

### Health and Safety Annual Report

<b>Trust Board Meeting:</b>	<b>Item: 14c</b>
<b>27<sup>th</sup> July 2016</b>	<b>Enclosure: J3</b>
<b>Purpose of the Report:</b> To present the Health and Safety Annual Report for 2015/16.	
FOR: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
<b>Sponsor (Executive Lead):</b>	Jo Farrar, Director of Finance
<b>Author:</b>	Sarah Kelly - Health and Safety Advisor
<b>Author Contact Details:</b>	Health and Safety Advisor
<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	Assurance
<b>Legal / Regulatory / Reputation Implications:</b>	Legal, Regulatory, Reputation
<b>Link to Relevant Corporate Objective:</b>	
<b>Document Previously Considered By:</b>	Health and Safety Committee
<b>Recommendation and Action required by the Trust Board :</b>	
The Board is asked to <b>note</b> the Health and Safety Annual Report for 2015/16.	

## Executive Summary:

The Health and Safety Committee continued to meet on a monthly basis and all meetings held during the year were quorate. The Health and Safety Committee monitors the activity of nine sub-committees through regular reports.

Notable improvements impacting on health and safety during the year include:

- the improvement of flooring throughout the main corridors from the main entrance to theatres and into the newly renovated outpatients department.
- Anti-slip flooring has also been installed in the scrub areas in maternity and day surgery theatres.
- Installation of the windows throughout Esher Wing was completed in October 2015, this is of benefit to patients and staff, whilst at the same time helping the trust to reduce heating energy costs in the future.
- Water Pipework installation has been completed throughout Esher wing, but is yet to be completed in outpatient departments; when completed this will greatly improve the water safety management.
- It is now 3 years since the introduction of the Fire Response team which has proved enormously effective, from the reduced number of London fire brigade call outs to the trust, which now imposes a fine over 9 call-outs in any one year. The Trust is said to have one of the best records in the London region and maintains good relationships with the London fire brigade team.
- The No Smoking on site campaign was implemented in October 2015.
- Cylinder holders and brackets were installed in the wards to provide better control of the cylinders throughout the ward areas, implemented by the medical gas committee.

The following areas from the report are highlighted for the attention of the Board:

- a) The number of incidents reported by staff increased on the previous year. However, the number of manual handling incidents reported halved in comparison to the previous following intentional focus on training and awareness raising.
- b) Cases of stress reported by staff increased during the year and the Stress Management Policy has been revised.
- c) The number of missing patients rose, with 152 confirmed incidents in 2015/16, a rise from 111 in 2014/15 (which itself was a significant rise on previous years). The installation of access control in the Emergency Department, and its current installation in Esher Wing is designed to help address this.
- e) A rise in thefts at the end of the year has triggered a number of actions regarding the management of Patient Property, audits of the relevant paperwork and enquiries about better and more secure storage facilities on the wards. Tackling this outbreak remains a key objective moving into 2016.<sup>17</sup>
- f) There was an increase in the number of staff being assaulted over the period 2015-2016. Staff are being encouraged to report these assaults, incidents and patient type promptly and action is being taken to give updates during handovers to ensure oncoming staff and teams are aware of any such issues on the wards.

## Health and Safety Annual Report

1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016

### 1.0 Introduction:

The Health and Safety Annual Report covers the period 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 and aims to give Board members an overview of how the Trust is performing against Health and Safety requirements.

The Health and Safety Committee has been established to plan, organise and monitor organisational compliance with its statutory Health and Safety obligations and duties. The committee also ensures health and safety compliance with external body requirements such as the Health and Safety Executive, NHSLA, Department of Health, CQC etc.

The Health and Safety Committee reported to the Compliance & Risk Committee in the early part of the period covered by this report, changing to reporting directly to the Executive Management Committee when the Trust's Risk Management Strategy was revised.

The Health and Safety Committee identifies and addresses matters which require joint consultation and negotiation.

The overall aim and purpose of the Health and Safety Committee is:

1. To ensure continued and effective Health and Safety management arrangements.
2. To ensure the Trust can demonstrate compliance with Health and Safety legislation and other statutory and mandatory estates related standards
3. To ensure the provision of a safe environment for staff, patients, visitors and others.
4. To ensure the Trust has effective occupational Health and Safety processes and systems
5. To develop procedures necessary to carry out the Committee's functions, taking into account the requirements of the Health and Safety at Work Act 1974

### 2.0 Dates of Meetings:

The Health and Safety Committee met on the following dates:

April	14 <sup>th</sup>	2015	October	13 <sup>th</sup>	2015
May	12 <sup>th</sup>	2015	November	10 <sup>th</sup>	2015
June	9 <sup>th</sup>	2015	December	8 <sup>th</sup>	2015
July	14 <sup>th</sup>	2015	January	12 <sup>th</sup>	2016
August	11 <sup>th</sup>	2015	February	23 <sup>rd</sup>	2016
September	8 <sup>th</sup>	2015	March	15 <sup>th</sup>	2016

All the above meetings met the requirements for a quorum under the Committee's Terms of Reference.

### 3.0 Membership:

During the period of this report, the committee was chaired by the Deputy Chief Executive and then by the Director of Finance. Members were required to attend a minimum of 75% of the planned meetings.

Name	Position	Attended	Out of Possible
Jo Farrar	Director of Finance	10	12
Susan Simpson	Head of Corporate Affairs	10	12
Associate Director Representative	Associate Director Representative	9	12
Hugh Gostling	Director of Estates and Facilities	10	12
Sarah Kelly	Health and Safety Advisor	12	12
Chris Sims	Estates Manager	10	12
Sean Barker	Fire Safety Advisor	10	12
Tracey Rawlins	Occupational Health Manager	10	12
Todd Peever Obaro Abadioru	Sterile Services Manager	6	12
Sarah Joseph	Matron	10	12
Richard Evans	Operations Manager	11	12
Adedayo Adegbayibi/ Paul Graham	Trainee Waste Manager	9	12
Gary Mills/ Mike Jackaman	PRIME	7 5	12
Caroline Fiore/ Georgina Gray	Emergency Planning	9	12

#### 4.0 Compliance with Terms of Reference:

The Health and Safety Committee's principal duties include:

4.1 Receiving reports of accidents, non-clinical incidents and occupational ill-health episodes, monitoring trends and making recommendations to reduce such incidents, including incident reporting from other agencies operating on the Kingston Hospital Foundation Trust Site.

4.2 Supporting health and safety compliance and other statutory and mandatory or best practice related standards across the Trust, including key areas such as:

- Fire
- Infection control: Legionella, C-Diff etc.
- Water Safety
- Waste
- Security
- Medical gases
- Radiation and laser protection
- COSHH
- Stress Management
- Occupational Health including: Inoculation Injuries, Latex, and or
- Slips, trips and falls (staff and others)
- Manual handling

4.3 Receiving reports and information provided by enforcing authority inspectors and ensuring suitable actions are agreed and implemented.

4.4 Evaluating and making recommendations on the health and safety training programme for staff.

4.5 Considering and approving policies, procedures, etc. for all aspects of health and safety within the Trust.

## 5.0 Incident Reporting:

As per health and safety requirements, accidents, incidents and near miss events must be recorded and investigated, depending on the severity, with solutions and recommendations put in place as part of the closure process for these accidents, incidents and near misses.

### 5.1. RIDDOR:

Under the RIDDOR Regulations all work places must record specific accidents, incidents and near miss events. Depending on the severity and nature of injury and indeed party affected, the trust has a legal duty to report this data to the Health and Safety Executive.

There were 5 incidents reportable to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) during this period, which is 1 less than the same period in 2014/15. 4 of the RIDDOR reportable incidents were due to slip, trip and falls; 2 involved members of the public on the hospital premises and 2 were members of staff. There was one dangerous occurrence, which was an electrical incident on one of the drugs trolleys, in which no injury was sustained.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD
<b>Number of RIDDOR Reportable Events</b>	0	1	0	1	0	1	0	0	0	2	0	0	5
<b>Staff slips, trips and falls</b>	2	3	3	3	1	3	0	2	2	8	0	0	27
<b>Manual Handling Incidents</b>	0	0	1	2	2	1	2	4	1	3	2	1	19

### 5.2 Staff Incidents:

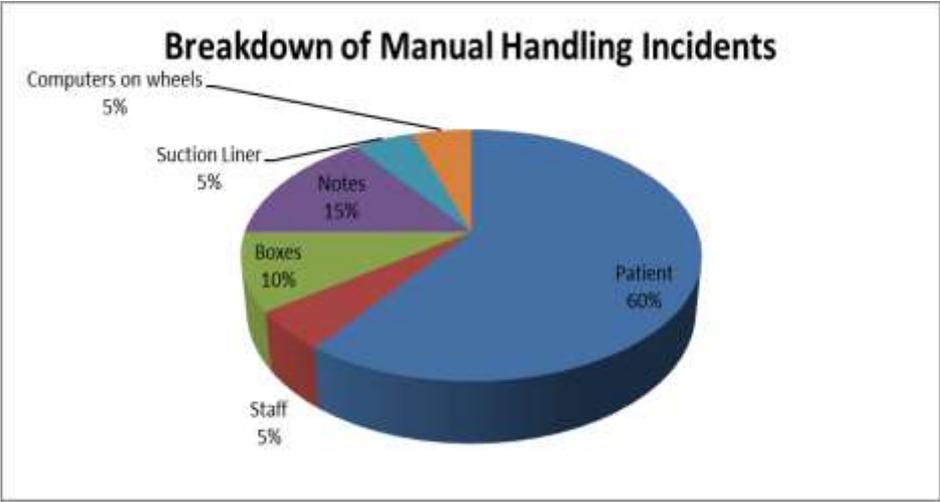
The total number of recorded incidents involving staff for this period was 578, an increase on last year (2015) of 304 incidents reported by staff.

20 manual handling incidents have been recorded for the 2015/16 period, a decrease of 20 on the previous year 2014/15 which totalled 40. 12 incidents were due to patient moving and handling and the 8 other manual handling incidents were related to objects including notes, machinery and trolleys.

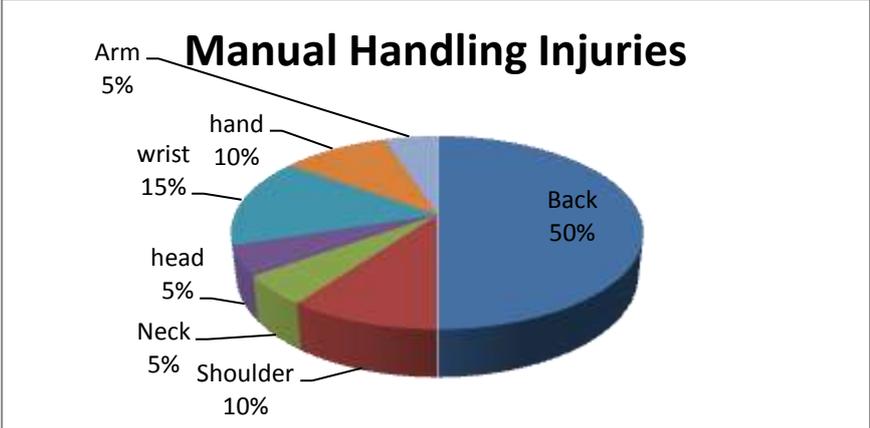
### Chart 1.0:



**Chart 2.0**

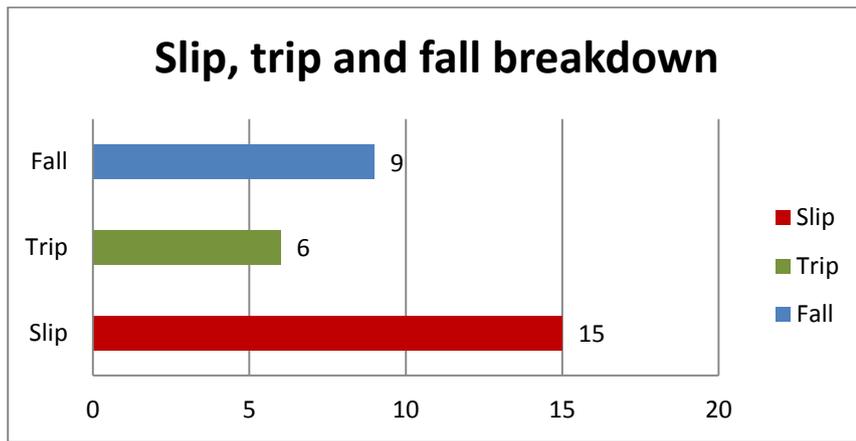


**Chart 3.0**

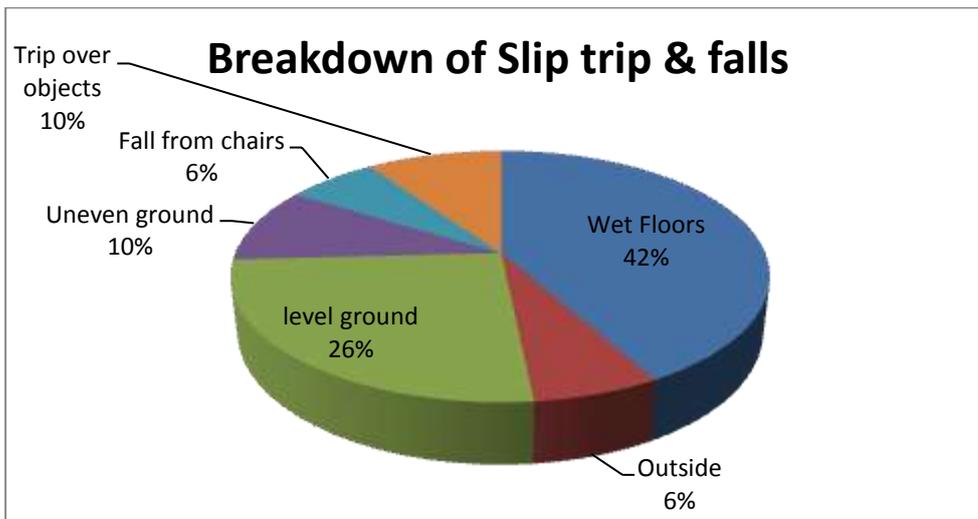


A total of 31 slip, trip and fall incidents were reported. Of these incidents, 13 slip, trip and fall incidents were due to wet floors. 2 slip, trip and fall incidents occurred outside. 8 slip, trip and fall incidents occurred on level ground/terrain, 3 occurred on uneven ground/terrain. 2 incidents of falls were due to falling off chairs. 3 incidents were due to tripping over objects, such as warning signage, shoes.

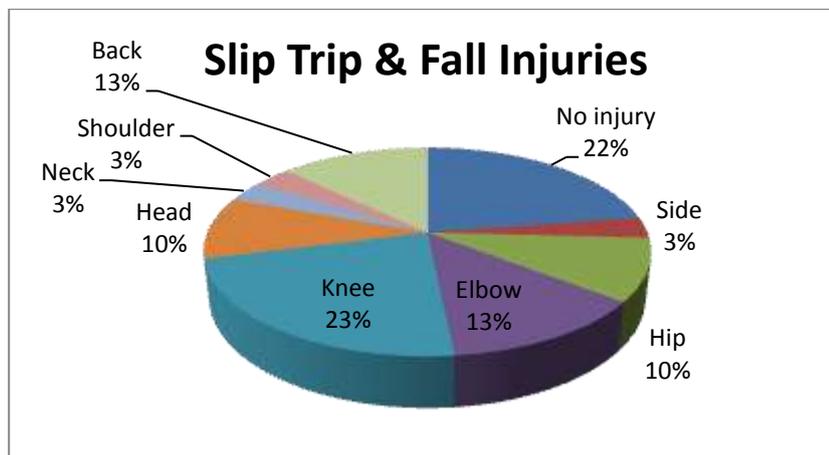
**Chart 4.0**



**Chart 5.0**



**Chart 6.0**



**6.0 Reports from Sub-Committees:**

The activities of nine sub-committees are monitored by the Health and Safety Committee. Updates from from these groups are received on a regular basis. These areas were identified as being integral elements of the Trust’s Health and Safety management system (HSMS).

**Table 2.0**

<b>Group</b>	<b>Chair</b>	<b>Frequency of Meetings</b>
Occupational Health Report	Tracey Rawlins	Monthly
Decontamination Committee	Obaro Abadioru	Bi-monthly
Fire Safety Committee	Richard Evans	Monthly
Laser Protection Committee	Angela Clarke	Annually
Water Safety Committee	Chris Sims	Quarterly
Medical Gas Committee	Derek Cock	Bi-Monthly
Radiation Protection Committee	Paul Reid	Annually
Security Committee	Richard Evans	Monthly
Waste and Sustainability Committee	Paul Graham	Monthly

## **7.0 Occupational Health:**

### **7.1. New referrals to Occupational Health and Wellbeing**

During the period 1<sup>st</sup> June 2015 – 31<sup>st</sup> May 2016, 960 staff were referred to the service. This number includes both manager and self-referrals.

357(37%) of the referrals were due to musculoskeletal pain and 165 (17%) due to psychological ill health which included stress, depression and other mental health problems.

The remaining referrals were due to either long term sickness, persistent short term sickness or for advice on other health issues.

### **7.2. Physiotherapy referrals:**

The Occupational Health and Wellbeing (OHWB) department continues to have access to an in house fast track referral system to physiotherapy. 274 of those seen in OHWB with musculoskeletal pain were referred on for treatment.

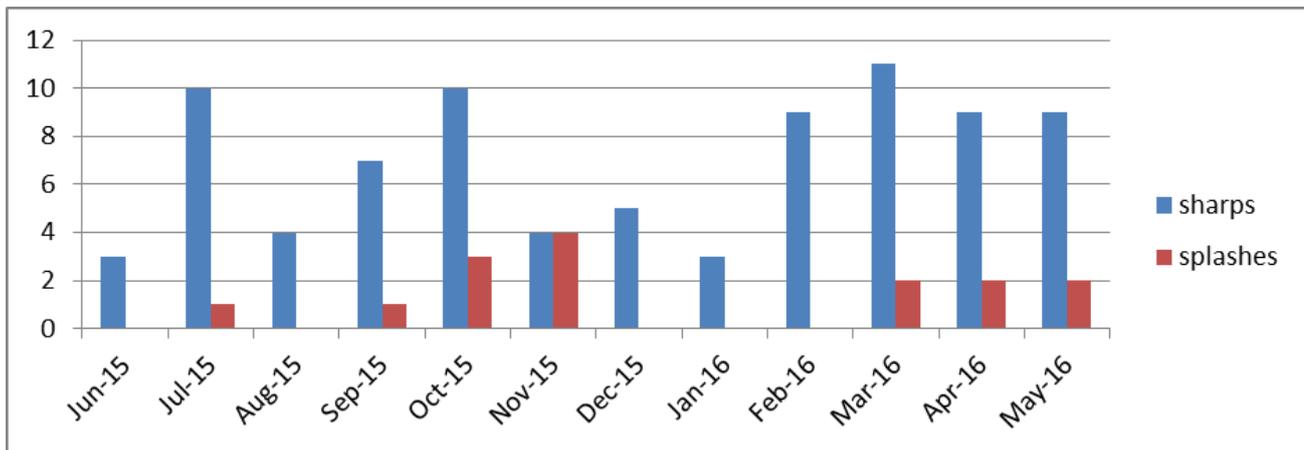
### **7.3. Inoculation Injuries:**

Sharp and splash injury rates continue to be monitored regularly by the Committee.

Where injuries resulted from poor practice, education on prevention was given to these employees in order to reduce the risk of recurrence.

Training on inoculation injury prevention and management is now delivered to clinical staff during induction.

## **Chart 7.0**



#### 7.4. Stress Management:

During the last year it was noted that cases of stress increased. A plan to address these issues where possible is being developed. The Stress Management Policy has been updated and OHWB now report stress figures into the Health and Safety Committee.

The OHWB department continues to work with providers of the Employees Assistance Programme to ensure all staff are aware of the service.

No departmental stress risk assessments were completed, however following a referral due to stress; managers are advised to complete an individual work and personal stress risk assessment with the employee.

The staff survey in 2015 included questions on stressors and divisional action plans will include actions to reduce stressors where they have been identified as an issue.

#### 7.5 Wellbeing

Various health promotion initiatives were delivered for staff during the year, which included back care awareness and stress awareness. Further events include men's health and wellbeing, and walking groups. This is in addition to several classes held within the Trust which included pilates and mindfulness based yoga. All classes are well attended.

#### 8.0 Decontamination Committee: (Meet Bi-monthly)

The Decontamination Group last met in December 2015 pending recruitment of a permanent Sterile Services Manager who has recently been appointed. A certificated Decontamination Officer was employed in the interim. The Decontamination Lead will be reinstating the Decontamination Committee.

The aim of this committee is to prevent and control the spread of infectious agents through the provision of sound decontamination principles, consistent with current best practice and linking together existing inter-related decontamination documents for the safety of staff, patients, visitors and contractors.

- The objective is to ensure that Trust decontamination policies and procedures are consistent with corporate governance.
- Meet corporate, legal, professional and clinical standards.
- Minimise risk.
- Engender safe systems of work.
- Are monitored and reviewed systematically.

The Sterile Services Department is improving processes and systems through purchase of the track and trace system, due to be installed by 31<sup>st</sup> July 2016. Decontamination practices are to be audited within the organisation on a rolling basis with the results reported through the Health and

Safety Committee in the Decontamination Committee Minutes. The Health and Safety Committee will continue to monitor and support any recommendations and actions to ensure that the Trust meets current standards for Decontamination.

## 9.0 Waste and Sustainability Group: (Meet Monthly)

### Introduction:

Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets this can improve health both in the immediate and long term in the context of rising cost of natural resources.

Kingston Hospital NHS Foundation Trust ('the Trust') has a sustainability mission statement in the Carbon Management Plan (CMP):

*"The Trust recognises it has a vital responsibility to minimise impact on the environment, prepare for changes in climate, ensure efficient resource use and maximise funds for patient care.*

*The Trust is committed to preventing pollution and reducing the environmental impact of its activities, and where reasonably practicable will comply with all relevant environmental legislation.*

*The Trust will do all that is reasonably practicable, and considers it essential that all staff should work together positively to enable the Trust to comply with all Statutory Regulations and other best practice guidance relating to energy, the environment and sustainability.*

*The Trust recognises that global climate change is currently the greatest challenge facing humanity and commits itself to systematically reduce its greenhouse gas emissions. It is committed to developing and embedding a sustainable and carbon conscious culture throughout the organisation and all its activities by integrating carbon management within corporate strategies, policies and operational procedures. As a large employer in the local area the Trust will use its position to engage, inform and influence patients, visitors, staff and other local external organisations to encourage them to reduce their environmental impact."*

As a part of the NHS public health and social care system the Trust will contribute towards the national target set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020.

### Policies:

In order to embed sustainability within the business it is important to explain where in the process and procedures sustainability features.

Area	Is sustainability considered?
Travel	Yes
Procurement (environmental)	Yes
Procurement (social impact)	Yes
Suppliers' impact	Yes

One of the objectives for the Trust for 2016/17 is to implement eClass for procurement (part of the NHS Procurement eEnablement Programme) see <http://www.nhseclass.nhs.uk/> for more details. The Trust is in the process of developing a procurement policy that will have an expansive section on sustainability and on order to ensure the Trust's procurement activity promotes sustainability and minimises any detrimental impact on the environment. The Trust will also include reference on how to support the Social Value Act (2013) in procurement activity. One of the ways in which an organisation can embed sustainability is through the use of a Sustainable Development Management Plan or Carbon Reduction Management Plan. The current Carbon Reduction Management Plan is due to be reviewed and updated in January 2017.

As an organisation that acknowledges its responsibility towards creating a sustainable future, the trust can help achieve that goal by running awareness campaigns that promote the benefits of sustainability to all staff.

Climate change brings new challenges to the business both in direct effects to the healthcare estates, but also to patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc. The board-approved plans address the potential need to adapt the delivery the organisation's activities and infrastructure to climate change and adverse weather events.

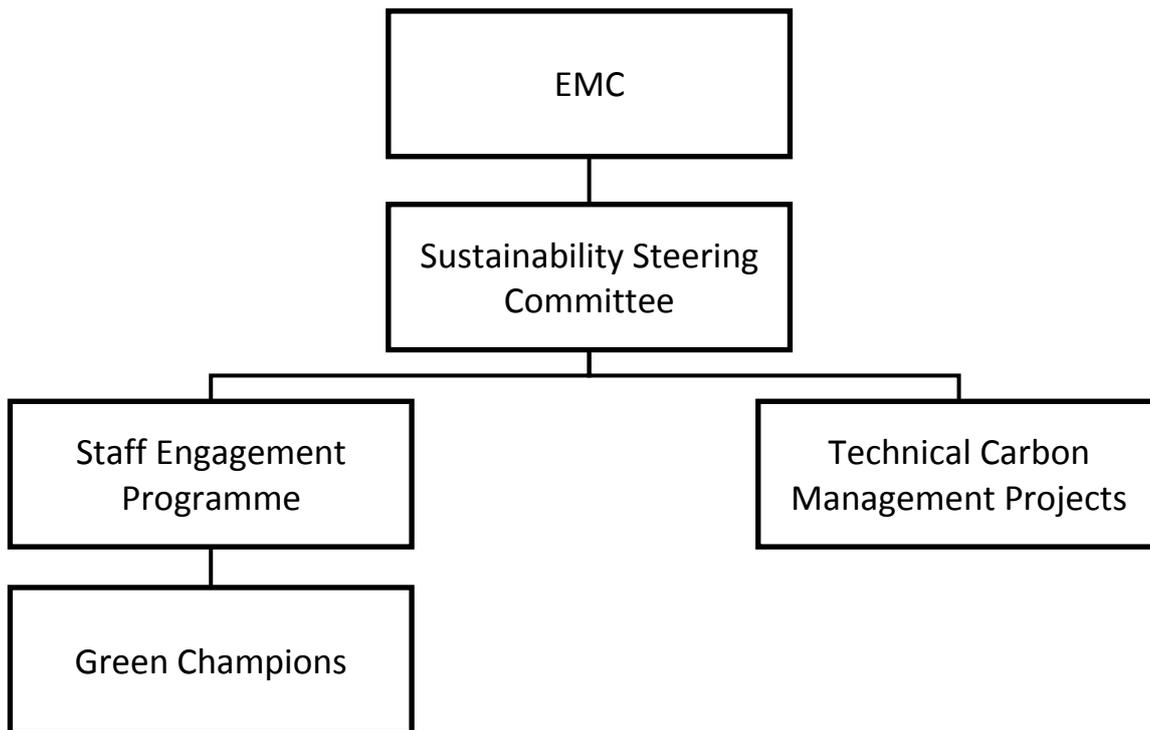
**Partnerships:**

The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner, crucially for us as a provider, evidence of this commitment will need to be provided in part through contracting mechanisms.

Strategic partnerships are already established with Carbon Credentials and Carbon Architecture.

**How the Trust Makes Decisions about Sustainability:**

The Trust's Executive Management Committee is kept abreast of developments from the Trust's Sustainability Steering Committee which has representation from various departments across the Hospital including both clinical and non-clinical staff. This committee acts as a focal point for all aspects of sustainability and energy reduction within the Trust such as staff engagement and implementation of energy efficient projects. The committee also engages with the wider Trust community to ensure that activities are varied, engaging and have a positive impact on the Hospital.



**Definitions**

Scope 1 emissions are direct Green House Gas (GHG) emissions from sources that are owned or controlled by the entity. Scope 1 can include emissions from fossil fuels burned on site, emissions from entity-owned or entity-leased vehicles, and other direct sources.

Scope 2 emissions are indirect GHG emissions resulting from the generation of electricity, imported electricity, heating and cooling.

Scope 3 emissions include indirect GHG emissions from sources not owned or directly controlled by the entity but related to the entity's activities. Scope 3 GHG emission sources currently required for GHG reporting include T&D losses associated with purchased electricity, employee travel and commuting, contracted solid waste disposal, and contracted wastewater treatment.

## Performance

Since the 2007 baseline year, the NHS has undergone a significant restructuring process and one which is still on going. Therefore, in order to provide some organisational context, the following table may help explain how both the organisation and its performance on sustainability has changed over time. The Trust relinquished two outlying office buildings at the end of 2014/15 which is reflected in the reduced Floor Space measure below.

Context info	2007/08	2013/14	2014/15	2015/16
Floor Space (m <sup>2</sup> )	72,387	73,572	73,317	71,408
Number of Staff	2,305	2,683	2,700	2,700

As part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. The carbon management plan which had a target of reducing our carbon emissions by 10% by 2015 is under review and we will be replacing it with a new 10 year plan that will run till 2025.

## Summary of Performance

Area	2015/16 Performance		Status
EU Emissions Trading scheme	Natural Gas and Fuel Oil	A decrease of 6.9% of CO2 emissions in calendar year 2015 compared with 2014 under the EU ETS.	Green
Energy Consumption	Scope 1 and 2	In general, there was an 11% reduction in total energy consumption in financial year 2015/16 compared with 2014/15.	Green
Waste	Clinical waste	The amount of clinical waste disposed increased by 2.5% from 2014/15 to 2015/16. This was due to increased activity over the past year.	Yellow
	General Waste	General waste disposal increased by 0.2% from 2014/15 to 2015/16.	Green
	Bulky Waste	Bulky waste decreased by 27% from 2014/15 to 2015/16. This was due to renovations works inflating the figure for 2014/15. The 2015/16 figure is within 1% of the 2013/14 figure.	Green
	Reused/Recycled Waste	Recycled and reused waste has increased by 39.3% from 2014/15 to 2015/16. This is due to the site wide rollout of mixed recycling.	Green
Water	Water Supply and Waste Water Discharge	Water consumption and Wastewater emissions figures decreased by 24% from 2014/15 to 2015/16. This is partly due to the cessation of services to external buildings.	Green

Area	2015/16 Performance	Status
Comments	<ul style="list-style-type: none"> <li>A total of 5,196 carbon credits costing £21,000 were purchased from carbon trader to offset carbon credits deficit. Qualifying emissions under the EU ETS decrease by 6.9% in 2016 compared to 2015.</li> <li>The Hospital wide mixed recycling scheme commenced in December 2014 to reduce waste to landfill, carbon emissions and disposal costs.</li> <li>The main energy-reducing project for 2015/16 was the replacement of the windows in Esher Wing which was completed in October 2015. This will drastically improve the energy efficiency of that building.</li> </ul>	

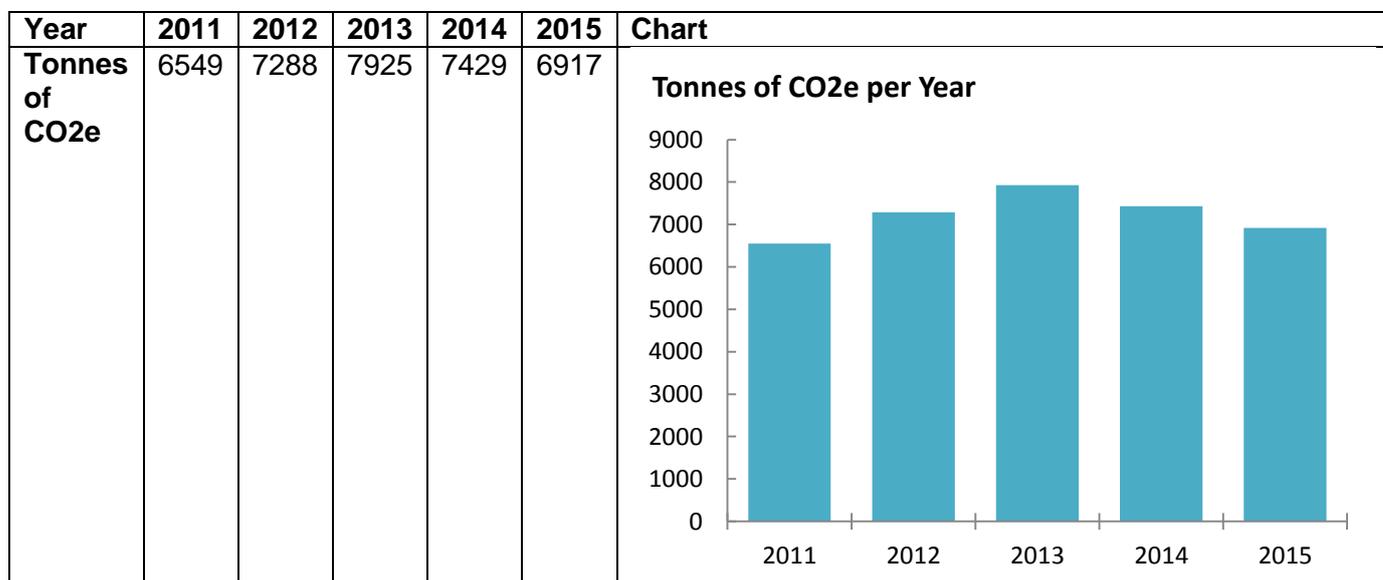
### Sustainability Accounting and Reporting:

This section sets out the Trust's environmental data and the financial cost associated with energy consumption, waste management and water usage across the estate. The Trust's gas and fuel oil data is also used for reporting CO2 emissions annually in the European Union Emissions Trading Scheme (EU ETS). The Trust is an Information Declarer in the Carbon Reduction Commitment (CRC) Energy Efficiency Scheme. This report sets out the annual achievements of the Trust in sustainability, found in the following areas:

- Energy, Water and Waste Management
- Sustainable Travel
- Sustainability and Energy Awareness Programme

### EU Emissions Trading Scheme (EU ETS) :

The EU ETS covers carbon emissions from combustion of gas and fuel oil from January to December of each year.



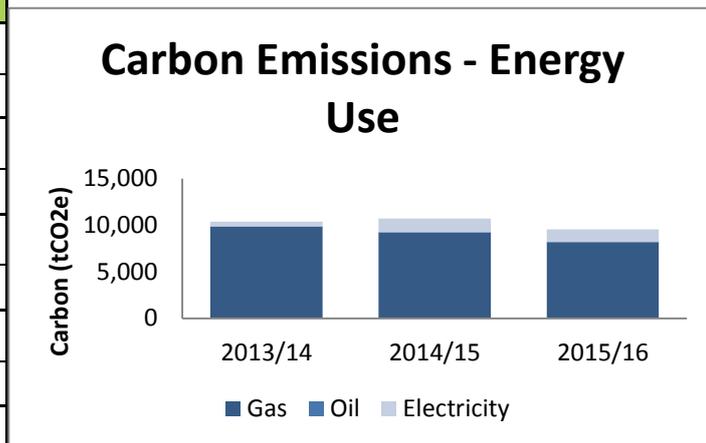
### Observations:

- CO2 emissions decreased by 6.9% between calendar years 2014 and 2015 under the EU ETS. A total of 5,196 carbon credits costing about £21,000 were purchased from carbon trader to offset carbon credits deficit.
- This was due to reduced gas consumption caused by the CHP plant being shut down for maintenance during the year.

### Energy Consumption:

The Trust has spent £2,380,638 on energy in 2015/16, which is a minor decrease (0.5%) on energy spend from last year.

Resource		2013/14	2014/15	2015/16
Gas	Use (kWh)	46,453,100	44,037,200	39,004,154
	tCO <sub>2</sub> e	9,855	9,239	8,183
Oil	Use (kWh)	17,500	49,400	94,105
	tCO <sub>2</sub> e	6	16	30
Coal	Use (kWh)	0	0	0
	tCO <sub>2</sub> e	0	0	0
Electricity	Use (kWh)	11,992,858	12,062,069	12,269,084
	tCO <sub>2</sub> e	522	1,460	1,341
Green Electricity	Use (kWh)	0	0	0
	tCO <sub>2</sub> e	0	0	0
Total Energy CO <sub>2</sub> e		10,383	10,715	9,554
Total Energy Spend		£ 2,441,000	£ 2,393,000	£ 2,380,638



#### Observations:

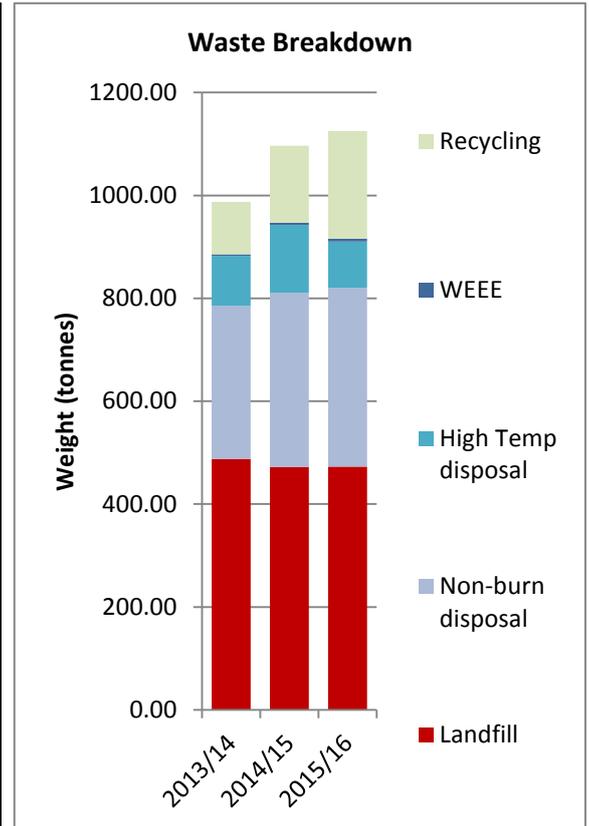
- Gas consumption decreased by 11% in 2015/16 compared to 2014/15 due to reduced demand from the CHP plant while it was shut down for maintenance.
- Oil consumption increased by 90% in 2015/16 compared to 2014/15. This was due to increased use of generators during essential works on the CHP plant.
- Electricity Consumption increased by 2% in 2015/16 compared to 2014/15.
- Total spend on energy in 2015/16 was comparable with 2014/15.

#### Future Plans:

- Going forward, the trust expect a reduction in energy usage through more efficient heating in our largest ward block; Esher Wing. Work was completed in late 2015 to install new windows into this 19,000m<sup>2</sup> building. These replaced the original fittings and we expect a massive improvement in heat retention going forwards.
- Reduce the amount of imported electricity purchased through awareness programmes to reduce energy consumption.
- Smart Metering has been implemented across the site which allows the Trust to monitor the energy use of each building to target future efficiency plans.
- A tendered project for Printers and Multi-functional devices is going ahead with implementation which should lead to the removal and/or replacement of older, less energy efficient hardware across the Trust including fax machines.
- Continue to implement and update the Trust's Carbon Management Plan and undertake further energy/CO<sub>2</sub> emissions projects as detailed in the plan. This includes installing LED external lighting for car park, maintain momentum and embed Staff Energy Awareness programme, potential heating controls for some areas and upgrades to insulation. A full list of projects can be found on the Trust Carbon Management Plan.
- Develop bids for funding of energy and CO<sub>2</sub> emissions projects throughout the Trust.
- Continue to monitor and report on energy consumption.
- The Trust is working with Carbon Architecture and Veolia to review the CHP plant and make efficiencies where possible.
  - A programme of works to increase the efficiency and effective use of the Low-Temperature Hot Water (LTHW) systems is under review for implementation in 2016/17.
  - Connecting more LTHW load to the system by connecting more plant rooms to the CHP is planned for 2016/17 (cost £100k, payback 2.5 yrs.).

## Waste Management:

Waste		2013/14	2014/15	2015/16
Recycling	(tonnes)	101.70	150.00	208.92
	tCO <sub>2</sub> e	2.14	3.15	4.39
Re-use	(tonnes)	0.00	0.00	0.00
	tCO <sub>2</sub> e	0.00	0.00	0.00
Compost	(tonnes)	0.00	0.00	0.00
	tCO <sub>2</sub> e	0.00	0.00	0.00
WEEE	(tonnes)	3.33	4.16	5.75
	tCO <sub>2</sub> e	0.07	0.09	0.12
High Temp recovery	(tonnes)	0.00	0.00	0.00
	tCO <sub>2</sub> e	0.00	0.00	0.00
High Temp disposal	(tonnes)	96.42	131.90	90.16
	tCO <sub>2</sub> e	21.21	29.02	19.83
Non-burn disposal	(tonnes)	298.09	338.77	347.26
	tCO <sub>2</sub> e	6.26	7.11	7.29
Landfill	(tonnes)	487.74	472.00	473.10
	tCO <sub>2</sub> e	119.21	115.37	115.63
Total Waste (tonnes)		987.28	1096.83	1125.19
% Recycled or Re-used		10%	14%	19%
Total Waste tCO <sub>2</sub> e		148.89	154.73	147.27



## Observations:

- Landfill waste remained unchanged in 2015/16 compared to 2014/15.
- Non-Burn Disposal waste increased by 3% in 2015/16 compared to 2014/15.
- High-Temperature Disposal waste decreased by approximately 30% in 2015/16 compared to 2014/15 this may be due to increased activity and the norovirus outbreaks.
- WEEE increased by 38% in 2015/16 compared to 2014/15.
- Recycling increased by 39% in 2015/16 compared to 2014/15. The Trust recycled 19% of all waste by tonnage.
- The Hospital wide mixed recycling scheme commenced in December 2014 to reduce waste to landfill, carbon emissions and disposal costs. Since then, most desk bins have been eliminated and replaced with recycling facilities in each area.
- In addition, the Trust saved £46k by re-selling outdated clinical equipment in 2015-16.

## Future Plans

- Implementation of food waste recycling scheme across the Hospital site is being evaluated for implementation during 2016/17.
- Introduction of wood recycling scheme.
- Recycling of single use instruments.
- Green waste composting.

## Waste Supply and Waste Water Discharge:

Water		2013/14	2014/15	2015/16
Mains	m <sup>3</sup>	41,095	43,330	32,940

	tCO <sub>2</sub> e	37	39	30
Water and Sewage Spend	£ 84,110	£ 85,000	£ 74,101	

#### Observations:

- Water consumption and waste water discharge emissions reduced by 24% in the year 2015/16 compared with 2014/15. This is partly due to the cessation of services to external buildings.

#### Future Plans:

- To continue to monitor water consumption across the Trust.
- Introduce energy efficient saving taps and showers systems.

#### Sustainable Travel:

Carbon Emissions from Patient Transport

The Trust is in the process of implementing a new contract which will enable more accurate monitoring from April 2016 onwards.

Green Transport Initiatives

The Trust continues to develop its Healthy Transport Plan in conjunction with the local council. This is designed to encourage the use of alternative methods of transport and reduce the carbon footprint of staff.

- All car parking application forms also offer information on cycling and loans for travel cards and improvements are being made to the public transport infrastructure in the immediate vicinity of the Trust.
- The Trust continues to work towards improving the bus frequency and promoting additional services to areas poorly, or indirectly, served through feedback to Transport for London (TFL) and the Council. This year, the Trust worked with TFL to make improvements to the accessibility of the bus stops on the Hospital site.
- The Trust continues to host a number of initiatives to improve awareness of green transport including Cycle Week and bike maintenance workshops. Additional bike sheds have been installed to encourage more staff and visitors to use bicycles. The Trust's Cycle Scheme (which allows staff to purchase bicycles at preferential rates and spread payments over a year) continues to be popular, especially during the spring.

#### Sustainability and Energy Awareness Programme:

- In September 2014, the Trust in partnership with Carbon Credentials launched a sustainability and energy awareness staff engagement programme. The aims of the programme were to:
  - Raise levels of awareness about the Trust's environmental impact
  - Change attitudes and behaviours
  - Embed the responsible use of energy and other resources
  - Contribute to the Trust's carbon reduction target
  - Achieve cost savings
  - Support patient care by creating comfortable environments

So far the Sustainability Scheme has brought about a highly successful Sustainability Awareness Week campaign which gave opportunity for Trust staff to submit ideas for future initiatives. Multiple staff got involved and a prize was awarded for the best suggestions.

The Green Champions project is still gaining momentum with more volunteers coming forward to promote green initiatives and responsibility locally around the Trust. The Trust is currently in the process of designing the next step in this project to identify high level Green Leaders to spearhead initiatives going forwards.

## 8.0 Security Committee: (Meet Monthly)

The Security Group's main focus this year has been to ensure the engagement of clinical staff in identifying and resolving security issues and working towards increased access control across to site to better protect staff and patients, as well as help reduce the number of absconding patients. Towards the end of the year, following a significant rise in the number of thefts on site considerable focus has fallen on how to address this problem.

There has been a continued drive to ensure Conflict Resolution Training is attended, with bespoke training to some departments running alongside the normal pattern of starter and refresher courses. The local police, primarily through the Safer Neighbourhood Team, have provided assistance with thefts and disturbances on site as well as with guidance and advice for relevant Trust documents.

This year has also seen the introduction of the Restraint Policy to help provide guidance to staff and ensure that there are processes and support in place for staff who may need to utilise this. The central guidance in this area is still weak, leaving Trusts to develop their own policies.

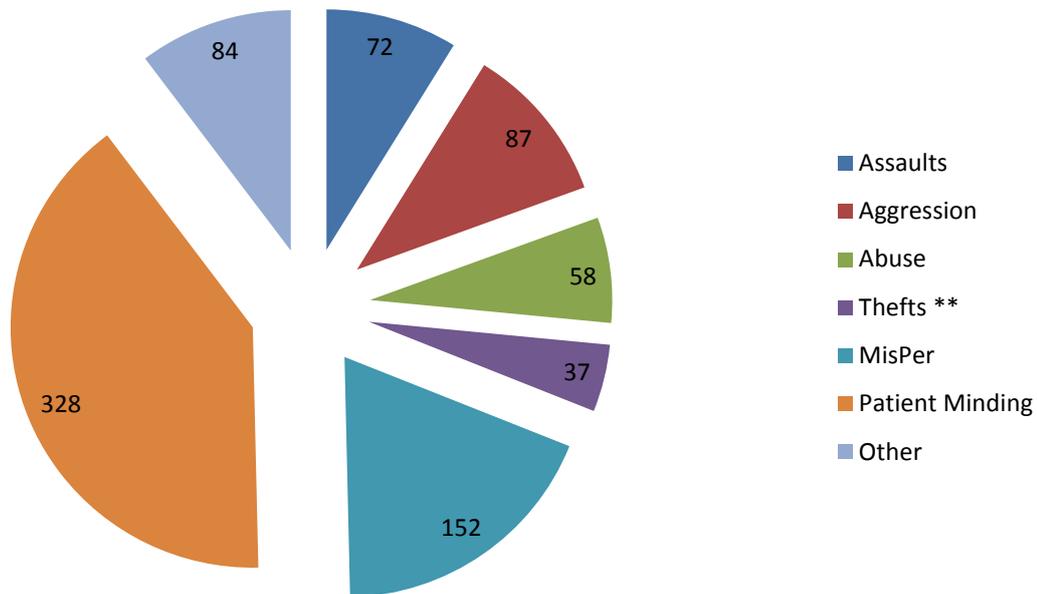
There have been 818 incidents reported this year (in the event a single incident has been reported multiple times by different people/groups this has been counted as a single incident). This is almost identical to the number reported in 2014/15 (811) and almost 30% more than were reported five years ago. The majority of incident reports still come through the Security Officers and significant concerns remain about Trust staff not utilising the incident reporting system, particularly in regards to assaults and abuse by patients.

The largest number of incidents still relates to requests for patient minding and supervision of patients who may pose a risk to themselves or others. The vast majority of these come from the Emergency Department. To better manage these incidents the Security Officers now maintain a far more robust record of the instructions they are given. Specific information about the use of physical intervention and narrative to describe what action was needed during the incident. Discussions are ongoing with the Emergency Department regarding the use of the Security Officers for extended periods and in circumstances where there is no security risk as this limits their availability for other tasks throughout the trust.

The installation of a Patrol Toolkit which tracks the movement of the Security Officers has also been implemented and provides a much more robust audit trail to ensure that patrols are being undertaken regularly. Raising the profile of the officers is an ongoing aim, with their visibility around site and moving through the buildings a key factor.

## **Chart 8.0**

## Incident Reports 15/16



\*\* Thefts shown on this chart are only those where incident reports have been completed on Ulysses. For more information on overall thefts see section below.

*Please note all graphs below tracks the number of incident reports. A single incident report could cover multiple assaults or instances of verbal abuse. In the case of an incident detailing, for example, an assault and aggression it has been recorded under the more serious category.*

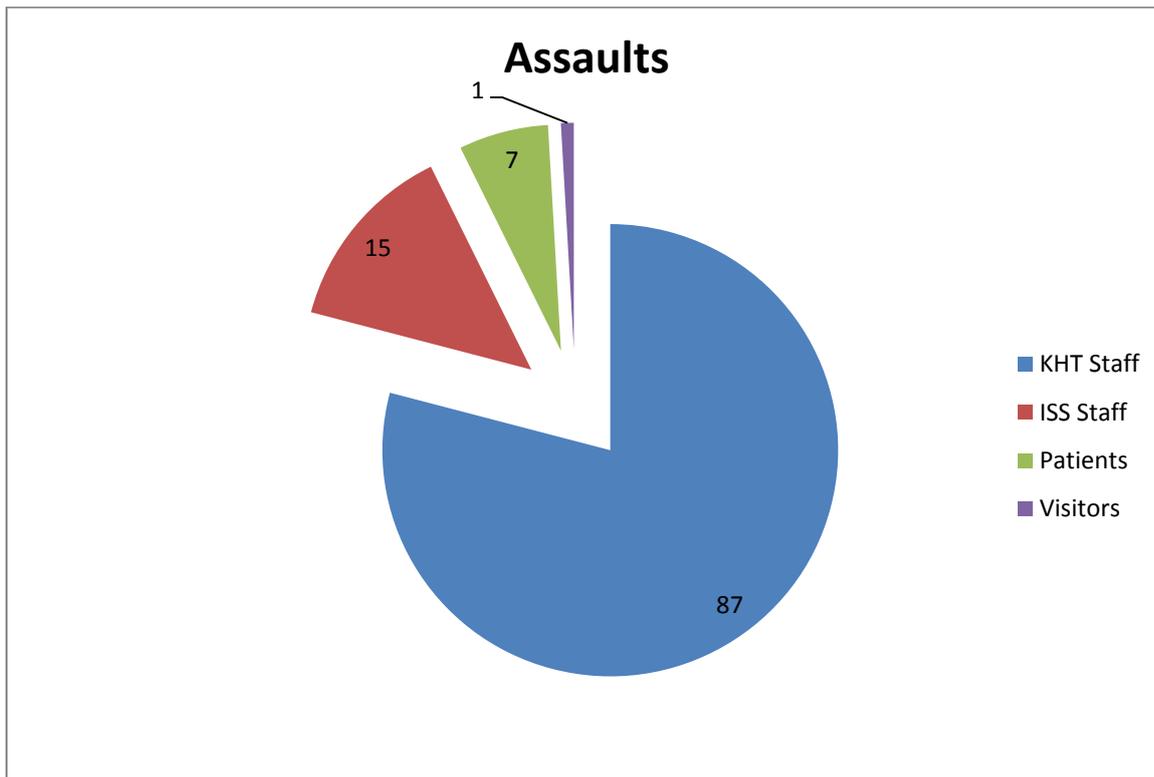
### Assaults and Violence:

The number of incidents reporting assaults is slightly higher than last year (2014/15 was 67) but the number of actual individuals assaulted is significantly higher.

Individuals Assaulted	2012/13	2013/14	2014/15	2015/16
	35	67	71	110

The rise in the number of people being assaulted this year, is attributable to a significant increase in the number of people being assaulted in single incidents. The rise in the number of patients with severe dementia who assault multiple staff in quick succession is of serious concern. There have been a number of reported incidents of violence and aggression by patients who require mental health beds but who are kept on the wards until a bed becomes available. The need for increased support in this area is clear as well as ensuring staff report assaults promptly to allow for other staff to be made aware and local behavioural management steps to be implemented.

## Chart 9.0



The Trust's overall assault levels remain similar local trusts (in terms of assaults per 1000 staff). The Trust was audited by NHS Protect last year as regards our assault statistics, the audit found only a single point in our submission that had a minor clarification added.

The general awareness of staff to the dangers of violence and aggression has risen with more departments requesting literature and support for staff and the incident report managers forms show an increased awareness of line managers of the need to provide support for staff involved in these situations. The increase in assaults is seen as a reflection of the types of patients being treated in the hospital. In 2014/15 about two thirds (48) of assaults were seen as medically factored, with the remaining third (23) non-medically factored; in 2015/16 over 90% are medically factored, with only 11 non-medically factored.

#### **Missing Patients:**

The number of missing patients has continued to rise with 152 confirmed incidents in 2015/16, a rise from 111 in 2014/15 (which itself was a significant rise on previous years). The installation of access control in the Emergency Department, and its current installation in Esher Wing is designed to help address this. The improved communication between the Trust, ISS and the Police has allowed for a number of successful retrievals of patients by the police and their return to the hospital and, while this is positive, the focus is on not allowing them to abscond in the first place.

#### **Access Control:**

The Trust's access control has continued to be installed and modified across the clinical areas of the Trust, as well as supplementary systems in some administrative areas. The Maternity access control has been strengthened to provide control of both entry and exit from the ward to provide an additional layer of protection against the abduction of children. Paediatric ED is also undergoing an install and the final remaining Paediatric area without access control (DSU) has requested quotes to rectify this.

Installation of access control across the wards in Esher Wing is ongoing with Sir William Rous Unit also moving onto the main Trust system. The support and understanding of staff in utilising the system is of paramount importance as shown by the Emergency Department where a sustained drive by senior staff has seen the number of breakages to the system drop dramatically.

#### **Thefts:**

The Police continue to be pleased with the relative lack of thefts from the hospital however towards the end of 2015/16 there was a sharp rise in the number of thefts reported. This has led to an increased focus on ensuring patients are made aware of the risks of keeping valuables and large amounts of cash on them and that the correct waivers are signed should they wish to do so. Police have undertaken more frequent patrols and awareness has been raised across the site with a communications package.

The Trust encourages people to make incident reports and contact the Police in order to ensure they, and the Trust, receive the maximum support in dealing with this however many patients decline to go to the Police.

The rise in thefts at the end of the year has triggered a number of actions regarding the management of Patient Property, audits of the relevant paperwork and enquiries about better and more secure storage facilities on the wards. Tackling this outbreak remains a key objective moving into 2016.17

**Attendance:**

The attendance of the group has been a cause for concern during the year, mitigated in the last few months by the attendance of the Deputy Director of Nursing who has provided much needed support and engagement.

**10.0 Radiation Protection Committee: (Meet Annually)**

The annual Radiation Protection Committee meeting took place in November, at which the Annual Radiological Protection Report was submitted. The report covered all aspects of Radiological protection including; equipment performance; new equipment; audits; incidents and legislation. From the findings an action plan has been devised, identifying the 17 actions with only 6 outstanding actions which are either work in progress or still to be completed.

The overall management of radiation protection was found to be excellent, as per all previous audits. The audit demonstrated that the diagnostic radiology and the subspecialties operate with a high degree of compliance with IRR99, IR(ME)R2000 and all other relevant radiation protection guidance and legislation. All recommendations the previous year's audit have been satisfactorily addressed and many points of good practice were noted.

**11.0 Laser Protection Committee: (Meet Annually)**

The Laser Protection committee meet annually to review the current working practices, equipment and changes in legislation. This is initiated by the Trust's appointed laser protection advisor, who carries out the annual safety inspection. There are now 3 areas inspected annually. The Laser Committee have initiated a more comprehensive training programme with St. Georges to broaden the number of staff who are capable of managing this growing service. It should be noted, the group oversee the implementation of new procedure trials in collaboration with the procurement team, to ensure a robust approach to new procedure initiation. The Laser Committee will be an integral part of the development team, leading the theatre refurbishment programme.

**12.0 Fire Safety Committee: (Meet Monthly)**

The Fire Safety Committee is responsible for the review of all fire safety matters within the Trust. The Committee's purpose is to ensure that the Trust manages Fire Safety in an appropriate and effective manner, to promote co-operation between management and staff in instigating, developing and carrying out measures to ensure the Fire Safety of employees and all persons affected by the activities of the Trust.

The objectives of this committee are:

- The introduction, development and monitoring of Fire Safety procedures and safe systems of work.

- To monitor and review Unwanted Fire Signals (false Alarms) within the Trust, in accordance with the Health Technical Memorandum: 05 suite of guidance documents.
- To analyse and act on information and reports provided by enforcing authority inspectors and actions appropriately.
- To monitor and assist with the management of local Fire Risk Assessments and ensure compliance with the latest regulations and legislation.
- To monitor the adequacy of fire safety communication and awareness in the workplace.
- The continual appraisal of the effectiveness of the Fire Safety training and fire drills.
- To develop/comment on relevant Trust Policies and Procedures.
- To provide a forum for staff to raise concerns regarding fire safety.
- To provide the Health and Safety Committee with assurances regarding the Fire Safety for staff and other users, escalating appropriate actions as necessary.

### **12.01 Fire Incidents:**

During the period from the 1<sup>st</sup> of April 2015 to the 31<sup>st</sup> March 2016, the Trust had no fire incidents. (i.e. no incidents of sustained combustion.)

*The last fire incident at the Kingston Hospital site was on 21/08/2013.*

One Fire Alarm Activation due to fire-like phenomena (Undesired Circumstance) occurred on 29<sup>th</sup> March 2016 following which the London Fire Brigade Investigation Officer and Fire Safety Inspecting Officer were both satisfied that Fire Safety Precautions and protocols were suitable i.e. a developing fire hazard was detected in its early stages and dealt with appropriately.

### **12.02 Fire Alarm Activations:**

During the period from the 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016, the Trust had **74** Fire Alarm Activations in total; **73** of these have been 'Unwanted Fire Signals' (false alarms) and **1** due to an Undesired Circumstance (fire-like phenomena).

This is within the parameters given in guidance documentation, where a system the size of Kingston Hospitals (4737 automatic fire detectors) would typically generate approx. 90 'Unwanted Fire Signals' per annum.

To reduce and manage the Trusts calls to the London Fire Brigade, due to 'Unwanted Fire Signals', a 10 minute delay protocol was introduced as of 1<sup>st</sup> July 2013, this was done following extensive training with the Trust's Fire Response Team, including exercises to test procedures. The protocol has appropriate safeguards in place, that would override the 10 minute delay and the Fire Brigade would be called immediately if one of the safeguard criteria is met. This system has the full support of the London Fire Brigade.

### **12.03 London Fire Brigade:**

During the period from the 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016, the London Fire Brigade attended false alarms at the Kingston Hospital site twice and once due to an Undesired Circumstance.

Total attendances over this period: **3**

The Fire Brigade attendance annual target is < 9

This target has been derived, due to the London Fire Brigade recovering costs for the tenth false alarm attended, at the same site, within a twelve-month period and for all subsequent false alarm call outs.

During the period of this report, the Trust also had 3 official visits/ inspections from the London Fire Brigade.

- Monday 29<sup>th</sup> October 2015, Red Watch, from Kingston Fire Station, conducted a site inspection and familiarisation visit covering the entire Kingston Hospital site. There were no remedial actions required as a result of this visit.
- Thursday the 21<sup>st</sup> January 2016, Duncan Hodge, Fire Safety Inspecting Officer with the London Fire Brigade, conducted a scheduled audit/ fire safety inspection of Bernard Meade Wing. He visited all levels within the building and examined paperwork pertaining to the Fire Safety Precautions and arrangements. There was no 'Enforcement' action or remedial actions required as a result of this inspection/ audit.

- Tuesday 15<sup>th</sup> March 2016, Blue Watch, from Kingston Fire Station, conducted a site inspection and familiarisation visit. All external areas of the Kingston Hospital were visited. There were no remedial actions required as a result of this visit.

### **12.05 Training:**

The Workforce Development department and Education Centre coordinate and manage the Trust's Fire Safety training requirements. During 2015/16 more scheduled mandatory Fire Training sessions were put on and ad-hoc local session, focusing on non-compliance within clinical areas.

This strategy has seen Fire Safety training compliance, as a Trust, rise to **76%** at the end of March 2016 compared to 68% the previous year.

In addition to the programmed mandatory Fire Safety training sessions, departments/ wards can arrange with the Trust's Fire Safety Adviser, a local Fire Safety briefing/ drill/ evacuation exercise. These local briefings build on the classroom theory with a practical application of Progressive Horizontal Evacuation within the trainee's workplace.

### **13.0 Water Safety Committee: (Meet Bi-Monthly)**

The Water Safety committee meets regularly to ensure all the arrangements for good management are in place. There is also a monthly report on water management to the Trust Health and Safety Committee. 2015/16 was a good year for managing the water systems. The project to completely replace the pipework in Esher block and the supply to it in the undercroft is very near completion. The most significant problem remains old corroded pipework in Outpatients. Water temperatures in that area have been inadequate as the secondary circulation loop is blocked. This will all be remedied by the pipework replacement project, due to start later in 2016. Until this time we encourage flushing of all water outlets daily. Electrical over sink water heaters have been fitted in treatment and consulting rooms where, due to the condition of the pipework there is little or no hot water.

The whole system has been disinfected several times when the situation demanded further action

### **Legionella Pneumophila**

We continue to use temperature control as our primary method of controlling legionella. Maintaining hot water temperatures has been improved by installing plate heat exchangers in place of large calorifiers in Esher and MOPD. This also increases energy efficiency.

On a quarterly basis we test for legionella in areas identified as high risk by the infection control department. At this time we add areas where a change in working practice or some other disruption to the normal working of an area (IE building works) could have an impact on the water use and those areas which consistently under perform on the reporting risk assessments of low use water outlets. (See flushing). We also check areas reported as having poor temperature control in our routine system checks.

In the Kingston Surgical Centre (KSC) the Legionella risk assessment has been completed and we are awaiting the final report. The Trust Bi annual Legionella risk assessment is also complete. An action plan will be prepared for reporting and monitoring.

KSC have completed the trial of not dosing with chlorine dioxide. As there have been no raised counts of any WBP the chlorine dioxide will now be decommissioned. It was agreed that KSC chlorine dioxide kits will be removed once the replacement pipework has taken place.

The Trust also decommissioned its chlorine dioxide plant as part of the replacement of pipework projects.

### **Pseudomonas Aeruginosa**

In the areas of augmented care nominated by ICT The routine 6 monthly sampling for Pseudomonas Aeruginosa took place as per the national guidance. The tests were carried out in May and November. The site was 100% clear both times. A contributory factor in this good record

is the daily flushing regimen.. All the water outlets in ITU and the Neo Natal nursery are flushed daily and recorded.

Buil ding	Department/ Area	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16
1	Neo Natal Flr 3	94 %	97 %	100 %	100 %	97 %	94 %	97%	100 %	100 %	100 %	97%	97%
16.3	CRITICAL CARE FLR3	90 %	93 %	90%	94%	93 %	94 %	97%	94%	81%	93%	90%	97%

There are no Pseudomonas Aeruginosa checks in KSC as there is no augmented care

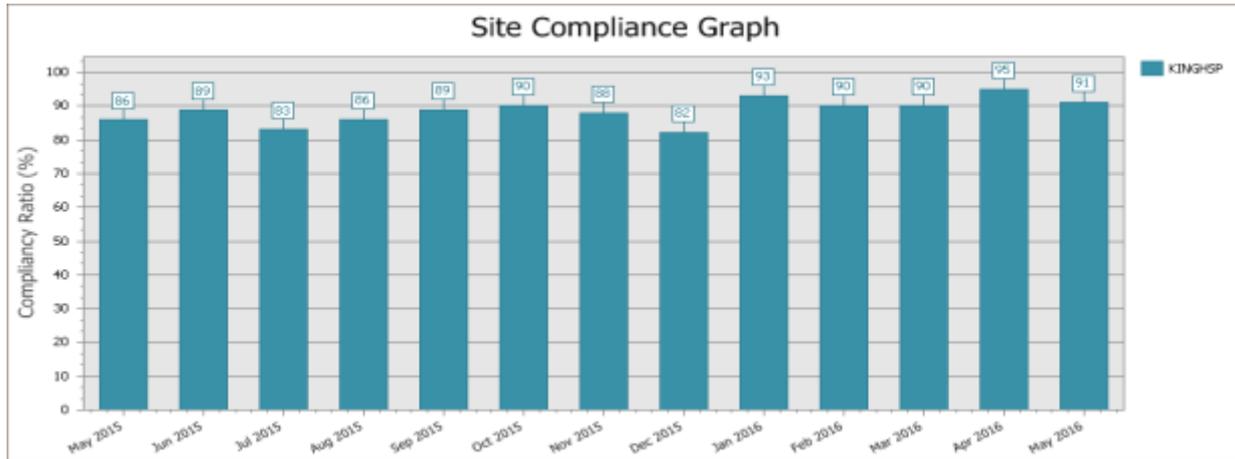
### Risk Assessing and Flushing of Low Use Water Outlets (Flushing)

Due to the inconsistency of the flushing of low use water outlets and the associated risks the Trust has embarked upon an electronic E mail reporting system called L8guard.

In accordance with Department of Health guidelines (HTM 04-01 and ACOP L8) a low-use water outlet risk assessment must be recorded at least twice a week even if no flushing is required. This email alert system has replaced the paper-based system to ensure the Trust meets its legal compliance obligations regarding the low-use water outlet flushing.

We have been successful in this with the compliance rate rising throughout the year as staff become familiar with the routine.

See graphs below detailing site flushing compliance;



### Annual compliance for risk assessing and flushing of low use outlets

Month Commencing	Expected	Submitted	Compliance Ratio
01-05-2015	812	699	86%
01-06-2015	918	814	89%
01-07-2015	918	766	83%
01-08-2015	916	788	86%
01-09-2015	818	727	89%
01-10-2015	918	829	90%
01-11-2015	916	809	88%
01-12-2015	918	752	82%
01-01-2016	818	760	93%
01-02-2016	916	826	90%
01-03-2016	917	822	90%
01-04-2016	819	775	95%
01-05-2016	918	832	91%

We continually try to improve on these figures and regularly contact areas identified in the monthly report on water safety as poor performers. It has been noted that when there are staff changes or someone is away for a time the performance degenerates and we therefore encourage all areas to nominate as many primary recipients of the E mail alert as possible. The Trust's compliance record is above average.

### Safe water in healthcare premises (the new HTM 04-01)

The government legislation which protects consumers within healthcare settings, HTM 04-01, has now been revised and is issued in three parts, A, B and C. It provides guidance on the design and management of hot and cold water systems in all types of healthcare premises. It also provides advice and guidance on the control and management of the risk posed by Legionella and other water borne diseases within a healthcare setting. HTM 04-01 should be read in conjunction with the HSE Approved Code of Practice (L8) and HSG274.

The revised HTM 04-01 is broken down into:

- Part A covers the design and installation of the system
- Part B covers operational management
- Part C focuses on specific measures that should be taken to control Pseudomonas aeruginosa in care units

### Summary of Water Quality and Safety:

Due to good management controls the Trust has no serious water safety problems. There are challenges, such as the OPD pipework, but these are known and managed, with a longer term plan to resolve the situation. Our proactive organisation of water safety management has seen an overall reduction in the incidence of all types of bacteria proliferating in our water systems. We have a dynamic system to monitor and manage our water quality and by attention to the details of the work and proactive supervision the risk represented by all water borne pathogens is kept as low as possible. The increase in comfort of the patients is a benefit which should result in better outcomes and shorter stays as in patients. All of these mean the reputation of the Hospital, in the local community and nationally is enhanced. Water safety At Kingston hospital is taken very seriously.

### 14.0 Medical Gases Committee: (bi-annually)

The purpose of the Medical Gas Committee is to ensure risks associated with medical gases are recognised, documented and action taken to minimise them.

The objective of the group is to provide guidance to ensure that all appropriate steps are taken to comply with the Duty to Manage Medical Gases within Kingston Hospital NHS Foundation Trust and to comply with medical gases related legislation, approved codes of practice,

guidance and relevant standards and Medical gases Health Technical Memorandum 02-01: Medical gas pipeline systems.

Storage of CD oxygen cylinders on the wards has been reviewed with much discussion and negotiation. Ward based brackets and racks have now been purchased and installed.

**Policy:**

The medical gas policy and the policy for managing medical gas incidents have been revised, submitted, agreed and ratified.

**Training:**

The review of the medical gas procedure identified the Trust had no trained Designated Nursing Officers to be responsible for isolation of the oxygen supply in case of emergency (Fire or damage to pipework). Training was arranged with 15 attendees, and further staff trained using resources provided by BOC.

**Audit:**

- Cylinder capacity in case of VIE failure (Storage of bulk liquid oxygen on site)
- Bi-annual stock audit of all cylinders on site.

**Incidents:**

- Operational difficulties were experienced by nursing staff as piped medical gases were not available to all beds, when the ward moved up to the 7<sup>th</sup> floor. Cylinders of gas were used when required by patients or patients were moved to areas where piped medical gas was available.
- Compressed Air maternity unit: action – repeater alarm installed in switch board.
- VIE failure of remote monitoring – Action – resolved by BOC.
- Compressed air failure: action - compressor replaced

The external appointed engineer has recently carried out an audit of piped medical gas systems. The report will be presented to the medical gas committee members when received by auditor.

**6.0 Policy and Procedure Development:**

The Health and Safety Management system is based upon HSG65, Successful Health and Safety Management, a framework developed by the Health and Safety Executive (HSE) and widely received and adopted across all employment sectors. The components of HSG 65 are:

- Policy
- Organisation
- Planning and Implementation
- Measuring performance
- Audit and review

**6.1 Policy and Procedural documents:**

**Revised policies:**

**Review Date**

Decontamination	May 2018
Air Handling policy and procedure	June 2018
Electrical Equipment	June 2018
Control and Management of Contractors	June 2018
SOP for Cat A Waste	June 2018
Road Transport Plan Category A Waste	June 2018
Manual Handling	June 2018
Smoke Free Policy	September 2018
Food Hygiene Policy	October 2018

Personal Protective Equipment Policy	October 2018
Deployment of Police with Fire Arms Policy	October 2018
Non-Emergency Patient Transport Policy	November 2018
Estates Maintenance Policy	December 2018
Infectious disease policy	December 2018
Drug and alcohol misuse policy	December 2018
Safe handling of sharps policy	December 2018
OHTWB TB local Guidelines	December 2018
Policy for the management of Slip, trip and falls in staff and others policy	December 2018
Policy for the prevention and management of latex allergy	December 2018
Safety rails procedure and policy	December 2018
Policy for the management of slip, trip and falls in patients	December 2018
Procedure for the safer handling of heavy or bariatric patients	December 2018
Chemical Spillage Procedure and policy	December 2018
Procedure for first aid	December 2018
COSHH Control of substances hazardous to health	December 2018
Medical Gas Policy	February 2019
Policy and procedure for managing medical gas	February 2019
Estates Health and Safety Policy	April 2019
Waste Management Policy	April 2019
Terms of Reference Decontamination Committee	July 2016
Terms of Reference Waste Committee	July 2016
Terms of Reference Sustainability Committee	July 2016
Terms of Reference Medical Gas Committee	July 2016
Terms of Reference Fire Safety Committee	July 2016
Terms of Reference Security Committee	July 2016
Terms of Reference Radiation Protection Committee	August 2016
Terms of Reference Water Safety Committee	August 2016
Terms of reference Laser safety Committee	November 2016

## 7.0 Training:

The main platform for Health and Safety training sessions is currently the mandatory training booklet. The booklet was introduced to enable staff the opportunity to read at their leisure in a suitable time frame. The booklet is updated annually, to ensure any change to legislation is incorporated accordingly.

Since January 2016, this has included Health and safety training previously delivered at corporate induction.

Health and Safety training is delivered face to face to all new nurses and health care assistants organised by the practice development team.

During the year, it was identified the Trust had no system in place to train non-clinical staff in non-clinical only areas in first aid. This was escalated to the EMC who agreed to provide one off funding to enable training for staff which has now been completed.

## 7.0 Conclusions

### 7.1 Water Safety including Legionella Control and Management:

Water safety will always remain a risk but will continuously be managed using approved systems.

**Action taken:**

- Promote awareness of all staff, clinical and non-clinical on the importance of flushing system
- Regular flushing of system
- Continuous monitoring and sampling
- L8 Guard system for notification installed throughout
- Replacement of pipework in Esher wing has commenced under capital Projects.

**7.2 Medical Gas:**

Storage of CD cylinders on the wards has been reviewed, as there is a risk associated with improper storage and control of stock with this type of cylinder.

**Action Taken:**

- Brackets and racks have now been installed

**7.3 Fire Safety:**

Fire safety will always remain a risk within the trust but it is with continuous management and monitoring, the risks can be reduced thus providing the board, assurance

**Action Taken:**

- Risk assessments carried out on a rolling roster by fire safety advisor.
- Emphasis on local ownership of fire safety issues to ensure the person(s) with control over individual departments or areas of the premises, can manage, monitor and control fire hazards more effectively at a local level.

**7.4 Decontamination:**

It was necessary to improve the process and system particularly around track and trace process.

**Action taken:**

This is currently being installed with training for staff to be executed, this should go live end of July 2016.

**7.5 Security:**

In order to improve missing patient figures, particularly surrounding missing patients with dementia, it was identified that access around the trust required improvement

**Action taken:**

- Identify and resolve missing patient incidents thus improve and reduce the frequency by putting in place more controlled robust process. Installation of a controlled access system around patient occupied areas including Esher Wing and maternity department.
- Installation of patrol points for security

**7.6 Policies and Procedures:**

Continuous review of policies and procedures incorporating any changes required in legislation and process.

Review current process along with Health and Safety Executive, NHS, NICE and CQC standards.

**7.7 Staff Incidents and RIDDOR:**

- Continue to promote incident reporting and management.
- Focus on high levels of incidents recorded such as manual handling incidents, Slip, trip and fall incidents, inoculation incidents and splash events and continue to measure against action plans, with recommendations and actions completed.

## **8.0 Objectives / Forward Plans**

1. Review of Health and Safety policies and procedures, along with review of legislation and update accordingly.
2. Increase awareness of staff accident and incident reporting, particularly with regards to patients with dementia and others, who may show elements of aggression.
3. Review current process and procedure in management of mental health patients awaiting beds elsewhere and patients suffering from dementia.
4. Provide specific training for staff in management of patient with dementia and mental health patients.
5. Improve management of incident reports and resolve closure of incident reports across the trust, implementing recommendations and monitor.