

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 07/2019**

(Agenda item: 9)

# Board of Directors

**31st January 2019**

**Health, Safety and Security Annual Report**

**For: Information**

**Executive Summary**

The paper is being presented to provide annual assurance that the Trust’s responsibilities around health, safety and security are being met.

**Governance Route/Escalation Process**

Compliance with health, safety and security is reviewed in detail on a quarterly basis, initially through the Health, Safety and Security Committee and then by the Safety Quality Sub-Committee.

**Recommendation**

The Board is asked to note the paper and to discuss if members would like to receive formal training on directing health and safety.

**Author and Title:** Jane Kershaw, Head of Quality Governance

**Lead Executive Director:** Kate Riddle, Acting Director of Nursing

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. *Strategic Objectives – this report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust:*

*1) Driving Quality Improvement (Goals: patients will be safe from harm; patients will achieve the clinical outcomes they want; and patients and carers will have an excellent experience)*

**Annual Report**

**Health, Safety and Security (for staff and patients)**

1. **Introduction**

This annual report covers the period from 1 April 2018 to date. The purpose of the report is to provide key information regarding the Trust’s health and safety arrangements to protect its employees, patients, contractors and members of the public. The second element of the report covers the role of the Local Security Management Specialist.

Health, Safety and Security covers a number of elements for staff, patients and visitors including:

* slips and trips
* manual handling
* violence and aggression/ challenging behaviour
* lone working
* work-related stress
* bullying and harassment
* hazardous substances (COSHH)
* management of sharps
* provision and use of work equipment including display screen equipment
* First aid
* Working conditions

Medical devices, food safety and hygiene, equipment safety, infection control and fire safety are also nationally described within health and safety however these areas are managed by separate teams in the Trust.

1. **Health and Safety Regulation and Policy**

There are a number of relevant legislations for healthcare services, the key ones are; Health and Safety at Work Act 1974, the Workplace Health and Safety standards devised by NHS Staff Council’s Health, Safety and Wellbeing Partnership Group, and the Health and Safety Guidance (HSG 65) ‘Managing for Health and Safety’ published by the Health and Safety Executive (HSE) in 2013. The HSE is the enforcing authority for staff and the CQC has responsibility for patient’s safety.

In March 2018 a new standard for Health and Safety Management Systems, ISO 45001, was launched which will replace 18001 over the next 3 years. ISO 45001 recognises this and puts requirements on organisations to demonstrate leadership commitment and consultation with workers. The aim of this is to empower employees to make safety a value. The common approach of plan-do-check-act has been applied to ISO 45001, which will be familiar to those who also work to HSG 65. ISO 45001 places more emphasis on communication with the workforce and proving that health and safety information such as policies, risks, hazards, accident investigations and procedures, have been effectively communicated to the workforce. It emphasises the message that it is not good enough to have documentation in place; it must also be communicated and understood by the workforce. The Health, Safety and Security Manager has completed training so he is qualified to assess compliance with the new system standards.

Our position against the above standards continues to be assessed and drives the work plan of the Health, Safety and Security Advisor and Manager.

The Trust’s own overarching Health and Safety Policy has just been revised and approved by the Safety Quality Sub-Committee. There are also a number of related policies including; workplace stress prevention and response, lone working, slips, trips and falls, manual handling, display screen equipment, control of substances hazardous to health, management of clinical sharps first aid, new and expectant mothers.

1. **Governance and Oversight**

The Trust now has 1.8 WTE Health, Safety and Security experts (increased by 0.8 from January 2019) to provide support and advice to staff to meet the regulations and standards. We have a Health, Safety and Security Committee that keeps an oversight quarterly and reports to the Safety Quality Sub-Committee chaired by the Director of Nursing. Staff wide representatives are active members of the Health, Safety and Security Committee and further work is underway to carry out joint health and safety risk assessments. On a weekly basis any new issues or risks are raised at the Trust’s clinical review meeting chaired by the Director of Nursing or Medical Director.

The Health, Safety and Security Manager is a member of the IOSH Health and Social Health Care Group which meets regularly to provide support and guidance. The Health, Safety and Security Manager has recently worked with colleagues across the region to develop a new health and safety peer review process in the South West region.

1. **Staff Health and Well-being**

The Head of Health and Well-being leads on the work which is managed through the HR team. The Health, Safety and Security Manager is currently an active member of the following working groups.

* Stress Working Group activity
* Preventing musculoskeletal problems MSK Working Group.

A new employee assistance programme is being procured, likely to be available from 1st April 2019, which is an important development. We also hope to develop a new Health, Safety and Well-being Strategy for the Trust in 2019.

The Health, Safety and Security Manager also works closely with the Estates and Facilities Team to advice on health and safety implications.

1. **Incidents**

The highest number of incidents relate to violence and aggression from patients to staff, of which the majority are reported on the wards and are reported as causing no harm. A high number of incidents occur on a few wards with multiple incidents by a few patients due to their acuity. Further details are provided in the Safety quality report also presented to the Board of Directors at the January 2019 meeting.

Staff are also reporting a high number of incidents around challenges in staffing levels, particularly wards which is reported across all clinical directorates. Difficulties with recruitment and retention is a high risk for the trust and a number of actions and initiatives are underway. Further details are in the monthly safer staffing report presented to the Board of Directors.

Musculoskeletal problems present a complex picture and relate to several causes. The Health, Safety and Security team are focusing on display screen equipment (DSE) assessments and working with staff to identify equipment and practices that conflict with good practice and support the provision of equipment that is ergonomic and easy to use. The Health, Safety and Security Manager developed with support from the Learning and Development Team an interactive online tool for staff to complete a DSE assessment with signposting and resources if any issues or problems are identified. The tool is now available for all staff. The next step is to promote this tool with managers and to review whether to train and spread DSE assessors across the Trust.

In relation to Reporting of Injuries, Diseases and Dangerous Occurrences Regulation (RIDDOR) incidents the Trust has reported 19 (April-November 2018), the majority relate to injuries from violence and aggression (47%), then falls followed by manual handling. The forensic wards and adult acute mental health wards have the highest number of RIDDOR incidents, although there are no trends identified at a ward level. The Health, Safety and Security Committee reviews the detail of all RIDDOR incidents quarterly, and the Health, Safety and Security Manager as appropriate liaises with staff who have had a work related injury to offer support and identify actions.

1. **Training and Resources**

There is currently mandatory training available for staff on slip/trip/falls and first aid.

Managers (particularly front-line managers) play a key role in health and safety. They need to have the right competencies to manage health and safety effectively including:

* Completing workplace risk assessments
* implementing and monitoring procedures
* investigating incidents
* providing appropriate support to staff as required

To promote health and safety and to support managers further a new resource handbook is being developed with a plan to launch in summer 2019. In addition, new practical training workshops are being developed to be introduced for staff and line managers in 2019 focused on DSE, general risk assessments, control of hazardous substances etc.

The health, safety and security team would also like to develop more formal training for senior leaders (board level members and service directors) in relation to directing health and safety.

1. **Inspection activity**

Over 50 health and safety inspections have been carried out from 1st April to 31st December 2018. Whilst no specific teams’ standards gave cause for concern in terms of serious non-compliance, some themes remain, for example:

* Non-completion of display screen equipment (DSE) risk assessments
* workplace risk assessments to manage significant risks

The outcome of every inspection with recommendations is shared with the team and senior manager. The themes from the inspections are used to direct the work plan for the Health, Safety and Security Team.

1. **First Aid provision**

Having identified gaps in the consistent application and provision of workplace first aid in 2018, the Health, Safety and Security Manager took the following steps:

* Established requirement for first aid provision by building
* Organised for training to be funded centrally with courses advertised through the Learning and Development Team (previously teams had to find their own external course and pay from their own team budget)
* A central list of all first aiders for non-clinical buildings has been developed and maintained.
* Every first aider is contacted 6 monthly to offer support.
* Every health and safety inspection checks the provision of first aid.

Work continues to maintain assurance in 2019.

1. **Inpatient ligature risk assessments for mental health wards**

All mental health wards have a completed ligature risk assessment in 2018, the requirement is to review the assessment annually. The assessments are completed by the estates team and senior clinicians on the wards, with the Health, Safety and Security Manager keeping an overview that these are completed annually.

1. **Health and Safety Executive (HSE)**

In the last year the Trust have received two enquiries from the Health and Safety Executive (none from the CQC in relation to health and safety for patients) and no enforcement action. The two queries are detailed below.

A member of staff at the Whiteleaf Centre complained to the HSE helpline regarding a perceived lack of rest areas. The Health, Safety and Security Manager investigated and submitted information to the HSE who responded to say they were satisfied with the arrangements and number of rest spaces available and closed the case.

Following a RIDDOR report involving a member of staff at Chaffron Ward the HSE contacted the trust to obtain further information. The RIDDOR report suggested that the member of staff had sustained a ‘crush’ injury to his elbow. The Health, Safety and Security Manager and the Modern Matron investigated the incident and spoke to the member of staff involved. It transpired that the staff member tried to prop open the door as he followed two patients through it and banged his elbow on the edge. The injury was described by medical staff at the A&E department as a crush injury as there was a small indentation to the bone. The HSE inspector was informed of the findings and was satisfied with the outcome and closed the case. Subsequently an additional warning signage has been placed on the doors.

The HSE is also conducting a national review at the moment involving 20 NHS Trusts to examine the management arrangements for violence and aggression and musculoskeletal disorders, including both acute and mental health environments. Their rationale is that the available evidence indicates that assaults on staff and musculoskeletal disorders continue to be prevalent within this sector. Trusts are notified in advance and two trusts within the South West Region have been selected for HSE visits.

1. **Security**

**11.1 Governance and Oversight**

In 2018 the part-time role of the Local Security Management Specialist (LSMS) moved to the then Health and Safety Manager. Under the Director of Nursing we have brought together health, safety and security. The Trust’s security group was revamped at the end of 2018 with a change in chair and members. The group reports to the Health, Safety and Security Committee mentioned above.

NHS Protect was the national body which set out the standards for the LSMS and security management in NHS Trusts, however they ceased in November 2017. However, the National security standards remain an element in the NHS standard contract. The approach we have taken has been to review our self-assessment against the standards and use this to set a work plan, which has included a focus on lone workers.

Recently the National Association for Healthcare Security has announced they will be taking a lead role on security in healthcare governed by NHS England and NHS Improvement. The Health, Safety and Security Manager attended the South West National Association for Healthcare Security meeting in December 2018. New security standards are likely to be published in spring of 2019.

**11.2 Security Incidents**

The highest reported security incidents relate to AWOLs/ failure to return from leave and the discovery of banned items i.e. drugs, alcohol. As individual site and building issues arise these are managed and may involve liaison with the PCSO or Police. Around six cases are received for advice every quarter in relation to supporting staff to manage threatening behaviour.

**11.3 Criminal Justice Mental Health Panel**

The Head of Mental Health Urgent Care represents the Trust at the panel which also involves the Police Liaison Inspectors. There have been delays/ issues in progressing some criminal investigations where the statutory time limit is exceeded. The Health, Safety and Security Manager is supporting the drafting of guidance on the first steps to take in reporting offences, preserving scenes and recording statements.

**11.4 Multi-agency Collaboration**

The Health, Safety and Security Manager is currently developing closer working relations with Thames Valley Police and other trusts with a view to sharing information and developing policies and practices (CCTV, minimising violence and aggression).

**11.5 New Legislation**

In 2018 there has been two new pieces of legislation which impacts on security, detailed below. For both the implications are being reviewed and any changes to practice and recording identified for action.

Mental Health Units (Use of Force by Police) Act 2018

This became statute in November 2018 and the trust will be required to consider

* Policy
* Training
* Information
* Recording of restraint
* Statistics and information gathering
* The issue of police attending with body worn cameras

Assaults on Emergency Workers (Offences) Act 2018

An Act to make provision about offences when perpetrated against emergency workers, and persons assisting such workers; to make certain offences aggravated when perpetrated against such workers in the exercise of their duty; and for connected purposes.