

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>

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

SALISBURY NHS FOUNDATION TRUST

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

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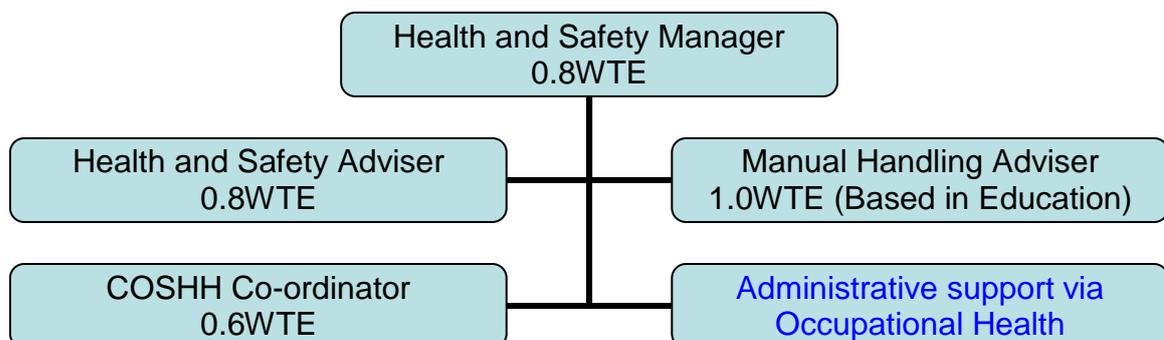
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1. Introduction

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.



3. Roles and Responsibilities

Health & Safety Manager

They provide a strategic overview of the Trusts position regarding regulatory compliance. Ensure that a systematic approach to measuring health and safety and demonstrating assurance is in place. They monitor practicable safe systems of work that are in evidence and complied with throughout the organisation. They provide support for staff and committees and monitor accidents and incidents. For this current financial year there has been support given to the management of the occupational health facility.

Health and Safety Adviser

They support the health & safety manager in providing advice to Trust staff, inspecting areas, attend meetings and offer advice to other professionals in the organisation. They investigate Datix incidents, provide written reports, recommend actions and follow up accordingly. They provide training, both statutory and mandatory but also provide for areas on a regular basis and on demand. Together with the health and safety manager, they advise on the content of risk assessments and provide induction training. Both the manager and the adviser are solely responsible for RIDDOR reporting to the HSE.

Manual Handling Adviser

They provide specialist training and expert advice on all aspects of manual handling and ergonomics. They provide managers with advice on individual functional workplace assessments including equipment training and specialised areas, this includes bariatric equipment and covers patients and staff. They develop training programmes, plan and provide training for regular and specific areas and evaluate its effectiveness. They provide guidance and support as appropriate with regard to the implementation of the moving and handling policy and guidelines. They assist with accident investigations as directed where accidents have occurred which have manual handling implications. These come either from Datix or working collaboratively with health & safety, occupational health advisers and the staff physiotherapy service.

COSHH Co-ordinator

The Department maintains COSHH assessments from the Alcumus central database. The current number of assessments, live and relevant to the Trust, is 3835 covering 1916 different products. The numbers have been reduced by over 1000 by removing those areas not under our control such as laundry, SSL and the nursery. We have also archived a lot of the assessments that do not present a 'significant risk'. These are distributed amongst the various departments in the form of 127 COSHH manuals. There are 102 custodians/COSHH assessors, of these manuals. A total of 3 books have been replaced due to moves or being misplaced.

Total Live Assessments	Assessments Issued Annually New + Updates	New Assessments over period	Updated Folders over this period	New COSHH Assessors Appointed
3835	64 + 112 = 176	64	23	6

Database record reviews, because of changes in details not content = 969.

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

- 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)
- Continue to develop and support the health and safety union representatives with regulatory updates
- Spot audits on targeted key risk areas such as needle safe devices
- Monitor and act on CAS alerts, Safety Action Bulletins, and Field Safety Notices
- Monitoring the comprehensive investigation of serious incidents and ensuring prompt and appropriate measures are put in place to prevent recurrence
- Assess the relevant sections of the Risk Register
- Update of MLE packages where appropriate
- Policies to be kept up to date
- Induction and voluntary sector training
- A health & safety awareness week
- Support all the various sub-committees
- Provide targeted risk assessment training
- Ensure training on needlesafe devices is available to junior doctors and agency staff
- Support the drive to provide a no smoking site.

Still to be delivered in full

- Develop, in conjunction with Occupational Health, a strategy for identifying and then implementing health surveillance through policy
- 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.

The subjects covered were:

1. Clinical Waste	14. Manual Handling
2. COSHH	15. Medical Gases
3. Display Screen Equipment	16. New & Expectant Mothers
4. Driving at Work	17. Patient Falls
5. Fire Safety	18. Patient Handling
6. First Aid	19. Personal Protective Equipment
7. Health Surveillance	20. Security
8. Health & Safety Arrangements	21. Sharps
9. Incident Reporting	22. Skin Care
10. Infection Prevention & Control	23. Violence & Aggression
11. Information & Communication	24. Work Equipment
12. Estates	25. Young Persons
13. Lone Working	

6. Activity of the Health & Safety Committee (H&SC)

The chair of the committee is the Assistant Director of HR. All scheduled meetings took place and the attendance was 65% for the year compared to last year's 69%. Its main activities are:-

- Consider RIDDOR reports for the period and analyse yearly figures
- Look at the outcome of executive walk rounds
- COSHH on the MLE
- Analyse incident trends
- Consult on and validate policies such as Manual Handling, Psychological Wellbeing and Estates & Facilities Policies
- Ensured that the committee is fully informed of H&S activity across the south/southwest and nationally
- Updated TOR's and minutes of the committee on the intranet
- Assess and update the risk register
- Assess the impact of health & safety legislation

Ad-hoc topics include for this year include:

- Monitoring progress of smoking cessation
- ILO International safety day, Health and Wellbeing and a healthy workforce
- Risk assessments and the risk register
- Impact of CQC under the IR(ME)R
- Impact of HSE under IRR
- Registration with the HSE for Radiation (licensing authority)
- EPRR and OH assessment of fitness for first responders
- Assessing risk from the reduced availability of Hep B vaccine
- Road safety and speed statistics around the site
- New HSE guidance on risk to pregnant workers
- Assessment of trust audits
- Consider compliance with the use of cleaning chemicals
- Annual fire report and audit compliance of fire drills

- Receive the risk recording card and any relevant CAS alerts
- Consider capital bids from a health & safety aspect
- Determine any trends that need further scrutiny or investigation

Following changes to the reporting structure operated by the H&SC, the minutes of the following groups are received from the sub-committees. A summary of their activities in this period are attached as **Appendix F**. The minutes of the Health and Safety Committee are tabled at the Workforce committee and are posted on the intranet.

- Waste management group
- LSMS and security development group (Including violence and aggression)
- Safe Sharp Steering Group
- Radiation protection committee
- Fire working party
- Medical gases group
- Central alerting system
- Risk report card
- Water safety group
- Laboratory safety group (Genetics and Pathology)

Note All these groups operate an escalation process to deal with issues.

*Other committees that are supported are the Infection Control Committee and the Decontamination Group.

7. Health & Safety Union Representation

The Health & Safety Department are committed to joint working relationships with health & safety union reps, the Dept attend all of their forums and issue legislative updates and general guidance notes that are relevant to their position in the Trust. There were 4 (7 last year) updates issued this year, some had multiple subjects. They covered a liquid nitrogen death, prosecution data on assaults in the NHS, a landmark case on an injury fine to a commercial company and a case of imprisonment of a health and safety adviser and a director for inaccurate and inappropriate safety advice.

7.1 Health and Safety Union Representatives Report on Activity 2017/18

Here is a brief report on the activity of the health and safety rep activity from 2 of our accredited union safety reps at the Trust. There has been one new Union representative appointed in this period.

Mark Wareham, UNISON

Over the previous year I have attended the Security Management Committee and have been a regular attendee at the Trust Health and Safety Committee. I have also continued to administer the quarterly Safety Reps Open Forum meeting.

In terms of my safety related casework –

- Following an inspection of the level 1 storage of medical records notes, better shelving was introduced.
- I continue to regularly raise safety concerns about site traffic issues, including speed of vehicles, via the Trust's Transport Strategy Steering group.
- 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.
- I have been involved in some consultations and representations about breaks and working time.
- I dealt with a few stress at work / workload issues affecting members as a union steward.
- 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 –

- Instigated a quarterly H&S inspection of the lab and any issues found are reported to the lab management to be dealt with.
- Raised a repetitive strain issue with management that was resolved.
- 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.
- 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.
- 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.

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

was suitably adequate. The catering department received on this occasion 4 stars following the inspection which indicates a good rating. The report still shows high standards in the safe handling of food preparation, cooking, re-heating, cooling and storage. 1 star was lost, due to a number of maintenance issues and also staff training was identified in receipting and recording. An action plan to address these issues was written and actioned.

Food hygiene standards are independently inspected and supported by an external consultant who also visited the Trust in 9th October 17. Both of these see potential future issues with equipment age, equipment suitability and meeting food hygiene requirements as a result.

8.4 Activity of the Environment Agency

There has been 1 visit this year with no action required.

A summary of enforcement principles for the HSE are set out in **Appendix F**

8.5 HSE Published National Statistics

<http://www.hse.gov.uk/statistics/>

8.5 HSE Notices and prosecutions served on hospitals 2016/2017

There was only 1 prohibition notices served on an Acute trusts and this was in Estates, the rest are all improvement notices. There is a statement against each notice to provide an indication as to whether we have systems in place to mitigate any potential risk against that notice being served on us.

Year	12/13	13/14	14/15	15/16	16/17	17/18
Notices	45	21	21	50	19	21

There is no detail on how many enforcement letters were distributed where the content stipulates a material breach, but it is probably where the majority of their enforcement now lies.

Improvement Notices

Subject of Notice	2018 No Served	2017 No Served	Position of the Trust
Safe sharp devices	2	2	Covered in last year's audit
Managing Asbestos/Training of Estates Staff & Contractors	1	5	Systems in place
Management of legionella and hot/cold water systems		1	Systems in place
Competent health & safety advice		1	Not an issue for the Trust
Falls from heights/windows	1		Not an issue for the Trust
PPE for cleaners	3		This has been assessed
Hand Arm Vibration	1		Need to review notice content
Inadequate risk assessments		1	Not an issue for the Trust

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
2016/17	9 prosecutions	£981,000 fine
2017/18	10 prosecutions	£3,540,000 fine

Costs are escalating in light of the new sentencing guidelines that came into force last year. These were tabled and explained in last year's report.

Prosecutions in Chronological Order

Trust	Fine (£k)	Costs (£k)	Cause
Chelsea & Westminster (2)	80,000	23,000	Fall Fatality s3 s2
Fife	60,000	0	Risk of Falls s3
Shrewsbury & Telford	0	132,000	5 Patient Deaths s3
United Lincolnshire (x2)	1,000,000	160,000	Fall from a hoist s3
Surrey & Borders	300,000	17,000	Fall as a result of access s3
Greater Glasgow (x2)	100,000	0	Suicide Mental Health Patient s3
Southern Health	2,000,000	0	2 Deaths s3
Total	3,540,000	332,000	

9 RIDDOR Reports at SFT

This year there was 20 involving staff compared to last year's 24.

2011 – 2012	30
2012 – 2013	26
2013 – 2014	35
2014 – 2015	21
2015 – 2016	21
2016 – 2017	24
2017 – 2018	20

Date Incident 2017/18	Area	Cause
7 th April	Whiteparish	Wrist pain
16 th May	Chilmark	Assault
16 th May	Theatres	Back pain
30 th May	Theatres	Ankle sprain
1 st June	Housekeeping	Back pain
7 th June	Radiology	Tennis elbow
1 st ^h July	Theatres	N/S (dang' occurrence)
11 th July	Theatres	N/S (dang' occurrence)
14 th July	Maternity	Wrist pain
14 th July	Theatres	Back pain
8 th Aug	Genetics	Thumb pain
20 th Aug	Radnor	Shoulder pain
11 th Sept	Durrington	Shoulder pain
2 nd Oct	Neonatal	Lower limbs pain
4 th Nov	ETS	Finger infec'
9 th Nov	Hospice	Back pain
10 th Nov	AAA	Shoulder pain
5 th Dec	Whiteparish	Frac NOF
21 st Feb	DSU	Knee pain
10 th March	Spinal	Neck pain

Patients

30 th Aug	DSU (Arthroscopy)	Scald
14 th March	ED ramp fall	Avulsion Frac'

1. All slips trips and falls were investigated and general advice was given to take more care.
2. All fractures were investigated but no remedial cause was found.
3. All manual handling, musculoskeletal injuries were investigated, general good practice was reinforced but no systemic failures were unearthed.
4. All needlestick injuries (reported as a dangerous occurrence) were investigated, protocols observed and occupational health was notified. No bad practices were found.

There are no specific industry benchmarks available at the moment to determine whether our RIDDOR reports are high or low. Of the 7 other Acute South/South West Trusts, the average number of RIDDOR reports per 1000 staff is around 5 with some as high as 9. SDH is lower placed at 4.7 (last year 6).

FOI Requests

There was a single request in Feb 2018 as part of a larger FOI to provide 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 – HSE - CQC – Memorandum of understanding.

Summary –. This sets out the clear lines of accountability for enforcement responsibility. The document clearly transfers a lot of HSE enforcement to the CQC especially around patients.

Appendix C – Safe Sharp Update

Summary – This was a further check on the systematic way in which the Trust procures, trials and uses safe sharp devices, it also checked on the presence of risk assessments, where applicable. There was reasonable assurance that most of what was required, was in place.

Appendix D – Progress on smoking cessation on SDH owned land, services and within its service provision.

Summary – This sets out why the Trust is on a journey to make it operation smoke free, who is responsible for that journey and where we are to date with a plan to make decisions that are transparent for staff, visitors and patients.

Appendix E – Update on COSHH compliance for cleaning chemical.

Summary – As a consequence of a civil action by cleaning staff in another Trust, it was decided to conduct a comprehensive audit on a range of topics associated with a chemical and the processes surrounding it. The report gives reasonable assurance the we have good health & safety measures in place

Appendix F – Update from the sub-groups.

Summary – All of the subgroups (apart from violence and aggression which is a sub group of the security management group) have met on a regular basis.

Appendix G – HSE Activities.

Summary – The HSE has continued on its 3 year drive to concentrate on health as opposed to safety and to put resources into wellbeing at work interventions and support. There are also concentrating on inspecting areas outside of the public sector domain with major campaigns on musculoskeletal injuries, respiratory disorders and stress.

11. National Initiatives

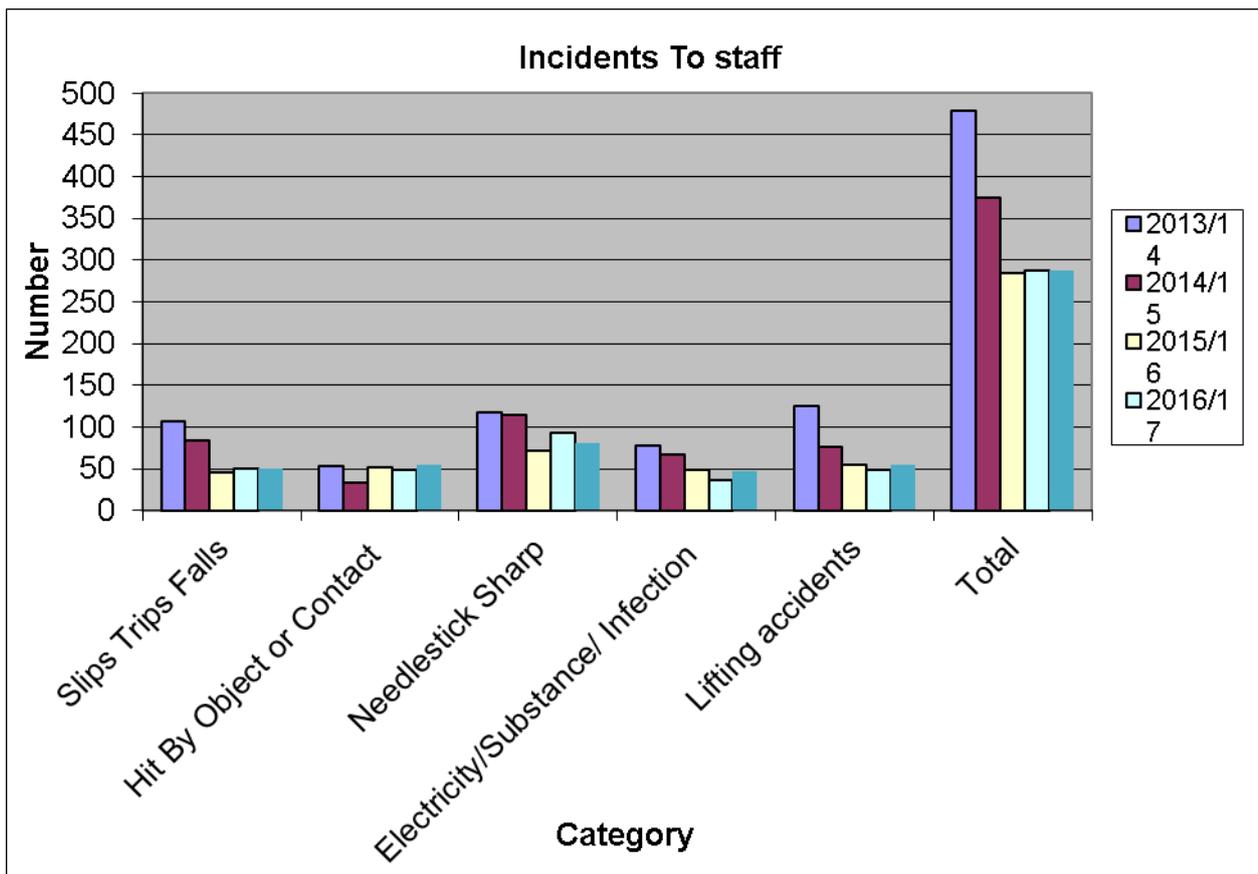
Every year the ‘International Labour Organisation’ focuses on one element of health and safety for a whole week. This year from the 23rd to the 27th of October it coincided with the ‘Great Britain Healthy Workplaces’ campaign. The Trust put on healthy choices initiatives which included free fitness sessions in the staff club, free fruit at lunchtimes and mindfulness sessions in the chapel. Across the entire European Union member states were provided literature, campaign information and background materials on wellbeing at work.

12 Incident reporting and trend analysis

This year there was a total of 288 staff accidents and incidents; this is showing stability after the last 3 years and a significant reduction from the levels between 2013/15. After a reduction over previous years of the needlestick injury rates, the last 3 years have demonstrated the significance of the safe sharp legislation and this is in consideration of a significant increase in clinical and site activity. Lifting incidents are still the cause of most of the long term staff sickness. The most significant reduction are the violence and aggression numbers which directly correlates to the introduction of security on site.

	2013/14	2014/15	2015/16	2016/17	2017/18
Slips Trips Falls	106	84	46	50	50
Hit By Object or Contact	53	33	52	48	55
Needlestick Sharp	117	115	72	93	81
Electricity/Substance/ Infection	78	67	48	36	47
Lifting accidents	125	76	54	48	55
Total	479	375	284	287	288

	2013/14	2014/15	2015/16	2016/17	2017/18
Verbal Violence & Aggression	215	180	66	58	38
Physical Assault/Violence/Weapon	109	81	61	59	58
Those above resulting in injury			32	36	36
Total	324	261	127	117	96



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

Summary of significant open risks

These risks events have been generated by individuals in the organisation, the RAG rating below is my assessment of the potential

Risk Score 3	Compliance with the electricity at work regulations	Acceptable with continued rotational 5 year funding to a programme to test the Trusts infrastructure
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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
Risk Score 9	Fire Alarm Tone	No funding required as it is excessive compared to the risk, an emergency tone is still being generated
Risk Score 9	Capacity of Medical Records	This is a risk that will continue to grow with time in the short term but may alleviate with digitalisation
Risk Score 9	Provision of Lead Gowns (PPE)	This is a risk that will continue to grow as gowns continue to grow older, there has been 1 off capital input
Risk Score 9	Planned Preventative Maintenance resources	This is a risk that carries the greatest potential in that the outcomes are many and unknown

13. Changes in Legislation, the HSE and the Brexit effect

There have been few new changes or significant revisions to health and safety legislation over the period of this report. Listed below are those legal issues relevant to the health sector or those that have an impact on how the Trust operates.

13.1 There is now a legal requirement to license the organisation (at a cost) with the health and safety executive. There are a set number of questions, statements and commitments that the Trust is required to commit to. Now we are licensed, we can be held to account over those standards, this process is overseen by the Trusts radiation protection Adviser. There have also been other changes to the IRR regulations 2018.

There were no subjects that adversely affect the Trust and its day to day operations but there are 4 important consultation documents in circulation;

CD284 – Consultation on the revised process for FFI

CD282 – Consultation on changes to the process for protecting users under the IRR 1999

CD283 – Consultation on the changes to workers exposure limits

CD285 – Consultation on changes to the ‘Control of Asbestos at Work Regulations’.

The HSE continues to press organisations on its flagship policy document ‘Helping Great Britain Work Well’ which is designed to concentrate more on the health element of health and safety. Consideration must be given to this when formulating the health & wellbeing strategy for the Trust

The impact of the Sentencing Council guideline will continue to be closely followed in 2018. But it’s the judicial review of FFI has now been finalised with the HSE backing down and a new independent process substituted.

2018 will continue to bring questions around Brexit and what it means for occupational health and safety. Most UK health and safety laws derived from EU directives have been in place for many years and are embedded in companies’ policies, management systems

and working practices. The most pragmatic approach the UK can adopt is to “grandfather” all legislation derived from EU directives when we exit, and then review it piecemeal.

14. Policies

Policies updated and validated this year through the Health and Safety Committee are:-

- Manual Handling
- Waste (in progress)
- Fire
- Security
- Water Safety
- Slips, Trips and Falls (non-patient)

Up and coming policies are:-

- CAS Alerts
- Low Voltage
- Smoking Policy
- Staff working in another organisation
- Psychological Wellbeing & Effectiveness at Work Policy
- Violence and Aggression
- Health & Safety

15. Health and Safety Awareness at Induction

The Health and Safety Adviser conducts a monthly awareness session for new staff as part of the induction process.

Monthly Induction Booked	Attended	DNA	Year
459	393	66	2014/15
499	358	141	2015/16
416	353	63	2016/17
354	309	45	2017/18

They also, in conjunction with Risk, conduct 6 risk assessment training sessions.

The Health and Safety Adviser has also used the Trust screen saver during the year to inform hospital staff about general or particular themes or topics.

17. Conclusion

Over the past 5 years, we have steadily improved on our safety management systems. However, over the last year there have been significant changes in the structure of the Trust in both higher management and the committee system. This report is now presented to the Workforce Committee who in turn gives assurance to the board. This is a step change in that in previous years and with previous Trusts I have worked in, there has always been representation directly to the board. The regulator would expect that the board are informed on the status of health & safety in the Trust, that the management

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.

We are still having problems in getting staff to recognise over 7 day injuries and are regularly reporting late under RIDDOR and in some cases, significantly after the event. Although we are not alone in this, it is unwise to constantly be under the potential gaze of the regulator. This is our No 1 target to remedy this year.

After the drop in musculoskeletal injuries over the past few years, we have now stabilised such occurrences. Again, this is seen to be good news in light of increased activity and a significant increase in bariatric patients.

I feel we are managing health and safety in light of significant organisational and operational changes within the Trust.

Major achievements are:

- Continuing to build on the audit system as a key tool for the Trust. It also provides evidence for regulators and defence strategies for claims and litigation. We have now completed 8 areas as we add another 4 this year.
- We are now compliant in all major areas on needlesafe devices and this has been checked through audit.
- Putting through a significant number of policies and SOP's.

Managing health and safety in a healthcare setting is a challenge to us all and therefore mindful that we still need to:-

- A lot of work and effort has gone into radiation protection issues, management systems, standard operating procedures and support for specialist areas. The number of Datix reports for near misses and incidents has reduced significantly, but further work still needs to be done.
- Monitor closely and learn from statutory enforcement notices, this gives us a sound base when hosting a regulatory visit.
- We still network comprehensively with other Trusts especially around the activity of the regulators; we are an integral part of the south and south west healthcare groups.
- Work more in unison with the funding streams to get effective health and safety measures embedded from day 1 of projects and developments, but again this is challenging considering the significant number of moves that are forthcoming over the next 12 months.

- 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 all of the 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 simply 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, COSHH, water safety, fire safety, work equipment, PPE, security 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. Driving 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 and 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 ED and 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	89.0	2016
Endoscopy	94.7	78.4	2016
Laverstock	81.0	84.1	2017
Dermatology	90.2	63.3	2017
ED	97.2	90.0	2018
Breast & Gynae Facility	88.6	88.5	2018
<u>Average</u>	<u>88.95</u>	<u>82.2</u>	
Non-Clinical Area			
Staff Club	77.5	84.2	2016
Med Eng	60.3	80.8	2016
IT	83.8	76.2	2017
Wessex Workshops	77.3	87.2	2017
Staff Club	97.9	100	2018
Waste			2018
<u>Average</u>			

MoU between the Care Quality Commission (CQC) and HSE

Open Government Status : Fully Open

Publication date : 02/02/18

Review date : 02/02/22

Guidance owner

Health and Social Care Services Team, Public Services Sector,
Operational Strategy, Engagement and Policy Directorate

Target Audience

All Field Operations Directorate (FOD) operational staff (e.g. inspectors, occupational health inspectors, administration staff), the Concerns and Advice Team, LA Environmental Health Officers in England, and HSE's Duty Officers

1. [Summary](#)
2. [Introduction](#)
3. [Actions in England only](#)
 - a. [Referral of incidents and concerns to CQC](#)
 - b. [Incidents and concerns received from CQC](#)
4. [Background](#)
 - a. [Significant changes to the latest revision of the MoU \(December 2017\)](#)
 - b. [RIDDORs in health and social care](#)
5. [Organisation](#)
6. [Further references](#)

1. Summary

This guidance explains the arrangements for implementing the [memorandum of understanding \(MoU\) between the CQC and HSE](#). The Local Government Association (LGA) has chosen to express their commitment to this MoU as support, rather than formally sign it. This does not change its approach or individual commitment though. There are a number of significant changes to the revised MoU. It applies to healthcare and adult social care in England only. It originally came into effect from 1st April 2015 to reflect CQC's enforcement powers.

2. Introduction

The [MoU](#) outlines the:

- respective responsibilities of CQC, HSE and LAs when dealing with health and safety incidents in the healthcare and adult social care sectors in England (paragraphs 5 – 8 and Annex A);
- types of incidents where more specific and exceptional criteria may apply (paragraph 14 and Annex B);
- principles and mechanism for information sharing (Annex C).
- operational working arrangements (Annex D)

3. Action - In England only

- 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.
- 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

- 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'.
- 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.
- If staff are unsure, they should speak to their Principal Inspector or LA equivalent.
- 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.
- 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 Service Centre as above. If a RIDDOR report is subsequently received for this incident, this should be forwarded to CQC by email as above.
- HSE/LAs may receive reports of thorough examination under the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER), where there is a defect in the equipment involving an existing or imminent risk of serious personal injury (also known as adverse insurance reports). Where the lifting equipment is primarily used for lifting patients/service users e.g. patient hoist, a scanned copy of the report should be sent to CQC by email as above. For lifting equipment used by everyone e.g. passenger lift in a hospital, these will remain with HSE/LA.

(Note: LOLER is mentioned under Annex B for HSE/LA to take the lead in some circumstances. However, LOLER is not required to ensure that care providers repair defects identified, therefore it is not necessary to apply annex B. More general requirements to ensure equipment is in a suitable condition can be used by HSE/LA or CQC.)

3.b Incidents and concerns received from CQC

- CQC have been asked to direct all health and safety incidents or concerns outside their remit to HSE via the [Public Services Account](#).

- 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

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

Contacts

- [Public Services Sector - Health and Social Care Services Team](#).

Status report on the use of 'safe sharps' and compliance with the 'Health and Safety (Sharp Instruments in Healthcare) Regulations 2013'

1. Regulation summary and requirement

These regulations refer to the safe use of sharps, but more specifically to the type of sharp used. Where it is not reasonably practicable to avoid the use of medical sharps, the Sharps Regulations require employers to:-

The employer must substitute traditional, unprotected medical sharps with a 'safer sharp' where it is reasonably practicable to do so. The term 'safer sharp' means medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. For example, a range of syringes and needles are available with a shield or cover that slides/pivots to cover the needle after use. The following factors should be considered. The device must not compromise patient care.

2. The Trust's response

The Trust has replaced all *hypodermic needles with safety needles. These include all cannulas, butterflies, patient insulin pen needles and prefilled devices.

There has been no change to suture needles although the principle has been explored by literature search and obtaining examples of the limited examples out in the limited companies who produce such equipment. The concept/principle did not go down well in the opinion of clinicians,

In certain cases where safety devices are not available and/or may compromise patient safety, the requirement will be waived and a risk assessment produced stating what additional safe precautions are to be put in place. This is an accepted practice that is detailed within the regulations.

In terms of safe scalpels, a trial and evaluation was carried out both on the wards and in theatres. This proved to be unsuccessful. The disposable scalpels (in spite of a well-known brand name) were said to be costly, flimsy and unfit for purpose. In view of this, together with very low number of scalpel incidents, it was decided not to pursue this until more suitable devices become available.

Following a recent audit in all areas, the Trust was seen to be using safe sharps in good faith and therefore compliant with the regulations. All non-safe sharps have been used or replaced with safe devices and staff were very familiar with their use. A further audit will be carried out this year across the Trust to ensure the compliance continues.

3. Training

There are a number of areas where safe sharp training is raised, induction, medical device induction, cannula and venflon training, junior doctors, agency and bank induction.

Geoff Lucas - Health and safety Advisor - 26th April 2018

Smoking Cessation Update

Background

The Trust has an obligation to protect its staff and patients from the uncontrolled effects smoke and secondary smoke. The principle drivers stem from:-

***Health Act 2006 and the ban on smoking in public places July 2007
PHE 48 NICE PH45 and PH26***

Annual CCG CQUIN Requirements

This element is owned by HR as part of a health & wellbeing strategy

The responsibility of ensuring governance over these three groupings is with the chair of this committee. There is an executive lead appointed by the Chief Executive who has ultimate responsibility for organisational safety, patient and visitor and site safety together with the relevant policies and procedures.

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

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

- ◆ MSK (Spinal)
- ◆ FCSS
- ◆ Hospice
- ◆ Co-opted Groups
- ◆ Security – GWH Staff – Accommodation – Occupational Health – Fire Officer – Artcare
- ◆ External Stakeholders based on site

Members of the smoking cessation STP working group

- ✓ The Trust has representation on this group

Members of the Wiltshire smoking alliance

- ✓ The Trust has representation on this group

Plan of action for the following year to end written

- ✓ This has been written and is with the group to work through

All NHS have been asked to sign up to a national NHS Pledge, SDH has not done this so far, but the salient points are set down below:

NHS Smoke Free pledge

We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- 1 in 4 patients in acute settings are smokers and that staff working for the NHS also smoke;
- Smoking places a significant additional burden on health and social care services and is impacting on the future sustainability of the NHS;
- Reducing smoking in our communities increases disposable household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and

We welcome:

- The Government's commitment to achieve a smokefree future and reduce smoking rates to less than 5 per cent;
- NICE public health guidance on tackling smoking particularly PH48, PH45 and PH26;
- Endorsement of this declaration by central government, Public Health England and others.

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

- Treat tobacco dependency among patients and staff who smoke as set out in the Tobacco Control Plan for England;
- 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;
- Create environments that support quitting through implementing smokefree policies as recommended by NICE;
- Deliver consistent messages to smokers about harms from smoking and the opportunities to quit in line with NICE guidance on brief advice;
- Actively work with local authorities and other stakeholders to reduce smoking prevalence and health inequalities;
- Protect tobacco control work from the commercial and vested interests of the tobacco industry;
- Support Government action at national level;
- Join the Smokefree Action Coalition.

Supplementary Information

Ensuring smokers using or working in the NHS get support to quit is one of the key themes of the Government's Tobacco Control Plan, which states: "*NHS Trusts will encourage smokers using, visiting and working in the NHS to quit with the goal of creating a smokefree NHS by 2020 through the Five Year Forward View mandate.*"ⁱ

The Five Year Forward View and supporting documents commit the NHS to taking action to reduce smoking rates and working with partners in local government to achieve this.ⁱⁱ This includes implementing NICE Guidance which sets out the support that should be offered to smokers in the healthcare system.

Supporting people to quit smoking is also highlighted as an important step in treating many other conditions including CVD, COPD and lung cancer. Research has found that approximately a third of lung cancer patients were smoking at diagnosis. Those who stopped smoking and survived their treatment lived nearly twice as long as those who did not stop smoking after diagnosis.ⁱⁱⁱ

The principle of smoking cessation as treatment is reflected in The Five Year Forward View which states that: "*The relationship between tobacco and cancer is well known, and we will ensure everyone who smokes has access to high quality smoking cessation services*". This is also reflected in the Cancer Strategy which emphasises the importance of the 'Making Every Contact Count' principle to improve public health at every available opportunity and argued, prior to its publication, that the Tobacco Control Plan should: "*highlight the importance of NHS action [to reduce smoking rates] in primary and secondary care, in particular among those with long term conditions.*"^{iv} This is reflected in the Tobacco Control Plan and requires action across all levels of the NHS, to achieve the targeted reduction in cancer rates by 2020.

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Subject - COSHH Assessment of the use of Chemical Disinfectant in Clinical Areas

Assessor – Fred Sheard between Oct – Nov 2017

Submitted to - Health & Safety Committee 27th November 2017

Background

As a result of a group prosecution and a civil liability case against an NHS Trust, it was decided to complete a compliance audit of the Trust. The first group of staff to be assessed were the facilities staff who use this substance on a regular basis. It was found that all of the COSHH files, information, training and information packages were in place. The supervisors were well informed and the staff that were questioned were knowledgeable about the chemicals and the safe systems of work required.

The ward/nursing staff were less sure about safe systems of work, the properties of the materials used and the protection needed. The H&S team went about raising awareness then completed this audit to look at general compliance over a number of criteria.

The table below was presented to the H&S Committee

Area	Tamar	Avon	Redlynch	Chilmark	Tisbury	Britford	Sarum	Pitton	%Compliance
Specific Room	1	1	1	0	0	1	1	1	75
Ventilation	1	1	1	1	1	1	1	1	100
Chemical Know	1	1	1	1	1	1	1	1	100
Dilution Know	1	1	1	1	1	1	1	1	100
Training	1	1	1	1	1	0	1	1	88
PPE	0	1	1	1	1	1	1	1	88
Chemical Chart	1	1	1	1	1	1	0	1	88
COSHH Link	0	0	0	0	0.5	0	1	0	19
COSHH Book	0	0	1	1	1	1	0	1	63
Book Current	0	0	1	1	0.5	1	1	1	69
%Compliance	60	70	90	80	80	80	80	90	<u>79</u>

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

Introduction

There is a requirement for all of the sub groups who report to the health & safety committee to submit their minutes for review. The process is to identify if all the groups are meeting their terms of reference, are they functioning as an active group, is there any support needed from the main committee and are there any issues for escalation that need action or referring onward to the board.

The summary of their activities, achievements and challenges is tabled below:

1. Fire Safety Group

- Only 1 attendance by WFRS for unwanted fire signal & 1 fire on site attended by WFRS.
- Fire alarm activations up 51.5% from last year.
- 22% of all false alarms are generated in staff accommodation.
- Fire warden training continues on a rolling basis. Still some departments to come forward with a nominated Fire Warden.
- Training on the use of Fire extinguishers continues on a rolling basis.
- All departments risk assessed under the Regulatory Reform Fire Safety Order (2005).
- All departments issued with Fire emergency plan but not all departments/wards participating in evacuation drills.
- There are still some issues with housekeeping on the hospital streets. (bed, bin and cage storage).
- Level 1 is still being used as a dumping ground for unwanted equipment.
- Fire doors and sets are being replaced on a rolling basis.
- A substantial amount of fire extinguishers have been missed for annual inspection by contractors and are being replaced when identified.
- Block 15 is still under temporary measures for fire safety.
- Evacuation from theatres 1 - 8 is still hindered by storage in corridors.

2. Safe Sharp Steering Group

The need for the Safe Sharp Steering Group has been considerably reduced because of the continued availability of more safe devices onto the market.

Any changes seen necessary will be overseen by the H&S Adviser and the requirement to put in place safe sharps will only be implemented using strict criteria.

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.

- 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.
- Safe sutures were looked at but were not readily available
- 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
- Awareness of safe sharp devices is covered at junior doctors induction
- Safe sharp awareness is also covered at induction and also specifically during medical device training for infusion pumps, cannulas and venflons
- It is also part of certain teaching modules in the SIMS suites

3. Medical Gas Group

- 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).
- 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.
- 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

- 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

- Further work on two MLE Waste packages Non-Clinical and Clinical is ongoing but the package is still not in a usable form.
- The introduction of an offensive waste stream has not been universal and this is ongoing
- 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

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

- Policy has been completed and should ratified and on the Intranet
- Further waste segregation charts have been developed for the domestic and laboratory waste streams.
- Bin Labels with clear instructions being applied to all appropriate waste bins is ongoing as phase 2 is rolled out.
- New bins have been introduced into most of the ward areas and phase two is underway and a further capital bid is being written.

6. Water Safety Group

- Independent advice (Authorizing Engineer Water) – for the Trust is being completed by Mr Paul Limbrick of the Water Hygiene Centre.
- Annual sampling for Legionella has been completed, all positive counts have been managed in line with the Trusts policy.
- Routine sampling for Pseudomonas (6 monthly) is completed in the following areas – Radnor, NICU, Pembroke, The Burns Unit, Sarum and Avon Wards.
- ETS continue to flush, little used outlets in clinical areas in line with Trusts policy. This process has been reviewed due to poor compliance and additional resource has been made available to improve this.
- The Domestic Hot Water systems in SDH North and Central areas continue to run at elevated temperatures (above 65 °C) to assist in the control of Legionella.
- Risks have been raised for each of the main control areas for the management of water systems - Flushing, TMV Maintenance, Temperature Control, Routine Sampling, Temperature Control and these are linked to the main risk 1291.
- The Trusts Water Safety Policy was reviewed in line with HSG 274 and is due for review in 2020.

7. Security Management Committee

- Staffing of the security team has been challenging in March due to ongoing major incident and additional staffing requirements.
- Injuries to staff as a result of violence and aggression maintain a low level similar to last year.
- All incidents reviewed through Security Committee and Violence & Aggression Sub Group.
- Physical Intervention Course refresher courses taking place May 2018.
- Local LSMS security group has now expanded with some 10 members covering central southern England.
- CCTV has now been fully converted to HD cameras.
- LSMS provides monthly inductions to staff covering security matters.
- Reported crime on the hospital site continues to very low and are mainly attributed to opportunist thefts.

8. Laboratory Groups

- 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
- 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.
- Looking at alternative pathways in dealing with microbiological category 3 waste and removing it from site.
- 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.
- 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.
- 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

- The committee has a new chair as the executive lead, this is the head of HR & OD
- Work is ongoing as a result of the HSE and CQC visit and the committee are still putting in measures from the project plan
- A proposal for further specialist support both for radiation protection, MRI scanning and EMF radiation are either being scoped or are already in place
- The Trust is now registered with the HSE as a 'radiation operator' the license being required under the IRR regulations as updated February 2018.
- There are still procedural issues dealing with radiation protection that need firming up
- The number of reports to CQC under IR(ME)R have dropped
- All consultants who operate certain Mini C Arm equipment have had training
- Environment agency audit showed no issues to report and there has been no further interest this year from CTU.
-

10. Risk Report Card

No significant trends or spikes in the data registered.

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:-

- strive to deliver the next phase of the **Health and Work programme**, with its focus on reducing levels of occupational lung disease (OLD), musculoskeletal disorders (MSDs) and work-related stress
- establish a multi-year plan that brings together and provides focus for activities and interventions enabling **proportionate management** of health and safety within **small and medium-sized enterprises (SMEs)**
- continue to develop our **shared research programme** by increasing the number
- of contributing partner organisations and by jointly agreeing new proposals that improve the evidence base for interventions which catalyse improvements
- in health and safety performance.
- continue to develop insight-led strategic intervention plans across the priority health topics and embed insight into strategic interventions and campaigns for lung health, enhancing the 'Go Home Healthy' campaign
- deliver HSE contribution to the government's roadmap on mental health and work-related stress and publish revised HSE guidance for employers on assessment and management of work-related mental ill health including links to new mental healthcare standards

2. Overview of activities

The health and safety regulatory framework in Great Britain is mature and well developed. It has stood the test of time and recent scrutiny, and is the basis for regulatory systems across the world. The HSE have worked hard to reduce unnecessary complexity and repeal outdated laws without compromising protection.

When new laws are necessary, HSE provides a solid evidence base to the government's regulatory policy committee to outline the impact of new regulations. We maintain our regulatory framework in keeping with the government's better regulation principles, sharing examples of good practice with others and building a common understanding of what proportionate health and safety looks like.

All new regulations are subject to post implementation reviews to ensure they are working as planned. HSE operates internationally, working with overseas regulators and other organisations and continue to contribute to the government's work on the UK's exit from the European Union, including preparing any necessary changes to the chemicals regime.

3. What did HSE deliver in 2017/18?

Developed a programme of work contributing to government preparations for the UK's exit from the European Union

Began to develop the evidence base and proposals to address blue tape issues (where businesses and others place excessive and disproportionate health and safety burdens upon each other, in particular on SMEs)

In collaboration and consultation with industry stakeholders, they published a consultation document outlining options for future arrangements for overseeing outdoor activities

They implemented the occupational elements of the Basic Safety Standards Directive through updated Ionising Radiations Regulations 2017 (IRR17), which came into force on 1 January 2018

Addressed recommendations of the post implementation review of the Control of Asbestos Regulations 2012 (CAR12)

Published guidance to help businesses understand how to comply with the law, including information on managing substances hazardous to health, which were accessed more than 500 000 times

4. HSE priorities for 2018/19

Manage and, where necessary, **update our regulatory framework** and approach in line with government policy. This will include making technical changes through Statutory Instruments under European Union (Withdrawal) Bill powers to ensure retained EU law still functions effectively on exit, providing certainty for employers and employees

Prepare any necessary **changes to the chemicals regime** as part of work on the UK's exit from the European Union

Continue to actively engage with and **support ongoing Grenfell inquiries** and be ready to make changes if required in response to findings

Work across the health and safety system to **share learning on blue tape issues** and identify ways to promote proportionality in the system

Making technical changes through Statutory Instruments under European Union (Withdrawal) Bill powers to ensure retained EU law still functions effectively on exit Statutory Instruments laid subject to Parliament

Prepare any necessary changes to the chemicals regime as part of the work on the UK's exit from the European Union

Key deliverables will be in line with government requirements Actively engage with and support ongoing Grenfell inquiries and be ready to make changes if required in response to findings

Key deliverables will be in line with government requirements.

Transposition of phase one of the amendments to the Carcinogens and Mutagens Directive

Transposition of the 4th list of Indicative Exposure Limits made under the Chemical Agents Directive

Transposition of the relevant emergency exposure aspects of the Basic Safety Standards Directive

Formal consultation on proposals completed Updated version of EH40 published

HSE's contribution to the work required to bring revised Radiation (Emergency Preparedness and Public Safety)

5. What did HSE deliver in 2017/18?

Delivered around 20 000 proactive inspections to prevent harm, using campaigns to focus on specific issues in high-risk industries and amplifying our impact through communications campaigns, including a **sustained focus on health risks**, eg waste and recycling and construction refurbishment campaigns

Improved the **timely completion of investigations** and explored further actions, in collaboration with other regulators and investigators

Provided support to UK-based companies, particularly SMEs, **with REACH 2018 registration** responsibilities

Enhanced our digital capability by designing and implementing HSE's first digital service – for dutyholders who work with ionising radiation

6. HSE priorities for 2018/19

Deliver around 20 000 proactive inspections to prevent harm, with increasing use of campaigns that focus these inspections on specific issues and activities found in high-risk industries, including a **sustained focus on health risks** associated with OLD and MSDs to improve compliance and risk control

Sustain the **timely completion of investigations** to help victims and bereaved families understand what happened (and why), to tackle ongoing risks and to take enforcement action where appropriate

Sustain **timeliness of decisions on applications** for authorisation of biocides and pesticides

Modernise our services, making them user focused and accessible, and providing the ability for people to transact with us online.

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:

- metal fabrication
- agriculture
- waste and recycling
- food manufacturing
- construction refurbishment (one national, two London specific), and one national campaign focused on construction health risk
- Complete a targeted programme of inspections to premises using ionising radiation
- Progress the work necessary to award the new contract for a Gas Safe Register supplier

Deliver interventions to address priority issues across major hazard industries

Work with stakeholders, including trade associations, on **strengthening leadership and worker engagement** across all the major hazard sectors

Take a leading role in the UK's agenda on dealing with **cybersecurity** in the safety sphere across industries

Deliver targeted interventions focusing on the control of high-consequence risks from **legionella, fairgrounds and major construction projects**

- Support the World Health Organisation **global polio eradication programme** through a programme of laboratory inspections
- Deliver a programme of targeted interventions concentrating on controlling high-consequence risks from legionella, fairgrounds and major construction projects
- As part of the targeted programme we will deliver inspection campaigns in the following:
- third parties providing services to control legionella risks, including water treatment contractors, legionella

Paul C Knight – Extracts from HSE Annual Operational Report 2017/18