

Agenda Item:

Risk and Quality Committee

Annual Report of the Health and Safety Committee 2016-17

| | |
|---|---|
| PURPOSE | To present the Trust Annual Report of the Health and Safety Committee to the Risk and Quality Committee |
| PREVIOUSLY CONSIDERED BY | Health and Safety Committee |
| Objective(s) to which issue relates * | <input checked="" type="checkbox"/> Keeping our promises about quality and value – embedding the changes resulting from delivery of Our Changing Hospitals Programme. <input type="checkbox"/> Developing new services and ways of working – delivered through working with our partner organisations <input type="checkbox"/> Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre |
| Risk Issues (Quality, safety, financial, HR, legal issues, equality issues) | Compliance with Health and Safety Legislation |
| Healthcare/ National Policy (includes CQC/Monitor) | |
| CRR/Board Assurance Framework * | <input type="checkbox"/> Corporate Risk Register <input type="checkbox"/> BAF |
| ACTION REQUIRED * | |
| For approval | <input type="checkbox"/> |
| For discussion | <input type="checkbox"/> |
| For decision | <input type="checkbox"/> |
| For information | <input checked="" type="checkbox"/> |
| DIRECTOR: | Director of Nursing and Patient Experience |
| PRESENTED BY: | Director of Nursing and Patient Experience |
| AUTHOR: | Safety and Security Manager |
| DATE: | July 2017 |

**We put our patients first We work as a team We value everybody We are open and honest
We strive for excellence and continuous improvement**

Health and Safety Annual Report – 2016-17

1. Aim of Report

To inform the Health and Safety Committee, Trust Board and sub committees of the Trust Board on activities undertaken relating to health and safety management and compliance during the period of 1 April 2016 to 31 March 2017.

2. Performance over the reporting period

2016-17 targets aimed to achieve a reduction of incidents compared to last year. The following were achieved:

- RIDDOR reportable incidents : decrease of 51.16%
- Slips, trips and falls by staff : decrease of 29.57%
- Slips, trips and falls by patients : decrease of 53.33%
- Musculoskeletal Injuries : decrease of 5.79%
- Public liability claims relating to health and safety incidents : decrease of 50%

However, increases were reported in the following incidents:

- Sharps injuries : increase of 22.95%
- Slips, trips and falls by visitors/outpatients : increase of 78.94%
- Employer liability claims relating to health and safety incidents : increase of 22.22%
- Referrals for work related stress : increase of 55%
- Physical assaults of staff : increase of 23%

Fire Incidents:

There was a single reported 'significant' fire within Trust premises during 2016-17 which occurred in the Treatment Centre. This was equipment related; the cause of the fire was found to be a faulty electrical connection within the heating element of a water heater.

3. Actions and Learning:

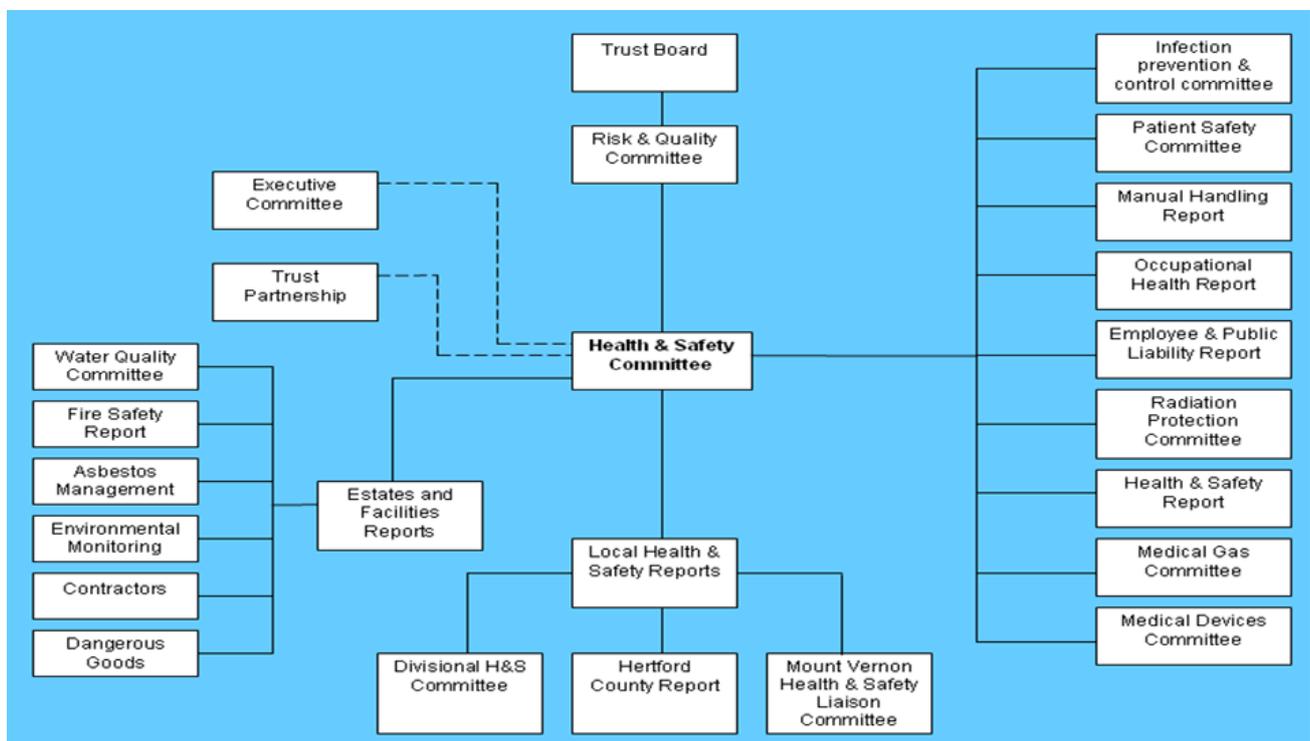
- Investigation of all incidents to ensure that lessons are learnt and appropriate control measures put in place to prevent a reoccurrence.
- Liaison with the Nurse Education and Health@work teams to reduce the number of sharps injuries
- Analysis of sharp and splash injuries to identify trends by device type, procedure and staff group
- Areas of weakness identified by themed audits and incidents will be incorporated into the departments work plan to ensure on-going monitoring and improvement
- Implementation of the Management of Contractors Policy and use of "SafetyNet" within estates and facilities

4. Strategic Context

This report details Trust-wide health and safety performance throughout 2016-17 in order to comply with the Health and Safety at Work Act 1974 and associated statutory regulations, with particular reference to Health and Safety, Fire Safety, Moving and Handling and Health@Work (formally Occupational Health).

The Safety and Security team is part of the corporate Nursing Practice Division. The Health@Work team is accountable to the Director of Workforce and Organisational Development and liaises with the Safety and Security team regarding the management of health risks that affect Trust employees and contractors. The Trust has a Health and Safety Strategy (launched in May 2012), which includes specific improvement targets for Health and Safety, Fire, Health@work and public and employer liability claims.

The Trusts Security Management is managed by the same team but reports to the Security Committee which is chaired by the Chief Operating Officer and Security Management Director.



5. Committees/groups

- The Health and Safety Committee is chaired by the Director of Nursing who reports to the Risk and Quality Committee and Trust Board.
- The Trust Health and Safety Committee meets bi-monthly and has representation from all divisions and Staff Side.
- Health and Safety is a regular agenda item at the Trust Partnership meeting which meets monthly.
- The Safety and Security Manager attends the Patient Safety Committee.
- Health and safety concerns raised at Mount Vernon Cancer Centre are discussed at the joint governance and operational meetings.
- Health and safety performance data is discussed at Divisional Performance Review meetings and audit scores published on the Safety and Security pages of the Knowledge Centre.

6. Monitoring compliance and effectiveness

A monthly set of performance indicators are used to measure health and safety performance, which also includes a number of Health@work outcomes including skin surveillance and new referrals for work related stress. These metrics are discussed at the Health and Safety Committee, Risk and Quality Committee and Trust Partnership meetings.

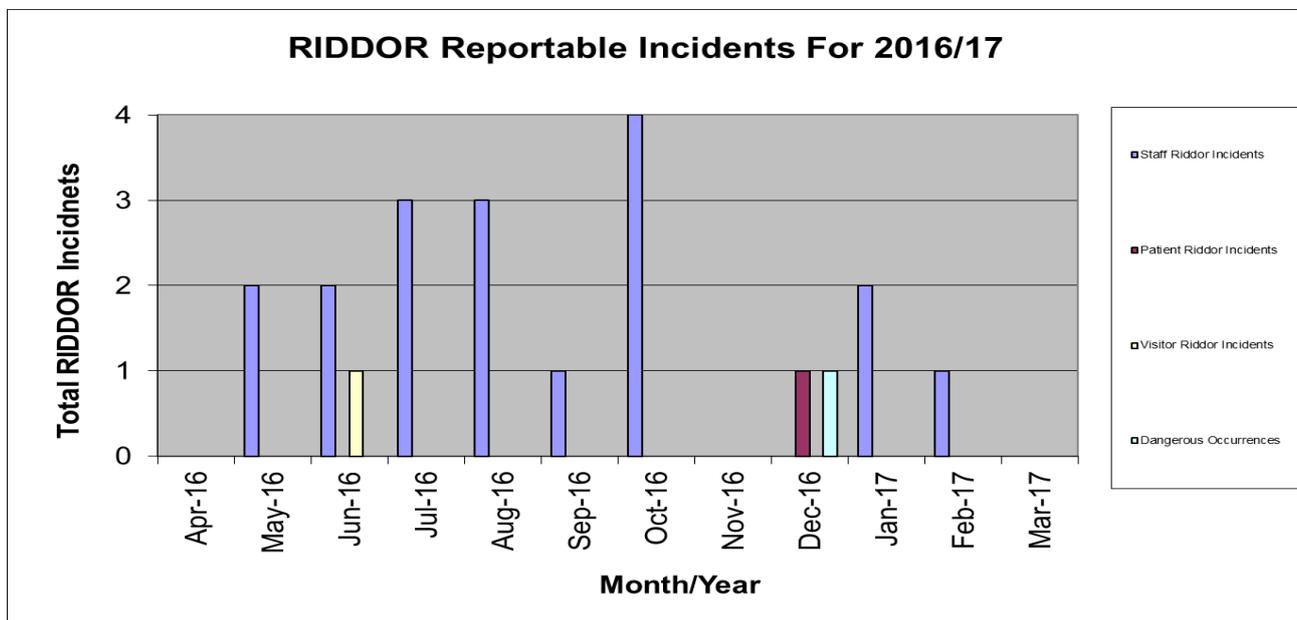
Key health and safety metrics are included in the Trust Floodlight Scorecard and reported monthly to the Risk and Quality Committee and Trust Board.

7. RIDDOR Analysis

In the 2016-17 reporting period there were 21 RIDDOR reportable incidents, this represents a decrease of 22 incidents compared to 2015-16.

Of the 21 RIDDOR reportable incidents 7 were manual handling injuries, 1 from exposure to a harmful substance, 7 slips, trips and falls and 3 from assaults. 13 were injuries to workers which resulted in their incapacitation for more than 7 days.

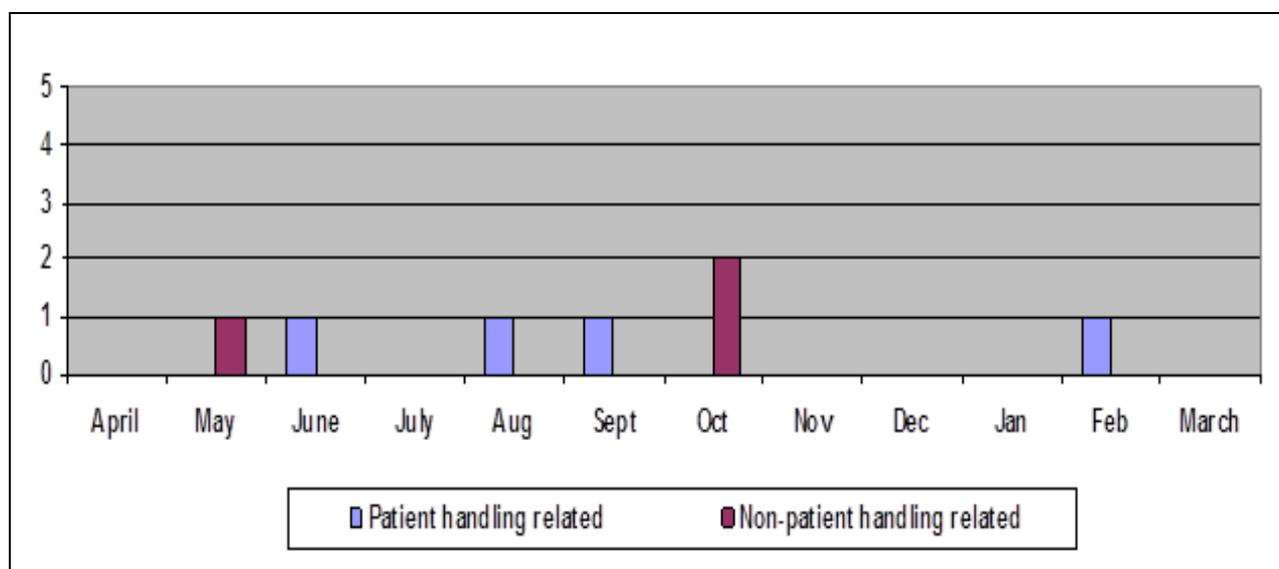
| F2508 Incidents April 2016 - March 2017 | | | | | | | | | | | | |
|---|-------|-----|------|------|-----|------|-----|-----|-----|-----|-----|-------|
| Cause of Injury | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | March |
| Moving & Handling | | 1 | 1 | | 1 | 1 | 2 | | | | 1 | |
| Exposure to a Harmful Substance | | | | | | | | | 1 | | | |
| Slip/Trip/Fall | | | 1 | | 2 | | 2 | | | 2 | | |
| Fall from Height | | | | | | | | | 1 | | | |
| Assault | | 1 | 1 | 1 | | | | | | | | |
| Hit Something fixed or stationary | | | | 1 | | | | | | | | |
| Contact with Moving Machinery | | | | | | | | | | | | |
| Another Kind of Accident | | | | 1 | | | | | | | | |
| Unknown | | | | | | | | | | | | |
| Stress | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Outcome of Incidents | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | March |
| Specific Injury | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 0 | 1 | 1 | 1 | 0 |
| >7 Day Injury | 0 | 2 | 2 | 3 | 2 | 1 | 2 | 0 | 0 | 1 | 0 | 0 |
| Dangerous Occurrence | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |



One of the reportable incidents occurred in December 2016 when a confused patient fell from a window in Pirton Ward. The incident was investigated and evidence provided that the windows were compliant with the Health Technical Note 55 which requires windows to have an opening restricted to 100mm. The patient had expressed a wish to leave the ward earlier that evening and staff had relocated the patient into a side room for reassurance; however the patient used her bodyweight against the window allowing the frame to flex and increase the gap allowing her to get her lower body through the opening resulting in a fall.

Following discussions with the CCG and NHSI, an independent review of the window restrictors has been completed. Although the windows have 2 integral restrictors fitted and cannot be opened more than the 100mm, the length and width of the windows allows the window to be flexed if forced, creating an opening which could exceed 100mm. The report recommends that an additional restrictor is fitted to each window to prevent this flexing. A suitable lock rigorously tested to BS EN standards has been identified and will be fitted to all Strathmore windows.

Manual Handling related reportable injuries by month incident occurred and sub-category



A total of 7 RIDDOR reportable injuries to staff related to moving and handling incidents; 4 patient handling and 3 non-patient handling (for comparison with the previous year with 20 RIDDOR reportable injuries to staff related to moving & handling incidents; 9 patient handling and 11 non-patient handling).

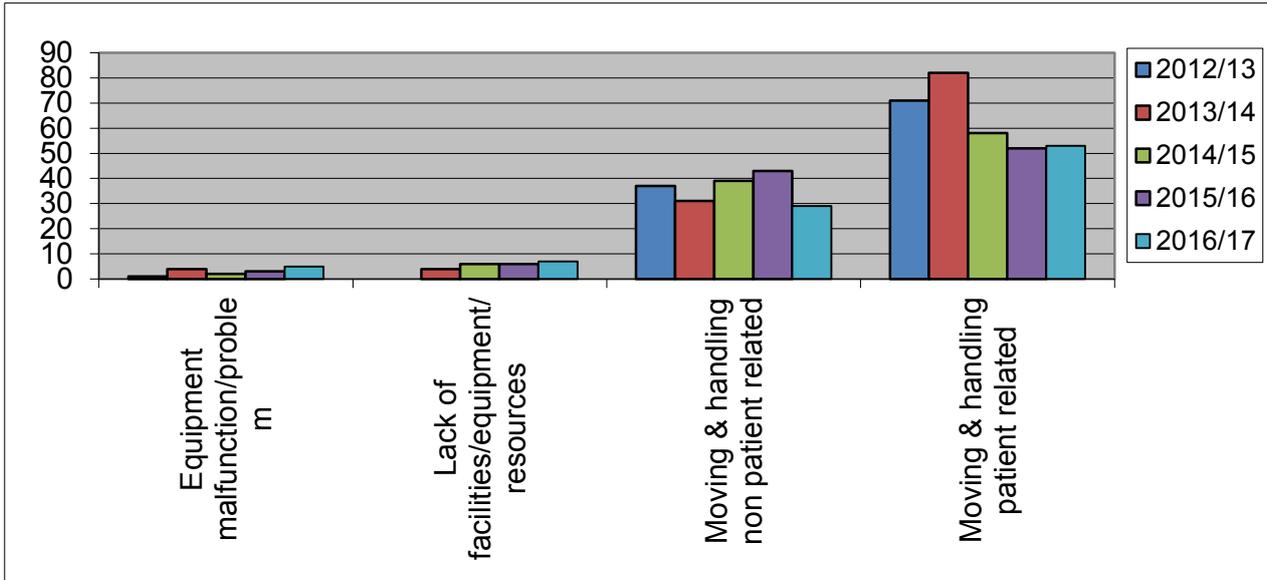
- There has been a decrease in RIDDOR reportable injuries to staff from patient handling incidents with 4 reported this year in comparison to 11 last year; this is also down on the previous 4 year average of 8 per year.
- There has been a decrease in RIDDOR reportable injuries to staff involved in inanimate load handling incidents with 3 reported this year in comparison to 9 last year; this is also down on the previous four year average of 6.75 per year.
- Injured staff training records are checked for compliance for their statutory / mandatory training and followed up as necessary.

8. Incident Analysis

- Sharps/splash injuries are the most common injury to staff.
- Slips trips and falls are also the main cause of injury to both patients and visitors.

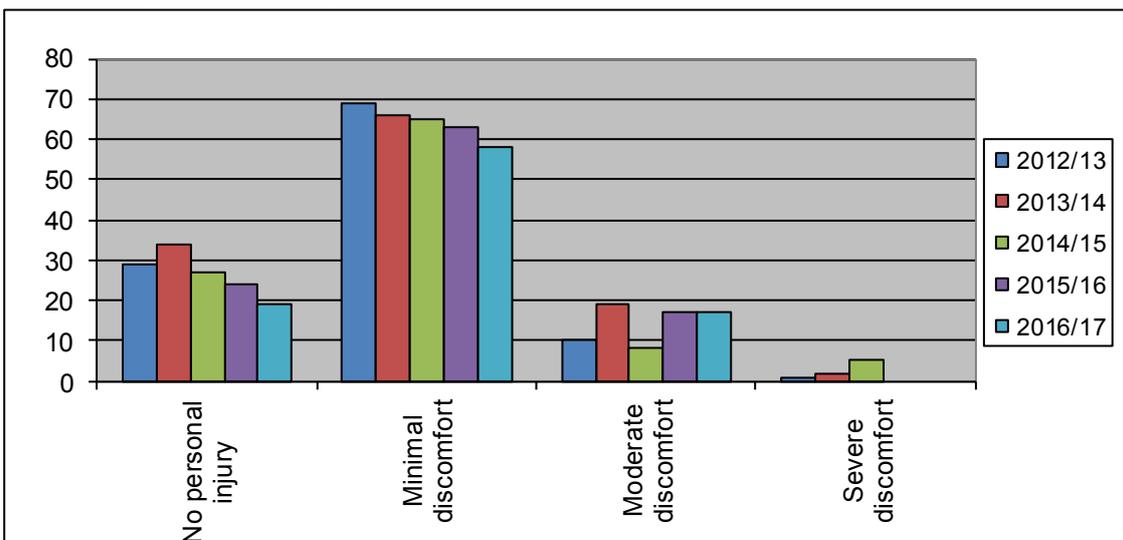
- Physical assaults are the third highest cause of injuries to staff, however the majority have been associated with confused patients and the level of harm caused has been minor.
- The introduction of additional safety engineered sharps products including insulin pens has not resulted in a reduction of incidents as we hoped and further work is required on training and education to ensure the safety devices are used appropriately.
- Further training on the handling and storage of medical records has been undertaken by the moving and handling team to address increased incidents of non-patient handling injuries.
- Incident rates and trends from DATIX have been reviewed bi-monthly, and findings submitted to the Health and Safety Committee.

Incidents by category 2012-13 – 2016-17



The year showed a total of 94 incidents reported with a decrease in non-patient/object handling incidents and the number of patient handling related incidents consistent with last year.

Manual handling incidents by severity 2012-13 – 2016-17



The year showed the same number as last year in the moderate category (total of 17), but with no reported incidents in the severe discomfort category. For the second year no incidents have been reported with a category of severe discomfort at the time of reporting. There were 13 less RIDDOR reportable injuries than last year.

Sharps and Splash Incidents

Analysis by Health@work shows that there are no particular trends associated with the job roles of those sustaining sharp and splash injuries.

The most common locations for injuries occurring are theatres and maternity.

The injuries are sustained from 7 different devices, and no specific procedure has been identified as significant.

The analysis has highlighted the need to remind staff to take sharps bins to the point of use and that staff should avoid searching in patient's personal property for insulin pens.

9. Training

Health and Safety Training

The Health and Safety team delivers health and safety awareness training at Induction and Vital mandatory training days. Safety, security and conflict resolution training continue to be delivered as part of the VITAL training for all staff; this ensures that staff receive refresher training every 2 years. Training metrics indicate that 93.57% of staff are compliant with their Health and Safety competencies and 93.46% with conflict resolution.

| Course | Number of courses run | Number Attended | DNA | Withdrew | Cancelled courses |
|--------------------------|-----------------------|-----------------|-----|----------|-------------------|
| Competent person | 10 | 128 | 30 | 16 | 1 |
| Competent persons update | 6 | 48 | 7 | 13 | 0 |
| COSHH | 9 | 34 | 8 | 10 | 1 |
| Managers | 4 | 42 | 8 | 11 | 2 |
| Display Screen Equipment | 13 | 75 | 8 | 17 | 0 |

Medical Gas Training (HTM02 compliance)

Medical Gas awareness training continues to be delivered to all clinical staff as part of their VITAL training.

Manual Handling Training

Mandatory moving and handling training courses continue to be provided on both the Trust Induction programmes and the VITAL statutory and mandatory training programmes. Manual handling underpinning knowledge training being provided for both clinical and non-clinical staff, with practical patient handling training given to clinical staff on the use of the Trust's Standard (Operating) Procedures for patient handling and lessons learnt from reported adverse incidents.

In addition to these courses the team provides update and introductory training for Departmental Manual Handling Risk Assessors and Handling Co-ordinators (link workers); introductory training for other staff groups as required such as student nurses

Training Compliance for Moving & Handling training

| Competency / frequency | Compliant |
|---|---|
| Moving & Handling / 2 years | 5186 = 93.95% (Last year = 4724) (88.85%) |
| Moving & Handling for People Handlers / 2 years | 2242 = 90.59% (Last year = 2150) (88.19%) |

Compliance rates for manual handling training have improved by 5.1%.

Compliance rates for practical patient handling training have improved by 2.4%.

10. Health and Safety Executive Visits

There have been no visits or inspections by the HSE during this reporting period.

11. Policies

All health, safety and security policies have been reviewed and made available for staff to access via the Safety and Security pages of the Knowledge Centre. Master copies have been retained on each of the Trust sites to ensure access can be maintained in the event of any IT or electrical interruptions.

12. Health & Safety Red File Audit

The audit of the Trusts Health & Safety departmental risk assessment files commenced in July 2016. The audit is completed every 2 years; unfortunately results have been disappointing with large numbers of failures. The main reason for the poor results is that risk assessments have not been reviewed within the last 12 months, some departments do not have a competent person in post to complete/review the risk assessments and in some cases the ward/department does not have all of their staff compliant with their mandatory training.

Audit reports provide detailed information on the actions required to address these issues and follow up audits are completed as managers indicate that the appropriate actions have been taken. The audit scores have been raised at divisional performance management reviews, support offered to all managers and email reminders sent by the Deputy Director of Nursing as a follow up to ensure corrective actions are taken.

In view of the poor response, the audit process will be modified in 2017 to a short, simple audit with no more than 4 questions emailed to departmental and ward managers on a monthly basis. Managers will be required to open the link to the Trusts H & S audit tool page and submit the answers to the questions asked. There will be one action per question. The website will provide an up to date dashboard so that at any time we can view who has started the audit, who has completed it and who has not done anything at all.

Audit questions will be based on the Trusts Health & Safety Strategy and additional questions will focus on emerging issues and incidents as they arise. The intention is to provide a quick and simple check of compliance that staff will find less challenging to complete.

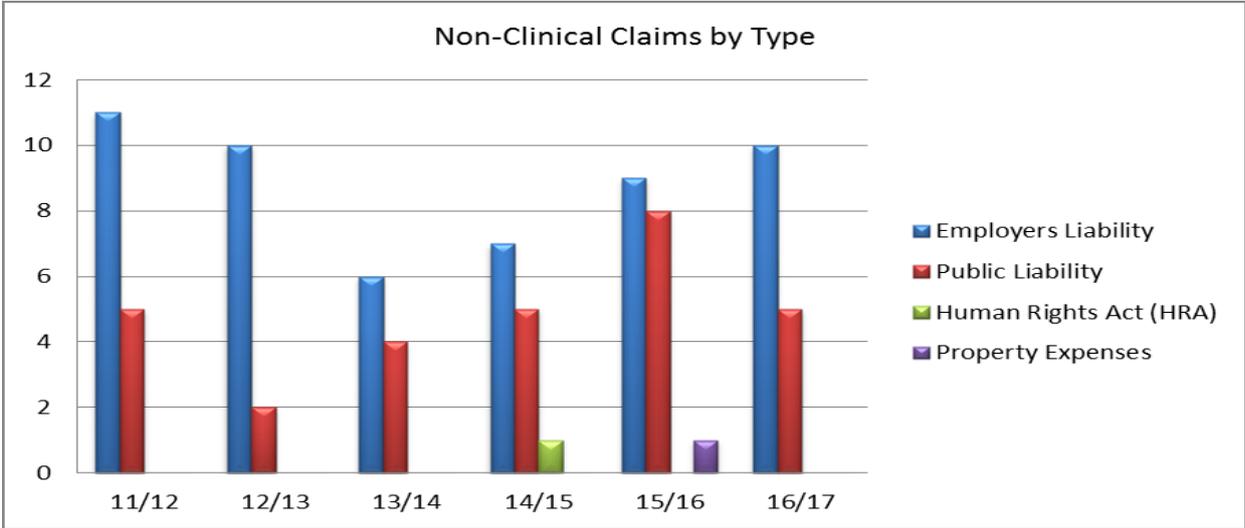
13 Annual work programme

An annual work plan was completed linked to the Health and Safety Strategy. The annual work plan for the coming year aims to make further reductions in incidents and to continue to develop the safety culture.

The Health and Safety Work Plan is reviewed at the Nursing Practice Senior Management Team meetings on a quarterly basis, in addition to the Health and Safety Committee and is updated as new issues are identified.

14 Non – Clinical Claims

The graph below shows the number of new non-clinical claims received by type over the last five financial years.



Employer Liability claims are those made by Trust employees who have injured themselves during the course of their employment. The Trust has previously seen a reduction in these claims, however since 2013-14 there has been an increase year on year. Public Liability claims are those made by visitors whilst on Trust premises and have to be considered in view of the Trust’s responsibility to provide a safe place for the public. It is pleasing to note that 2016-17 has seen a 37% reduction in these claims compared to 2015-16. The Property Expenses scheme case in 2014-15 related to damage following a theft on the old QEII site and the Trust received the full payment from NHS Resolution (formerly NHS Litigation Authority).

ENHT is a member of the NHS Resolution Risk Pooling Scheme for Trusts (RPST), which, subject to the membership rules, indemnifies the Trust for non-clinical claims. There are however, excess levels for all categories as detailed below;

| Scheme | Excess level |
|--------------------------|--------------|
| Employers Liability (EL) | £10,000 |
| Public Liability (PL) | £3,000 |
| Property Expenses (PES) | £20,000 |

It is pleasing to note that the Trust has seen a consistent fall in contributions to the RPST scheme at the NHSLA. Confirmation of the contribution for 2017-18 is awaited.

| | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
|---|----------|----------|----------|----------|
| Employers Liability and Public Liability | £295,439 | £278,362 | £222,689 | £213,048 |
| Property Expenses | £28,087 | £21,886 | £18,549 | £16,906 |

Comparative data



The graph above is taken from NHSR extranet and allows the Trust to benchmark against Trusts of a similar type (large, acute) with respect to the number of new employer and public claims reported. The graph shows that whilst ENHT mirrors the general pattern, other than Q4 2016/17, there are fewer claims than other large acute Trusts which is reassuring. Interestingly, Q4 of 2015/16 showed a similar spike. The spike seen in Q4 will be monitored and reported on at the next Health and Safety Committee.



The graph above shows the average time taken to resolution for all claims closed in the last 12 months. It demonstrates that ENHT notify NHSR quickly and resolve cases quickly when compared to both Trusts of a similar type and the regional and national average.

New Employer Liability Claims received in 2016-17:

| Reference | Incident date | Synopsis |
|-----------|---------------|--|
| EL16.08 | 1-Dec-2014 | Exposure to and contracted MRSA |
| EL16.09 | 30-Mar-2016 | Alleged electric shock from hospital bed |
| EL16.12 | 9-May-2016 | Needlestick injury |
| EL16.13 | 19-Jun-2016 | Staff member tripped on a pothole |
| EL16.14 | 6-Sep-2016 | Staff member allegedly assaulted by a confused patient |
| EL16.15 | 13-Aug-2016 | Fall from step ladder |
| EL16.16 | 14-Oct-2015 | Alleged verbal assault by a patient |
| EL17.01 | 30-Aug-2014 | Stress related illness brought about by work related problems |
| EL17.03 | 6-Oct-2016 | Staff member tripped on wires trailing under the desk |
| EL17.04 | 7-Jan-2017 | Staff member injured back when reaching for products from high shelf in confined space |

Employer liability claims by incident type over the past 3 years:

| | 2014-15 | 2015-16 | 2016-17 | Total |
|-------------------------------------|----------|----------|-----------|-----------|
| Other | 1 | 0 | 1 | 2 |
| Confined Work Space Injury | 1 | 0 | 0 | 1 |
| Exposure to dust/asbestos/chemicals | 1 | 0 | 0 | 1 |
| Equipment malfunction | 0 | 0 | 1 | 1 |
| Moving and Handling Equipment | 0 | 1 | 1 | 2 |
| Moving and Handling Patient | 0 | 2 | 0 | 2 |
| Needlestick Injury | 0 | 1 | 1 | 2 |
| Slip/Trip/Fall (Indoors) | 2 | 4 | 2 | 8 |
| Slip/Trip/Fall (Outdoors) | 1 | 1 | 1 | 3 |
| Struck by building fabric/equipment | 1 | 0 | 0 | 1 |
| Cross infection | 0 | 0 | 1 | 1 |
| Verbal/Physical Assault by Patient | 0 | 0 | 2 | 2 |
| Totals: | 7 | 9 | 10 | 26 |

New Public Liability Claims received in 2016-17:

| Reference | Incident date | Synopsis |
|-----------|---------------|--|
| PL16.07 | 30-Jan-2016 | Patient's crutch struck her in the face when CSW was raising cot sides |
| PL16.10 | 3-Jun-2016 | Alleged injury (back pain) caused when head of bed collapsed during the night |
| PL16.11 | 11-Apr-2015 | Patient allegedly slipped on wet floor on the ward |
| PL17.02 | 24-Dec-2016 | Alleged injury to foot caused by a patient trolley whilst waiting in ED |
| PL17.05 | 27-Oct-2015 | Agency member of estates staff tripped and suffered an injury from an 'unguarded' piece of equipment |

Public liability claims by incident type over the past 3 years:

| | 2014-15 | 2015-16 | 2016-17 | Total |
|---|---------|---------|---------|-------|
| Other | 0 | 1 | 0 | 1 |
| Unlawful Detention | 1 | 0 | 0 | 1 |
| Breach of Confidentiality | 0 | 1 | 0 | 1 |
| Faulty Equipment | 0 | 0 | 2 | 2 |
| Equipment malfunction | 0 | 1 | 0 | 1 |
| Needlestick Injury | 0 | 1 | 0 | 1 |
| Slip/Trip/Fall (Indoors) | 2 | 1 | 1 | 4 |
| Slip/Trip/Fall (Outdoors) | 1 | 3 | 0 | 4 |
| Struck by building fabric/ equipment | 1 | 0 | 2 | 3 |
| Totals: | 5 | 8 | 5 | 17 |

All new claims are reported to the bi-monthly Health and Safety Committee along with any themes and trends. In addition, any learning/notable points identified from investigations is shared.

Closed Claims

In 2016-17 a total of 17 Employer and Public liability claims were closed; 8 were withdrawn/defended (47%) and 9 were settled (53%). This is only a marginally worse position than in 2015-16 when 12 were closed, 50% of which were settled. The outcomes of those closed in 2016-17 are shown at Appendix 1.

In 2015-16, 20% of the total cost of claims was paid to the Claimant in damages. In 2016-17 that figure has increased to 57%.

Summary

Although the investigations carried out into new claims made seek to identify any learning or risk reduction measures, it should be noted that where the date of the incident predates the claim by a significant time, working methods and environmental factors might well have changed in the interim. The successful defence of these claims is reliant upon good documentation – incident forms, risk assessments, maintenance records etc. The centralisation of training records on ESR has been valuable.

As is demonstrated above, whilst the total number of non-clinical claims received consistently increased in the previous 3 years, in 2016-17 the total number of claims has decreased by 2. This is due to a fall in the new public liability claims that has offset the increase in new employer liability claims. ‘Slips, trips and falls’ have remained the most common cause.

15. Estates and Facilities

Fire Safety

The Fire Risk Manager has focussed on ensuring that all buildings for which the Trust is responsible (clinical and non-clinical) meet the standards detailed within the relevant HTM codes of practice and are compliant with all fire safety legislation.

The Director of Estates and Facilities, supported by the Fire Risk Manager and Estate Managers, will ensure:

- the implementation of fire safety precautions through a risk-managed approach,
- the implementation of monitoring and reporting mechanisms appropriate to the management of fire safety
- the development of partnership initiatives with other agencies and bodies in the provision of fire safety.

There was a single reported 'significant' fire within Trust premises during 2016-17 which occurred in the Treatment Centre. This was equipment related; the cause of the fire was found to be a faulty electrical connection within the heating element of a water heater. All appropriate procedures were followed during this incident and the required reporting was completed by the Trust Safety and Security team.

All wards and departments carry out a local fire risk assessment designed to ensure that the existing fire precautions are maintained to the required standard, this assessment process is carried out by ward/department managers. The Fire Risk Manager also undertakes specific fire risk assessments using Health Technical Memorandum (HTM) Operational Provisions 05-03 Part K with different departments in various locations. A report is generated with a full action plan including photographic evidence for completion by the department manager and estates. 2D plans detailing the evacuation routes for staff, patients and visitors, together with the location of fire extinguishers, refuge areas and other fire safety information are being introduced across the Trust.

A fire risk assessment identified one significant risk relating to the means of escape at Mount Vernon Cancer Centre on Wards 10 and 11. This finding was supported by an independent fire risk assessment undertaken in December 2016. Significant improvements are required to the central and south fire exits to facilitate the safe evacuation of ward areas taking full account of patient dependency. The internal corridor adjacent the north exits of the wards is not constructed of fire resistant material and would offer no protection should any fire-related incident occur at the premises.

Instances of unwanted fire signals lead to a disruption of service, patient care and an unnecessary risk to those responding to an alarm. The local fire service attends most incidents attributed to ENHT sites. Under the Fire and Rescue Services Act 2004 the fire authorities have the power to charge for attendances made to the premises for unwanted fire signals. Across all ENHT sites 45 unwanted fire signals were recorded for the reporting period.

This is a reduction on previous years despite the fact the fire alarm systems are continually expanding.

| Fire Training | Structure | Content |
|---|--|--|
| Fire Awareness Training Mandatory for clinical & non-clinical staff | <ul style="list-style-type: none"> • Annual requirement • E-learning programme(introduced for non-clinical depending on funding) • With Fire Safety Manager | <ul style="list-style-type: none"> • Fire awareness • Fire alarm system and local operational procedures • Fire extinguishers (theory) • Disability equipment (theory) |

| Fire Training | Structure | Content |
|--|--|--|
| Fire Warden Course Designated staff for clinical & non clinical departments / premises | <ul style="list-style-type: none"> • Three yearly qualification • Central venue • 0.5 day • With Fire Safety Manager | <ul style="list-style-type: none"> • Fire awareness presentation • Disability equipment familiarisation (practical) • Fire extinguishers (practical) |
| Fire Response Training (Porters) | <ul style="list-style-type: none"> • Three yearly qualification • Central venue • 0.5 day • With Fire Safety Manager | <ul style="list-style-type: none"> • Fire awareness presentation • Disability equipment familiarisation (practical) • Fire extinguishers (practical) |
| Competency Assessment All ward based nursing and OT staff (recommended) | <ul style="list-style-type: none"> • On induction to the ward then at six monthly intervals • Carried out by line manager in supervision / appraisal meeting at site of employment | Q & A on all aspects of fire safety: <ul style="list-style-type: none"> • Fire alarm system and local operational procedures • Duties and responsibilities in relation to fire incidents on the site of employment |

The compliance rate for the completion of mandatory fire safety training was 84% during the period of this report. A breakdown of compliance by Division is available via the staff intranet.

Management of Contractors

The current paper-based system for the control of visitors on-site is not implemented consistently by all departments across the Trust. An electronic web based system used by other Trusts, "SafetyNet" is to be implemented during 2016-17. The programme has been piloted by the Estates and Facilities department prior to implementation across the Trust.

Water Safety

ENHT accept its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulation 2002 (as amended), to take all reasonable precautions to prevent or control the harmful effects of contaminated water to residents, patients, visitors, staff and other persons working at or using its premises.

During March 2013 the Department of Health issued an Addendum to the current HTM 04-01 – *Pseudomonas aeruginosa* – advice for augmented care units. Following this advice the Legionella Steering Group Committee and the *Pseudomonas* Risk Assessment and Management (PRAM) Group were amalgamated to create a Water Safety Group:

Water Safety Group

The Water Safety Group (WSG) meets quarterly and membership includes the following personnel:-

- The Director of Infection Prevention and Control (DIPC) or Nominated Representative
- Infection Prevention & Control Nursing Team
- Consultant Microbiologist (Chair)
- Divisional Manager/Nursing Services Manager
- Head of Estates or Nominated Representative
- Head of Capital Planning states or Nominated Representative
- Head of Hotel Services or Nominated Representative
- Head of Medical Engineering/Physics or Nominated Representative
- External Consultants
- Trust Safety Manager/ H&S Advisor (as and when required)
- Trust Quality Control Principal Pharmacist

Purpose

- To accept ownership of risk management for and to monitor and advise on water safety across the Trust in line with the Trust's Water Safety Plan.
- To ensure compliance with relevant DH Water systems HTM 04-01, statutory and mandatory guidance documentations

Total Viable Counts (TVC):

Quarterly TVC sampling on all water tanks, hot water clarifier's. Records kept with the Estates offices – remedial actions completed if samples fall outside of control parameters. The new TVC water sampling covers the entire hospital site and consists of 120 locations with 30 samples taken per week.

New QEII Hospital

The New QEII hospital opened in June 2015, the Trust requires Accuro Facilities Management to inform the WSG of any positive results following their routine water sampling.

Pseudomonas aeruginosa (Ps. aeruginosa)

As per the current DH guidance six monthly water sampling will be carried out for Pseudomonas aeruginosa within augmented care areas, with the exception of the Neonatal unit, where monthly water sampling will be carried out. Quarterly sampling is carried out by Diaverum within Harlow and Bedford renal satellite units. On consultation with the Infection Control Director (ICD) augmented care areas are as follows:-

- Neonatal Unit (L3)
- ICU (L4 Lister)
- Renal Units (L3)
- 6B Renal ward (L6)
- Renal Satellite Units (Harlow, Bedford, L&D & St. Albans)
- High Dependency Unit (L4 Lister)

During December 2016, January and February 2017 Ps. aeruginosa water sampling was carried out in the Neonatal Unit only. Out of a total of 60 water samples taken, there were 7 x positives isolated during this period.

Water Risk Assessments (WRA)

The WSG have agreed that Water risk assessments will be reviewed every two years and it is compulsory for all new builds to have one. Current Pseudomonas aeruginosa guidance requires a Ps. aeruginosa risk assessment for designated augmented care areas.

The following table has been developed to identify current compliance.

| Unit | Policy | Water R.A. | Pseudo RA | Who samples | Maintenance | Sampling Frequency | Tap flushing |
|----------------------------|-------------|----------------------|--|-----------------|--------------|--|------------------------|
| Bedford Renal satellite | ENHT policy | ✓ Expired | Done Jan 2016 RA received copy passed to Diaverum | Diaverum | Diaverum | Quarterly Pseudomonas & (Legionella) | Daily ENH |
| PAH Renal satellite | ENHT policy | ✓ Expired | Done Jan 2016 RA received copy passed to Diaverum | Diaverum | Diaverum/PAH | Quarterly Pseudomonas & (Legionella) | Daily ENH |
| L&D Renal satellite | ✓ | ✓ Expired | Done Jan 2016 RA received copy passed to Renal & ICT | ENHT | L&DH | Annually (Legionella) Quarterly Pseudomonas | Daily ENH |
| St. Albans Renal satellite | ✓ | Not seen | Done Jan 2016 RA received copy passed to Renal & ICT | ENHT | WHHT | Six monthly Pseudomonas | Daily ENH |
| Mount Vernon Cancer Centre | ✓ | ✓ Expire Jul 2018 | N/A | THHT | THHFT | Quarterly (Legionella) | 3 x times per week ENH |
| Mental Health Unit | ✓ | ✓ Expire Apr 2018 | N/A | ENHT (TVC only) | ENHT | TVC (done randomly) | MH Unit flushes |
| L6 Renal unit Lister | ✓ | ✓ Expire Apr 2018 | Done Jan 2016 copy passed to Renal & ICT ✓ | ENHT | ENHT | Six monthly Pseudomonas | Daily ENH |
| CCU | ✓ | ✓ Expire Apr 2018 | Done Aug 2013 copy passed to ICT ✓ | ENHT | ENHT | Six monthly Pseudomonas | Daily ENH |

| Unit | Policy | Water R.A. | Pseudo RA | Who samples | Maintenance | Sampling Frequency | Tap flushing |
|----------------------------------|-------------|----------------------|------------------------------------|-------------|-----------------|--|------------------------|
| HDU | ✓ | ✓ Expire Apr 2018 | Done Aug 2013 copy passed to ICT ✓ | ENHT | ENHT | Six monthly pseudomonas | Daily ENH |
| Neo-natal | ✓ | ✓ Expire Apr 2018 | Done Aug 2013 copy passed to ICT ✓ | ENHT | ENHT | Monthly Pseudomonas | Daily ENH |
| Lister hospital | ✓ | ✓ Expire Apr 2018 | N/A | ENHT | ENHT | Quarterly TVC (Legionella) (High Risk) | 3 x times week ENH |
| New QEII hospital | ENHT policy | ✓ Expire Jun 2017 | N/A | Acurro | Acurro | Acurro | 3 x times week ENH |
| HCH | ✓ | ✓ Expire Dec 2016 | N/A | RPM | RPM | Quarterly Legionella | 3 x times week RPM |
| Wiltron House Admin | ✓ | ✓ Expire Jul 2018 | N/A | Not Done | Landlord + ENHT | Currently no biological analysis | 2 x times week ENHT |
| Health Records Gunnels Wood Park | ✓ | ✓ Expire Jul 2018 | N/A | Not Done | ENHT | Currently no biological analysis | 2 x times week ENHT |
| Offsite Residences | ✓ | ✓ Expire Jul 2018 | N/A | Not Done | ENHT | Currently no biological analysis | 2 x times week Tenants |

Flushing infrequently used outlets

There are issues at Lister hospital with local ownership, some forms are returned spasmodically by a combination of ward staff, G4S and housekeeping staff. It can be seen from the reduction in water sample positives found for Legionella and Ps. aeruginosa that increased staff awareness and the flushing of water outlets is having a direct effect on the amount of positive water samples found during the year.

Training

Legionella general awareness training for estates and contract staff was carried out at Lister Hospital on the 30 September 2016.

Designated Responsible Persons and Deputy Responsible Persons training – The three day Refresher course was carried out in July 2016.

User evaluation and flushing training was carried out on 21 October 2016 – the one hour drop in sessions were well attended by G4S and Trust designated staff.

The development of a training video on how to flush infrequently used outlets will be available for staff shortly.

Waste

During the 2016-17 year, waste services have introduced the new Waste Policy to the Trust. Work is continuing to communicate this more widely throughout the Trust.

The domestic and clinical waste contracts were both retendered during this year, with new waste contracts being implemented in February 2017. The incumbent domestic waste contractor (Biffa) regained the contract. The clinical waste contract was awarded to Healthcare Environmental Group. Both contracts have now bedded in well and further work is now beginning to improve waste segregation on site and ensure the most cost effective waste streams are utilised. One emphasis of this is ensuring that clinical waste is directed toward the clinical waste stream not the domestic waste stream e.g. clinical gloves, syringe drivers, medicinal waste.

The improvements in waste segregation will be aided by the implementation of “bag to bed” a system involving clinical waste being gathered and prepared for disposal at the point of care.

Dangerous Goods

Nothing to report.

Asbestos monitoring and management

No incidents occurred or reported relative to accidental disturbance of Asbestos Containing Materials (ACM) throughout the course of the year at the Lister Hospital site.

All planned and reactive asbestos removal together with Management and Refurbishment/ Demolition surveys have been undertaken successfully with all works managed by Estates and/or Capital Projects.

16 Health@Work

The Health@work team provide information to the Health and Safety Committee, the bi- monthly reports include data on management referrals, exposure to sharps injuries and body fluids and skin surveillance. This data is also provided within the Floodlight Scorecard and the Risk and Quality Committee health and safety performance metrics. Please refer to the Health@Work annual report for more detailed information.

17. Infection Prevention & Control

The Infection Prevention and Control Team provide updates to the Health and Safety Committee and produce their own annual report for The Infection Prevention and Control Committee. Refer to the Infection Prevention and Control annual report for further information.

18. Conclusion

2016-17 has seen a significant improvement in the approach to health and safety. The Trust will aim to make further sustainable improvements in 2017-18. Raising the profile of Health and Safety and improving the safety culture will mitigate the risks associated with health and safety, ensure statutory compliance and ensure the health, safety and welfare of our staff, patients and visitors.

19. Recommendation

The Trust Board are asked to note the contents of this report and note the performance of the Health and Safety Department and Specialist Advisors in delivering the Statutory Health and Safety responsibilities.

Appendix 1

Outcome of Closed Claims 2016-17

| Ref | Closed date | Claim date | Synopsis | Outcome | Damages | Total payments |
|---------|-------------|------------|--|-----------------------|-----------------|-----------------|
| E12.10 | 22/06/2016 | 24/09/2012 | Midwife slipped on wet patch on ward and fell over | Settled | £59,748 | £112,651 |
| EL15.09 | 23/06/2016 | 18/08/2015 | Nurse tried to sit on a chair that had castors, the chair moved away causing her to fall and sustain an ankle injury | Settled | £5,000 | £6,349 |
| PL13.06 | 23/06/2016 | 24/09/2013 | G4S employee tripped on damaged flooring | Settled | £5,800 | £16,500 |
| EL15.13 | 28/07/2016 | 16/10/2015 | Tripped over paper recycling box in office area | Repudiated and closed | £0 | £0 |
| EL15.14 | 28/07/2016 | 29/10/2015 | Muscular injury to right shoulder following difficulties extracting file from filing cabinet | Repudiated and closed | £0 | £0 |
| EL16.05 | 03/10/2016 | 01/03/2016 | Alleged a HCA suffered a soft tissue injury to right arm, shoulder when he was checking on a patient and the patient woke up and pulled on his arm | Repudiated and closed | £0 | £0 |
| EL15.04 | 04/10/2016 | 08/04/2015 | Princes wing ward clerk alleging prolapsed L4 and L5 discs wheeling a large patient from the ward to the outside smoking area | Repudiated and closed | £0 | £0 |
| PL14.06 | 11/10/2016 | 05/09/2014 | Patient tripped in hospital grounds and fractured hip | Settled | £20,000 | £21,858 |
| P11.05 | 01/11/2016 | 21/02/2011 | G4S employee collecting dirty mops from QEII - slipped on ice on the ramp of the pathway and injured his back | Repudiated and closed | £0 | £0 |
| P14.07 | 03/11/2016 | 14/10/2014 | G4S employee was walking to radiology on level 2 along carpeted corridor; the carpet was in a poor state of repair and had raised sections described as 'bubbles'. He caught his foot on one of the 'bubbles' and fell to the floor fracturing his thumb and spraining 2 fingers | Settled | £4,942 | £8,690 |
| PL16.02 | 17/11/2016 | 15/02/2016 | Visitor tripped on raised concrete adjacent to the kerb at the top of the steps into diabetes research clinic | Repudiated and closed | £0 | £0 |
| EL15.12 | 23/11/2016 | 29/10/2015 | Tripped on broken bollard on edge of footpath sustaining fractures | Settled | £5,250 | £8,233 |
| E14.02 | 31/01/2017 | 16/01/2014 | Clinical support worker felt back pain moving a patient | Settled | £2,000 | £4,538 |
| PL16.11 | 31/01/2017 | 08/09/2016 | Patient was moved to "communal ward" after delivery and allegedly slipped on wet floor going to the toilet. | Repudiated and closed | £0 | £0 |
| EL16.15 | 16/02/2017 | 25/10/2016 | Fall from ladder whilst retrieving records. | Repudiated and closed | £0 | £0 |
| PL16.04 | 23/02/2017 | 16/02/2016 | Visitor tripped on uneven paving slab outside the maternity main entrance | Settled | £5,000 | £8,364 |
| EL16.12 | 07/03/2017 | 22/09/2016 | Needlestick injury in A&E | Settled | £1,250 | £2,434 |
| | | | | Totals | £108,990 | £189,615 |