

Health and Safety Annual Report 2018/19

Trust Board	Item: 14
Date: 27 th November 2019	Enclosure: J
Purpose of the Report: To provide the Trust Board with the Health and Safety Annual Report for the 2018/19 period.	
For: Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Legal / Regulatory / Reputation Implications:	Legal, Regulatory, Reputation
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
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Recommendations: The Trust Board is asked to note and accept the content of this Annual Report, including the health and safety objectives for 2018/19.	

HEALTH AND SAFETY ANNUAL REPORT 2018/19



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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 during 2018/19. 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. Additionally, the report provides information relating to key activities undertaken by the Health & Safety Committee and reporting sub-committees with respect to:

- 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 2018/19, responsibility for the Health and Safety function moved to the Corporate Directorate of the Estates and Facilities Department. The Executive Chair of the Health & Safety Committee, and director with delegated responsibility for Health & Safety within the Trust, continues with the Director of Finance.

Over the course of the past year, a number of health and safety achievements were noted by the Health and Safety Committee, namely

- Enhanced asbestos management has been introduced through the introduction of a nationally recognised software package i.e. MICAD, which is being coordinated by the estates team.
- The introduction of enhanced training relating to the management and delivery of safe water systems has been undertaken by the Estates team.
- A revised Health and Safety Audit system has been developed and is currently being trialled across several trust environments.
- COSHH management has been reviewed along with a significant outcome of the implementation of new risk assessment system software package (SYPOL).
- The Trust fire officer in conjunction with the fire AE (Authorising Engineer) has continued to assess and update the fire risk assessments and associated action plans.

- A Sharps Group was formed at the request of the Trust. Executive Management Committee (EMC) to analyse and reduce the number of sharps injuries across the Trust.
- An E-Learning health and safety course has been developed, trialled and introduced.
- The annual Radiation Protection Adviser's audit has noted a high level of compliance and management of the trust's radiation risks.
- The External Laser Protection advisor noted a high level of compliance and management of the trust's laser risks.
- Body cameras have been issued to ISS security staff.

In addition to the progress made within the reported period, the Health and Safety committee has recommended to EMC, a series of objectives for the 2019/20 period that seek to further enhance the level of corporate responsibility the Trust attaches to its Health and Safety function.

Objectives for 2019/20 include:

- Increasing compliance with the mandatory training for Fire and Health and Safety;
- Continuing with the Fire compartmentation programme across the Trust;
- Improving the audit function of medical gas delivery via the appointment of a new Authorising Engineer and a review of the medical gas committee management;
- Ensuring that selective clinical staff in wards and theatres are correctly trained in medical gas isolation procedures;
- Improve the health and safety reporting of the Private Finance Initiative (PFI) providers and similar embedded contractors within the Trust;
- Correctly resourcing of the LSMS function which impacts on ability to undertake proactive work and improve general site security;
- Working closely with the capita team to overcome damage to access doors with a view to improving site security.
- Implementation of Total Waste Management Services through PFI Service Provider;
- Deliver improved external waste holding areas;
- Continuing with the water safety programme to remove dead legs;
- Update sanitary ware and associated controls to align with infection control requirements;
- Upgrade the detail provided to end users both on the condition and performance of the estates services they rely upon for a safe and compliant environment
- Collate data on the incident and risk management online reporting system of occurrences, and circumstances of an incident: location, category, persons affected etc.

The following objectives have been updated and carried over from the previous year's report due to a lengthy procurement process and opportunity to consolidate delivery times.

- The implementation of the new incident and risk management which will be going live in 2019/20 period;
- Collaborative working alongside Patient and Risk Management department to ensure that incident data is complete and facilitate the cause and effect reporting.
- To continue with the sharps management changes and processes to reduce the numbers of staff injured from sharps events.
- To continue to increase the awareness of the requirement to report incidents using the available tools such as the Trust incident and risk management reporting system;
- The continuing rollout of the health and safety audit process at ward level;

The Trust Board is asked to note and accept the contents of this Annual Report, including the Health and safety objectives for 2019/20.

2. Introduction

This report provides analysis of standards of health and safety management throughout the Trust for the financial year 1st April 2018 to 31st March 2019. The Health and Safety at Work etc. Act 1974 provides a legislative framework to promote, stimulate and encourage excellent health and safety at work standards with delegated responsibility through the CEO to the Director of Finance to implement systems that ensure the 4,150 Trust staff and ancillary contractors, work in a safe and compliant manner to protect both themselves and other service users from significant or avoidable harm.

In particular, the act 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;

In progressing the management strategy of health and safety throughout the Trust, the Estates 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 opportunities relating to each element of the PDCA cycle, as they apply to the Trust’s health and safety strategy.

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 the Trust’s working environment.

3. Health and Safety Legislative Changes 2018/19

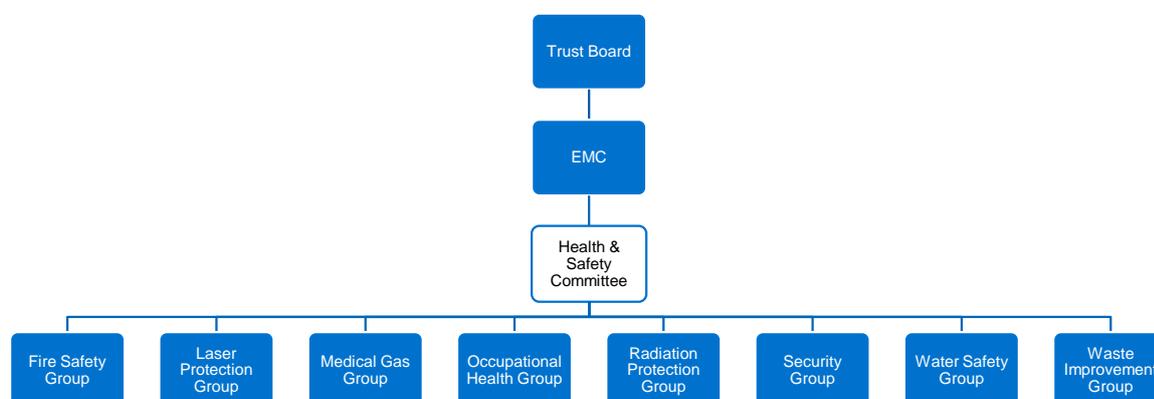
The legislation is enforced by the Health and Safety Executive (HSE) who have far-reaching enforcement powers. New health and safety legislation which came in to effect in the period from 1st April 2018, and which affects the Hospital's operations, includes;

- Gas Safety Regulations 2018, which came in to force on the 1st April 2018. This is an update to the Gas Safety (Installation and Use) Regulations 1998 which imposes duties on landlords, employers and those who install or maintain gas fittings.
- Gas Appliances (Enforcement) and Miscellaneous Amendments Regulations 2018. The purpose of these regulations is to provide for the enforcement of Regulation (EU) 2016/426 in relation to gas appliances and fittings which are new to the market from the 21st April 2018. Regulation (EU) 2016/426 is aimed at providing more protection for the health and safety of users.
- Personal Protective Equipment (Enforcement) Regulations 2018. The Personal Protective Equipment (Enforcement) Regulations 2018 came into force on the 21st April 2018 to enable enforcement officers in the UK to take action against companies who are not complying with the PPE Regulation (EU) 2016/425
- 18th Edition of the IEE Wiring Regulations. On the 2nd July 2018, the 18th Edition of the IEE Wiring Regulations was published. The regulations contain important information for electrical engineers. After the 31st December 2018, all electrical installations must comply with BS 7671:2018
- Update to the EH40 Workplace Exposure Limits. In August 2018, the EH40/2005 Workplace Exposure Limits was updated to reflect new workplace exposure limits for 31 substances that were introduced by the Directive 2017/164/EU.

NB: The Trust does not currently authorise the use of any of the substances listed in the EH40 update.

4. Health & Safety Committee and Management Structure

The H&S supporting committees are structures as follows:



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, NHS Resolution (formerly the NHSLA), Department of Health, CQC etc. are managed.

The current 2019 terms of reference for the Health and Safety Committee are noted at appendix 1.

The Director of Finance Chairs the Health & Safety Committee, being the Director with delegated responsibility for health and safety within Kingston Hospital NHS Foundation Trust. The Health and Safety Committee is accountable to the Executive Management Committee (EMC) which is in turn, responsible to the Trust Board.

The Health & Safety Committee is tasked with monitoring 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.

In April 2018, the Health and Safety function transferred to the Estates and Facilities Department to align with the Trust organisational strategy. Additionally, at that time, the Director of Nursing transferred responsibility for the Decontamination Group from the Health and Safety Committee to the Infection and Prevention Control Committee.

The principal concerns highlighted by the Health & Safety Committee during the year 2018/19 included:

- The Trust performance relating to mandatory training for Fire and Health & Safety;
- The remaining Fire compartmentation work within high risk areas of the Trust.
- The receipt of the external audit for medical gas delivery;
- The competency of clinical staff in the medical gas isolation procedures for their ward and theatre areas;
- The level of health and safety reporting of the Private Finance Initiative (PFI) avoidance providers and embedded contractors on site;
- Weakness in the Local Security Management Specialist (LSMS) function which impacts negatively the key objective of reducing the number of assaults and also on general security;
- Site security in relation to door access security settings;
- The risks associated with total waste management services;
- The risk presented to the Trust from an environmental audit relating to external waste holding areas;
- The continued threat of legionella and pseudomonas infections;
- The detail of the water reporting function, including the identification of individual Ward reports as opposed to a global report;
- Collate data on the incident and risk management online reporting system of occurrences, and circumstances of an incident: location, category, persons affected etc.

Issues that are being carried forward from the 2018/19 annual report into 2019/20 include:

- The implementation of a new incident and risk management reporting system which will be going live in 2019/20 period;
- Collaborative working alongside Patient and Risk Management department to ensure that incident data is complete and facilitate the cause and effect reporting.
- To continue with the sharps management changes and processes to reduce the numbers of staff injured from sharps events.
- To continue to increase the awareness of the requirement to report incidents using the available tools such as the Trust incident and risk management reporting system;
- The continuing rollout of the health and safety audit process;

These concerns will form the basis of objectives for the Committee to achieve in 2019/20. Since last year's report, the Health and Safety function has been transferred into the Estates department to provide professional technical support to the estates, facilities and capital projects functions. The integration of the health and safety advisor within the estates team will deliver a strategy of improved communications, better alignment of actions to issue and the ability to better plan resources to support the effective delivery of health and safety within KHFT.

As a result of the restructuring and the support of the Health and Safety Committee; the Health and Safety local management function has positively inputted into many of the key areas of Trust activity which have subsequently been brought in line with legal and best practice requirements.

An example of this positive action combined with active listening, is the rollout of the 2018/19 health and safety audit system which was developed and piloted to support and test the training handbook. The audit system was approved at the May 2018 Health and Safety Committee and subsequently rolled out. This rollout was successful, notably in departments where managers had attended training. However, it soon became apparent that the process could not support departments who were not able to send managers to the training course. As a consequence of this learning, the process was reviewed in March 2019 and simplified with the outcome that it is now formed of two stages, an examination of health and safety related records and an environmental inspection. The system continues to be monitored but early indications are that the Trust is making positive progress in this area of vital assurance work.

5. 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 risk assessment programme, the Patient Safety and Risk Management department rolled out local and open risk assessment training promoting best practice in the completion of a trust risk assessment and the principals of effective Risk Management within departments and in the wider trust.

The Health and Safety Advisor continues to provide advice and guidance in the implementation of statutory risk assessments through the various sub groups. New simplified risk assessment forms developed include Lone Working and Young Persons assessment forms. All forms have been adopted as standard practice by the Departments with specialist risk assessments being completed by the Health and Safety Advisor upon request.

All local health and safety managerial considerations are incorporated into the Health and Safety Managers Handbook. The Health and Safety Managers Training course which ran from December 2017 to July 2018 included general risk assessment principals, COSHH, DSE and manual handling risk assessment requirements.

Specialist Estates staff such as the Trust Fire Advisor and estates engineers, complete the required risk assessments associated with the maintenance and operation of the estate i.e. lifts asbestos, waste, water and electrical works. Coupled with this, the Director of Estates & Facilities recommends to the CEO the appointment of Authorising Engineers (AE) and Authorised Persons. These specialists are charged with delivering technical support and also provide a further level of assurance that the necessary technical competencies exist within the Trust.

The AEs provide independent expert assurance to the Trust through advice, direction, specialist training, risk assessment and audit, submitting corrective action plans to the estates departments subgroups and capital projects programme. They provide an annual audit of the delivery of the estates and facilities works in relation to the area of appointment. These audits are submitted to the Director of Estates and Facilities and onwards to EMC via the relevant sub committees. Additionally, they independently witness and test the installation and operation of systems such as fire alarms, electrical substations providing assurance on the compliance of contractors' work to NHS and Trust specific requirements. By working in this way, side by side with the Trust APs, they ensure that legal requirements are met and that best practice is followed.

These external specialists also undertake annual independent audits of the specialist estates engineering functions. The Director of Estates has within this reporting year appointed AE's for Asbestos, Electrical, Ventilation, Fire and Water.

The declared risks are mitigated via the actions of the stated competent person within the Estates function, the "Authorised 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 and the Director of Estates in this situation, purchases the services of specialist contractors who in effect indemnify the Trust against major risks while also raising the competencies of the local estates team from shared learning and scheduled risk assessments.

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

The Health and Safety Committee reviews relevant risks from the Corporate Risk Register at bi-monthly meetings with a similar requirement plus the review of non-corporate risks being applied to its sub-committees.

6. Health and Safety 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 2018/19.

FIG: 1 Reported incidents

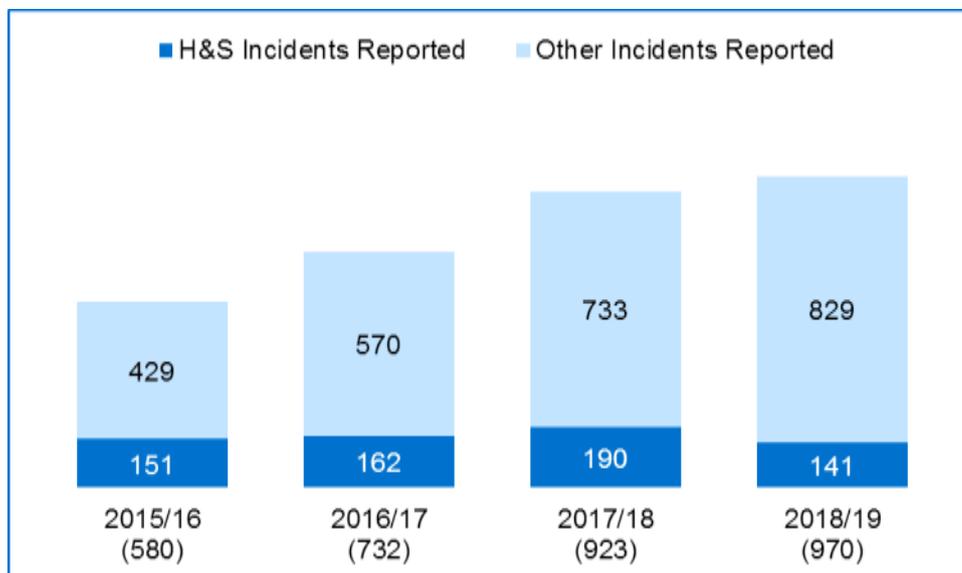


Fig 1 indicates a rise in the number of incidents over previous years which a detailed analysis has revealed this to be as a result of the improved Trust-wide awareness of the need to fully report H&S incidents. The number of reported events shows an increase of 18.85% from the previous year's reports as a result of this changing culture.

Of the 970 H&S related incidents involving staff, visitors and others for this period, the actual number has decreased to 141, which accounts for 14.5% of all incidents reported. This is a reduction from the previous year's health and safety reporting by 12.2%.

The key objective of encouraging individuals to increase the reporting level will continue as a policy decision to further enrich the data analysis.

Its worthy of note that the national average for under reporting of health and safety related incidents is estimated by the HSE to be currently at around 65% of all events including near misses. Under-reporting is liable to increase the likelihood of more serious incidents occurring in the future, as the opportunity to investigate the cause and numbers of the minor incidents is being excluded from the overall statistical analysis.

The introduction of a new Trust incident and risk management online reporting system in 2020 will support the Trust incident reporting policy. This will enable comprehensive reporting on incident cause and affect enabling effective and efficient control mechanisms being deployed.

6.1 Most reported Health and Safety Incidents 2018/19

FIG: 2 Incident Spread



NB: Bracketed numbers in legend indicate cause totals for 2018/19

FIG: 3 Percentage Incident Spread

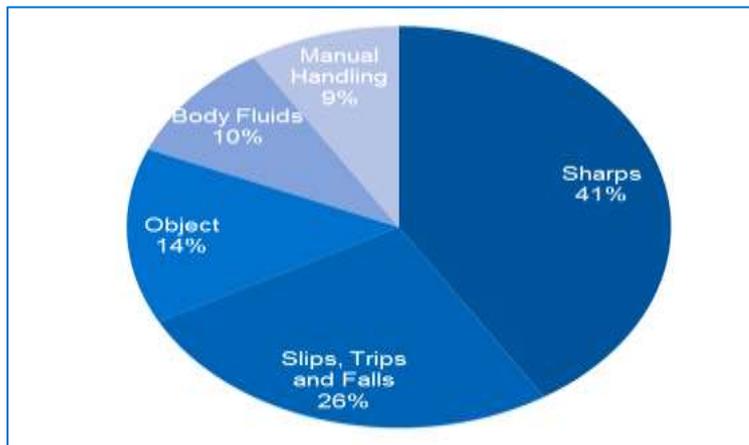
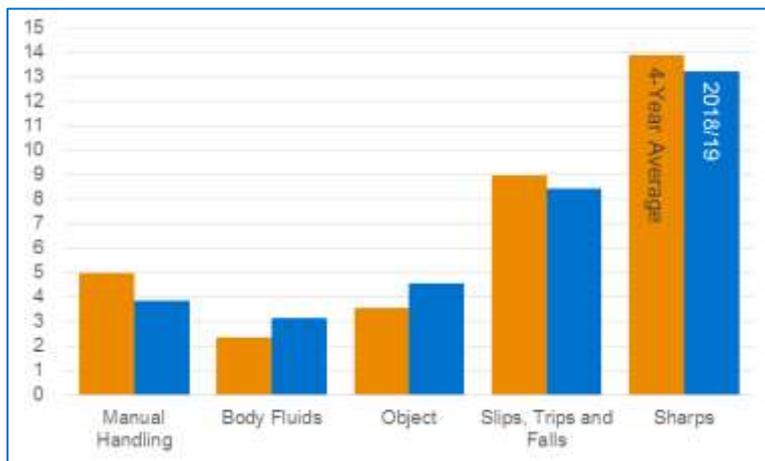


FIG: 4 Most reported Health and Safety Incidents per thousand staff comparison to 4-Year Average



Figs 2 through to 4 indicate the trend and impact of the KHFT incident occurrences. The salient points are:

6.1.1 Sharps

This area of reported incidents remains a cause for concern. However, the in-year sharps incidents were below the 4-year average with the overarching percentage of sharps incidents remaining stable.

Please note that the difference in the reported numbers of sharps incidents reported (55) and the numbers of staff attending Occupational Health (81) post sharps awareness event, continues to differ as it did last year. This trend follows the continuing theme of under reporting, on line.

6.1.2 Non-Clinical Slips, Trips and Falls

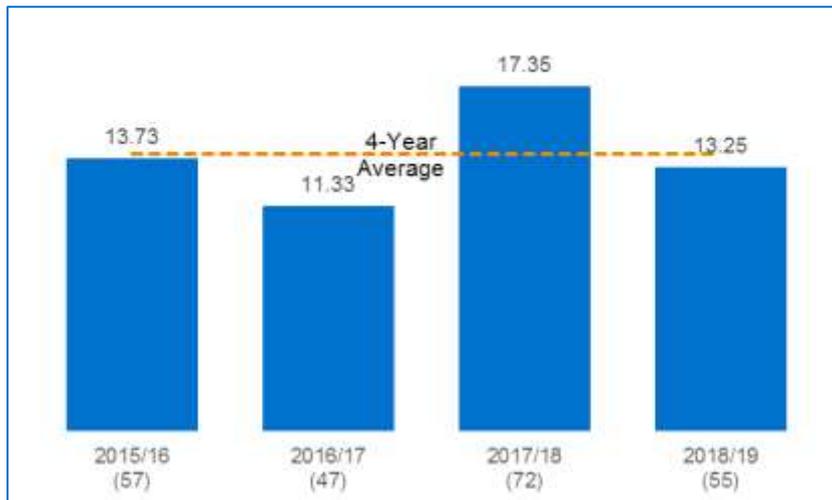
Again, this area of H&S incidents was below the 4-year average.

6.1.3 Miscellaneous Incidents

Object incidents were in line with last year's reports with some common trends identified. Additionally, body fluids were above the 4-year average while manual handling incidents were below the 4-year average.

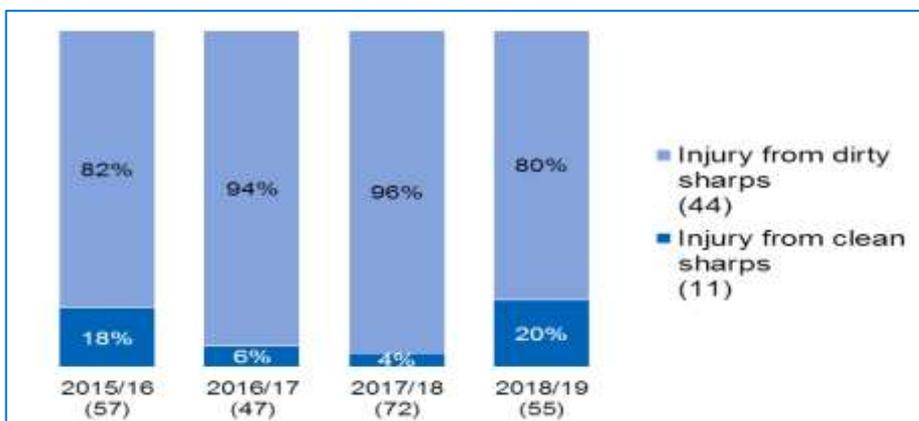
6.2 Sharps Incidents

FIG: 5 Sharps Incidents per thousand staff – (Orange line indicates 4-Year Average)



Total number of incidents reported in brackets

FIG: 6 Sharps Incidents Data by Cause



Bracketed numbers in legend indicate cause totals

Sharps continue to be the principal cause of staff H&S incidents reported throughout the Trust. However, there was a noticeable decrease in sharps events reported in 2018/19 as opposed to 17/18, which does appear to buck the trend in relation to the four-year data set while the reduction of staff reporting to Occupational Health post-sharps-events, also decreased over the year (110 to 81). The percentage of injuries from clean sharps has risen which is a cause for concern and is being addressed within the H&S key actions as outlined below.

The Executive Management Committee directed that a Sharps Group be set up following last year's annual report to investigate the cause of the 17/18 sharps increase. The group included Occupational Health, estates team along with clinical and procurement collaborators. The rise was identified as increased working pressure on staff, causing unintentional unsafe sharps practices.

The data analysis continues to show very few common trends; however, the practice of "full" sharps bins continuing to be used over the "fill line", and not being appropriately closed out continues to be a regular practice.(fig 6a below)

The Sharps Group are committed to reducing the occurrence of Sharps injuries. In support of this, the H&S Advisor has introduced sharps injuries as a KPI within the Health and Safety Committee reporting procedures and sharps will continue as an annual objective into 2019/20.

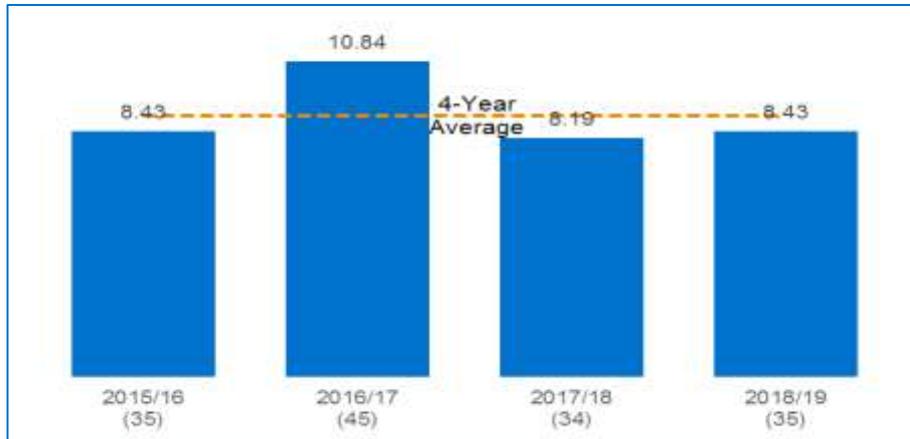
Actions taken include the introduction of cantilevered sharps containers (pictured below) in many clinical areas; these bins provide an engineering solution which securely contains the used sharps devices and prevents staff from putting their hand into full bins. The units can be mounted on wheeled carts and taken to the patient to minimise the distance sharps have to be transported unprotected.

Fig 6a – sharps bins level indicators



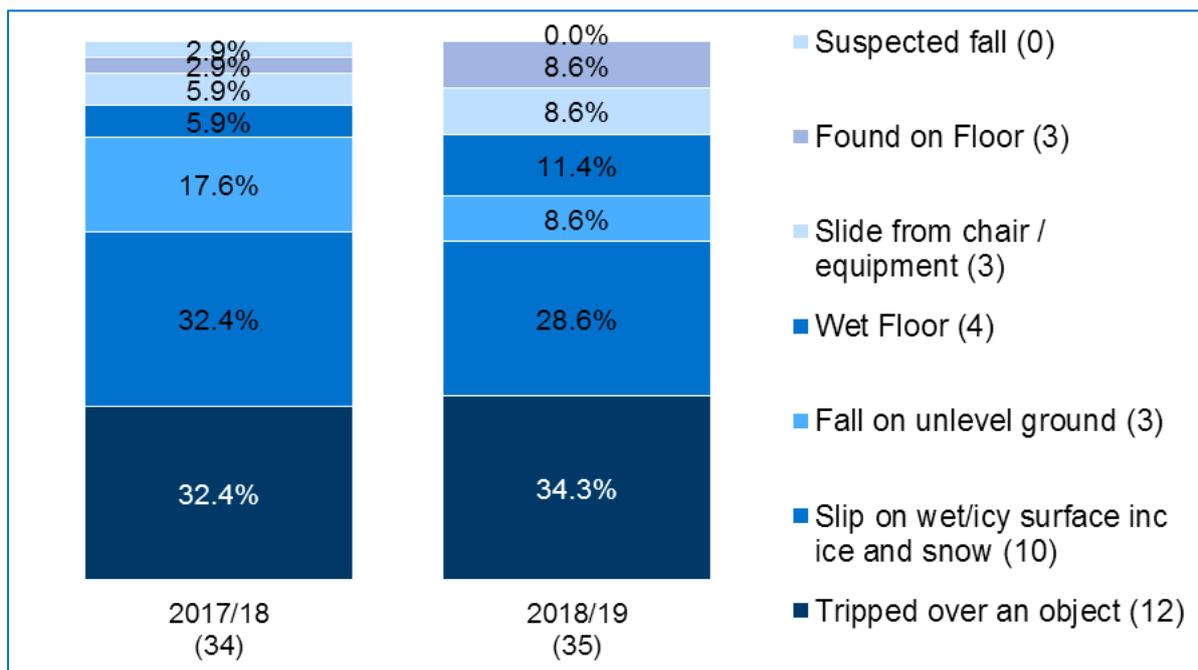
6.3 Non clinically caused Slip Trip and Fall events

FIG: 7 Slips, Trips & Falls Incidents reports per thousand staff year on year. Orange line indicates 4-year average.



NB: Total numbers of incidents are reported in brackets.

FIG: 8 Slips Trips and Falls Data by Cause



NB: Bracketed numbers in legend indicate cause totals for 2018/19

The data set shows the percentage of “wet floor” and “found on floor” events has increased, although the actual numbers are very small. The trend analysis has shown two common causes in relation to wet floor events:

1. Liquids being accidentally spilt and not being cleaned up
2. Areas not being suitably signed following cleaning

There has been a decrease in reports of slips on “wet/icy surfaces” which may be as a result of the options provided within the reporting tool with staff having more than one option for reporting “wet” related fall events on the system. Because of the nature of “found on floor” events i.e. the cause is not identified, it is not possible to identify any remedial actions but the team will remain vigilant in the coming year to identify and resolve the issues around the key trends.

6.4 Impact or Collision with Objects

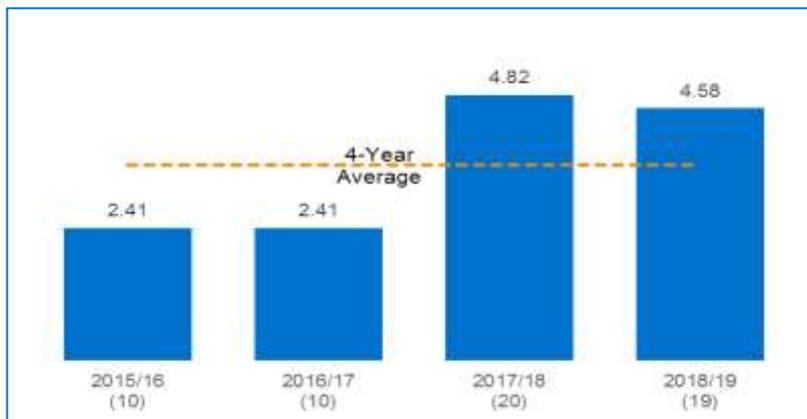
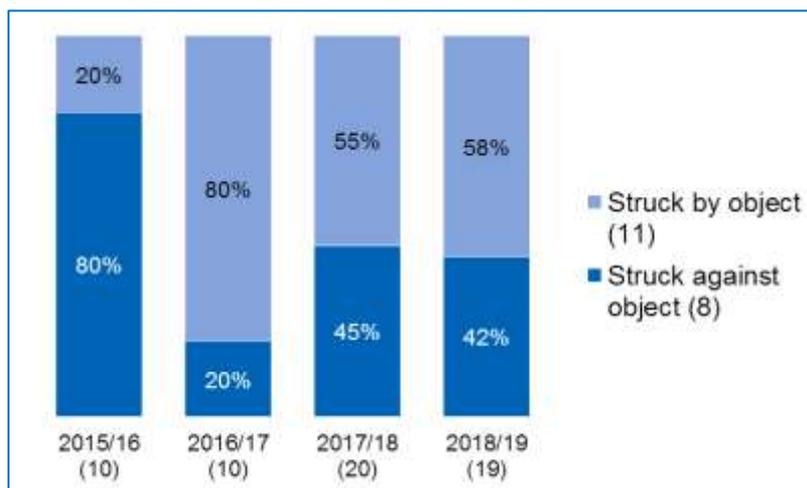


FIG: 9 Object Impact Related Incidents per thousand staff- Orange line indicates 4-year average (Total incidents numbers reported in brackets)

FIG: 10 Object Impact data by cause



Bracketed numbers in legend indicate cause totals for 2018/19.

The reporting has remained stable for incidents involving impact with or being struck by objects for the reporting year.

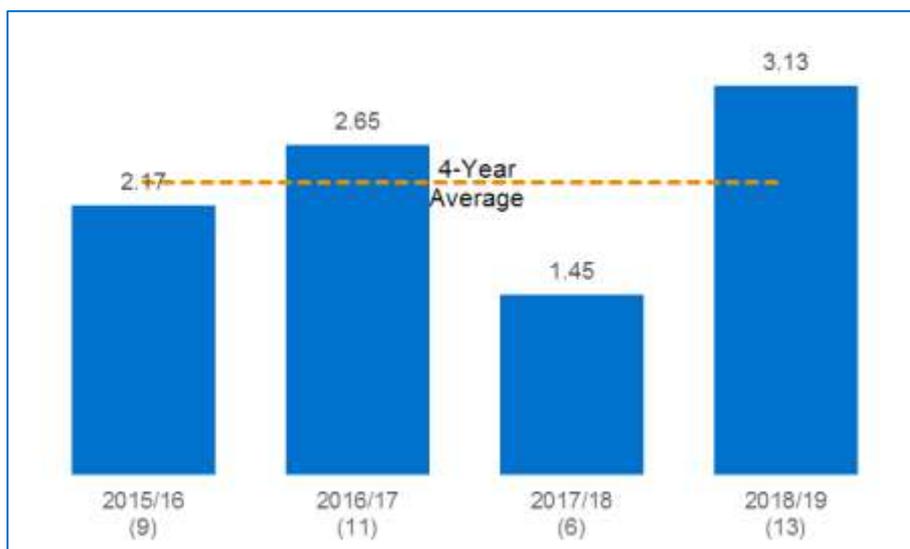
General causes of the incidents have been identified as:

- Elements of the physical environment falling e.g. ceiling tiles, shelves, racking;
- Working surfaces being over filled e.g. worktops, medical trolleys with items falling off;
- Staff browsing through storage units with open unit doors above and beside them, leading to accidental contact with the edge of the open shelf unit;
- Staff passing through a door without realising that another person's coming in the opposite direction;
- Objects being incorrectly located behind doors;
- Objects being incorrectly located in access routes causing passage constriction;

Some of this behaviour is thought to derive from the pressures of work on storage space and as such is difficult but not impossible to effect a change. The management of storage is an element within the H&S Managers' Handbook and also forms a part of the health and safety inspection checklist which over a finite period of time will influence a behavioural change and reduce the number of incidents in this area. A monthly health and safety inspection checklist, which is undertaken by the departments, also sets out the requirement to safety manage workspaces, storage and access routes.

6.5 Body Fluid reports

FIG: 11 Total Body Fluids Incidents Reported per thousand staff - Orange line indicates 4-year average



Total incidents reported in brackets

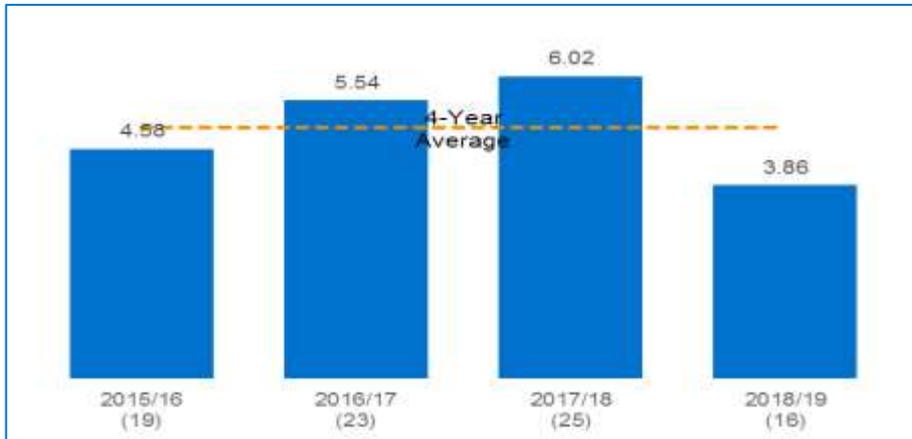
The increase in body fluid incidents has involved staff who are in the process of taking blood samples, removing cannulas and changing stoma bags. Reports also indicate patient resistance to the procedure as a factor in the reported outcome caused mainly by intentionally moving during the procedure or being unaware of their actions due to their clinical condition.

The requirement for staff to wear the correct Personal Protective Equipment (PPE) for the task being undertaken is noted in the incident reports. The PPE is provided at the point of use. If the requirement has not been followed, appropriate action is taken such as refresher

training. It is a disciplinary matter if staff do not follow procedures and guidelines including failure to wear the correct PPE.

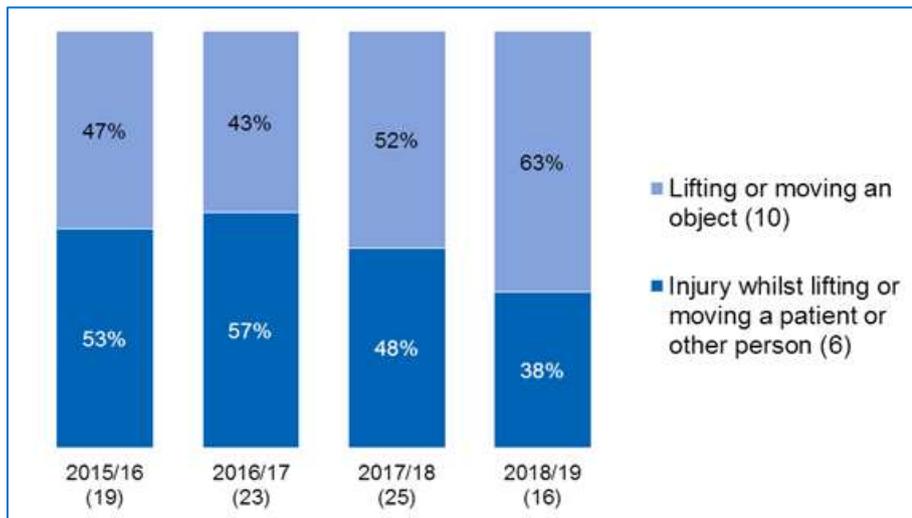
6.6 Manual Handling Incidents Reported

FIG: 12 Total Manual Handling Incidents Reported per thousand staff - Orange line indicates 4-year average



Total incidents reported in brackets

FIG: 13 Manual Handling data by cause



Bracketed numbers in legend indicate totals for 2018/19

From the reported data, the number of manual handling incidents has decreased significantly on the previous year's incidents. It may also be noted that the number of lifting object report incidents has decreased.

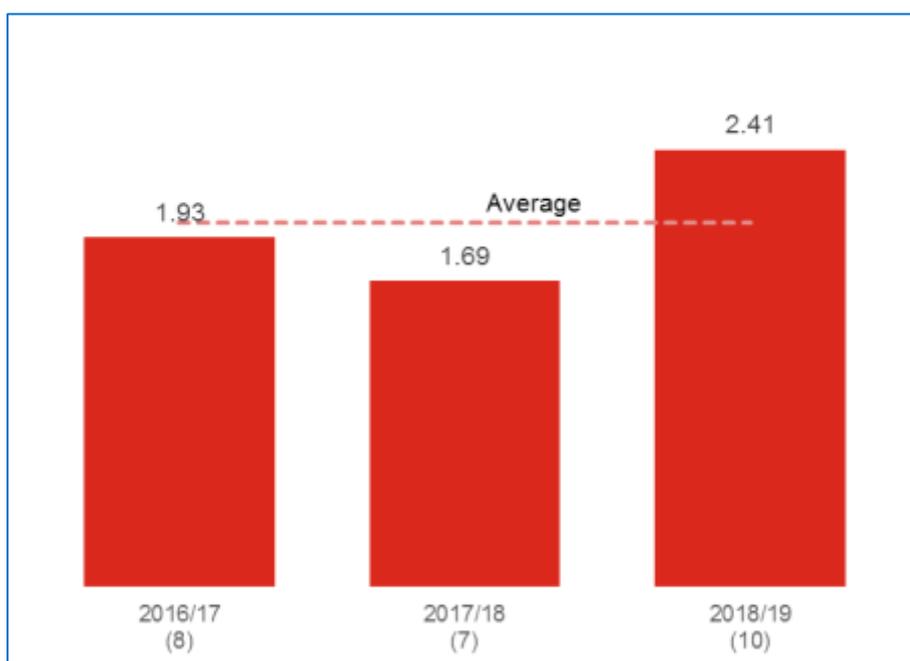
The Lead Manual Handling Advisor continues to provide mandatory and local training to multiple departments, including providing expert advice on the selection of key equipment. The team also audit the high-risk departments to improve manual handling compliance, reduce risk and improve safety. This expertise continues to support and strengthen the Trusts management of manual handling practices. Joint department reviews continue to be undertaken by both the Health and Safety Advisor and the Lead Manual Handling Advisor.

6.7 RIDDOR Reporting

Under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013), certain work place accidents, incidents, ill health and certain near miss events must be recorded. 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 H&S Advisor. The RIDDOR reporting requirements are incorporated as an element on the Health and Safety Managers training competencies.

Ten RIDDOR reportable incidents occurred within the Trust in 2018/19, nine events concerned staff undertaking work activities. One event concerned a patient attending the hospital. The ten 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.

FIG: 14 RIDDOR Reportable Incidents per thousand staff - Orange line indicates 4-year average



6.8 Security Incidents

The Trust remains committed to the delivery of a secure environment for those who use or work in the Trust so that the highest possible standard of care can be delivered; to this end security remains a key priority within the development and delivery of health services.

All of those working within the Trust have a responsibility to assist in preventing security related incidents or losses. This approach underpins and directly links to the Trust's values and objectives.

During the reporting period, there has been further progress with efforts to reduce levels of violence and aggression towards staff from patients and visitors, coupled with development in security services, which are detailed in this Security Group report and reflect the Trust's commitment to deliver a safe and secure environment.

FIG: 15 Total Security Assault Incidents Reported per thousand staff.

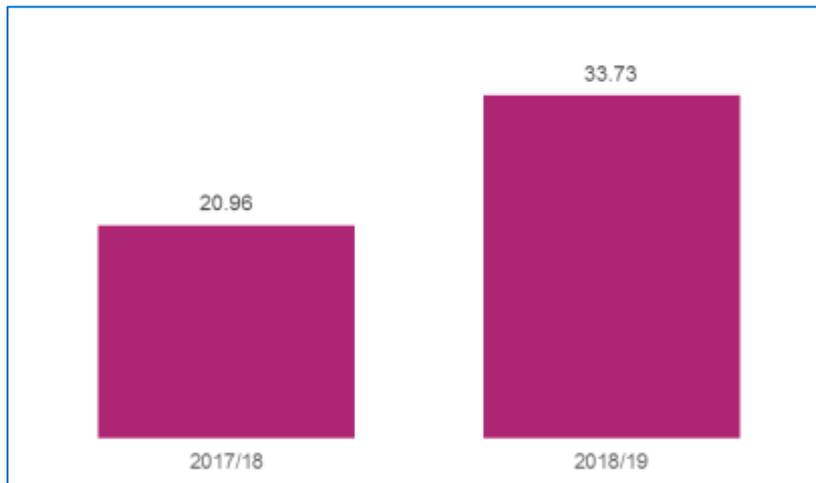
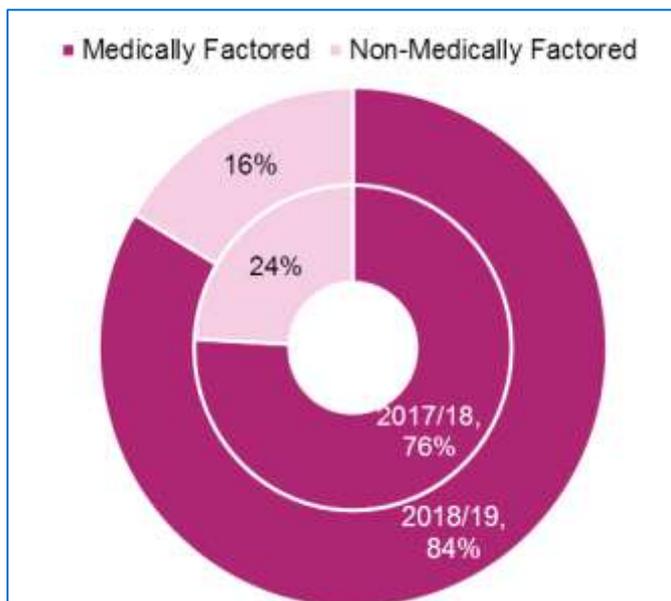


FIG: 16 Percentage medically factored to non-medically factored incidents.



Assault Incidents per thousand staff have increased between 2018/19 and 2017/18. The proportion of non-medically factored assaults decreased in 2018/19. Over the period there were 141 security related assaults reports made.

Further analysis reveals that 117 incidents were 'medically factored', those in which the patient's medical condition played a significant in the assault (i.e. dementia), 24 were deemed 'non-medically factored' for which there was no medical reason for the individual to act aggressively. The report represents an increase and is attributable to the increased reporting levels and better detail being provided, particularly around multiple staff being assaulted within the same episode/incident.

Post assault, staff are mandated to attend A&E for assessment and treatment. They are also encouraged to attend Occupational Health where support and further guidance is offered including informative literature.

7. Sub-Committee Reports

A number of health and safety sub-committees routinely report to the Health and Safety Committee, these sub-groups 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
Fire Safety	Fire Officer	Monthly
Laser Protection	Laser Protection Officer	Annually
Medical Gases	Pharmacist	Bi-Monthly
Occupational Health	Deputy Pharmacist	Monthly
Radiation Protection	Radiation Protection Officer	Annually
Security	Security Officer	Monthly
Water Safety	Estates Officer	Quarterly
Waste Management	Environment Officer	Monthly

7.1 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:

- The introduction, development and monitoring of 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:HTM05 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.

7.1.1 Remedial Fire Works & Upgrades

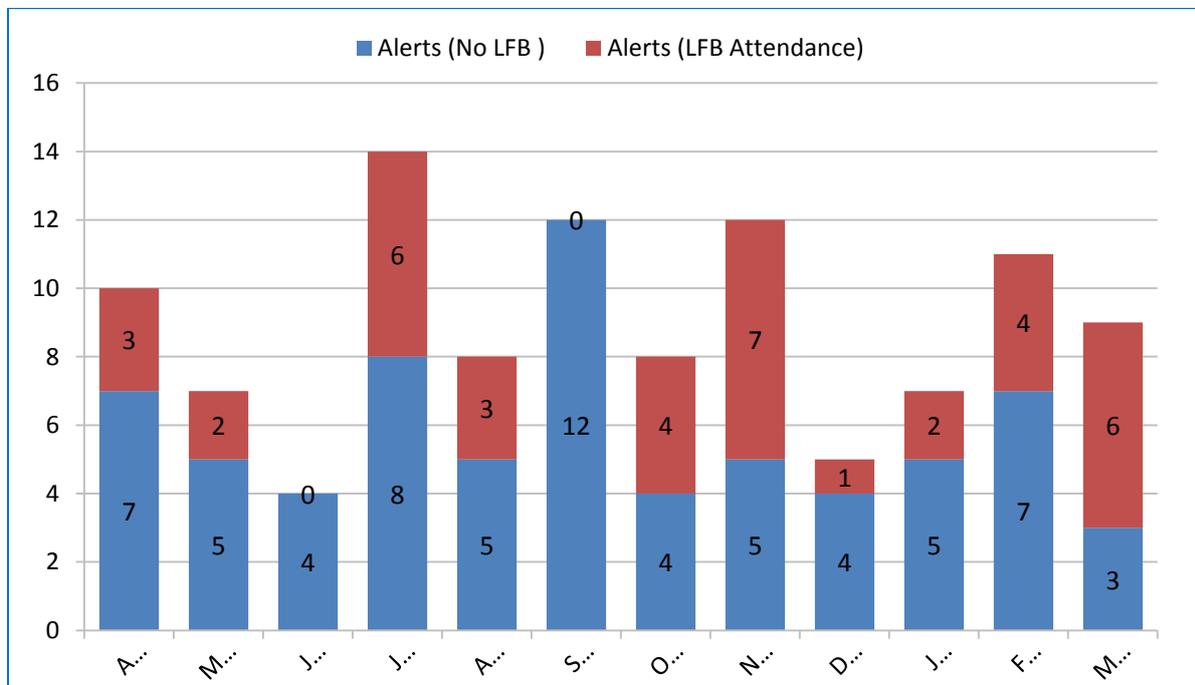
The work to rectify the identified deficiencies in the hospital premises fire compartments continues with detailed work packages for high risk areas being tendered and delivered in a timely manner. Work to improve the landings and replace the fire doors for the wards has been largely completed. The Capital Projects team is working to ensure the effectiveness of the doors with the contractors and a solution is currently being tested.

In conjunction with the Esher Wing work, upgrades to the Fire Alarm system in Maternity and Bernard Meade Wing has been completed with the new system 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, including Davies Wood House.

The fire alarm in Esher Wing has being upgraded with works undertaken to verify the correct locations and zones and fire interfaces identified in the new addressable fire panel within the building. Smoke damper panels have been installed and interfaced with the fire alarm systems in Esher Wing, Maternity / Day Surgery Unit and Bernard Mead Wing.

The Trust continues to meet with London Fire Brigade (LFB) to discuss the progress made and to also ensure they are kept abreast of our current position via the Memorandum Of Understanding that was signed by the Trust in 2017.

FIG: 17 Fire Alarm Activations & Attendances.



The total number of fire alarm activations for the preceding 12-month period (April 2018 – March 2019) was 107, with LFB attending on 38 occasions (during this reporting period). These attendances were due to the enhanced safety measures in place while remedial works are carried out to the fire compartmentation in Esher and the Maternity buildings by approved contractors.

There have been two non-sustained fire incidents during this reporting period, both resulting in response from the fire services.

1. 20/01/2019 – IT UPS Ulysses no. 40888
2. 13/02/2019 - Contents in a microwave. Ulysses no.41528

7.1.2 Training

At the end of March 2019, the Mandatory Fire Training attendance for the Trust was **76.47%**. This figure reflects a continued increase in the delivery of fire safety training within the Trust.

The Education department has undertaken work to improve data recording ensuring staff recording is accurately represented.

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 handout guide. A positive reflection of staff commitment is that department managers have been proactive in increasing the number of fire wardens attending training.

7.1.3 ISS Contractor Training

Prime have continued their programme of training and are currently reporting that compliance is 89%, above their 75% compliance target by the end of the financial year.

- Prime staff, 2 in number, are 100% compliant
- Engie staff, 3 in number, are 100% compliant
- ISS staff, 351 in number, are 89% compliant

7.1.4 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 Evac-sheets is carried out in conjunction with the monthly mattress audit.

Evac Pads have been placed in escape stairs, replacing Evac Chairs, thereby simplifying the use and procedure similar to the fitted Evac sheets under mattresses.

7.1.5 Fire Risk Assessments (FRA)

The control document indicates a total of 87 Fire Risk Assessments of which 97% (84) are compliant and 3% (3) were in project works during this period.

7.1.5.1 Actions arising from FRA's (Significant Findings)

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

7.1.6 Planned Preventative Maintenance

The Estates team are currently driving a tender process to address any backlog of Fire compliance works identified in fire risk assessments. Contracts are being compiled as a key objective and will be awarded in 19/20 to suitable third-party accredited contractors which will ensure the Trust maintains compliance with regards to planned preventative maintenance.

7.2 Laser Protection Group

The Laser Protection Group oversees laser safety and 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 has only been 1 incident in the use of lasers within Kingston Hospital involving a new assistant observing a procedure through an accessory microscope eyepiece which was unfiltered. This was immediately noticed as the laser was activated and shut off. This incident was discussed at the laser group meeting and measures have now been put in place to prevent any re-occurrence.

The Trust's appointed Laser Protection Advisor from the Radiological Protection Centre (RPC) carries out an annual safety inspection which is reported to the Health and Safety Committee. The report demonstrates the trust continues to achieve high compliance in laser safety. There are 3 areas inspected by the RPC; Day Surgery Unit, Royal Eye Unit and Main Theatres.

The Laser Group have continued with arranging on-site training programme with St. George's RPC which is held when needed to increase the number of staff who are trained in the safe use of medical lasers.

7.3 Medical Gas

The estates team manage the engineering systems associated with the medical gas system while the Trust Pharmacist seeks to oversee the quality of the supply systems and the overarching compliance associated with it.

The Trust commissioned a detailed survey in 2018/19, of the medical gas delivery systems and management of medical gases. The detailed audit consisted of a complete review of:

Supply Systems

- Liquid Oxygen Vessel(s)
- Manifold Supply Units
- Compressed Air Plant
- Vacuum Plant
- Cylinder Storage

Distribution Systems

- Cylinder Efficiency & Control
- Internal Cylinder Transportation & Handling Methods
- Cylinder regulators, flowmeters and delivery devices (Observed and apparent condition)
- Representative sample of pipework installation, to assess standards and compliance.
- Piped Gas Isolation & Alarm Systems
- Terminal Unit provision
- Ward or Department based cylinders & Usage

Policies and Procedures

- Operational Policy (Medical Gases)
- Emergency Procedures
- Installation and Maintenance specifications

- As Fitted Drawings
- Signs, & Notices
- User Instructions
- Training plans and assessments

The audit outcome has raised opportunities to improve and enhance the current service and as a result, the Trust has commissioned the estates team to develop a detailed action plan and address the audit outcomes in a timely manner.

Strategically, the team are planning to create additional resilience within the oxygen supply from moving the vacuum insulated evaporator oxygen tanks to the extremities of the hospital site while also seeking to redesign the distribution routes to improve the overall efficiency of the oxygen flow around the site.

The estates team have a responsibility for maintaining the quality of the air supplied to clinical areas as well as the concentration of the oxygen utilised on life supporting systems. While the team retain an oversight of the process, the physical sampling is contracted out to various accredited organisations. The recent returns indicated the assurance, these checks provide to the clinical team and the wider Trust.

7.3.1 Medical Air

The main uses of medical air in the hospital are:

- Driving ventilators and incubators, where it provides uncontaminated and controlled air flows, helping to reduce high concentration of oxygen exposure.
- Utilised as carrier gas for anaesthetic agents.
- A 7bar power source for driving surgical tools in the operating theatre.

Essential maintenance has seen the replacement of the medical air compressors in Esher Wing which are being utilised to provide medical air across the whole site, existing Bernard Mead Wing compressors are backing the system up & we now have three backup systems to the main system.

7.3.2 Oxygen

The Trust utilises a VIE (vacuum insulated evaporator) as its main oxygen supply storage. The VIE is akin to a giant thermos flask and employs the same principles. The KHFT VIE tanks are located adjacent to the Trust energy centre. The VIE as previously mentioned is under review within the estates strategic plan which seeks to position the system at two locations on the KHFT site within the next five years. The planning for this arrangement has already started but will be formalised in the next two financial years.

The 2018/19 position in terms of the medical air is documented as follows:

- Medical Air Quality Outcomes – Quarterly testing results have been satisfactory and within tolerance with the contracted body not recommending remedial action to improve the air quality.

The Trust Pharmacist holds the responsibility for the oversight of the quality and safe delivery of the medical gas service in line with HTM02 part B: The Authorised Person (MGPS), in conjunction with the chief pharmacist, ensures that the documentary evidence of

continuing and recent experience in MGPS testing is readily available and is reviewed through the medical gas committee group.

7.3.3 Medical Gas Group (MGC) Membership and Terms of Reference

The terms of reference and membership of the Committee were reviewed, updated and then approved on 20th December 2018.

Current membership

- Chair - Chief Pharmacist
- Clinical Engineering Manager
- Estates Manager AP (MGPS)
- Estates Officer AP (MGPS)
- Health & Safety Advisor
- Porter Manager
- PRIME
- Matron
- Respiratory Consultant

A total of 6 meetings took place during 2018-19 with the Trust pharmacist as Chair. The Medical Gas Operational Policy has been reviewed and amended by the MGC and is now being reviewed by the Authorised Engineer with a report scheduled for December 2019. The current policy in operational use has a review date of April 2018.

7.3.4 Medical gas piped distribution system and line valves

Servicing is undertaken by our appointed specialist services Contractor – Medicare Services Ltd. Planned preventative maintenance (PPM) has been undertaken in scheduled quarterly services.

Medical and Surgical Air quality control testing is carried out on the compressed medical gas plant and is undertaken on a quarterly basis by Wessex Laboratory Services. The plant items tested are located in Esher Wing and BMW with no major concerns regarding the quality of the gas provided via the medical gas plant. A system pass notice has been issued for both plant items together with certificate of calibration. The Quality Assurance results have been reviewed by the MGC.

Additionally, the Trust employs the services of a specialist medical gas contractor who provides 24/7 support to the KHFT site against a 2,755 medical gas asset base. This assists the estates team in providing the Trust with assurance that all medical gas pipeline systems are up to date with action plans against specific audit requirements as well drawings and technical reference manuals that require updating from the frequent site capital works

7.3.5 Medical Liquid Oxygen Storage - Vacuum Insulated Evaporator (VIE)

A review of the current location of the VIE was undertaken to ensure that the sale and development of the Regent Wing and surrounding land would not create an issue with respect to the location of the VIE. An option appraisal and risk assessment of the current location was carried out and there is assurance that the current location of the VIE will continue to be compliant with HTM02-01 guidance.

7.3.6 Medical Gas System Audit

The Trust engaged BOC to carry out a detailed audit covering all aspects of the Trust's Medical gas installation, operation and management. The audit was undertaken over a

number of days commencing in March 2018 and the resulting audit report was received for review in July 2019.

7.3.6.1 Liquid Nitrogen Management

Standard Operating procedures have been put in place for Trust staff carrying out duties involving liquid nitrogen. All Liquid nitrogen containers supplies are transported in specially designed carriers and all staff are trained to ensure they are wearing PPE whenever they access the liquid nitrogen storage area.

7.3.6.2 Moving and Handling of Cylinders

EW size trolleys have been provided to support the use of new larger **EW** gas cylinders. Old trolleys that cannot be repaired or are otherwise no longer required have been removed from the medical gas store. The medical gas committee has tasked ISS and Estates to identify any further requirements for cylinder movement and arrange for their purchase, if needed.

7.3.6.3 Staff Training in Medical Gases

Following an NHSi Patient Safety Alert (NHS/PSA/W/2018/001) issued 9/1/2018 that highlighted “*Risk of death and severe harm, from failure to obtain and continue flow from oxygen cylinders*” a series of actions coordinated by the MGC were undertaken and compliance was declared by the deadline of 20/2/2019. The MGC has undertaken to follow up these actions with practical training in the use of integrated valve cylinders. This was coordinated by the ITU Matron, as a MGC member, and the training was provided by BOC. The uptake of nursing staff for this training has been very high and supports Trust assurance that Trust staff are able to operate these cylinders safely.

DMO & DNO (designated medical and designated nursing officers) training has been funded and sourced with support from the Learning and Development team. Matrons have been informed of the training schedule and have identified staff to receive DNO training.

7.3.7 Medical Gas Risks

Medical gas risks are included in the Trust risk register and have been reviewed at each MGC.

7.4 Occupational Health (OH) Report

7.4.1 The OH Team

Five staff members make up the OH team, a Lead OH Nurse, a Senior OHA, a Practice Nurse, an OH Consultant (one day a week) and an Admin Manager.

7.4.2 New Referrals to Occupational Health

519 Trust staff were referred to OH by their manager for health assessments and advice on fitness for work (466 during 2017/18). 196 Trust staff self-referred to our team for support with problems impacting on their health (200 during 2017/18).

7.4.3 Stress Management

182 OH Assessments were attributed to psychological ill health including stress, depression and other mental health problems. 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.

7.4.4 Physiotherapy referrals

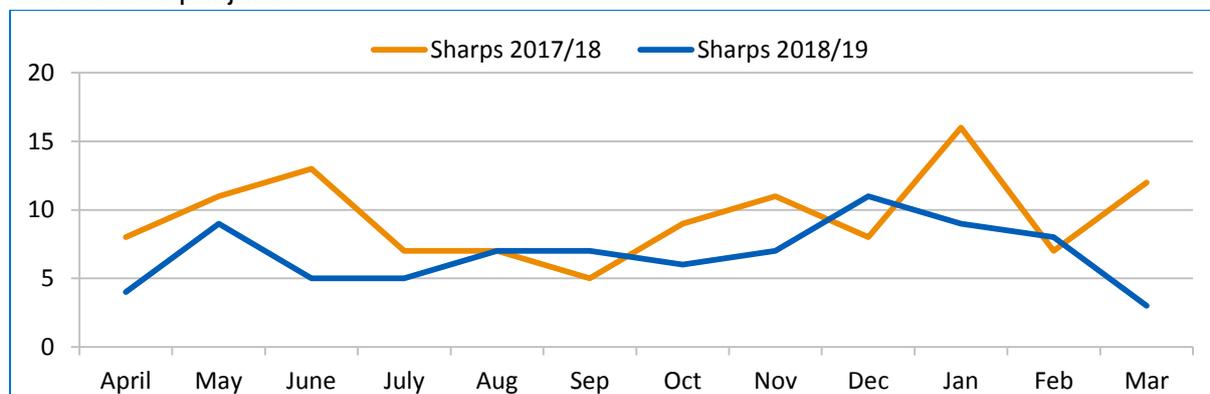
237 patient related OH Assessments were attributed to musculoskeletal pain within this reporting year. The Trust provides an in-house fast track referral system to physiotherapy; 127 of those seen in OH with musculoskeletal pain were referred on for treatment by the physiotherapists.

The remaining 296 OH assessments were attributed to other health problems such as post-operative recovery following surgery; pregnancy related problems and chronic health conditions i.e. cancer.

7.4.5 Inoculation Injuries

A total of 81 sharp & splash injuries were recorded compared to 114 sharps & 19 splash injuries during the previous year. There was a rise in sharps injuries during December 2018 which may be explained by winter pressures during that month.

FIG: 18 Sharp Injuries



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

The OH team are contracted to provide support to external organisations; a further 650 people were seen from these contracts.

7.4.6 Wellbeing

The Trust continues to make great progress in implementing initiatives to improve the health and wellbeing of staff. Recognising that staff are the greatest resource an acute hospital has and the evidence that good staff metrics improve patient outcomes, and given the continued and increasing pressures on staff it is more important than ever to support the health and

wellbeing of our staff for them to continue to be safe, productive and compassionate in their care to patients.

The **KingstonWorksWell** Health and Wellbeing Strategy aims to create an environment that encourages staff to take responsibility for their own holistic health and wellbeing, underpinned by 4 key pillars of wellbeing; mental health, physical health, financial health and family health.

The Health and Wellbeing Team have implemented a number of initiatives to help raise awareness of the Trust's strategy and the support that is available to staff particularly around mental health and building emotional resilience. The range of support available to staff includes a confidential Employee Assistance Programme with access to counselling, legal advice and financial and debt management to lifestyle events and therapies including yoga, pilates, circuit training, lunchtime walking group, massage and acupuncture. The trust also took part in the 2018 Virgin Pulse Global Challenge with 71 teams (497 individuals) registered.

Feedback from staff, both qualitative and quantitative, clearly demonstrates that the perception of our staff has evolved and they recognise their health and wellbeing as being at the forefront of the Trust's priorities.

Since the launch of the Health and Wellbeing Strategy, the Trust has seen a significant improvement in key performance metrics with our proudest achievement being rated 'Outstanding' by the CQC in August 2018. Throughout the CQC report, examples were provided of how the Trust's wellbeing initiatives are making a difference to patient care and staff wellbeing and contributed to the outstanding rating, supporting the Trust's success in jumping from 'Requires Improvement' to 'Outstanding' in just 2 years.

The Trust was also proud to receive the Health for Heroes Staff Retention and Wellbeing Employer of the Year award in December 2018.

7.5 Radiation Protection Group

The management of Radiation Protection is maintained to a standard that is recognised as being excellent within its peer group.

The Ionising Radiation (Medical Exposure) Regulations IR(ME)R 2017 procedures cover relevant areas and are currently undergoing a full review. Much of the Trust's documentation across the radiology department is being re-written to comply with the new regulations. This includes non-clinical referrals, IR(ME)R records and equipment specific training. The local rules have recently been completely revised to cater for the requirements of the Ionising Radiations Regulations 2017.

The Radiology department is mid-way through a complete refurbishment involving replacement of ionising radiation equipment. The imaging protocols, training records, etc. have been reviewed and revised as the new equipment has been installed.

Due to the delay of the MES a full Radiation Protection Adviser's audit has been scheduled for late autumn, prior to the scheduled annual Radiating Protection Committee meeting in October.

7.6 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 representation from Nursing continues to improve with senior staff at each meeting. The police presence on the group has increased in light of the increasing challenge of managing mental health patients and ensuring their needs are met while also protecting staff and patients.

The Group has monitored the levels of assaults, thefts and missing persons reported through the year; these broadly remain within expected parameters. The majority of assaults remain medically factored with staff increasingly aware of the need to report these to ensure appropriate measures are taken to protect staff.

In the reporting period there has been significant infrastructure investment in security measures including panic alarms, access control and CCTV. These have increased the coverage on site and addressed shortfalls in certain areas.

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

- Addressing high risk patients absconding
- Ensuring a zero-tolerance approach to violence and aggression is adopted throughout the Trust and encouraging reporting of incidents
- Increased awareness of restraint usage and appropriate training/guidance for those involved.

The identified risks represent the current priorities for the group; a number of longstanding improvements have been made in conjunction with partner organisations however they remain a factor for continued team focus.

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.

7.6.1 High Risk Patients; Risk of Absconding Patients

The Trust continues to work to reduce the risk of patients absconding, particularly those who are deemed high risk. The addition of a Mental Health Assessment Unit has created a more appropriate environment for the management of these patients however specific plans are required, developed in conjunction with the police and social services, to best support some of these patients.

The Trust has increased the coverage of its access control systems with additional doors in the Emergency Dept, Outpatients and Inpatient areas all being installed and monitored.

The Trust continues to monitor the incidents of absconding patients through the Security Group. Incidents of particular concern are escalated through to senior clinical staff in those areas. The Trust is now a much more active partner in development of SIM (Serenity Integrated Mentoring) Plans for high risk patients.

7.6.2 Zero Tolerance towards Violence & Aggression

The Trust continues to highlight the need for staff to be aware of and support a zero-tolerance approach to violence and aggression. This helps to ensure the safety of staff,

visitors and patients. The development of an improved communications plan surrounding this is underway and is expected to be launched in Q4 2019/20.

The importance of reporting incidents to enable the appropriate measures to be taken while drawing lessons from each incident cannot be underestimated. There has been improvement in the number of local behavioural plans and 1-1 supervision for those carrying out medically factored assaults/aggression. The Trust continues to issue sanctions for those who carry out deliberate acts of aggression and the focus on ensuring staff report these in order to allow sanctions to be issued, while ensuring the appropriate warnings and support for staff are in place.

7.6.3 Restraint Guidance, Usage & Training

The Security Group has chosen to focus on the use of restraint to manage patients and ensure that staff are aware of their responsibilities, the appropriate usage and the risks associated with its deployment.

The Trust has seen a significant increase in the number of reported incidents where restraint has had to be used, particularly in the Emergency Department, and ensuring that staff are confident when it should, and when it should not, be used is key to ensuring the safety of all concerned.

Training sessions have been provided for staff and an increased awareness on the correct protocols and procedures has been seen. The Trust has also discussed providing specific physical restraint training sessions for relevant staff to ensure it is correctly deployed. There is understandable staff unease about using restraint in some cases and continuing to work with them to improve their knowledge is a key target for the coming year.

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

7.7 Water Safety Group

The estates team have undertaken a complete review of the Hospital site water risk assessment which was completed in October 2018. This dynamic appraisal also took into account buildings that were under development such as Sir William Rouse.

In order to correctly target the risk mitigation around water quality, the team needed to identify exactly what route the installed pipe work takes along with its condition. This type of survey, for obvious reasons, is called a fingertip survey, it accounts for water valve locations, dead legs and pipework. This has now been completed with the associated data underpinning the estates capital plan.

Using the information gathered in the initial water quality risk assessment, a monthly monitoring routine has been formulated in line with the Trust water hygiene policy and the written scheme of works. The detailed audit includes 16 hours each month of inspecting sentinel locations and domestic hot water vessels. The work is carried out using a comprehensive bespoke database namely Zetasafe™ which is utilised extensively by the estates team as part of the daily planned preventative maintenance (PPM) schedule for the KHFT site.

Additionally, the Trust undertakes monthly sampling for Legionella, focussing on high risk areas but also including samples that provide a general overview of the site. This activity

also includes the 6-monthly sampling for Pseudomonas Aeruginosa which focusses primarily on augmented care areas.

Finally, the team undertake a quarterly disinfection and descaling of all showers along with a six-monthly servicing of thermostatic mixer valves (TMV) for showers and tap outlets along with a 12-monthly servicing (full strip down) of thermostatic mixer valves for showers and tap outlets.

7.8 Waste Improvement Group

The Healthcare Waste Improvement Group aims to improve the management of healthcare waste within the Trust by:

- Providing assurance of compliance with legislation regarding waste storage, transportation and disposal.
- Overseeing the implementation of cost and quality improvement projects.

The group is responsible for the following policy and procedure documents:

- Waste Management Policy.
- Category A Waste Procedure.

The group's plan for 2018/19 was to:

- 1) Plan improvements to the external waste holding areas.
- 2) Progress improvements to the Clinical Waste Transfer Station (CWTS).
- 3) Improve staff awareness and segregation compliance at the point of collection.

7.8.1 Risk Register

In 2018/19, the group proposed three risks to the Estates & Facilities Monthly Risk & Quality Meeting. After detailed consultation, one was agreed to be added to the Trust's risk register:

Risk Register Reference	Title	Assessment Score (C x L=S)	Target Score (C x L=S)
1329	Risk of prosecution for not securing waste.	4 x 3 = 12	4 x 1 = 4

The consequence of this risk is Major - Prosecution by the environment agency for multiple breaches of statutory duty (Duty of Care legislation).

The likelihood is Possible - The Environment Agency has started a programme of unannounced visits to hospital sites. The action plan is to take action to reduce the likelihood of the consequence occurring by showing the Trust has done what is reasonably practicably to mitigate the risk.

1. Scope options to compound the external waste holding areas, possibly via soft FM supplier.
2. Submit business case to secure funding.
3. Implement agreed solution.

NB: The target resolution date for actions 1 and 2 is April 2020.

7.8.2 Monitoring Waste Policy Aims

The group monitors both incidents raised and compliance with key legislation as per the Waste Management Policy.

7.8.3 Incidents

The group is responsible for investigating incidents and accidents related to waste disposal services.

7.8.4 Compliance

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

As the Duty of Care for waste always lies with the producer of the waste, the Trust holds primary responsibility to ensure that all waste is stored correctly, transported safely and disposed of legally. This is monitored by the Trust's waste management specialist. The requirements and monitoring methods are outlined below.

Requirement	Monitoring Method
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.
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).
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 with the Dangerous Goods Safety Advisor.
Transfer only to an 'authorised person' (i.e. a registered waste carrier)	Copies of waste carrier registration documents are kept by the Waste Manager.
Ensure an adequate written description is passed on whenever waste is transferred (i.e. a transfer document / consignment notes - which must include a Waste Hierarchy applied statement and correct coding according to the European Waste Catalogue)	Inspection of records by the Trust appointed Dangerous Goods Safety Advisor (DGSA). Consignment notes must be retained for 3 years. Transfer notes must be retained for 1 year.

The carriage regulations regarding waste are extensive, the Trust employs an independent Dangerous Goods Safety Adviser (DGSA) who has been appointed by KHFT 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.

7.8.5 Review of Performance, Learning Applied and Plan for 2019/20

7.8.5.1 Policy

The Waste Policy review date is June 2019. The group has agreed that instead of an all-in-one document which tries to contain both the Trust methodology for managing waste as well as detailed procedures for each waste stream, a simplified policy document will be produced. The waste procedures will be removed to a waste manual which will be a 'live' document, updated by the group and made available to all staff via the intranet. The manual will be developed within a short period of the ratification of the new waste policy during 2019/20.

There are two documents outlining the Trust procedures for Category A (highly infectious) waste:

- Road Transport Plan Category A Waste
- SOP for Category A Waste

The group plans to combine these into a single procedure outlining all the roles and responsibilities in line with the Trust's Major Incident Plan. The new procedure is under consultation from the many clinical and non-clinical stakeholders involved and will be ratified by January 2020.

7.8.5.2 Incidents

In 2018/19, zero incidents were raised for the attention of the group.

The incident monitoring system has since been adjusted to inform the Trust's waste manager when waste related incidents are raised so that such events can be followed up by the group going forwards.

7.8.5.3 Compliance – 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	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).	All disposal sites hold appropriate permits.	Green
Ensure the site is compliant with their permit.	Audits have been completed on all relevant disposal sites.	Green
Prevent the escape of waste that is under the Trust control, to ensure that it does not impact upon service users	Disposal site audits raised no concerns regarding escape of waste. Local audits have raised concerns regarding the accessibility of external waste holds.	Amber
Transfer only to an 'authorised person' (i.e. a registered waste carrier)	All waste carriers are registered with the Environment Agency.	Green

Requirement	Current Performance	RAG
Ensure an adequate written description is passed on whenever waste is transferred (i.e. a transfer document / consignment notes - which must include a Waste Hierarchy applied statement and correct coding according to the European Waste Catalogue)	The DGSA was satisfied with records checked during 2018/19.	Green

During 2018/19, the group has raised a risk around the secure storage of waste on the Trust site. The actions to resolve this are monitored by the group with an expected resolution by April 2020.

7.8.5.4 Compliance – Carriage of Dangerous Goods

The latest annual report was produced by the DGSA in December 2018. Below is an extract from the Management Summary (page 7 of the report)

“In 2018 the Trust has generally complied with its statutory duties as consignor under current legislation and is dedicated to ensuring ongoing compliance as legislation updates (i.e. ADR2019).”

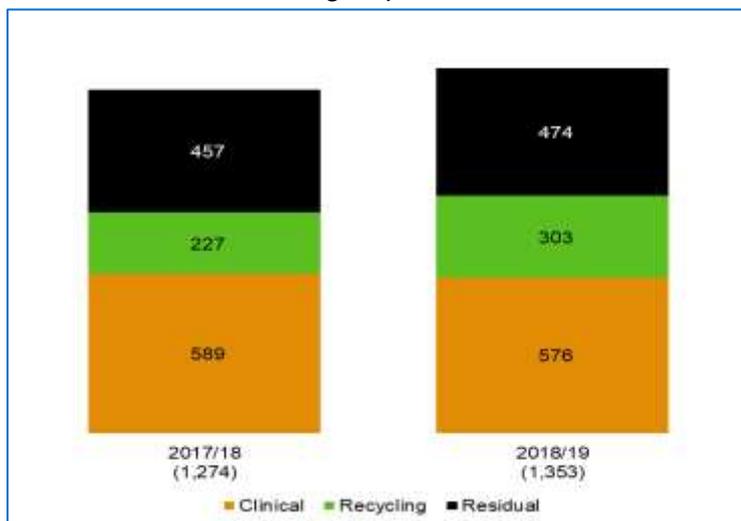
The Trust is in negotiations with our primary waste services provider, ISS, to expand their role in training, monitoring and managing the improvement of services going forward. This should not only bring cost control benefits but also sustainability improvements.

7.8.6 Action Plan for 2019/20

1. Implement Total Waste Management Services through PFI Service Provider. (March 2020)
2. Ratify new Healthcare Waste Management Policy. (September 2019)
3. Ratify new Category A Waste Procedure. (January 2020).
4. Seek approval for business case to improve external waste holding areas. (April 2020).

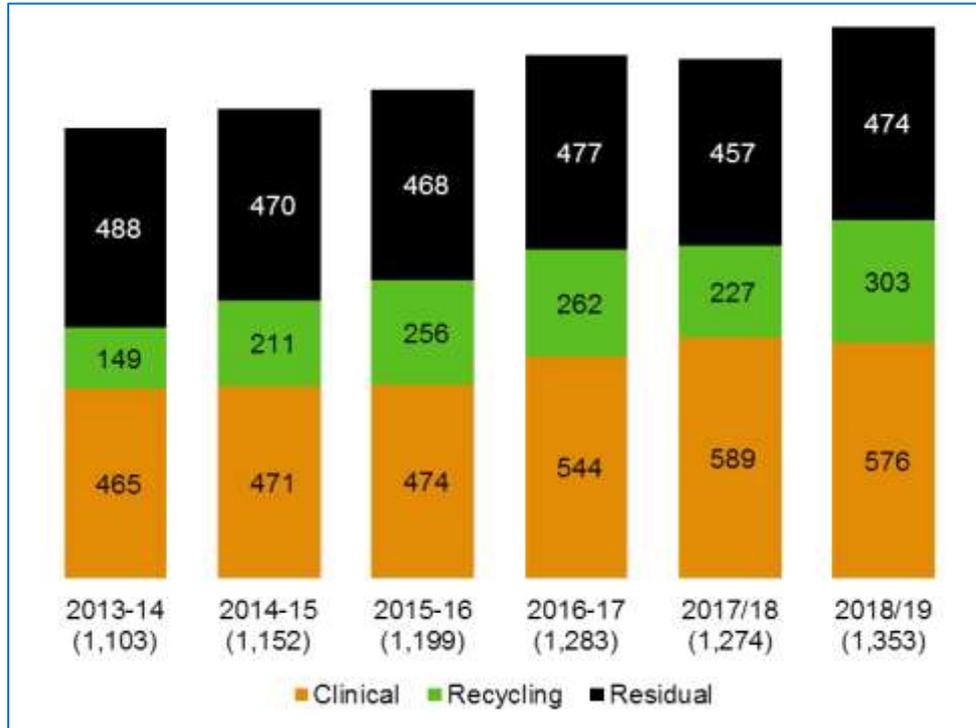
7.8.7 Waste Figures 2018/19

FIG: 19 Waste Produced Tonnage Spread



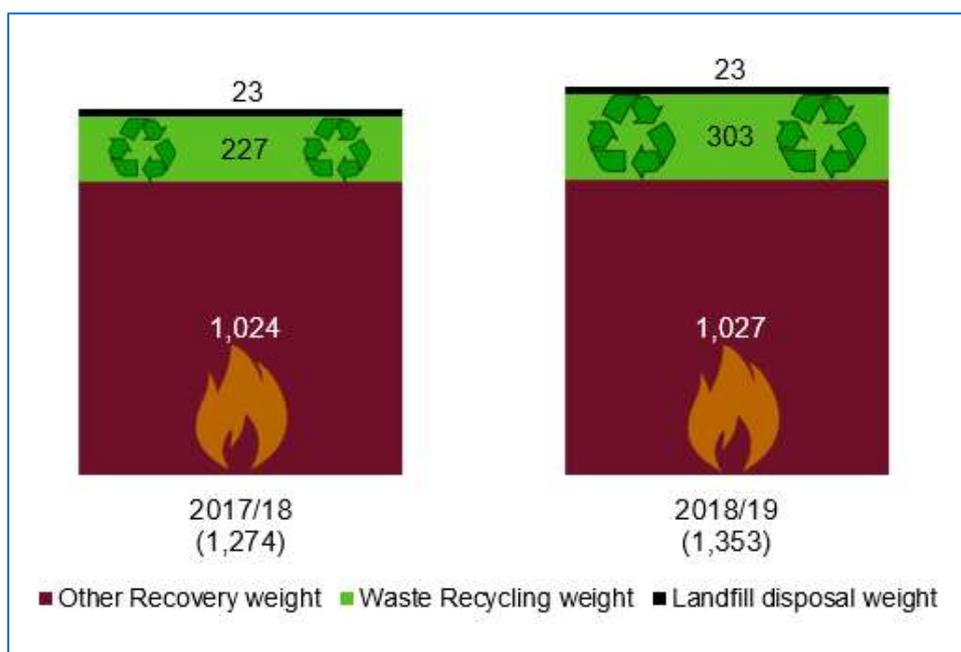
- 576 Tonnes Clinical Waste (2% decrease)
- 474 Tonnes Residual Waste (3% increase)
- 303 Tonnes Recyclable Waste (33% increase)

FIG: 20 Waste Year-on-Year Trends



- Recycling, which dipped in 2017/18 is now higher than ever (22% of total waste, up from 18% in 13/14).
- Clinical Waste rose in 2016/17 & 2017/18 and declined slightly in 2018/19.

FIG: 21 Waste Disposed Tonnage Spread



- 1027 Tonnes Incinerated with Energy Recovery (0.4% increase)
- 303 Tonnes Recycled (33% increase)
- 23 Tonnes consistently sent to Landfill (no change but the Trust is seeking to improve on this number)

8. 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; policy's reviewed and ratified by the HSC in the year are denoted with 2018/19:

The policies ratified by the Health & Safety Committee have been listed below for information; All of the policies will have been ratified by the appropriate Sub-group prior to Committee submission i.e;

- Fire Group
- Laser Group
- Medical Gas Group
- Radiation Group
- Security Group
- Waste Group
- Water Group

Ratified Policies

- Asbestos Policy
- Bomb Threats Policy
- Confined Space Entry Policy
- Contractors Employed to Carry Out Construction Related Works
- Control of Substances Hazardous to Health (COSHH) Policy
- Display Screen Equipment DSE Policy
- Fire Safety Policy
- Fire Stopping and Compartmentation
- First Aid Policy
- Health & Safety Policy
- Lifts Policy
- Lone Working Policy
- Medical Laser Protection Policy
- Moving and Handling Policy
- Non-Clinical Slips Trips and Falls Policy
- Pest Control Policy

- Transportation of Specimens Policy
- Waste Management Policy
- Water Safety Policy

9. Reports from Departments with Health & Safety Responsibilities

9.1 Capital Projects

The Trust invests in the estates capital plan to ensure the clinical strategy is supported with the appropriate space and associated infrastructure to best support patient care.

Each project is delivered via a design and associated specification that when tendered, mitigates the risk of procuring the services of contractors who do not hold the required levels of competencies.

Contractors are inducted against the Trust control of contractors' policy and have essential information such as the asbestos management plan made available to them at this time. The contractor and the Trust align with the CDM 2015 (construction design management) regulations to ensure that each stakeholder group understands their responsibility in relation to the construction programme. The contractors' site is made secure with access closely controlled by the contractors personnel who will carry out further induction sessions for their sub-contractors which will cover safe systems of working and the mandatory use of PPE at all times while working within the secure contractors site.

The contractor is required to compile a project health and safety file at the project inception which will cover all aspects of health and safety including policies, procedures, accident reporting and project safety audits. Additionally, the Trust reserves the right to monitor all site activity from the perspective of fire and estates compliance using the available health and safety tools such as legislation, policy procedures and contractor induction training.

The estates capital team expended capital in excess of £20m within the reporting year which constitutes a high level of contractor activity. Two accidents were reported in the year:

- A digger slid into a shallow ditch adjacent to a high voltage cable. A worker sustained a minor injury to his arm from contact with the digger.
- A worker over stretched himself while working at height causing a fall that caused cuts and bruises.

In both cases, a lessons learned exercise was undertaken by the responsible contractor to ensure the risk of similar incidents occurring was mitigated by this experience.

9.2 Education Department

The delivery of the Statutory & Mandatory programme has been revised and is now accessed directly via the electronic staff record (ESR) portal. Competencies have been assigned to roles so staff are able to see what training is required for their role and their compliance directly by logging onto ESR. Managers are also able to view and monitor their direct reports compliance. Via the portal staff can now go directly to the relevant eLearning module and, once completed, their learning record is automatically updated.

Corporate Induction and Statutory & Mandatory (Core Skills) training is 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. This is also being reviewed with a view to new starters also being able to access ESR eLearning prior to starting within the organisation.

The in-year (2018/19) overall Trust compliance for Statutory & Mandatory training was 78.69% and Health, Safety & wellbeing was at 79%. However, we have seen a rise in this figure since the close of the reporting period, due to the drive within the Trust for staff to complete their statutory and mandatory training.

10. Health and Safety Training

In addition to the mandatory training overseen by the Education department, the H&S Advisor provides face to face training as scheduled and on request for both general training and on specialist subjects like workstation assessments.

10.1 Health and Safety Training for Managers

This Trusts bespoke H&S training course ran until August 2018 and provided practical training for managers on general and statutory risk assessments. It also provided managers with practical learning on their other health and safety related management responsibility. These duties include RIDDOR reporting, local health and safety induction, workstation assessments, COSHH assessment and management, appointment of fire marshals and first aiders, storage management. The course is based on Trust policies, forms and the Health and Safety Managers handbook. NB: Further training is planned going forward.

10.2 First Aid at Work

This certified 3-day HSE registered first aid course ran until August 2018. It was specifically offered to the departments identified as with high risk in relation to their first aid requirements: Estates, Histopathology, Mortuary, Dental Service, Theatres, Sterile Service Department, Clinical Engineering, Pharmacy & Pharmacy stores. NB: Further training is planned going forward.

10.3 Emergency First Aid at Work

This certified 1-day HSE registered first aid course which ran until August 2018. This level of first aid course was introduced for departments not covered by qualified clinical staff. Qualified clinical staff who are members of the following prescribed organisations provide first aid duties within their own departments: NB: Further training is planned going forward.

- 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

10.4 Subject specific health and safety training

The H&S Advisor developed a number of subject specific courses following the health and safety managers training programme. The courses generally run for 90 minutes and are delivered in the requesting department using real working requirements. Subjects include COSHH management, Display Screen Assessment, Pregnant Women and finally, Young Workers.

Additionally, the H&S Advisor has assisted the Volunteer coordinator teams to develop a training course for the many volunteers who work alongside staff throughout the hospital on a daily basis. During 2018/19 the course was delivered at induction as a handout however due to increased demand from the volunteer fraternity, the course is now delivered in a class room environment as is Fire Safety training.

11. Review of Previous Years Objectives - 2017/18

Item	Ownership	Action	Outcome
1)	Health and Safety Advisor (HSA) /Patient Safety Governance and Risk team	To continue to review the accident reporting system (Ulysses) in relation to data categories changes.	Partially achieved
2)	HSA	To continue the rollout of the health and safety audit process across the Trust.	Partially achieved
3)	Health & Safety Committee	Close monitoring of the increased Sharps injury reports to identify the causes of the injuries.	Achieved but will continue as an objective going forward
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.	Achieved but will continue as an objective going forward
5)	HSA/ Patient Safety Governance and Risk team	To increase the amount of on line incident reporting.	Partially achieved
6)	Fire Safety Programme Board	To continue to complete the fire safety programme project plan.	Continuing as per programme

12. Conclusion

This report highlights the significant level of H&S focussed activity that has been undertaken during the 2018-2019 period, to improve the management of health and safety in the Trust. The Health & Safety Committee continue to promote every facet of the Trusts H&S programme while measuring each outcome against the declared objectives and associated metrics. This essential committee is supported by the Trust Executive Management Committee while also relying heavily upon the frequency and quality of the reports received from its key sub committees, in support of a safe and compliant delivery system.

The Trust Board rightly demands assurance that the quality and complexity of the service delivery is safely maintained via an informed staff and contractor group who are provided with clear direction from targeted training and effective Trust-wide communication. H&S team members are empowered to champion the in-year H&S declared objectives within their peer groups, supported by approved policies, procedures, relevant legislation and DOH guidelines.

The Trust H&S Advisor remains vigilant and works to actively support the delivery of safe and compliant systems within the context of a PDCA (Plan Do Check Analyse) health and safety culture. The internal H&S inspection and assessment programmes are continuously improving as is the ongoing health and safety training programme that reduces the risk of accidents while increasing individual competencies relating to the agreed core H&S skills and delivering a year on year system improvement.

Appendix 1 Health and Safety Committee Terms of Reference

Terms of Reference (Updated 2019)

1. PURPOSE

The Health and Safety Committee has been established to plan, organise and monitor organisational compliance with the Trust's statutory Health and Safety obligations and duties. The Health and Safety Committee will also ensure compliance with requirements set by external bodies such as the Health and Safety Executive / NHS Litigation Authority / Department of Health etc.

The Health and Safety Committee deals with matters which require joint consultation and negotiation and as such reports into the Executive Management Committee.

2. AIM

- To ensure the provision of a safe environment for staff, patients, visitors and others.
- To ensure Kingston Hospital Foundation Trust can demonstrate compliance with Health and Safety legislation, and other statutory and mandatory estates related standards.
- To ensure the Trust has effective Occupational Health and safety processes and systems.
- To develop procedures necessary to carry out the committee's functions, taking into account the requirements of the Health and Safety at Work etc. Act 1974.
- To ensure continued and effective health and safety management arrangements, the group will make decisions in respect of all health and safety matters including Trust Policy.

3. DUTIES

3.1. Incident Reporting

Receive reports of investigations of all accidents, non-clinical incidents and occupational ill-health episodes, monitor trends, review and monitor action plan compliance and make recommendations to reduce such incidents.

3.2. Statutory Compliance

Support health and safety compliance and other statutory and mandatory or best practice related standards at Trust and Divisional level, including key areas such as:

- COSHH
- Fire
- Medical gases
- Moving and handling
- Occupational Health
- Radiation and laser protection
- Security
- Slips, trips and falls (staff and others)
- Waste
- Water

3.3. Health and Safety

Ensure that the Trust complies with its statutory duties to consult staff representatives on Health and Safety matters under Health and Safety legislation.

3.4. External Inspections

Receive reports and information provided by enforcing authority inspectors and ensures suitable actions are agreed and implemented.

Receive reports of incident reporting from other agencies operating on the Trust Site.

3.5. Training

Evaluate and make recommendations on the health and safety training programme for staff and develop and review the training needs analysis for Health and Safety training.

3.6. Policy Development

Consider and approve policies, procedures, etc. for all aspects of health and safety within the Trust.

Oversee development and implementation of local safety policies, procedures and safe systems of work.

4. Communication

To report to the EMC by exception and to provide an annual report to the Trust Board for publication on the Trust's website.

5. Permanency

Permanent.

6. Membership: (To include nominated deputies where appropriate)

6.1. Chair:

Director of Finance (Deputy – Trust Board Secretary)

6.2. Internal (Executive) Lead: Director of Finance

6.3. Other Members:

- Director of Estates, Facilities and Capital Projects
- Director of Corporate Governance
- Divisional Associate Director
- Nursing and Matron Representative
- Health and Safety Advisor
- Occupational Health Manager)
- Decontamination Lead
- Estates Manager
- PFI Contractor (Prime)
- Pharmacy Manager
- Fire Safety Advisor
- Operations Manager
- Security Manager
- Workforce and Training Representative
- Staff Side Representative
- Information Technology Department Representative)
- Trust Lead for Corporate Risk Assurance

7. Quorum

A quorum of 8 members is required to be present to enable the committee to undertake its function, to include the Chair or Deputy, a Nursing and Matron Representative and the Health and Safety Advisor.

8. Attendance

When a member cannot attend, they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend minimum of **100%** of the meetings per calendar year.

9. Paper

Distributed 1 week prior to meeting.

10. Frequency of Meetings

Every two months.

11. Reporting Lines

The Health and Safety Committee will receive reports, at least quarterly from the relevant sub Groups, as shown in the Trust's Committee Structure.

12. Accountable To

The Health and Safety Committee is accountable to the Executive Management Committee and onwards to the Trust Board as shown in the Trust's committee structure.

13. Secretarial Support

Estates and Facilities team.

14. Openness

Minutes of Health & Safety Committee meetings are available on request. The Health and Safety Annual report is published annually.

15. Effectiveness of the Committee:

The effectiveness of the Committee will be measured by:

- Annual audit of attendance
- Annual review of compliance with terms of reference
- Delivery against the identified annual work programme
- Performance for identified KPIs in line with thresholds and benchmarks

16. Review of Terms of Reference

These Terms of Reference will be reviewed annually or sooner if required by the Health and Safety Committee or in light of national/local policy changes, and will be approved by the Executive Management Committee.

17. Monitoring

Compliance with these terms of reference will be monitored by the Committee as part of the annual review of the terms of reference.

Date Approved:	November 2019
Approved By:	Health & Safety Committee
Next Review Due:	November 2020