

# Health and Safety Annual Report 25 June 2018



Agenda Item No: 10.1

## Trust Board Report

<b>Meeting Date:</b>	25 June 2018
<b>Title:</b>	Health and Safety Annual Report
<b>Report of:</b>	<p>This report informs the Trust Board of the activities undertaken in relation to Health &amp; Safety and the Health and Safety Steering Group (HSSG) during the year April 2017 to March 2018. These activities were based upon achieving implementation of the Trust health and safety strategy.</p> <p>The report has been produced using the Health &amp; Safety Executive (HSE) guidance Managing for health &amp; safety (HSG65).</p> <p>The risk profile provides additional information and continues to be monitored through HSSG.</p> <p>The Annual Report has been reviewed/received by the following groups/Committees:</p> <ul style="list-style-type: none"> <li>- Health &amp; Safety Steering Group</li> <li>- Trust Management Committee</li> <li>- Quality Governance Assurance Committee</li> </ul>
<b>Action Requested:</b>	Receive and note, The Annual Health & Safety Report 2017/18
<b>For the attention of the Board</b>	
<b>Assure</b>	<ul style="list-style-type: none"> <li>• H&amp;S Incidents (Page 26) overall have reduced in total numbers.</li> <li>• Decrease of incidents against Sharps/Falls/Contact (Page 4)</li> <li>• Risk profile – greater engagement with all specialist leads across the Trust. (Pages 16-18)</li> <li>• HSE planned visit following a RIDDOR incident relating to TB. The HSE found the Trust to be managing TB appropriately. No action required. (Page 23)</li> <li>• HSE planned visit to Pathology for part of their service provision licence. The labs were fully inspected HSE reviewed documentation no further action required. (Page 23)</li> <li>• H&amp;S Audit results (Page 22) have improved since last year across both Divisions.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• RIDDORs (Page 26) have increased by 5 over the last financial year to 38 with Slips, Trips and Falls over the winter period being the highest reporting area.</li> <li>• Two GP practices are not fully compliant with H&amp;S policies – work continues with these areas</li> <li>• First aid training funding ended March 2018. (Page 42)</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li>• HSE priorities areas are Musculoskeletal, Occupational Asthma, Stress. The HSSG will be reviewing these topics to identify any areas of concern and assure on actions.</li> </ul>

	<ul style="list-style-type: none"> <li>H&amp;S representative role is key to the successful embedding of H&amp;S management locally. Protected time to undertake the H&amp;S rep role is not always able to be provided by the department/ward, leading to slippage in risk assessment documentation and audit requirements.</li> <li>Following a review of the HSE sentencing guidelines the fines issued to organisations have increased substantial (Page 30)</li> </ul>
<b>Author + Contact Details:</b>	Tel 01902 695114      Email Margaret.simcock@nhs.net
<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>Create a culture of compassion, safety and quality</li> <li>Proactively seek opportunities to develop our services</li> <li>To have an effective and well integrated local health and care system that operates efficiently</li> </ol>
<b>Resource Implications:</b>	Revenue: Capital: Workforce: Funding Source: (if none, state 'none')

<b>CQC Domains</b>	Identify which of the 5 Domains this item contributes toward: <b>Safe:</b> patients, staff and the public are protected from abuse and avoidable harm. <b>Effective:</b> care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. <b>Caring:</b> staff involve and treat everyone with compassion, kindness, dignity and respect. <b>Responsive:</b> services are organised so that they meet people's needs. <b>Well-led:</b> 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.
<b>Equality and Diversity Impact</b>	None noted.
<b>Risks: BAF/ TRR</b>	None
<b>Risk: Appetite</b>	As per OP10 any risks scored at level 12 or above. This report does not change this position.
<b>Public or Private:</b>	Public
<b>Other formal bodies involved:</b>	Trust Management Committee Quality Governance Assurance Committee Health & Safety Steering Group.
<b>References</b>	n/a
<b>NHS Constitution:</b>	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> <li>Equality of treatment and access to services</li> <li>High standards of excellence and professionalism</li> <li>Service user preferences</li> <li>Cross community working</li> <li>Best Value</li> <li>Accountability through local influence and scrutiny</li> </ul>

***Health and Safety Annual Report***  
***2017/18***

**1.0 Table of Contents**

2.0 Executive Summary.....	3
3.0 PLAN.....	10
Progress statement - Strategy Implementation March 2018 .....	11
4.0 DO.....	15
4.1 Risk Profiling – Progress of risk profiling at RWT .....	15
4.3 Organising for Health and Safety: .....	19
4.4 Co-operation & Communication .....	19
4.5 Competence .....	20
4.6 Implementing.....	21
5 CHECK.....	22
5.1 Measuring performance – Active Monitoring .....	22
5.2 Pro-active monitoring .....	22
5.3 Reactive monitoring activity.....	23
5.4 Accidents, Ill health and Dangerous Occurrences .....	23
RIDDOR Reporting: .....	25
Personal Injury Claims Monitoring – 2017/18.....	27
5.5 Investigate the causes of accidents, incidents or near misses;.....	28
6.0 ACT .....	28
6.1 Performance review: .....	29
6.2 Learning from other organisations .....	29
6.3 Learning from audit/inspection reports.....	32
7.0 Safety Alerts: .....	32
8.0 Moving Forward 2018/19.....	35
9.0 Acknowledgments: .....	38
10.0 APPENDICES:.....	39

## 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 2017/18, and how resources have been used and continue 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 auditing and monitoring those areas that fail to meet their obligations with support to improve
- actively monitoring HSE enforcement actions and notices ensuring that they are shared with the relevant specialists across the Trust for learning

Cannock Chase Hospital is fully aligned to The Royal Wolverhampton NHS Trust Health and Safety processes and compliance with Trust policy as are the GP practices within Primary Care Services; we continue to work with these groups to ensure they also meet policy compliance following integration with RWT.

This year has seen the Trust receive 2 visits from the Health and Safety Executive (HSE), one being a planned inspection of the Laboratory and one being prompted by a RIDDOR reportable incident. Both visits resulted in a positive outcome and no further action was taken by the HSE.

Whilst the Trust's safety performance is good, there remains room for further improvement. In the last 12 months 1197 Health & Safety incidents have been reported through Datix as at 31/03/2018 which equates to 160 incidents per/1000 whole time equivalent (WTE)<sup>1</sup>.

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 subject leads to identify gaps and provide action plans to fill these gaps giving the Board an improved assurance around compliance with the Regulations. Estates and Facilities have relaunched their work programme to achieve compliance with the Premises Assurance Model (PAM) accreditation system, this will add to the robustness of assurance received from Estates. Estates Facilities are also maintaining their accreditation for CHAS (Contractors Health & Safety Assessment Scheme) allowing them to use the logo on their letterheads as approved contractors.

---

<sup>1</sup> Whole time equivalent figures provided by RWT Workforce as at 31/08/2018 as 7328.40  
Health and Safety Annual Report 2017/18

There has been a 13.8% reduction in the number of health and safety incidents when comparing 2017-2018 to 2016-2017. Focus has remained 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, the Health and Safety newsletter and our Risk Newsletter 'Risky Business'.

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

- Sharps incidents (28% decrease)
- Personal Contact Injury (18% decrease)
- Manual Handling (15% decrease)
- Violence and Aggression (9% decrease)
- Slips, trips & falls (2% decrease)

This would indicate a turn in the right direction for RWT and we hope to sustain this over the coming year. The targeted work with high risk areas undertaken by the Health and Safety Officers appears to be paying dividends.

Nationally, incidents such as those at Grenfell Towers, Leicester Gas explosion having a devastating and lasting impact on individuals and their families. They are powerful and poignant reminders of why Health and Safety remains so important.

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.

## 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 independently of the specialist lead responsible was deferred due to a re-prioritisation of work and resources following a reduction of Health & Safety Officer resources from 4 to 2WTE) midyear. Although the Trust does 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 Vertical Integration programme within Primary Care Services has continued throughout the year, bringing the number of GP practices into the Trust up to 10, the H&S Team is now working with these new members to align them with our health and safety policies and strategy, this work will continue throughout 2018/19.

The HS33 **Driving for Work- all vehicles Policy** was audited in year with a view to it becoming a protocol within HS01 Management of H&S depending on the audit outcome. Unfortunately the audit was quite arduous and it was this that prompted departments to review the policy and

what they are required to do to comply. It was therefore decided that the policy would remain a further 12 months/until the audit evidences robust compliance; the next audit is due June 2018.

## **Estates Management**

The Royal Wolverhampton Trust **Estates Management** Team has successfully completed 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. All trade staff are now also completing CSCS competency assessments to provide external assurance that staff are competent and working safely across the Trust in line with industry standards.

## **Waste Management**

Late 2017 a tendering process began for a contractor to build a new incinerator at New Cross, in January 2018 Addfields were nominated as the preferred bidder and appointed as the main contractor to build a new incinerator. Phase 1 of the project started at the beginning of March 2018 with the intention to complete the project, including commissioning, by the end of October 2018.

In April 2018 a segregated offensive waste disposal system has been introduced on C24/25 and the new Stroke unit, with the intention to roll out the offensive waste stream across the majority of the RWT wards and departments before the end of 2018.

Even though the Trust will have an incinerator again late 2018 it is still extremely important to introduce the offensive waste disposal stream across RWT, if we do not then RWT will not be complying with the waste regulations and the law and will be open to enforcement notices from the environmental agency and could receive heavy fines.

The waste team continue to work on their 2 year apprenticeships, with the majority doing their final Maths and English test. This year the Waste Team Leader will be working towards his WAMITAB Level 4 Transfer of Hazardous waste qualification, this is one of the highest qualifications that can be achieved in the waste industry. The qualification includes all aspects of management ranging from personnel management, Health and Safety, financial, contract and waste management, once he has gained this qualification the Trust will have further assurances the waste is being collected and disposed correctly.

## **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.

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

The Trust has continued to review sharps being used across its services, identifying suitable safety mechanisms whenever possible and introducing these as replacements. The Inoculations Group continues to monitor progress, along with incidents and claims, safer sharps are now used widely across the Trust and this year has seen a significant reduction in the number of sharps incidents reported

Sharps/Splash incidents – 231 incidents in 2016

176 incidents in 2017

General consensus – passing of instruments between clinicians has reduced however, more accidental injuries have occurred.

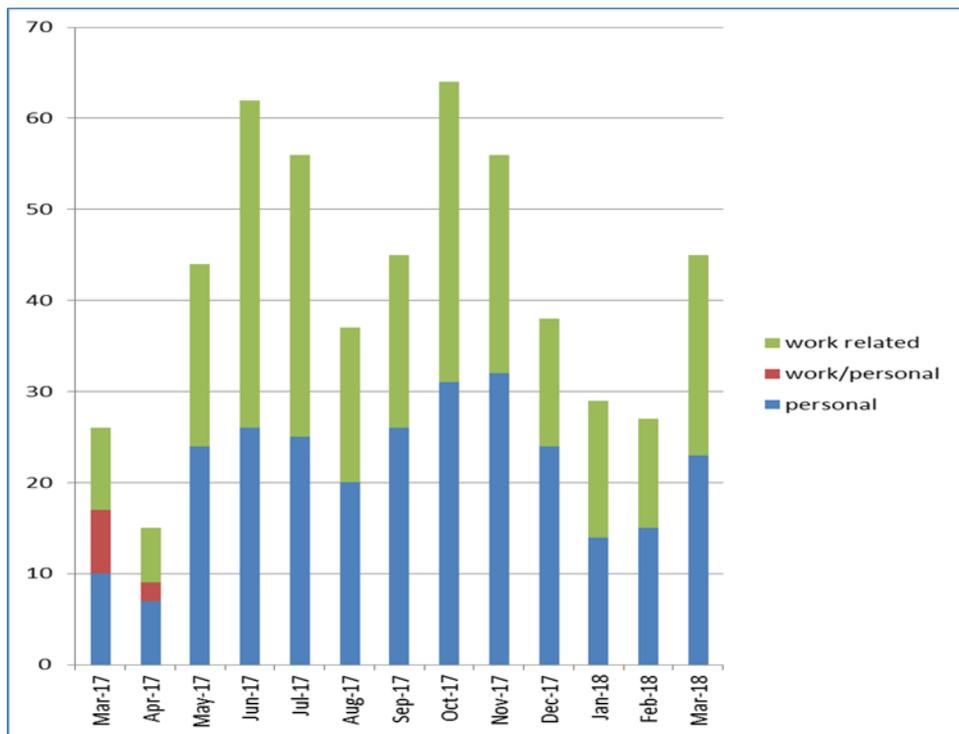
Top three instruments involved in incidents are highlighted in the table below:

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

Stress remains a hot topic for the Trust and is monitored for trends.

The table below shows the stress categories following management referrals throughout 2017. In line with the HSE stress categories.

Stress Category	Total	Category	Criteria
1	267	Personal	Not related to work & no absence from work
2	104	Work DEMANDS	Including issues like workload, work patterns & the work environment
3	35	Work CONTROL	Involving how much say the person has in the way they do their work
4	48	Work SUPPORT	Including encouragement, sponsorship & resources provided by the organisation, line management & colleagues
5	39	Work RELATIONSHIPS	Including promoting positive working to avoid conflict & dealing with unacceptable behaviour
6	11	Work ROLE	Including an understanding of one's role within the organisation & whether the organisation ensures that the person does not have conflicting roles
7	5	Work CHANGE	With regard to how organisational change is managed and communicated



The Health Surveillance plan is going to plan and no concerns have yet been highlighted within the planned health surveillances.

The OH&WB team have devised a new Health Assessment form to highlight exposure risks so baseline readings can be taken prior to commencement of post with RWT. This was in response to discussion within HSSG where it was clear that although surveillance is in place there is currently no capture of baseline readings for existing conditions (e.g. Asthma) and therefore this would mean that clarity of whether a deterioration of any condition was due to work related activity.

The health surveillance plan is as below.

MONTH	SUBSTANCE/HAZARD	DEPARTMENT	SCREENING REQUIRED
January	WTD	Staff working long hours, nights in accordance with WTD guidance	
April	Skin Surveillance	Questionnaire to be offered to HCWs for completion, appointments to be offered to attend	Questionnaire

MONTH	SUBSTANCE/HAZARD	DEPARTMENT	SCREENING REQUIRED
		OHWBS where issues identified.	
May	Formaldehyde	Histopathology	Spirometry & questionnaire
June	Bone cement	Theatres	Spirometry & questionnaire
July	Dust	Foot Health	Spirometry & Questionnaire
August	Plaster Dust	Fracture clinic	Spirometry & questionnaire
September			
October	Noise, HAVS, COSHH	Estates Acute	Spirometry, audiometry, questionnaire
December	TB	C17,19 & 20, AMU, ED, ICCU, GUM & Respiratory Physiotherapists.	Symptom reminder letters

**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, looking forward we will be smart tasking officers by geo location.

This year saw the install of upgraded CCTV equipment within the control room, the command, control and recording functions areas now on one platform and offers a much better solution to reviewing footage, in addition we now have sight of cctv equipment that was previously unavailable to us due to equipment failure.

The Security Management Team (SMT) continues to provide community access tokens to staff who are working within the community to good effect, in addition the Trusts Deputy Security manager has implemented security improvements at Cannock Hospital.

The Security Management Team also provides timely advice and guidance to the VI properties that have transferred to the organisation.

We are currently only one of 5 Trusts in the country that have our own unique Crimestoppers number, for the purposes of staff and public being able to report criminal activity direct to us.

Further to these developments the SMT also successfully managed two VIP visits this year, the first from the Wolves Football team and the second from the Mayor of Wolverhampton.

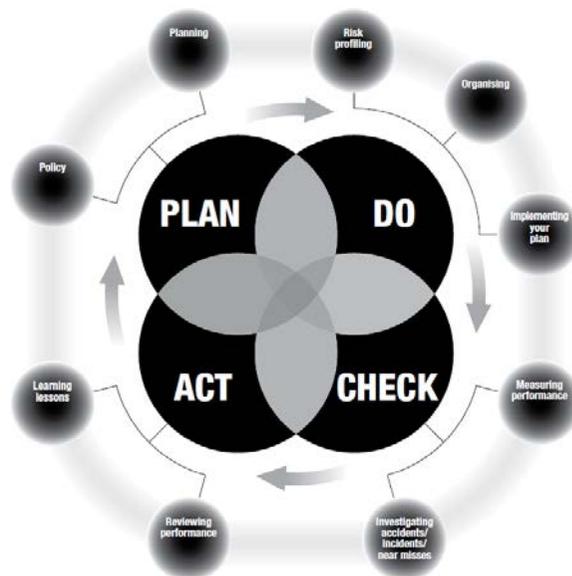
### **Infection Prevention 2017/18 - Specific achievements against last year's objectives include the following:**

- *Clostridium difficile* has remained within trajectory this year. At the end of month 11 RWT is 7 under an annual trajectory of 35
- An increased focus on Standard Precautions, to include splash and sharps awareness to support a reduction in associated incidents and sharps claims
- Improved liaison with TB services with the outcome of the service being managed by Infection Prevention from February 2018
- Implementation of specific risk assessment and screening protocols to detect carriage of Carbapenemase Producing Enterobacteriaceae on admission
- 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 2018/19 to further support with a reduction in SSI. MSSA screening and decolonisation for patients undergoing cardiac surgery trial and was evaluated
- Device related bacteraemia in the Trust is once again at its lowest and continued communication of community acquired related device related bacteraemia cases
- Catheter usage has remained the same but more robust management and surveillance continues
- Delivery of a care home prevalence of infection and antimicrobial usage project
- Continued 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
- Influenza testing now takes place on site thus reducing bed days lost with results being available within 2 – 3 hours

- 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 was introduced in December to prevent admissions to hospital. This was joint working between the Infection Prevention team and the Rapid Interventions team (RIT)
- A gram-negative bloodstream infection action plan was devised to support RWT, CCG and PH to reduce these infections by 50% by 2021

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 2017 to March 2018 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

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 are in place:

Policy No	Policy Title	Reason for update (in year changes only)	Current status	Expiry Date
HS01	Management of H&S	Minor amendment - addition of Management	Approved February 2018	February 2021

Policy No	Policy Title	Reason for update (in year changes only)	Current status	Expiry Date
		of Safety Alerts Protocol replacing HS07 Policy		
HS01	Management of H&S	3 yearly review	Under review due April Policy Group	Nov 2017
HS03	Sharps Safety Policy	3 yearly review	Approved Nov 2017	Nov 2020
HS07	Management of Safety Alerts	Changed to a protocol and merged into HS01 Management of H&S	Approved Feb 2018	N/A
HS10	Waste Management	3 yearly review	Approved January 2018	January 2021
HS11	Management of Medical Devices	Update of management process to plug gaps	Under review/consultation	July 2017
HS22	Asbestos Policy	Full review	Approved Dec 17	Dec 2020
HS32	Smoking Policy	Full review which is delayed due to new guidance and work with various external bodies on a 'Smokefree Environment'	Research and consultation underway	May 2016 extension applied.

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 2 x WTE some areas have been necessarily deferred. Progress against the strategy is being monitored through HSSG.

### Progress statement - Strategy Implementation March 2018

**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 18 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 4.2 for latest results.
Completion of the staff awareness questionnaires	Randomly selected staff across each Directorate	March 2016 and annually to 2020	<b>Continues</b> , responses generally good, any issues raised with department manager to take up with individuals. No major concerns, staff are generally aware of their local H&S systems.
Interrogation of SharePoint	H&S Officers	Weekly activity to support audit process	Due to team vacancies workload reprioritised. Weekly audits discontinued until vacancies are filled.

Milestone	Who:	When:	March 18 update
		from July 2015 onwards	Effective from Nov 16 H& S Officers check SharePoint prior to dept audit/following incident and/ or upon request for position statement
Interrogation of Datix for incident data	H&S Officers	At least quarterly from July 2015 onwards	Weekly check for quality of reporting and supporting documentation. Bi-monthly statistics/themes reported at HSSG and quarterly to Divisional Governance.
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)	Commenced. Report due HSSG July 18.
All departments will receive at least one visit throughout a 12 month period.	H&S Officers	March 15 annually	All departments visited annually and in period and received support and advice from the H&S Officers

**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 18 update
All health and safety documentation is uploaded onto SharePoint	Dept Managers/Rep/identified lead	December 31 <sup>st</sup> 2015	Complete - All Directorates now hold risk assessments on SharePoint except Estates & Facilities and Pathology who have their own version of SharePoint
All documents are kept up to date and relevant	Departments /H&S Officers	December 31 <sup>st</sup> 2015 onwards	See section 4.1 in main report for end of year position.
Audits of health and safety documentation	H&S Officers	At least quarterly from July 2015 onwards	<b>Completed.</b> Prior to departmental audits. This is now business as usual and embedded.
Monitor Quarterly self-assessment returns	H&S Officers	Quarterly from 30 <sup>th</sup> September 2015 onwards	Complete. Now twice yearly (6 monthly). This is now business as usual and embeded.

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

Milestone	Who:	When:	March 18 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 <sup>st</sup> December 2015 on-going review	See section 4.1 in main report for position status.
Specific training to be provided for managers and designated safety representatives	H&S Team	April 2016 onwards	<b>Complete.</b> Mandatory training e-package available on KITE site and launched March 18. Training is also offered face to face. Annual H&S training programme in place. Training figures are shown in section 3.4 table 3. Moving forward compliance will be monitored via Education & Training.
Monitor Health and Safety documentation	H&S Officers	At least quarterly July 2015 onwards	See section 4.1 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

Milestone	Who:	When:	March 18 update
Monitor incident report rates and report to Directorates	H&S Officers	October 15 onwards	See Table 7 provides comparison
Identify significant trends support departments in addressing issues	H&S Officers	October 15 onwards	Insulin needle incidents remain a concern – these tend to occur when patients pass their used needles to our staff to dispose of them. Staff have been instructed not to take needles from patients and to ensure a point of use sharps bin is available for patients to dispose of them themselves. RWT continue to use the safety insulin needles and instruct patients to

Milestone	Who:	When:	March 18 update
			use these if they are in-patients however the issue continues to be with patients own devices once they return home and are receiving community care. The Chair of the Inoculations Group continues to work with GPs to try and influence a change in prescribed needles.
Promote near miss reporting, use the data to help reduce incidents overall	H&S Team/Governance Team	October 15 onwards	<b>Complete.</b> Risky business, issued quarterly, AUB's and emails regarding specific issues sent. Safety Rep Forums held quarterly throughout 2017/18.
Health and safety awareness training to be mandated	HSIC	December 31 <sup>st</sup> 2015	<b>Complete.</b> E-packages for All staff and for Managers now available on KITE site, compliance to be captured via Training database.

**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

Milestone	Who:	When:	March 18 update
Monitor & report RIDDOR incident report rates to Division/QSAG	H&S Officers	Bi-monthly	<b>Complete.</b> RIDDORS are monitored bi-monthly at HSSG and included in Divisional/Trust reporting. 2017/18 has unfortunately seen an increase in the number of incidents reported under RIDDOR. See table 6). This is now business as usual and embedded.

**Indicator 6** Apply for BS18001 accreditation to provide assurance the Trust H&S System is suitable for purpose

Milestone	Who:	When:	March 18 update
Gap analysis to be undertaken	External Assessor	December 31 <sup>st</sup> 2015	<b>Complete.</b> Gap analysis undertaken however currently deferred due to change of standard to ISO45001 this approach may also be cost prohibitive.  Accreditation will be reviewed/considered for the work plan 2018/19.
Develop business plan to progress	HSIC	March 2016	
Achieve BS 18001 accreditation	HSIC	December 2016 on-going maintenance	

The Compliance team in conjunction with the Health and Safety team have developed an assurance framework which has helped improve/strengthen data quality, consistency, and reporting and escalation processes. After 12 months use this is being evaluated for suitability as part of the H&S Good to Great work plan 2018/19 to ensure that any duplication of work is removed and that it is fit for purpose.

The audit process has continued in 2017/18 with a combination of self-assessment and targeted audit, the aim was for all departments to receive at least 1 visit within the year. The Health and Safety officers achieved 85% of the audit programme. It is important to note that **all** departments have received either a visit or communication in some form from the Officers depending on their local requirements.

#### 4.0 DO

##### 4.1 Risk Profiling – Progress of risk profiling at RWT

The Trust risk profile is continuing to evolve and is developing well providing more information and allowing us to monitor and record progress against each specialist subject/piece of legislation with increased support from the speciality 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 challenged/monitored to closure. Where further assurance is required in relation to a specialist subject, the speciality lead will be invited to provide further assurance.

**Table 1** provides a position as at 31<sup>st</sup> 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 if required).

##### Rating: Key for Risk Profile (to assess strength of compliance with legislation and relative risk to patients/staff)

<b>RED</b>	Non-compliant with regulations: Many gaps/areas of concern <b>MAJOR</b> level of risk due to non-compliance for Trust (no actions identified or plan in place to manage) <u>And/OR</u> unsafe for patients/staff - Enforcement action almost certain
<b>AMBER</b>	Non-compliant with regulations: some gaps/areas of concern <b>MODERATE</b> level of risk due to non-compliance for Trust (actions identified, plan in place and on target to complete) <u>And/Or</u> unsafe for patients/staff - Enforcement action likely/possible
<b>YELLOW</b>	Non-compliant with regulations minimum gaps/areas of concern <b>MINOR/INSIGNIFICANT</b> level of risk due to non-compliance for Trust (actions identified and plan in place and on target to complete) <b>NO</b> risk to patients/staff externally audited/assured - Enforcement action unlikely
<b>GREEN</b>	Fully compliant with regulations (i.e. Legislations, HTM's, Guidance and no areas of concern. (actions complete and monitored for maintenance of compliance) No risk to patients/staff (Externally audited) -No enforcement action expected.

**Table 1 – position as at 31<sup>st</sup> March 2018 (comparison to 2016/17)**

2017/18			2016/17			2017/18			2016/17			2017/18			2016/17		
Internal Assurance	External Assurance	Gaps action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan
<b>Asbestos Management</b> (Control of Asbestos Regulations 2012) <b>Lead : Deputy Head of Estates</b>			<b>Medical Gas Systems</b> EU Pharmacopeia Regulations <b>Leads: Engineering Manager</b> <b>Industrial Manager</b>			<b>Ventilation / LEV Testing</b> HTM Control of Substances Hazardous to Health Regs 2013(COSHH) – EH40/2005 <b>Lead: Industrial Manager</b>			<b>Contractors</b> Construction Design Management Regulations 2015 <b>Lead: Estates Quality Assurance Mgr</b> <b>Estates Developments</b>			Y			Y		
Y			Y			Y			Y			Y			Y		
<b>Diathermy &amp; surgical smoke</b> COSHH & HSE Guidance <b>Lead: Theatres</b>			<b>Waste Controlled Waste (England and Wales) Regulations 2012,3 Various HSE Guidance docs</b> <b>Lead: Waste Manager</b>			<b>High Voltage Systems Authorisation Process (Elec. Health Technical Memo 06-03)</b> <b>Lead: Electrical Manager</b>			<b>Medical Air Quality Compliance HTM 02-01 A &amp; B</b> <b>Lead: Engineering Manager</b> <b>Industrial Manager</b>			Y			Y		
Y			Y			Y			Y			Y			Y		
<b>Lifting Equipment and handling</b> including hoists Lifting Operations and lifting Equipment Regs 1998 (LOLER) <b>Lead: Electrical Manager</b>			<b>(1) Falls from windows</b> Falls from windows or balconies in health and social care (HSE Info 5) MHRA Safety Alert EFA/2012/001 <b>Lead: Buildings &amp; Grounds Manager</b>			<b>Equipment safety – medical equipment</b> Provision & Use of Work Equipment Regs 1998 (PUWER) Lifting Operations and Lifting Equipment Regulations (LOLER) <b>Lead: Head of Medical Devices</b>			<b>Workplace violence</b> EU Directive HSE Management of health and safety @Work Regs 1999  Local Security Management Services <b>Lead : Security Manager - reported under Security Risk.</b>			Y			Y		
Y			Y			Y			Y			Y			Y		
Y			N			Y			Y			Y			Y		
Y			Y			Y			Y			Y			Y		

2017/18			2016/17			2017/18			2016/17			2017/18			2016/17		
Internal Assurance	External Assurance	Gaps action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan
<b>Low Voltage Systems (Electrical)</b> (Elec. Health Technical Memo 06-03) <b>Lead: Electrical Manager</b>			<b>(2) Medical Gas Compliance and Authorisation of Processes</b> HTM 02 MHRA <b>Leads: Engineering Manager</b>			<b>(3) Pressure Systems</b> Pressure Systems Safety Regulations 2000 <b>Lead: Engineering Manager</b> <b>Industrial Manager</b>			<b>Patient handling including Bariatric</b> Manual Handling Operations Regulation 1992 <b>Lead: Matron Boyce</b>			Y			Y		
Y	Y	Y	Y	Y	Y	Y	Y	Y	Not yet	Not yet	Y						
<b>Air Conditioning Plant.</b> Legionella 2012 L8 <b>Lead: Electrical Manager</b>			<b>(4) Water Safety (Trust Premises)</b> Control of Legionella 2012 (L8.) <b>Lead: Engineering Manager</b>			<b>Workplace Transport Safety HSE Guidance</b> Safe Site/Safe Vehicle/Safe driver <b>Lead: Portering Services Manager</b>			<b>Quality, Safety &amp; Environmental Management</b> Implementation of Premises Assurance Model (PAM) <b>Lead : Estate Quality Ass Mgr</b>			Y			Y		
Y	Y	Y	In progress	Not yet	Y	Y	N	Y	In progress	Not yet	Y						
<b>PAT Testing</b> Electricity at Work 1989 HTM 06 <b>Lead: Electrical Manager</b>			<b>Fire Safety</b> Regulatory Reform (Fire Safety) Order 2005 Fire Policy HS026 Management of Fire Safety <ul style="list-style-type: none"> <li>• Fire Risk Assessment</li> <li>• Training</li> <li>• Unwanted Fire Signals</li> <li>• Reporting of Fires</li> </ul> <b>Lead: Fire Manager</b>			<b>Fire Safety</b> Regulatory Reform (Fire Safety) Order 2005 HS026 (functional provisions) <ul style="list-style-type: none"> <li>• Statutory maintenance</li> <li>• Statutory testing</li> <li>• Safe systems of Work (PTW)</li> </ul> <b>Lead: Head of Estates</b>			<b>COSHH</b> Control of Substances Hazardous to Health Regs 2013 <b>Lead: H&amp;S Team</b>			Y			Y		
Y	Y	Y	2017/18 ↑	2016/17	Y	Y	No	Y	Y	Y	Y						
Y	Y	Y	Y	Y	Y	Y	No	Y	Y	Y	Y						

<b>Infection Prevention</b> DoH Infection Prevention Guidelines <b>Lead: Head of IP</b>			<b>Driving for Work (Community Drivers)</b> HSE Guidance <b>Lead: Shared H&amp;S and Community Directorate Manager</b>			<b>Slips, trips and falls</b> HSE Guidance INDG225 <b>Lead: Buildings &amp; Grounds Manager</b>			<b>Security</b> <ul style="list-style-type: none"> <li>Tackling violence against NHS Staff</li> <li>Protecting NHS property &amp; assets</li> <li>Security of drugs, prescription forms &amp; hazardous materials</li> <li>Protecting Maternity &amp; Paediatric Units</li> </ul> <b>Lead: Security Manager</b>					
2017/18		↑	2016/17		2017/18		2016/17		2017/18		2016/17			
Internal Assurance	External Assurance	Gaps action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan			
Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y			
<b>Cytotoxic drugs</b> COSHH HSE Guidance Safe Handling of Cytotoxic Drugs in the Workplace			<b>Sharps injuries</b> EU Directive compliance Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 <b>Lead: shared Occ. Health/IP/H&amp;S</b>			<b>First Aid</b> Health and safety (First Aid) Regulations 2013 <b>Lead: H&amp;S Office</b>			<b>Bed rails</b> HSE guidance <b>Lead: H&amp;S Officer Project</b>					
2017/18		2016/17	2017/18		2016/17		2017/18		2016/17		2017/18		2016/17	
Internal Assurance	External Assurance	Gaps action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan			
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			
<b>Stress</b> HSE Management Standards <b>Lead: Occ. Health H&amp;S Team RA process</b>			<b>Health Surveillance</b> HSE guidance <b>Lead: Occ. Health H&amp;S for RA process</b>			<b>Tenants (Safety of staff in non-Trust premises &amp; Co-operation of RWT tenants)</b> HSE guidance <b>Leads: Estates Management Estates Developments</b>			<b>Latex</b> HSE Regs.					
2017/18		2016/17	2017/18		2016/17		2017/18		2016/17		2017/18		2016/17	
Internal Assurance	External Assurance	Gaps action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan			
Y	Y	Y	Y	Y	Y				Y	N	Y			
<b>Workplace</b> HSE Regs <b>Lead : Currently H&amp;S Team status</b>			<b>(5) Decontamination</b> HTM Guidance <b>Lead: Estates Medical Physics Theatres</b>			<b>(6) Radiation</b> IRR99 (HSE) and IRMER2000 (CQC). <b>Lead: Head of Medical Physics</b>			<b>Catering</b> HSG 252 <b>Lead: Head of Hotel Services</b>					
2017/18		2016/17	2017/18		2016/17		2017/18		2016/17		2017/18		2016/17	
Internal Assurance	External Assurance	Gaps action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan	Internal Assurance	External Assurance	Gap action plan			
Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			

**NB:** Appendix 1 provides some detail of the explanations provided for the decision on the grading of the risk where position has deteriorated the items can be identified in appendix by (X) number on risk profile.

## 4.2 Audit process

The audit process is embedded, the main challenge is the use of SharePoint to store risk assessments and other H&S documentation. Although widely used, several areas struggle to maintain the documentation and keep it up to date and a working document. The self-assessment returns have remained slow with several reminders being sent out:

Self-Assessment 1 = 163/229 – 75% returned

Self-Assessment 2 = 140/229 – 61% 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.

## 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. The fora are held quarterly and are scheduled covering both acute and community venues. Guest speakers are often in attendance including Infection Prevention, Fire and Security to ensure relevant messages are shared along with any learning and updates to legislation.

For the second year running the Health and Safety Team ran a Health & Safety Awareness week across all sites of the Trust in October 2017, and once again this proved to be a successful event 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; the results of which will be used to plan the work programme for 2017/18. Competition prizes were all donated by local businesses and suppliers with a Kindle being first prize.

## 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 own Health and Safety Newsletter “Safety Spot” and the 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 2017/18

Method	Message
<b>Risky Business Newsletter</b>	The safe use of operator chairs, Safer sharps – Insulin needles Safety Signs
<b>Safety Representatives Forum</b>	The safe use of operator chairs Safer sharps – Insulin needles Various presentations by Trust Leads i.e. Occ. Health/Fire etc.
<b>Safety Spot Newsletter</b>	Special edition on the Awareness Week outcome
<b>All User Bulletin</b>	How to use operator chairs safely, Safe use of rollators Safety Signs
<b>Email</b>	All the above. Health Surveillance Use of SharePoint for H&S documents

#### 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.

The Trust Mandatory training packages are now available on the KITE site for all to access and we look forward to seeing increased compliance with these being launched early in the new financial year.

Table 2 provides details of the uptake of the Health and Safety training programme for 2017/18 April – March.

**Table 2**

Staff attendance for Health and Safety Training April 2017 - March 2018							
	Div 1	Div 2	Corp	Comm	Total	No of Sessions provided	
Basic Health and Safety	16	70	13	18	117	23	Includes completed questionnaires - 13 different dates

Risk Assessment Awareness	0	15	0	0	15	2	
COSHH	6	1	4	0	11	4	
Safety Reps	15	15	5	4	39	4	
Health and Safety for Managers	9	11	12	9	41	7	
<b>Total</b>	<b>46</b>	<b>112</b>	<b>34</b>	<b>31</b>	<b>223</b>	<b>40</b>	

First Aid training has been limited due to resources; the first aid trainer has still not been replaced. This is a priority within the recruitment process to avoid creating a gap in compliance.

**Table 3**

Training/Awareness provided	Target group	Compliance/ attendance	Places offered	No. of Trained Staff
First Aid training	Nominated First Aid Reps	Emergency First Aid at Work (EFAW) 19/24 FAW 9/12	FAW – 12 EFAW – 24	9 FAW 19 EFAW
Manual Handling inanimate objects (induction/mandatory)	As per Training Needs Analysis(TNA) – OP41	97% Compliant as at 31/3/18	Compliance rate 95% as per agreement with the Board	0.6% increase in compliance on last year 16/17
Manual Handling (people) (induction/mandatory)	As per TNA – OP41	89% Compliant as at 31/3/18		1.65% decrease in compliance on 16/17

Patient handling training is currently being reviewed and a focus will be targeted on high non-compliance v incident areas.

#### 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, all departments hold documents on SharePoint, however, the team continues to struggle to ensure these are maintained and fit for purpose and continue to work with departments to improve them prioritising areas of low compliance.

## 5 CHECK

### 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 audit process continued throughout the year with all departments across all sites having been visited or received communication during the 12 month period 2017/18. There were 35 departments that did not receive a full annual audit during the year. The Health & Safety officers continue to advise and support these areas to achieve compliance, prioritising high risk areas to ensure continuity of service in a safe environment is maintained.

229 Departments are listed for the Trust, these are split as shown in table 4 below and shows the number of departments who have one or more risk assessments outstanding or due for review (see below for RAG status). The Health and Safety officers continue to work with these areas prioritising them for audit for the new financial year to ensure this is addressed as soon as possible.

#### RAG Status key for Risk Assessments

Any item missing from audit (e.g. risk assessment)	<b>RED</b>
All items in place but requires improvement e.g. too generic, incorrect form, actions not SMART, overdue actions	<b>AMBER</b>

Table 4 (denotes previous year)

Risk Assessments	Division 1 (69)	Division 2 (67)	Corporate (39)	Estates & Facilities (15)	CCH (31)	VI (10)
<b>RED</b>	2(17)	2 (23)	0 (8)	0(4)	0(12)	2
<b>AMBER</b>	6(26)	9(10)	13(6)	6(7)	6(14)	5

This is a constantly changing position as risk assessments are updated by one department and fall out of the review date in another. Areas of concern are:

**Vertical Integration of GP practices** – There are now 10 GP practices working with RWT across Wolverhampton now, The Health & Safety officers continue to work with the practices to bring them up to date with Trust policies and processes. There are currently 2 areas of concern as they are lacking with documentation for risk assessments and evidencing health and safety compliance these are West Park and Warstones Both areas are being provided with advice and support with this process.

### 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 on a quarterly basis to review incidents and identify any trends, from which 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 in relation to the crossings around the Trust New Cross site. There have been several near miss incidents reported over the last few months where vehicles are failing to stop at crossings when someone is already crossing, this is causing particular concern for people who have difficulty walking or moving quickly. These incidents were brought to our attention by a staff member, and as a result of taking this through HSSG and various discussions improvements are being made to the crossings to help address the concerns raised.

### **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.

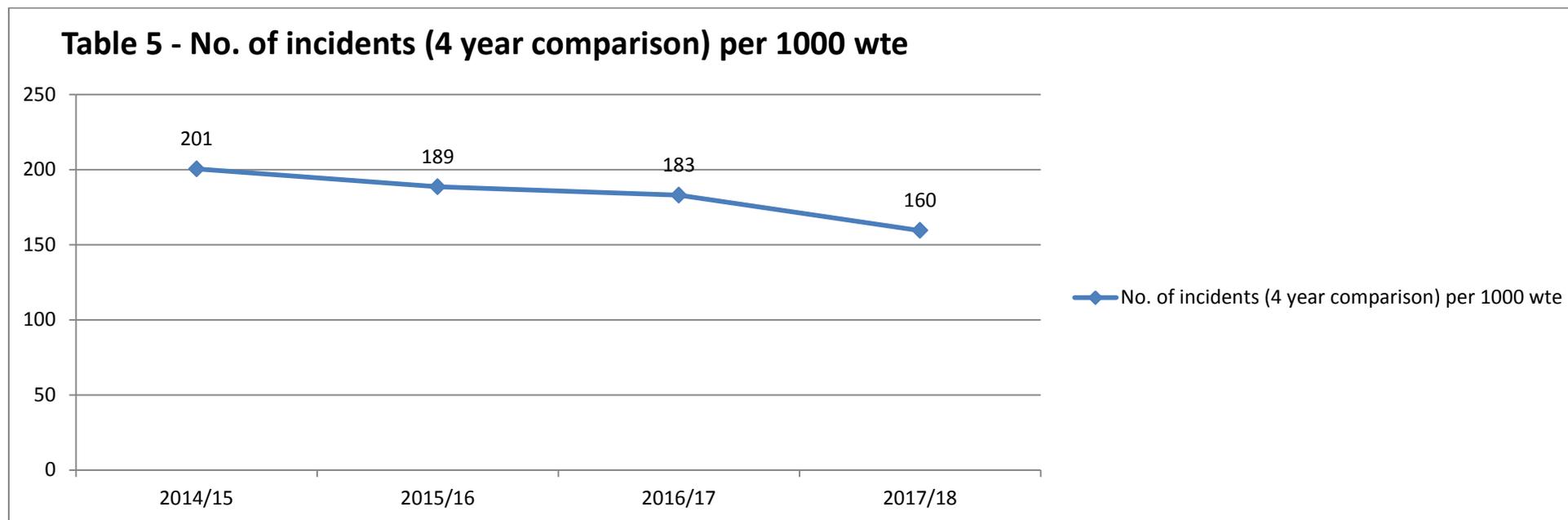
In addition, in accordance with the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995, RIDDOR, certain incidents must be reported to the HSE within appropriate timescales.

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.

As a result of a RIDDOR report in February 2018 the Trust received a visit from the HSE around the management of TB patients, they investigated a particular incident looking at the Trust process, policies and documentation and interviewing various staff. Following a day with the HSE the Trust were found to be managing TB appropriately and on this occasion received a clean bill of health.

The Trust also received a planned visit for Pathology which is part of their service provision licence, the labs were fully inspected along with documentation i.e. policies and procedures, some gaps were found in some processes however following implementation of an action plan to address the issues identified The HSE have confirmed no further action is to be taken.

The Trust has seen an overall decrease in incidents reported of 13.8% 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 5). 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 Health and Safety Newsletter 'SPOT' and Trust Risk Newsletter 'Risky Business' are used to highlight these. Unfortunately, although the Trust has seen a decrease in the number of incidents reported there has been quite a significant increase in the number of RIDDOR reportable incidents, with slips, trips falls being the highest cause (16), Q3 saw the highest number of RIDDORs being reported all from a variety of different activities. (see table 6 for details)



**Sharps:** The Trust continues to support the use of safer sharps mechanisms which have been introduced over the last couple of years and are actively monitoring for new devices as they come onto the market, trialling as appropriate for their introduction where feasible. Consideration is given to suitability of products and ease of use as we do not want to introduce new risks when implementing them.

**Manual Handling:** This year has seen a reduction in the number of incidents involving inanimate objects (37.9%) and a slight increase in the number of patient handling incidents (12.7%).

**Violence and Aggression:** 2017/18 has seen a 9% reduction in V&A incidents. The H&S Officers continue to work with departments and the Security team in the review of risk assessments following any incidents within their area.

**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 2017/18 was 38 which is an increase on 2016/17, Table 6 shows a breakdown of the incidents by subject and Division.

**Table 6**

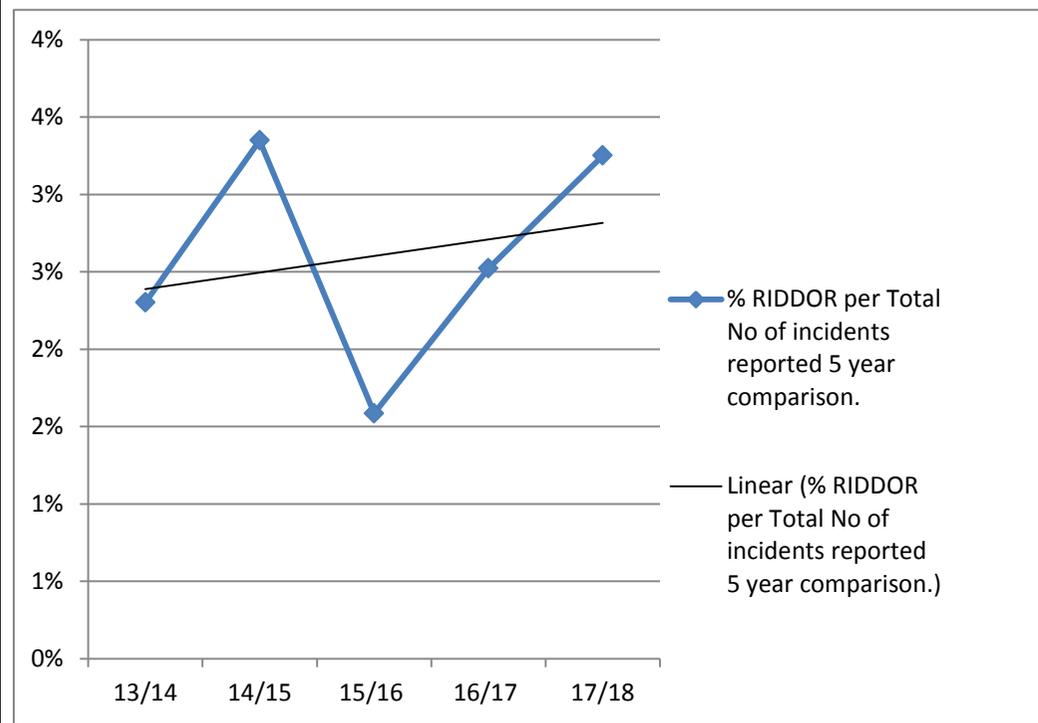
	Slip trip falls (16)	Patient H&S (3)	Manual People (5)	Handling Inanimate (4)	Hazardous substances (2)	V&A (5)	Contact (2)	Occ. Health (1)
Div 1	1	1	0	2	0	0	1	0
Div 2	3	2	5	0	2	5	0	1
Corporate	1	0	0	1	0	0	0	0
Estates & facilities	11	0	0	1	0	0	1	0

**Table 7 – Total number of RIDDORs reported – 5 year comparison.**

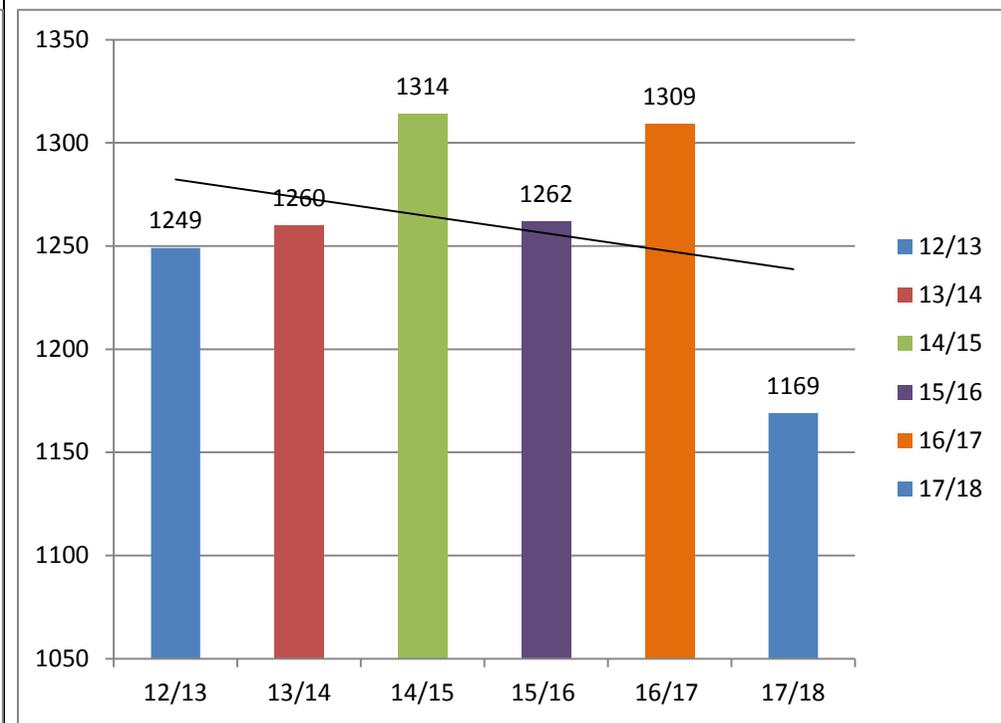
Year	No. of RIDDOR Reported	Direction of change	% RIDDOR per Total No of incidents reported in same year.
2017/18	38		3.25%
2016/17	33		2.52%
2015/16	20		1.58%
2014/15	44		3.35%
2013/14	29		2.00%

A total of 1169 incidents categorised on Datix as Health and Safety have been reported during the period of April 17 to March 18. This figure includes RIDDOR and near miss incidents and indicates a 10.7% decrease in the number reported for the same period 16/17 (1309). The table below (8) plots the percentage of RIDDORs per total number of incidents reported in the same year. Table 9 shows a comparison of incidents reported and table 10 gives the incidents by subject activity comparison.

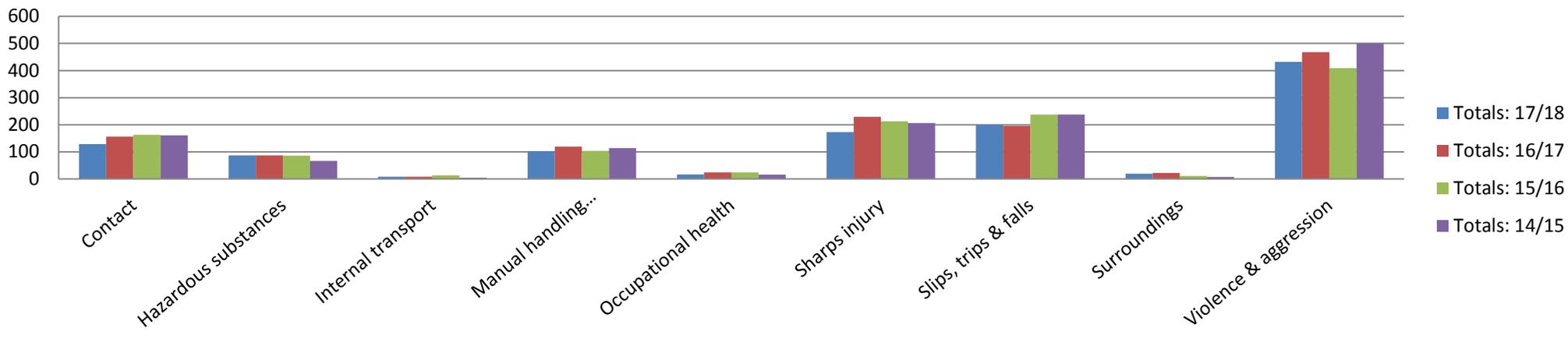
**Table 8 - % RIDDORs per total number of incidents reported (5 year comparison)**



**Table 9 – 6 year comparison Health and Safety incident numbers reported**



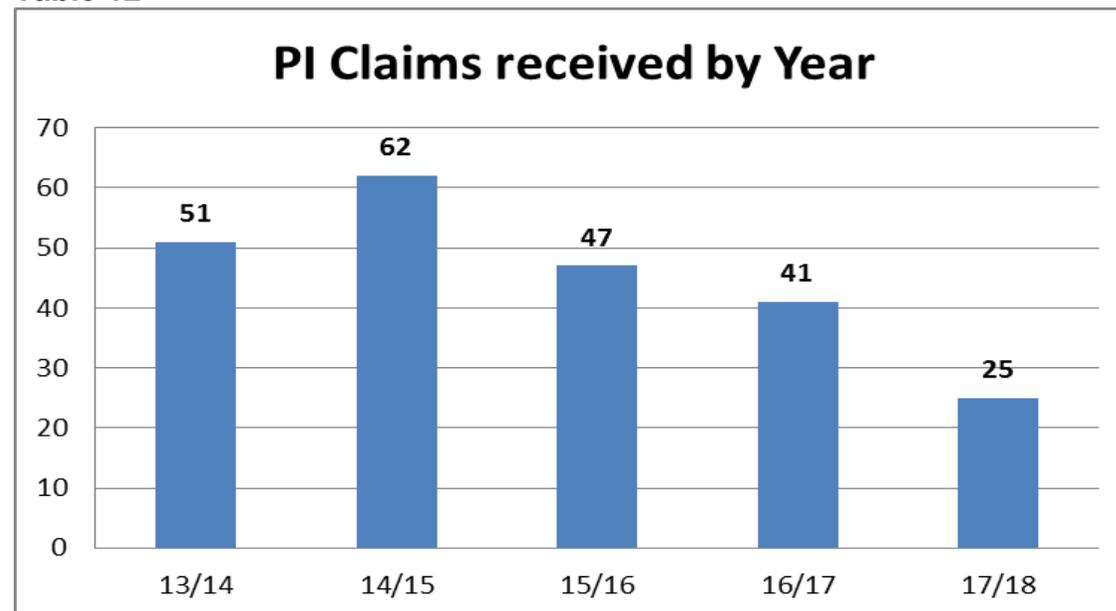
**Table 10 - 4 year subject activity comparison**



**Personal Injury Claims Monitoring – 2017/18**

The table below (12) shows the number of new personal injury claims received within this financial year, there has been for the third consecutive year a significant decrease in the number of claims received in comparison with the previous years.

**Table 12**



**Table 13 - 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	31	£0	£0	£0	£0
Payment before proceedings served	6	£29,617	£16,685	£0	£46,302
Payment in Court	2	£10,238	£35,997	£5,790	£52,025
Payment out of Court after proceedings served	6	£35,650	£56,638	£6,533	£98,821
Successfully Defended post proceedings	4	£0	£520	£5,450	£5,970
<b>Totals</b>	<b>49</b>	<b>£75,505</b>	<b>£109,840</b>	<b>£17,773</b>	<b>£203,118</b>

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.

### **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**

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.

This is undertaken as 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 have been provided against all indicators to Divisions, HSSG and QSAG to ensure monitoring of the Trust performance with regard to Health & Safety. The Health and Safety work plan 2018/19 will further improve this process once indicators have been reviewed to meet current demands.

All RIDDOR incidents are investigated, investigations are reviewed to identify learning and any lessons are shared within appropriate areas. The H&S team also use personal injury claims reports and outcomes from root cause analysis reports for serious incidents to highlight risks that could occur in other areas and how they have been managed, working with other specialist teams to support and address issues raised.

From the HSE visits this year the Health and Safety Team supported the departments with their preparation and any actions required to meet full compliance. The TB incident investigation found the Trust to have robust systems and processes in place to manage staff health and wellbeing. Radiology continues their work and have made significant progress with all their documentation and risk reviews moving into the review process now. They continue to meet monthly to ensure robust control of any outstanding work and also to now include the implementation of the new Radiation Regulations.

### 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. During this financial year 2017/18 HSSG has distributed the following to relevant specialist leads for review/consideration by specialist leads:

(XX) last year

No. of Notices	Type of Notice	Impact to organisations
20 (22)	Improvement	Financial implication (Fee for Intervention(FFI)), Service interruption Reputation
10 (2)	Prosecutions	Financial implications (fines) Service Interruption Reputation
1	Prohibition Notice	Loss of service provision Financial (FFI) Reputation

Below details the reasons for the Notices being issued cited by HSE (UK).

Notice Number	Recipient's Name	Issue Date	Result	Breach
<a href="#">308612867</a>	Maidstone & Tunbridge Wells NHS Trust	15/12/2017	<b>Improvement Notice (IN)</b>	<b>Management H&amp;SW Regs</b> Inadequate arrangements for monitoring and review of the preventative and protective measures necessary to minimise the risk of exposure of employees to hazard group 3 biological agents
<a href="#">308597087</a>	Fife Health Board	08/12/2017	<b>IN</b>	<b>Safer Sharps Regs H&amp;S@W Act</b> Failure to ensure that where medical sharps are used in the Maternity Unit at the Victoria Hospital Kirkcaldy, safer sharps are used so far as is reasonably practicable. Failure to investigate the circumstances and cause of incidents in the Maternity Unit at the Victoria Hospital, Hayfield Road, Kirkcaldy where employees have suffered an injury from medical sharps that has been notified to you and taken the necessary action to prevent reoccurrence.
<a href="#">308597136</a>	Fife Health Board	08/12/2017	<b>IN</b>	<b>Safer Sharps Regs H&amp;S@W Act</b> As above
<a href="#">44869300/02</a>	Fife Health Board	10/11/2017	<b>Prosecution Guilty Fine</b>	<b>£60,000 H&amp;S@WAct</b> Failed to ensure that a suitable and sufficient assessment of the risks to the safety of patient arising from potential falls was conducted in order to identify the necessary measures; which resulted in the fatality

Details of the Notices are shared at HSSG and circulated to the subject leads requesting assurance that RWT has controls in place to prevent similar actions. Leads are being asked to respond within their reports to HSSG at the following meeting.

With the review of the HSE sentencing guidelines has seen a substantial increase in the amounts companies are being fined, the now take into consideration

- Culpability
- Harm
- Turnover
- Aggravating and mitigating factors
- Proportionality
- Other factors

- Reduction for guilty plea
- Compensation and ancillary orders
- Totality principle

The court will also consider wider impacts of a fine within the organisation or on innocent third parties e.g:

- The fine impairs offenders ability to make restitution to victims
- Impact of fine on offenders ability to improve conditions in the organisation to comply with the law
- Impact of the fine on employment of staff, service users, customers and local economy
- Where fine will fall on public or charitable bodies the fine should normally be substantially reduced if the offending organisation is able to demonstrate the proposed fine would have significant impact on the provision of its services

Examples of recent fines in the NHS are:

Case/Breach	Defendant's Name	Hearing Date	Result	Fine £	Act or Regulation
<a href="#">44554880/01</a>	Chelsea & Westminster Hospital NHS Foundation Trus	12/12/2017	Guilty-Fine	40,000.00	Health and Safety At Work Act 1974 / 3 / 1
<a href="#">44554880/02</a>	Chelsea & Westminster Hospital NHS Foundation Trus	12/12/2017	Guilty-Fine	40,000.00	Health and Safety At Work Act 1974 / 2 / 1
<a href="#">44869300/02</a>	Fife Health Board	10/11/2017	Guilty-Fine	60,000.00	Health and Safety At Work Act 1974 / 3 / 1
<a href="#">44726790/01</a>	Shrewsbury and Telford Hospital NHS Trust	26/09/2017	Guilty-Fine	0.00	Health and Safety At Work Act 1974 / 3 / 1
<a href="#">43896610/01</a>	United Lincolnshire Hospitals NHS Trust	19/07/2017	Guilty-Fine	500,000.00	Health and Safety At Work Act 1974 / 3 / 1
<a href="#">43896610/02</a>	United Lincolnshire Hospitals NHS Trust	19/07/2017	Guilty-Fine	500,000.00	Management of Health & Safety at Work Regulations 1999 / 3 /
<a href="#">44717460/01</a>	Surrey and Borders Partnership NHS Foundation Trus	22/06/2017	Guilty-Fine	300,000.00	Health and Safety At Work Act 1974 / 3 / 1
<a href="#">43869180/01</a>	Greater Glasgow Health Board	22/05/2017	Guilty-Fine	50,000.00	Health and Safety At Work Act 1974 / 3 / 1
<a href="#">44096450/01</a>	NHS Greater Glasgow & Clyde	22/05/2017	Guilty-Fine	50,000.00	Health and Safety At Work Act 1974 / 3

*Data courtesy of HSE website*

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

### 6.3 Learning from audit/inspection reports

Policy compliance reporting continues to be reported via HSSG bi-monthly and 6 monthly to QSAG 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.

#### Relevant Legislative consultations/changes during 2017/18

Regulation	Review outcome	Action
EU Directive for management of Ionising Radiation	Lays down basic safety standards for protection against dangers arising from exposure to ionising radiation.	The current monthly working group is monitoring progress with the action plan. The Trust has registered its position and continues to work towards full compliance.
Memorandum of Understanding HSE/CQC	Confirmed the relationship between the HSE and CQC and how they will work together to ensure safety for both Patients and Staff.	Shared with relevant management teams and HSSG members.
Workplace Exposure Limits EH40 Review	Review of acceptable chemical levels	Awaiting full outcome
Control of Asbestos Regulations	Increase in the interval by 1 year for licensed workers to attend medical examination.	Awaiting full outcome

### 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 Trust has moved the management of alerts onto the Health Assure (Allocate) system to enable triangulation with other elements of assurance (e.g. CQC Domains, National Guidance etc.) and to improve reporting and monitoring of compliance, this is developing well and the aim is to have this rolled out fully by the end of Q2 2018/19.

**Table 14 Safety Alerts received and responded to (Apr 17 – Mar 18)**

YTD received (financial year)		YTD Closed		YTD Open		Open (YTD & Previous years still open)	
MDA's	43	MDA's	37	MDA's	6	MDA's	6
EFN's	45	EFN's	45	EFN's	0	EFN's	0
NHS/PSA/	6	NHS/PSA/	5	NHS/PSA/	1	NHS/PSA/	1
EFA	5	EFA	5	EFA	0	EFA	0
NHSI	1	NHSI	1	NHSI	0	NHSI	0
CHT	1	CHT	1	CHT	0	CHT	0
Total	101	Total	94	Total	7	Total	7

Overdue Alerts x NHS PSA	0
--------------------------	---

The Trust Policy for the Management of Safety Alerts (HS07) has been reviewed this year and upon instruction from Policy Group has been changed to a protocol and now sits within HS01 the Management of Health and Safety Policy.

There are several types of alerts received within the Trust and the main route these come through is the MHRA CAS system. Internally the Trust has moved to Health Assure (HA) to disseminate and monitor responses and although this is in the early stages progress is being made on improving the reporting process to provide assurance to the Board of compliance with all alerts. The aim is for the Trust to respond to alerts 100% within timescales as per the requirements of the alert actions.

This year 2017/18 the Trust achieved 98% responses received within timescales. At the time of writing there are no alerts overdue however; during the year 2 x alerts went outside the required response timescales due to a delay in receiving confirmation that actions were complete by the identified leads.

Safety alerts continue to be monitored by external bodies and the Trust works to ensure compliance within time-frames mandated.

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.

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. For all alerts any areas of concern are escalated to Compliance Oversight Group (COG). Any areas of concern would be taken through to the Quality Information Safety Group (QSIG) where Divisions would be expected to provide assurance on actions they have taken to resolve closure.

To improve on monitoring of internal action plans the Trust is continuing to develop the monitoring/reporting process through Health Assure.

## 8.0 Moving Forward 2018/19



Following the H&S Good to Great workshop at the end of 2017/18 the Team is reviewing the service it provides, looking at what works well and what requires improvement. There is an action plan being developed which will prioritise 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.



The training programme continues supported by the newly launched e-learning packages to continue to educate and raise awareness of the Health & Safety agenda.

### **Estates and Facilities – Moving forward**

CHAS Accreditation in place - the aim being to be able to undertake Project Work on behalf of Developments and within Community. Estates staff are undertaking the CSCS skill card assessments.

Estates and Facilities are reviewing their Quality, Health, Safety, and Environmental to align their systems to the requirements of the NHS England Premises Assurance Model. (PAM)

As part of this requirement all documentation is under review. A new Governance structure has been developed for Estate which is in the process of implementation which will provide additional assurance reference Estates compliance.

Estates are also recruiting a Senior Compliance and Helpline Manager to both support the division and develop PAM compliance and standards delivered.

## Waste Management moving forward

Even though behind the scenes a lot of waste is recycled, very little is seen in public domain, therefore it is my intention to look at more recycling at ward and department level. This will not only ensure that the Trust is following the waste hierarchy and reduce waste disposal costs but will also be good for Public Relations as a lot of people recycle. More recycling will also demonstrate to the public and staff that the Trust cares about the environment as well as our patients.

## Infection Prevention – Moving forward - Our Plans for 2018/19

The Trust will continue to work effectively with colleagues in primary, secondary and social care to develop work streams and individual projects that will deliver the values of the Trust and the CCGs.

A detailed annual programme of work has been developed, which includes the specific projects below:

- A strategy for reduction in gram negative bacteraemia (in particular *E.coli*) through a range of measures.
- Robust prevention and management of MRSA, MSSA and Carbapenemase Producing Enterbacteriaceae.
- Continued focus on the environment and sustaining improvements made during 17/18
- Influenza preparedness and prevention for patients and staff.
- Development of the Surgical Site Infection Surveillance Team to include assurance of adherence to NICE guidance
- Strengthened education delivery to include forging links with the University of Wolverhampton
- Sustain *Clostridium difficile* reduction with a lower tolerance of individual cases.
- Increased awareness of antimicrobial resistance through delivery of an Antimicrobial Stewardship Programme.
- Further reduction in device related bacteraemia both in the Acute and Community settings
- A strategy for reducing the use of urinary catheters
- Health and social care systems will work jointly to identify and reduce the risk of spread of tuberculosis

## Our Goals:

- Sustain best practice and broaden knowledge of infections through collection and analysis of good quality surveillance data
- Develop an infection prevention system in the wider healthcare community setting, to include care agencies and hospice settings
- Zero tolerance to avoidable health care associated infection
- Expand research activity of the Infection Prevention Team
- Sustain the Trusts' excellent reputation for Infection Prevention through team members' participation in national groups and projects.

## Security

Next year will see a capital bid for the replacement of old cctv cameras that are now beyond economical repair to further enhance the Trust security system.

## Fire Safety – Moving forward - looking ahead 2018/19

During the next 12 months the Fire Safety Team will continue to promote all aspects of fire safety to further improve its statutory provision.

In addition to the normal day to day activities, the following indicates a list of projects identified for the next financial year.

### **Risk Mitigation Strategy**

- **Heart & Lung Centre** - Continuation of risk management plan until results of Grenfell Tower Inquiry are understood.

### **Capital Projects:**

- **Deanesly Centre** - Completion of structural fire protection refurbishment.
- **Main Theatres** - Commencement of structural fire protection upgrade.
- **Tugway** - Commencement of fire protection structural upgrade/improvements

### **Training:**

- Revision of '**Mandatory Non Clinical**' training presentation
- Development of bespoke clinical '**Fire Scene Manager**' training e-learning presentation

### **Summary**

2017/18 has been a another challenging year for all areas of Health and Safety compliance due to increased pressures, reduced staffing levels, there has been an improved focus on the wider health and safety risks of the Trust with further development of the Risk Profile. 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
- John Iredale, Estates Compliance Manager
- Keith Massen, Fire Safety
- Rob Millard, Medical Physics
- Richard Penberthy, Waste Manager
- Paul Smith, Security
- Sandra Tang, Pharmacy
- Kim Corbett, Infection Prevention

10.0 APPENDICES:

Appendix 1

Appendix 1 provides some detail of the rationale for the decision to 'downgrade' against the risk profile (provided by specialist leads)

No	Area	EVIDENCE & FAILURE (Photo's - Statement)	RECOMMENDATION	COMPLETION Date
1	<b>Falls from windows Falls from windows or balconies in health and social care (HSE Info 5) MHRA Safety Alert EFA/2012/001 Never Event</b>	Many windows are of an old design and to fully comply with European guidance. Require replacement. However many new windows also in reality would struggle to fully comply with these EU requirements.	A complete audit is being completed by R&R Services which will form a detailed asset register and compliance database for all windows. From this a risk assessment will allow a plan to be drawn up to manage any risks or allow resources to be allocated as needed.	<b>30/08/2018</b>
2	<b>Medical Gas Compliance and Authorisation of Processes HTM 02 MHRA</b>	Medical Gases compliance survey has been completed, however none compliances require Capital investment.	MGPS have refreshed the Medical Gas Compliance audit. This is being reviewed and will feed into 2019/20 Capital allocations unless additional funding can be allocated this financial year to meet requirements of HTM 0201.	<b>20/06/2018</b>
3	<b>Pressure Systems Safety Regulations 2000</b>	The existing PTW to work process requires improvement in line with new guidance from Falfield.	The Permit to Work System for the Pressure System to be reviewed and amended process to be installed for day to day operations. An internal assurance monitoring system to be provided and implemented. The system to incorporate internal auditing.	<b>30/08/2018</b>
4	<b>Air Conditioning Plant. Legionella 2012 L8</b>	The F-Gas register	The register to be obtained from the contractor and placed in the Planet Enterprise management system. The register to be reviewed to ensure compliance with the legislative requirements under F Gas requirements.	<b>30/09/2018</b>
4	<b>Water Safety (Trust Premises) Control of Legionella 2012 (L8.)</b>	Outstanding defects on Compass.	There are a large number of defects being managed by the WSG and Compass. An action plan is required to manage these defects.	<b>30/03/2019</b>
5	<b>Decontamination HTM Guidance</b>	Risk Assessments for undertaking decontamination work require development.	Provide or review existing risk assessments for working with decontamination equipment.	<b>30/08/2018</b>

No	Area	EVIDENCE & FAILURE (Photo's - Statement)	RECOMMENDATION	COMPLETION Date
5	<b>Decontamination HTM Guidance</b>	SOP's to support the management of the Decontamination require development.	Refresh SOP's for the management of the decontamination, this to include PTW Procedure.	<b>30/08/2018</b>
6	<b>Radiation IRR99 (HSE) and IRMER2000 (CQC). Lead: Head of Medical Physics</b>	Risk assessment and access control to radiation designated areas lack of information.	Review the existing procedures and access controls for managing work in radiation designated areas.	<b>30/08/2018</b>

**Appendix 2**

**2017/18 H&S Audit Emerging Risks**

<b>Emerging Risks identified within this report:</b>	<b>Potential impact (including regulation)</b>	<b>Actions</b>	<b>Timeframe</b>
GP practices not fully compliant with RWT policies for H&S, baseline position identified, some gaps in risk assessments/ use of documentation.	HSE inspection Fee for Intervention (FFI) Issue of Regulatory breach notice	H&S Officers to work with GP practices to ensure full integration.	30/9/18
Monitoring of RIDDOR more than 3 days but less than 7 days absence	Potential HSE intervention	Continue to raise awareness develop KPI that considers WTE.	31/7/18
Increased RIDDOR 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
Increase in RIDDOR reporting 2017/18	Increased claims HSE inspection Issue of Regulatory breach notice	H&S Officers to work with departments to review risk assessments and control measures. Identify lessons learned and share.	31/3/19

**2018/19 Action plan**

Action	H&S Strategy Aim/ Indicator	Lead	Timeframe	Activity required
First Aid training funding ends March 2018	Indicator 4 & 5	HSIC	July 2018	Training provided during 2017, request put in for 2018/19. Unable to recruit first aid trainer to date continuing search further sessions 2018/19.
Manual handling equipment – insufficient bariatric equipment Inappropriate slide sheets Slide sheets not being used in some areas Broken equipment		Matron Boyce	Dec 2018	Project group meet regularly website developed and currently being populated. Good progress. Policy being drafted.
Maintain and develop risk profile	Aim 1.1	HSIC	March 2018	Project work – review regulations/liase with subject leads to assess level of compliance and develop action plan to address gaps.
Prioritise 35 depts not audited in 2017/18	Indicator 1	H&S Officers	July 2018	H&S Officers to prioritise areas not audited during 2017/18 for early 2018/19
Review H&S Indicators	Indicator 4 & 5	HSIC/Compliance Lead	July 2017 c/f July 2018	Review indicators and monitor part of the Good to Great work plan
Continue to work with high incident areas including RIDDORS to improve risk assessments controls and implementation	Indicator 4 & 5	H&S Officers /Managers /reps	March 2019	Quarterly review of incidents, proactive follow up upon notification of serious incidents/RIDDORS
Align RIDDOR's with claims for last 3 years and analyse data	Aim 1.4	H&S Team	July 2018	Work started, data currently being analysed Review data and report
Development of Safety Alerts Module on Health Assure – improved reporting for CAS		HSIC	July 2018	Training of users Develop SOP Launch

Action	H&S Strategy Aim/ Indicator	Lead	Timeframe	Activity required
Following approval of Safe Driver Policy – audit to be undertaken to assess how well implemented – dependent on results - transfer to HS01 as protocol	Aim 1.6	HSIC/Community Mgt/Transport Manager	Dec 2018	Audit implementation of policy to ascertain success of implementation with a view to merging into HS01 Mgt of H&S First audit identified non-compliance, second audit planned for June 2018.
Lack of training records for statutory training topics	Indicator 4 & 5	H&S Team	Sept 17 c/f March 2019	E-packages launched, compliance will be monitored via Training Database June 18 onwards.
Provide assurance around HSE breaches and Notices issued of actions being taken by the relevant subject lead to reduce the risk of RWT receiving similar HSE Notices.	Aims and objectives of Strategy	Subject Leads to HSSG	Commenced July 2017 c/f July 2018	Subject specialist lead to provide feedback to HSSG at meeting following issued Notices.

### 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
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
QSAG	Quality Standards Action Group
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
SDA	Supply Disruption Alert
SOP	Standard Operating Procedures
WTE	Whole Time Equivalent