

**REPORT TO THE TRUST BOARD: PUBLIC**  
**12 SEPTEMBER 2018**

<b>Title</b>	Health, Safety and Security Annual Report 2017-18
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**Purpose of the report**

To brief the Trust Board on the progress made to ensure the Trust is meeting its obligations under the Health and Safety at Work Act 1974 and NHS Protect directions.

**Summary of key issues**

Following the introduction of the new Health and Safety (Offences) Act 2008, the Institute of Directors (IoD) published guidance on the leadership actions expected of Directors and Board members. There is also guidance from the NHS Protect pertaining to the role of the Local security Management Specialist (LSMS) and the Security Management Director (SMD).

The role of the LSMS is to address all security issues within the Trust, such as crime reduction surveys, and collecting and reviewing incidents of violence and aggression. The SMD sits at Board level to oversee and support the LSMS and interface with NHS Protect. To ensure the Trust reflects and implements HASWA requirements, the Health, Safety & Security Team assess and monitor compliance across the organisation.

The attached report identifies the work undertaken in 2017-2018 with the following key points:

- Total of 75 RIDDORs reported of which assaults accounted for 80% of these.
- Liaison with the Metropolitan Police Service remains very close and whilst liaison with Bedfordshire Police has been challenging, there are a number of projects being established to address this.
- Skyguard lone working compliance has ranged from 32% to 54% over the financial year.

**Strategic priorities this paper supports (please check box including brief statement)**

Improved experience of care	<input checked="" type="checkbox"/>	Through identifying risk and providing the control measure to remove or reduce them.
Improved population health outcomes	<input checked="" type="checkbox"/>	Ensuring the Trust meets HSE Statutory regulations and CQC guidelines.
Improved staff experience	<input type="checkbox"/>	Empowering and supporting staff in providing them with the tools, correct policies and procedures, documentation and training to carry out their roles safely.
Improved value	<input checked="" type="checkbox"/>	Ensuring the Trust meets HSE Statutory regulations and CQC guidelines. Monitoring accidents and incidents Reducing potential risk where possible by providing robust control measures and in house training.

### Committees / meetings where this item has been considered

Date	Committee / Meeting

### Implications

Equality Analysis	This report has no direct impact on equalities
Risk and Assurance	Mitigating actions are in place in relation to the risks identified within the report.
Service User / Carer / Staff	Monitoring and supporting health and safety at work is fundamental to good staff and service user experience.
Financial	There are no direct financial implications associated with the report.
Quality	There are no implications for Quality Improvement raised in this report.

### Supporting documents and research material

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### Glossary

Abbreviation	In full
IoD	Institute of Directors
ACOP	Approved Codes of Practice
HSE	Health and Safety Executive
H & S	Health and Safety
SMD	Security Management Director
HASWA	Health and Safety at Work Act 1974
LSMS	Local Security Management Specialist
CLG	Communities and Local Government
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations
CHN	Community Health Newham

# Health, Safety and Security Annual Report 2017/18

## 1.0 Introduction

Following the introduction of the Health and Safety at Work Act (1974) various Approved Codes of Practice (ACOP), guidance and regulations have been introduced to compliment the Act.

'Successful health and safety management' (HSG65) was first prepared by the Health and Safety Executive (HSE) accident advisory unit (now operations unit) in 1991 as a practical guide for directors, managers, health and safety professionals and employee representatives who want to improve H&S in their organisations.

The Regulatory Reform (Fire Safety) Order 2005 came into effect in October 2006 and consolidated all fire safety legislation for non-domestic premises into a single Order. Whilst it abolished the requirement for healthcare premises to hold a fire certificate, under the Order NHS Trusts are required to actively pursue and maintain fire safety and take responsibility for staff and others visiting their premises.

Health and safety, fire and NHS Protect (now disbanded) guidance also cites that as 'good practice' health and safety should appear regularly on the agenda for board meetings. It recommends that the Chief Executive can appoint a Health and Safety 'champion' to represent the Board and act as a scrutiniser to ensure processes to support H&S are robust, delivered, monitored and reviewed effectively.

## 2.0 Background

The Trust has a statutory duty under the HASAWA (1974) to (in particular):

- **Section 2** General duties of employers to employees
- **Section 2(3)** To provide a H&S Policy
- **Section 2(4) to (7)** Functions of safety representatives and the H&S committee
- **Section 3** Duties to other persons other than employees
- **Section 7** General duties of employees at work
- **Section 37** Offences by bodies corporate.

Additionally, the trust has a statutory duty under the management of Health and Safety at Work Regulations 1999 to (in particular):

- **Regulation 3** Provide suitable and sufficient risk assessments
- **Regulation 5** Provide health and safety arrangements
- **Regulation 10** Provision of information to employees
- **Regulation 13** Assurance of the employees capabilities and provide training.

Furthermore the Trust has a duty under the Regulatory Reform (Fire Safety) Order 2005 to focus on risk reduction and fire prevention. The instrument to fulfil this responsibility is mandatory detailed Fire Risk assessments for all Trust premises which are duly submitted to the local Fire Authority.

The Department for Communities and Local Government (CLG) provides additional guidance in order to assist with the preparation of fire risk assessments in specific premises – including healthcare (Department of Health).

### **3.0 The Health and Safety and Security Team**

There is an Executive Director, the Chief Operating Officer & Deputy Chief Executive, who sits at Board level who is responsible for health, safety and security activity. The Health, Safety and Security Team sits within the Governance and Risk Department and consists of two staff members, currently the Trust's Health, Safety, Security and Emergency Planning Manager and Health, Safety and Security Advisor.

Within the Estates, Facilities and Capital Development Directorate are three Fire Officers who are responsible for carrying out Fire Risk Assessments; fire investigations; training of staff; in addition to advising on a wide range of matters relating to fire safety across the Trust.

### **4.0 The Quality Committee**

The Quality Committee is chaired by the Chief Nurse with all service areas and directorates being represented, meeting on a monthly basis. A report is presented to the Committee by the Health, Safety and Security Team every quarter advising them of updates and proposals.

In addition, a Trust wide Health and Safety Committee has been established and is attended by staff side representatives, operational director, Health and Safety Lead for the Trust and is chaired by the Chief Operating Officer & Deputy Chief Executive. This group discusses and promotes trust wide health and safety issues which remain unresolved at directorate level. This group will also promote a culture of understanding and co-operation across the trust to ensure the health, safety and welfare of all staff, patients and visitors. Feedback from this working group is highlighted at the Quality Committee.

### **5.0 Health and Safety Policy**

Within the H&S Policy and in line with health and safety guidance it is recommended that each service area has a risk officer and each directorate has a risk facilitator who oversees each directorate's health and safety issues.

The H&S Policy was reviewed in February 2018 in line with HSE guidance and ratified by the Quality Committee.

### **6.0 Security Policy**

The security policy is reviewed in line with NHS Protect guidance and ratified by the Quality Committee.

## 7.0 Incident Reporting and Follow Up

The Trust electronic incident reporting form (Datix) includes the following mandatory fields which require a yes or no answer:

- Likelihood and severity of reoccurrence
- Is the incident RIDDOR reportable? ('over seven days' incapacitation - not counting the day on which the accident happened or specified injuries).
- Has the incident been reported to the police?
- Were the police contacted to attend in the event of an emergency?

The Trust monitors every incident of actual or potential violence acts which are reported via the Datix system and act as a trigger, at the time of the incident, for the Health, Safety & Security Team to consider appropriate follow up.

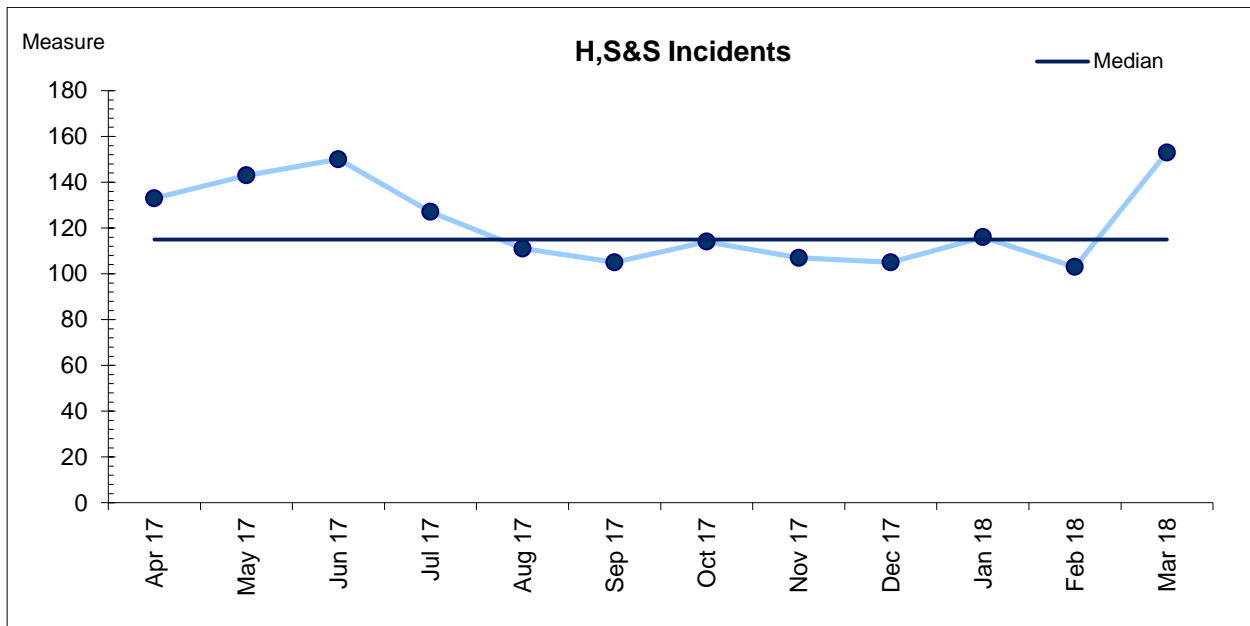
In addition, the Health, Safety & Security Team is automatically notified of all health, safety and security incidents so that they can be followed up to ensure that appropriate action is being taken to implement assessments and control measures to minimise future reoccurrence of similar situations.

Highlighted below is a summary of the year for:

- Health, safety and security incidents by month and directorate (involving staff and patients)
- Smoking in an unauthorised are by month and directorate
- Fire incidents by month and directorate
- Non-clinical slips, trips and falls by month and directorate
- RIDDOR incidents by directorate (involving staff and patients)
- Security incidents by month and directorate (involving staff and patients)
- All incidents of violence and aggression by month and directorate (involving staff and patients)
- Physical violence towards staff by month and directorate.

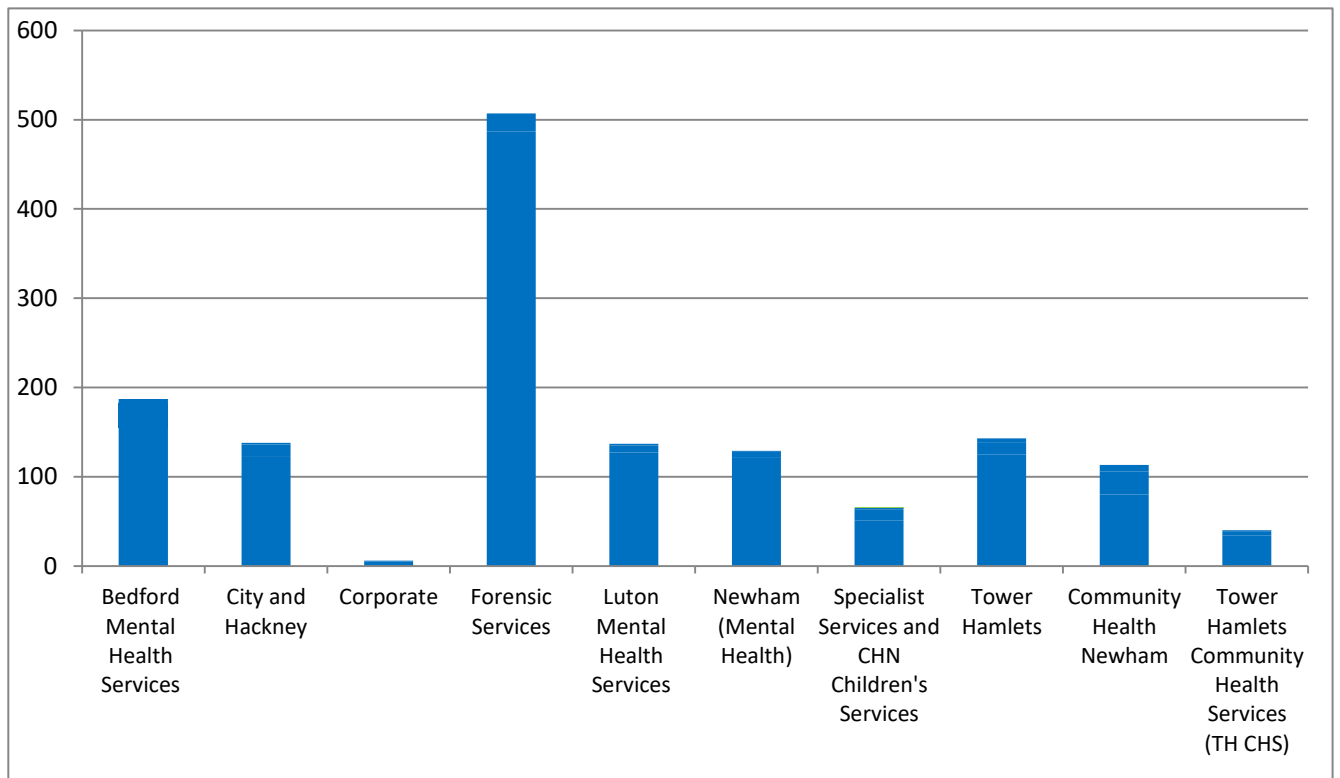
**Health, Safety and Security incidents**

**All reported Health, Safety and Security incidents – Trust-wide:**



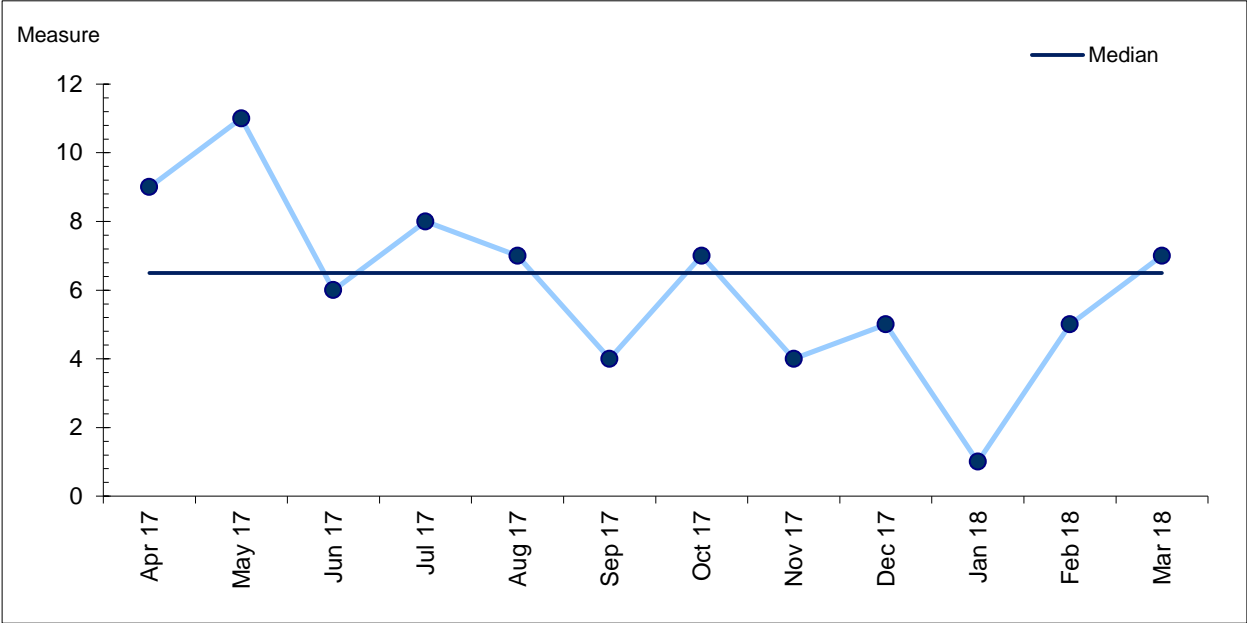
A total of 1467 Health, Safety & Security incidents were reported for 2017/18. This has significantly dropped in comparison with the 1816 reported incidents in 2016/17.

**All reported Health, Safety and Security incidents by Directorate:**

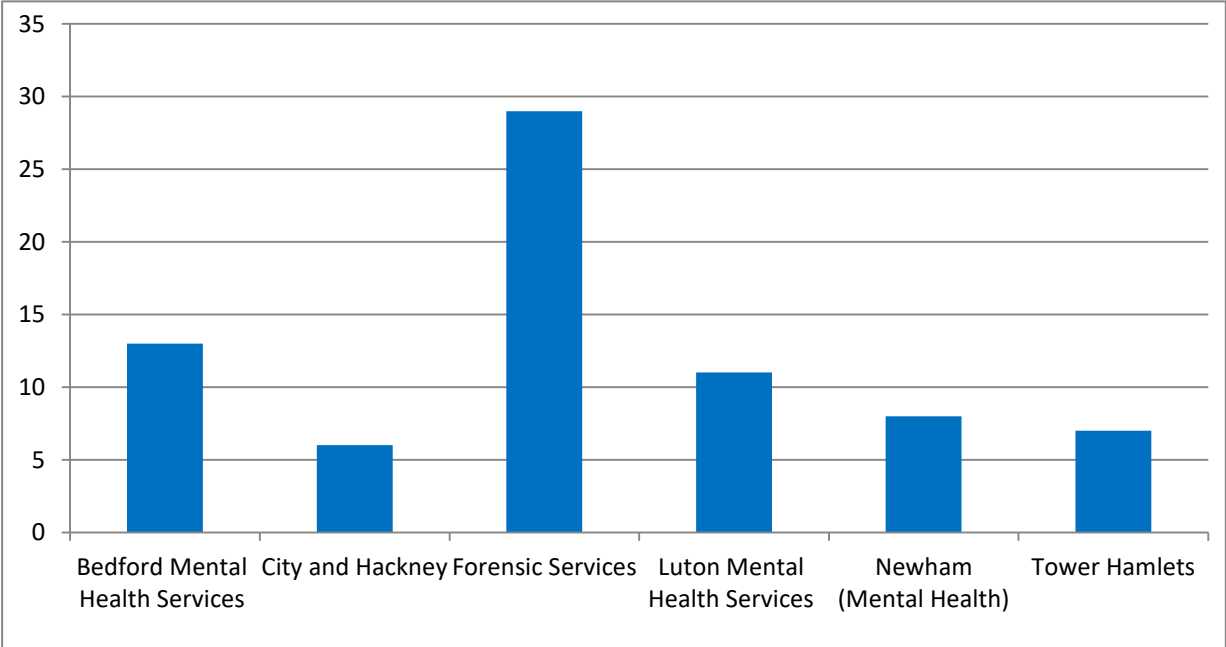


The significantly larger number of incidents within forensic services reflect security breaches such as reports of finding prohibited items as well as other breaches such as doors being left unlocked and associated housekeeping. In addition, incidents of violence and aggression acts as a contributory factor within this setting.

**Smoking in an unauthorised area Trust-wide**



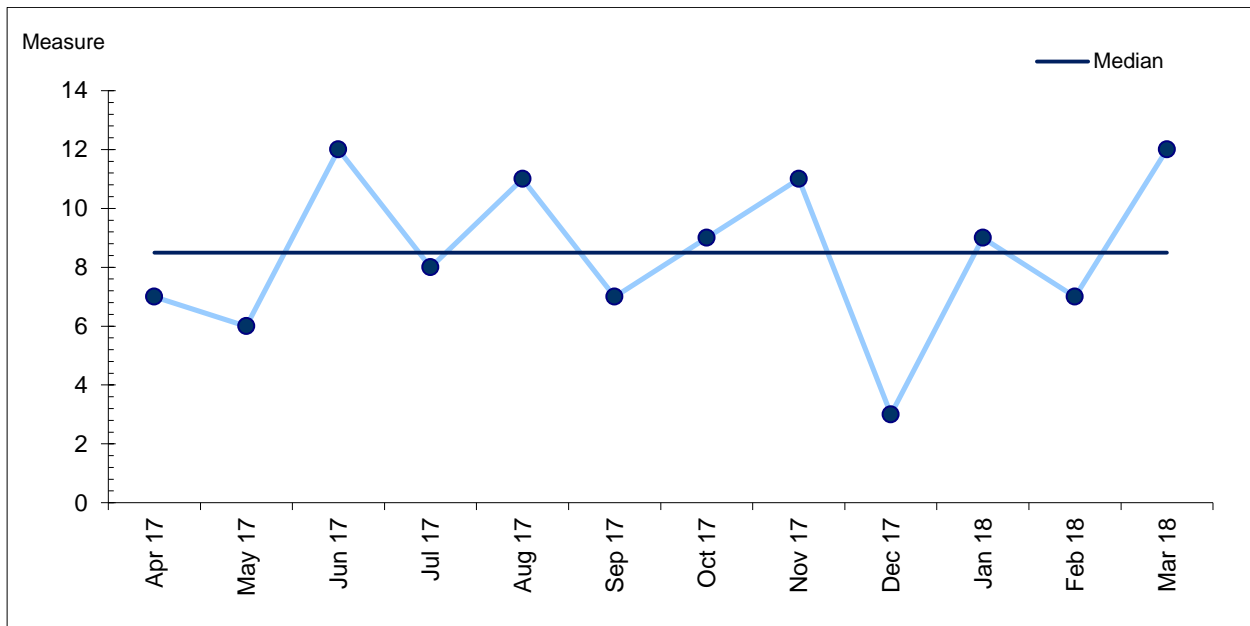
**Smoking in an unauthorised area by Directorate**



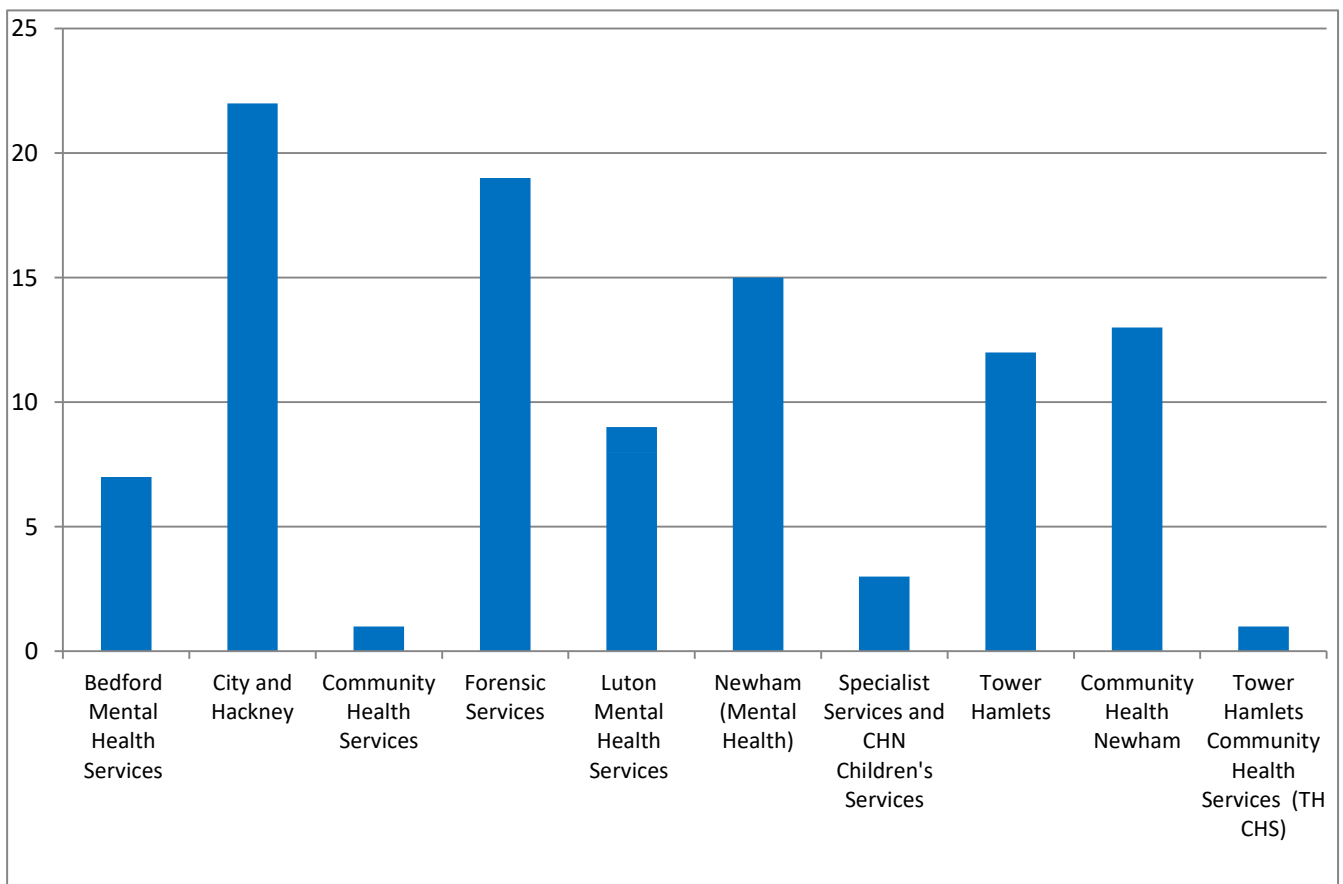
The vast majority of incidents of smoking in an unauthorised area occur in the forensic directorate predominantly due to the nature of the service and its patient population. The Trust has moved to a no-smoking environment on all sites.

**Fire incidents - All fire incidents reported**

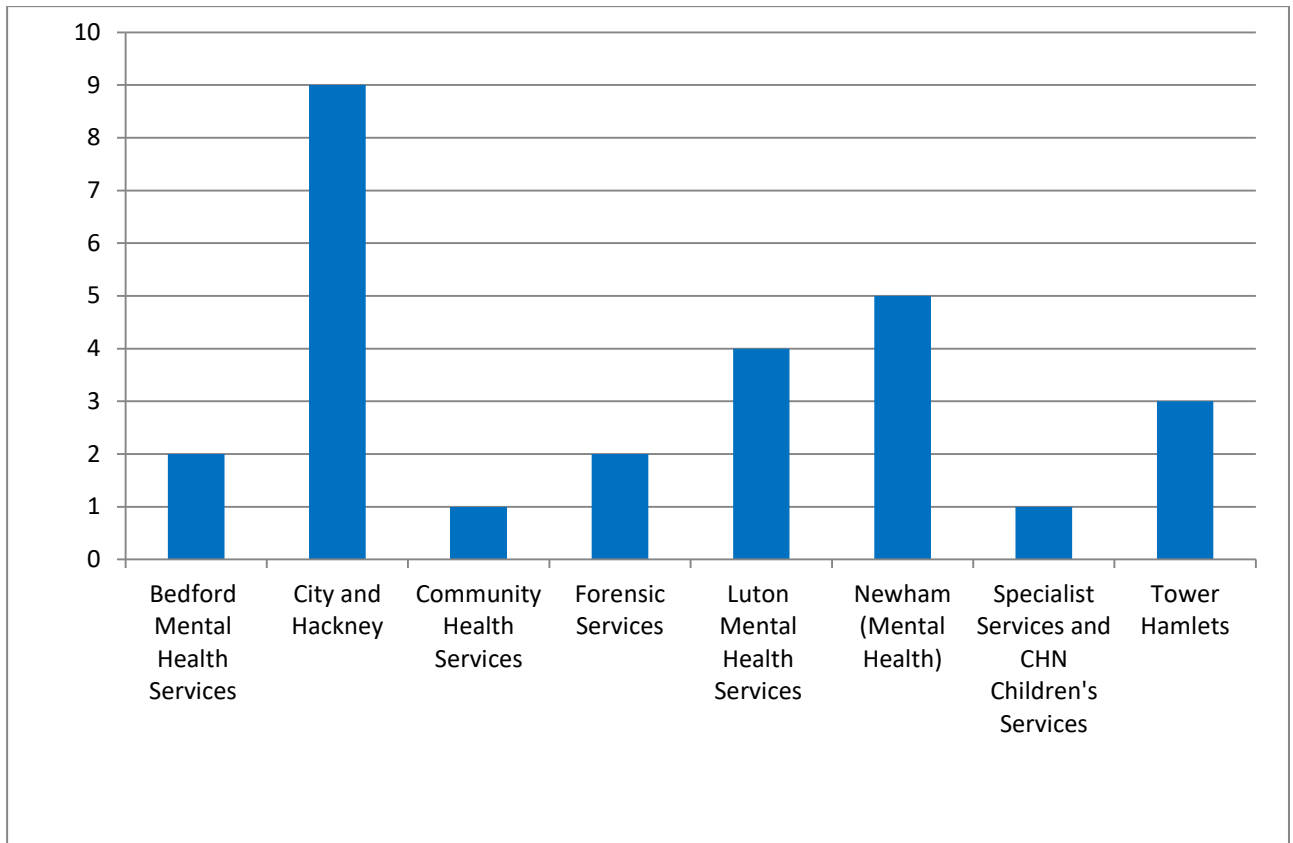
**All fire incidents (including false alarms) reported Trust-wide:**



**All reported fire incidents (including false alarms) by Directorate:**



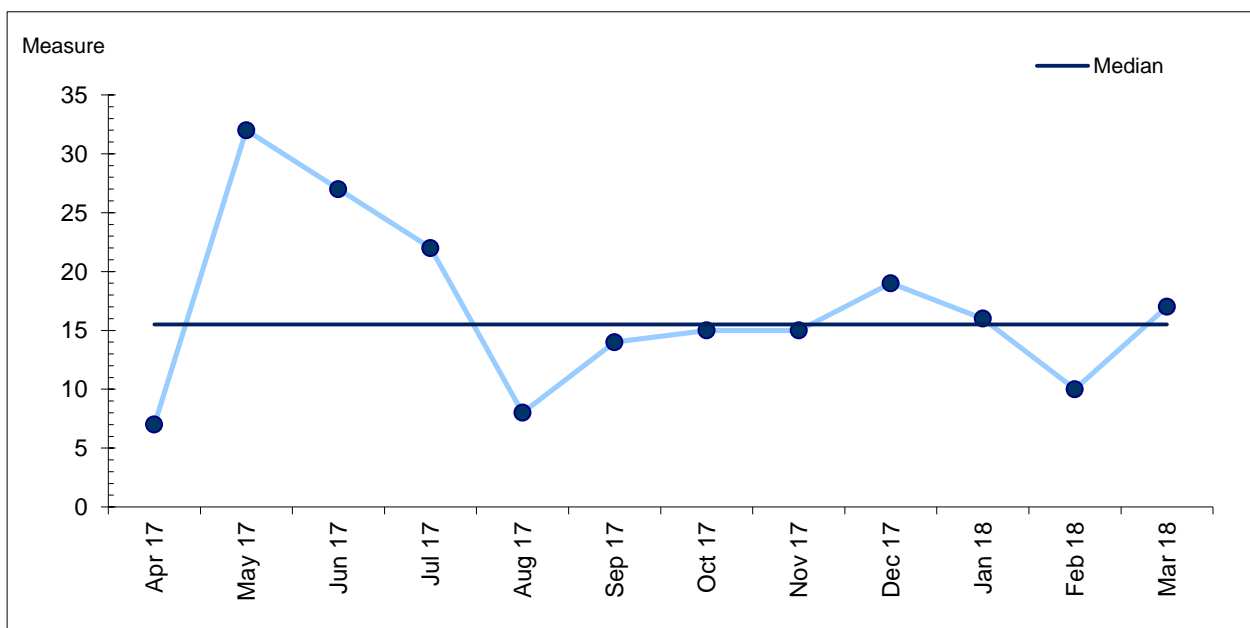




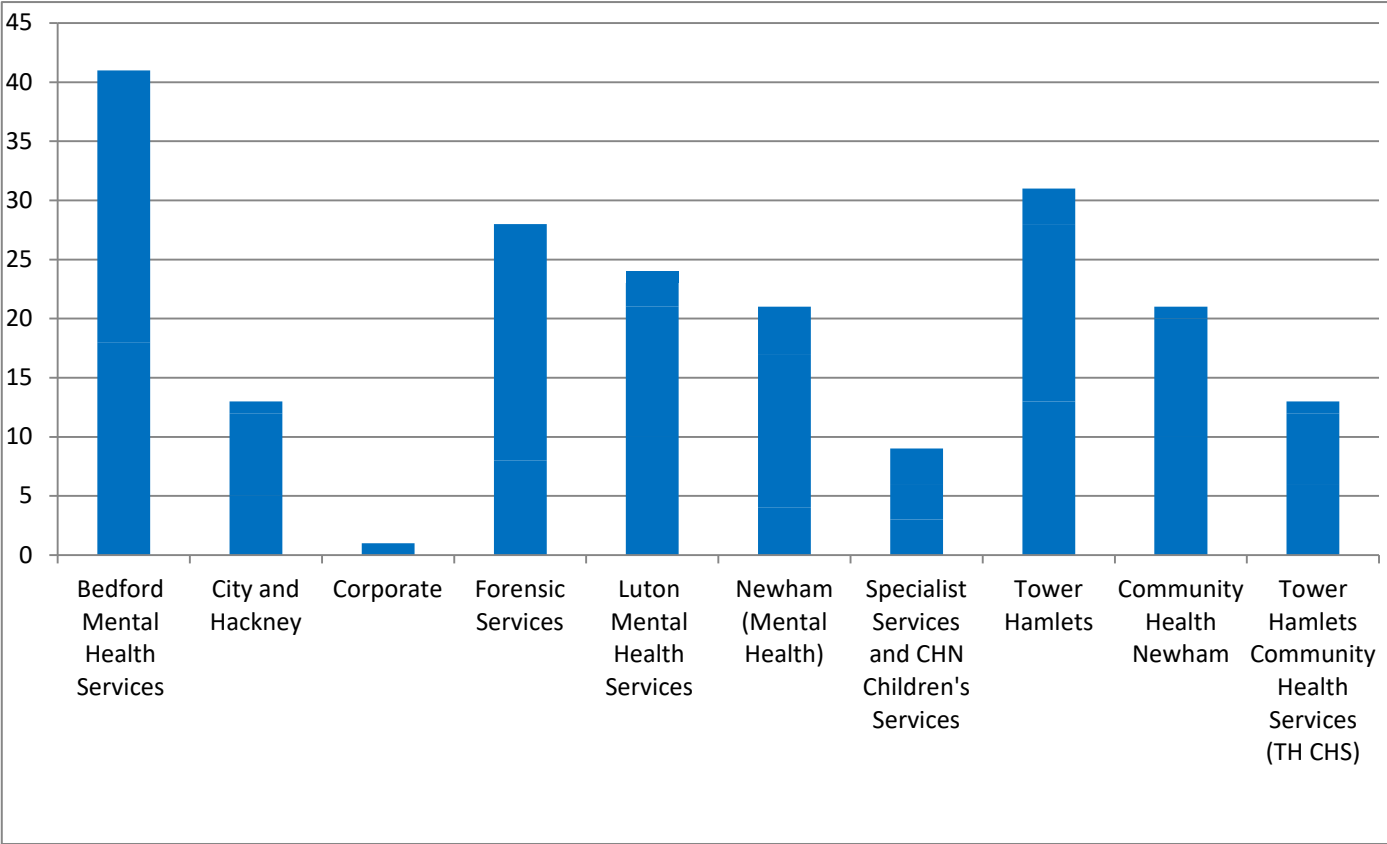
All fire incidents reported are reviewed by the trust fire officers and for the reporting period. There were no fire incidents of a serious nature.

**Slips, trips and falls – non-clinical (as a result of accident or hazard)**

**All reported non-clinical slips, trips and falls – Trust-wide:**



**All reported non-clinical slips, trips and falls by directorate:**



The statutory health and safety duties of the Trust include an absolute duty to provide floor surfaces and working environments that are safe and without slip and trip hazards.

Staff are encouraged to report all slips, trips and falls to enable the H&S leads locally and corporately to conduct an investigation, where practicable and helpful, to look at ways to prevent reoccurrence of such incidents.

## RIDDOR

Directorate	2015/16	2016/17	2017/18
Bedford	4	4	1
CAMHS	0	1	1
City & Hackney	11	6	12
Corporate	1	1	1
Forensic Services	14	10	25
Luton	0	2	8
Newham (Mental Health)	5	3	10
Specialist Services and CHN Children	1	0	0
Tower Hamlets (Mental Health)	4	7	14
Community Health Newham	2	2	3
Tower Hamlets Community Health Services	-	-	0
<b>Total</b>	<b>43</b>	<b>36</b>	<b>75</b>

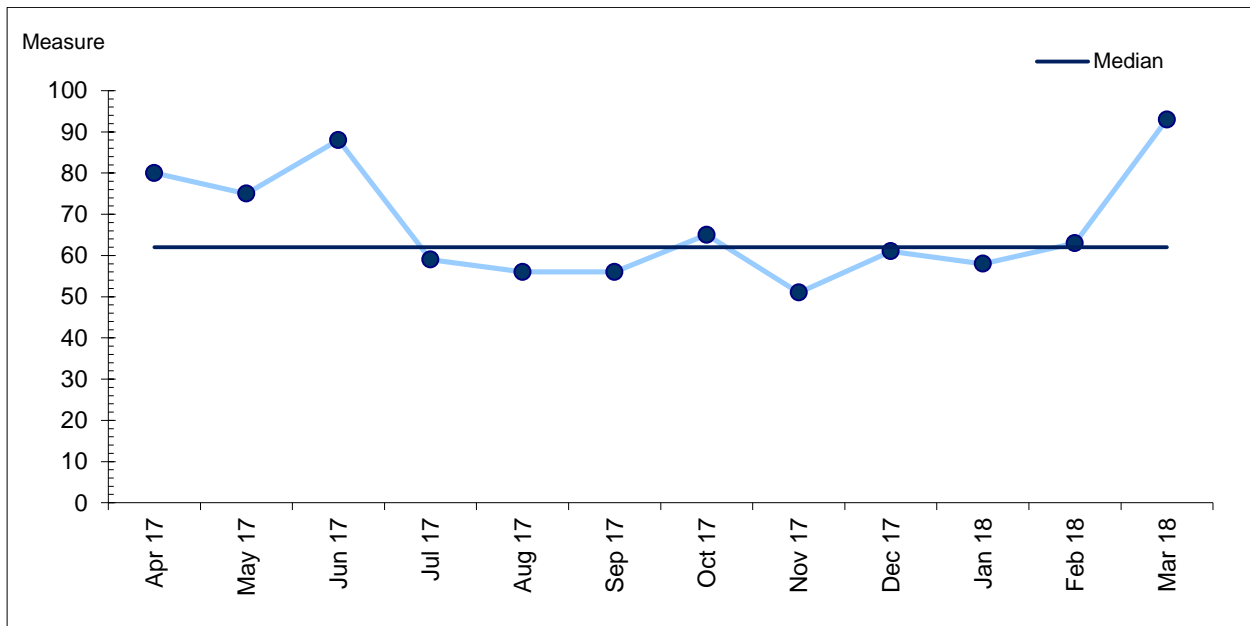
The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) require the reporting of work-related accidents, diseases and dangerous occurrences to the Health and Safety Executive (HSE). RIDDOR puts duties on employers, the self-employed and people in control of work premises to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences

Each RIDDOR report that is submitted to the HSE is categorised by type. Physical assaults on staff are the most widely reported health and safety related incident and this is reflected by the number of RIDDOR reports for assaults submitted to HSE.

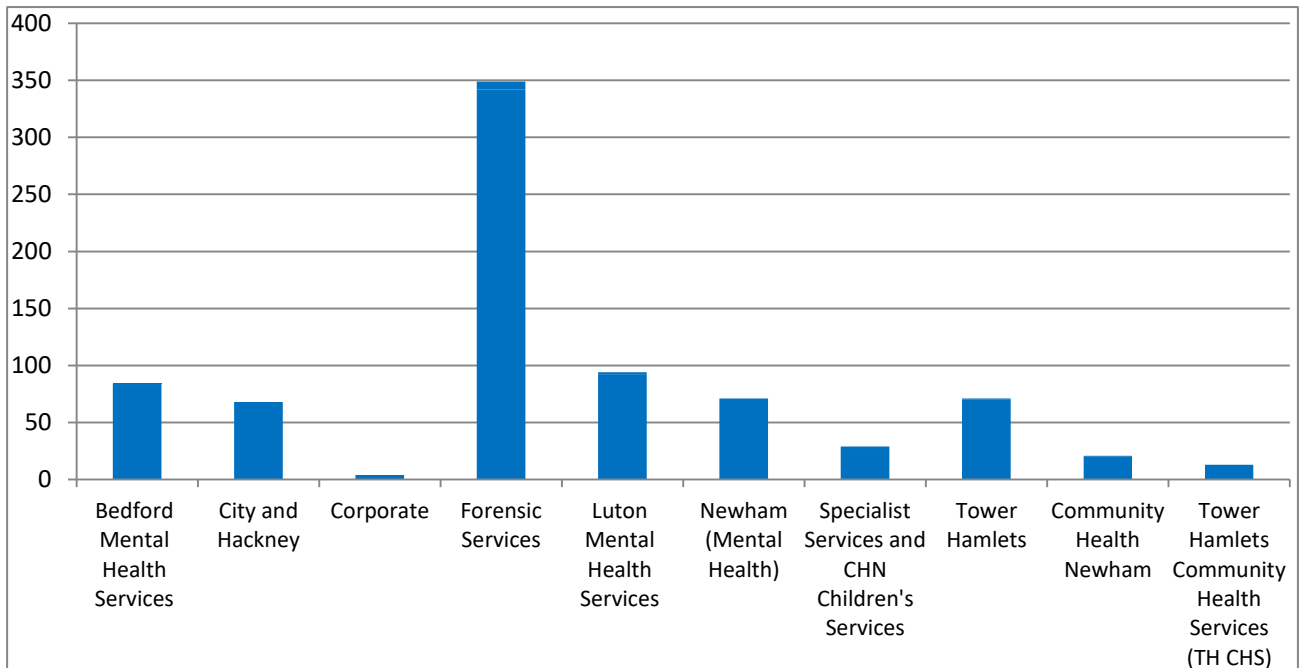
Assaults accounted for 80% of all RIDDOR reports in 2017/18. The second most common type of H & S related incident reported within the Trust were slips, trips and falls which accounted for 15% of all RIDDOR reports submitted to HSE. The remaining incidents (5%) were colliding with an object.

## Security Incidents

### All reported security incidents – Trust-wide:



### All reported security incidents by directorate:



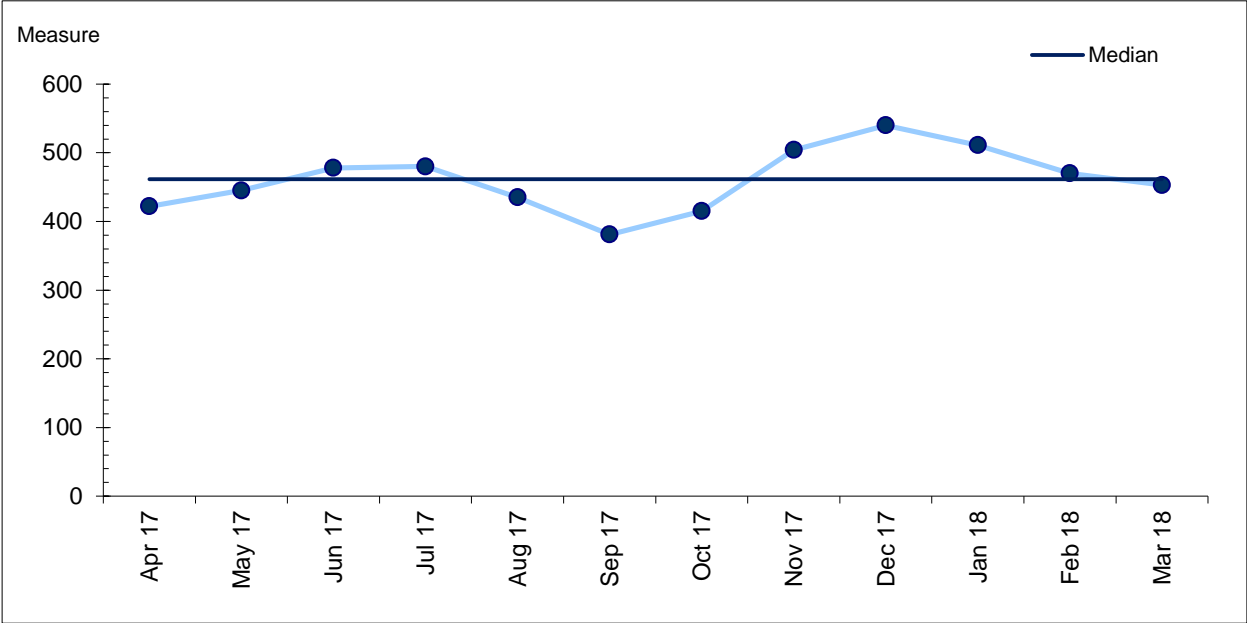
The Trust promotes a pro-security culture through a range of arrangements including policies and procedures as well as via awareness training sessions by the Health, Safety and Security Team at induction and as part PMVA training.

The higher number in forensic services reflect security breaches such as reports of the finding of prohibited items, such as lighters and tobacco, during both random searches and as part of risk management. Other breaches include doors being left unlocked in buildings and associated general housekeeping.

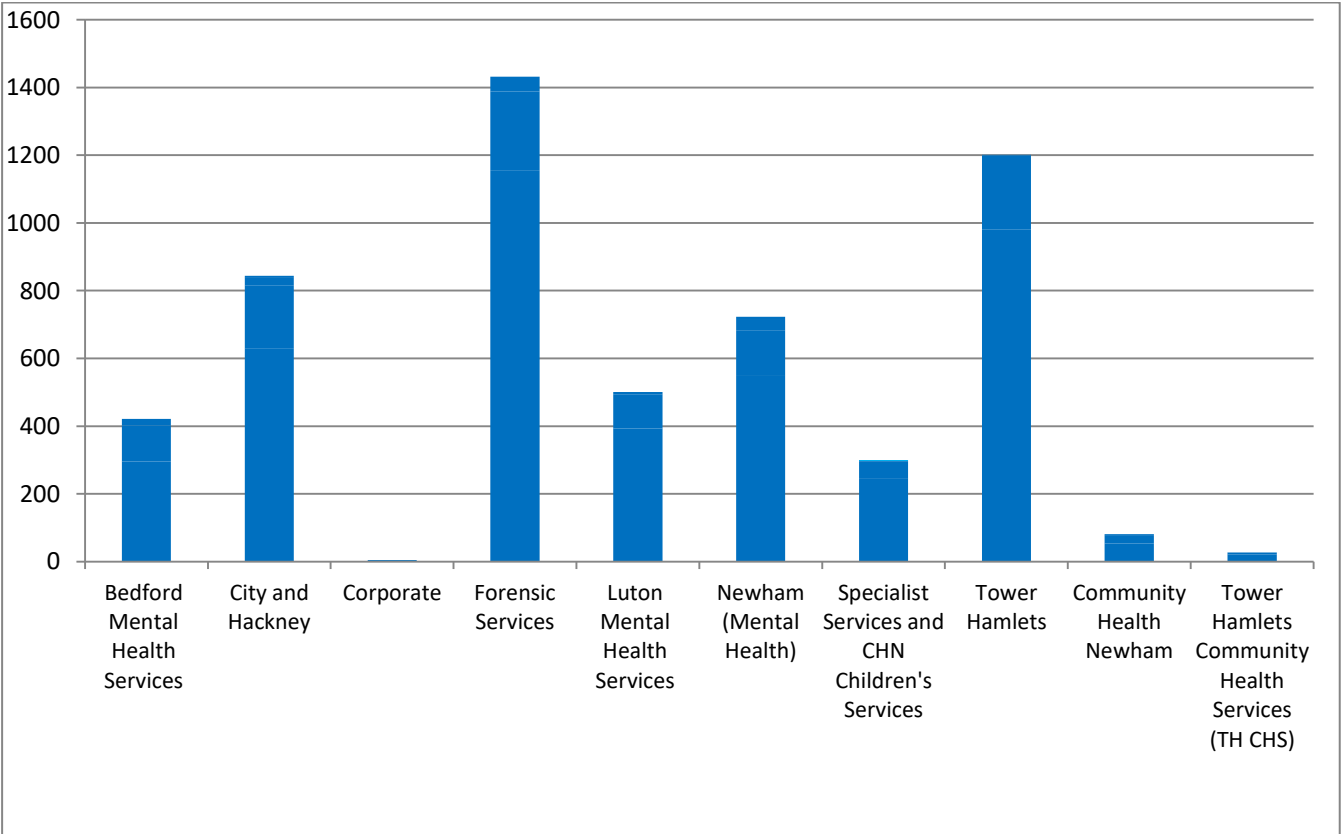
There are two fully staffed security teams – both at the John Howard Centre and Wolfson House who review and investigate all reported security incidents there.

**Violence and Aggression**

**All reported violence and aggression – Trust-wide:**



**All reported violence and aggression incidents by directorate:**



### All Violence and Aggression Incidents comparison

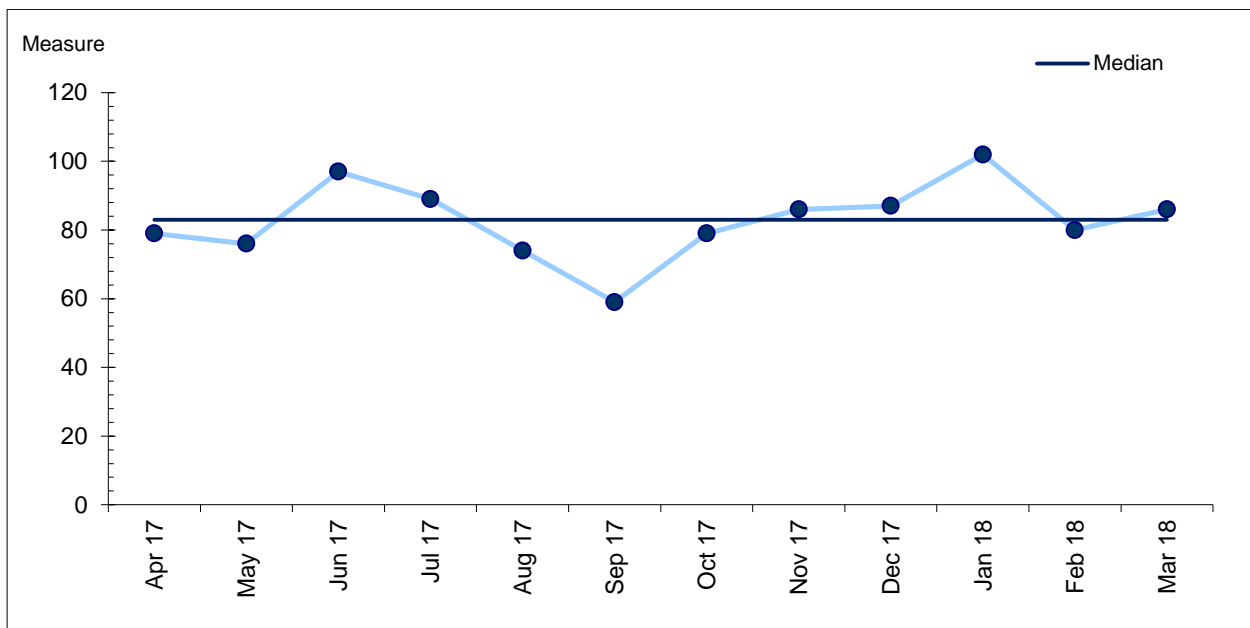
<b>Directorate</b>	<b>Incidents reported 2015/16</b>	<b>Incidents reported 2016/17</b>	<b>Incidents reported 2017/18</b>
City & Hackney	<b>624</b>	<b>873</b>	<b>844</b>
Newham (Mental Health)	<b>758</b>	<b>744</b>	<b>723</b>
Tower Hamlets	<b>735</b>	<b>761</b>	<b>1201</b>
Forensic Services	<b>1123</b>	<b>1314</b>	<b>1432</b>
Community Health Newham	<b>216</b>	<b>268</b>	<b>81</b>
Tower Hamlets Community Health Services	-	-	<b>27</b>
Specialist Services and CHN Children	<b>253</b>	<b>253</b>	<b>300</b>
Corporate	<b>6</b>	<b>3</b>	<b>4</b>
Luton	<b>476</b>	<b>764</b>	<b>501</b>
Bedfordshire	<b>306</b>	<b>544</b>	<b>421</b>
<b>Total</b>	<b>4497</b>	<b>5524</b>	<b>5534</b>

Directorates are advised to actively report criminal damage and non-physical incidents, such as threatening and verbally abusive behaviours as well as racial aggression. This can account for the increase in numbers in some directorates. Staff are actively encouraged to report all incidents where they, a colleague or a service user has felt threatened or intimidated.

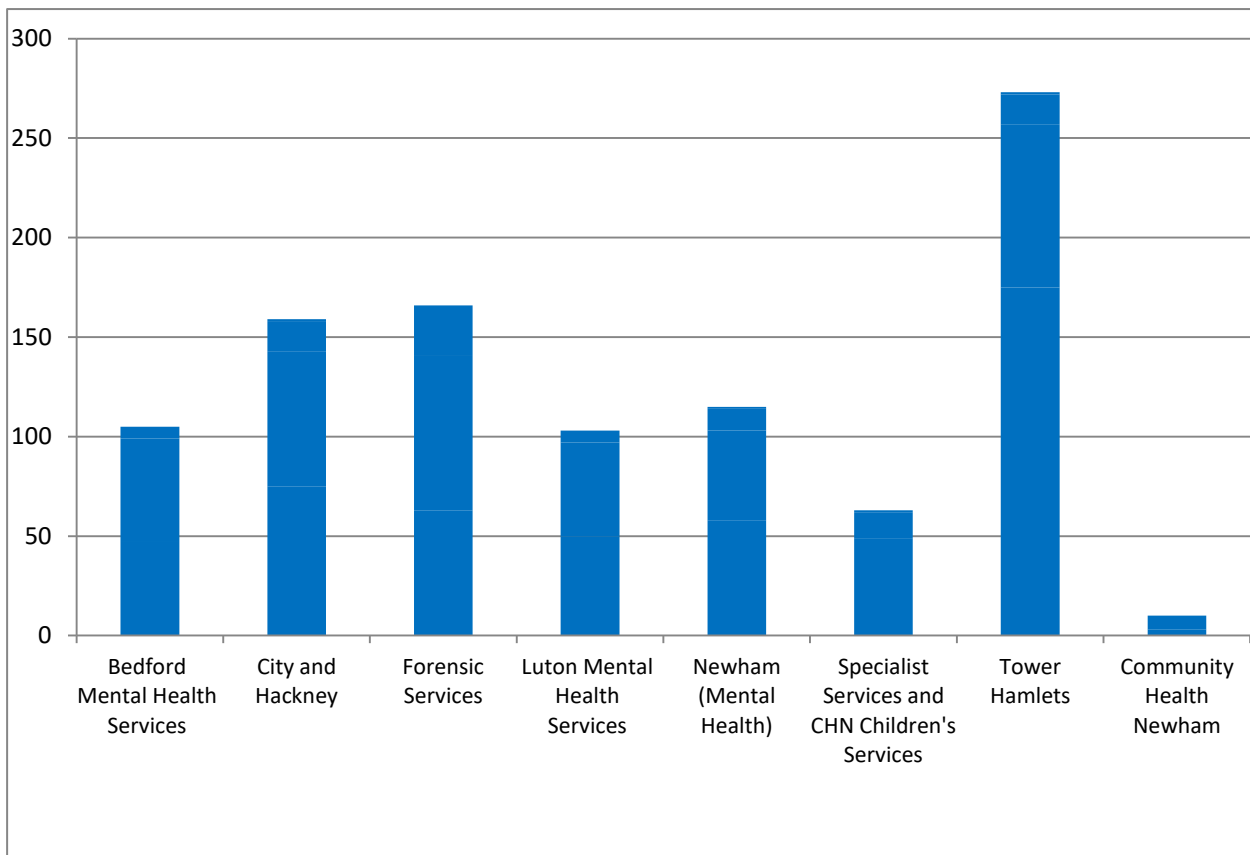
The significant increase in violent and aggressive incidents in Tower Hamlets can be attributed to the fact that the PICU wards in particular had been extremely busy by way of the number of admissions and the significant number of patients with challenging behaviours.

## Violence and Aggression - Physical Violence towards staff

### All reported physical violence incidents – Trust-wide:



### All Physical Violence towards staff incidents by directorate:



Since the appointment of then Trust's Security and Police Liaison Advisor (now its Health, Safety, Security and Emergency Planning Manager) there has been a marked increase in both reporting of incidents to the police.

For the period of 2017-18, 505 incidents of violence and aggression were reported to the police for further investigation. The Health, Safety & Security Team continues to monitor the progression of these police investigations to ensure they are proportionately and are not closed inappropriately. Furthermore, there has been a marked improvement in the support available to staff and patients who are victims of assault. This has ranged from support when reporting incidents to police right up to and including support whilst giving evidence at court.

The Trust continues to maintain and develop very close collaborative working relationships with the relevant policing boroughs. Each borough has retained its own mental health liaison police officer with both Newham and Tower Hamlets looking at replicating the policing model in Hackney of its own dedicated NHS Intervention Officer. The aim of this initiative is to reduce levels of violence at each site, increase levels of confidence in the police and to further increase positive outcomes for victims.

Whilst our London sites continue to benefit from achieving criminal sanctions we are finding that the response of Bedfordshire Police to incidents on the wards remains challenging in that they are either not generating crime reports when they are reported by staff or that they are closing investigations before consulting victims or the medical teams.

Bedfordshire Police have now appointed their Mental Health Liaison Officer who will be working with the Trust collaboratively to address this concern. There is also a working group consisting of Trust staff and the police to compile a memorandum of understanding around police investigation in mental health settings which will then be ratified by the Mental Health Crisis Care Concordat Delivery Group.

ELFT has also been asked to provide mental health awareness training to officers in both the Metropolitan and Bedfordshire Police Services. These training packages will be service-user led and provided to all front line officers.

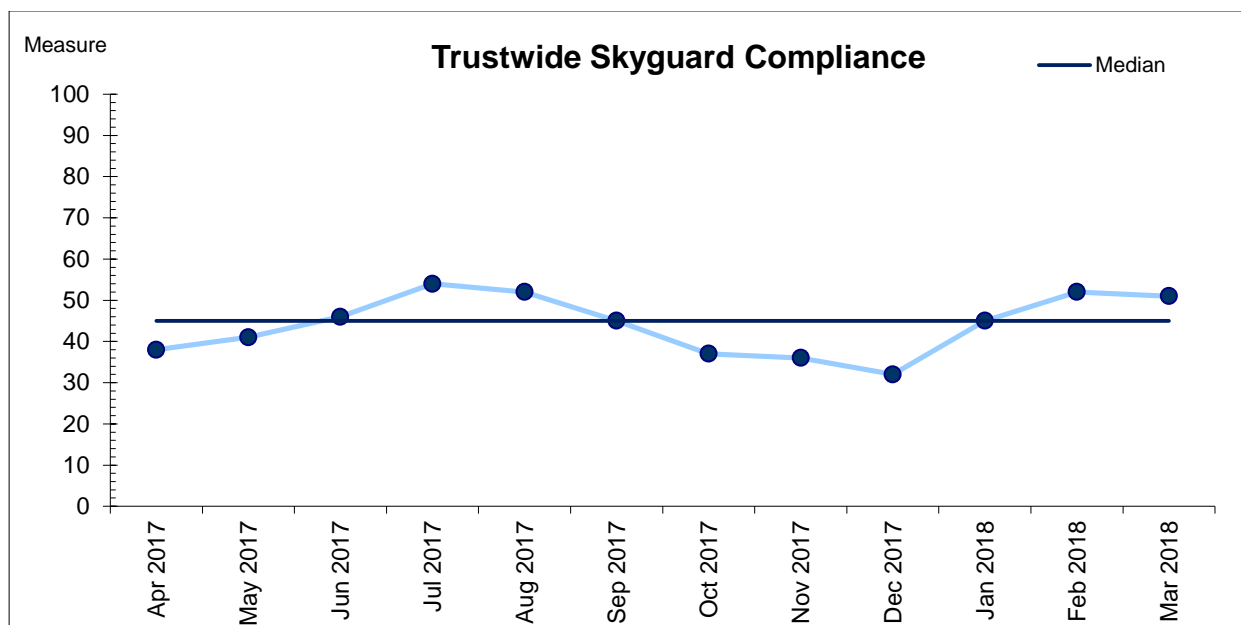
## **9.0 Lone Working**

There has been a drive to improve lone worker safety at ELFT, with the development of new safety initiatives and encouragement of improved protocols and practice.

Part of this drive has included the dissemination of 1360 Skyguard lone worker devices. This new key fob with the latest GPS technology tracks staff's whereabouts and includes an alarm system to support safe working with patients out in the community. Any alarm calls are sent to controllers at an incident management centre who can use the device to have a two-way conversation with the user or listen to what is happening. They can then decide a course of action, for example calling the emergency services.

Staff identified as a lone worker have been provided with the device and have received the relevant training by the Health, Safety & Security Team in both their use and administration. Usage of the devices will be monitored by the Health & Safety Team to ensure obligations are met under the HASWA 1974.





The Health, Safety & Security Team recently met with Skyguard and have devised the following actions to increase compliance:

- The Health, Safety & Security Team are currently revisiting teams to conduct refresher training/ awareness sessions and to receive feedback from staff members as to possible reasons for low usage – Luton and Bedfordshire teams have been prioritised due to their current low compliance.
- Monthly usage reports continue to be sent to directors/lone working leads to identify those staff who have not used their devices..
- There has been an extensive campaign via the communications department on the intranet, bulletin and Trustalk with Skyguard having its own dedicated intranet page.
- Weekly compliance figures provided to Chief Nurse and Deputy Chief Executive who in turn will be raising them at the Directors weekly meeting.

## 10.0 Health, Safety and Security Inspections

Each area/ward/department is required to undertake an annual health, safety and security inspection, usually being carried out by each risk officer. The risk officer training has been revised to ensure it meets current legislation and requirements. Currently, the findings are reported both locally and at trust wide Committee. This provides a framework for actions to be undertaken to maximise the delivery of a safe workplace.

The common concerns raised are:

- No identified risk officers or requirement for refresher training – risk officers will be identified for each site and training provided by the Health, Safety & Security Team.

- No up to date HSE law, LSMS or Trust anti-violence posters on the site – the Health, Safety & Security Team are redistributing Trust posters to sites and providing appropriate advice.

## 11.0 Training

### Health & Safety/Security awareness

The Trust provides a number of e-learning courses for this area. The courses will be determined by the roles the individual staff member carries out and are pre-agreed by their line manager and the Training and Development Team.

The following table outlines the current training compliance for the mandatory courses in relation to health & safety:

Current training compliance		TRUST TOTAL (ELFT)			
<b>Total Number of staff</b>		6,155			
Course Title	Freq	Target Audience	Compliant	Outstanding	PCT of Compliance
Fire Competency	6 Months	1,163	716	447	62%
Fire Safety	Yearly	3,454	2,552	902	74%
Fire Course	2 Yearly	1,166	925	241	79%
Fire Warden	2 Yearly	86	51	35	59%
Health & Safety	3 Yearly	4,618	4,052	566	88%
Manual Handling	3 Yearly	3,861	3,370	491	87%

The Trust Fire Officer is currently working very closely with managers to increase and improve all areas of fire training compliance.

The health, safety and security awareness presentation has now been placed back on to the new starters induction programme and is provided by the Health, Safety & Security Team.

### Fire training

There are two alternative pathways for fire training dependent on staff responsibilities, namely:

Non ward based staff:

Annual Fire Awareness Training: the mandatory requirement for compliance is fulfilled by individuals completing an E-learning programme. Alternatively, face-to-face sessions may be arranged locally should sufficient numbers of staff require training in one premises.

Fire WARDEN (Generic) Course: the provision for those key personnel within each premise that are designated to take on additional responsibilities relating to fire procedures in their workplace. Regular courses are run at central venues within the organisation and are arranged by the Training Dept. Courses are facilitated by the Trust Fire Officer (0.5 day).

Clinical ward based staff:

Those with direct responsibilities for patient welfare and safety, undergo a higher standard of training in response to the high risk environment of mental health in-patient facilities. Courses are arranged locally with the Trust Fire Officer. The structure of training is as follows:

<b>Fire Training</b>	<b>Structure</b>	<b>Content</b>
<b>FIRE COURSE (in-patient staff)</b> Carried out by Trust Fire Officer	0.5 day All ward based clinical staff (including OTs) Two yearly requalification Venue - site of employment	General fire awareness Local fire procedures Fire extinguisher training (practical) Fire drill on ward (practical)
<b>FIRE COMPETENCY ASSESSMENT (FCA)</b> Carried out by line manager	All Ward based clinical staff (including OTs) 6 monthly assessment	Q&A on all aspects of fire duties in relation to ward environment on site of employment, including: Fire alarm system. Evacuation strategy. Fire extinguishers etc.

## 12.0 Priorities for 2017/18

- To develop a health, safety and security intranet page, ensuring it is informative and user- friendly.
- To ensure that all units have in place trained risk officers.
- Reconvene quarterly trust wide senior management meeting with both Metropolitan and Bedfordshire Police Services.
- Establish DSE champions in each directorate.
- Improve compliance with fire training
- Improve compliance for usage of lone worker devices.

## 13.0 Action

The Board is asked to **RECEIVE** and **NOTE** the annual report.