

SOMERSET NHS FOUNDATION TRUST

Health and Safety Annual Report 2022/2023

Report to Quality and Governance Committee on 6 October 2023		
Purpose of the Report: This report provides an update on Health and Safety Management during 2022/23		
Sponsor:	Stephen Thomson, Director of Integrated Governance Samantha Hann, Deputy Director of Integrated Governance	
Author:	Emma Reed-Wade Health & Safety Officer 01823 344743	Indicative Timings (Mins)
Contact Details:		
Financial/Resource Implications:	n/a	
Risk Implications – Link to Assurance Framework or Corporate Risk Register:	<p>Strategic Objectives 2 – Provide the best care and support to people</p> <p>Strategic Objective 6 – Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture</p> <p>Strategic Objective 8 – Develop a high performing organisation delivering the vision of the trust</p> <p>Corporate risk RSK-001789: Unsafe premises and environment</p> <p>Corporate risk RSK-001238: Fire Compartmentation</p> <p>Corporate risk U1047: Reduction of funding into SSL budget to meet service requirements</p>	
Legal Implications:	Health and Safety at Work Act 1974 and associated legislation	
Link to CQC Fundamental Standards	Linked to a range of requirements in particular: Regulation 12 - Safe Care and Treatment Regulation 15 - Premises and Equipment Regulation 18 - Staffing (training / competence)	
Freedom of Information Status:	Tick if one of the following apply: <input type="checkbox"/> Data protection – staff or patient detail <input type="checkbox"/> Commercially sensitive <input type="checkbox"/> Stakeholder management <input type="checkbox"/> Early stage of discussion – Potentially prejudicial to staff morale or partnership working	
Previous Considerations:	None	
Action Required: (Please type in Bold)	For assurance and information	

1. Purpose

The purpose of the report is to provide the Trust with continued assurance that the processes and systems that are in place for managing health and safety within Somerset NHS Foundation Trust (hereafter referred to as the Trust or SFT) remain effective. The Trust is committed to health and safety and as such maintains a close working relationship with our regulators and Trade Union (staff side) colleagues.

This report follows the Health and Safety Executive (HSE) approach to successful health and safety management which if followed, supports the organisations to meet their legal requirements in respect of health and safety. The key elements defined by the HSE are:

- **Plan** – commitment at Board level, policies to be in place and implemented
- **Do** – to undertake ‘suitable and sufficient’ assessment of significant risks, with controls in place to mitigate the risk, including training. Effective communication and consultation with employees to promote a positive, visible approach.
- **Check** – measuring health and safety performance, effectiveness of controls and developing a positive health and safety culture.
- **Act** – to measure and review performance, incident investigation and learning

This report focusses on these fundamental requirements and covers the breadth of specialist health and safety topics.

2. Summary

Health and safety continues to be integral to the core business for the organisation, ensuring the safety of our patients, staff and visitors. The focus is on retaining a positive health and safety culture as recognised by external regulators and ensuring health and safety embraces improvement in the working environment and work-related processes.

The Health and Safety Committee and the Safety Environment Advisors Group (SEAG) are the dedicated safety meetings, as agreed in partnership with our Trade Union (staff side) colleagues. These meetings ensure effective structures and processes are in place to successfully manage health and safety within the organisation. Membership on both meetings is representative across the breadth of the organisation as well as staff side representation. The meetings continue to be successful, sharing knowledge and experience across the organisation. Safety Topic Leads continue to report into SEAG either directly or via specialist safety meetings such as the Fire Safety Committee, Water Safety Group.

Incidents, near misses and health and safety risks are reviewed at the safety meetings and specialist topic meetings, with learning shared across the multi-professional representation on these meetings. Incidents are reported using RADAR, which also hosts the Trust’s risk register, enabling managers and safety topic leads to have access to incident and risk data. This supports the reviews which are undertaken based on trends for learning and improvement.

Collaboration with our staff side colleagues continues to be positive, with regular (twice monthly) informal meetings in place to address any staff side queries at an early stage and for the sharing of information. Our staff side colleagues have had input into this report.

The Health and Safety Policy is agreed in association with our staff side colleagues and remained in date during the year covered by the report. During the year, a new Health and Safety Policy was developed and approved in readiness for the integration of SFT and Yeovil District Hospital NHS Foundation Trust (YDH). Additionally, there are policies in place for other health and safety related topics across the organisation. All policies are monitored within the Service Group performance structure, with SEAG providing a supportive oversight of the status of all health and safety policies. This forms part of the SEAG work schedule, together with support of policy monitoring.

The review and updating of Learning Frameworks/Training Needs Analysis has continued with support from the Health and Safety Team. The Learning Frameworks are updated annually and when there are changes to legislation, policy or national guidance. Evidence bases for training are detailed within these frameworks. The learning frameworks are aligned to the National Core Skills Training Framework (CSFT) and frameworks for the eleven core skills and Service Groups receive monthly compliance data against these.

The health and wellbeing agenda has remained a key focus for the organisation with the emphasis on eight aspects of health and wellbeing which include occupational health; physical; and mental wellbeing. The Wellbeing Team and Governance Support Team (GST) continue to work collaboratively and in partnership with our Occupational Health provider Optima, ensuring information is reviewed regularly and any emerging trends are identified.

Focused discussions remained ongoing during the year with our colleagues in YDH, linked to health and safety, in preparation for integration which took place on 1 April 2023. The Health & Safety workstream has progressed an agreed programme for collaborative working, to support the longer-term considerations required for alignment of policies and processes post-integration.

3. Overall Management of Health and Safety Structure

The Trust continues to have robust systems and processes in place to manage health and safety which are outlined in this section. These processes are aligned with legal requirements and embedded within the overall guidance. Active staff side consultation and involvement is integral to the continued success of health and safety within the organisation.

The Accountable Executive Director for health and safety is Phil Brice, Director of Corporate Services, with the other Executive Directors continuing to take an involvement in health and safety management and promoting a positive safety culture.

Aligning of the processes for health and safety has continued throughout this period and this has included working with Steve Parker of Parker Associates, who was the Nominated Competent Advisor for the legacy Somerset Partnership NHS Foundation Trust and has continued to support the team since integration.

As part of the integration with YDH, Samantha Hann moved initially into a joint role across YDH and SFT as Head of Risk & Health and Safety in April 2022, supported by Steve Thomson as Director of Integrated Governance, and Emma Reed-Wade as Health & Safety Officer for the Trust. Together, the team oversee and ensure delivery of competent advice across the Trust.

Within health and safety, there is a strong link to risk management including risk assessments and the use of the RADAR risk management system.

As part of the planned integration with YDH, the joint role of Head of Health, Safety & Risk worked across the two organisation to align the risk management arrangements. This included developing a Risk Management Strategy for the new organisation which was approved by the Trust Board in March 2023. This has been disseminated across the organisation. The Risk Management Policy is currently in development with key stakeholders within the organisation including members of the health and safety team.

3.1 Trust Health and Safety Committee

The Trust Health and Safety Committee provides the opportunity for partnership working with our staff side colleagues. This is scheduled on a quarterly basis. Together with Local Health & Safety meetings held monthly to discuss issues across the trust and to address concerns in a timely way.

The Committee receives regular reports on policy consultation and development, key health and safety risks, incidents and results of safety audits / inspections or associated safety reports.

The Committee also support all trade union concerns raised. These are jointly followed up with our Health & Safety Officer and staff side colleagues to understand the nature of the concern and to support local managers with considerate and proportionate solutions for improvement and or resolution which has reduced the response time to queries and concerns.

In the event of any regulatory visits or information requests, from the Care Quality Commission (CQC) or HSE, the Committee is kept informed of these and any outcomes.

3.2 Safety and Environment Topic Leads

The system of topic leads continues to be embedded across all governance topics, including health, safety, and the environment.

All topic leads are supported by an identified link within the Governance Support Team. For all health and safety topics this is the Head of Risk, Health and Safety, who provides guidance and support, including specific advice on how any regulatory standards should be addressed.

The focus has remained on the continued support with aligning processes and arrangements across both organisations.

3.3 Safety and Environment Advisors Group (SEAG)

SEAG has continued to meet on a monthly basis to provide a forum for specialist health, safety and environment Topic Leads to ensure compliance in their field.

The Committee is chaired by the Ergonomic and Back Care Advisor, who is responsible for ensuring that a structure is in place to manage the health and safety functions for the topics that report to it (see Appendix A). This includes policy consultation, development and approval, policy monitoring and action plan updates. This work schedule aligned with the Integrated Quality Assurance Board (IQAB) reports for all topics. This group has been revised and renamed the Quality Assurance Group following integration with YDH. Additionally, all health, safety or environment external regulatory activity has been monitored at SEAG and regular updates against action plans set, as a standing agenda item.

The membership of SEAG includes representation from service groups and corporate teams to provide consistency and assurance for health and safety related topics.

SEAG activity during 2022/23 is reflected in the annual IQAB reports. A list of the topics under the remit of health, safety and risk that reported through SEAG and IQAB can be found as Appendix B.

Where topics have a specialist meeting (e.g. medical gases, infection control, sharps safety, etc.), these also link into the SEAG process.

3.4 Health, Safety and Risk Monitors

The workplace Health, Safety, and Risk monitors support local managers with compliance of Health & Safety legal requirements. The role includes supporting their local managers in the completion of risk assessments/reviews; reporting any risk or compliance issues to the manager; encouraging staff to report any risk issues; to comply with any control measures; actions as detailed on risk assessments; and promoting a positive health and safety culture within the workplace. They liaise with line managers in the completion of a quarterly Health, Safety and Risk assessment in the form of an online submission tool of their individual areas' workplace.

The integrated role was launched in January 2022 and we have trained seventy two colleagues trust wide to support this vital link role. The competent workplace health, safety and risk monitors are in place across areas of the acute, community and mental health settings. There is a need to update the training due to the integration with YDH and roll out the updated training.

The integrated role, training and online submission tool has been positively received. Further communication is expected to capture all managers and raise awareness of a mandated annual return, focused on local regulatory Health & Safety compliance in 2023 - 2024.

Ambition

To successfully align and deliver training for the link role of health, safety and risk monitors. To improve local manager support with their health and safety regulatory duties, and to offer assurance around compliance.

Current Performance

A successful and well received programme for legacy SFT. Currently updating the programme following the integration with YDH

4. Colleague Health Safety and Wellbeing

During 2022/23 the health and wellbeing of colleagues continued to be a priority for the organisation. The national health and wellbeing framework was used to consider how the Trusts were supporting colleagues in seven key areas. The accompanying diagnostic tool was completed in October 2022 and gave us a baseline to work from. Whilst this is a 3 – 5 year programme of work, the areas for attention in the coming year will be data insights, fulfilment at work and relationships.

Both Trusts undertook internal audits for health & wellbeing in the reporting period and this resulted in action in key areas such as gathering better data and reviewing the governance reporting arrangements for this area of work.

Joint working and integration of the wellbeing teams from both former Trusts during the year has aided the planning of wellbeing activities and the development of wellbeing activities offering a consistent approach that is in line with the ambition of the People Promise element 'We are Safe and Healthy'.

Continued collaboration with the Governance Support Team health and safety colleagues has resulted in an exploration of how the pre-appraisal checklist can be developed to meet the needs of the organisation and reporting structures. Likewise regular meetings with our Occupational Health provider have been held, ensuring information is reviewed regularly to discuss trends with MSK, stress and contamination injuries.

The Mindful Employer Charter has been revalidated for a further two years incorporating all sites across the Trust. It holds the Trust to account in providing access to emotional wellbeing support for colleagues, providing resources, supports employing people with existing mental health conditions, and providing reasonable adjustments.

As reported last year, the Colleague Support Service (CSS) is a key player in providing that emotional support and referrals into the service have steadily increased to an average of 50 per month. The CSS has built on activities such as Staff Support Post Incident, Compassion Circles, Schwartz Rounds and supervision to key groups. We continue to support and promote health promotion campaigns, for example, stress awareness month by offering webinars and launching a re-vamp of resources on stress management including the PReP leaflet.

Wellbeing Champions continue to support their teams and departments providing the conduit between teams and the organisation, providing useful wellbeing information out and key themes and concerns back to the wellbeing team. As a result, specific training is planned to support their request for a more in depth look at mental health in the workplace. They have been one of the first key groups to experience the wellbeing conversations training. This is designed to equip colleagues to be able to have effective conversations about aspects of wellbeing affecting colleagues, in a safe and non-judgemental way.

Wellbeing Spaces have still been a key priority and during the year the Health Environment and Design group has been instrumental in co-producing design guidelines on wellbeing spaces with colleagues. These are likely to be used in the near future to support the case for development of permanent a wellbeing space at MPH.

Ambition

To build on existing links with the People Services to support the Health, Safety and Wellbeing agenda in line with our Health and Wellbeing Strategy and ensure ongoing support for colleagues.

Current Performance

Work is monitored and reviewed via regular meetings between GST colleagues and the health & wellbeing lead. Smaller working groups and the OH contract review meetings ensure the right conversations are being had. Good results in the NHS staff survey

5. Incidents and RIDDORS

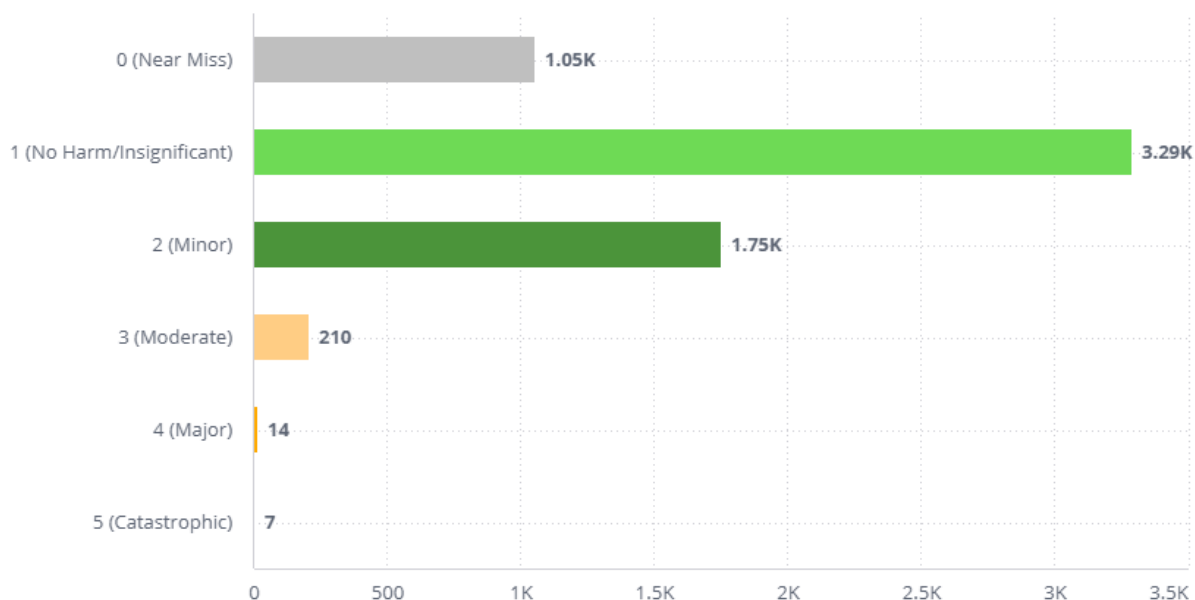
5.1 All incidents / near misses, awareness and sharing

Reports from 1 April 2022 to 31 March 2023 were collated from the integrated reporting system RADAR. The data has been shared at the quarterly Trust Health & Safety Committee.

5.2 All incidents / near misses

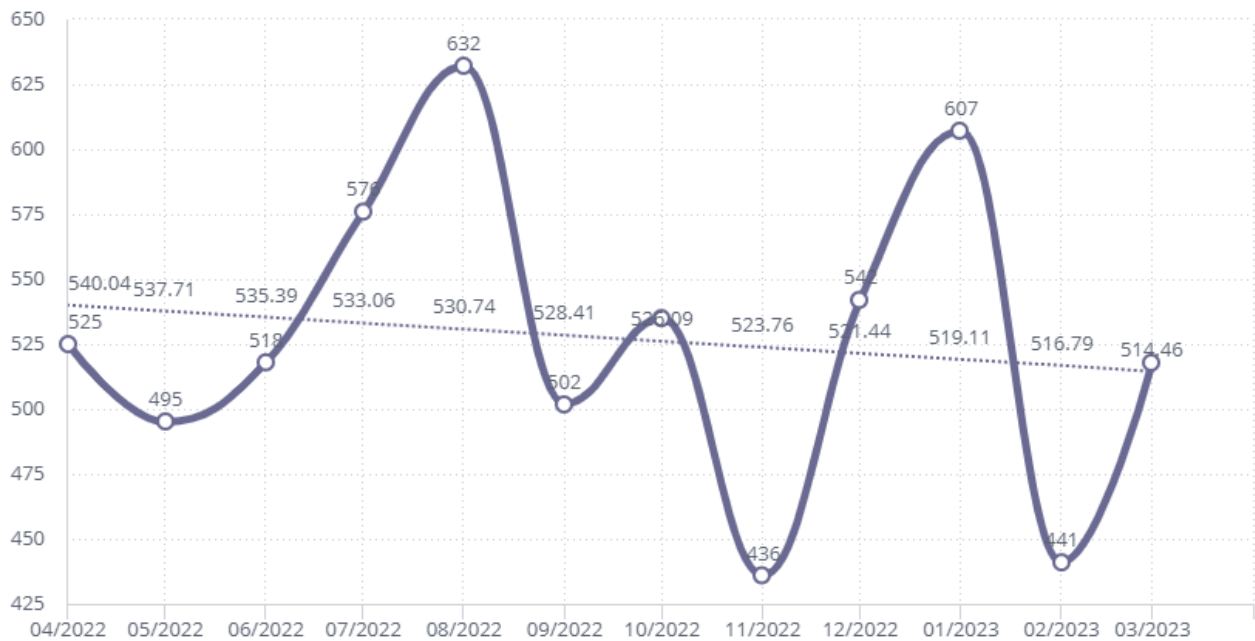
During the period 1 April 2022 and 31 March 2023, 23,849 incidents / near misses have been reported on the Trust’s incident reporting database, of which 6,327 were Health and Safety related.

Incidents by impact



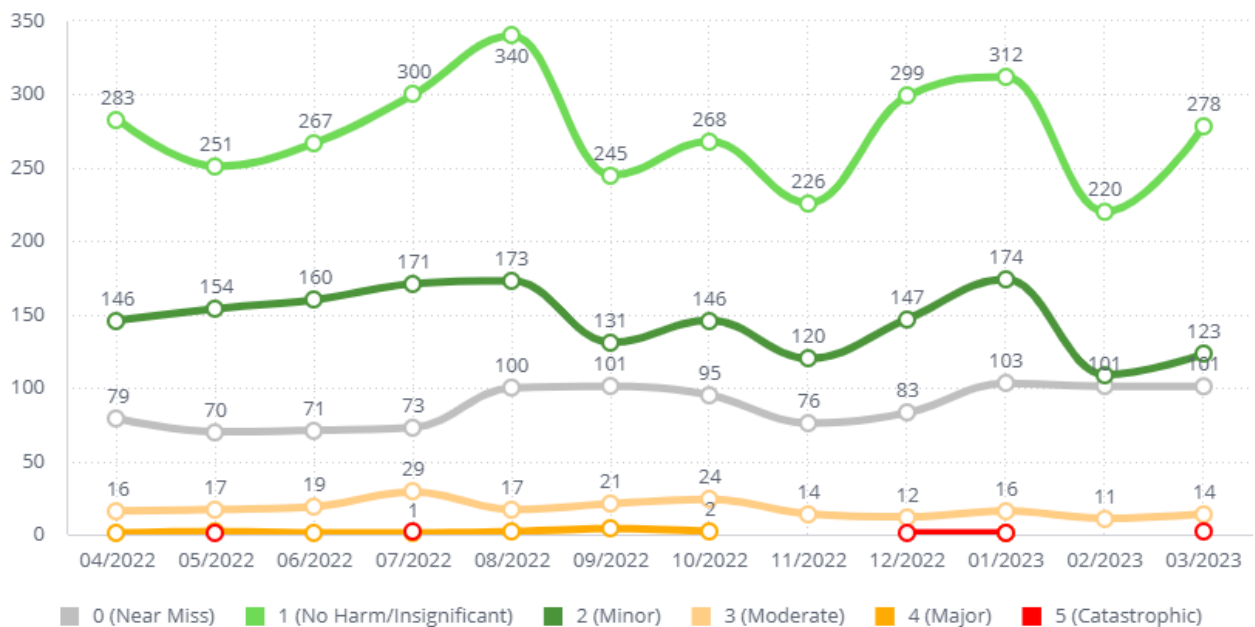
The following chart provides an overview of the reported health and safety incidents, monthly, during 2022/2023:

Number of incidents by month



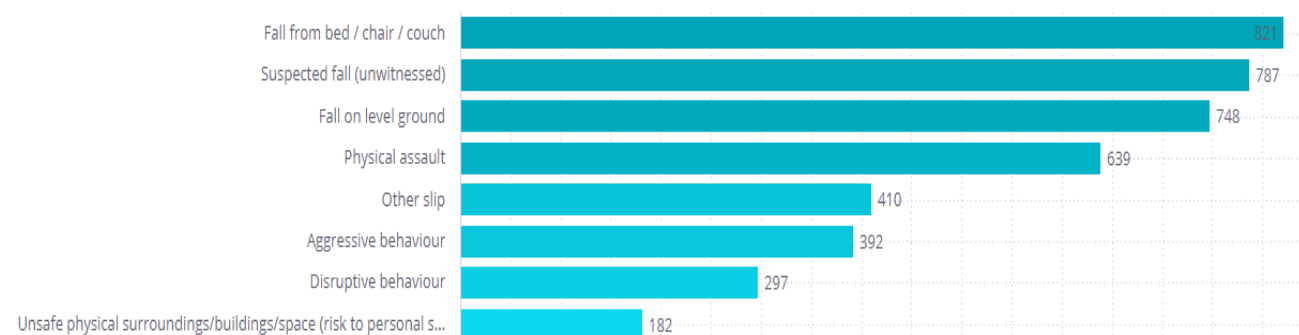
The following chart provides an overview of the reported health and safety incidents and the impact scores, monthly, during 2022/2023:

Incidents by impact



The following chart provides an overview of the top eight safety cause categories 2022/2023:

Causes



The Multi-disciplinary Trust Falls Group reviews falls data every 3 months. The overarching Trust Falls Strategy and Trust Falls Action Plan have been developed and will be updated regularly, reflecting learning from incidents, data of staff and patients. This enables areas to be identified and targeted for improvement. Incident data is analysed and presented by various denominators including but not limited to, severity of harm, ward / department, and time of day.

In addition, the proactive Musgrove Park Hospital site assessments for slips, trips and falls across the public areas of the site (internal corridors, stairwells, and external grounds) continue to be in place and identifies potential fall hazards at the Musgrove Park Hospital acute site. This takes place twice annually as part of the Falls Policy monitoring.

Violence and aggression incidents: 1,851 Incidents

The following table provides total incidents reported per Cause 2022/2023:

Cause	Reported incidents
Physical assault	639
Aggressive behaviour	392
Disruptive behaviour	297
Offensive language	174
Threat	145
Other abuse / discrimination	70
Racial abuse / discrimination	45
Allegation of Abuse	43
Unwanted touch - perceived as sexual	20
Non-threatening or unwelcome sexual comments	12
Inappropriate nudity or exposure	9
Threatening sexual comments or demands	4
Actual sexual assault and rape	1

It is recognised that the risk of clinically related aggressive behaviour will always be present in a health care organisation such as ours. Not least due to the ongoing effects of operational pressures and the consistent pressures from an ageing population in Somerset which is above the national average. However this does not mean this risk should be tolerated and the Trust is committed to reducing the risk and associated harm to our colleagues.

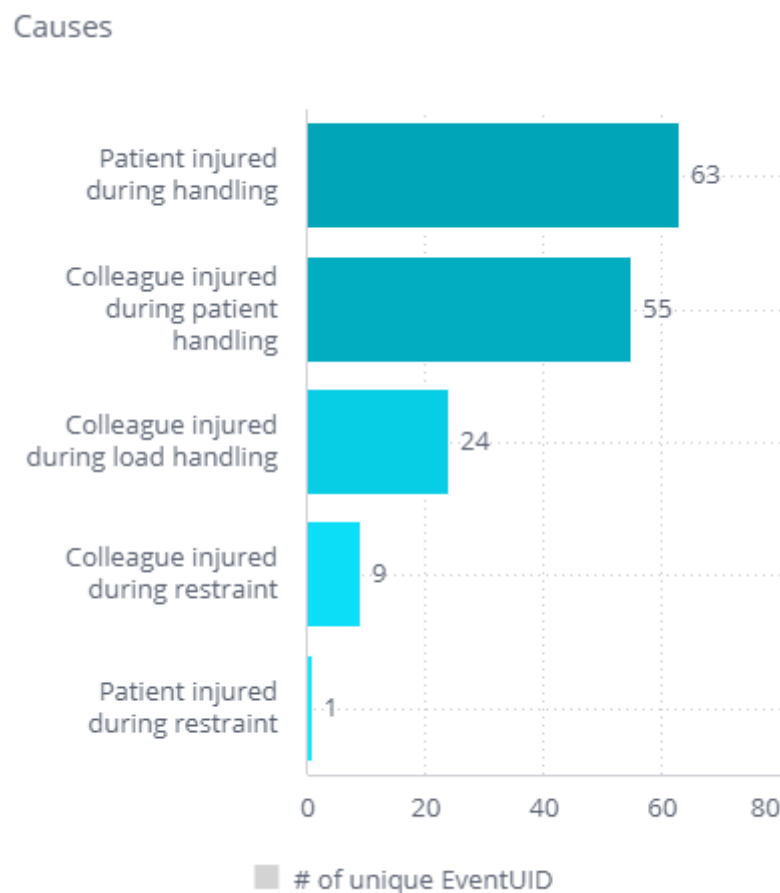
Colleagues are increasingly managing aggressive and violent incidents due to the clinical presentations of patients.

Currently, colleagues are trained via OWL eLearning in Conflict Resolution / Prevention & Management of Violence & Aggression (PMVA). With additional PMVA modules available for all those colleagues identified as being required, but this training is currently not offered to all clinical colleagues.

The Violence and Aggression Steering Group is going to be reformulated and will have a work plan to aim for reduction and improvements in colleague experience.

Moving and Handling incidents: 152 incidents

There has been a downward trajectory of the reporting of moving and handling incidents during this period, with 152 incidents in the period April 2022 – March 2023:



The moving and handling team continue to provide advice and support especially with complex patients e.g. those suffering with cognitive behavioural issues, bariatric patients, and falls. The team have developed virtual platforms to continue to deliver training across the organisation. Further innovative development work is ongoing to ensure continued safety for our patients and colleagues when moving and handling.

There continues to be a fortnightly meeting with the Procurement team to discuss both clinical and non-clinical ergonomic requests. Together with separate reviews with procurement in relation to equipment available to hire and ongoing evaluation of suitable products.

5.3 Incidents reported to the HSE under RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulation (RIDDOR) requires the Trust to report deaths, specified injuries, specific occupational diseases, and dangerous occurrences that ‘arise out of or in connection with work’.

An annual RIDDOR report is presented to the Trust Health and Safety Committee, SEAG, Director of Corporate Services, Service Group Management teams and staff side colleagues. In addition, quarterly RIDDOR reports and progress against the trajectory is undertaken and shared with the Trust Health and Safety Committee and Service Group Governance meetings to ensure there are no emerging shifts or trends that require escalation.

All RIDDORs are fully investigated and monitored by the originating Service Group Governance Committee. An overview of all RIDDORs is a standing agenda item on both the above safety committees.

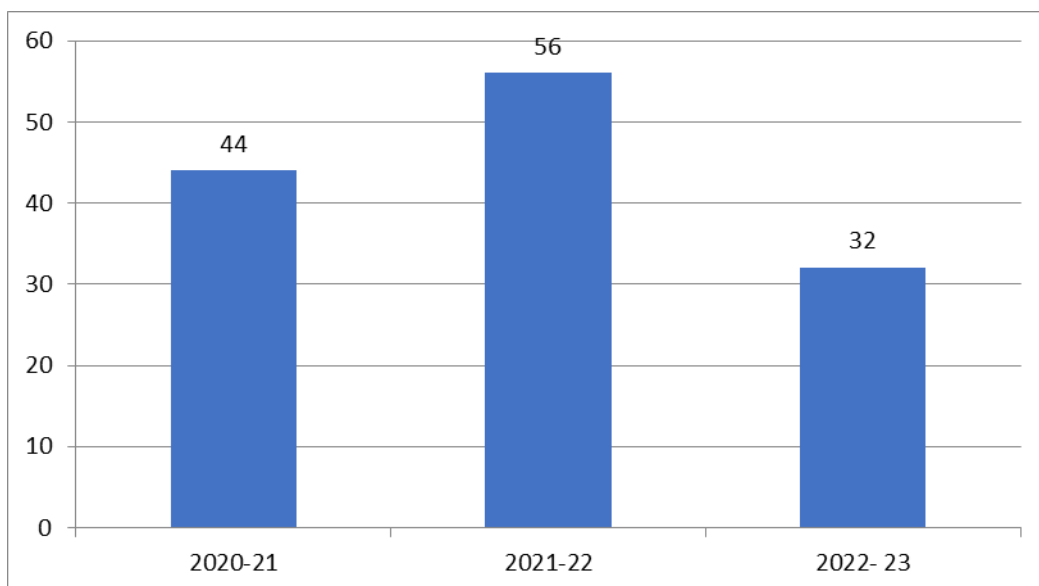
During 2022/23, the Trust reported thirty-two incidents to the HSE as detailed in the table below. This is a significant decrease of the fifty-seven incidents reported to the HSE during 2021/22.

Of the thirty-two incidents, nine were classified in the major incident category due to the nature of injuries that were sustained. Of the nine, four were colleague injuries which resulted in a fracture. The remaining five were either inpatient and / or visitors all of which resulted in fractures.

This period saw no additional change to the HSE guidance in relation to the reporting under RIDDOR where an individual has either been exposed to, or contracted COVID 19 as a direct result of their work. For an occupational exposure to be judged as the likely cause of the disease, it should be more likely than not, that the person's work was the source of exposure to COVID 19 as opposed to general societal exposure. The HSE have recognised that this is likely to be in limited circumstances and provided clarification on their website.

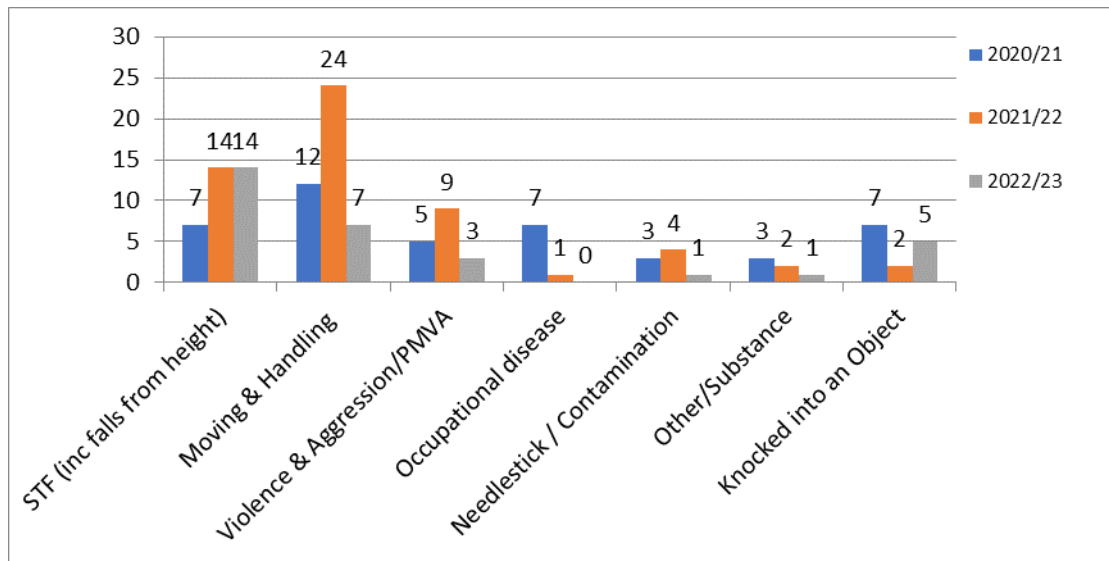
The following two tables are an extract from the annual RIDDOR report and gives an indication of the total number of RIDDORs year on year from 2020, followed by a breakdown of the reporting categories 2020.

Number of RIDDOR reports made to the HSE 2020/21 – 2022/23



Number of RIDDOR reports made to the HSE 2019/20 – 2021/22

Comparison of RIDDORs by reporting category 2020/21 – 2022/23



Comparison of RIDDORs by cause 2019/20 – 2020/21

Further analysis is detailed with the annual RIDDOR report found in appendix D.

Ambition

To sustain a pro-rata, year-on-year reduction in the total number of RIDDOR reportable incidents. The integration with YDH will initially impact on previous year’s figures and there will be requirement to establish a new trajectory.

Current performance

This year has seen a significant decrease in RIDDORs across the organisation of 44%, which correlates with the overall decrease seen in reporting of health and safety incidents across the Trust. Work to align the RIDDOR processes across the Trust since integration are in place.

6. Training

There are very specific health and safety training requirements detailed within legislation and other NHS standards. The GST has continued to work in collaboration with Learning and Development and topic leads to establish what the minimum standards are, on induction and on-going updates, learning requirements for each staff group and the methods for how this can be delivered.

Evidence base is a fundamental HSE training requirement and topic leads will need to ensure their evidence base is up to date / current in order to inform the current review of mandatory training (induction and on-going) by learning and development. This evidence base underpins the development of the Learning Frameworks (Training needs analysis) by each safety topic to provide managers with information on mandatory training requirements for their colleagues. Frameworks for the eleven core skills as detailed in the National Core Skills Framework Training (CSFT) and work is on-going to review those outside of this CSFT framework.

Compliance reports continue to be provided centrally to the service groups for most of the core topics such as health & safety, reducing conflict and infection prevention & control (see Appendix C). Further work remains on-going with Learning and Development to ensure the legal requirements for training / competence across all related health and safety topics are met and

compliance reports available. Compliance reporting is now combined to provide an accurate view of the newly merged organisation. Topic Leads (subject matter experts) receive either monthly or quarterly compliance reports for their individual topic.

Work is ongoing to bring new and revised Moving & Handling practical sessions to colleagues and have been divided into either hospital or home to suit the needs of colleagues. For legacy YDH colleagues, there will be changes to their training delivery which is currently under review whilst discussions are taking place around the timing of delivery and resources to facilitate the practical sessions. All colleagues have Moving & Handling theory courses mandated as per the CSTF.

Work is also continuing with the Fire Warden and Fire Risk Management eLearning module and ensuring the module fits with our extended merged organisation. We have a new Topic Lead for Fire and are working closely with them to ensure the module is correct and to also ensure we are meeting the Core Standards Training Framework standards for mandated Fire Safety training. The Ambition for 2023/24 is:

Ambition

To have all health and safety topics aligned across the merged organisation and to have learning frameworks in place for all H&S topics.

Current performance

The CSTF mandated topics are aligned but there remains work to do with the role essential topics, for example, practical moving & handling training. Learning Frameworks are in progress.

External Regulator Activity

7.1 Care Quality Commission (CQC)

Under the CQC / HSE memorandum of understanding, the HSE now pass RIDDOR information on to the CQC for them to follow up for patient / visitor incidents. We have had no requests for information during this period.

As part of the integration we received a Well lead CQC inspection during September 2022. Where they chose to visit three core services areas. Community End Of Life Care / Adult Mental Health inpatient wards and Community CAMHS. Their feedback was complimentary of colleagues involved in their discussions in these areas.

7.2 Health and Safety Executive (HSE)

There have been no requests for further information on RIDDOR related incidents from the HSE during this period.

However, there was an inspection that lead to improvement notice for Yeovil District Hospital around their safer use of sharps. The local team has worked collaboratively with SFT topic lead for sharps and have revisited and improved their assurance of their duties in order that they could demonstrate the rigorous improvements made.

A programme of actions and improvements will continue into 2023/2024.

7.3 Environment External Regulator Interest

There have been no Environment Agency or Environmental Health Organisation requests for information or visits during this period and no enforcement action has been taken against the Trust.

Ambition

To continue to minimise the risk of breaching environmental regulations by adopting effective policies and procedures that result in safe working practices and no enforcement action being taken by the Environment regulators such as Environment Agency and Environmental Health.

Current Performance

There has been no enforcement action taken by any agencies related to the environment. Actions to improve the use of safer sharps are being undertaken in line with the recommendations to YDH following the inspection in October 2022.

8.0 Audit Processes and results

Audits within health and safety are fundamental to ensuring compliance with the various legislation and helps to identify any areas for improvement. There are several ways in which this is undertaken within the organisation. The processes and documentation used are agreed in collaboration with our health and safety staff side colleagues. Regular updates are provided to the staff side colleagues during various informal and formal meetings throughout the year. Where any significant health and safety concerns have been raised by staff side, visits have included a staff side representative. Leading into the integration with YDH, it is hoped that numbers of Health & Safety Representatives will increase and that an agreed schedule for audit will then include all Health and Safety Representatives from both integrated Trusts for 2023/2024.

8.1 Safety Assessments

Health and safety is an integral part of the core ward / department business and is therefore combined into a programme of visits (assessments), reinforcing this message. The safety assessments are intended as a support for the local managers. Feedback is provided to the local manager and Service Group teams for their awareness and to provide actions where necessary.

Safety assessments, in the form of a pre-occupation checklist, have been used during 2022/2023 to support those teams occupying newly refurbished or new locations. Support has been provided to new in role, building managers and their legal obligations.

The increase of building activity and refurbishments across SFT, delayed due to national guidance at the time for COVID19, has seen an unprecedented surge in activity. How this is being supported during 2023/2024 is currently under review.

8.3 Event safety – National Vaccination Programme

The events safety checklist covers a broad spectrum of topics that fall under 'health and safety' including IP&C, security, waste / sharps, medical gases, fire etc and has been used primarily in this reporting period to support the Vaccination programme and the District Nursing Teams.

SFT lead programme has seen a reduction in sites used across the county with a focus on a central hub, The Tower, Taunton. Feedback from the inspection was provided to the local site managers for review and action as identified and copies held with the programme manager / GST.

The District Nurse Teams, provide direct specialist support located within farmer's markets across Somerset. This invaluable service required health and safety focus. The events checklist was shared and all hubs were audited. As sites were not owned by Somerset FT, the inspections were undertaken in collaboration with relevant landlords / site managers.

With the relaxation in the national guidance for COVID19 in March 2022, followed by the Trust's review on guidance and processes in July 2022, saw a significant increase in events based in our properties across the Trust. It has been recognised that event monitoring requires a review to

ensure that assurance of safety can be provided by the event hosts. This piece of collaboration work with Estates and Facilities is ongoing and will be inclusive of YDH.

8.4 Health, Safety and Risk Monitors checks

The aligned Trust-wide Health, Safety and Risk Monitors are trained and are in place across the organisation to support local managers by undertaking local checks of their work areas, and acting on any concerns raised.

The training programme has been temporarily paused whilst the alignment of this role is made with YDH. Once processes detailed within the training are updated, the training will be refreshed and the role relaunched Trust wide with bookings on LEAP made available.

9.0 Aims for 2023/24

The aims for the health and safety service during 2023/24 are:

- To work with staff side health & safety representatives to ensure appropriate working arrangements are in place for consultation in the new organisation
- Implement a health and safety management structure to deliver competent advice and support for the new organisation
- To develop a Health & Safety Strategy for the new organisation
- Integrate key health and safety management processes and systems for the new organisation which ensures there are safe systems of work in place
- To develop a suite of health & safety policies e.g. COSHH, DSE etc that support the overarching Health & Safety Policy for the new organisation in line with statutory requirements working with staff side representatives and other stakeholders
- To develop training and support materials for managers which ensure that accountabilities are made clear and managers are empowered to deliver against their responsibilities

10.0 Conclusion

This report demonstrates a proactive approach to health and safety management. There is a positive health and safety culture within the organisation.

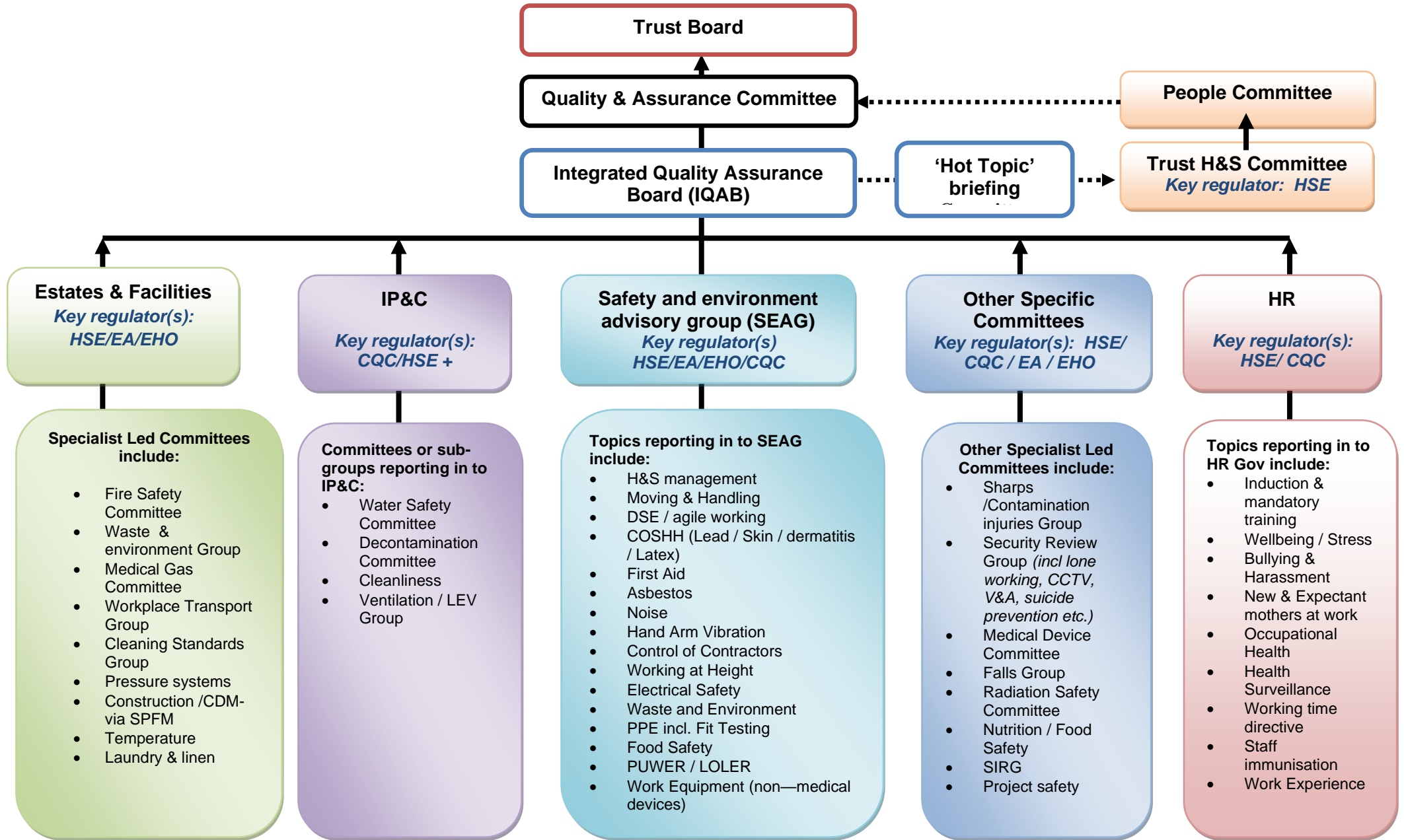
There are some areas for continued improvement within specialist topic areas and there is work ongoing to address these.

We look forward to working with our colleagues in YDH as we link together in respect of health and safety and associated arrangements over the coming year and have based our aims for the next year in relation to the integration and aligning of the service that will sit solely within SFT.

Appendices:

- A: Health and safety breadth of topics
- B: List of Health & Safety topics which report to IQAB and SEAG
- C: Training compliance
- D: Annual RIDDOR report

Health & Safety / Environmental Agency / Environmental Health Authority Topics – Appendix A
Reporting Routes / Escalation Routes to Trust Board 2022/23



Health and Safety Management - Overall Topic Assessment

Reporting directly to SEAG:

Topic	Topic Lead
Health and Safety Management	Samantha Hann
Asbestos	John Trotman
Catering & Food Safety	Emma Channon
Confined Spaces	Hannah Litchfield
Control of Contractors	Paul Luxton
COSHH	Emma Reed-Wade
Display Screen Equipment	Emma Reed-Wade
Electrical Safety	John Knight
Hand Arm Vibration	Paul Luxton / Kevin Jennings
Inoculation Incidents	Di Cooper
Medical Gases	Neil Hughes / Paul Derrick
Moving and Handling Patient/ Staff	Linda Froud
Noise	Paul Luxton / Kevin Jennings
Pressure Safety Systems	David Frazer
Project Safety	Steve Power
Quality and appropriateness of premises	Norman Blake
Radiation Safety	Joanne Penman
Security	Andrew Sinclair
Violence and Aggression/ Lone working	Paul Townsend
Waste & environment	David Dodd
Working at Height	John Knight / Adrian Batty
Workplace transport (incl. Carriage of Dangerous Goods)	Neil Hughes / John Flynn

Reporting via Specialist Committees:

Topic	Topic Lead
Bullying and harassment	Michael Scott
Cleanliness	Lee Prosser
Fire Safety	Neil Hughes
Incident management	Laura Walker
Induction and Mandatory Training	Louise Netto
Ligature Points	TBA
Medical devices- maintenance	Paul Derrick
Risk Management	Samantha Hann
Slips, trips and falls	Patricia Acton
Wellbeing (incl. Stress & health surveillance)	Louise Netto
Water Safety	Neil Hughes

Appendix C

The compliance rates for the various Health & Safety topics are as follows. The raw data report was run on 3 July 2023 and represents compliance for June 2023 (most recent data). The compliance reports are available on Sharepoint for managers to view. A synopsis report for each Service Group is also forwarded to the People Business Partners for dissemination to their Service Group and line managers can view their teams' compliance via their Leap accounts.

The challenges for colleagues being released from their work environments has been the same as the previous report.

Certification	Number to be Trained	Certified	Expiring	Jun-23 Percentage Trained	May-23 Percentage Trained	Increased/ Decreased from last report	Expired/ Training Required
Health, Safety and Welfare [3 Yearly]	12263	10798	873	95.2%	95.3%	-0.1%	592
Proactive Care - Conflict Resolution* [3 Yearly]	11969	10643	687	94.7%	94.3%	0.4%	639
Moving & Handling Theory Level 2 [2 Yearly]	6330	5555	419	94.4%	94.0%	0.4%	356
Moving & Handling Theory Level 1 [3 Yearly]	5805	5158	236	92.9%	92.4%	0.5%	411
Prevent Level 3 [3 yearly]	7163	6207	450	92.9%	92.8%	0.1%	506
Prevent Level 1 & Level 2 [3 yearly]	5265	4636	251	92.8%	92.6%	0.2%	378
Infection Control Level 2 Clinical [Yearly]	8152	6148	1222	90.4%	90.4%	0.0%	782
Proactive Care - Restrictive Interventions [Yearly] <i>Previously PMVA Module 4</i>	287	178	59	82.6%	91.3%	-8.7%	50
Proactive Care - Restrictive Interventions (Secondary)[Yearly] <i>Previously PMVA Module 3</i>	7	1	4	71.4%	71.0%	0.4%	2

Proactive Care courses were previously named Prevention and Management of Violence and Aggression but have changed in line with BILD and Restraint Reduction Network accreditation.

Proactive Care – Restrictive Interventions (Secondary) is the course replacement name for PMVA Module 3, and this course is being discontinued following a successful pilot to provide parity of training across all mental health inpatient sites and to meet the increased requirements for colleagues based on Pyrland Ward.

Somerset NHS Foundation Trust
Annual RIDDOR Report for 2022/23
(1st April 2022– 31st March 2023)

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Hayley Peters, Chief Nurse (for information)
Isobel Clements, Chief of People and Organisational Development (for information)
Belinda Lock, Associate Director of People (Systems & Partnerships (for information)
Safety Environment Advisors Group / colleague side (for information)
Health and Safety Committee (for information)
Serious Incident Review Group (SIRG) (for information)

Action: See section 7.0

Date: July 2023

1. Introduction

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2013 (RIDDOR) requires the Trust to report deaths, certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work'. In February 2022, guidance around Covid-19 was changed and clarity offered around the prerequisite for reporting of Covid-19 incidents within all workplaces.

Whilst the RIDDOR regulation predominantly relates to employees, it also includes certain injuries and ill health involving people not at work such as patients, visitors. The HSE and the Care Quality Commission (CQC) continue to work in liaison to ensure effective health and safety for patients, service users and members of the public visiting our premises.

All RIDDORs are fully investigated as per the Trust Incident Investigation process and monitored by the originating Directorate Governance Committee / Health and Safety Committee / Serious Incident Review Group (SIRG), as appropriate.

2. Summary of RIDDOR incidents reported to the HSE during 2022/23

2.1 Incidents reported to the HSE under RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2013 (RIDDOR) requires the Trust to report deaths, specified types of injury, some occupational diseases and dangerous occurrences that ‘arise out of or in connection with work’

This annual RIDDOR report is presented to the Trust Integrated Health and Safety Committee, Safety Environment Advisors Group (SEAG), Director of Corporate Services – Executive lead for Health & Safety, Directorate Managers, and Staff Side colleagues. An overview of all RIDDORs is a standing agenda item on both the Health & Safety Committee, held quarterly, and SEAG held monthly.

During 2022/23, the Trust reported 32 incidents to the Health and Safety Executive as detailed in the table below. This is a significant decrease from the 57 incidents reported during 2021/22. Predominately due to the decrease in moving and handling incidents. Please refer to chart “figure 2” within this report

The following table gives an indication of the total number of RIDDORs year on year.

Number of RIDDOR reports made to the HSE 2020/21 – 2022/23

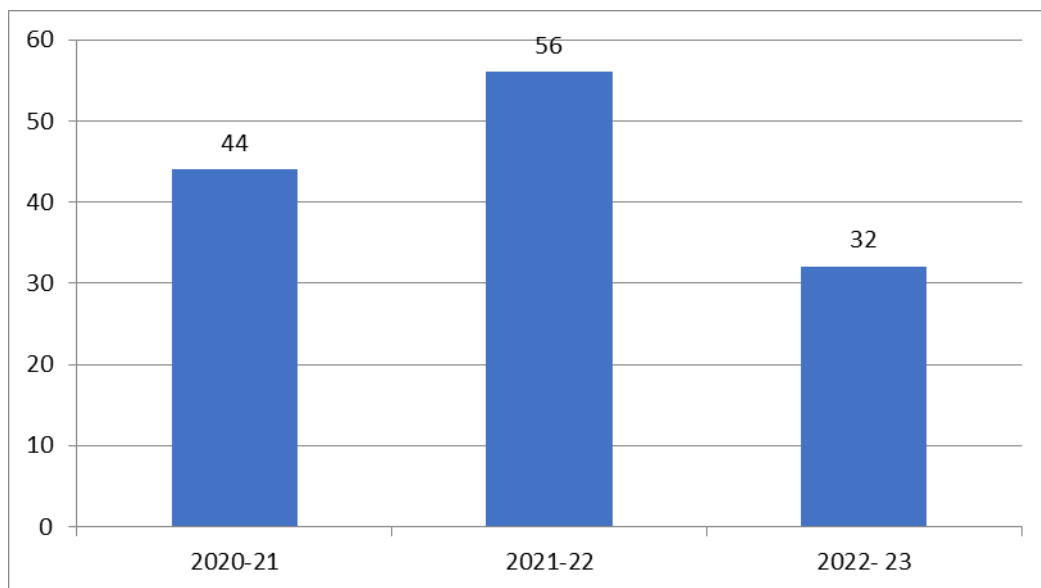


Figure 1: Number of RIDDOR reports made to the HSE 2020/21 to 2022/23

RIDDOR's by reporting category 2020/21 – 2022/23

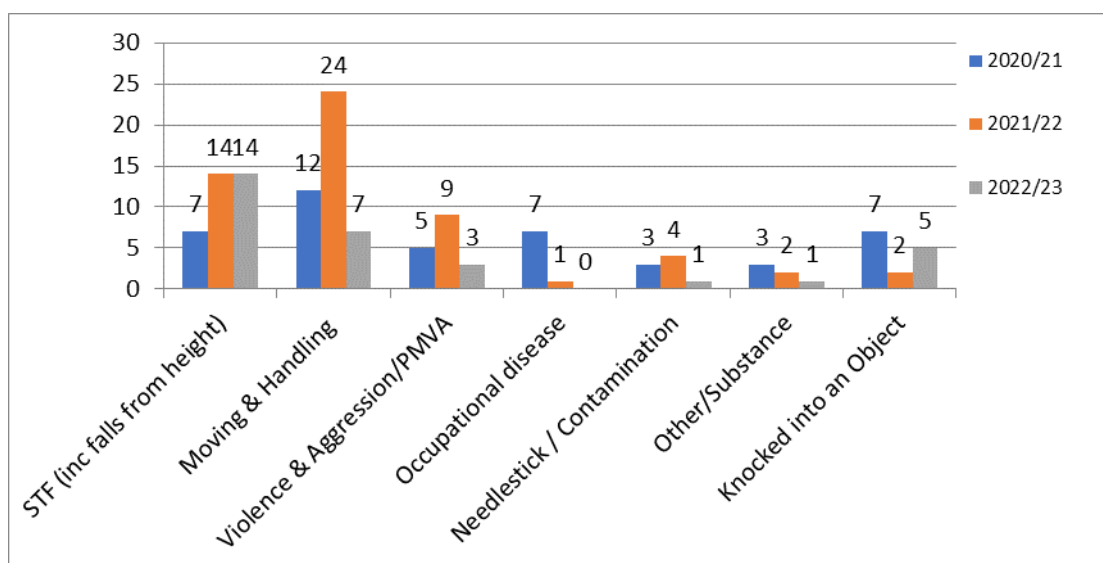


Figure 2: RIDDOR's by reporting category 2020/21 – 2022/23

Of the 32 incidents, nine were classified in the major incident category due to the nature of injuries that were sustained. Four were colleague injuries (all fractures): two in-patient injuries (fractures) and three visitors were injured whilst on our premises, all resulting in fractures.

3. HSE / CQC Investigation Activity

Under the HSE/CQC memorandum of understanding, any RIDDORs involving a patient are automatically directed to the CQC. Where there is any CQC or HSE interest, the Serious Incident Review Group (SIRG) has oversight of these incidents

HSE

No follow up during this period

CQC

No requests during this period

4. RIDDOR Reporting assurance

To provide the Trust with assurance that RIDDOR injuries are being reported as appropriate, this is validated by varying methods:

Colleague Injuries:

An audit against the workforce sickness absence data is undertaken on an annual basis as a minimum. A sample of 127 colleague injury incidents of consequence 3, were mapped against sickness absence. Categories were taken from moving and handling; slip, trip, fall; and violence and aggression categories.

Of the 127 incidents selected, no additional incidents were identified as meeting the RIDDOR reporting criteria – which provides positive assurance that colleagues are reporting incidents when they sustain injuries at work.

In addition, where any patient has sustained a serious injury (e.g. fracture) there is a process in place within the Governance Support Team to arrange for an initial review to ascertain if there are any immediate environmental or care management concerns directly relating to the injury which may lead to RIDDOR reporting. This is monitored closely on a weekly basis between the Health and Safety Officer and the Incident and Learning Leads (ILLs).

Patient injuries:

During this period 77 incidents have been investigated and reviewed which identified two in-patient incidents as discussed in section 2.1.

Where a patient has an injury such as a fracture from a fall, which may meet the RIDDOR requirements, a 72 hour RIDDOR report is requested by the ILLs following the SIRG process. The information is reviewed jointly by the ILLs and the Health & Safety Officer to identify if RIDDOR reportable and the decision logged and reported to the HSE.

There was one in-patient injury that met the RIDDOR criteria during 2021/22

Diseases and Dangerous Occurrences:

These reporting elements are very reliant on local managers advising the Governance Support Team either following an occupational health referral or a specific incident that is classified as a dangerous occurrence.

The Health & Safety Officer receives a regular report (minimum monthly) from Occupational Health which is checked against reported RIDDORs. Where there are any anomalies, this is followed up with the local manager in conjunction with the People Team.

Due to ongoing pressures within the Occupational Health provider this process was sporadic throughout 2022/2023. This has been a standing agenda item on our monthly meetings with Occupational Health, with an agreement to return to monthly sharing of these reports. There has been an improvement in the data received towards the end of the reporting period of 2023. However, we are still in conversation with Occupational Health to improve the data we receive and to provide us with the detail required for our investigations. This remains on-going into 2023.

5. Summary of RIDDOR incidents by Directorate

The causes of RIDDOR incidents for 2022/23 by Directorate are summarised in the table below. Whilst there are no significant trends within any given Directorate, there are some common themes from the Trust perspective. There is consistency within the reporting of RIDDORS over the last 2 years from incidents generated within Estates and Facilities. The greatest reduction in RIDDOR reporting has been seen within Integrated and Urgent Care, specifically around injuries reported under the category of safer moving and handling.

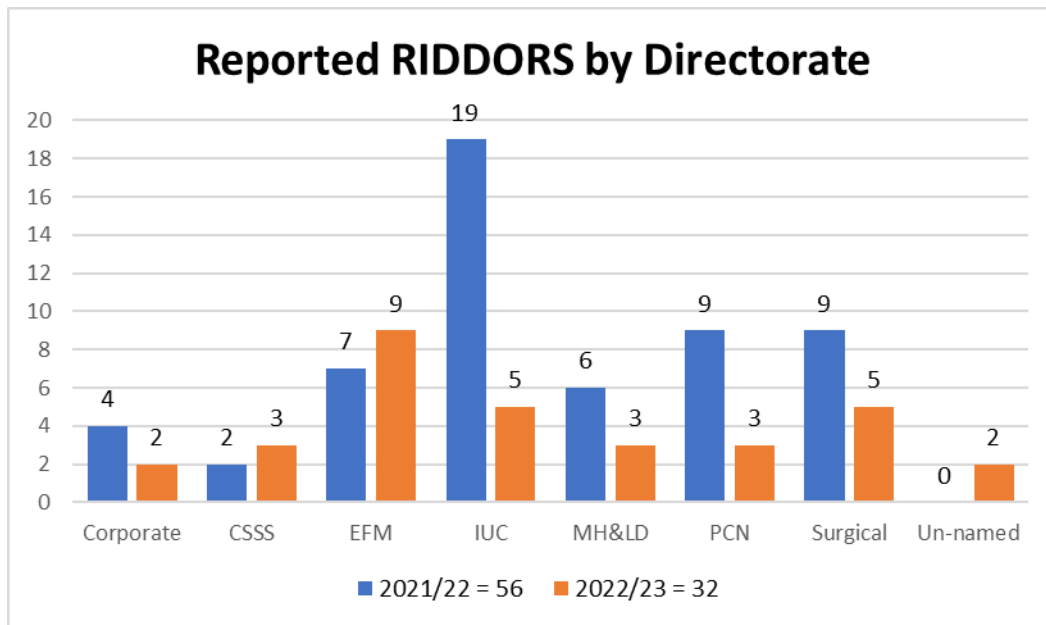


Figure 3: Reported RIDDORS by Directorate 2021/22 - 2022/23

RIDDORs by cause and Directorate 2022/23

	I&UC	Surgical Care	EFM	Families	PC&N	Corporate	CSSS	MH& LD	TOTAL
Slip, trip, fall	3	3	6	0	0	0	2	0	14
Knock in to / hit by object	0	2	1	0	1	1	1	0	6
Moving & Handling (patient)	2	0	0	0	1	0	0	1	4
Moving & Handling (inert load)	0	0	1	0	1	1	0	0	3
Contamination/needlestick	0	1	0	0	0	0	0	0	1
Violence & Aggression	0	0	1	0	0	0	0	2	3
Dermatitis	0	0	0	0	0	0	0	0	0
Other (reaction, scald, cut)	0	0	0	0	0	0	1	0	1
TOTAL	5	6	9	0	3	2	4	3	32

Figure 4: RIDDORs by cause and Directorate 2022/23

RIDDORs by cause and Directorate 2021/22

	I&UC	Surgical Care	EFM	Families	PC&N	Corporate	CSSS	MH& LD	TOTAL
Slip, trip, fall	3	1	6	0	4	0	0	1	15
Knock in to / hit by object	1	0	1	0		0	0	0	2
Moving & Handling (patient)	10	3	0	0	4	1	2	0	20
Moving & Handling (inert load)	1	2	0	0	1	0	0	0	4
Contamination/needlestick	2	2	0	0	0	0	0	0	4
Violence & Aggression	1	1	0	0	0	2	0	5	9
Dermatitis	0	0	0	0	1	0	0	0	1
Other (reaction, scald, cut)	1	0	0	0	0	1	0	0	2
TOTAL	19	9	7	0	10	4	2	6	57

Figure 5: RIDDORs by cause and Directorate 2021/22

RIDDORs by cause and Directorate 2020/21

	I&UC	Surgical Care	EFM	Families	PC &N	Corporate	CSSS	MH&LD	TOTAL
Slip, trip, fall	3	1	2	1	0	0	0	0	7
Knock in to / hit by object	2	1	2	0	2	0	0	0	7
Moving & Handling (patient)	4	0	0	0	0	0	0	1	5
Moving & Handling (inert load)	1	0	3	0	2	0	1	0	7
Contamination/needlestick	0	2	0	0	0	1	0	0	3
Violence & Aggression	1	0	0	0	1	1	0	2	5
Dermatitis	1	0	0	0	1	0	0	0	2
Other (reaction, scald, cut, COVID19)	5	1	1	0	0	0	1	0	8
TOTAL	17	5	8	1	6	2	2	3	44

Figure 6: RIDDORs by cause and Directorate 2020/21

6. RIDDOR incidents and learning by cause group

This section of the report provides an overview by cause group. More specific detail can be accessed from the Governance Support Team if required.

The following chart provides an overview of RIDDORs by cause group for the last three years.

Comparison of RIDDORs by cause category 2020/21– 2022/23

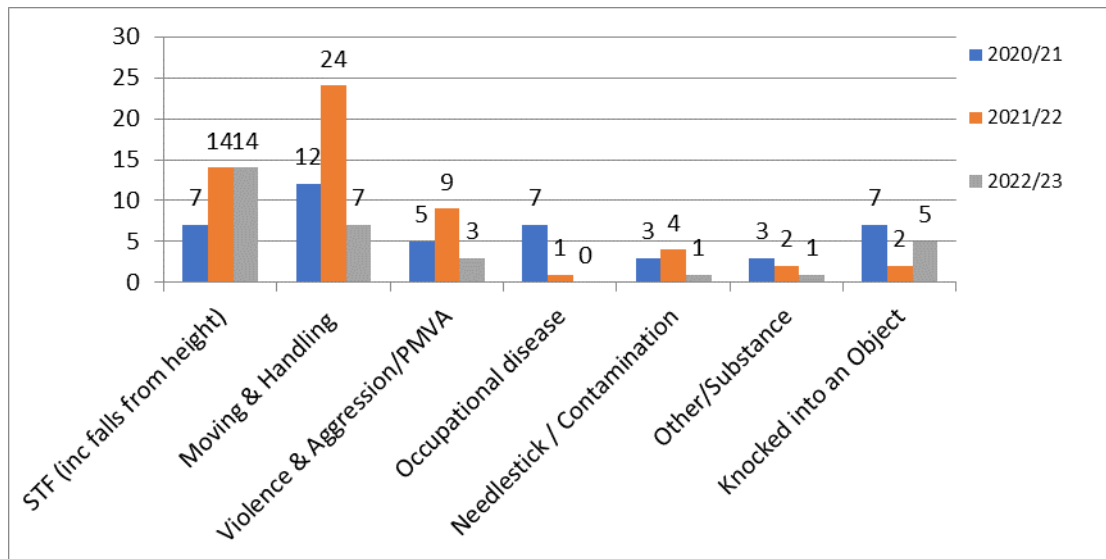


Figure 7: Comparison of RIDDORs by cause 2020/20 – 2022/23

Following RIDDOR incidents, it is important that managers complete a full and clear Root Cause Analysis (RCA) investigation to enable identification of contributory factors and shared learning to prevent further events where possible.

The Governance Support Team continues to provide guidance and support with RIDDOR Investigations, but further work with managers and Directorates is required to ensure processes of learning are embedded and working.

This includes learning from operational experience about previous incidents but also taking a proactive approach by involving colleagues and key stakeholders into carrying out risk assessments and developing safer systems of work and local processes to cascade the learning.

6.1 Falls

There were fourteen falls during 2022/23 which is consistent with the previous year. Eight of these falls resulted in fractures – major injury category as discussed in section 2.1. Of the eight, five were either patient and or visitor to one of our many sites. The remaining six were reported as colleague ‘over seven day’ injuries.

Key themes / learning:

Work has been continued throughout 2022/23 to reduce the risk from slips, trips and falls across the Acute site, with an aligned programme to be agreed and rolled out trust wide. This includes:

- **Proactive Acute site assessments** for slips, trips and falls across the public areas of the site (Internal corridors and stairwells / external grounds) to identify potential fall hazards. This takes place twice annually as part of the Falls Policy monitoring and is supported by a focused walk through local to the acute MPH site, where an Estate's Officer logs the identified issues on their back log maintenance works programme
- **Safe systems of work** - Individual's awareness of their activity and how this can impact on others / cause falls e.g. cleaning processes, consideration of use of mechanical aids such as trolleys
 - The incidence of falls occurring due to water on the floor. There may be education required around using correct signage for wet floors, and an encouragement for staff to take responsibility for clearing up spillages and/or knowing which team to contact to do this
 - Falls cite the helipad surface and a metal walkway as unusual surfaces on which to fall. Improvements to the signposting of the metal walkway has been undertaken
- **Trust Falls Group** continues to consistently review incident data to reduce patient falls using improvement methodology and ensuring that care management systems are in place for patient falls.
 - The Trust Falls Group reviews data relating to patient and staff falls.
 - Education has been aimed at staff and patientcare to reduce the risk factors that could lead to a fall.
 - Staff education and training has been aimed at increasing risk mitigation to reduce the risk factors that could lead to a fall.
 - QI projects are ongoing and about to start with the aim of reducing the number of falls and the physical impact of a fall.
 - Staff are being encouraged to include information about the environment when completing a RADAR.

6.2 Moving and Handling

The total Moving and Handling RIDDOR incidents for 2022/23 were seven, a 71% decrease on the previous year (twenty-four). The incidents reported were injury to colleagues, which were under the 'over seven days' category.

Of these seven moving and handling RIDDORs, four related to patient handling incidents, a significant decrease on 2021/22 (twenty) and three were Inert Load handling/ergonomic related only one difference to 2021/22 (four).

The decrease cannot be clearly quantified, but reporting continues for this topic with either no or minimal level injury and therefore not triggering RIDDOR.

Key themes and learning:

Work continues in this area to review trends and provide ongoing support and education programmes.

Theme for patient handling is linked to patient falls which are unpredictable and for both load handling and patient handling the initial dynamic on the spot assessment appears to be a contributory factor.

The topic lead will continue to review and work with colleagues to ensure all key education programmes including induction with the safer moving and handling ergonomic team and local refreshers with safer moving and handling facilitators focus on the dynamic on the spot risk assessment process, linking to best practice outcomes.

6.3 Violence and Aggression

During 2022/23 there were three violence and aggression incidents, which is a significant decrease on the previous year (nine). All were injuries to colleagues one reported as major and two reported as “over 7 Days” to the HSE.

Key themes and learning:

Whilst there were three RIDDOR reportable injuries in this category, it is noted that there remains an increasing upward trend in violence and aggression incidents throughout the integrated trust.

It is recognised that the risk of clinically related aggressive behaviour will always be present in a health care organisation such as ours. Not least due to the ongoing effects of operational pressures and the consistent pressures from an ageing population in Somerset which is above the national average and a patient population who have a higher acuity and have multiple co-morbidities.

Colleagues are increasingly managing aggressive and violent incidents due to the clinical presentations of patients.

Currently, colleagues are trained via OWL eLearning in Conflict Resolution / Prevention & Management of Violence & Aggression. With additional PMVA modules available for all those colleagues identified as being required, but this training is not offered to all clinical colleagues.

The violence and aggression steering group is going to be reformulated and will have a work plan to aim for reduction and improvements in colleague experience.

6.4 Disease

During 2022/23 there was no report of occupational disease, a decrease from the previous year (one).

- Covid-19 related disease - Nil met the reporting criteria

For an occupational exposure to be judged as the likely cause of the disease, it should be more likely than not that the person’s work was the source of exposure to coronavirus as opposed to general societal, or staff to staff transmission exposure.

The HSE have recognised that this is likely to be in limited circumstances and have provided clarification / examples.

6.5 Needlestick (Dangerous Occurrence)

During 2022/23 there was one needle stick injury from known high risk source patient, reported to the HSE, a decrease on the previous year (four).

Recent changes to our Radar reporting system to improve the immediate awareness of an injured colleague's manager, under the contamination reporting category. Previously it was a challenge for GST to investigate and ensure, particularly Doctors, reporting where fully supported when there was a requirement for Post Exposure Prophylaxis (PEP) series of inoculations.

7. RIDDOR incidents by colleague group

RIDDORs by colleague group 2020/21 to 2022/23

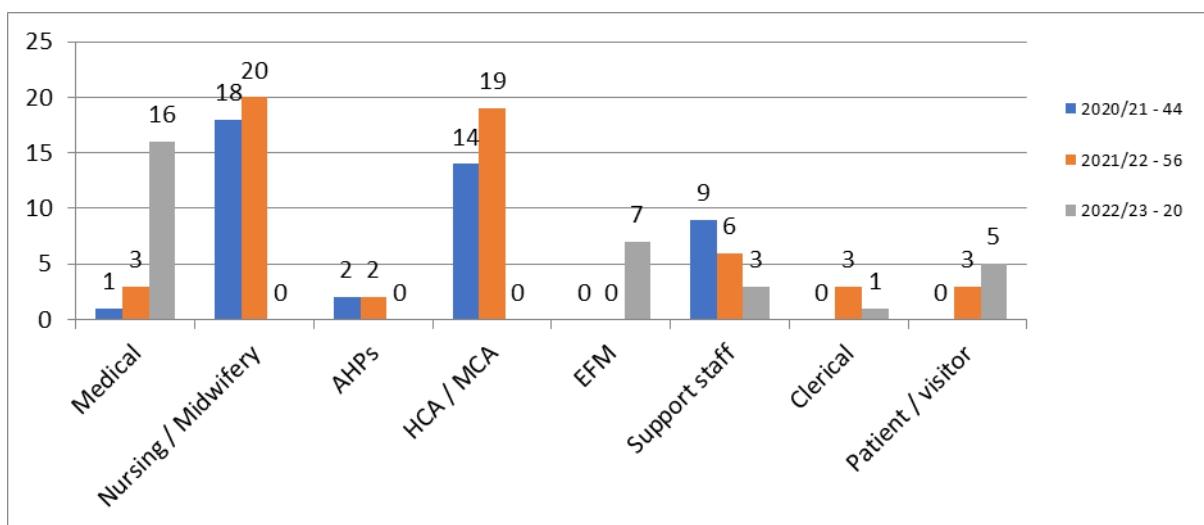


Figure 8: RIDDORs by colleague group 2020/21 to 2021/22

8. Benchmarking

The Institute of Health and Safety (IOSH) Southwest Branch undertakes benchmarking across the region against various key health and safety elements including RIDDOR. The branch has representation of approximately forty NHS organisations.

During this period, benchmarking was undertaken to include all criteria under reporting regulation. This identified that Somerset NHS Foundation Trust have reported very similar levels to other Trusts within the region

9. Action Required

Service Groups are asked to note the learning in this report and consider specific service group data contained in section 5 and develop actions as set out below as relevant to ensure any deficiencies are acted upon.

Action	Who	Committee Monitoring	Target complete date
<p>Service Groups to consider the information in this report and decide if any other actions are required or if further advice / support is needed from the GST</p> <p>Formally log this report at Service Group Governance Committee or equivalent</p>	All Service Groups	Service Group Governance Committee	31 st August 2023
<p>Service Group managers to ensure significant risks are fully assessed and systems of work / actions put in place to reduce these.</p> <p>This includes when changing use / reviewing work environments and where individuals' health issues are identified.</p>	All Service Groups	Service Group Governance Committee	31 st August 2023
<p>Service Group Support Team to continue to work with managers to provide support and ensure a consistent approach to RIDDOR investigations and evidence collation is cascaded to their teams and services.</p>	GST	SEAG	22 nd August 2023