



Report to:	Trust Board (Public)	Agenda item:	SFT4149
Date of Meeting:	6 December 2018		

Report Title:	Health & Safety Annual Report			
Status:	Information	Discussion	Assurance	Approval
				X
Prepared by:	Paul Knight, Health & Safety Manager			
Executive Sponsor (presenting):	Paul Hargreaves, Director of OD and People			
Appendices (list if applicable):	<i>Appendix A Corporate and Self Audit Results</i> <i>Appendix B HSE – CQC – Memorandum of Understanding</i> <i>Appendix C Safe Sharp Update</i> <i>Appendix D Progress on Smoking Cessation</i> <i>Appendix E COSHH compliance for cleaning chemical</i> <i>Appendix F Summary of the Sub Groups</i> <i>Appendix G Activities of the HSE</i>			

Recommendation:
The Board are asked to consider and approve the Health and Safety Annual Report.

Executive Summary:
<p>This report details how the Trust manages and measures health and safety within the organisation. It provides assurance to the board that it can honour its obligations under current and future legislation. It lists the activities of the service and how it supports staff through advice, guidance and training. It reports on the activity of the enforcing authorities (Health and Safety Executive, CQC, EA and the Local Authority), both in the Trust and in other comparable organisations. There is a section on legislative changes that have, or may in the future, impact on our operations. There is also incident trend analysis and audit results portrayed that will provide evidence for the board on health and safety compliance and performance.</p>



SALISBURY NHS FOUNDATION TRUST

HEALTH AND SAFETY ANNUAL REPORT April 1st 2017 – March 31st 2018

Contents

1. Introduction
2. Organisational structure and staffing levels
3. Roles and responsibilities
4. Objectives 2015/2016
5. Health & safety audit system
6. Activity of the health & safety committee
7. Health & safety union representation
8. HSE
9. RIDDOR
10. Audits
11. National statistics
12. Incident reporting risk and trend analysis
13. Changes in legislation
14. Policies
15. Health & safety awareness
16. Conclusion

1. Introduction

The regulatory requirements for health and safety are set out in the Trusts 'Health and Safety Policy.' Although the ultimate responsibility lies with the Chief Executive Officer, the day to day management is with the Director of Organisational Development and People. This function is delegated to the health and safety team who are based in occupational health.

2. Organisational structure and staffing levels

Staffing levels have been stable and the Health and Safety Manager reports directly to the Deputy Director of HR.

Manual Handling Adviser

Administrative support via
Occupational Health

4. Objectives set in 2016/2017 for the 2017/18 period

The service has been engaged in the safe management of the operational and organisational changes within the Trust. Supporting the new fire office, the new risk manager and all of the new in post supervisors and managers.

Delivered

- x To present corporate and self audit results to the board to enable them to assess compliance, identify weak areas, plan and implement what is needed to feed back into the system alongside the principles of Plan, Do, Check and Act (HSG 65)
- x Continue to develop and support the health and safety union representatives with regulatory updates
- x Spot audits on targeted key risk areas such as needle safe devices
- x Monitor and act on CAS alerts, Safety Action Bulletins, and Field Safety Notices
- x Monitoring the comprehensive investigation of serious incidents and ensuring prompt and appropriate measures are put in place to prevent recurrence
- x Assess the relevant sections of the Risk Register
- x Update of MLE packages where appropriate
- x Policies to be kept up to date
- x Induction and voluntary sector training
- x A health & safety awareness week
- x Support all the various sub-committees
- x Provide targeted risk assessment training
- x Ensure training on needlesafe devices is available to junior doctors and agency staff
- x Support the drive to provide a no smoking site.

Still to be delivered in full

- x Develop, in conjunction with Occupational Health, a strategy for identifying and then implementing health surveillance through policy
- x Structure the risk assessment training into separate clinical and non clinical courses although this has been part completed

5. Health & Safety Audit System

The audit system has been completed by ED, Staff Club, Waste Disposal and the Breast Unit. The staff club was a retest to ascertain if there had been any improvement since two years had passed. The areas were determined by the health and safety committee and completed by a responsible person from each area. It consists of 25 health and safety topics, each populated with a number of questions (Yes/No or N/A) or fields to enter data. It is a mixture of subjective and objective questions but it does give clear indication to strengths and weaknesses whether that be for individual areas, subjects or questions. The audit also requires the management to complete a short safety tour of their area which is very objective and an accurate snapshot of what is in place. The full set of results is contained within Appendix A, health and safety maintain an electronic and hard copy, the area keeps its own record for evidence purposes. Four further areas will be selected at the September 2018 health and safety committee meeting.

- f Following an inspection of the level 1 storage of medical records notes, better shelving was introduced.
- f I continue to regularly raise safety concerns about site traffic issues, including speed of vehicles, via the Trust's Transport Strategy Steering group.
- x I entered into correspondence with management seeking assurances about staff safety regarding three admissions into the hospital in March 2018 with suspected exposure to nerve agent.
- x I have been involved in some consultations and representations about breaks and working time.
- f I dealt with a few stress at work / workload issues affecting members as a union steward.
- f I advised some members on bullying at work issues as a union steward.

As a UNISON Branch Secretary and as Staff Side Secretary I continue to try to encourage union members to come forward as union safety reps.

Elizabeth Lach, Unite

Over the last year I have –

- x Instigated a quarterly H&S inspection of the lab and any issues found are reported to the lab management to be dealt with.
- x Raised a repetitive strain issue with management that was resolved.
- x Been speaking to all new starters in my department and giving them a laboratory H&S handout and explain my role as the Union H&S rep for Unite.
- x Been liaising with Shaneela Perkins, our lead Unite rep, with regard to staff shortages and hours worked by the current staff to see if trust policy has been breached.
- x Attending all H&S meetings where my shifts permit.

8. HSE and Enforcement Visits

8.1 Activity of the Care Quality Commission (CQC) at SFT

There were no follow up visits after the enforcement notice in early 2017.

8.2 Activity of the Health and Safety Executive (HSE) at SFT

There were no follow ups to the enforcement letter, served early 2017. The actions from that letter were complied with and the 'Fee For Intervention' bill was paid.

8.3 Activity of Local Authority (LA) at SDH

Local authorities have enforcement responsibilities for food hygiene. They inspect the kitchens for standards of hygiene, cleanliness and standards for the safe preparation and delivery of food.

- x Findings following food safety inspection on the 2nd October 2017. The general standards of compliance was high and the compliance with food safety legislation

Construction safety		1	Addressed through contract
Exposure to Substances & Pathogens including dermatitis		4	Systems are in place
Emergency stop systems		1	Systems in place
Autoclave service records	1		Checked as adequate
Exposure to X-rays IRR 2017	2		RPC assessing
Working with sharps/training		1	Training covers this
Disinfection Safety Cabinets	1		Lab safety committee
Working with Biological Agents	2		Lab Safety Committee
Cat 3 Systems of work	7		Should be in place this year
Working at heights		1	ETS have systems
Measures on violence and aggression		1	There are suitable measures in place for the Trust
Total	21	19	

Prohibition notices

Working with wood dusts	1		Not an issue for the Trust
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8.6 HSE Prosecutions on Acute Hospitals

2012/13	1 prosecution	£10,000 fine
2013/14	9 prosecutions	£43,000 fine
2014/15	9 prosecutions	£499,000 fine
2015/16	9 prosecutions	£767,000 fine

FOI Requests

There was a single request for the HSE as part of a large FOI request. Copies of all reports made to the HSE under RIDDOR in the last two years relating to accidents and dangerous incidents that had been caused by buildings, vehicles or equipment.

10. Audits and appendices

There were 4 corporate and self audits conducted at the departmental level.

Appendix A – Corporate and self audit and results from the following areas:

Summary – Pending

Appendix B – H5() ()72 0 Tc 0 Tw 2.333 05d ()Tj 0.28 0 Td (—0.28 0 Td ()Tj 0.0002 Tc 0.002 Tw 9.

Note The above figures may differ slightly from the data returned by the LSMS. It only reflects data on what has happened to staff, it does not include information on racial or sexual abuse as these are dealt with by other acts of parliament.

Risk Profile

The following information is based on the 'risks open' and the 'risks closed' currently held on the Datix database. The search criteria was on 'organisational risks' as these are in the main health and safety related.

Category	Total	Average	Range
New Risks	3	8.1	6 – 10
Open Risks	29	5.6	2 - 10
Closed Risks	88	4.7	0 - 12

Risk Score 4	Fire Door wear and tear	Acceptable with programme of replacement and modification on an annual basis
Risk Score 6	Fire Dampers PFI	No funding required as it is excessive compared to the risk and revolves around the reset ability

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arrangements in place are 'suitable and sufficient' to protect workers health and workers safety and there are measurable indicators. To satisfy this expectation, there must be clear evidence that the workforce committee have given assurance and guarantees to the board that the relationship between health and safety responsibility and authority are not being diluted or shifted.

It is now fully apparent that timely investigation and subsequent intervention into accidents, incidents and near misses has seen a stabilising of accident statistics, this is particularly meaningful considering the increased activity in all areas of service delivery. Plus, the reconfiguration of the Trust puts a higher level of potential for things going wrong.

- f* Have better coverage for manual handling induction training whilst still operating on a single point of failure when it comes to professional manual handling advice.

The Dept continue to be vigilant and proactive in that we inform and audit the Trust on a risk based principle. There was a safety alert sent out and a Trust wide audit of the safety of microwaves after a number of serious near misses, an estate alert on the safe use of batteries in a healthcare setting (both fire related) and a COSHH alert regarding a patient who had died by drinking a chemical in a general hospital.

Audit Results 2017/2018 Period

Corporate Audit There are 25 sections over a wide range of subjects and a total of 202 questions. Some of the questions are very define whilst others are more nebulous and designed to stimulate thought and precipitate actions. The analysis of the results was based on the 3 test system, compliant (100%) part compliant (50%) and non compliant (0%). Not all of the questions would have been answered in a sections as some may not have been relevant to the particular speciality.

Self Audit This is a simple safety tour of the area on the day and completed whilst walking around and observing. There are 57 questions and these are designed to be simple Yes/No or N/A answers with the compliance calculated numerically on this basis.

Area	ED	Breast & Gynae	Staff Club	Waste	Average
Out of 25 Sections Those Relevant	22	20	17	22	
Out of 202 Questions Those Relevant	166	151	117	149	146
Percentage Compliance Corporate Audit	97.2	88.6	97.9	90.2	93.5
Percentage Compliance Self Audit	90.0	88.5	100	100	94.6

Corporately, we scored well and there were very high scores on clinical waste, H&A, water safety, fire safety, work equipment, BEU incident reporting and infection prevention and control. Most of the low scores were some of the more specialised subjects and only applicable to a few employees. Working at work, communication/information and violence and aggression at work were low but this was because the applicable nature of the questions to these specific areas was not totally relevant.

Scoring Action Plan

76-100%	No action needed and the area has the correct approach to health & safety
51-75%	Management need to look at poor performing areas and put together an action plan with time scales
26-50%	Health & Safety to work with the management to resolve poor scoring areas flagged to SMT.
0-25%	As above but flagged to Director level.

Action Plan for Health & Safety This is an excellent representation of H&S and we would recommend that the Waste facility be commended on their high standards and that the Staff Club is commended for their improvement since the first audit in 2016.

Summary of 3 years data

Clinical Area	Corporate	Self	Date
Sexual Health	82.0		

- x All relevant FOD operational staff and LA inspectors should become familiar with the MoU and implement it when dealing with healthcare and adult social care providers/organisations.
- x CQC legislation is not retrospective. There may be rare occasions when HSE/LA are notified of a historical patient/service user safety incident occurring prior to the 1st April 2015. These should be considered in line with the relevant policies in place at that time.

3.a Referral of incidents and concerns to CQC

- x All RIDDORs and details of any other health and safety incidents related to patient or service user harm that are received in HSE/LA offices, should be forwarded by staff in those local HSE/LA offices to [CQC by email](#). It should be security marked as 'official sensitive'.
- x Very occasionally, LAs have not been able to use this route due to local IT policies. LAs may wish to send RIDDORs etc. to CQC via a Secure File Transfer Procedure (Secure FTP) instead. Some LAs may already have such arrangements in place. Those LAs wishing to use this method should email CQC service provider [Atos](#) requesting that a Secure FTP account be created for the CQC email address HSEIncidents@cqc.org.uk.
- x If staff are unsure, they should speak to their Principal Inspector or LA equivalent.
- x The Concerns and Advice Team (CAT) may be contacted by external notifiers in relation to patient/service user safety issues. Where CQC are the appropriate enforcement body in accordance with the MoU, notifiers should be asked to directly contact CQC's [National Customer Service Centre](#) . The telephone number is 03000 616161. CAT may seek further advice from the Sector.
- x The police may occasionally notify HSE/LA when in attendance at a patient/service user fatality or serious incident. Information will normally be passed on to operational teams for consideration. If CQC are the appropriate enforcement body in accordance with the MoU, the notifier should be asked to directly contact CQC's National Customer

- x The Sector will review the information received, pass it on as appropriate within HSE/LAs, and provide feedback to CQC.

HSE and CQC are committed to regular liaison meetings at sector level to raise any issues which are not addressed by the MoU. Any issues can be raised by contacting the Health and Social Care Services Team or by emailing the [Public Services Account](#).

4. Background

4.a Significant changes to the latest revision of the MoU (December 2017)

There has been no change in the enforcement allocation between HSE/LAs and CQC. Following feedback on the operation of the MoU so far, there has been further clarification to assist in determining the correct enforcing body.

It has been made clearer that CQC are the enforcement body in relation to suspected cases of legionella to patients/service users arising from the hot and cold water system at premises registered with them.

Additional examples have been added to Annex A and Annex B in order to assist in determining the correct enforcement body and when joint investigation may be appropriate.

Annex D has been added to set out operational working arrangements including details on how to contact inspectors from each enforcement body and how to escalate should agreement not be reached.

The effectiveness of these arrangements will be subject to an annual review carried out at Director level for HSE and Deputy Chief Inspector level at the CQC.

4.b RIDDORs in health and social care

RIDDOR will continue to apply even though CQC have the lead responsibility for patient and service user safety.

Health and adult social care providers in England are statutorily required to report similar incidents to HSE and CQC. However, CQC may not learn of fatalities sufficiently quickly.

This duplication with RIDDOR is not ideal, but the solution requires changes in statutes and this cannot be achieved in the short term.

5. Organisation

None.

6. Further references

- x Guidance on health and safety risks in health and social care is provided on HSE's [health and social care website](#).

Contacts

Status report on the use of 'safe sharps' and compliance with the 'Health

Timeline

The Trust is to be smoke free across all of its owned properties, its owned land and all of its services before January 1st 2019.

Smoking cessation group inaugural meeting

An inaugural meeting to discuss plans and configure terms of reference was convened on the 22nd March 2018.

Agreed terms of reference

The profile of the group was agreed as follows and the meetings are monthly until Dec 2018:

MEMBERSHIP

- i Executive Director Lead
- i Health & Safety Manager/Health & Safety Adviser
- i Head of Estates
- i Head of Facilities (Deputy Chair)
- i Staff Side H&S Union Rep
- i Smoking Cessation Nurse
- i Communications Lead
- i Mental Health Team
- i HR Manager
- i Patient representative
- i Capital Projects and Space Planning Manager
- i Members Nominated From:
- i Surgery
- i Medicine

In support of a smokefree future we _____ commit
from this date _____ to:

- x Treat tobacco dependency among patients and staff who smoke as set out in the Tobacco Control Plan for England;
- x Ensure that smokers within the NHS have access to the medication they need to quit in line with NICE guidance on smoking in secondary care;
- x Cr

Subject Activity of all the sub-groups who report into the Health & Safety Committee.
Summarised by the Health & Safety Manager in consultation with the
chair/expert of each committee.

Date April 1st 2017 – March 31st 2018

If support or assistance is required, the group will be called upon to support and assist. All appropriate risk assessments are in place where safe needles cannot be used.

- ¾ This year has seen a safety scalpel trial and evaluation, but for a number of reasons the result was unsuccessful. Not least, they were deemed to be unfit for purpose.
- ¾ Safe sutures were looked at but were not readily available
- ¾ Due to the successful transition to safe hypodermics across all areas of the Trust and the appropriate follow up of all needle stick and sharp injuries, risk to staff has reduced
- ¾ Awareness of safe sharp devices is covered at junior doctors induction
- ¾ Safe sharp awareness is also covered at induction and also specifically during medical device training for infusion pumps, cannulas and venflons
- ¾ It is also part of certain teaching modules in the SIMS suites

3. Medical Gas Group

- ¾ Levels of Entonox in maternity are still problematic but are being monitored every 3 months. The capital bid for capture equipment was approved for 18/19 and a tender lead by estates is completed. We are awaiting dates for instillation. (has been submitted 3 times).
- ¾ A regional wide medical gas cylinder tender was completed in 2017 which sees BOC retain the contract for Salisbury. KPIs and incidents are closely monitored by the pharmacy team and medical gases group.
- ¾ A patient safety alert on how to use oxygen cylinders was received in Jan 2018 and has been responded to. An outstanding action is to improve the training ward staff receive on cylinder use. An MLE package is in production.

4. CAS Alerts

- ¾ All national CAS alerts and D of H Estates alerts have been dealt with and there are no outstanding issues. There is however currently one National Patient Safety alert that the Risk Team are aware of. The alert is well within its completion timescale.

5. Waste Group

- ¾ Further work on two MLE Waste packages Non-Clinical and Clinical is ongoing but the package is still not in a usable form.
- ¾ The introduction of an offensive waste stream has not been universal and this is ongoing
- ¾ Recyclable bins have been introduced into most of the ward areas and apart from a few specialist areas, the trial has been well received. It is still to be determined whether saving will be realised at the level

Appendix F

indicated by the company. But whatever the outcome, the carbon footprint of the Trust has been reduced.

¾Policy has been completed and should be ratified and on the Intranet

¾Further waste segregation charts have been developed for the

- ¾ Changed locks on outside solvents and acid stores to Salto locks to restrict access to these stores so that appropriate control of waste chemicals for collection is maintained
- ¾ Continues to be issues around the downtime of the autoclaves used for autoclaving microbiology waste – with the assistance of ETS, trying to get additional training set up for users from the company to ensure that staff are using the autoclaves correctly. In addition require assurance from the company that these autoclaves are fit for purpose.
- ¾ Looking at alternative pathways in dealing with microbiological category 3 waste and removing it from site.
- ¾ Due to the additional requirements from UKAS for laboratory accreditation under standards 15189, the laboratories require a more robust quality management system in place and the H&S committee support the purchase of Q-pulse electronic system to replace the current iPassport system. A business case has been put forward with an emergency capital bid for this purchase.
- ¾ Following on from the nerve agent incident, engineers from companies who service and maintain analysers within pathology have been contacting the department for assurance that the equipment has been/will be fully decontaminated prior to them attending site to service the equipment. Paul Knight, Trust Health and Safety Manager was able to provide information which was relayed to these engineers as to additional precautions that should be taken when servicing/repairing these analysers.
- ¾ The Laboratories are in preparation for an upcoming visit by the Biological Safety Unit, primarily to look at Category 3 containment.

9. Radiation Protection Committee

- ¾ The committee has a new chair as the executive lead, this is the head of HR & OD
- ¾ Work is ongoing as a result of the HSE and CQC visit and the committee are still putting in measures from the project plan
- ¾ A proposal for further specialist support both for radiation protection, MRI scanning and EMF radiation are either being scoped or are already in place
- ¾ The Trust is now registered with 2 and ts79 0 Td ()Tj 6(r)7(ea)10(dc)4(t5i)6>Tj /TT1 0 3()10

Activities of the HSE for 2017/18 and looking forward

1. The model for the HSE is to sustain momentum to their 'Helping Great Britain

Work' well strategy, with focus on the highest-risk sectors and building on the stakeholder engagement and commitments made to widen the reach of the campaign to new audiences and they will:-

¾strive to deliver the next phase of the **Health and Work programme**, with its

Undertake a targeted programme of approximately 20 000 proactive inspections using major campaigns to address priority issues within high-risk industries, as identified in sector plans and our Health and Work strategy.

Targeted communications used to amplify frontline inspection activity on sector and health priorities

Introduce a new inspection regime for ionising radiation risks, assessing compliance with the Basic Safety Standards Directive (BSSD)

As part of a targeted programme, we will deliver five major inspection campaigns, each with at least 500 inspections and amplified by communications, in the following sectors:

- ¾ metal fabrication

- ¾ agriculture

- ¾ waste and recycling