EXECUTIVE SUMMARY

REPORT TO: Trust Board
DATE: 1 December 2015
AGENDA NO: 4.1
AGENDA ITEM: Health & Safety Committee Six Monthly Report 1 Apr - 30 Sept 2015
SPONSOR: Andy Ibbs, Director of Strategy and Transformation
PREPARED BY: Mike Cousins, Health and Safety Manager
PRESENTED BY: Andy Ibbs, Director of Strategy and Transformation

1. Purpose and Key Issues
1.1. The purpose of this paper is to present the Health and Safety Committee Six Monthly report. The six monthly period covered is 1 April to 30 September 2015.
Key issues comprise:

- This report presented to the Trust Board to provide assurance that health and safety is being managed in accordance with the Health and Safety at Work etc. Act 1974 and supporting regulations.
- The established Health and Safety Committee receives reports from specialist advisors and teams to ensure a Trust wide perspective.

2. Supporting Information
2.1. The Health and Safety Committee six monthly report for the period 1 April to 30 Sept 2015 is attached.

3. Controls and Assurance
3.1. The Health and Safety Committee members include union appointed safety representatives, management representatives, specialist advisors and a Non-Executive Director. As an assurance to the Board, the Non-Executive Director (Board Workforce Champion) acts as a scrutineer, independently challenging decisions, actions taken and progress made on matters relating to the management of health and safety.

4. Legal and Regulatory Implications
4.1. The legal and regulatory implications have been considered. The Trust has duties under law including:

- Health and Safety at Work etc Act 1974.
5. **Equality and Diversity Implications**

5.1. The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. No adverse or positive impacts have been identified from this report.

6. **Patient, Public and Staff Engagement**

6.1. The Trust’s business planning process incorporates patient and public involvement. Robust and effective financial control and risk management systems ensure that the Trust’s services can be developed and delivered to meet the needs of patients in the medium term.

7. **Cost Implications**

7.1. If the Trust is found in breach of the Health and Safety at Work etc, Act 1974 and supporting regulations, there is a possibility of fines and investigation costs.

8. **Potential Risk to the Organisation**

8.1. If the Trust fails to satisfy statutory requirements under health and safety law and supporting regulations, there is a risk of the Health and Safety Executive serving notices, criminal prosecution and fines. Staff suffering harm where a breach of duty owed has been proven, can also seek financial compensation through the civil courts (personal injury claim).

9. **Committee Prompts**

9.1. Does the Trust Board require any additional information of assurance?

10. **Recommendations**

10.1. The Trust Board is asked to **RECEIVE** the Health and Safety Six Monthly Report covering the period of 1 Apr to 30 Sept 2015.

11. **References**

11.1. None.

12. **Strategic Objectives**

12.1. The Trust’s strategic objectives are reviewed by the Board on an annual basis. This paper supports the achievement of the following strategic objectives:

- Ionising Radiation (Medical Exposure) Regulations 2000 (equipment failure).
### Principal Risks

**13.1.** The Trust’s principal risks have been identified through the Trust’s risk management processes. They are updated as they are identified by the Risk Management Committee. This paper supports the mitigation of the following principal risks:

<table>
<thead>
<tr>
<th>Risk Area</th>
<th>Risks Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial planning &amp; management</td>
<td>Clinical records management</td>
</tr>
<tr>
<td>Strategic &amp; business planning</td>
<td>Leadership &amp; management</td>
</tr>
<tr>
<td>Workforce numbers</td>
<td>Unsafe behaviour</td>
</tr>
<tr>
<td>Workforce skills</td>
<td>External demands</td>
</tr>
<tr>
<td>Procedural management</td>
<td>Partnership arrangements</td>
</tr>
<tr>
<td>Equipment &amp; facilities arrangements</td>
<td>Communication</td>
</tr>
</tbody>
</table>

- Highest Quality
- Sustainable Services
- Integrated Health & Social Care
Health and Safety Six Monthly Report
1 April to 30 September 2015

1. Overview
1.1. Purpose and key issues

The purpose of this paper is to present the Health & Safety Committee Six Monthly Report for the period, 1 April 2015 to 30 September 2015.

The Health & Safety Report is presented twice yearly to the Trust Board in order to highlight the key issues, decisions taken and risks discussed as part of the business of the Health and Safety Committee over the previous six months. The Report also provides additional assurance to Trust Board that health and safety matters are being appropriately identified and managed in accordance with Health & Safety Executive (HSE) legislation.

2. Significant Areas of Interest

During the period of 1 April 2015 to 30 September 2015, the health and safety areas of work included:

2.1. Incident Reporting

All health and safety related incidents were reviewed by the Health and Safety Manager and other specialists e.g. Back Care Advisor to ensure managers have taken appropriate actions.

Incidents categorised under health and safety are reviewed by the Health and Safety Team to ensure any incidents are identified for the purposes of statutory external reporting e.g. RIDDOR. See table 1 for health and safety related incidents covering the period of 1 Apr to 30 Sept 2015.

Quarter 1, 2015-16 (1 Apr to 30 June 2015) a total of 3,283 incidents were reported, of which 726 were health and safety related and highlighted in table 1.

Quarter 2, 2014-15 (1 July to 30 Sept 2015) a total of 3,436 incidents were reported, of which 738 were health and safety related and highlighted in table 1.

Table 1: Health and Safety Related Incidents

<table>
<thead>
<tr>
<th>Incident category</th>
<th>Q1, 2015-16</th>
<th>Q2, 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Accidents (including Falls)</td>
<td>517 (71%)</td>
<td>482 (65%)</td>
</tr>
<tr>
<td>Staff Accidents</td>
<td>100 (14%)</td>
<td>100 (13.5%)</td>
</tr>
<tr>
<td>Violence and Aggression</td>
<td>88 (12%)</td>
<td>114 (16%)</td>
</tr>
<tr>
<td>Fire</td>
<td>13 (2%)</td>
<td>32 (4%)</td>
</tr>
<tr>
<td>Visitor / Contractor Accidents</td>
<td>8 (1%)</td>
<td>10 (1.5%)</td>
</tr>
</tbody>
</table>
It should be noted that patient accidents, including falls are reviewed by the Head of Physiotherapy and Occupational Therapy and are presented at the Patient Safety Operational Group to provide a Trust wide approach for the management of patient accidents.

2.2. RIDDOR Regulations

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), certain categories of incident are reported externally to the Health and Safety Executive (HSE). Guidance relevant to the healthcare sector (Reporting of Injuries, Diseases and Dangerous Occurrences in Health and Social Care) is published on Bob.

During the period of 1 April 2015 to 30 September 2015, 16 RIDDOR reports were submitted to the Health and Safety Executive.

- Quarter 1, 2015-16, eight incidents were reported under RIDDOR
- Quarter 2, 2015-16, eight incidents were reported under RIDDOR

The incidents reported to the HSE fell under the following RIDDOR categories:

- Specified Injuries (Bone Fracture) – 3
- More than 7 days absence from Work – 12
- Dangerous Occurrence (Uncontrolled release of asbestos fibres) - 1

In comparison, 16 RIDDOR reports were also submitted for the previous six month period (Quarter 3 and Quarter 4, 2014-15).

Two specified injuries occurred within car parks, NDDH. One stumble and fall on a loose gravel surface dressing, the other trip and fall due to a pothole. Both members of staff suffered fractured elbows. The third specified injury occurred in a kitchen on Level 5, NDDH, the member of staff slipping and fracturing their ankle.

2.3. Health and Safety Executive Investigation – Asbestos

An incident that occurred on 03.07.15 resulted in a RIDDOR report being submitted to the Health and Safety Executive (HSE). The contractor appointed to install a multimedia system in the multidisciplinary team (MDT) meeting room, Medical Education Centre, NDDH cut holes into ceiling tiles that contained amosite (brown asbestos).

The Trust failed in their duty to provide information to the contractor as required under regulation 4 of the Control of Asbestos Regulations 2012. It requires the “duty holder” to “provide information on the location and condition of the materials to anyone who is liable to work on or disturb them”.

The contractor surveyed the room, but did not query the presence of asbestos. The contractor failed in their duty to identify the presence of asbestos required under regulation 5 of the Control of Asbestos Regulations 2012.
Health and safety investigation on-going, review of policies, procedures and risk assessment with action plans completed (Risk ID 3591).

The incident triggered contact from HSE Inspectorate including a visit by HM Inspectors of Health and Safety (08.10.15). Inspectors have advised that Fee for intervention (FFI) may apply for the visit. Their initial findings indicate that further work is required and recommendations will be made in respect of the Trust developing an Asbestos Management Plan.

2.3. Lone Working

A paper presenting the findings of trials and evaluation of lone worker safety devices from two shortlisted providers was approved in principle by the Executive Team 24 June 2015. The recommendations made within the paper are for the use of “pooled” lone worker safety devices by community staff with roaming SIM, GPS and two way communications.

The Procurement Department are currently managing the tendering arrangements to ensure compliance with Open Journal of European Union (OJEU) standards and that competitive tendering arrangements are satisfactory. The Directorate Buyer managing the project is presently finalising specifications for the local tenders due to be issued to providers to submit their bids.

2.4. Code of Conduct Leaflet

Following publication of information on the use of hidden cameras to record patient care by the Care Quality Commission 12 February 2015, an amendment has been made to the Trust’s Code of Conduct Leaflet for Staff and Patients to reflect the Trust stance regarding the use of audio and visual equipment to secretly record patient care in hospital and also domestic settings.

The revised leaflet was published April 2015. Supporting information has been published on the health and safety intranet pages on BOB.

3.0. Specialist Advisors Reports

The Health and Safety Committee is a forum for other specialist advisors e.g. Back Care and Fire and Security Advisors to identify good practice and highlight risks to the organisation.

The Health and Safety Committee receives regular reports from a number of specialist advisors, and the following key issues were noted:

3.1. Health & Safety

3.1.1 “We Support Health and Safety” Campaign

The Health and Safety Team organised a health and safety event in the public restaurant, NDDH on 17 July 2015. This coincided with a national “we support health and safety “week.
The purpose of the event was to promote, raise awareness, communicate and consult with Trust staff. The event was well received and supported by Occupational Health, suppliers of safer sharps products and also Devon and Somerset Fire and Rescue Service who attend to promote the Home Safety Partnership Agreement in place and available for any patient under our care in their own home.

3.1.2 Internal Health and Safety Alert – Suitable Footwear

An internal safety alert applicable to all staff was issued 6 July 2015. The alert relates to ensuring clinical and non-clinical staff wear footwear appropriate to their role giving consideration to safety requirements. The alert advised that flip flops are not appropriate footwear and do not afford enough structure, form or afford enough grip or slip resistance in work environments typically encountered by Trust staff. Requirements for suitable footwear at work have been reflected in amendments made to the Uniform and Dress Code Policy.

3.2. Local Security Management Specialist

3.2.1 Security Annual Report 2014/15

The Security Management Annual Report 2014/15 was presented to the Health and Safety Committee 7 July 2015. This included information regarding the 29% increase in the number of physical assaults against staff in comparison to 2013/14, in part believed to be due to increased awareness for the correct reporting of incidents.

3.3. Fire and Security

3.3.1 Annual Fire Statement – Calendar Year 2014

The Annual Fire Statement for 2014 was presented to the Health and Safety Committee 07 July 2015. The reported highlighted information in respect of incidents, training, maintenance of fire precautions, capital development and areas to develop.

3.3.2 Fire Service Call Out Fees

Devon and Somerset Fire and Rescue Service have indicated to the Trust’s Fire and Security Officer that future “false alarm” call outs may incur charges being imposed upon the Trust of £305 per vehicle in attendance.

3.4. Manual Handling

3.4.1 Documentation and Risk Assessments

Following a successful pilot, community moving and handling plan documentation has been produced that will be shared with key stakeholders such as Devon County Council for care agency staff, PLUSS (social enterprise) and Devon Community Equipment Service (CES).
3.4.2 Lifting Equipment Audit

A comprehensive lifting equipment audit and report have been completed for lifting equipment at the NDDH site by Hillrom. The audit considered patient mobility levels, equipment required against available equipment and the age of equipment.

3.5. Infection Control

3.5.1 Outbreak Management

The Infection Prevention and Control provided updates to the Health and Safety Committee regarding plans for the management of diseases such as Ebola and Middle East Respiratory Syndrome (MERS).

3.5.2 Seasonal Flu – Respiratory Protection

The infection Prevention and Control Team are presently undertaking a review and assessment to ensure that a suitable and sufficient fit testing programme is implemented in anticipation of seasonal flu outbreaks.

3.6. Occupational Health

3.6.1 Staff Vacancies

Staffing vacancies within the Occupational Health Department have been filled, this includes the appointment of a new Occupational Health Manager, Occupational Health Nurse and two counsellors.

3.6.2 Stress Management

Occupational Health Department have undertaken some critical stress management training. Plans being implemented to roll out stress management programme under a six month pilot.

4.0. Specialist Advisory Groups

4.1. Medical Gas Committee

Following an NHS Protect alert regarding the theft of medical gas cylinders from healthcare sites across the South West. Information concerning the review of and improvements made regarding the storage of Entonox at the NDDH site were highlighted to the committee.

4.2. Security Incident Review Group

The Executive Directors Group have approved the implementation of safe holding / control and restraint training for 300 staff based at the Acute site and 1,200 community staff.
Restraint incidents for 2015-16 will be presented in a report submitted to the Security Incident Review Group (SIRG). Restraint incidents to be reviewed by SIRG and the Adult Safeguarding Board in accordance with the Restraint Policy.

4.3. **Control of Substances Hazardous to Health (COSHH) Working Group**

Assurances provided to the Health and Safety Committee by the COSHH Working Group minutes of meetings in respect of routine and ad hoc monitoring of substances that may cause harm. This included feedback regarding air monitoring undertaken whilst hotel services staff were cleaning using Tristel Fuse. Monitoring for the presence of chlorine dioxide indicated that exposure levels were within safe working limits.

4.4. **Acute Fire and Emergency Response Team Meeting**

Representation at the Acute Fire and Emergency Response team meeting includes that from Devon and Somerset Fire and Rescue Service. A close working relationship with DSFRS has been maintained over the past six monthly period.

Following an inspection by the local aviation authority, a standard operating procedure has been completed regarding actions to be taken by the Emergency Department when a helicopter is approaching and due to land.

5.0. **Key Decision Taken**

The following policies were approved by the Health and Safety Committee: