

27 May 2017

BOARD MEETING

Paper Title:	Health and Safety Annual Report 2016/17
Lead Director:	Liz Romaniak: Director of Finance, Contracting & Facilities
Paper Author:	Paul Challenger, Health and Safety Officer
Agenda Item:	17
Presented For:	Approval

1. Purpose of this Report:

The purpose of this paper is to provide assurance to the Board and to the Finance, Business and Investment Committee on achievements within Health and Safety throughout 2016/17, a summary of themes relating to Health and Safety incidents reported in the Trust throughout 2016/17, and ongoing initiatives for achievement of five year Health & Safety Strategy 2013-2018.

2. Summary of Key Points

This report describes the continued improvement in health and safety standards within the Trust. The Trust follows and is achieving the requirements of HSG 65, Successful Health and Safety Management to deliver effective arrangements. HSG65 identifies key actions in a cycle of:

- **Plan:** determining Health and Safety Policy and planning for its implementation
- **Do:** identifying and assessing risks and implementing control measures
- **Check and Act:** measuring and reviewing performance and learning lessons

Key actions and improvements achieved during 2016/17 include:

- A 3rd consecutive Gold RoSPA award for Occupational Safety and Health for 2017.
- A focused range of health and safety projects commenced or continued during 2016/17 including:
 - Leading Health at Work Act responsibilities assessed by Board including scenario based exercise. To be monitored to completion by Health and Safety Group;
 - Continuation of ward ligature surveys and increased scope to include circulation areas within inpatient sites; and
 - Continued support to the Smoke-Free group following Smoke-Free re-focus in November 2016.

All are delivering improved competence, procedures and levels of compliance within respective services and functions.

- RIDDOR reportable incidents totaled 8 during the year; a 27% reduction from the previous year, and within the target outlined in the Strategy. A reduction in RIDDOR reportable incidents positively supports improvements in the Trust’s health and safety controls.

- The Trust has seen an increase in the number of health and safety incidents (excluding smoking incidents) in 2016/17. The total number of incidents (1,219) comprises a 10% increase on 2015/16, the primary reasons for which relate to slips, trips and falls incidents (rising from 393 incidents in 2015/16 to 504 in 2016/17). Of the increase of 111 incidents relating to falls, 109 involved service users. Comparison with 2015/16 figures show minor increases and decreases in many areas, but with an increase of 134 incidents relating to the Dementia Assessment Unit (rising from 89 incidents in 2015/16 to 223 in 2016/17; or +150.6%. The IR-e details have all been checked and all falls were due to the clinical issues of the service users. There were no falls due to environmental factors. A more detailed breakdown is provided within the table on page 7.
- The KPI for numbers of needle stick injuries remains at amber as the target of less than 10 incidents during the year was not achieved. 5 of these incidents related to incidents with safety needles. The Health and Safety Team continues to work closely with Infection Prevention on the achievement of the target – details of which are outlined at KPI 3g in Appendix A.
- The health and safety work plan detailing Short, Medium and Long Term Priorities for Improvement 2013-18 is attached within Appendix 2.

3. Board / Committee Consideration

Finance, Business and Investment Committee is asked to accept and approve the Health and Safety Annual Report for 2016/17.

4. Financial Implications

There are no significant financial implications, either revenue or capital, associated with the paper.

5. Legal Implications

The Health and Safety Annual Report is produced to support the Trust in documenting that it meets its responsibilities in line with the following legislation and guidance notes:

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Managing for Health and Safety (HSG 65)

6. Assurance

Effective health and safety arrangements are a requirement of the NHS Litigation Authority (NHSLA) and CQC Domains. All significant NHSLA and CQC assurances required of the Trust's Health and Safety Service are retained within the Facilities Compliance Library.

	Assurance provided?
Board Assurance Framework	Yes
CQC Themes (see below)	Yes
Monitor Risk Assessment Framework	No
NHS LA	Yes

This paper provides assurance in relation to the following CQC Themes:

Safe:	Staff and People who use our services are protected from abuse/avoidable harm
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7. Risk Issues Identified for Discussion

There are no major risks associated with the paper. No element of the Corporate Risk Register is affected by the paper.

8. Links to Strategic Drivers

Patient Experience	Quality	Value for Money	Relationships
Effective health and safety is essential for a positive patient experience.	Annual report provides assurance that quality health and safety arrangements are provided, underpinned by the awarding of the Gold RoSPA award	Health and safety systems and processes support efficient and effective service delivery and hence good value for money	Annual report provides assurance of a high level of joint working and stakeholder involvement

9. Recommendations:

The Board is asked to approve the Health and Safety Annual Report for 2016/17.

Health and Safety Annual Report 2016/2017

1. Background

This report describes the continued improvement in health and safety standards within the Trust. The Trust follows the requirements of HSG 65, Successful Health and Safety Management, which identifies key actions in a cycle of:

- **Plan:** determining Health and Safety Policy and planning for its implementation
- **Do:** identifying and assessing risks and implementing control measures
- **Check and Act:** measuring and reviewing performance and learning lessons

The Trust is achieving the requirements of HSG 65 and delivering effective arrangements.

2. Governance and Processes

Health & Safety General Policy 2017

A review of the Trust's Health and Safety General Policy was completed during the third quarter of 2016/17. The Policy was:

- approved by the Health and Safety Group on 14 December 2016;
- ratified by the Executive Management Team on 24 January 2017; and
- presented for assurance at the Finance, Business and Investment Committee on 29 March 2017.

Health and Safety Strategy 2013-2018

2016/17 was the fourth year of the Trust's 5 Year Health & Safety Strategy. The strategy describes the Trust's health and safety priorities and plans to further improve Trust health and safety performance during the strategy cycle.

The strategy comprises a framework for delivery by the Health & Safety Group and importantly contains a KPI Performance Improvement Table describing the performance requirements for the Trust's health and safety organisation, systems and processes. See Appendix A.

The strategy work plan has been updated to ensure that all outstanding issues are completed in its final year. See Appendix B.

3. Assurances in Place

Health and Safety Group - The Health & Safety Group (HSG) held its quarterly meetings on 15 June 2016, 14 September 2016, 14 December 2016 and 15 March 2017. All the meetings were fully quorate.

Quoracy was achieved due to full representation from operational services and support functions. To support continued quorate meetings, the Health and Safety Team issue pre-meeting reminders to membership to help ensure either representatives or their informed deputies will be in attendance.

Action/decision minutes are completed and made available within 14 days. The Deputy Director of Estates and Facilities receives a copy of the minutes which have major issues highlighted for escalation to the Directors Business and Transformation Governance Meeting.

Health and Safety Working Sub-Group - The Working Sub-Group met 7 times during the year to support the Health and Safety Group in addressing specific working topics, trends and concerns delegated to it, implementing actions to mitigate them and reporting back to the main Group.

Lone working continues to be discussed by the Working Group. The meeting on 10 May 2017 will feature the presentation and discussion of a draft report regarding current lone working issues for community staff to a wide range of invited staff and managers, before being submitted to EMT.

Quality and Safety Committee – Health and Safety KPI's are reported on a monthly basis to Quality & Safety Committee. A summary of the reportable KPI's are included within the table below. As part of a wider review of Board Integrated Performance Reporting, consideration is being given to periodic sighting of summarised KPIs to Board.

RoSPA Award for Occupational Safety and Health for 2017 - In 2017 the Trust received a third successive Gold RoSPA award for its occupational health and safety performance, providing important independent assurance on the Trust's health and safety controls.

4. Key Headline Issues

Health and Safety Incidents:

Category	2015/16	2016/17	Change	
Environment	867	5242	4375	+504.6%
Patients	579	719	140	+24.2%
Staff	318	337	19	+6%
Near Miss	90	86	-4	-4.4%
Member of Public/Family	15	17	2	+13.3%
Total Number of incidents	1869	6401	4532	+242.5%
Smoking incidents reported under health and safety causation factors	769	5182	4413	+573.8%
Number of incidents remaining	1100	1219	119	+10.8%

Smoking Incidents

** The Trust became 'smoke free' on 1 July 2015, with the initiative receiving a re-focus in December 2016. The total incident figure for 2016/17 includes 5182 IR-e's for smoking in a non-designated area, in comparison to 2015/16 (769 incidents). With all smoking incidents discounted from both years' figures, the total number of incidents rose by 10.8%.

The trial introduction of the tally system for reporting incidents relating to smoke-free which ran from 1 September to 30 November 2016 is one of the primary reasons for the peak in health and safety incidents relating to 'Environment'.

Key Performance Indicators (as reported to the Quality and Safety Group)

Category	2015/16	2016/17	Change	
RIDDOR Incidents	11	8	-3	-27.3%
Total number of incidents (minus smoking incidents)	1100	1219	119	+10.8%
Number of Near-Miss incidents	90	86	-4	-4.4%
Number of Slips, Trips and Falls incidents	393	504	111	+28.2%
Number of needle – stick injuries	25	30	5	+20%

Slips, Trips and Falls – of the increase in 111 falls, 109 involved service users. Comparison with 2015/16 figures show minor increases and decreases in many areas, but the main increase was in the Dementia Assessment Unit where there was a rise from 89 to 223 (+134 equivalent to +150.6%). The IR-e details have all been checked and all falls were due to the clinical issues of the service users. There were no falls due to environmental factors.

Corporate Manslaughter/Corporate Homicide resilience assessment – In September 2016, the Board held a workshop on ‘the Legal Duties of Directors – a review of corporate manslaughter and health and safety law’. The workshop was arranged by David Banks, Non-Executive Director/designated Board health & safety scrutineer and presented by David Sinclair, a solicitor and chartered health and safety practitioner with significant NHS experience. The Board acknowledged that health & safety law places duties on organisations and employers, and that directors have both collective and individual responsibility for health and safety.

As a consequence of the workshop, Directors agreed to complete the ‘Leading Health and Safety at Work’ checklist published jointly by the Institute of Directors and HSE. The checklist explores the essential principles of ‘strong and active leadership from the top’, ‘worker involvement’ and ‘assessment and review’. Conclusions from the exercise are:

1. The combined feedback demonstrates a good overall awareness and engagement in health and safety at Board level and that necessary risk management, reporting and training processes are in place.
2. Executive Directors have a more comprehensive awareness and engagement in health and safety than Non-Executive Directors.
3. The Board’s Finance, Business and Investment Committee is the primary route for health & safety reporting and assurance. Areas of identified risk (Non-smoking policy, fire) are subject to specific reports.
4. The Board receives health and safety feedback every month through the integrated performance report (Serious incidents, sickness absence). Areas of particular risk or concern are escalated from Committee or brought to the attention of the Board via the health & safety scrutineer. There is an annual Board report on health and safety processes and performance.

However, there are health and safety consequences in every aspect of the Trust’s activities and decision making, from the front line to the Board. It is recommended that once the Board has received this health and safety key issues report it should consider how attention to and assurance of health and safety needs to be strengthened.

The action plan drawn up following Board training also included a review of Trust controls aligned to a specific scenario: a fire causing the loss of one of the Lynfield Mount Hospital wards and causing a fatality, to check that Trust controls would prevent the losses. A scenario testing team was established headed by the Deputy Director of Estates and Facilities, including all relevant Trust clinical and Estates and Facilities staff, together with Emergency Planning and peer representation from South and West Yorkshire Partnership

Mental Health Trust. The exercise took place on 22 December 2016. An evidence log and a gap analysis action plan has been completed from the resilience exercise and circulated to service leads for them to plug any assurance gaps in the evidence log. The action plan is being monitored by the Health and Safety Group.

Defibrillators – Two Trust defibrillators have been made available to the public of Bradford and Saltaire. By registering them with Heartsafe, their location is recorded by Yorkshire Ambulance Service and details will be given to the public in the event of the equipment being required in an emergency situation. They are located at Lynfield Mount Hospital reception and in the entry corridor at New Mill. Health and Safety check the defibrillators every 2 weeks and report their working condition to Heartsafe.

Safetember/Safety Huddles – The Safetember event celebrated innovative safety work undertaken within the community and mental health services. One element celebrated was the introduction of Inpatient Ward Safety Huddles in association with the Health Foundation and Yorkshire and Humberside Improvement Academy. Safety huddles are short, slick, focused clinically-led team discussions designed to reduce patient harm, enhance the patient safety culture and actively monitor ward performance. Scheduled daily at 0915 and 1600, they are attended by a multi-professional team from all levels of ward staff on the ward at those times, including cleaners and domestics. This ensures a consistent ward message and promotes inclusivity for all staff to participate and report issues. Ward notices proudly display the number of days since they last had self-harm or physical violence incidents.

Wakefield 0-19 Community Services

Our Estates and Property team are working with the landlords of these premises to ensure they meet Trust and statutory standards, and our Advisory Services covering Fire Safety, Health and Safety and Security Management have conducted site assessments of the 12 community properties that the 210 new staff to the Trust work within and from. Actions from these assessments are being progressed with the landlords and responsible designated service leads within the Trust. Actions are being monitored to completion by Advisory Services. An assurance update will be provided to the Health and Safety Group in June 2017.

New Health and Safety Officer – The current Health and Safety Officer Paul Challenger retires on 23 April 2017. His successor Daniel Whiteley has been appointed in to the role of Health, Safety and Security Officer and commences on Thursday 13 April 2017.

Medical Devices – Working Group meetings took place on 13 June 2016, 1 September 2016, 1 December 2016 and 2 March 2017. The final 2 meetings were not quorate (quoracy is 50% of the total of Group members – 8 attendees). It has been reiterated to Group members that they ensure they either attend the meetings or send an informed deputy.

Health and Safety Executive - No enforcement, prohibition or improvement notices were served on the Trust during 2016/17.

5. Risk Implications

The following risks identified and resolved during 2016/17 are tabulated below:

Site	Resolved Issue	Resolution
Named Sites MODERATE RISK	<u>Prevention of Falls from Windows (Never Event).</u> The Operation and Adequacy of Window Restrictors. In addition to planned maintenance arrangements, the H&S team are reviewing the controls on windows, handles and restrictors.	All areas at New Mill have been reviewed and all windows above the ground floor checked for ease of access and opening of the window. Window restrictor surveys have been completed at Somerset House, Hillbrook, Waddiloves and Meridian House. Required works have been noted in the surveys for site managers to action with Estates.
Site	Unresolved Issue	Latest Position
Trust wide HIGH RISK	<u>Smoking in Non-Designated Areas</u> The Trust went smoke-free in June 2015 with the initiative being refocused in December 2016. There are regular Meetings of the Smoke Free Group and an ongoing 33 point action plan is being completed	Ongoing Issue. Latest updates: 1. Cigarettes now on restricted items list 2. E-cigarettes are to be encouraged to use as it helped patients stop smoking. Research show that they are 95% less harmful. The CQC are supporting this action (will need changes to Trust policy). Need to consider chargers for e-cigarettes and look at their use for illegal highs 3. It was agreed that the IRE system is not working and to look for another way of recording smoking incidents. The 3 month tally reporting system in use up to 30 November 2016 was successful in identifying the true magnitude of the issue. The tally system has been reintroduced by Safety, Risk and Resilience Department from 1 April 2017 for 3 months, whereupon it will be reassessed. Health and Safety staff are members of the Smoke-Free Group and continue to work in partnership with Operational Services, Safety, Risk and Resilience Department and Fire Safety to ensure a continued focus on smoke-free initiatives across inpatient sites. Smoke Free is a standing item on the Health and Safety Group Agenda. The number of reported smoking incidents has reduced in the 4 months since the end of the tally system: 46, 55,19 and 19.
Trust wide MODERATE RISK	<u>Prevention of Falls from Windows (Never Event).</u> The Operation and Adequacy of Window Restrictors. In addition to planned maintenance arrangements, the H&S team are the controls on windows, handles and restrictors.	The window restriction arrangements on the main corridor area at the Airedale Centre for Mental Health between Heather and Fern Wards have been reviewed. Of the 21 relevant windows: a) 10 have working magnetic restrictors, opening to a width of 300mm (these should be set to 100mm)

		<p>b) 4 have broken magnetic window restrictors b) 3 are locked d) 4 have cable ties restricted to 400mm (these should be set at 100mm)</p> <p>The upgrade of window restrictors at Airedale CMH is part of the emerging issues refurbishment plan and is the subject of a Capital Planning and Investment Group application. Work will be prioritised on windows in 2017/18.</p>
Trust wide MODERATE RISK	<p><u>Service users accessing courtyard roofs.</u></p> <p>In 2014 there was an HSE prosecution of an NHS Trust following a service user accessing the roof of a single storey building via a wall and a smoking shelter and diving off the roof sustaining severe injuries and permanent paralysis from the chest down requiring 24 hour care.</p> <p>The HSE found serious management failings and fined the Trust £20,000 with £6,864 costs for a breach of Section 3 (1) of the Health and Safety at Work Act 1974.</p>	<p>Phase 1 ensured that anti-climb precautions were installed at Lynfield Mount and Airedale Hospitals in courtyards, walls and single storey buildings.</p> <p>Phase 2 relating to anti-climb precautions at Lynfield Mount Hospital Visitors Centre and Airedale Centre for Mental Health internal courtyard and Phase 3 relating to anti-climb precautions to the broader LMH site are included in the capital programme for 2017/18.</p>
Lynfield Mount Hospital MODERATE RISK	<p><u>Outpatients Department – Ligature Risks.</u></p> <p>A ligature assessment was carried out in 2016. The initial urgent work to the toilets has been completed and anti-ligature toilets are now in place, including a disabled facility.</p>	<p>Works remain on identified potential ligatures in the waiting room area, which will be undertaken during 2017/18.</p> <p>The area is observed by Outpatients Department when they are open. The area is only accessible by swipecard on the corridor from reception when Outpatients is closed and service users cannot access the area from the old Director's Suite corridor.</p>

6. Recommendations

The Finance, Business and Investment Committee and the Trust Board are asked to accept and approve the Health and Safety Annual Report for 2016/17.

Appendix A: KPI Performance Improvement Table



KPI Performance
Improvement Table.d

Appendix B: Health & Safety Strategy Action Plan



Health and Safety
Strategy Action Plan