

Health & Safety Annual Report 2017-18

Trust Board Meeting	Item: 18
11th July 2017	Enclosure: N
Purpose of the Report: To provide the Board with the Health and Safety Annual Report for 2017-2018	
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Link to Relevant CQC Domain: Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Legal / Regulatory / Reputation Implications:	Legal, Regulatory, Reputation
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Document Previously Considered By:	Health & Safety Committee Executive Management Committee
Recommendation & Action required by the Trust Board: The Trust Board is asked to accept the content of this Annual Report, including the health and safety objectives for 2018/19.	

Health and Safety Annual Report

1 April 2017 to 31 March 2018

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1. EXECUTIVE SUMMARY

The purpose of the report is to provide the Trust Board with a summary of principal activity and outcomes relating to the promotion and management of health and safety within Kingston Hospital NHS Foundation Trust in 2017/18. The report also highlights current key priorities for the Health & Safety Committee and its sub-groups for the current financial year.

The report summarises the prevailing legislative framework within which health and safety concerns are managed and addressed, and outlines the local governance arrangements that underpin health and safety management within the Trust. The report provides information relating to key activity undertaken by the Health & Safety Committee and reporting sub-committees with respect to:

- Decontamination service operation
- Fire safety
- Health and safety training provision
- Laser safety
- Manual handling and back care
- Medical Gas safety
- Occupational health and wellbeing
- Operational health and safety management for estates, including capital bids
- Radiation safety
- Risk management
- Security safety
- Waste safety
- Water safety

During 2017/18 the Director of Corporate Governance managed the Health & Safety function. The Executive Chair of the Health & Safety Committee, and Director with responsibility for Health & Safety, was the Director of Finance.

Over the course of the past year, the Health & Safety Committee has overseen the implementation of refreshed local management arrangements for health and safety. This has included revised training and support for managers and putting in place new systems for health and safety audit. These improvements support the Trust in maintaining compliance with statutory regulations for health and safety at work.

In headline terms, the principal concerns highlighted by the Health & Safety Committee during the 2017/18 were:

- Aggression/abuse and Assaults as the top two categories of incidents reported by staff.
- a significant increase in the number of sharps injuries reported. Sharps injuries continue to be one of the top reported injuries for staff and the Committee is now receiving more granular data to understand the principal causes more fully and therefore to target actions at specific groups or practices. Further detail is shown on pages 8-10, 18 and 26 on actions assigned to the Health & Safety, Occupational Health and Waste Management Leads.
- the difference between incidents reported through the risk management system and known incidents, for example the discrepancy between sharps injuries reported on Ulysses (72) and staff attendances to Occupational Health with sharps injuries (114). Incident reporting increased during the year but there is room for improvement.
- fire safety. The Committee has received regular updates from the Fire Safety Group and has monitored KPIs on fire alarm activations/attendances by LFB, mandatory training rates, fire risk assessment completion rates.

These concerns will form the basis of objectives for the Committee to achieve in 2018/19.

The Board is asked to note and accept the content of this Annual Report, including the Health and safety objectives for 2018/19.

2. INTRODUCTION

This report provides analysis of standards of health and safety management throughout the Trust for the financial year 1 April 2017 to 31 March 2018.

The Health and Safety at Work etc. Act 1974 provides a legislative framework to promote, stimulate and encourage high standards of health and safety at work.

In particular, it requires organisations to provide and maintain:

- A Health and Safety Policy.
- A system to manage and control risks in connection with the use, handling, storage and transport of articles and substances.
- A safe and secure working environment, including provision and maintenance of access to and egress from premises.
- Safe and suitable plant, work equipment and systems of work that are without risks.
- Information, instruction, training and supervision as necessary.
- Adequate welfare facilities.

The legislation is enforced by the Health and Safety Executive (HSE) who have far-reaching enforcement powers. New health and safety legislation coming into effect since 31 March 2017, and which affects the Hospital's operations, includes the Ionising Radiation Regulations 2017 (IRR17) which came into force on 1 January 2018 and replaced Regulations IRR99. This legislative change has triggered a review of the management of radiation, associated risk assessments and working practices. The HSE has supported the new legislation with a draft Approved Code of Practice (ACoP). Additional changes may be required when the ACoP is published.

In progressing the management strategy of health and safety throughout the Trust, the Health and Safety Advisor continues to observe the HSG65 model "Managing for Health and Safety". The key components of the Plan, Do, Check, Act (PDCA) framework can be summarised, as follows:

- Plan** Determine policy, plan for implementation.
Do Profile health and safety risks, organise for health and safety management, and implement the plan.
Check Measure performance, investigate accidents and incidents.
Act Review performance, apply learning.

This continuation of the application of the PDCA principles achieves a balance between the systems and behavioural aspects of management and, importantly, treats health and safety management as an integral part of good management generally, rather than as a stand-alone system. This report details information on management issues relating to each element of the PDCA cycle, as they apply to the Trust's health and safety activity.

By the continuing application of the PDCA approach, a health and safety culture will become embedded throughout the organisation. It also provides reassurance to the Board that health and safety is being fully implemented throughout all of the Trust's working environments and many diverse procedures.

3. THE HEALTH & SAFETY COMMITTEE AND MANAGEMENT STRUCTURE

The Health & Safety Committee has been established to plan, manage and monitor organisational compliance with statutory health and safety requirements and specific

NHS duties. In this way compliance with external organisational requirements such as the HSE, NHSLA, Department of Health, CQC etc. are managed.

The Director of Finance chairs the Health & Safety Committee, which meets on a bi-monthly basis, and is the Director with responsibility for health and safety. Accountable to the Executive Management Committee (EMC) and the Trust Board, the Health & Safety Committee is responsible for ensuring the development, implementation, audit and delivery of health and safety organisational management throughout all working aspects of the Trust's diverse activities. The Health & Safety Committee receives reports from its sub-committees and ratifies policies approved at sub-committee level.

The Health and Safety Advisor is responsible for:

- Advising managers and others on matters of health and safety implementation at work.
- Measuring compliance with health and safety policies through health and safety incidents, risk registers and sub-group reports.
- Undertaking personal visits to support staff and managers.
- Attending sub-group meetings.
- Consulting in various ways with the workforce in relation to health, safety and welfare.
- Developing and implementing health and safety policies and procedures to improve the management of health and safety across the Trust.
- Advising other departments on the development of other related policies, procedures and forms.
- Developing and delivering bespoke health and safety training courses as appropriate.
- Providing information and corporate data analysis in respect of Trust-wide health and safety compliance.
- Assisting with health and safety related risk assessments and undertaking specialist health and safety risk assessment.

Since last year's report, the Health and Safety Advisor has continued to work on improvements to ensure that a culture of managing health and safety is established throughout the Trust. Local departmental advice has been provided to address specific trust risks. The Health and Safety Advisor has also been actively assisting with estates and capital bids teams, including the refurbishment of theatres and maternity, the A&E development and the new Outpatients corridor G project.

Ongoing areas for improvement being taken forward are:

- To continue to review the accident reporting system (Ulysses) in relation to data categories.
- The continuing rollout of the health and safety audit process across the Trust.

New Health and Safety objectives added for 2018/19 include:

- The embedding of the new Health and Safety training course for Managers
- Close monitoring of the increased Sharps injury reports to identify the causes of the injuries (The monitoring of Sharps injuries as a KPI at the Health and Safety Committee, was expanded in October 2017 to give a more granular view)
- Introduction of a number of sharps management changes and processes to reduce the numbers of staff injuries.
- Increasing the awareness of the need to report incidents on Ulysses by staff.

These elements will be introduced into the health and safety monitoring process to provide assurance to the Health & Safety Committee, the EMC and the Trust Board.

Health and safety local management arrangements have been being brought in line with legal and best practice requirements with the introduction of a specific Health and Safety Managers training course. A Health and Safety Handbook to support managers has also been introduced.

The Board received Corporate Manslaughter and Senior Managers Health and Safety Training in January 2018.

4. RISK MANAGEMENT AND RISK REPORTING

The completion of risk assessments is a statutory requirement under the Management of Health and Safety at Work Regulations 1999. To support the Trust in its compliance, a practical element of risk assessment and risk management training has been included as a component of the Health and Safety Managers' training course.

The Health and Safety Advisor continues to provide advice and guidance in the implementation of statutory risk assessments (i.e. COSHH, Manual Handling, DSE and PPE). A number of new simplified risk assessment forms were introduced and incorporated into the Health and Safety Managers Handbook. The Health and Safety Managers Training course includes COSHH, DSE and manual handling risk assessment requirements, with delegates also being taught how to set up and correct issues with staff workstations.

The Health and Safety Advisor, working in conjunction with the Lead Manual Handling Advisor has reviewed the Trust's chair selection and, working with Procurement, changed provider so that those with physical requirements outside the average can be easily accommodated i.e. very tall, petite, those with clinical requirements. A selection of new chairs has now been made available for staff to order on line on the advice of a professional, i.e. occupational health.

Specialist Estates staff complete the required risk assessments associated with the maintenance and operation of the estate i.e. lifts, asbestos, waste, water and electrical works. Overseen by the Director of Estates, appointed authorising engineers and specialist contractors provide external assurance to the Trust. These external specialists also undertake annual audits of the specialist estates functions.

The declared risks are mitigated via the actions of the declared competent person within the Estates function, the "Appointed Persons". In support of this, the Trust invests in specialist training courses for key members of the Estates team, to ensure that individual competencies are maintained. In some situations, the specialist subject is above the competency of internal Trust employees. In this situation, the Trust buys in specialist services in conjunction with the in-house procurement team, against a clear specification.

The Trust has a Risk Management Strategy to support and monitor the management of risks. Each department manages its own risk register and the Risk and Patient safety team oversees the risk registers on a corporate level.

The Health and Safety Committee reviews relevant risks from the Corporate Risk Register at every meeting. The same requirement applies also to its sub-committees

5. INCIDENT REPORTING

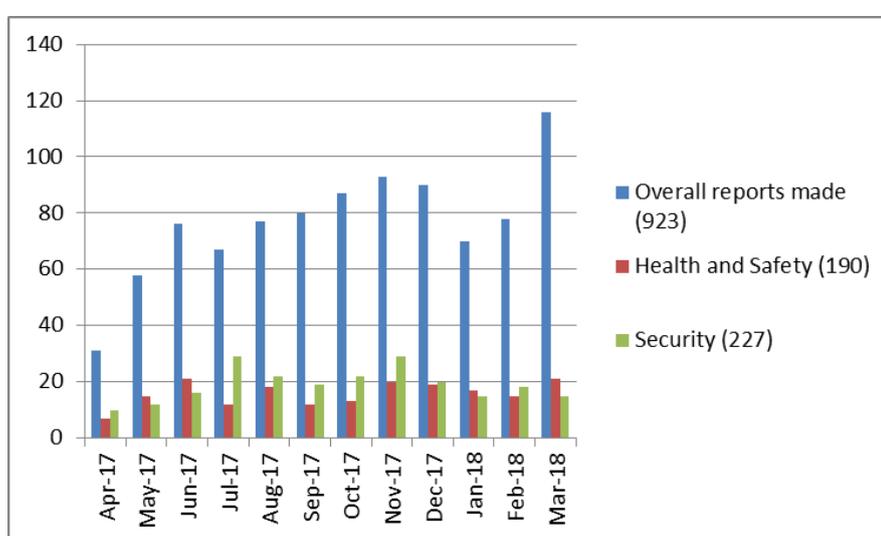
The following data provides a detailed breakdown of the type and cause of health and safety related incidents that have been reported in the financial year under review. For the first time Security data has been included in the Health and Safety annual report.

Of the total number of 923 recorded incidents involving staff for this period, the number of health and safety reports has increased to 417, accounting for 45.1% of all incidents reported. Of the 417, 227 reports related to Security incidents.

Financial Year	Total numbers of involving staff incidents	Total health and safety related incidents excluding Security	Total reports named including Security incidents (227)
2017/2018	923 (26% increase)	190 (17.3% increase)	417
2016/2017	732	162	0
2015/2016	580	151	0

Including the security data, the information review shows that there has been an increase in both reported incidents involving all staff incidents and those related to Health and Safety.

Annual 2017 2018 staff incident report health safety and security submissions by month



Detailed month by month breakdown 2017-2018 including security

Month and Year	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Grand Total
Overall reports made	31	58	76	67	77	80	87	93	90	70	78	116	923
Health and Safety	7	15	21	12	18	12	13	20	19	17	15	21	190
Security	10	12	16	29	22	19	22	29	20	15	18	15	227
													417

Detailed month by month breakdown of 2016-2017 for comparison

Month and Year	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Grand Total
Overall reports made	44	52	55	79	74	83	73	58	57	59	50	48	732
Health and safety	17	12	16	16	14	20	14	15	8	9	8	13	162

A development in managerial reporting awareness from attending the new health and safety-training course is thought to have increased recognition of the need to report incidents. For example, incident reporting is a stated element of the new local induction procedures that all new starters complete with their managers; this induction includes a practical demonstration of the Trust's incident reporting process.

The increase in the reporting of staff health and safety related incident across the year is a positive step which continues to provide the Health and Safety Advisor and Committee with statistical information that can be extrapolated and suitable action plans formulated to address the hazards that are being identified.

However, as can be seen from the difference in relation to the Occupational health attendance information for sharps and body fluid data, incidents not being reported on Ulysses continues to be an area for improvement.

A further breakdown of the most reported causation groups are detailed below.

6. RIDDOR

Under RIDDOR regulations, all work places must record specific accidents, incidents, ill health and certain near miss events. Depending on the severity and nature of the injury, and indeed the party affected, the Trust has a legal duty to report this data to the Health and Safety Executive. This reporting process is undertaken by the Health and Safety Advisor. The RIDDOR reporting requirements are incorporated as an element on the Health and Safety Managers training course.

Eight RIDDOR reportable incidents occurred in 2017/18, five events concerned staff undertaking work activities, three events concerned patients, and other visitors attending the hospital site location. The eight reports represent an even reporting trend for the Trust for the past four years and equates to the levels reported by other acute trusts of a similar size and clinical specialisation.

Year	Numbers of RIDDOR reports made
2017/2018	8
2016/2017	8
2015/2016	6
2014/2015	6

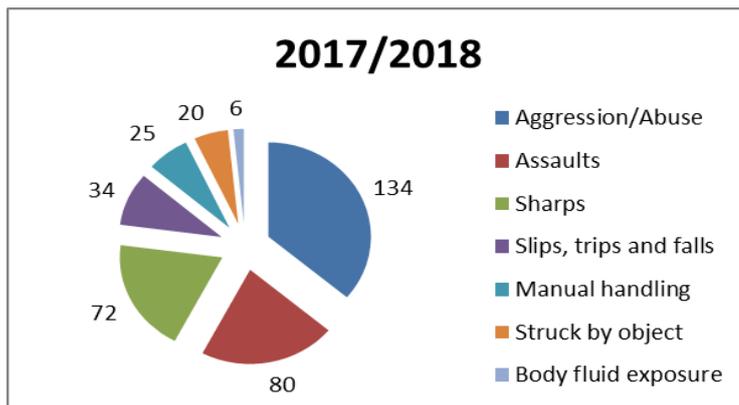
7. STAFF INCIDENT CAUSATION ANALYSIS

With the inclusion of security data, “Aggression and abuse” now becomes the most reported incident, with 134 reports being made, and the most reported cause of incidents. “Assaults”, at 80 incidents, becomes the second most reported cause.

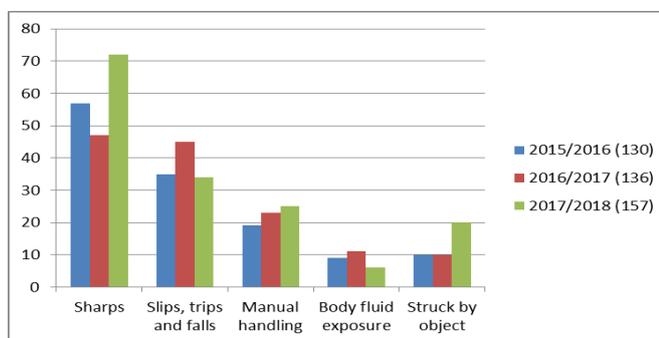
As this is the first inclusion of the security data, it is not possible to review the year on year activity. However, analysis of the previous top five staff hazard grouping with the current data shows that the cause of the incidents has changed from the previous year.

Incident Causation	Trend	%movement
Aggression/Abuse	New	New
Assaults	New	New
Sharps		53.1%
Slips, trips and falls		-24%
Manual handling		8.7%
Body fluid exposure		-45.4%
Struck by object		100%

Principal incident causation groups, which account for 371 of the 417 reports made.



Year on Year principal incident causation comparison data (excluding security reports).

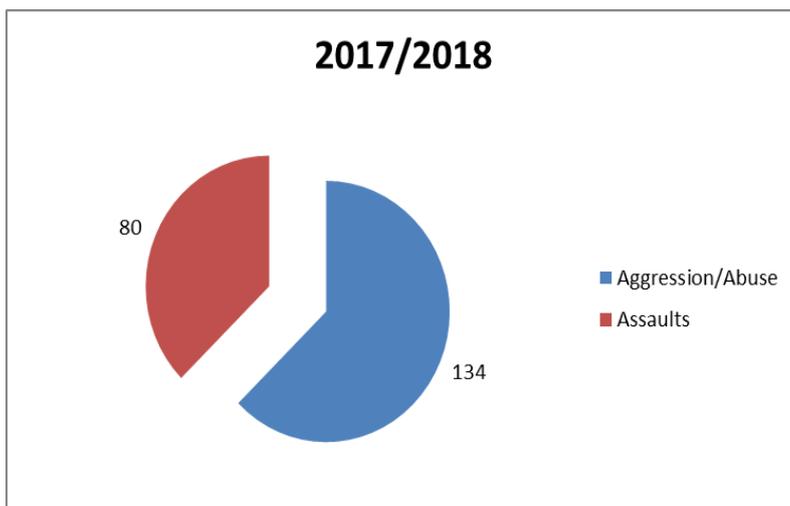


(The total number of principal reports made for each year is shown in brackets)

Principal Incident report trend analysis for 2017/18

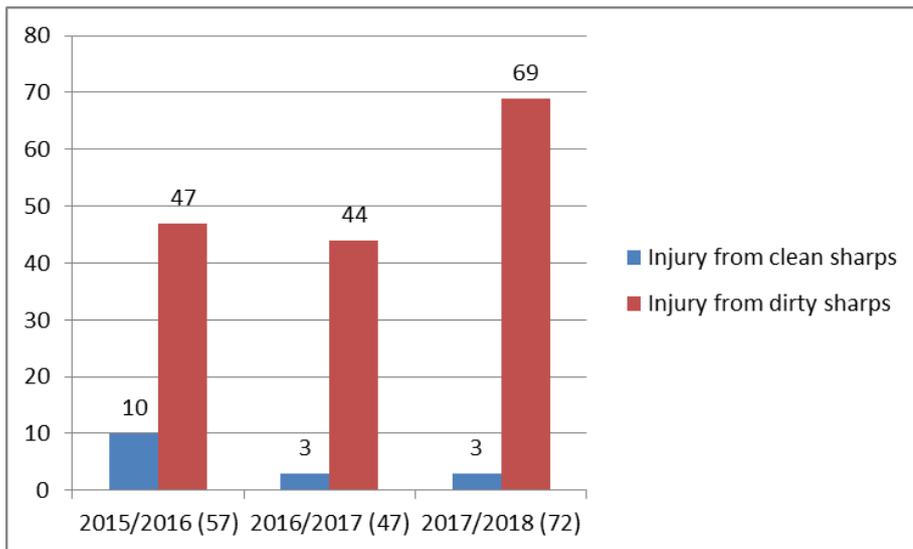
Security

For the first time security data is included in this report going forward.



“Aggression and abuse” and “Assaults” against staff were the lead causes of reports made and account for 214 reports.

Sharps

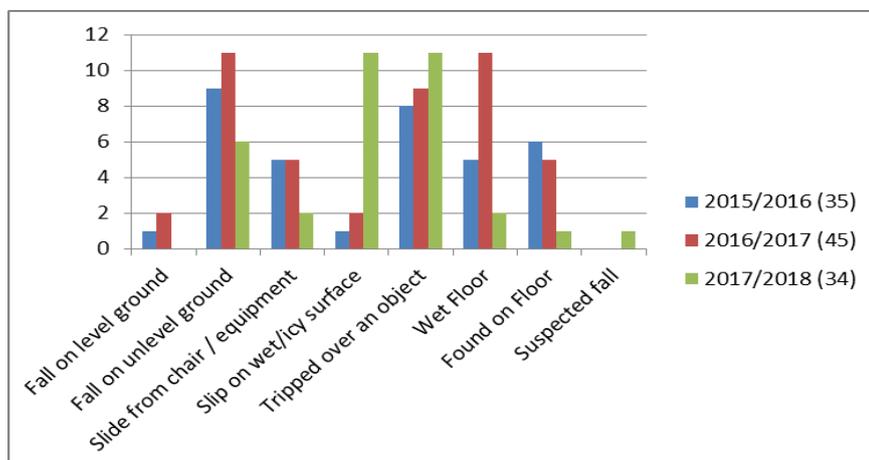


Sharps continue to be a principal cause of staff accidents throughout the Trust, and increased significantly within the Trust in 2017/18. Working with Occupational Health colleagues, the cause of the increase has been identified as increased working pressure on staff causing unintentional unsafe sharps practices. The injuries analysis shows very few common trends, however one occurrence that has been identified is the issue of staff placing dirty sharps into filled sharps bins that have not been closed out.

The Health and Safety (Sharp Instruments in Healthcare) Regulations came into force in May 2013. Compliance with these regulations should have seen injury from sharps hazard reduce from the previous year. Procurement has implemented a phased introduction with safer sharps devices within the Trust.

A reduction in Sharps injuries is now set as a Trust wide Health and Safety multi-disciplinary objective going forward. The Health and Safety Committee will continue to monitor the causes of sharps injuries to identify specific actions needed to reduce the number of sharps injuries in 2018/19.

Slips, Trips and Falls



(The total numbers of reports made each year is shown in brackets)

The data set shows that although there has been a decrease in the numbers of Slip trip and fall events reported, slipping events on wet and icy surfaces and tripping over objects have both increased significantly.

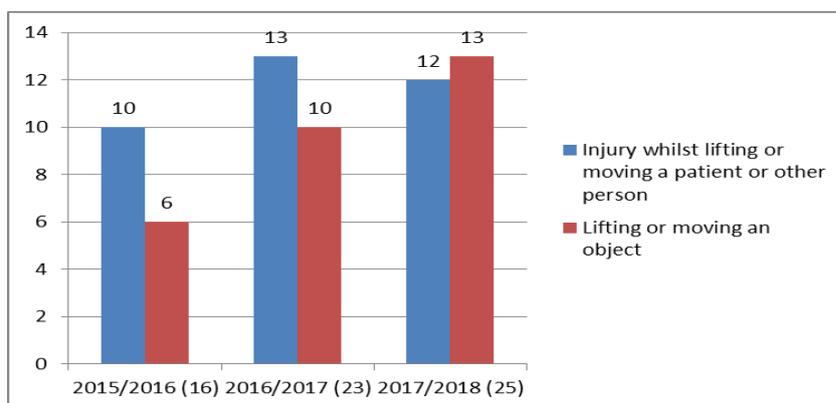
The trend analysis has shown two common causes in relation to wet and icy flooring surfaces.

- Spilt liquids left on common areas, i.e. coffee and tea.
- Ice related incidents occurring between 7am and 8am.

Suitable local action has been taken to resolve the issues.

There are no obvious causes regarding the tripping incidents, however local storage management is a factor. The management of storage is an element of the Health and Safety managers training course and is also detailed in the Health and Safety Managers' handbook.

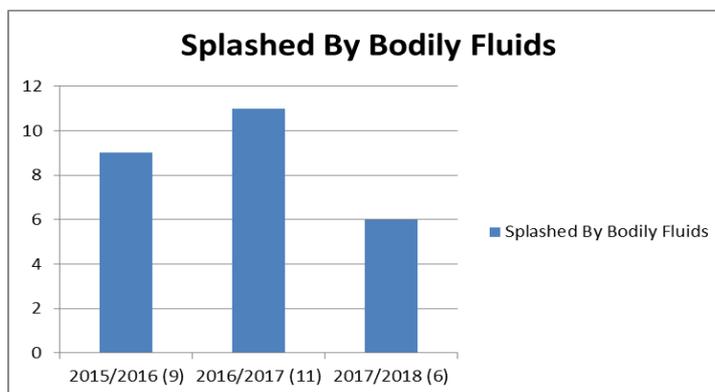
Manual Handling



The number of manual handling incidents has increased slightly on the previous year although the largest number of reports is caused by lifting objects, not moving people, a change from the previous year's reports.

The Lead Manual Handling Advisor was appointed to the Trust in 2017 and has provided mandatory and local training to departments including providing informed advice on the selection of equipment. They audit the high-risk departments to improve manual handling compliance and safety. This additional expertise has supported and strengthened health and safety management in relation to manual handling practices throughout the trust. Joint department reviews have been undertaken by the Health and Safety Advisor and the Lead Manual Handling Advisor.

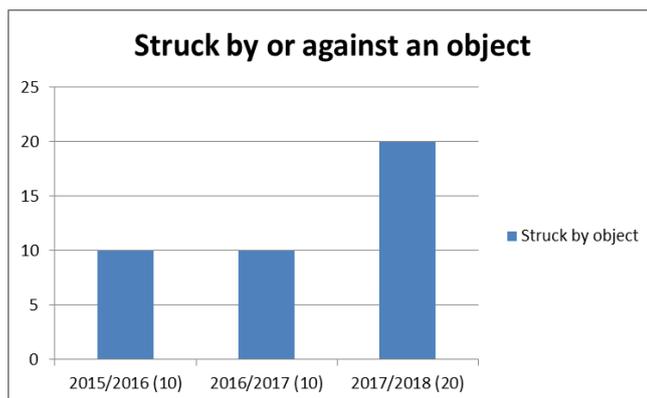
Body Fluid Exposure



(The total numbers of reports made each year is shown in brackets)

The reduction in Body Fluid Exposure incidents is pleasing, having been concern in previous years.

Struck by or against an object



(The total numbers of reports made each year is shown in brackets)

There has been a significant change in the numbers of incidents reported as staff being struck by or against objects. Four general causes of the incidents have been identified:

- Equipment anchor points failing – white boards, shelves, light covers falling.
- Working surfaces being over filled i.e. worktops, medical trolleys with items falling off.
- Staff working on a surface with an open door above them with staff coming in to contact with the edge of the open shelf unit.
- Staff going through a door without realizing that another member of staff is coming though or located just behind the same door causing impact.

Additionally there was one reported incident of a member of medical records staff being trapped in the wracking system when a colleague accidentally closed the filing units.

While it is not possible to predict when equipment anchor points will fail and cause an item to fall and reduce the probability of this incident reoccurring, it is possible to reduce the three staff behaviours causes so that staff are working in a safe manner. The causes of the three staff behaviour related incidents will be referenced in the Health and Safety Managers training course.

8. REPORTS FROM SUB-COMMITTEES OF THE HEALTH AND SAFETY COMMITTEE

A number of health and safety sub-committees routinely report to the Health and Safety Committee, these sub-group are documented below. Each sub-group is responsible for the production and updating of their own policies and terms of reference. These documents are submitted to the Health and Safety Committee for ratification.

Group	Chair	Frequency of Meetings
Decontamination	Elli Demertzi	Bi-monthly
Fire Safety	Richard Evans	Monthly
Laser Protection	Miles Kemsley	Annually
Medical Gas	Judith Foy	Bi-Monthly
Occupational Health	Judith Stallion	Monthly
Radiation Protection	Paul Reid	Annually
Security	Richard Evans	Monthly
Water Safety	Tim Rose	Quarterly
Waste & Sustainability	Paul Graham	Monthly

As a result of an audit recommendation the Decontamination Group will report to the Infection Prevention and Control Committee with effect from 2018/2019.

8.1 Decontamination Group Report

The Decontamination Group continues to meet bi-monthly to discuss matters related to safe decontamination of equipment used in patient care and the development of related policies and procedures as appropriate. The aim of the group is to prevent and control the spread of infectious agents through the provision of sound decontamination principles, consistent with national and international standards, guidelines and professional requirements as well as current best practice and linking together existing inter-related decontamination documents for the safety of staff, patients, visitors and contractors.

The Group's objectives are to:

- ensure decontamination policies and procedures are consistent with all relevant Department of Health (DoH) and CQC standards and guidance on equipment and practice.
- address Trust-wide decontamination issues identified through the risk register process in consultation with Service Line Managers.
- develop, advise on, approve and review CJD and decontamination policies.
- audit the effectiveness of CJD and decontamination policies.
- develop and review incident plans for the hospital as required.
- promote and facilitate training and education of staff in decontamination.
- report to the Health & Safety Committee
- meet corporate, legal, professional and clinical standards.
- minimise risk
- engender safe systems of work.

The membership of the Decontamination Group includes the Trust Infection Control doctor / consultant, the Sterile Services manager, Clinical Nurse Specialist - Infection Prevention and Control / Decontamination Lead, Estates representatives and representatives from the various theatres as applicable.

Decontamination practices are continually audited within the organisation on a rolling basis.

8.2 Fire Safety Group

The Fire Safety Group meets monthly and is responsible for the review of all fire safety matters within the Trust. The Group'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 Group provides reports to the Health & Safety Committee.

The objectives of the Fire Safety Group are:

- To introduce, develop and monitor fire safety rules and safe systems of work.
- To monitor and review unwanted Fire Signals within the Trust in accordance with the Health Technical Memorandum: 05 suite of guidance documents (and/or any revisions to these documents).
- To analyse and act on information and reports provided by enforcing authority inspectors and action 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 & Procedures.
- To provide a forum for staff to raise concerns regarding fire safety.
- To provide the Health & Safety Committee with assurances regarding the fire safety for staff and other users, escalating appropriate actions as necessary.

Remedial Fire Works & Upgrades

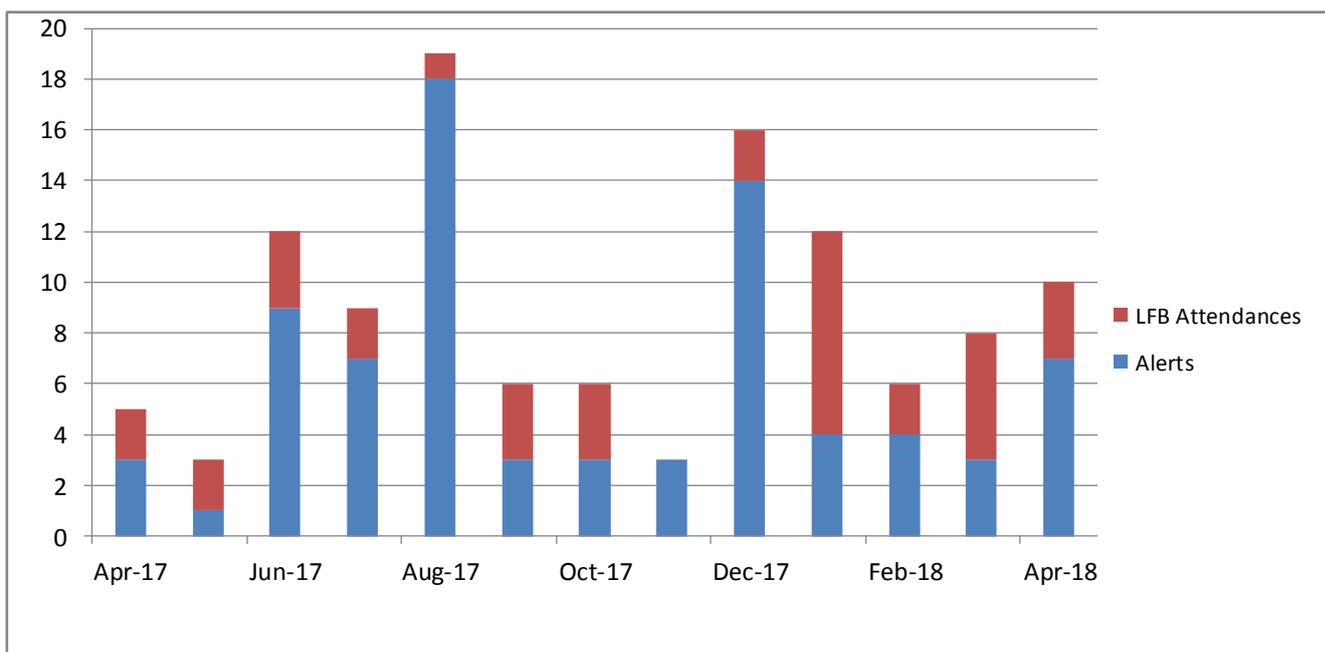
The work to rectify the identified deficiencies in the fire compartments on site has continued with the tendering exercise for the remaining packages of work well under way. Work to improve the landings and replace the doors onto the wards has been largely completed. Unfortunately the proposed locking systems have not delivered the expected performance and have compromised the effectiveness of the doors. The Capital Projects team is working to resolve this issue with the contractors and a solution has been put in place.

In conjunction with the Esher Wing work, upgrades to the Fire Alarm system in Maternity and Bernard Meade Wing have been completed and the new system was commissioned and accepted in Maternity/Day Surgery Unit and Bernard Meade. The new fire panels have been installed in all buildings and are interconnected with the communication centre main panel. Although Davies Wood House has a new panel, the existing fire alarm is a manual type and is still local to the building. This means that until the fire alarm system is upgraded locally, staff are required to manually activate the local alarm and dial the Trust emergency number in event of fire.

The fire alarm in Esher Wing has being upgraded with works done to verify the correct locations and zones and fire interfaces identified in the new addressable fire panel within the building.

The Trust has met with London Fire Brigade (LFB) to discuss the progress we have made and to ensure they are kept abreast of our current position. The LFB will continue to monitor progress the Trust until such time as they are able to alter their heightened attendance to the standard response.

KPI's - Fire Alarm Activations & Attendances



The total number of fire alarm activations during 2017/18 was **72**, with LFB attending on **33** occasions. These attendances were due to the enhanced safety measures in place while remedial works are carried out to the fire compartmentation.

There have been no fire incidents (sustained combustion) during this reporting period. The last reported fire incident was 23.02.2017

Mandatory Fire Training

At the end of March 2018 the Mandatory Fire Training attendance rate for the Trust was **73%**. The Education department has undertaken work to improve data recording as it was identified that training attendance was not being accurately recorded.

Fire Warden Training is a point of focus for all departments to ensure that there are adequate numbers of trained fire wardens on duty at any one time and ensuring cover is provided during leave of absence. Upon notification of nominated staff, fire warden training is scheduled by the Fire Safety Advisor. Following a revised presentation, each candidate receives a new handout guide.

ISS Training

ISS have continued their programme of staff training and their compliance was 82%, above their 75% compliance requirement

Evacuation Aids

The new evacuation sheets have been distributed across the Trust site. A number of replacement requests have been made due to damages caused by improper use and retraining of staff has been recommended in areas identified. Currently auditing of ski-sheets is carried out in conjunction with the monthly mattress audit.

Fire Risk Assessments (FRA's)

The Trust is rapidly working through any outstanding Fire Risk Assessments. This provides additional assurance as to the state of local preparedness and has flagged where further support is needed. Follow up meetings are arranged with the responsible persons to audit and assist with progress.

The control spread sheet indicates a total of 84 Fire Risk Assessments of which 92% (77) are compliant and 8% (7) due.

Actions arising from FRA's (Significant Findings)

A monthly RAG (Red, Amber, and Green) spreadsheet is now used at the Fire Safety Group which indicates the outstanding actions arising and the actions that have been completed and signed off by department managers. The Fire Safety Advisor has been providing assistance to managers where required in reporting actions to help desk and signing off completed actions.

8.3 Laser Protection Group

The Laser Protection Group meets annually to review current working practices, staff training, and service contracts. It also reviews equipment, examines and acts on changes in legislation and any reported incidents.

To date there have been no incidents in the use of lasers within Kingston Hospital.

The Trust's appointed Laser Protection Advisor from the radiological protection centre (RPC) carries out an annual safety inspection.

There are 3 areas inspected by the RPC; Day Surgery Unit, Royal Eye Unit and Main Theatres. The Laser Group have initiated a more comprehensive on-site training programme with St. George's RPC which is held when needed to increase the number of staff who are competent to managing the growing service. It should be noted that the Group oversee the implementation of new procedure trials in collaboration with the Procurement team, to ensure a robust approach to new procedure initiation.

8.4 Medical Gases Group

The Medical Gas Group (MGG) provides oversight and support for the safe management and use of medical gas cylinders and the medical gas pipeline system. The membership is multi-disciplinary including members of the Estates, Pharmacy, ISS, clinical engineering, nursing and medical staff. The multidisciplinary nature of the group ensures clinical and health and safety risks associated with medical gases are recognised, documented and action taken to minimise them. The group is guided by legislation, guidance and relevant standards and the Medical Gases Health Technical Memorandum 02-01: Medical gas pipeline systems.

The Medical Gas Group receives reports from Pharmacy and Estates and reports to the Health & Safety Committee. A total of six meetings took place during the year with a number of informal groups meeting to manage the actions associated with the MGG.

The Medical Gas Operational Policy is now undergoing a scheduled review and an updated copy will be available on the Intranet. Following on from the identification of medical gas training needs, relevant training is scheduled to be provided to Designated Medical and Nursing Officers in 2018 in line with guidance in HTM02-01. This will support Major Incident planning for responding to serious incidents including responding

to the need to isolate the oxygen supply in case of emergency (fire or damage to pipework etc.).

A medical gas pipeline audit took place in Nov/Dec 2017 with a review of the actions required from the audit is in progress.

ACTION PLAN
 PRIORITY 1 - IMMEDIATE ACTION
 PRIORITY 2 - ACTION BY AN AGREED DATE
 PRIORITY 3 - ACTION BY THE NEXT AUDIT

Action Number	Date Raised	Action Required	Priority	Person Responsible	Target Date	Completion Date
1.	20 November 2017	CAP to ensure that all existing schematics drawings are validated and corrected, a bid should be put forward to enable the site to produce a full set of as fitted drawings as required in HTM02-01	3			
2.	20 November 2017	AP to request copies of medical gas contractors ISO registration	3	AP	Next Audit	
3.	20 November 2017	Rams not provided for medical gases works	2	CAP Projects	Within 6 months	
4.	20 November 2017	The AP is to request via MGC evidence of all personnel that are handling and moving cylinders	3	CAP & MGC	Next Audit	
5.	01 January 0001	AP to ensure that all CP training records are available in the site register	3	AP	Next Audit	
6.	20 November 2017	CAP to either get equipment calibrated or have it marked as "Indicative use only"	3	CAP	Next audit	
7.	21 November 2016	AP to ensure that all old archived PTW books are numbered and held securely	3			
8.	21 November 2016	CAP to undertake a contract review with the supplier to agree the detail of service reports required.	3	CAP	Next Audit	
9.	21 November 2016	CAP to ensure that all vessels are in date and on current WSE scheme	2	CAP or person responsible for Pressure systems	Within 6 months	
10.	20 November 2017	CAP to ensure that a schedule of PRS are available indicating location and age of units	3	CAP	Next Audit	
11.	20 November 2017	CAP to ensure that a schedule of PSV is made available to include adage, location and size	3	CAP	Next Audit	
12.	20 November 2017	CAP to ensure that a rolling program is in place for PSV replacement	3	CAP	Next Audit	
13.	21 November 2016	CAP to ensure a schedule is produces identifying age, location and length of medical hoses fitted in fixed equipment	3	CAP	Next Audit	

The Trust has declared compliance to the Patient Safety Alert- NHS/PSA/D/2016/009 which relates to the potential for tubing from face masks to be attached to either the Medical Air or Oxygen outlets. To ensure that connection is made to the correct gas outlet the following has been carried out

- Removal of Medical Air flow meters from wall outlets when not in use
- Labelled flaps over Medical Air flow meters to identify them clearly
- Fitting of caps on outlets that are no longer required.
- Raise awareness with clinical staff of the risks of administering air instead of oxygen

These actions were confirmed as complete, audited and the Trust reported compliance with the alert. The risk of administering air instead of oxygen via a wall supply is now classified as a never event following the publication of this alert.

A further alert was received regarding the safe operation of CD oxygen cylinders. This was cascaded though the clinical services with posters highlighting the issues that had been identified in the alert.

Planned development of facilities 2018/19

- New points of use, area valve service unit and alarms installed in A&E (Resus, Majors & UTC).
- The replacement medical air plant in Esher wing is supplying the whole site, with the existing Bernard Meade Wing plant backing this up. We need to look at increasing the capacity to this plant for better resilience.

- Future plans include relocation of the VIE (oxygen) plant.
- We will look at replacing the Vacuum plant in Esher wing and Maternity within the next 3 years. Possibly linking the two systems.

8.5 Occupational Health and Wellbeing

New referrals to Occupational Health

466 Trust staff were referred to Occupational Health by their manager for health assessments and advice on fitness for work. 200 trust staff self-referred to our team for support with problems impacting on their health.

246 of the Trust referrals were due to musculoskeletal pain and 148 were due to psychological ill health including stress, depression and other mental health problems. The remaining referrals were due to other health problems such as post-operative recovery following surgery, pregnancy related problems and chronic health conditions i.e. cancer.

The OH team are contracted to provide support to OH service to external organisations; a total of 590 staff were seen from these contracts.

Stress Management

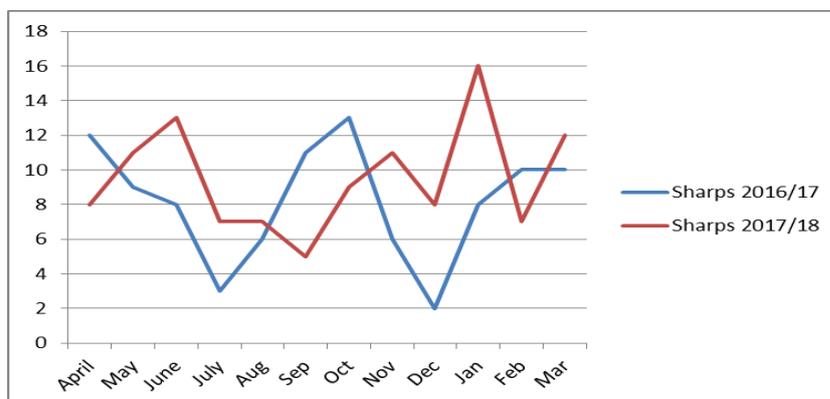
During the last year stress issues remain constant. Following a referral attributed to work stress managers are advised to complete an individual work and personal stress risk assessment with the employee in line with the current Trust Managing Work Stress Policy. OH report stress figures into the Health & Safety Committee.

Physiotherapy referrals

The Trust provides an in-house fast track referral system to physiotherapy and 125 of those seen in Occupational Health & Wellbeing with musculoskeletal pain were referred on for treatment by the physiotherapists.

Inoculation Injuries

114 sharp & 19 splash injuries were recorded compared to 98 sharps & 22 splash injuries during the previous year. (Please note that the difference in sharps and body fluid reports on Ulysses as compared with sharps and body fluid injuries seen in the department is thought to have been caused as a result of underreporting of these two types of accident cause.) Accurately reporting incidents allows the Trust to identify and reduce risk in the workplace and is an incredibly important aspect to employee safety. There was a rise in sharps injuries during January 2018, which may be explained by the increased volume of patients seen during that month and the increased additional work load on staff.



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

Staffing

There have been changes within the OH team in the last year, including the Head of OH & Wellbeing. The OH team currently consists of a Lead OH Nurse, an Admin Coordinator, a Senior Occupational Health Advisor **and** an OH Consultant.

Wellbeing

The Trust continues to make great progress in implementing initiatives to improve the health and wellbeing of staff. This work is overseen by the Health and Wellbeing Steering Group chaired by the Chairman.

A highlight of this work last year was the Wellbeing Conference in October 2017 with Alistair Campbell as the keynote speaker. The conference was very well received by all those who attended.

The newly appointed Wellbeing Team, consisting of a Staff Chaplain, a Yoga Teacher and a Staff Physiotherapist is working on ways of supporting staff to remain well at work.

The Trust recognises that keeping active is a great way to improve wellbeing and better manage stress experienced by individuals. The various offerings are intended to positively impact on the number of staff experiencing work related stress as reported in the staff survey results. The programme includes:

The Virgin Global Challenge was run during the summer of 2017 to encourage staff to improve their general fitness. This is being repeated in 2018 with the **70 day Health and Wellbeing Challenge** for staff to celebrate the NHS's 70th Anniversary. There are 70 ideas (a challenge for each day) for staff to challenge themselves, looking at all aspects of their health and wellbeing, mind, body and spirit.

The Wellbeing team provide several free weekly classes for Trust staff including:

- Circuit Training
- Pilates
- Bespoke Team sessions in any department with a Specialist Health & Wellbeing Physiotherapist – anything from 'desk exercises', to posture while lifting or completing a work task, to injury prevention and strengthening exercises.
- Yoga classes with a Yoga and Wellbeing Practitioner.
- Team sessions with Yoga and Wellbeing Practitioner exploring subjects like basic, practical mind-body truths and how to put them into action; improving mind-body interactions with patients, clients, friends, and family and gaining practical strategies to integrate these truths into the work day.

More recent work has been in the area of raising awareness and access to support for staff with mental health issues:

- The Mental Health First Aid (MHFA) Instructor training has now taken place. The in-house Trainers will be rolling out the MHFA training throughout 2018.
- The Trust's Employee Assistance Programme (EAP) remains a valuable benefit for staff and the team would like to see an increase in the number of staff accessing this resource.
- The Time to Change pledge has resulted in the introduction of initiatives that help break down the stigma of mental health. 20 Time to Change Champions have been trained across the Trust to help support the Time to change campaign.
- The Time to Talk Day was on 1st February 2018. Staff were encouraged to take part in the 'Elephant in the Room' activity, writing how they really feel and/or what stops them from talking about mental health on a post-it and sticking it up on the elephant. This was intended to get a 'temperature check' on mental health amongst staff. 1:1 Time to Talk sessions are also available for all staff.

- An external training facilitator from Macmillan Cancer Support delivered training on Emotional Resilience in January 2018 for staff to experiment with a range of approaches and techniques for enhancing their wellbeing and developing resilience.

8.6 Radiation Protection Group

The overall management of radiation protection remains excellent. The Ionising Radiation (Medical Exposure) Regulations IR(ME)R2017 procedures cover relevant areas and will undergo a full review following the implementation of the IR(ME)R2017 legislation (and associated guidance). The overall management of radiation protection will also be reviewed following the implementation of the Ionising Radiations Regulations 2017 and associated Approved Code of Practice.

The Radiology department is presently undergoing a complete refurbishment involving replacement of the majority of X-ray equipment. The imaging protocols, training records, etc. will be reviewed and revised as necessary following the installation of the new imaging equipment. A full Radiation Protection Adviser's audit will be performed once the installation programme is complete.

8.7 Security Group

The Security Group continues to meet monthly to review security incidents across the Trust and provide a forum for liaison with outside agencies which directly affect the security procedures on site. The nursing representation on the group has been much improved in 2017/18 as well as partners from Mental Health and the Police continuing to provide input and support. The Group has monitored the levels of assaults, thefts and missing persons reported through the year; these broadly remain within expected parameters and police presence on the Group has allowed us to address areas of concern, particularly in relation to the correct management of high risk or sectioned individuals and preventing them from absconding.

In late 2017 a number of motorbike users at the Trust unfortunately suffered from a spate of thefts. This resulted in a significant number of motorbikes being stolen. The police were very active in trying to address this and identified the likely perpetrators as an organised gang operating in the area. The Trust provided CCTV to assist and staff showed increased vigilance in reporting suspicious behaviour; the thefts ceased in November.

There are four key areas which will be looked at in the coming year to manage and mitigate potential risks:

- Addressing high risk patients absconding (with a particular focus on the correct usage of access control)
- Assessments of staff training levels to assist in the management of challenging patients.
- Correct reporting of incidents and capturing of relevant information
- Consolidation/upgrading of the CCTV on site

The identified risks are part of an ongoing focus on these areas. Improvements have been made in each of these areas during the last year and there has been an improvement in support from the Trust. Scheduled meetings between the Security Management Director and Local Security Management Specialist have helped to facilitate this. A review of security related risks remains a standing item within the Security Group to ensure good oversight of the issues and any new risks raised.

Abducting Patients (Correct Use of Access Control)

The Trust has increased the coverage of its access control systems, particularly within Esher Wing, as well as within the new Urgent Treatment Centre and areas of Outpatients. The disabling of access control continues to be a challenge with some staff not realising the impact and potential risks of doing this. Audits have been carried out and with the support of the senior leaders in the Nursing Directorate and Matrons there has been significant improvement in many areas.

Areas of non-compliance have been highlighted with local managers shown examples of access control being disabled by staff; the importance of correct access control requirements being stipulated on ID Card Request Forms and reminders sent out by global e-mail.

The Trust continues to monitor the incidents of abducting patients through the Security Group and works to address those most at risk. Incidents of particular concern are escalated through to senior clinical staff in those areas. The Police continue to work with the Trust to try to minimise these as well as improve procedures for reporting to maximise their chances of locating the individuals in a timely fashion.

Staff Training for Management of Challenging Patients

The Security Group has discussed a number of potential options to assist staff in these situations. The Trust has previously identified realistic solutions to try to ensure that we have the appropriately trained staff for these patients.

- Additional training to be delivered to certain staff in each ward area (increased levels within high risk areas) to ensure staff are trained in basic restraint training, advanced conflict management and self-defence.
- A central group of staff to be trained (as above) and then deployed to the relevant wards to provide one to one care for identified challenging patients
- Setting up a registered group of nurses (via Bank Partners) trained to manage challenging patients and utilise these, as opposed to generic agency staff, to assist with identified patients.
- An enhanced security service (through ISS), with officers available to be deployed to provide ongoing support in the management of challenging patients while they are housed within the wards

Over the last year the Trust has gathered increasingly valuable information with the assistance of staff and studied a number of incidents to better understand the challenges the ward face and how they can look to address these. The Security Group will be making recommendations to the Health & Safety Committee and through the Nursing Directorate to allow for a decision to be made on the approach to be taken.

Failure to Report Incidents

The failure of Trust staff to report incidents in the security field leads to a significant "hidden" risk as matters of violence and aggression, abuse and missing persons are not appropriately followed up on. This leads to both staff not receiving support and the individuals concerned not receiving the appropriate behavioural management or sanctions. While there has been an improvement in reporting, and thus the Trust's ability to respond, particularly in the areas of abuse/aggression, improvements in other areas has been less pronounced. Under reporting is still routinely discovered particularly as regards missing patients.

The Trust continues to support and educate staff in a number of forums to help ensure staff are aware of the importance of reporting and the risks that we face if we do not do so correctly.

- Importance of incident reporting and examples of why highlighted at Induction training for all staff.
- Importance of incident reporting highlighted during mandatory Conflict Resolution Training (both full and refresher courses)
- Highlighting of un-reported incidents to relevant wards/departments.

Consolidation/Upgrade of CCTV

The Trust has started the process of upgrading its CCTV with improvements made in key areas and the coverage reviewed. A business case will be submitted in Q2 of 2018/9 to facilitate the change from the obsolete and aging analogue system to a more appropriate digital system.

The inclusion of the relevant CCTV systems in Capital Projects has assisted in modernising elements of the system and the early consulting with the Local Security Management Specialist has proved very successful in ensuring these are not overlooked.

The Security Group will report to the Health & Safety Committee and continue to highlight areas of concern, and request assistance when required.

8.8 Water Group

The remit of this group is to cover all aspects of water safety. The Group continues to warrant the Trust is meeting its compliance requirements as defined in Healthcare Technical memorandum (HTM) Approved Code of Practice (ACoP) L8 and the Control of Substances Hazardous to Health (COSHH)

Legionella:

As recommended in Healthcare Technical Memorandum (HTM) 04 areas identified as high risk by the infection control department (Intensive Care ward, Neo Natal nursery) have water samples analysed quarterly routinely. Other areas are tested as necessary, usually following an inspection as part of the planned performance monitoring of the water systems.

In 2017-18 water samples from locations across the Hospital were analysed on over forty occasions. 250 samples were taken, the test results found less than 4% positive, showing bacteria growth rate is managed and controlled.

The Trust uses temperature control and regular use or flushing as a successful method of maintaining a healthy water system.

The last legionella risk assessment was carried out in May 2016 (this is done bi-annually and the next assessment has been commissioned for May/June 2018). This risk assessment is carried out by external consultants and the risk assessment provides assurance of the Trust water management.

A specialist water quality contractor carries out monthly (phased around the site) compliance checks, Thermostatic Control Valves testing, Temperature readings and thermostatic mixing valve checks. These external testing results have provided a listing of works which the Trust is currently undertaking. New staffing resources have been deployed to ensure that all of these works are completed. The works are on schedule to be completed by Sept 2018

Activities:

The Trust has committed resources (funds and staff) to renewing the water system infrastructure across the site. For example the Esher wing pipework is now almost

completely copper following a project to replace the 40 year old steel installation. The works are on target to be completed within the next 12 months.

Phase one of the replacements of Outpatient Department pipework is complete with new copper system installed around the roof and new steam powered plate heat exchangers. Various ongoing projects have been and will be connected to the new pipes. The project will take at least another 3 years to complete. The works ensure that no old steel pipework will be connected to the new copper system.

The Trust is also in the process of replacing the old main non-compliant water tanks. Unfortunately due to operational reasons the old tanks could not be updated. We are reducing the capacity in line with current requirements of 12 hours of storage.

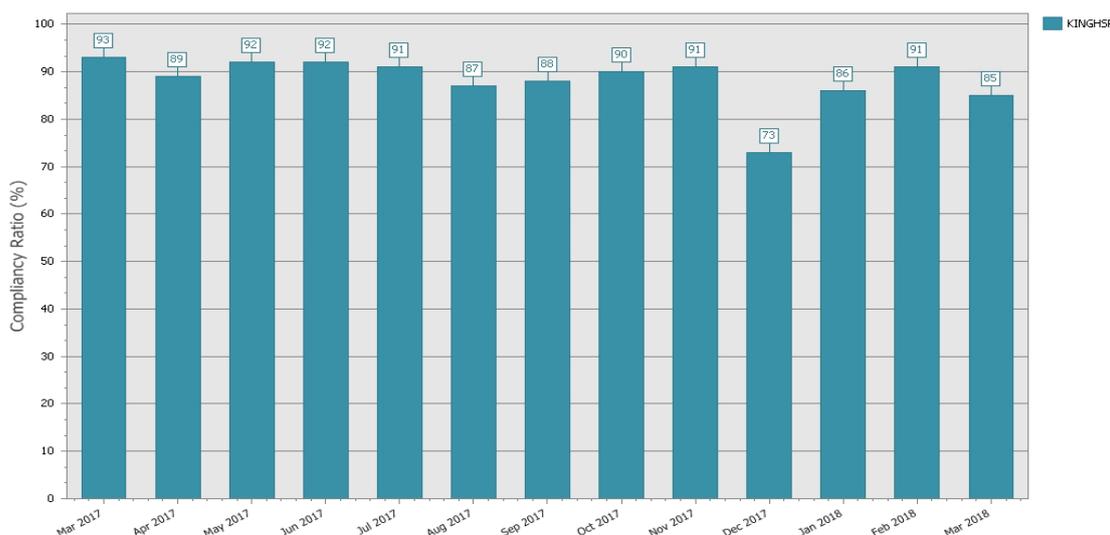
A new Hot Water Supply boiler is being installed in the nursery building.

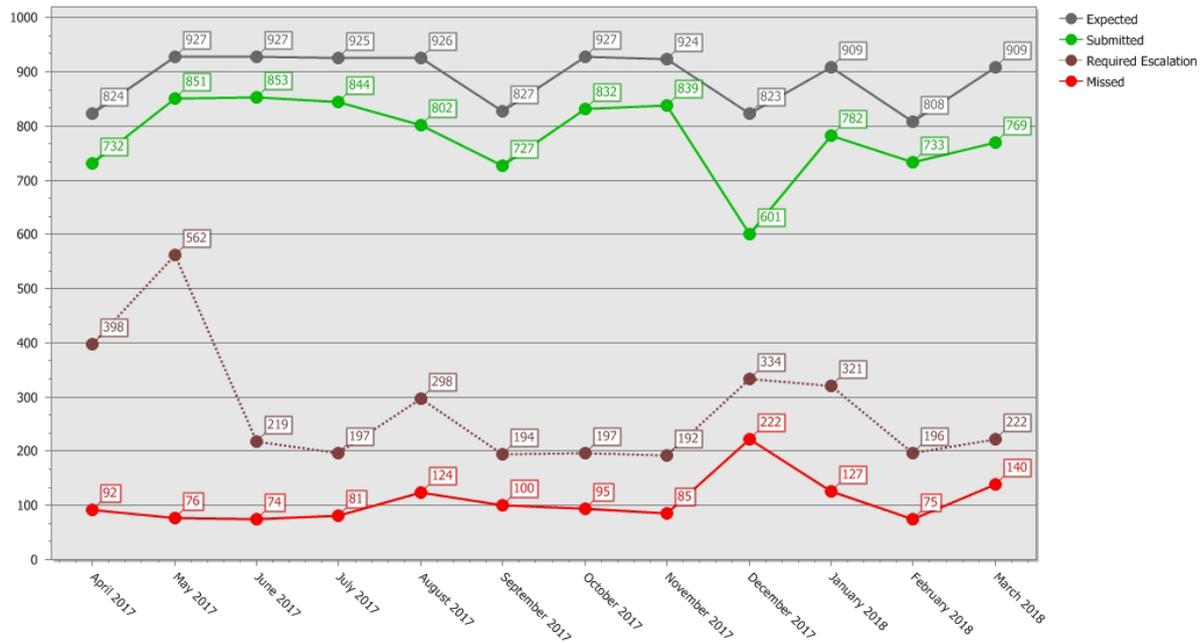
The Trust aims to start monitoring sentinel water temperatures within the Hospital site with the Building Management System; this will give us continuous live data and early warning of system problems.

L 8 Guard

Risk assessing & flushing of low use water outlets.

Due to the inconsistency of the flushing of low use water outlets and the risks associated, the Trust uses an electronic reporting system called L8guard. The Trust has a named reliable person in each department who will assess if any of the water outlets in that area have not been used for 3 or more consecutive days. If the outlets have not been used then the outlets need to be run / flushed for three minutes. The nominated person undertakes this responsibility ensuring that the flushing has taken place and that it is reported. A second more senior manager monitors the responses to escalate to if the flushing report is not made. The Estates department receives Nil-no low use outlet returns as well so assurance can be given that all areas are 100% covered. This reporting is carried out in accordance with Department of Health guidelines (HTM 04-01 and ACOP L8) that a low-use water outlet risk assessment must be recorded at least twice a week even if no flushing is required. As a Trust our compliance is good, often over 90%, and the testing is in line with the stated reporting requirements.





Following the departure of the Authorised person for water safety the Trust is currently working towards recruiting and training a replacement. A local specialist in the field of Water Safety has been appointed in the interim. The interim specialist has audited the Trusts policy and procedures and reflects what is planned and done to maintain water safety and quality. The 'written scheme' has been reviewed as a guide for the Trust to follow to manage its water systems safely.

4. Written Scheme

Task	By Whom	Frequency
Hot Water circulation pumps (Duty & Standby)	BMS	Weekly
Cold water booster pumps	BMS	Weekly
Sentinels (Hot)	Contractor (Advance)	Monthly
Sentinels (Cold)	Contractor (Advance)	Monthly
Calorifier Temperatures (Flow & Return)	BMS Contractor	Continuous / Alarms Monthly
Calorifier Drains	Contractor	6 Monthly
Shower head descale	Contractor	Quarterly
TMV	Contractor	6 Monthly (Check & Service)
Storage Tank - Temperatures	Contractor	6 Monthly
Storage Tank - Inspections	Contractor	Annually
Chlorine Dioxide	NONE	NONE
Copper Silver	NONE	NONE
Low Use Outlet	Local Users – Via L8 Guard	Twice Weekly
Augmented Ward Outlets	Local Users – Via L8 Guard	Daily
AHU / ACU	Estates	3 Monthly

An independent reviewer has reported that these actions were being undertaken.

Pseudomonas Aeruginosa

Following a pseudomonas outbreak in Ireland the HSE revised their advice to duty holders. The recommendation for bi-annual checks in high risk areas was instigated.

Daily flushing of the augmented care areas on the L8Guard system is recorded to ensure compliance. This is well adhered to and usually 100%

Summary

The low incidence of bacterial growth and high compliance percentages show the staff at Kingston Hospital NHS FT take water safety management seriously.

The Hospital has an age profile of buildings of all types and conditions. Many are due major refurbishment and the problems this creates are reflected in the water management plan. Temperature control is our major defence against legionella bacteria.

8.9 Waste & Sustainability Report

In 2017/18 the Trust produced 1,227 tonnes of waste. 19.2% of this was recycled, 79% incinerated with energy recovery and 1.8% was sent to landfill.

The Dangerous Goods Safety Advisor noted that site compliance with specialist waste segregation at the point of use has improved. The process of consolidating the external waste holding areas has started. Waste awareness on site has improved through the "Waste of the Week" campaign and launch of new reference materials.

The risk posed by the position and accessibility of the external waste holding areas is being reviewed jointly with the Fire Safety Advisor. The condition of the Waste Transfer Station has deteriorated. Segregation of clinical wastes at the point of collection remains poor.

In 2018/19, we plan to recommend improvements to the positioning and standard of the external waste holding areas improve the condition of the Transfer Station and improve staff awareness and compliance at the bulk collection points.

The Trust Waste Management Policy was ratified in June 2016 and is next due for review in January 2019.

The aims of the Policy are:

- To ensure the Trust is compliant with environmental and waste legislation.
- To manage waste effectively according to best practice in an environmentally benign manner.
- To manage risks from waste by continuously seeking to improve the effectiveness and quality of services.

Planning Process

Waste Management services are managed jointly by the Estates & Facilities Directorate and our partners Prime & ISS. The services are monitored by an externally appointed Dangerous Goods Safety Advisor. Planning and monitoring are governed by the Waste Management Committee which reports to the Health & Safety Committee every 6 months.

Action Plan:

Risk 1: External Waste storage project to redevelop external waste storage across the site in the next 12-24 months.

Risk 2: Overpayment for poor segregation to targeted staff behaviour change programme. General waste awareness training for all staff.

Risk 3: Health & Safety of Staff in Transfer Station. Include improvement works to Transfer Station in the Energy Centre Water Tank project 2018-19.

Measuring Performance Against Policy Aims

Accidents, Incidents and Near Misses:

One incident was reported this year. A cart collided with a pedestrian whilst it was being towed around site. The pedestrian was bruised but not seriously injured. The matter has been investigated and re-training in cart transportation safety has been implemented with the whole ISS waste team.

In addition, a new process to review sharps incidents has been implemented. The Trust Waste Manager will now review the log prior to each Health & Safety Committee Meeting to follow up on any avoidable incidents resulting from poor waste practice.

Compliance

Compliance is monitored according to our Duty of Care obligations and the Carriage of Dangerous Goods Regulations as a waste producer.

Duty of Care:

Below is a summary of our monitoring methods and performance against the requirements of the Duty of Care regarding waste management.

Requirement	Monitoring Method	Current Performance	RAG
Prevent any contravention by any other person of s33 of the Environmental Protection Act 1990 (i.e. only send waste to a permitted site).	Copies of waste permits are sourced from the public register and kept by the Waste Manager.	All disposal sites hold appropriate permits.	Green
Ensure the site is compliant with their permit.	Trust representative carries out site audits for disposal sites and materials facilities. (Annually for hazardous waste sites, bi-annually for non-hazardous).	Audits have been completed on all disposal sites receiving hazardous waste and relevant sites receiving non-hazardous waste.	Green
Prevent the escape of waste from his control of that of any other person.	Disposal sites and materials facilities are monitored as part of the site audits. Local auditing is carried out on the Trust site.	Disposal site audits raised no concerns regarding escape of waste. Local audits have raised concerns regarding the accessibility of waste holds.	Amber
Transfer only to an 'authorised person' (i.e. a registered waste carrier)	Copies of waste carrier registration documents are kept by the Waste Manager.	All waste carriers are registered.	Green

Requirement	Monitoring Method	Current Performance	RAG
Ensure an adequate written description is passed on whenever waste is transferred (i.e. a transfer document / consignment note - which must include a Waste Hierarchy applied statement and correct coding according to the European Waste Catalogue)	<p>Inspection of records by the Trust appointed Dangerous Goods Safety Advisor (DGSA).</p> <p>Consignment notes must be retained for 3 years.</p> <p>Transfer notes must be retained for 1 year.</p>	The DGSA was satisfied with records checked in 2017/18.	Green

Carriage of Dangerous Goods:

An independent Dangerous Goods Safety Adviser (DGSA) has been appointed by Kingston Hospital NHS Foundation Trust to provide this service for its Hospital site.

A legal requirement of a DGSA is to prepare an annual report for the Trust's management on the undertakings relating to the carriage of dangerous goods as part of the Trust's activities. The Trust is required to preserve annual reports for five years and to make them available to the national authorities at their request.

The latest annual report was produced in December 2017. Below is an extract from the Management Summary (page 7 of the report)

"In 2017 the Trust has complied with its statutory duties as consignor under current legislation and is dedicated to ensuring ongoing compliance as legislation updates (i.e. ADR)."

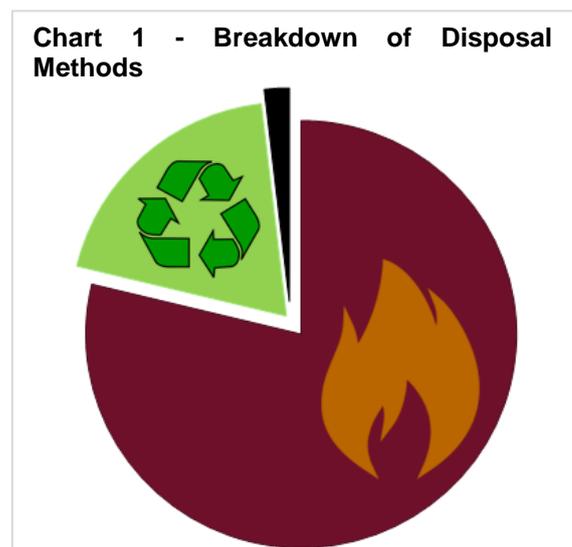
Best Practice

98.2% of the waste produced by the Trust is either recycled or processed for energy recovery with only 1.8% being sent to landfill (see Chart 1).

Dump the Junk events were carried out three times this year, yielding approximately 10 tonnes of waste material which was then sent for recycling. We plan to continue this campaign.

This year the Trust has introduced an informal furniture storage facility within the Main Stores Block. This has seen numerous items de-deployed across the site. The Trust is also trailing an office chair refurbishment scheme.

Kingston Hospital participated in the Blackmore Ricotech IT Waste Electrical and Electronic Equipment (WEEE) reuse programme during 2017 and saved 1,205 kg of carbon emissions by up-cycling 6,025 kg of IT WEEE for reuse before destructive material recovery.

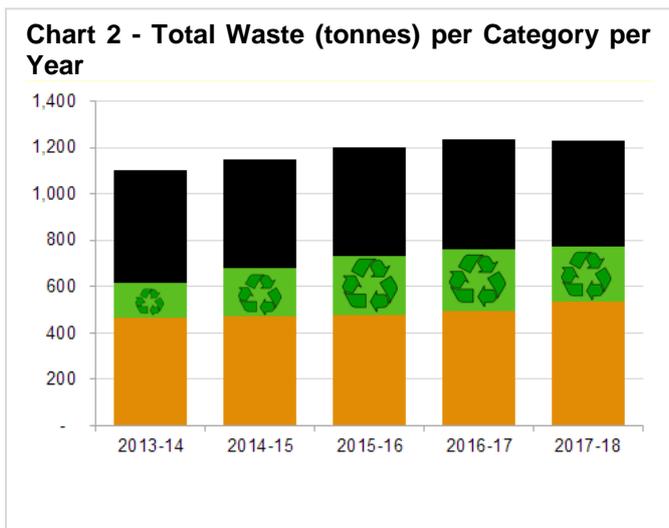


Risk Management & Constant Improvement

The risks associated with the waste service have been reviewed and approved by the Waste Management Committee. The actions listed in the previous section will reduce these risks to acceptable levels and will be the focus of the committee's attentions during this year.

In September 2017 a "Waste of the Week" campaign was run to raise awareness of the different classifications of clinical waste. This has resulted in a number of improvements to the capture of specialist wastes in clinical areas.

The launch of the new Bin Catalogue and Waste Identification Flowchart have further raised the profile of waste services.



Volumes of waste have increased consistently since 2013-14 at around 4% per year but have remained static this year (see Chart 2). Recycling decreased slightly in 2017-18. This is partly due to a backlog of recyclable items which were removed in 2016-17. The Trust has also started storing furniture for re-use in 2017-18 which will reduce the amount of recyclable waste leaving the Trust.

9. POLICY AND PROCEDURE DEVELOPMENT

The Health and Safety Management System within the Trust is based upon the Health and Safety Executive (HSE) HSG65, 'Managing for Health and Safety' (Plan, Do, Check Act). The development and review of relevant health and safety policy is advised on the legal and operational requirements for health and safety requirements i.e. 'Plan'.

The Trust's Governance and Policy Administrator oversees the policy process, which ensures a continuous review of policies and procedures, incorporating any changes in legislation and processes. Reviews include current process along with Health & Safety Executive, NHS, NICE and CQC standards.

The policies ratified by the Health & Safety Committee have been listed below for information:

- COSHH Control of Substances Hazardous to Health
- Decontamination
- Health and Safety
- Management of Slips, Trips and Falls in Staff and Others (not clinical falls)
- Manual Handling
- Personal Protective Equipment
- Procedure for First Aid
- Procedure for the Safer Handling of Heavy or Bariatric Patients
- Workstation (Display Screen Assessment)
- Lone working

Estates Policies

- Air Handling
- Control & Management of Contractors
- Deployment of Police with Fire Arms
- Electrical Equipment
- Estates Health and Safety Policy
- Food Hygiene
- Road Transport Plan Category A Waste
- SOP for Category A Waste

Terms of Reference

- Decontamination Group
- Fire Group
- Health and Safety Group
- Laser Group
- Medical Gas Group
- Radiation Group
- Security Group
- Sustainability Group
- Waste Group
- Water Group

10. REPORTS FROM OTHER DEPARTMENTS WITH HEALTH AND SAFETY RESPONSIBILITIES

10.1 Capital Projects

Within capital projects, we allocate the CDM role to the principal designer of each project who will provide the F10 (HSE formal asbestos removal notification form which must be posted on site prior to the works commencing) as part of the project commencement pack. A checklist has been developed for the Project Manager and Clerk of Works allocated from the Trust to use for H&S setup as new sites are mobilised for project commencement. Employer requirements are issued at the pre commencement phase of the project to include H&S policy and our expectations on site, regular site visits are conducted and documented by our Clerk of Works throughout each project. The Clerk of Works is also responsible for the safe processing of Permits to Work and Risk Assessments & Method Statements, all of which are required 48 hours prior to works being undertaken to allow for adequate review, consideration and implementation. Project meetings are held bi-weekly for each project at which a formal contractor report is reviewed which includes, as a standard item, H&S issues, incidents and any tool box talks undertaken in response to issues raised.

10.2 Education Department

The delivery of the Statutory & Mandatory programme has been reviewed and a Training matrix for 2018 published. This identifies relevant staff groups to the appropriate training. Corporate Induction and Statutory & Mandatory (Core Skills) are now available via eLearning as well as face to face sessions.

New starters are registered onto eLearning prior to starting within the organisation and a Kingston branded eLearning programme around the core skills with an assessment completed as part of a key requirement for starting within the organisation.

Existing staff are accessing the eLearning for Health Core skills programme for Statutory & Mandatory requirements.

A Health & Safety for managers course and First Aid at work (both the 1 and 2 day programmes) have been commissioned and training commenced from January 2018. (See further detail in next section)

A further training needs analysis to identify the relevant staff groups for Medical Gases training is currently being performed for the commissioning and implementation of this training.

The current overall Trust compliance for Statutory & Mandatory training is 78.43% and Health, Safety & wellbeing is at 85%

11. SPECIFIC HEALTH AND SAFETY TRAINING

Having carried out a review of the Health and Safety training provision within the Trust last year, the Health and Safety advisor identified a training gap in relation to the practical health and safety training for managers and first aid training generally for staff. The Health and Safety Advisor undertook an organisational first aid risk assessment and identified that two levels of training course were required within the Trust. Three courses were commissioned to meet these requirements and all courses commenced in January 2018.

11.1 Health and Safety Training for Managers.

This course provides practical training for managers on how to undertake general and statutory risk assessments and how to undertake their other health and safety related management responsibility. These duties include RIDDOR reporting, the provision of a local Health and safety induction for new starters, appointment of fire marshals and first aiders, storage arrangements. The course is based on Trust policies, forms and the health and safety managers handbook.

11.2 First Aid at Work

This is a certified 3 day HSE registered first aid course which the Health and Safety Advisor deemed necessary for the departments with high risk first aid requirements: Estates, Histopathology, Mortuary, Dental Service, Sterile Service Department, Clinical Engineering, Pharmacy & Pharmacy stores.

11.3 Emergency First aid at work

This is a certified 1 day HSE registered first aid course which the Health and Safety Advisor deemed suitable for all other departments not requiring the full three day course. They also deemed that it was suitable that competent clinical staff who are members of the following organisations can undertake first aid duties within their own departments:

- doctors registered and licensed with the General Medical Council;
- nurses registered with the Nursing and Midwifery Council;
- paramedics registered with the Health and Care Professions Council

12. REVIEW OF ANNUAL HEALTH & SAFETY OBJECTIVES SET FOR 2017/18

Item	Ownership	Action	Outcome
1.1	Health & Safety Advisor (HSA)	To review the Health and Safety Policy.	Completed
1.2	HSA	To review the RIDDOR reporting information in relation to reporting criteria.	Completed
1.3	HSA	To review the accident reporting system (Ulysses) in relation to data categories.	On-going

Item	Ownership	Action	Outcome
1.4	HSA	To review mandatory training courses and supporting written content.	Completed
1.5	HSA	To review the Control of Substances Hazardous to Health (COSHH) management systems in the Trust.	Completed
1.6	HSA	To review the first aid arrangements throughout the Trust in relation to clarification.	Completed
1.7	HSA	To review and reintroduce the health and safety audit process.	On-going
2.1	Decontamination	To develop, advise on, approve and review CJD and decontamination policies.	On-going
2.2	Decontamination	To audit the effectiveness of CJD and decontamination policies.	Completed
2.3	Decontamination	To promote and facilitate training and education of staff in decontamination.	Completed
3.1	Fire	To complete a project to replace all older fire alarm and detection systems.	Completed
3.2	Fire	To increase clinical staff practical skills in the use of ski sheets (used in evacuation events).	Completed
3.3	Fire	To continue to increase the mandatory fire training throughout the Trust. This currently stands at 78%.	Completed
4.1	Laser	To continue with a comprehensive training programme with St. George's to broaden the number of Trust staff who are capable of managing this growing service.	On-going
5.1	Medical Gases	Increase in awareness and training of users of medical air and oxygen is required to avoid the incorrect wall-mounted outlet being attached to tubing when oxygen treatment is needed.	Completed
6.1	Radiation	Policies and procedures require review in 2017. However, as the legislation IR (ME) Regulations will be reviewed in 2018, this situation will be kept under review.	Completed

13. CONCLUSION

The report highlights the significant amount of work that has been undertaken during 2017-2018 to improve the management of health and safety in the Trust. The Health and Safety Advisor continues to embed the Health and Safety Culture, with the revised inspection and assessment programmes and ongoing health and safety training. This will improve the application and awareness of health and safety throughout the Trust

The Trust's Health and Safety Advisor continues to provide advice and guidance to managers and staff to ensure they are able to meet the needs of the Trust in its compliance with health and safety legislation, and continues to engage with other specialist services within the Trust to assist in the development of future strategies.

14. ANNUAL HEALTH AND SAFETY OBJECTIVES FOR 2018/2019

Item	Ownership	Action
1.	HSA/Patient Safety and Risk team	To continue to review the accident reporting system (Ulysses) in relation to data categories changes.
2	HSA	To continue the rollout of the health and safety audit process across the Trust.

		New Health and Safety objectives
3	Health & Safety Committee	Close monitoring of the increased Sharps injury reports to identify the causes of the injuries.
4	HSA/ Occupational Health/ Procurement	To introduce a number of sharps management changes and processes to reduce the numbers of staff injured from sharps events.
5	HSA/Patient Safety and Risk team	To increase the amount of on line incident reporting.
6	Fire Safety Programme Board	To continue to complete the fire safety programme project plan.