assessments, return to work assessments	On request
Department stress risk assessment process/support	On request
Department improvement of risk assessment and H&S folder	Identified following audit
H&S officer support assigned to each Department/Directorate	As agreed
Fire Safety Group	Regular member
Medical Devices Sub Group	Regular member
Radiation Safety Committee	Regular member
Security Review Group	Regular member
Estates Developments Project Meetings	Attendee

Advice/Support H&S Representation provided 2012/13	Level of input
Local/Directorate H&S Governance Meetings	On request

Control:

HSG65 expectation is that the Trust establishes and maintains management control of health & safety and promotes effective co-operation and participation of individuals, safety representatives and relevant groups. This includes ensuring that:

- Board member is nominated as a H&S “champion” and is active in the role
- Risk assessment procedures are followed, up to date, relevant & reviewed
- Senior managers lead by example by complying with H&S
- Managers accept responsibility for controlling risk within their area and implement the resources to comply.
- Everyone knows how their performance will be measured and monitored and
- Poor performance is investigated and supported.
- Written safe systems of work are in place for non-routine/infrequent activities
- Roles responsibilities and job descriptions contain relevant reference to H&S

HS01 identifies that the Trust Board Member nominated as H&S “champion” is the Deputy Chief Executive. It also defines the requirement for adherence to safe systems of work which include; hazard identification, completion of risk assessments, manager responsibilities and how compliance with these will be audited and reported.

The Trust has a committee structure to oversee and receive assurance on the management of Health and Safety. The Health & Safety Steering Group (HSSG) is responsible for monitoring H&S performance and reports to the Quality Standards Action Group (QSAG) on a quarterly basis.

Any areas of poor performance following an audit are revisited and support offered within 1 month if they are red, 3 months if amber to follow up outstanding actions and evidence there has been improvement.

All job descriptions of employees include H&S responsibilities.

Co-operation:

HSG65 recommends that legal obligations for informing and consulting employees are met and that staff and representatives are active participants in the H&S system. This includes being involved in:

- Developing policies
- Risk assessments
- Setting standards
- Monitoring
- Investigating through an effective H&S committee or forum
- Meet regularly and be involved in determining priorities

The Trust has a Health & Safety Representatives Forum that meets quarterly throughout the year, held in the Acute and in the Community. The agenda for which includes the above:

Acute site	Community Site
16 th October 2013	22 nd October 2013
12 th December 2013	28 th January 2014
2 nd February 2014	1 st May 2014

7 th May 2014	22 nd July 2014
13 th August 2014	

The HSSG has union membership to enable independent and transparent assurance and challenge to Trust health and safety business.

Communication:

HSG65 recommends that the Trust reviews and publishes updated documentation and training as well as ensuring there is effective communication of necessary information throughout the organisation.

HS01 identifies the lines of communication (Appendix 1)

Communication has been achieved through the following means for the reported period:

- Policies (as per section 1) published on the Trust intranet
- Introduction of a H&S news bulletin ‘Safety Spot’ (issued quarterly), Nov 13, March 14 next one being prepared for mid June 14.
- Use of email to all managers and safety reps to communicate urgent/specific messages e.g. Dec 13 reminder of RIDDOR process and the need to monitor & record over 3 day but less than 7 day absence, also change to COSHH symbols, and reminder to complete security checklists as per requirement of OP26. March 14 follow-up of audits and missing documentation.

Organisation – Regulation Requirement	Trust Position	Compliant
Responsibilities are set out for each role/position	HS01 (Section 3) in place	Yes
Arrangements for managing H&S are set out clearly - Risk assessment process - H&S Annual Audit	HS01 in place HS01 (Appendix 5) HS01 (Section 9)	Yes
Competent Workforce	HS01 (See above) Mandatory Training H&S Representatives (trained)	Yes – Local training records to be centralised 2014/15 - underway
Control	HS01 in place	Yes
Co-operation	H&S Representatives Forum (include staff side) and Divisional/Directorate Meetings	Yes
Communication	HS01 (Appendix 1)	Yes

4. Plan (and Implementation)

HSG65 recommends that the Trust identifies its biggest hazards and risks ensuring there is a clear process for completing, reviewing and controlling them. Implementing identified control measures, prioritising as required.

It also requires the Trust to:

- Develop a clear process for the review and monitoring of action plans
- Consider H&S as part of change i.e. new plant, premises, practices etc.
- Set clear and specific performance standards e.g. training requirements

The Trust identified its H&S priorities for the period reported as: and has specific performance target set for training where available:

Risk Priority	Training Compliance (%)
Manual Handling (Patient Moving)	89.1
Inanimate Objects	94.3
Stress	**local training record to be centralised
Security	**local training record to be centralised
Violence & Aggression (inc. Lone Worker)	97.5
Working at Heights	**local training record to be centralised
Sharps	94.3
Work Equipment (not medical devices)	**local training record to be centralised
COSHH	**local training record to be centralised
Fire	95.4
Personal Protective Equipment	**local training record to be centralised
Working Environment	**local training record to be centralised
First Aid	(Refer to appendix 2)

HS01 instructs each area on the process for hazard identification and risk assessment requirement against the priority areas. Compliance is audited on an annual basis (rolling programme) the results for the period ending 31st March 2014 are located under Measuring Performance (section 5)

Organisation – Regulation Requirement	Trust Position	Compliant
Identify biggest hazards and risks (2013/14) - Slips Trips & Falls - Manual Handling - Sharps - Contact - V&A	HS01 in place and includes all high risk hazards for our Trust. Focused work is identified and commenced to address biggest hazards/trends. New areas have been identified in this reporting period Hazardous substances and Occupational Health will be monitored closely as incidents have increased	Yes
Clear system in place for reviewing and monitoring action plans	Audit process in place (results detailed in Section 5)	Yes
Set clear and specific performance standards	HS01 in place. - Training - RA completed in all areas	Yes

	<ul style="list-style-type: none"> - Annual audit - Safety Rep in all areas 	
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5. Measuring Performance, Review & Audit

Active Monitoring

HSG65 recommends periodic proactive monitoring is undertaken to ensure key risks are controlled and performance standards met; ensuring compliance with policies and risk assessments. The organisation must learn from experience, improve performance (particularly to the H&S management system) and respond to change.

The Trust audits compliance with HS01 policy and reports annually to the HSSG on areas of emerging risk with actions identified to improve.

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 quarterly.

The priorities planned for in 2013/14 were;

- Completion of the annual audit to demonstrate improvement following NHSLA
- Compliance with requirements in relation to First Aid Training.
- Sharps – implementation of safety devices.
- Monitoring of policies to ensure continual compliance with NHSLA standards – the Trust achieved 100% compliance for NHSLA

H&S Risk Assessment status 2013/14 October – March

RA	Apr 2013 to Oct 2013 – 152 Locations			Oct 13 – Mar 14 - 153 locations			Comments
	Red	Amber	Green	Red	Amber	Green	
STFs	11	27	114	3	17	133	
MH (inc. Pts where applicable)	3	22	55	4	17	66	2013/14 66 N/A
MH Inan.	6	63	83	3	35	115	2013/14 0 n/a
DSE	9	5	70	5	4	53	2013/14 – 91 areas N/A
Work Equip.	11	39	30	4	25	100	2013/14– 24 areas N/A
Work Environment	21	8	61	7	3	51	2013/14 – 92 areas N/A
First Aid	6	47	42	2	31	64	2013/14 – 56 areas N/A
COSHH	9	27	105	1	17	105	2013/14 - 30 areas N/A
Sharps	6	18	78	5	15	85	2013/14 – 48 areas N/A
Artificial Light	2	4	9	0	1	10	2013/14 – 142 areas recorded N/A

RA	Apr 2013 to Oct 2013 – 152 Locations			Oct 13 – Mar 14 - 153 locations			Comments
V&A	11	34	106	2	20	106	2013/14 – 25 areas N/A
Lone Worker (where app)	9	8	49	2	10	56	2013/14 – 85 areas N/A
Security	12	33	106	7	23	123	2013/14 – 0 areas N/A
Fire	65	33	56	46	35	72	2013/14 – 0 areas N/A
Working at Heights	18	13	60	7	12	69	2013/14 – 65 areas N/A
PPE	3	10	115	5	2	115	2013/14 – 31 areas N/A
Radiation	0	4	15	1	3	16	2013/14 - 133 areas N/A

RAG scoring key:

Any item missing from audit (e.g. pre assessment/risk assessment)	RED
All items in place but requires improvement e.g. too generic, incorrect form, actions not SMART, overdue actions	AMBER
100% compliant with requirements, in date, actions actively being monitored and closed.	GREEN

Following the annual audit the H&S Officers monitor any area not fully compliant (Red/amber scores) and revisit areas to provide support and advice.

Figures above show some significant improvements.

The annual audit checked the completion of a pre-assessment/checklist which provides consistency and enables a 'suitable and sufficient' risk assessment.

Pre-assessment/checklist requirement completed and in place of the 153 Locations for October 2013 to March 2014; (XX) = previous report

Pre Assessment	153 Locations			N/A
	No = Red	Part = Amber	Yes = Green	
MH Inan.	15 (33)	16 (30)	122 (89)	
DSE	10 (12)	15 (21)	107 (93)	21 (27)
Work Equip.	19 (36)	12 (8)	58 (30)	64 (79)
Work Environment	14 (27)	5 (6)	133 (115)	1 (4)
COSHH	2 (9)	21 (27)	115 (105)	15 (11)
V&A	50 (121)	2 (1)	100 (29)	1 (1)
Security	55 (102)	2 (1)	95 (48)	1(1)

N/A = departments have identified this topic as 'Not applicable' to them so do not require pre-assessments or risk assessments.

An improving position is demonstrated above.

Areas for improvement identified from audit are: **Please note:** (XX) indicates previously reported figures:

Topic	Area for improvement
Locally identified risks as 'Not Applicable'	H&S Officers/Fire & Security team to quality assure correct. Figures above demonstrate progress of this review.
<p>Manual Handling Inanimate Objects</p> <p>Inadequate risk assessments could impact the litigation claim numbers/successful mitigation.</p> <p>Claims reinforce requirement to undertake suitable & sufficient risk assessments (See claims monitoring in Section 5)</p>	<p>20 % (41%) of locations lack adequate pre-assessment checklists to support the risk assessments therefore potential gaps in assurance that all hazards have been considered.</p> <p>There has been an increase in the number of claims settled (in this period) for manual handling but the payments are significantly less which suggests risk assessments have improved.</p>
Stress	Departments must build/develop the existing risk assessment year on year as opposed to a redo of the whole process again year on year. The message has been reiterated to directorates/wards that their current risk assessment needs to be developed, keeping it a live document with regular monitoring and review.
Work Environment	12% (18%) of locations lack adequate pre-assessments checklists to support the risk assessments therefore gaps in assurance that all hazards have been considered exists.
Security	37% (67%) of locations lack adequate pre-assessment/checklists to support the risk assessments therefore gaps in assurance that all hazards have been considered exists.
Violence & Aggression	34% (80%) of locations lack adequate pre-assessments checklists to support the risk assessments therefore gaps in assurance that all hazards have been considered exists. The number of pre-assessments and risk assessments has significantly improved, and there has been a downturn in the number of V&A incidents within the reporting period, however V&A still features as a theme. The gap is in use of a standard hazard spotting checklist for risk assessments will need redress to improve this position.
Work equipment	20% (24%) of locations lack adequate pre-assessments checklists to support the risk assessments therefore gaps in assurance that all hazards have been considered exists.

Though somewhat improved there are still some areas for concern that require some further development work.

FIRST AID Training

Following the integration of community services the Trust successfully gained HSE approval to become a first aid training centre. Funds have been secured for 2014/15 and a business plan has been completed for funds from 2015 onwards for 4 years to ensure the Trust continues to comply with the First Aid Regulations.

The table below shows attendance compliance

Year	No. of courses	Cancelled courses	DNA's	No. trained	Attendance
2012/2013	13	4	29	52	76%
Apr 2013- to date	8	2	12	82	76%

2012/13; 52 Departments/areas were identified as requiring trained persons Appendix 2 shows the breakdown of location where first aider roles are identified.

2013/14; Service changes increased departments/areas to 55 for this period.

Year	Compliant (sufficient trained persons to cover service)	Small dept with 1 trained person ideally require 2 to provide cover arrangements	Larger dept insufficient numbers need to identify more to cover service needs	No trained first aider on site.	Total Departments
2012/13	31	11	2	8	52
2013/14 (to date)	36	9	2	8	55

The 8 areas with no first aider trained are all low risk areas with a clinical presence on site.

SHARPS Safety Working Group Activity – EU Directive

The sharps safety working group are continuously monitoring sharps incidents, the investigation form has been developed to incorporate all information required for legal purposes and Datix now includes a drop down box to identify if it was a safety mechanism or normal sharp involved.

The group has arranged further training on the safety mechanisms currently being used and they are looking at other safety mechanisms available with trials currently underway for Insulin needles.

The group is now established and meeting monthly.

NHS Litigation Authority (NHSLA)

The NHSLA risk management standards have been designed to address organisational, clinical and non-clinical health and safety risks. All members of NHSLA schemes are assessed against the relevant standards.

The Trust achieved level three of the standards and is now working towards a sustainability plan to maintain the achievement. The following list identifies the specific H&S processes

actively monitored that contributed to this assessment. The Trust achieved 50/50 following its assessment in September 2013 with all of the following Health and Safety elements found to be compliant.

- Stress Indicators/Risk Assessments
- Secure Environment
- Violence & Aggression
- Slips, Trips and Falls (Staff and Others)
- Moving and Handling
- Inoculation Incidents
- Maintenance of Medical Devices & Equipment
- Medical Devices Training

Currently assessments are not being undertaken however the Trust must continue to work towards reducing incidents and claims.

Legislative consultations/changes

The HSE began a 'Fee for Intervention' (FFI) cost recovery scheme on 1 October 2012 which means the Trust could now be held liable for the HSE's inspection, investigation and enforcement action costs if a breach of health and safety is identified. The FFI hourly rate for 2013-14 is £124.00. There is still no information available from the HSE regarding costs to the NHS since the start of the new scheme.

No enforcement notices have been issued to the Trust within the period of this report.

16 Enforcement notices have been issued against other NHS Trusts including 1 prohibition

There have not been any relevant HSE legislative consultations during the period of this report.

Reactive monitoring

HSG65 requires that procedures are in place for investigating injuries, ill health, property damage, near misses with investigations being proportionate to the event. In accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), 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). H&S Incidents (including RIDDOR) are monitored by the HSSG.

The Trust policy Management of Safety Alerts (HS07) sets out the process for monitoring compliance with all Safety Alerts the results are monitored by HSSG and reported to Quality Standards Action Group (QSAG). Overdue alerts are escalated and monitored by Patient Safety Improvement Group (PSIG).

Health & Safety Incidentsⁱ:

A total of 582 incidents have been reported during the period of October 2013 to March 2014, which indicates a decrease in the number of incidents reported for the same period 12/13 of 11%. The table below shows this is a positive move in the right direction:

Year (6 mths)	Incident Nos.
13/14	582

12/13	652
11/12	626

The top 5 incidents reported in for the period **Oct 2013 to March 2014** are:

Category	13/14	12/13	% Change	Direction
Violence & Aggression	202	250	19%	↓
Sharps	108	112	4%	↓
STF	101	113	11%	↓
Contact	69	77	10%	↓
Manual Handling	56	51	9%	↑

During this period there was an increase in the number of incidents involving hazardous substances (7%) and occupational health (25%) however these have not replaced the top 5.

RIDDOR Reporting:

There was good compliance with the reporting and investigation of RIDDOR incidents during the period **October 2013 to March 2014**; 13 RIDDOR incidents were reported during this period.

RIDDOR reporting timescales changed in April 2012 from over 3 days absence to over 7 days absence.

The number of RIDDOR incidents has reduced in comparison to the same period in the previous 2 years.

Year	No. of RIDDOR Reported	Direction of change
2011/2012	33	↓
2012/2013	14	↓
Oct 2013 – Mar 14	13	↓

The Table below shows a breakdown of **RIDDOR Incidents by Directorate and Category for the reporting period October 13 to March 14**

	Contact	Breach of confidentiality	Internal transport	Manual handling activity	Occupational health	Patient - health & safety	Slips, trips & falls	Total
Community Adult Services	0	0	1	1	0	0	1	3
Facilities	1	0	0	1	0	0	1	3
General Medicine	0	0	0	0	0	1	0	1
IM&T Services	0	0	0	0	1	0	0	1
Medical Physics	0	0	0	0	0	0	1	1
Obstetrics & Gynaecology	0	0	0	0	0	0	1	1
Paediatrics	0	1	0	0	0	0	0	1
Pathology Services	0	0	0	1	0	0	0	1
Respiratory	0	0	0	0	0	1	0	1
Therapy Services	0	0	0	0	0	1	0	1
Totals:	1	1	1	3	1	3	4	14

A further regulatory change in October 13 to RIDDOR regulations requires the Trust to record and monitor over 3 day absences as a result of injury whilst at work. These incidents are not required to be reported to HSE, the requirement is to evidence and monitor the investigation of the incidents. This has been added to Datix and compliance will be monitored by HSSG.

Claim Monitoring – October 2013 – March 14

Claims settled during period

Subtype	Number of claims	Damages (Quantum) £	Claimants Costs £	Defence costs £	Total £
Contact Injury	4	4850	10369	759	15978
Manual Handling	3	800	466	1100	2366
Needlestick	8	12200	35333	3514	51047
Other	2	3700	8500	1912	14112
Slip, Trip, Fall	12	64537	66231	4819	135587
Total	29	£86,087	£120,899	£12,104	£219,090

Claims successfully defended during period

Subtype	Claims	Damages (Quantum)	Claimants costs	Defence costs	Total
Manual Handling	1			200	200
Other (noise exposure)	1			200	200
Totals	2			£400	£400

Safety Alerts:

The Trust monitors the implementation of safety alerts received and reports regularly on the compliance rate. The final report for April 13 – Mar 14 is shown in fig 1

Fig 1.(Apr 13 – Mar 14)

Safety Alert status as at 31/3/14									
Alerts received		YTD received (financial year)		YTD Closed		YTD Open		Open (YTD & Previous years still open)	
MDA's	4	MDA's	78	MDA's	75	MDA's	3	MDA's	0
EFN's	14	EFN's	79	EFN's	70	EFN's	9	EFN's	0
NHS/PSA/	5	NHS/PSA/W	8	NHS/PSA/W	4	NHS/PSA/W	4	NHS/PSA/W	0
DH	0	EFA	2	EFA	0	EFA	2	NPSA's	1
EFA	1	DH	1	DH	1	DH	0	DH	
Total	24	Total	168		150	Total	18	Total	1
								Overdue Alerts x NPSA	1
								Overdue MDA alert	0

There is 1 overdue compliance response for the period up to March 2014 (see appendix 4)

Organisation – Regulation Requirement	Trust Position	Compliant
Active monitoring of key risks (ensuring compliance with policies and risk assessments)	Annual H&S Audit	Yes
	Improvement plan in place and monitored.	Yes
Reactive monitoring procedures in place:	Incidents	Yes
	RIDDOR	Yes
	Safety Alerts	Yes
	Claims	Yes

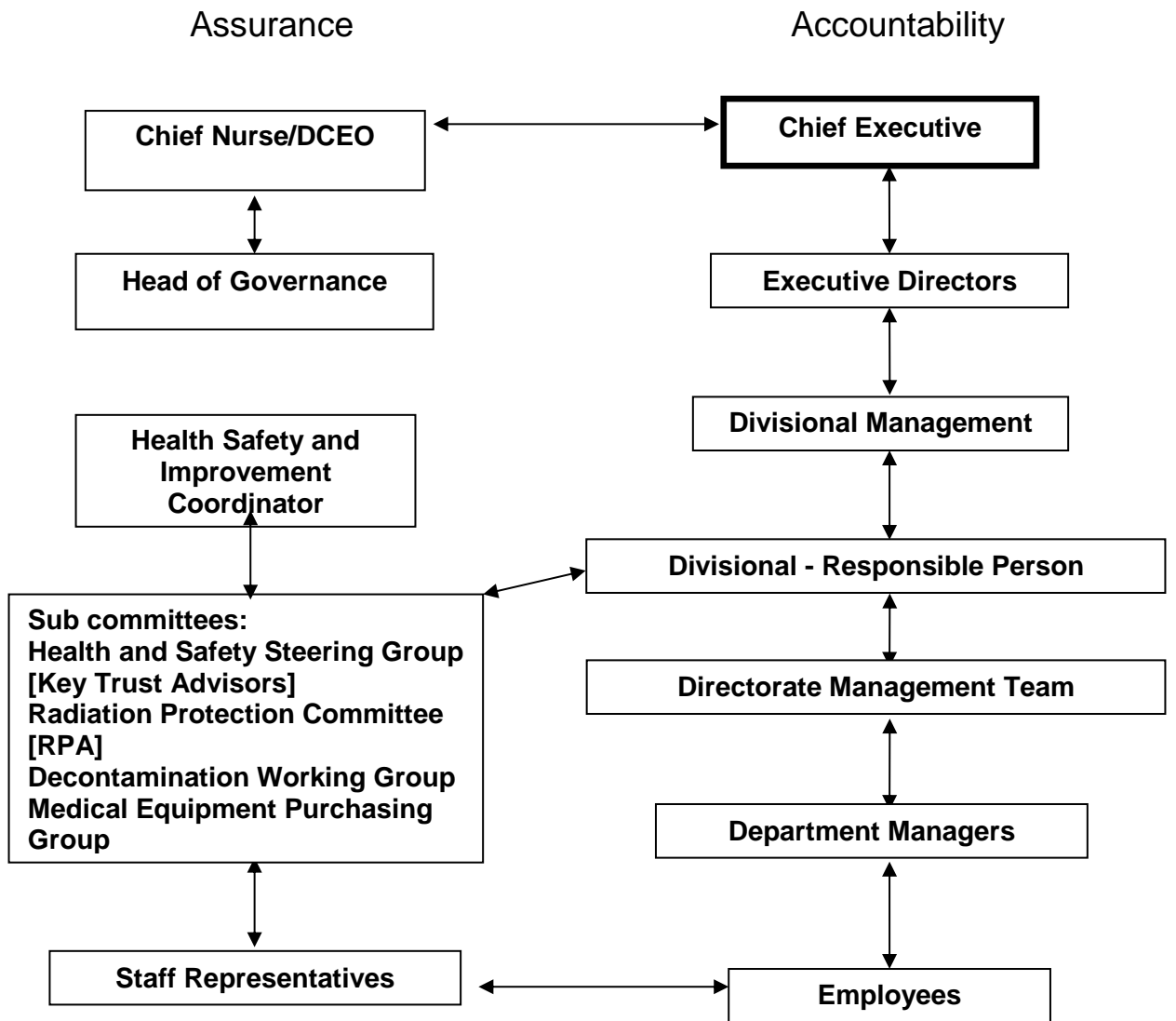
Emerging Risks identified within this report:	Potential impact (including regulation)	Actions (included in Appendix 5)
Non-completion of pre-assessment forms	Policy compliance /NHSLA requirement	H&S Audit and implementation of interim KPIs to monitor.
Consideration of pre-assessment forms to inform risk assessments	Policy compliance /NHSLA requirement	H&S Audit and implementation of interim KPIs to monitor.
Assurance of relevance of 'Not Applicable'	Breach of various HSE Regs	Review of areas where N/A returned underway.
First Aid training funding ends March 2014	Breach of First Aid Regs	Funding identified for 13/14. Business Plan completed for 15 onwards.
Sharps safety mechanisms unsuitable	Breach of HSE Sharps Regs	Re-instatement of Sharps Safety Group to review mechanisms and implement.
Incident reporting categories – increasing incidents: <ul style="list-style-type: none"> • Hazardous substances • Occupational Health • Manual Handling (inanimate objects) 	HSE/NHSLA Financial implications – personal injury claims	Implementation of new investigation forms for all high risk areas and KPIs for monitoring. Increase awareness and lessons learnt through newsletters, education and AUB's.
Co-operation: Time availability for safety reps to undertake H&S duties is not 'protected'	Breach Safety Reps Regulations	Communicate to Divisions requirement.
Lack of training records for statutory training topics	Unable to evidence the Trust provides the training	Centralisation of training records for statutory training.
Successful claims for following high risk areas: <ul style="list-style-type: none"> • Needlestick (Sharps) injuries • Slips Trips & Falls 	HSE/NHSLA Financial implications – personal injury claims	Implementation of new investigation forms for all high risk areas and KPIs

Emerging Risks identified within this report:	Potential impact (including regulation)	Actions (included in Appendix 5)
<ul style="list-style-type: none"> • Contact injuries • Manual handling 	Potential for HSE intervention.	for monitoring. Increase awareness and lessons learnt Review of all high risk incidents via HSSG and/or specialist group
Monitoring of RIDDOR more than 3 days but less than 7 days absence	Potential HSE intervention	Continue to raise awareness and add to KPI when developed.

6. The next 12 months:

The health & safety action plan for 2013/14 (Appendix 5) is based on a Framework for Health & Safety (HSG65) and includes the identified priorities for the Trust (outlined in emerging risks above)

Health and Safety Organisational Chart and Lines of Communication.



52 Departments/areas have been identified as requiring a trained person for first aid. These are predominantly support service areas and do not have clinical staff working for them. Due to service changes this has increased to 55 for the reporting period of 13/14.

	Building	Risk Level	Compliance		Building	Risk Level	Compliance
1	Alfred Squire	Low	Green	30	Medical Secretaries	Low	Green
2	Ashmore Park	Low	Green	31	Night Nurse Practitioners	Low	Green
3	The Ashes	Low	Green	32	Orthotics	Low	Green
4	Bentley Bridge	Medium	Green	33	Pathology Lab	Medium	Green
5	Busbury	Low	Red	34	Pendeford HC	Low	Yellow
6	Bilston HC	Low	Yellow	35	Penn Hall School	Low	Green
7	Cardiac Investigations	Low	Green	36	Phoenix Walk In Centre	Low	Green
8	Corporate	Low	Green	37	Pharmacy	Medium	Green
9	Diabetes	Low	Green	38	Porters Lodge	Low	Yellow
10	Estates	High	Green	39	Primrose Lane Clinic	Low	Green
11	Facilities	Medium	Yellow	40	Radiotherapy	Low	Yellow
12	Gem Centre	Low	Green	41	St Johns	Low	Green
13	Green Park School	Low	Green	42	Research & Development	Low	Green
14	GUM	Low	Yellow	43	Snow Hill	Low	Red
15	Health Trainers	Low	Green	44	Stores	Medium	Green
16	Health Checkers	Low	Green	45	Therapy Services	Low	Amber
17	Health Lifestyles (Admin)	Low	Green	46	TB Team	Low	Green
18	Health Records	Low	Green	47	Walking for Health	Low	Green
19	Heath Town	Low	Green	48	Ward A9	Low	Green
20	Hollybush House	Low	Green	49	Warstones	Low	Amber
21	Information Centre	Low	Green	50	West Park Hospital	Low	Green
22	Central Kitchen	Medium	Yellow	51	Whitmore Reans HC	Low	Red
23	Landport Road	Medium	Red	52	WMI	Low	Green
24	Lower Green	Low	Yellow	53	Woodcross	Low	Red
25	Maltings Mobility	Low	Yellow	54	Dental	Low	Green
26	Mayfields	Low	Yellow	55	Health Tec	Low	Green
27	McHale	Low	Green				
28	Medical Illustration	Low	Yellow				
29	Medical Physics	Med	Green				

HSE Consultations – Closed during April 2012 to April 2013 – UPDATE to March 2014

Consultation	Date consultation began/ended	Implications for Trust	Action for Compliance
Review of the existing Health & Safety at Work Act 1974	11/04/2012 ended 4/07/2012	Not yet known	
Proposals to review the HSEs approved codes of practice. The consultation seeks views on the revision consolidation or withdrawals of 15 ACOPs	25/6/2012 ended 14/09/2012	Management of Health & Safety at Work Regulations 1999 may be replaced by more specific guidance	
Exemption of some self-employed people from H&S legislation where their work activities pose no potential risk of harm to others	02/05/2012 ended 28/10/12	No new implications anticipated	
Proposal to simplify and clarify the RIDDOR regulations	02/08/12 ended 28/10/12	Change of timescales for reporting of RIDDOR incidents Also requires monitoring /recording of over 3 day but less than 7 day incidents	Implemented. Datix updated to collect this information – however education to improve across trust on requirement.
Regulatory measures to support EU chemicals legislation and proposals on reducing seven existing sets of domestic regulations into one statutory instrument	20/12/2012 ended 31/01/2013	The classification of substances hazardous to health may change.	Underway – some manufacturers/suppliers still not amended their safety sheets as and when received we update our assessments. We don't foresee there being a problem paperwork has been amended and is being used as assessments are reviewed. Due compliance April 15.
Proposed new guidance on the Health & Safety (First Aid) Regulations 1981 to assist duty holders on their first aid needs assessment and in selecting a first aid trainer	25/03/2013 ended 03/05/2013	HSE no longer govern First aid Provider to be identified, business plan required to take forward	Registration documents prepared for submission at end of month.

Overdue Safety Alerts

<p>NPSA/2009/PSA004B</p> <p>TRUST LEAD: Gary Bryan Dr Odum</p>	<p>Safer spinal (intrathecal), epidural and regional devices - Part B</p>	<p>'With a full range of non-Luer devices for Intrathecal Chemotherapy and Lumbar Puncture procedures now on the market, NHS Trusts should be aware that noncompliance in using these devices could be a breach of Care Quality Commission Standards and could lead to regulatory action by other agencies.'</p> <p>We (the clinical group of directorate representatives) have been delaying implementation of both parts of the NPSA alert until ALL the equipment needed has been made commercially available. The final piece of the jigsaw (giving sets with the Surety connector for dedicated local anaesthetic infusion pumps) has only recently come onto the market. It will still take a month or so to get everything changed but swapping over just the spinal needles (to satisfy Part A) could be achieved early February.</p> <p>Last update provided 20/12/13.</p> <p>March 14 – Lead presenting to March PSIG requesting closure, guidance received from CAS on criteria for closure which will support request.</p>
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Action Plan 2013/14 (up to October 2014)				
HSE (HSG65) Domain	Objective	Lead Person	Status/Frequency	Expected Completion Date
1. Policy	Policies relating to H&S - Review all specialist policies and agree reporting requirements to HSSG.	HSIC	Complete	March 2014
	Policies for review during this period: • CAS Alert Policy	H&SIC	In progress	Sept 2014
2. Organising	Competence: Annual review of TNA (OP41) Develop DVD training for Inanimate Manual Handling Review evaluation reports following any external training	H&SIC H&SIC H&SIC	Not started In progress Complete	August 2014 Feb 2014
	Implement central recording system for statutory training	H&S Team	In progress	Sept 2014
	Control: Include in audit to assure health & safety included in local governance meetings and that risk assessments are discussed.	H&SIC/HCGM	Not started	June 2014
	Complete annual health & safety audit (Jan 14 to Oct 14)	H&S Team	In progress	October 2014
	Audited risk assessments will be uploaded to share-point to enable central monitoring and prioritisation.	H&S Team	In progress	June 2014
	Exception reporting to Quality Standards Action Group	HSIC	Quarterly	
	Co-operation: All departments to update audit action plans	Department H&S Reps	In progress	October 2014
	Divisional/Directorate support for protected time for Safety Reps to undertake duties.	HSIC to escalate	Complete	

	<p>Communication: Develop and circulate regular Health & Safety updates using the following:</p> <ul style="list-style-type: none"> - Launch quarterly reports to Divisions - Feedback following audit to Departments - Quarterly topic newsletter based on claims, incidents to share lessons learnt (part of IGR) - Forum re: Stress Risk Assessment Awareness 	<p>HSIC H&S Officers</p> <p>HSIC HSIC/OHWB</p>	<p>Complete In place</p> <p>Complete In progress</p>	<p>Qtly Jan 2014</p> <p>April 2014 June 2014</p>
<p>3. Planning & Implementation</p>	<p>Complete annual health & safety audit of all departments using the updated H&S audit tool.</p> <p>Implement actions following identification of any high risk areas following monitoring of H&S</p> <ul style="list-style-type: none"> • Priorities identified for 2013/14 are: <ul style="list-style-type: none"> ○ Slips Trips and Falls ○ Sharps (including implementation of EU Directive) ○ Manual Handling (Inanimate Objects) ○ Contact ○ Violence & Aggression ○ RIDDOR incidents <p>Spot check areas identified as N/A from previous audit</p> <p>Complete business plan for continuation of First Aid training programme</p>	<p>H&S Team</p> <p>HSSG Sharps Group</p> <p>HSSG HSSG Security Rev Grp HSSG</p> <p>HSIC</p> <p>HSIC/HSSG</p>	<p>In progress</p> <p>In progress In progress</p> <p>In progress In progress In progress In progress</p> <p>In progress</p> <p>Complete</p>	<p>October 2014</p> <p>October 2014 October 2014</p> <p>October 2014 October 2014 October 2014 October 2014</p> <p>October 2014</p> <p>March 2014</p>
<p>4. Monitor Performance</p>	<p>Complete all audits as per HS01 - where N/A has been identified – check to ensure appropriate.</p> <p>Monitor all H&S Incidents on a bi-monthly basis HSSG</p>	<p>H&SIC</p> <p>H&SIC</p>	<p>In progress</p> <p>Standing Action</p>	<p>October 2014</p> <p>Bi-Monthly</p>

	<p>Monitor all RIDDOR Incidents on a bi-monthly basis HSSG – include in monitoring + 3 days – 7 (as per regulatory change Oct 2013)</p> <p>Monitor all Security Incidents on a bi-monthly basis</p> <p>Develop KPIs for H&S in line with HSG65 and agree KPIs with specialist groups reporting to HSSG to improve assurances (where required interim KPIs that relate to identified priorities for RWT – see above)</p> <p>Interim KPI to be included to improve the completion of pre assessments for:</p> <ul style="list-style-type: none"> • Manual Handling Inanimate Objects • Work Environment • Security • V&A • Work Equipment 	<p>H&SIC</p> <p>Security Manager</p> <p>HSSG</p>	<p>Standing Action</p> <p>Standing Action</p> <p>In Progress</p>	<p>Bi-Monthly</p> <p>Bi-Monthly</p> <p>June 2014</p>
5. Audit & Review	<p>Monitor accidents and incidents and complete statistical analysis of the same.</p> <p>Compare 2013/14 results with 2014/15 on completion of audit – implement actions where necessary.</p> <p>Review audit process to ensure provides continuing development and monitoring.</p>	<p>HSSG</p> <p>HSIC</p> <p>HSIC</p>	<p>In progress</p> <p>Annual</p> <p>Not started</p>	<p>Quarterly</p> <p>January 2015</p> <p>Dec 2014</p>

ⁱ Source: Datix