

## **Background**

It is a requirement that the Trust Board of Directors receive an annual Health and Safety (H&S) report covering the Trust's H&S activities. The attached report has been produced in order to comply with this requirement.

## **Introduction**

The Board has delegated management for all issues relating to H&S to the Joint Health and Safety Committee which oversees the H&S strategy to ensure it meets the standards required by the Health and Safety Executive and statutory regulation. The purpose of this report is to inform the Trust Board of Directors of activity relating to all aspects of H&S from 1st April 2012 to 31<sup>st</sup> March 2013.

The report contains;

- An analysis of the Trust's compliance with the requirements of 'Successful Health and Safety Management' (HSG65) currently the HSE's preferred management methodology for H&S
- Summary and analysis of the H&S incidents occurring at the Trust during 2012-13 and details of the mitigating actions taken to reduce the risk of their reoccurrence
- Details of the fire arrangements
- Future plans for 2013-14

## **Key Points**

- Increase in reporting of over 12% demonstrating a healthy reporting culture (table 3, page 10)
- Despite this the total number and severity of staff health and safety incidents remain virtually unchanged (table 4, page 11 and section 5.3, page 11)
- The 'top 4' health and safety incident causes remain unchanged from 2011-12 (Contamination injuries, Violence and abuse, Slip, trip, fall, and Manual handling)
- The number of RIDDOR reports have fallen from 11 to 8, however they still resulted in staff absence from work of 145 days (page 15)

# HEALTH AND SAFETY ANNUAL REPORT 2012-13

## 1. Background

It is a requirement that the Trust Board of Directors receive an annual Health and Safety (H&S) report covering the Trust's H&S activities. For the purpose of this report the following statutory requirements of the *Health and Safety at Work Act 1974* (HASAWA) are referred to;

- Section 2 - Duties of employers to employees;
- Section 3 - Duties to protect people who are not its employees from being exposed to the risks of its activities (e.g. patients, members of the public);
- Section 4 - Duties as a landlord by being in control of premises;

The *Management of Health and Safety at Work Regulations 1999* (HASAWR) extend the provisions of the HASAWA and in particular the requirement to undertake suitable and sufficient risk assessments and provide adequate training and supervision. Further regulations cover specific aspects of H&S for example the Control of Substances Hazardous to Health (COSHH) Regulations.

Whilst not included under the HASAWA fire safety remains an essential requirement to ensure the H&S of people present on our sites. The Regulatory Reform (fire safety) Order 2005 (RRO) became law in 2005 and following on from this, in 2009, the Chief Fire Officers Association (CFOA) introduced a fire policy aimed at reducing Unwanted Fire Signals (UwFS). The Trust's fire procedure was reviewed in January 2010 to ensure that resulting changes to the fire policy issued by CFOA, particularly those around call filtering were integrated into the Trust Fire policy and arrangements. 'Call Filtering', means that before they mobilise a response the fire unit would determine whether it was a genuine fire or a false alarm.

## 2. Introduction

The Joint Health and Safety Committee has delegated responsibility from the Board for all issues relating to H&S and oversees the H&S strategy to ensure it meets the standards required by the Health and Safety Executive and statutory regulation. The purpose of this report is to inform the Trust Board of Directors of activity relating to all aspects of H&S from 1st April 2012 to 31<sup>st</sup> March 2013.

## 3. Key Legislation for 2012-2013

The following piece of H&S Regulation relevant to ANHSFT came into force during this period;

- The Control of Asbestos Regulations 2012 came into force on 6th April 2012, updating previous asbestos regulations to take account of the European Commission's view that the UK had not fully implemented the EU Directive on exposure to asbestos (Directive 2009/148/EC).  
In practice the changes are fairly limited. They mean that some types of non-licensed work with asbestos now have additional requirements, i.e. notification

of work, medical surveillance and record keeping. All other requirements have remained unchanged.

Airedale General Hospital maintains a live web based asbestos register that includes room by room management surveys, annual re-inspections and historical data and refurbishment surveys for project works. The web based asbestos register is accessible by estates personnel, contractors and external professionals alike. All asbestos removals are undertaken by approved licenced professionals in line with current regulations and HSE notification, where required. Airedale NHS Foundation Trust is fully compliant with the current legislation in regards to the Airedale General Hospital site.

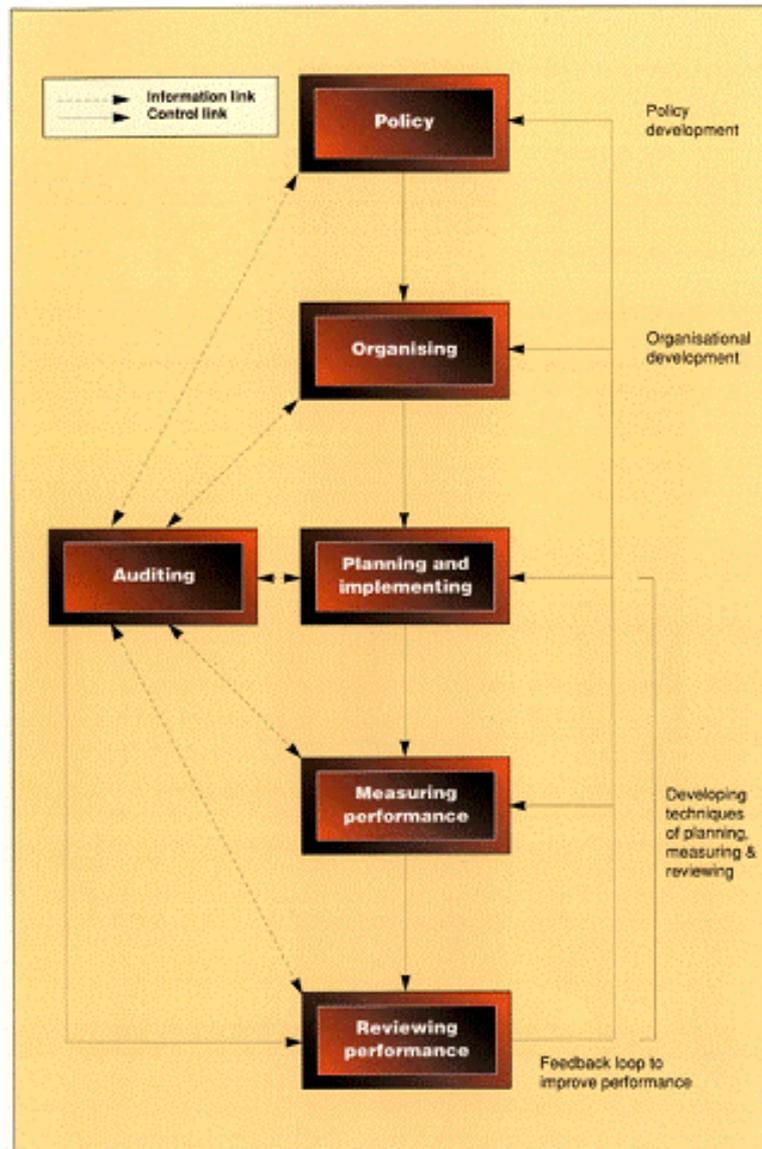
- Health and Safety (Fees) Regulations 2012 – The HSE's new cost recovery scheme came into force on 1 October 2012. FFI is used to recover HSE's costs against those who contravene health and safety laws. The costs that are recouped in this way are those for inspection, investigation and taking enforcement action. FFI is designed to ensure that companies who break health and safety laws quickly put matters right. It will also discourage companies who try to undercut their competitors by flouting health and safety laws and putting people at risk.

#### **4. Health and Safety Requirements**

The HASAWA and the HASAWR require that ANHSFT has a system in place to proactively manage and control risks. In order to meet these legal requirements ANHSFT manages its risks based on the Health and Safety Executive model published in 'Successful Health and Safety Management' (HSG65). This is a continuous improvement model based on 5 key objectives (see fig. 1)

- Policy;
- Organising;
- Planning and Implementation;
- Measuring performance;
- Reviewing performance and;
- Auditing.

Figure 1. Presents HSG65 H&S Management Structure



The following provides an overview of activity referenced to HSG65 requirements

Table 1 ANHSFT Evidence for HSG65 Compliance

<b>HSG 65 Requirement</b>	<b>ANHST Evidence monitored by the Joint Health and Safety Committee</b>
<p><b>Policy</b> monitor and maintain a coordinated approach to H&amp;S management and arrangements with clearly defined responsibilities.</p>	<p>The following policies were updated during the period</p> <ul style="list-style-type: none"> <li>• Control of Contractors Policy v3 (this is currently under revision to integrate Community Services)</li> <li>• Display Screen Equipment Policy v4</li> <li>• Emergency Planning Policy v8.1</li> <li>• Fire Safety Policy v7</li> <li>• Induction Policy v9</li> <li>• Manual Handling Policy v3</li> </ul>

	<ul style="list-style-type: none"> <li>• Occupational Health Policy v3</li> <li>• Safe Management of the Estate Policy v3</li> <li>• Training and Development Policy v5</li> <li>• Uniform and Workwear Policy v2.2</li> <li>• Waste Policy v3</li> </ul> <p>The following polices remain in date for the period and have not required amendment</p> <ul style="list-style-type: none"> <li>• Control of Substances hazardous to Health (COSHH) policy v4 (currently under review)</li> <li>• Health and Safety Policy v5 (currently under review)</li> <li>• Latex v3</li> <li>• Management of Occupational Stress Policy v6</li> <li>• Mandatory training Policy v2</li> <li>• Manual Handling Policy v3</li> <li>• Prevention and Management of contamination injuries v1.4</li> <li>• Security Policy v9</li> <li>• Slip, Trip and Falls Policy for Staff, Visitors and Others v4</li> </ul>
<p><b>Organising</b>          encourage and support staff to actively participate in H&amp;S management systems.</p>	<p>The Joint H&amp;S Committee provides assurance to the Executive Assurance Group and Trust Board of Directors. Its work is supported by the Health and Safety Operational Group and specific sub-groups for slips, trips and falls, manual handling and contamination injuries.</p> <ul style="list-style-type: none"> <li>• Director of Operations is responsible for H&amp;S and chairs the Joint H&amp;S Committee</li> <li>• General Manager, Medicine, Diagnostics &amp; Therapy Services is delegated chair of the Operational H&amp;S Group, (this responsibility has now transferred to the Assistant Director of Estates and Facilities)</li> <li>• Head of Facilities assumes responsibility for fire and local security management specialist services (LSMS)</li> <li>• The Health, Safety and Emergency Planning Manager is designated as the competent person and holds the NEBOSH diploma.</li> <li>• A Fire Safety Manager and dedicated Fire Safety Advisor are in place</li> <li>• Staff side health and safety representatives are involved in all aspects of health and safety decision making, this includes membership on all health and safety groups and committees.</li> </ul> <p>Mandatory and local training are provided for the following</p> <ul style="list-style-type: none"> <li>• Quality &amp; Safety;</li> <li>• Manual handling;</li> <li>• Infection prevention;</li> <li>• Conflict resolution;</li> <li>• Incident reporting; and</li> <li>• Fire warden;</li> </ul>

<p><b>Planning and Implementation</b>  develop and implement risk control systems and workplace precautions through proactive risk assessment and hazard spotting and promote a positive health and safety culture</p>	<p>To minimise hazards and reduce risk, requires an effective health and safety risk management system. Risk assessment methods support this approach and are used to prioritise areas of identified risk or hazard to inform organisational objectives</p> <ul style="list-style-type: none"> <li>• Full site risk assessments for <ul style="list-style-type: none"> <li>○ Slips, trips and falls;</li> <li>○ Fire;</li> <li>○ Security; and</li> <li>○ COSHH.</li> </ul> </li> <li>• Where appropriate, risk assessments are completed for <ul style="list-style-type: none"> <li>○ Manual handling;</li> <li>○ Lone Working;</li> <li>○ Stress; and</li> <li>○ Display screen equipment.</li> </ul> </li> <li>• Other risk assessments are carried out as identified, for example for expectant mothers</li> </ul>
<p><b>Measuring Performance</b>  actively monitor performance in terms of accidents and incidents reported, so that themes and trends are analysed and lessons are learned.</p>	<p>Measuring performance systems are divided into two types:</p> <ul style="list-style-type: none"> <li>• <u>Proactive systems</u> monitor the achievement of plans and the extent of compliance with standards. <ul style="list-style-type: none"> <li>○ NHSLA – contains H&amp;S aspects including slips, trips and falls, manual handling and stress</li> <li>○ Dissemination of safety alerts from organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA), DH Estates and Facilities Department and the National Patient Safety Agency (NPSA)</li> <li>○ Self-assessment of compliance with Occupational Health and Safety standards</li> </ul> </li> <li>• <u>Reactive systems</u> monitor accidents, ill health and incidents. Adverse event reports are received by the Quality and Safety team and entered onto the Ulysses database; regular reports are produced for all H&amp;S Committees and sub-groups, SPI initiative, QSOG and local governance groups. Further bespoke reports are produced when specific risks are identified. A summary of the findings for this period is presented in section 5.</li> </ul>
<p><b>Audit and Review</b>  systematically review overall performance to ensure a coherent and consistent approach throughout the organisation.</p>	<p>Periodic reviews are undertaken to provide assurance that performance is consistent across the Trust and meets the annual objectives, this includes the Self Inspection Audit. Audit is used to assess implementation progress and as a benchmark tool. ANHSFT ensures, by regular reporting to the Joint H&amp;S Committee that we:</p> <ul style="list-style-type: none"> <li>• Learn from experience;</li> <li>• Improve performance;</li> <li>• Develop the health and safety management system (SMS); and</li> <li>• Respond to change.</li> <li>• The self-inspection audit process, based on a database of</li> </ul>

	<p>questions covers all aspects of H&amp;S and ensures more consistent replies and provides for significantly more detailed monitoring and analysis of the results and any identification of gaps</p> <p>The results of these are reported to the H&amp;S Operational Group and monitored by the Joint H&amp;S Committee.</p>
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## 5 Adverse Events Reports 2012-13

All incidents and accidents occurring on Trust premises or affecting Trust staff are required to be recorded. These reports are collated and analysed using the Trust Incident Management system (Ulysses). Quarterly incident reports demonstrating trends and themes are presented to the Joint H&S Committee, Operational H&S Group and Quality and Safety Operational Group. In addition specific quarterly reports are discussed at established sub-groups which are the slip, trip, fall group, contamination injuries working group and manual handling assurance group. The lessons learnt during the last year are summarised below for the top 4 categories which remain unchanged from 2011-12

Table 2 – Lessons identified from the **top 4** categories for H&S Adverse event reports

Lesson Identified	Action Taken
1. Contamination injuries	<ul style="list-style-type: none"> <li>• Annual staff knowledge audit undertaken by Infection Prevention Team</li> <li>• Contamination injuries guideline changed to policy to strengthen the mandatory responsibility requirement.</li> <li>• Contamination Injuries question section included in the Self-Inspection Audit completed by all departments annually.</li> <li>• Safety and Quality matters and SQUID newsletter re: good practice information for Doctors/medical staff.</li> <li>• Introduction of safety devices wherever possible / appropriate to comply with EU Directive</li> <li>• Yearly audit undertaken by Daniels re: use of sharps containers</li> <li>• Safe sharps tips slide added into clinical mandatory training presentation</li> <li>• Targeted training re: contamination injuries and bloodborne viruses given to high risk staff groups e.g. theatre staff, FY1.</li> <li>• Risk assessments completed by majority of clinical areas to identify specific contamination injury risks</li> <li>• Contamination injuries incidents reviewed quarterly by the Contamination Injuries Working Group to identify trends and key lessons to be learnt. The group's minutes are reported to the H&amp;S Operational Group.</li> </ul>
2. Manual handling	<ul style="list-style-type: none"> <li>• Improvement of booking/follow-up for mandatory</li> </ul>

<p>injuries</p>	<p>training sessions</p> <ul style="list-style-type: none"> <li>• Manual handling question section included in the in Self-Inspection Audit completed by all departments annually.</li> <li>• E-learning package for object handlers launched</li> <li>• Manual handling incidents reviewed quarterly by the Manual Handling Assurance Group to identify any trends and key lessons to be learnt. The group's minutes are reported to the H&amp;S Operational Group.</li> </ul>
<p>3. Slip, trip, falls</p>	<ul style="list-style-type: none"> <li>• Slip, trip, fall questions section included in the in Self-Inspection Audit to be completed by all departments annually.</li> <li>• Annual floor assessments of hospital entrances and Airedale staff based community buildings carried out by use of specialised machine in conjunction with the HSE slip assessment tool to measure floor suitability. Corrective action taken for areas identified as significant or high risk. Remedial action is then taken by the estates maintenance department.</li> <li>• External walkaround risk assessment of external paths, stairs, ramps, etc carried out throughout the year. Findings discussed at slip, trip, fall group and remedial action taken by estates maintenance department.</li> <li>• Weather monitored by estates maintenance in winter months to ensure sufficient gritting. Gritting process in place.</li> <li>• Quarterly Slips, Trips, Falls incidents to staff and others reviewed by the Slip, Trip, Fall Group to identify any trends and key lessons to be learnt. The group's minutes are reported to the H&amp;S Operational Group.</li> <li>• Periodic reminders to staff to report flooring and steps/stairs hazards to the Estates Maintenance Department for repair. Also reminders about clearing spillages in a timely manner and other slip, trip, fall related good practice issues.</li> <li>• Additional information added to the workwear and uniform policy to remind staff of importance of wearing suitable shoes in the workplace.</li> <li>• Slip, trip, fall awareness delivered to staff via the Trust induction and quality and safety updates.</li> </ul>
<p>4. Violence and Aggression, includes</p> <ul style="list-style-type: none"> <li>• Verbal abuse non-patient on staff</li> <li>• Violence No Injury - Patient On Staff</li> <li>• Violence With Injury - Patient On Staff</li> </ul>	<ul style="list-style-type: none"> <li>* Conflict resolution training rolled out across Trust</li> <li>* All incident of violence investigated by Head of Facilities</li> <li>* Support and advice provided to staff by line managers and security</li> <li>* Individually verbal abuse by non patients against Trust staff is the third most common incident affecting staff across the Trust.</li> </ul>

## 5.1 Total Incidents

The following table compares the total number of reported incidents for patients and staff for 2011-12 with 2012-13 as reported via the Adverse Event Forms (AEF) and input into the Ulysses database system.

Table 3 All recorded H&S Incidents (patient, staff & others) at ANHSFT for date range 01/04/2012 – 31/03/2013

Year	2011-12	2012-13
Quarter 1	1567	2137
Quarter 2	1755	2047
Quarter 3	2056	2058
Quarter 4	2036	2228
<b>Total</b>	<b>7414</b>	<b>8470</b>

The number of AEFs show a significant increase over 2011-12 demonstrating an improving reporting culture, which is a key requirement of a healthy and safe workplace.

## 5.2 Numbers and Types of Staff Health and Safety Related Incidents Reported

The range of incidents received are categorised by “Cause 1” allowing further analysis of the reports. Cause 1 categories are used to record individual incident causes, for example contamination injury is divided into 11 individual cause 1s. All reported incidents are then grouped together to provide high level incident causes and allow trends and themes to be identified. Figure 2 Provides all reported incidents received by Quality and Safety for the 2012-13 financial year, date range 01/03/2012 – 31/03/2013 and compares these to the figures for 2011-12.

Table 4: All Reported Incidents by Cause 1

Cause 1	2011-12	2012-13	Trend
Contamination Injuries*	66	71	↑
Slip/Trip/Fall	41	56	↑
Manual Handling Incident	69	52	↓
Verbal Abuse	46	48	=
Violence With Injury	22	27	↑
Collision With Object	18	22	↑
Violence No Injury	23	21	=
Trapped/caught in between objects, e.g. door or lid	20	18	=
Burns And Scalds	8	11	↑
Exposure/contact With Hazardous Substance	6	7	=
Work Related Stress	12	4	↓
Traffic Accident	3	4	=

Diathermic Burn	3	0	↓
Failure To Use Equipment Guarding	2	0	↓
Health Risk Concerns (e.g. Noise, Vibration)	0	0	=
Incorrect radiation dose	0	0	=
Work Related Injury	3	0**	N/a
<b>Total</b>	<b>355</b>	<b>358</b>	

\* as reported via infection prevention

\*\* no longer a cause 1 as the description provides no information on the actual cause of the incident

Overall the figures for the 2012-13 remain virtually unchanged from 2011-12. However within that a number of cause 1s have decreased from the last financial year, i.e. work related stress, manual handling, failure to use equipment guarding and diathermic burn showing the mitigating actions put in place have worked.

Detailed analysis of the top four adverse events is provided in section 5.4 below.

To support managers and service leads, the Quality and Safety team continues to develop and produce a range of incident data reports which capture trends and themes across the Trust. The team also continues to support Trust staff at all levels in the quality of the data submitted on the Adverse Event Forms. Quality of data is vital to analyse and improve safety for staff and patients.

### 5.3 Grade (severity) of incidents

Part of the reporting process is to allocate a grading of severity to the incident. None of the 373 reported Health and Safety incidents were graded as red for 2012-13 this is a decrease of 1 from 2011-12. The grading used is the Trust's standard consequence and impact scoring system (appendix A) as defined in the Risk Management Procedure. To ensure that staff are consistent in their appraisal of the incident, grading is a core component of both induction and mandatory training. Managers are advised to re-review the grade and work collaboratively with staff.

### 5.4 Top Four Health and Safety Incident Causes

As an organisation we proactively monitor all health and safety incidents with specific reference to the top four. The following table indicates the top four incidents by frequency for 2012-13 and is compared to the previous reporting year.

**Table 4: Top Four Staff Health and Safety incident causes**

Top Four Staff Health and Safety incident causes	2011-12	2012-13	Trend
Violence and Abuse (physical)	91	96	↑
Contamination Injuries*	66	71	↑
Slip, Trip, Fall	41	56	↑
Manual Handling	69	52	↓

\* as reported via infection prevention

In comparison from 2011-12 figures there is a slight increase in 3 of the 4 incidents causes, with a slight reduction in manual handling incidents. The decrease can be attributed to the Trust having an in-house manual handling co-ordinator with increased training sessions being put on and the recently introduced train the trainer manual handling training for clinical staff.

This year's Contamination Injuries figures show a similar picture to the previous year with 9 more injuries overall resulting from a small increase seen in cannulation and administration of medicine injuries. Safety devices are currently being introduced throughout the Trust to comply with an EU Directive reducing as much risk as possible from sharps injuries, this should lead to a decrease in injuries particularly within these categories. 'During a surgical procedure' continues to be the highest category for incidents with half of this year's being due to passing of instruments between surgeon and scrub nurse and scalpel injuries sustained by surgeon during procedure. A mid year cluster occurred due to nurses manually removing needles from patients own insulin pens, this is only possible by re-sheathing which, is banned practice. A safe removal device is available for this purpose and following re-distribution of this and reminders issued to all in-patient areas, these injuries have ceased.

Following investigation the increase in slip, trip, fall incidents is a result of slipping on wet floor incidents. This is an ongoing issue with periodic reminders sent to staff on the importance to clean up spillages promptly. This is also stipulated in the slip trip fall policy. Incident trends continued to be picked up at slip, trip, fall groups via the quarterly reports, these incidents are being monitored

Violence and abuse figures have increased due to increased reporting and cross-referencing between Adverse Event Forms submitted to Quality and Safety and reports made directly to Security. A violence an aggression sub-group is to be set up to discuss these incidents to discuss trends and key lessons.

#### **5.4.1 Contamination injuries**

These again account for 25% of the staff accident/injury incidents reported, the same as for 2011-12. An established Contamination Injuries Working Group which reports to the Health and Safety Operational Group has a remit to investigate reported incidents and provide a consistent approach in monitoring and sharing the lessons learnt. Employee Health and Wellbeing Service and the Infection Prevention Team provide feedback to the group on their investigation of contamination injuries. The working group also correlate reports to ensure consistency of actions taken, for example the raising of awareness through 'sharps safety' and incident reporting at both induction and mandatory training sessions. An audit programme initiated in October 2008 has influenced the ongoing requirement of bespoke educational sessions for both clinical and non clinical staff. .

#### **Further work planned for 2013-14 includes**

- Reminders to staff on sharps safety and reporting injuries;

- Implementation of actions resulting from the inoculation contamination injuries audit;
- Continuing analysis of adverse events forms to identify trends; and
- Compliance with the EU Directive on prevention of sharps injuries:
- Progressive introduction of safety devices where available with training provided by company representatives
- Ongoing targeted training for high risk staff groups: nurses/ doctors this increases awareness and therefore reporting rates increase as a result.
- Ongoing risk assessments with clinical areas to identify specific risks and where safety devices cannot be used and how risks can be minimised.

#### **5.4.2 Violent Incidents towards staff**

Between 1<sup>st</sup> April 2012 and 30<sup>th</sup> March 2013 there were 48 reported physical assaults on staff by patients. All assaults, as well as being reported locally, are also reported nationally to NHS Protect.

The number of reported violence and aggression incidents demonstrates a very slight increase when compared to the previous year's figures of 47, of those incidents reported the trends and themes relate to aggression and abusive behaviour towards both healthcare professionals and / or other colleagues.

In addition to planned work, i.e. patrols, lock up, etc, 4708 incidents required attendance by Security Officers this is a decrease from the previous year's 4892

- **Conflict Resolution Training (CRT)** - CRT training has been provided to members of staff who come into contact with members of the public. To date 1759 members of staff have been trained. Refresher training has commenced and 147 members of staff have attended this training.
- **Access Control** - This is now operational in 31 areas of the Hospital.
- **Vehicle Crime** - Incidents of vehicle crime have been very low (2) which is less than last year. These two incidents were minor criminal damage to two separate vehicles which were detected. The Hospital has again been awarded with Secure Car Park status by the Police.
- **CCTV** - 73 cameras are installed and are overtly monitoring the site both internally and externally. The CCTV cameras located at Skipton General Hospital are now also fed back to Airedale and all are managed within Data Protection requirements and CCTV Government guidelines.
- **Partnership Working** - The LSMS and the Police Inspector meet monthly to discuss crime trends and any incidents of note. Police Community Support Officers (PCSOs) undertake regular patrols of the site, both internally and externally. The Police have spent two days on site fitting special screws to staff and visitors vehicle number plates.
- **Annual LSMS Work plan** - The annual LSMS Work plan was submitted which details work completed against the action plan. Some examples of actions are continued close working with Police counter terrorism team, development of

lockdown procedure and working closely with Estates on various upgrades to departments.

Further actions for 2013-14 include

- Attendance at the Risk Roadshow and Annual Trust Open Day;
- Development of a site-wide Lockdown Plan. Several areas of the site can be automatically locked down (See Access Control).

### **5.4.3 Slips, Trips, Falls**

The Slip, Trip and Fall Group monitors the types of incidents that are reported for trends and themes. The self inspection audit, slip, trip, fall section, monitors that all areas have proactive slip, trip and fall assessments in place in all areas, both for Trust based staff and non Trust based staff working in external buildings. These risk assessments are managed by the relevant ward/department and uploaded to departmental sections on SharePoint. Any slip, trip, fall risk assessments graded 9 or over to go through this group and escalated to the Health and Safety Operational Group and Joint Health and Safety Committee and placed on the relevant risk register. Local monitoring of slip, trip and fall risk assessments also takes place which includes post accident risk assessments (required for claim evidence purposes). Departmental managers and sisters/charge nurses are responsible for the local monitoring of risk assessments scoring under 9, this includes community based risk assessments.

All staff slip, trip and fall incidents are discussed at the Slip, Trip and Fall Group meetings with these sub-group minutes being a set agenda item on the Health and Safety Operational Group agenda to note content of the minutes/discuss issues raised for further discussion. The Health and Safety Co-ordinator monitors investigations and action plan implementation and presents quality dashboard reports including risk reduction plans to the Operational Health and Safety Group and Joint Health and Safety Committee.

Further work planned for 2013-14 includes

- Compliance of annual completion of self inspection audit for all areas and monitoring of proactive slip, trip and fall risk assessments;
- Revision of the slip, trip and fall, policy;
- Continued monitoring of external slip, trip and fall hazards and risks.
- Ensuring completion of a post-accident risk assessment for all slip, trip and falls that are RIDDOR reportable to ensure that process is followed and feed into claims evidence as required
- To feed in lessons learnt from claims to take to slip, trip, fall group and escalate to Health and Safety Operational Group for information/further discussion.
- Periodic reminders to staff on the importance to clean up spillages promptly and any other issues identified.

### **5.5.4 Manual Handling**

Manual handling and musculo-skeletal incident reports are reported to the Manual Handling Steering Group. The minutes are received by the Operational Health and Safety Group.

All manual handling risk assessments are managed locally; non-patient manual handling risk assessments are located by ward/department on SharePoint. Patient manual handling assessments are located within the patient's notes. Grading of risk assessments scoring 9 or above are presented to the Joint Health and Safety Committee and escalated as appropriate. They are also recorded on the appropriate risk register.

Over the past 8 months the training department have been piloting a manual handling key training programme, the advantages of the key trainers course are: All staff will have the opportunity to receive moving & handling training from their key trainer, specifically tailored to their training needs hence suitable and sufficient

- Key trainers will be trained in the collaborative approach to safer handling and taught how to risk assess and will support Managers in enforcing the Manual Handling Policy
- Moving & handling training capacity increases and staff will not have to wait for a training date

The pilot has proved successful in areas such as the operating department, radiology and midwifery and will be rolled out throughout the Trust fulfilling the Trust's obligations under the MHOR.

Work planned for 2013-2014 includes

- Revision of the Manual Handling Policy, Training Needs Analysis and Training Strategy
- Planning for the achievement of Level 3 NHSLA;
- Roll out of the Key Trainer across the Trust and;
- Completion of the action identified as part of the Occupational Health and Safety standards manual handling assessment.

#### 5.4.5 RIDDOR reporting

ANHSFT are required to report specific injuries and over three day absences to the Health and Safety Executive (HSE) via the RIDDOR reporting system. The following table indicates the total number of incidents reported for 2012-2013 compared to 2011-12.

**Table 6: RIDDOR Reported Incidents**

	Q1	Q2	Q3	Q4	Total
<b>2011-2012</b>	4	4	2	1	<b>11</b>
<b>2012-2013</b>	3	3	1	1	<b>8</b>

The most common cause of RIDDOR reportable incidents are slips, trips, falls (5) followed by, manual handling incidents (2), and one violence with injury (patient on staff). Although there is a reduction in this financial year from 11 to 8, injuries still accounted for 145 days absence compared to 90 days absence (based on a 5 day week) taken for 2011-12. This is a significant increase for 2012-13 but does include 3 instances of prolonged time being taken off work ranging from 4 to 11 weeks.

#### 5.4.6 Fire

Airedale NHS Foundation Trust is the only Trust to officially introduce local call filtering, the calls are filtered by our own switchboard staff and none of the 38 false alarms generated this year resulted in Unwanted Fire Signals (UwFS), this would have seen a significant saving to the local community of approximately £11400 (based on the lowest charge of £300 and one fire engine attending. The bill can range from £300 to £1000 per fire engine (for persistent offenders). The increase of 4 false calls from 2011-12 was as a result of the number of contractors on site and multiple signals from the same cause (e.g. damp in Evelyn Pearce house which has now been isolated). The call filtering process has also been rolled out at Settle Health Centre and Skipton Hospital with Castleberg to go live in the near future.

An action plan was issued to the Trust by the Fire Authority in December 2009 with the exception of one item the action plan is complete. The outstanding action is for ramps to be installed behind all lower level wards to aid wheelchair evacuation, as the lower wards do not have practical wheelchair egress. This was added to the capital work for wards and was expected to be complete by Dec 2012, unfortunately the work has still to be completed, and a risk assessment has been completed (currently scoring red on the Fire Authority risk assessment). We will need to report a non compliance with the action plan when the Fire authorities carry out their next fire audit on the trust. Fire Audits are unannounced so a timeframe cannot be provided.

Until this work is completed horizontal evacuation will be used where practical, if necessary an evacuation sheet/ski pad will ensure safe evacuation.

Following a re-write fire code document HTM05-01: Managing Healthcare fire safety amendments are underway to the emergency fire plans.

- **Fire risk assessments** - Significant finding in wards and departments have been identified through previous risk assessments, with the exception of the ramps at the rear of some of the wards most significant finding have been dealt with.
- **Fire drills** - All wards and departments had a fire drill in 2012-13, only one area failed and had to be re-tested. Records were retained for audit.
- **Mandatory Fire Training** - The mandatory fire training programme is managed by the education department. The new on-line e-learning package for mandatory fire training has improved the fire training figure for 2011-12 Arrangements are in place to start local training courses within wards and departments and e-learning for fire mandatory training is also in place to replicate local fire arrangements in community buildings. The fire drill now incorporate basic fire safety awareness so staff can be brought up to date with any alterations to the ward/department and practice the fire procedure, this gives us confidence that under an audit, if questioned, staff have a good understanding of what to do in a real fire situation, or what to do when the continuous fire alarm sounds

- **Fire Wardens** - Fire warden number continue to decline and a way of overcoming the need for fire wardens is being look at alternatives to fire wardens could be a fire response team, this will be considered further.
- **Fire Safety Log Books** - A fire safety log book is issued to all wards, and to departments over a certain size. A department such as dietetics would not have a local fire safety log book, they would come under the umbrella of the admin corridor. The primary function of the log books are to aid fire wardens in the running of a fire incident and also to help with the day to day functions of fire safety through daily, weekly and monthly checks. All fire safety log books were audited through 2012-13 a couple were found not to be up to date and this was brought to the attention of the senior staff in the area.
- **Fire Alarms** - The Trust had no events to report to the Fire & Rescue Service in the 2012-13 period.
- **False alarms** - The Trust recorded 47 False alarms during the 2012-13 period, all were investigated and remedial action advised where necessary, all remedial actions have been completed.
- **Unwanted Fire Signals (UwFS)** - The Trust recorded 0 UwFS during 2012-13, an UwFS is a false alarm which involves the fire and rescue service (F&RS), the most common cause of a UwFS is the 6 minute delay time lapsing which would trigger the switchboard personnel to automatically call the F&RS. We have been running the new staff procedure since 9<sup>th</sup> January 2010 and we have not had an unwanted fire signal in that time.
- **Other** - There is a proposal from West Yorkshire Fire and Rescue Service (WYF&RS) to begin charging for Unwanted Fire Signals. It is likely that at a meeting scheduled for 27th June 2013 that WYF&RS will confirm a minimum charge and set out the criteria for this.

## In Summary

Health and Safety is recognised by ANHSFT to be fundamental in the delivery of safe services for staff, patients, carers and visitors. Progress to ensure that the organisation meets the requirements for health and safety legislation was consistent throughout 2012-13.

Going forward, based on the details contained within this report, the annual plan for 2013-14 will continue to progress its management of health and safety across the Trust, with particular focus on

- Reviewing existing H&S arrangements to ensure compliance with the expected revision of HSG65 to a “Plan, do, check, act” approach – publication expected September 2013
- Assessing, monitoring and providing assurance that all premises are fit-for-purpose

- Validating the results of, and addressing issues identified by, the Self-inspection audit and gap analysis against the NHS Staff Council Work Health and Safety Standards
- Raising the level of mandatory training attendance across all aspects of H&S
- Monitoring policy compliance and addressing any resulting issues related to health and safety induction and mandatory training.
- Setting KPI's for the top 4 staff H&S incidents.

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June 2013

## Appendix A Adverse Event Scoring Criteria

**Table 1: Consequence Grades**

5=Catastrophic	Death, malicious or otherwise and/or significant loss of reputation for the Trust and/or loss of key Trust services which prevent the Trust meeting its responsibilities
4=Major	Permanent injury, amputation, major damage and/or start of a national investigation into the Trust and/or disruption of key Trust services which significantly hinder the Trust in meeting its responsibilities
3=Moderate	Semi-permanent injury or damage (recovery takes longer than 1 month but no more than 1 year) and/or adverse publicity for the Trust
2=Minor	Short term injury or damage (recovery within 1 month)
1=Insignificant	No injury or adverse outcome

**Table 2: Likelihood Grades**

5=Almost Certain	A persistent issue (more than once a week)	76 – 100%
4=Likely	Will probably occur (once or twice a month)	51 -75 %
3=Possible	May occur occasionally (once or twice per year)	26 – 50%
2=Unlikely	Do not expect it to happen but it is possible (once every 3 to 5 years)	6 – 25%
1=Rare	Can't believe this will ever happen (that is to say not in the next 5 years)	1 – 5%

**Table 3: Classification Matrix**

Likelihood of occurrence/ recurrence	Most likely Impact/Consequences				
	None (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

*Classification of Incident*

<b>Very Low</b>	<b>Low to Moderate</b>	<b>Moderate to High</b>  <b>Monitored by Executive Management Committee</b>	<b>High</b>  <b>Monitored by The Trust Board</b>
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## Appendix B Annual Statement of Fire Safety

### Fire Safety Report December 2012

#### Introduction

There has been little, or no change in the fire authorities stance on unwanted fire signals, some fire authorities are making a charge for call outs, other than confirmed fires, and some are not. West Yorkshire Fire Authority's policy on this is unchanged in that they will attend a fire alarm call to all acute hospitals with one fire appliance under normal road conditions unless there is confirmation of a fire, then they will release the full pre determined attendance (PDA). Out of hours they will attend with 2 appliances no matter what.

#### Fire Alarms

Fire alarms are split into 3 categories, False Alarms, Unwanted Fire Signals, and Fires.

A false alarm is an activation of a fire alarm for reasons other than a fire.

An unwanted fire signal is a false alarm which instigates a response from the Fire and Rescue Service.

Fire is an activation caused by fire or smoke.

In 2012 Airedale Hospital reported:

38 False alarms

0 Unwanted fire Signal

0 Fires

The fire and rescue service attended the site in 2012, this was to a false alarm which was allowed to run it's course in order to test the procedure. The alarm was allowed to continue without a call to switchboard to test the 999 call. The 999 call was made after 6 minutes had elapsed which is what the procedure calls for. The test was deemed a success.

This is the second year in succession that the Fire and Rescue Service have not been called to the site for a false alarm other than the yearly test.

## **Fire Risk Assessments**

There were no new fire risk assessments to complete as no areas have had any significant change to the building or the work process.

Work continues to progress on the assessments done in the past and tender notices have gone out to complete the rectification work from these assessments. It is hoped the rectification work in all ward areas will be completed throughout 2013.

### **Training**

Training figures have been down this year for no single reason. There has been the same amount of training sessions as 2011, extra training was available through the On-line course, several sessions were done in various wards and departments but despite that the figures were below the required numbers. West Yorkshire Fire Authority require a minimum of 75% of all staff in individual wards and departments to be trained in fire safety at least once a year.

## **Fire Wardens**

Fire warden training fell dramatically through 2012, at one stage through October to December there was a lack of fire wardens out of hours, there were times when there were no fire wardens on site at all. This prompted us to re-instate the Acute Care Team and Bed Managers as fire co-ordinators and train more porters in the fire warden role to assist out of hours. Porters were also added to the bleep alerts for fire alarms out of hours. At the request of the Theatres management we increased fire drills in theatres to one per month so all the staff could get familiar with the fire wardens role.

There has been an increase in the numbers requesting fire warden training for 2013 so it is expected that the numbers will improve over the year.

## **Fire Drills**

A fire drill was carried out in every ward/department throughout 2012, only 1 area failed and had to be re-tested, after some consultation and guidance the area passed the drill the second time.

## **Fire Authority Visits**

The fire authority visited the premises 6 times throughout 2012, 5 of these were operational so the fire crews could familiarise themselves with the site as they rarely get called to the premises now because of the fire procedure being so successful. The sixth visit was to look at the fire risk assessments and evacuation plans for the site, it was also a chance to introduce our new fire inspector from Keighley fire station. The new inspector will be contacting us to set dates for 2013 inspections.

## **Conclusion**

Airedale NHS Foundation Trust has shown its ongoing commitment to fire safety throughout 2012, the fire schemes which will be completed throughout 2013 will provide the required building specification required under legislation in areas which were not meeting the requirements fully.



