Date of meeting	17 July 2018
Paper number	I5

Health and Safety Annual Report

For approval:	x	For assurance:		To note:	

Accountable Director	Tina Ricketts Director of People & Culture		
Presented by	Tina Ricketts Director of People & Culture	**Author**	Paul Graham Health & Safety Manager

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care	
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business			

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability		Operational Performance		Quality of Care	
Finance and use of resources		Strategic Change		Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
Trust Leadership Group	6th June 2018	Reviewed
People and Culture Committee	9th July 2018	No assurance given

Assurance: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*	N	BAF number(s)	

Assurance in respect of: process/outcome/other (*please detail*) …processes in relation to the management of health and safety within the trust

Significant assurance ☐ *High level of confidence in delivery of existing mechanisms/objectives*	**Moderate assurance** ☐ *General confidence in delivery of existing mechanisms /objectives*	**Limited assurance** ☐ *Some confidence in delivery of existing mechanisms /objectives*	**No assurance** ☒ *No confidence in delivery*

Recommendations	The Board is asked to note the report.

Executive Summary

This report contains a summary of the health and safety activities and risks for the reporting period 1st April 2017 to 31st March 2018. The report shows some encouraging progress following the work undertaken by managers and staff to avoid workplace hazards and where appropriate report accidents and near miss incidents. Staffing level incidents continue to be a frequently reported problem with needle-stick incidents featuring as the most common cause of harm to staff.

Background

This annual report has been produced to inform the Trust Board of the health and safety management activities that have occurred during the period 1st April 2017 to 31st March 2018. These activities were based upon meeting the key objectives as identified within the Health and Strategy 2016/18. A series of graphs generated by the DATIX Risk Management System have been included to illustrate the numbers of incidents reported during the above period. The report also includes details of the health and safety risks that are currently on the Trust's Risk Register.

Issues and options

Objective 1: To ensure an effective, co-operative and integrated approach to health and safety management across all three hospital sites.

The Trust Health & Safety Committee met in March, May, November 2017 and January 2018. Attendance by the divisions has continued to improve over the last 12 months. The appointment of a Director of People and Culture to the role of Trust Health & Safety Lead and Chair has helped to highlight the importance of this Committee and focus on the importance of regular attendance.

During the year the Committee discussed the following topics:

- Risk Screening Tool 2017
- KTC Technical Services Workshop
- Decommissioning of NHS Protect
- Hot Topics: Safe use of medical devices
- Hot Topics: First Aid at Work
- Role of Safety Committees
- Mandatory Training
- Regulation 15 (Health & Social Care Act 2008 – Regulations
- 2014)
- RIDDOR cases involving patient falls
- Audiology booths at POWCH
- NSI's reported in Surgery
- PFI Partners access to Datix
- Security access to Kings Court

A number of these topics were subsequently communicated to all members of staff via the Trust's Weekly Brief.

Objective 2: To ensure effective compliance with all relevant health & safety legislation and any quality and safety standards that includes the 5 Care Quality Commission (CQC) Domains.

In 2017 the Trust reviewed the policy approval process and confirmed that following the consultation process the Key Documents Approval Group's (KDAG) role was to receive amended documents for final approval. The following H&S policies were reviewed and updated:

- Manual Handling

> ➢ Latex
> ➢ DSE
> ➢ COSHH
> ➢ First Aid at Work
> ➢ Work at Height
> ➢ Noise at Work
> ➢ Security
> ➢ Lone Worker
> ➢ Management of Violence & Aggression
> ➢ Slips, trips & falls for staff, visitors & contractors

The Trust has continued to assess its level of compliance with the CQC Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and in particular Regulation 15 which relates to premises and equipment. Assurance is obtained via the risk assessment and audit processes with the records of risk assessments being retained on the Datix Risk Register.

The Trust continues to regularly distribute medical device alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA), NHS Improvement and the Department of Health. The information sheets received from the Central Alerting System (CAS) identify particular hazards and risks that may need to be addressed.

The Trust met the deadlines of all Central Alert System (CAS) alerts received during 2017/18 with the following exceptions issued by NHS England:

> ➢ **NHS/PSA/W/2018/001:** *Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders.*
> ➢ **NHS/PSA/D/2016/009:** *Reducing the risk of oxygen tubing being connected to air flowmeters*

These are currently being actively managed by the Patient Safety Team.

Objective 3: To increase staff involvement in health and safety management by encouraging them to participate in the risk assessment process, reporting and investigating accidents and incidents.
The Trust continues to make use of the Datix electronic Incident reporting process which is available to all staff via the intranet. The system currently has 28 non-clinical incidents awaiting review, 175 under review and 50 incidents awaiting final approval. Of the 254 incidents, 156 are currently overdue for action. A number of these events have occurred in general access areas of the Trust or in other areas which are not under the direct responsibility of any particular manager. The H&S Manager continues to work through these incidents to help close them out. The H&S Committee receives quarterly divisional reports which identify any outstanding actions and learning points from their accidents and incidents. The divisions themselves also regularly monitor the closure of all incidents in order to meet the timescales stated within the Incident Reporting Policy.

The Bar chart below illustrates the main categories of 'non clinical' incidents reported over the past 12 months. The largest number of recorded incidents related to staffing issues. The staffing situation is constantly being monitored corporately and locally by divisions.

There is worrying trend developing in the number of equipment incidents. Underneath this generic category are further sub-categories which indicate that many of the incidents involved items of equipment that was either broken, defective or had failed in some way during use. The

Trust must ensure that equipment is regularly maintained in accordance with the manufacturer's instructions and that staff are suitably trained to safely operate any equipment that they need to use. All incidents relating to medical devices were reported to the Medical Devices Group and followed up with the local work area and where necessary reported to the Medicines Healthcare products Regulatory Agency (MHRA).

**Top 5 categories: Non clinical incidents 2017-18**
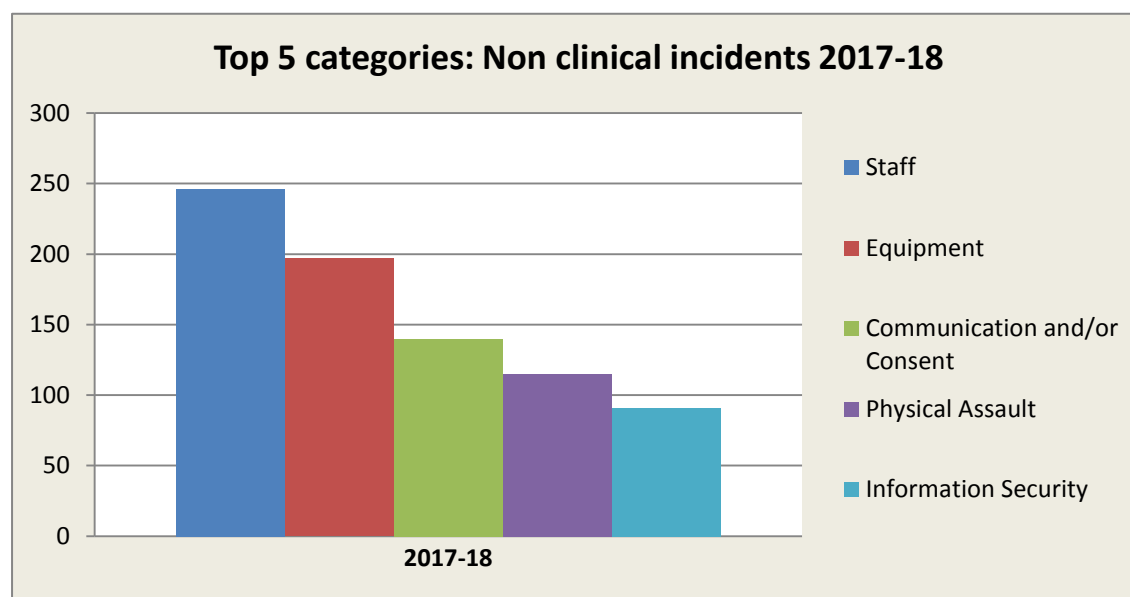
The following Bar Chart compares the numbers of 'near miss' incidents reported in 2017/18. As with the overall number of incidents the most frequently occurring 'near misses' related to staffing levels. All information security incidents were reported to and investigated by the Information Governance Manager.

Top 5 categories: Non clinical near misses 2017-18
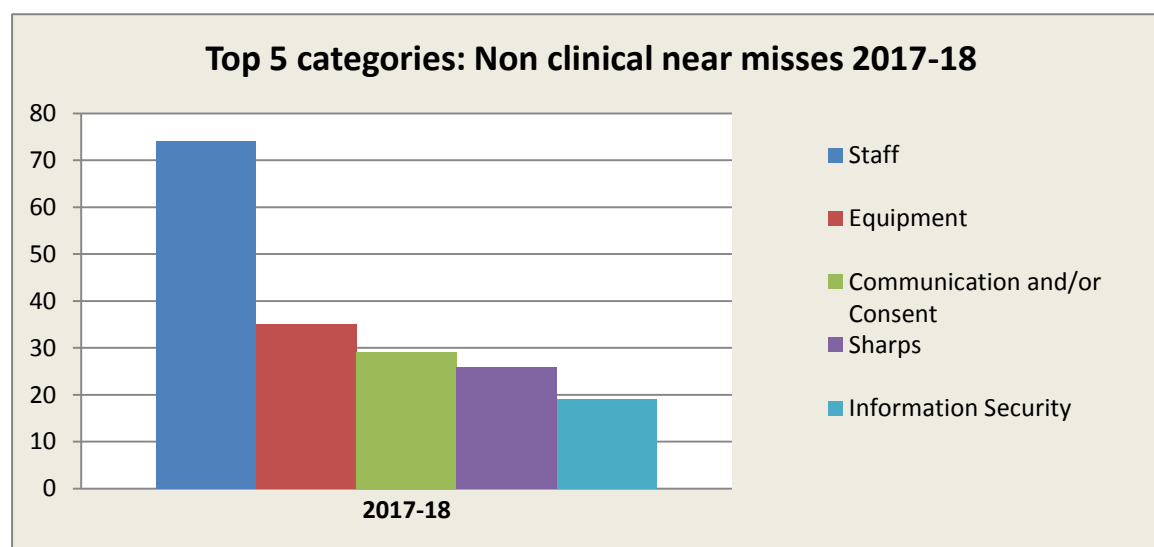
The next Bar Chart compares the top 5 key categories of incidents that have caused harm to staff between 2016/17 and 2017/18.
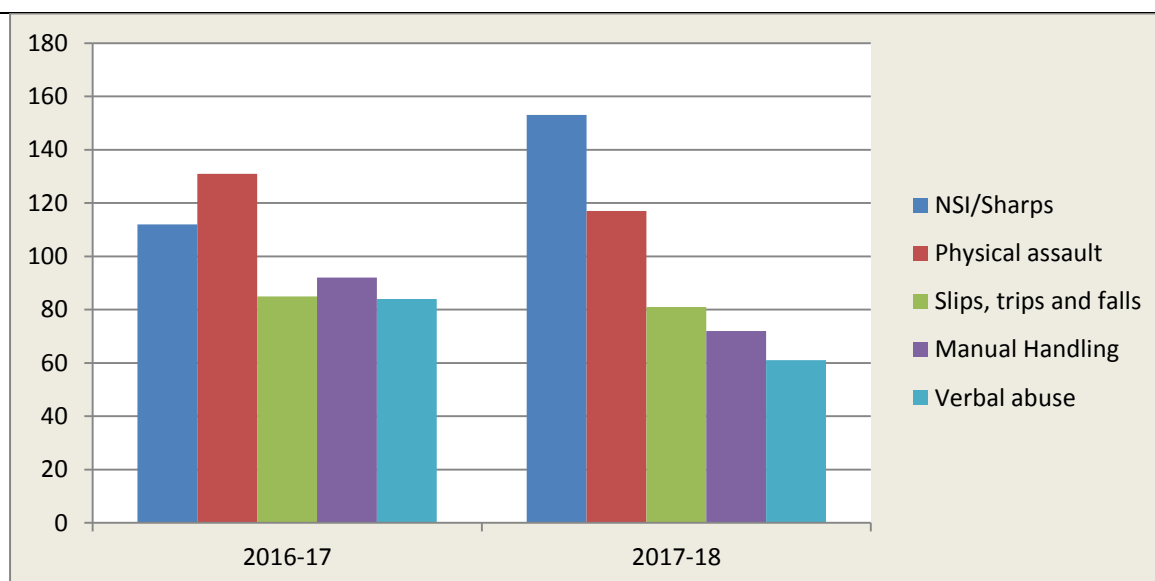
Encouragingly for the second consecutive year the overall numbers of physical assaults and verbal abuse incidents have decreased.

In contrast the number of incidents involving needle-stick and sharps injuries has substantially increased by over 40. The Associate Chief Nurse – Infection Control has recently established a new working group to look into the current risk controls and consider whether there are any further risk reduction methods that can be introduced.

Slips trips and falls and manual handling have both seen a reduction in the overall numbers however these types of incidents remain the major cause of RIDDOR cases.

The Trust also uses the Datix system to record all of its health, safety and security risks. The system currently has 29 open risks recorded on the Risk Register. Of these 29 risks, 1 risk is graded as High, 9 as Moderate, 16 as Low and 3 as Very Low.

The following risk remains graded as a **High**:

Due to the lack of adequate control there is a risk to patients and staff caused by the possible unauthorised access to the MRI scan room at WR

The Head of Estates has been informed and the work required to reduce the risk is currently sitting with Engie for costing purposes.

The following are the current **Moderate** risks recorded on the system:

Residual risks which are currently retained by the Trust:
- Manual handling – general risk to staff employed to carry out manual handling tasks.
- Exposure of staff to the potential risk of sustaining a needle-stick injury.
- Staff at risk of violence & aggression from patients.
- Exposure of staff, visitors & contractors to slip trip & fall hazards.

Risks that are currently under review:
- Risk of non-compliance with National waste guidance and potential incorrect segregation

of waste (Estates & Facilities).

- Reception desk in Radiology at AH unfit for purpose (SCS Division)
- Risk of exposure to high risk organisms in Pathology (SCS Division).
- Trust lacks an efficient system of identifying its health & safety risks (Trust wide).
- Potential risk to quality of care in OPD – relating to ineffective ventilation and overcrowding or work area (SCS Division).
- Risks associated with the use and transportation of Formaldehyde (SCS Division)
- Lack of Investment Leading to Failure of Essential Plant and Machinery Causing interruptions in Patient Care or Personal Injury (Estates & Facilities)

The following Moderate risks appeared on the register during 2016/17 but have subsequently been altered or closed accordingly due to either re-assessment or because the risk is no longer present.

- Increased risk of neonatal abduction due to an insufficient number of baby security tags (W&C Division).
- Violence & aggression of service users at Minor Injuries Unit at KTC – staff and others may be injured (Urgent Care Division).

Regular audits continue to be undertaken by the Infection Control team which contribute to the overall health & safety management programme.

Health & safety compliance audits were carried out during 2017/18 for the COSHH, violence & aggression and safety alerts policies. The average audit score for compliance was as follows:

- ➤ COSHH = 81%
- ➤ Violence & Aggression = 90%
- ➤ Safety Alerts = 90%

Objective 4: To provide appropriate training and guidance for managers and staff that enables them to safely undertake their work activities.
From April 2018 the Trust is to provide managers with health & safety training. This will consist of a one day course to include both theory and practical skills in risk assessment and accident investigation. It will be aimed at Bands 6/7s who have been identified by the Directors of Operations as the individuals responsible for managing health & safety at a local level i.e. wards/departments.

All staff continue to attend a three yearly refresher risk management training day which includes an update on health, safety and security issues.

Attendance figures for mandatory training as at 31st March 2018 show that the Trust is achieving a 91% level of compliance with Health & Safety and 83% with Violence & Aggression (Conflict Resolution Training).
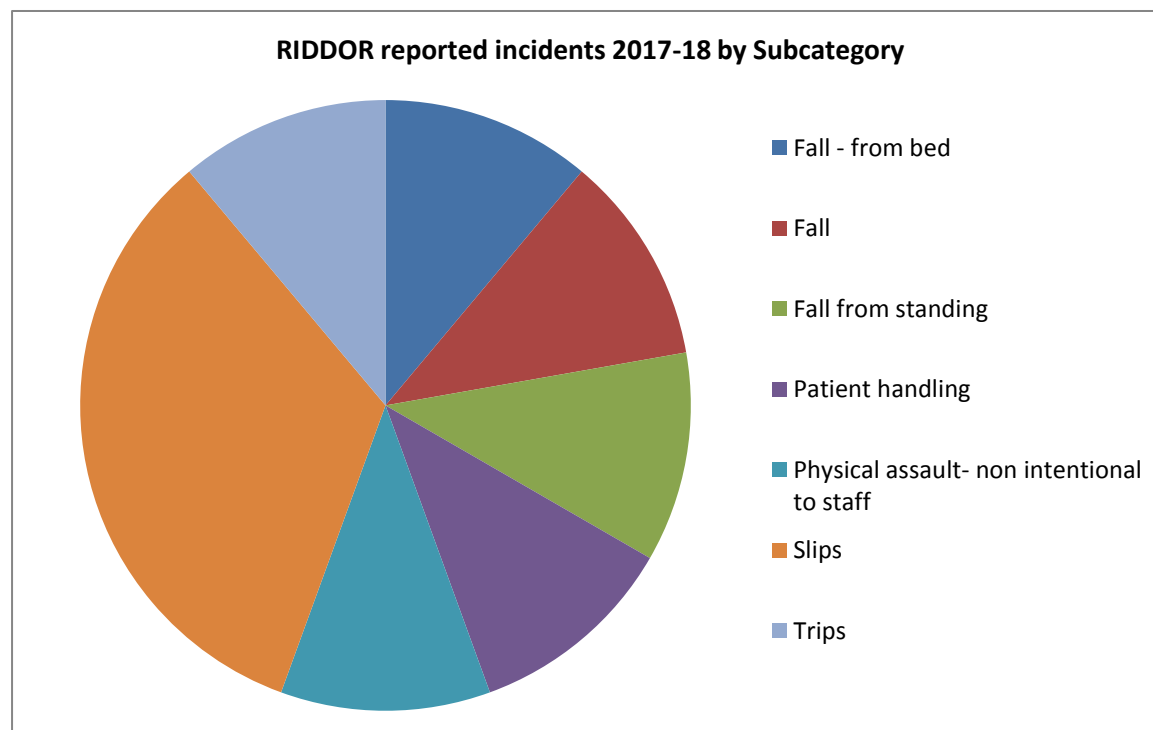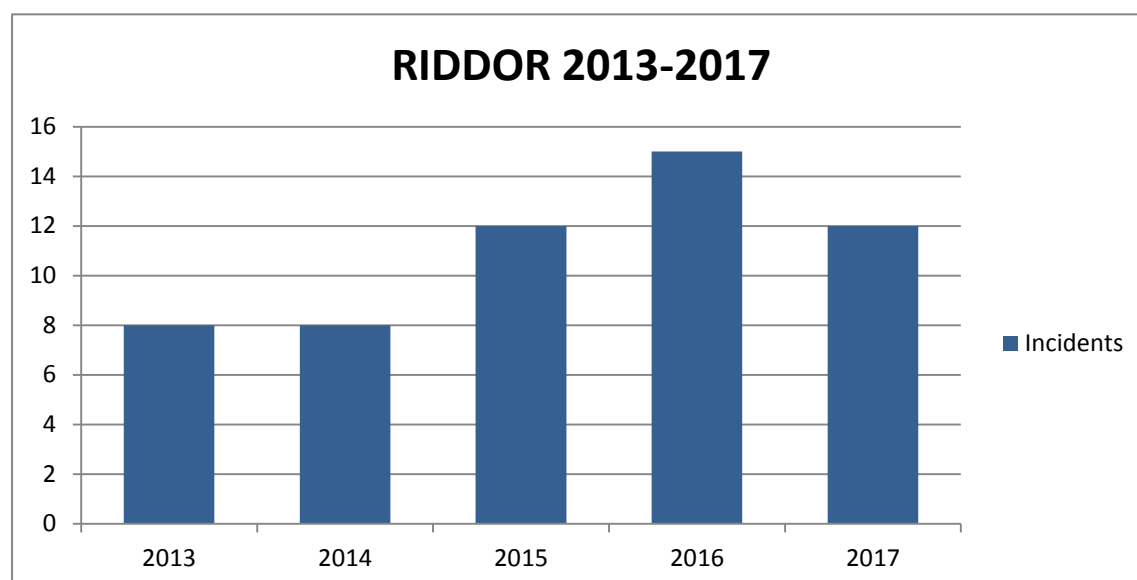
Objective 5: To reduce the number of accidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
(RIDDOR).
Datix has been used to record and regularly report on performance in terms of reducing the numbers of accidents across the Trust. These reports have been provided to various committees and included as part of the Trusts overall performance review.

The H&S Manager reviewed each RIDDOR case with the relevant managers and staff-side members in order to help identify the root causes and determine what lessons could be learnt to prevent any re-occurrences.

The overall number of RIDDOR cases (see chart below) has decreased from 15 incidents in 2016 to 12 incidents in 2017. The majority of these cases related to slips on wet floors.

RIDDOR 2013-2017

RIDDOR reported incidents 2017-18 by Subcategory

Legend:
- Fall - from bed
- Fall
- Fall from standing
- Patient handling
- Physical assault- non intentional to staff
- Slips
- Trips

Of the 12 cases reported during 2017/18:
- ➢ 5 involved slips on wet floors which resulted in fractures.
- ➢ 3 involved patients falls resulting from the failure to fully implement the necessary falls prevention techniques.

- ➤ 2 involved members of staff sustaining 'over 7 day' injuries resulting from trip hazards.
- ➤ 1 involved a member of staff sustaining an 'over 7 day' injury following a violent incident.
- ➤ 1 involved a member of staff who sustained 'an over 7 day' injury resulting from a manual handling incident.

The following learning points were identified and shared as part of the investigation process:

Learning Points:
- Staff must follow the handling assessment either detailed in the patients care plan or following a dynamic assessment of the task to be carried out. (Included in Manual Handling training)
- The Trust must continue looking at ways it can prevent staff having to carry out hazardous manual handling tasks.(Manual Handling Team available to advise)
- Staff must be made aware of potential hazards within the work place.(Environmental Assessments are undertaken but these need to be shared with all affected staff)
- Potentially aggressive patients must be suitably assessed to identify any control measures that can be implemented to help reduce the risk of violence against staff (Included in Mandatory Training).
- Where necessary falls assessments of patient must be carried out and any falls prevention techniques implemented accordingly. These must also be suitably recorded in the patients care plans/medical records.(Shared with members of Serious Incident Group – revised version of falls assessment)

Objective 6: To effectively manage any security issues that are identified as part of the Trust's risk assessment process.
NHS Protect was de-commissioned on the 3ʳᵈ July 2017. As an original 'arm's length' body it no longer provides security support to the Trusts' Local Security Management Specialists (LSMS) or requires the Trust to report incidents to the Security Incident Reporting System (SIRS). It does however remain a requirement to have an LSMS in post and for the Trust to provide evidence to our Commissioners that we are complying with the NHS Security Management Standards under the NHS Standard Contract. Work around fraud will continue but under the management of a new body called the NHS Counter Fraud Authority.

The Trust has continued to monitor compliance with the NHS Security Management Standards which enables us to give assurance to our Commissioners that we are identifying and addressing any security risks that may apply to the acute setting.

Objective 7: To ensure that all food service areas of the Trust including the PFI, that are inspected by their relevant Local Authority Environmental Health Food Safety Inspectors, achieve a minimum Food Hygiene Rating level of 4 Stars.
The food hygiene and waste management standards and any associated risks continue to be monitored by the Catering and Portering & Transport Manager respectively. No significant risks have been reported through to the Trust H&S Committee.

The Alexandra CPU and catering department have retained their 5 Star excellent rating and Kidderminster have received 5 Star excellent rating which is up from last years which was 4 Star.

Objective 8: To achieve an acceptable standard of fire safety in accordance with statutory requirements and Department of Health guidance, thereby minimizing the incidence and impact of fire.

The Trust has an average of 89 unwanted fire signals each year across the three hospital sites. This is very low given the number of automatic smoke detectors fitted and the public access. All incidents are investigated to reduce re-occurrence.

All Fire Risk assessments are subject to continuous informal review via regular audits, fire drills and surveys. Formal reviews will occur in the event of a significant fire incident, a change in relevant legislation, a change in mandatory requirements, every two years (or sooner if material alterations are made to the structure, fire precautions or use of the premises), or at the specific request of the Local Fire Enforcement Authority. A Certificate of Fire Safety Management is signed each year by the CE as proof of compliance and kept on file. The significant findings of each fire risk assessment are passed to the relevant managers for action and are tracked at regular meetings with the Fire Safety Manager.

All 6000 plus staff receive regular fire training from the Trust Fire Safety Advisers with a 90% attendance target. All clinical staff receives annual face to face training that includes the use of Hagen Smoke Goggles, Laser fire extinguishers and the practical use of ski pads for evacuation. Office based staff do face to face training every other year with e-learning in the intervening year.

Monthly fire drills are carried out on each hospital site together with bi-monthly fire team and fire warden training sessions.

Recommendations
The Board is asked to approve the report.