

Somerset NHS Foundation Trust	
<b>REPORT TO:</b>	Quality Governance and Assurance Committee – Annual Report Session
<b>REPORT TITLE:</b>	Health & Safety Annual Report 2023/24
<b>SPONSORING EXEC:</b>	Peter Lewis, Chief Executive Officer
<b>REPORT BY:</b>	Carmela Tucker, Health & Safety Manager Emma Reed-Wade, Health & Safety Officer Victoria Waters, Quality and Safety Analyst Samantha Hann, Deputy Director of Integrated Governance
<b>PRESENTED BY:</b>	Samantha Hann, Deputy Director of Integrated Governance
<b>DATE:</b>	4 October 2024

Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
<input checked="" type="checkbox"/> For Assurance/ Discussion	<input type="checkbox"/> For Approval / Decision	<input checked="" type="checkbox"/> For Information

**Somerset NHS Foundation Trust**

**Annual Report Health and Safety Report**  
**1 April 2023 – 31 March 2024**

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### Foreword From Deputy Director Integrated Governance

Welcome to Health & Safety's annual report for Somerset NHS Foundation Trust (the Trust) for the reporting period 1 April 2023 – 31 March 2024. This report provides detail of our operational performance, overview of our achievements and challenges faced during this reporting period and a look forward to our ambitions for 2024/25.

### Purpose

The purpose of this Health & Safety Annual Report is to provide the Quality Governance and Assurance Committee with confidence that there are health and safety policies, procedures and systems in place for managing Health & Safety within the Trust within the period 1 April 2023 – 31 March 2024.

### Background

Following planning and the necessary approval processes on the 1 April 2023 legacy Somerset NHS Foundation Trust merged with Yeovil District Hospital NHS Foundation Trust (YDH), to create the new Trust. This is the first in England to provide community, mental health and learning disability services throughout the county of Somerset and Dorset. The merger also included the wholly owned subsidiary organisations of YDH -Simply Serve Limited (SSL) and Symphony Health Care Services (SHS).

SSL is the Trust's wholly owned estates and facilities management company. SSL and all its staff are considered to be an integral part of the Trust. This reporting period has displayed how its values, culture and objectives are closely aligned to the Trust. SSL has its own Fire, Health & Safety Manager and over this period alignment with the Trust's health & safety policies and procedures has commenced.

SHS is the Trust's wholly owned organisation which provides primary care services to the patients of Somerset. SHS has 17 GP practices in its portfolio. Its staff have their own suite of Health & Safety support, policies and procedures. In terms of health & safety they operate independently of the Trust. Since the appointment of the Trust's new Health & Safety Manager in November 2023, health and safety advice, guidance and support has been provided to SHS when requested.

On formation of the new Trust on the 1 April 2023 one Health & Safety Officer was in place for the Trust with the service overseen by the Deputy Director of Integrated Governance. November 2023 saw the external appointment of a new Health & Safety Manager with regulatory experience, but this still poses a significant challenge to provide the devolved health & safety arrangements required in the Trust. The Health & Safety team provide competent advice and support health and safety service to circa 16,000 colleagues across acute services in Musgrove Park Hospital (MPH) and Yeovil District Hospital (YDH); 13 community hospitals; 7 minor injuries units/urgent treatment centres, community dental services, community services and 10 mental health wards across 4 locations as shown in the diagram below. The health and safety challenges are significant, diverse and wide ranging and any integration of policies, procedures and systems of work must be relevant to all colleagues, patients

and visitors no matter where they are located within the Trusts geographical spread, or the service provided.



### Introduction

This report provides a comprehensive overview of our commitment to ensuring a safe and healthy environment for our colleagues, patients and visitors. It will outline the key initiatives, achievements and areas for improvement for the reporting period. The Trust's focus remains on promoting a culture of safety, compliance with policies and procedures and continuous improvement to provide assurance to the Trust of its devolved health & safety management arrangements. By analysing our incident data, reviewing emerging trends and themes, and targeted interventions, we endeavour to uphold a high standard of health and safety across the whole of the Trust no matter of its location.

Organisations including those involved in healthcare have a legal duty to put in place suitable arrangements to manage health and safety. The Management of Health and Safety at Work Regulations 1999 requires employers to put in place arrangements to manage health and safety risks. To achieve this and show the effectiveness of the Trust's devolved health & safety management system it follows the Health & Safety Executives (HSE) Plan-Do-Check-Act (PDCA) model (HSG 65 guidance), as shown in the diagram below.



Health and safety continues to be vital to the Trust, ensuring the safety of its colleagues, patients, and visitors. The Trust's primary focus during this reporting period was to retain a positive health and safety culture following 2 mergers within the last 3 years - merging of Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trusts in 2020 and the merging of Somerset Foundation Trust with Yeovil District Hospital NHS Foundation Trust on 1 April 2023.

To ensure the merger was able to successfully go ahead the Trust Health & Safety Policy was updated to reflect its new terms of reference and health and safety responsibilities for the new organisation. As part of the Trusts commitment to health and safety and promote a positive health and safety culture across the Trust all Board Directors underwent Health & Safety training provided by Bevan Brittan LLP within this reporting period.

### Governance Structure Summary

The Trusts devolved Health & Safety governance structure and arrangements is central to maintaining core health and safety standards across the Trust. This robust framework outlined below is designed to provide a comprehensive oversight, proactive management, and continuous improvement in all areas of health and safety and includes the Trust's Health and Safety Policy, the Health and Safety Committee, the Health & Safety Team, Safety and Environment Advisory Group (SEAG), Topic Leads Assurance Framework and Workplace Health and Safety Risk Monitors. Specialist Competent Health and Safety Advice has been provided to the Trust by Steve Parker an external Health & Safety Consultant during this period. In November 2023 the Trust successfully recruited an external candidate to become the Trust's Health & Safety Manager. Furthermore, the Health & Safety Manager is recognised on the third part of the Nursing Midwifery Council specialist register as Specialist Community Health Public Nurse in Occupational Health bringing further skills, attributes and expertise to the Trust.

### The Health & Safety Policy

The statutory Health and Safety Policy was updated and in place for the merger integration date of 1 April 2023. The Health and Safety Policy outlines the Trusts commitment to providing a safe and healthy environment for colleagues, patients and visitors. This policy is the foundation of the Trusts devolved health and safety management system.

There are Health & Safety policies that have not yet been updated during this reporting period, to reflect the merger. A number of these are Estates and Facilities related policies together with more general Health & Safety policies – e.g. Water Safety, Workplace Transport, Safer Moving and Handling, Medical Gases, Control of Contractors, Cleanliness, Display Screen Equipment (DSE) etc. These policies remain under review by their corresponding Topic Leads and will be sent out for consultation as part of the Trusts normal policy ratification process when completed.

Assurance is provided to the Board through annual reports to the Quality, Governance and Assurance Committee, Quality Assurance Group (QAG) and quarterly reports to the Health & Safety Committee that the Health & Safety Team will continue to support SFT colleagues devolved system of health and safety governance based on priority, resource and availability.

In addition to providing devolved health & safety advice and support to the Trust; the Health & Officer and Health & Safety Manager provide Topic Link support roles to circa 40 topics across the Trust.

Since December 2023 the Health & Safety Manager (OH Specialist) has provided resource to support the Trusts review and tender of a new Occupational Health (OH) contract/services to the Trust; as well as attend regular meetings to assist with any OH issues. This is not normally within the portfolio of the Health & Safety Team but due to the professional competence, knowledge and skills of the incumbent Health & Safety Manager her skills have been utilised to provide the Trust with the correct level of competence, knowledge and expertise to meet this skills gap within the Trust.

Ongoing Health & Safety advice, guidance and support is provided to the following committees and/or groups and include:- Estates Facilities Management Governance, Health & Safety Forum, Fire Safety, Fit Testing, Insulin Sharps, Ionising Radiation, Lithium Battery, Lone Working, Medical Gases, Mechanical Restraint, NHS IOSH South West, Microlink (NHS reasonable adjustment pilot), OH, QAG, SEAG, Strategic Management Oversight (SMOG – previously Capacity Planning), Safer Sharps, Security Management, Stress Management, Ventilation Safety, Waste, Water Safety, Winter Planning as well as Acute, Community & Mental Health Capital Project meetings in addition to a suite of project work meetings including the new Surgical Centre, Endoscopy suites and replacement of SSD flooring groups.

Following the HSE sharps inspection in November 2022 at YDH the Trust has implemented several projects to support the ongoing work of sharps management of which the Health & Safety Manager has provided significant support. This has included providing specific sharps regulatory advice and guidance as well as attendance at the newly formed Safer Sharps Group, the Insulin Safer Sharps Subgroup and input into the Safer Sharps training package required following the HSE enforcement notice regarding the Trusts lack of mandatory safer sharps training. The inspection was undertaken at YDH but the actions taken forward have been taken forward across the whole of the organisation.

### Health & Safety Committee

The Health and Safety Committee is responsible for setting the Trusts strategic direction for health and safety within the Trust. The committee's membership

including senior management, topic leads, trust specialists, health and safety team, staff representatives and other key stakeholders ensures that all perspectives and areas of the Trust are represented. This collaborative approach supports and promotes effective and positive communication regarding health and safety across the Trust.

The health and safety team updates the Health and Safety Committee with incident data and analysis on all RIDDOR incidents reported to our regulator the HSE, and other reported incidents across the Trust over the year. This includes any key themes and trends identified as part of the analysis undertaken over each preceding quarter.

Engagement with staff side colleagues remains strong with regular meetings in place to ensure any staff side queries can be raised at an early stage. The Health & Safety Committee also includes staff side representation, and a regular agenda item is included to raise any health and safety concerns or issues they may have. All concerns raised are recorded, considered and discussed for resolution at the earliest opportunity.

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.

The Health and Safety Committee has met quarterly through this reporting period and has been chaired by Phil Brice, Executive Director for Corporate Services with health and safety issues escalated to the board as required.

Attendance at the Health & Safety Committee meeting has been varied during this reporting period. Improvement in attendance should be strengthened to ensure that appropriate and relevant attendance is increased from all levels of Service Group management to ensure that their devolved health & safety roles and responsibilities are understood. Additional escalation routes to the Board of Directors are in place for specialist committees. E.g.: Fire Safety Committee, Water Safety Group.

### Health & Safety Team

The Health & Safety Team is led by Samantha Hann, Deputy Director of Integrated Governance. Initially working across both organisations before integration as the Head of Risk & Health and Safety placed her in a pivotal role to stabilise health and safety provision during this reporting period.

Competent advice and support has been provided to the Trust by Steve Parker, an external Specialist Health and Safety Consultant during this reporting period. November 2023 saw the external recruitment of Carmela Tucker as the Trust's Health & Safety Manager and named competent person to further integrate and develop the Trust's Health and Safety policies and procedures supported by Emma Reed-Wade the Trust's Health & Safety Officer.

The Health and Safety team are responsible for 5 health and safety policies including Health & Safety Policy, DSE, Control of Substances Hazardous to Health (COSHH), First Aid and RIDDOR. During this reporting period there has been a significant



increase of operational demands on the team, further complicated by a reduced team resource due to a long-term absence of 4 months and the integration of the new Health & Safety Manager.

Resource has been provided by the Health & Safety Manager to support the review and tender negotiations of the Trusts OH contract and services. This is not normally within the portfolio of the Health & Safety team but the competence, knowledge and professional skills of the incoming Health and Safety Manager has been utilised to provide the Trust with the correct level of expertise to meet this skills gap in the Trusts best interests.

### **Safety and Environment Advisors Group (SEAG)**

SEAG acts as a specialised advisory group to Safety Topic Leads in order to integrate their health & safety topic policies and processes into the Trust. Samantha Hann Deputy Director of Integrated Governance is responsible for ensuring that this structure is in place for the 42 Topic Leads who report into SEAG. SEAG has met monthly during this report period to ensure the Safety Topic Leads who attend are provided with the appropriate support and assistance regarding the Trusts assurance processes and frameworks including policy consultation, development and approval, policy monitoring and action plan updates with the work aligning with the Quality Assurance Group (QAG).

SEAG has noted and escalated that there are several Topic Leads that have not been in place during this period and this in turn is having a significant impact on the progress of other Safety Topic Lead work. E.g: The Topic Lead for health surveillance is unable to determine who requires mandatory audiometry and hand arm vibration health surveillance for colleagues; as the Topic Leads for Noise & Vibration if in place would undertake policy monitoring and/or risk assessment management to assist with this. SEAG has escalated these concerns to QAG during the reporting period; QAG in turn has discussed and noted the concerns raised and escalated them to the relevant Executive Directors to take forward for resolution.

### **Safety and Environment Topic Leads**

These are subject experts who provide specialised knowledge and guidance on their specific safety topics such as Health & Safety, Electrical Safety, Asbestos, Confined Spaces, DSE etc. Topic Leads should ensure that they are kept abreast of latest industry standards and practices and that these are implemented into their relevant operating procedures and policies.

All 42 Safety Topic Leads are supported by the Health and Safety team in a Topic Link role for guidance and support, including regulatory standards. This support also includes provision of guidance and support in relation to QAG requirements for report submission.

### **Workplace Health, Safety and Risk Monitors**

The aim of the Workplace Health, Safety and Risk Monitors was to support local managers with compliance of health and safety in their dedicated work areas. The monitors when originally launched were provided with training and requested to

undertake quarterly Health and Safety audits for their nominated areas. Once completed the audit should have been reviewed with the local manager and action plans produced for those sections identified in the audit as non-compliant to identify solutions and interventions to ensure health & safety compliance was reached. Once completed the audits would be submitted to the Governance Support Team for recording.

This integrated role initially saw up 106 colleagues being recognised as a Workplace Health & Safety Monitors. During this reporting period this has dropped to 56. As a result, the submission of health and safety audits is reflective of the inconsistent level of monitors across the Trust and the lack of engagement generally regarding health & safety issues.

It is recognised that the topic of Workplace Health & Safety Monitors is an important one for providing independent assurance of health and safety compliance across the Trust. However, the role and its responsibilities needs to be reviewed in conjunction with mandatory Line Manager Health & Safety Audit completion to improve compliance and health and safety culture across the Trust. This will be a focused area for the Health & Safety Team during the second half of 2024/25.

### Staff Side / Union Representation

Our Trade Union Health and Safety Representatives continue to work together highlighting local issues with the Trust with follow up meetings with the Senior Management team, helping to build robust links and awareness within the workplace. In the event of any regulatory visits or information requests, from the CQC or HSE the Health & Safety Committee and Health and Safety Representatives are kept up to date and informed of any outcomes. The local Health & Safety forum meetings are completed monthly with Union Representatives to discuss issues across the Trust to address concerns in a timely way.

The Trust quarterly Health and Safety Committee provides the opportunity for partnership working with staff side colleagues. The Health & Safety 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 supports all trade union concerns raised, these are jointly followed up with our Health & Safety and Trade Union colleagues to understand the nature of the concerns and to support local managers with possible solutions for improvement and/or resolution which has reduced the response time to queries and concerns.

### Health and Wellbeing

Sue Chant – Head of Health & Wellbeing has provided a health & wellbeing update for this reporting period. The wellbeing team offers a consistent approach to health & wellbeing that is in line with the ambition of the People Promise element ‘We are Safe and Healthy’. Reorganisation within People Services has resulted in the integration of the wellbeing team and the existing Colleague Support Service (CSS) team to form the new Colleague Support Service. The re-launch will take place later in 2024.

As reported last year, the Colleague Support Service is a key player in providing emotional support to colleagues 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.

During the period covered within this report, the health and wellbeing of colleagues continued to be a priority for the organisation. The Trust continues to employ a Head of Health & Wellbeing to lead the health and wellbeing service. A review of support for a clear approach to health surveillance showed that work is being undertaken by different departments, but it is not consistent across all teams. A workplan is in place to ensure that this can be improved in the coming year. It was identified, for example, that there were two areas without a topic lead, namely hand arm vibration and noise. The governance support team, health and safety colleagues and the health and wellbeing lead will work on this jointly.

Regular meetings with our current OH provider have been held throughout the year, ensuring information is reviewed regularly to discuss trends with Musculoskeletal (MSK) stress and contamination injuries.

The OH Service Tender Review has been commenced with a core group supporting the procurement process, to ensure a new comprehensive service is in place for January 2025.

The wellbeing team continue to support and promote health promotion campaigns, for example, stress awareness month. Initiatives which maintain other aspects of colleague wellbeing are in place, such as financial wellbeing including the development of the workplace Credit Union Serve & Protect which offers basic financial information, savings and affordable loan options. A Colleague Housing group is being formed to share the housing options available to colleagues.

Wellbeing Champions continue to support their teams and departments providing the conduit between teams and the organisation, providing useful wellbeing information out to their teams 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 are still a key priority and there are wellbeing design guidelines in place. Progress to develop a permanent wellbeing space at MPH has been put on hold due to budgetary constraints, for the foreseeable future.

### Training

Frances Rockhill, Mandatory Training Compliance Lead has provided an update in relation to training for this reporting period.

### Health & Safety Learning Framework

The review and updating of Learning Frameworks/Training Needs Analysis has continued with support from the Governance Support Unit (GSU) including the Health & Safety Team. The Learning Frameworks are updated annually for the core mandated topics, and 3 yearly for any role essential mandated H&S topics. Frameworks will be updated outside of these timeframes 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 and Subject Matter Experts receive monthly compliance data against these.

### Training Requirements

There are very specific health and safety training requirements detailed within legislation and other NHS standards. The Health & Safety Team has continued to work in collaboration with learning and subject matter experts 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 subject matter experts 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. This evidence base underpins the development of the Learning Framework 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 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 all of the core topics such as health & safety, reducing conflict and infection prevention & control. Further work remains on-going with Learning to ensure the legal requirements for training / competence across all related health and safety topics are met and compliance reports available. 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 all SFT colleagues and have been divided into either hospital or home to suit the needs of colleagues. For legacy YDH colleagues, there will not be any changes to their training delivery 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. The work to update the practical courses and mandate to colleagues via their learning accounts, has been a lengthy process and will be finalised within 2024/25 with the Team continuing to work closely with learning management system colleagues so that courses can be released as soon as possible.

Work is also continuing with the Fire Warden and Fire Risk Management eLearning module and ensuring the module fits with our extended merged organisation. Fire Warden training is now available on both acute sites, and community sites. The subject matter expert for Fire Safety is planning on additional Fire courses being

available within 2024/25. These will focus on the role of colleagues working out of hours and manager responsibilities around fire.

We have successfully aligned the core mandated H&S topics across our organisations as per our Ambition for 2023/24.

Table 1 shows the compliance rates for the various Health & Safety topics. The challenges for colleagues being released from their work environments has been the same as the previous reports.

**Table 1**

Topics	2023/2024											
	Apr 23 % Trained	May 23 % Trained	Jun 23 % Trained	Jul 23 % Trained	Aug 23 % Trained	Sep 23 % Trained	Oct 23 % Trained	Nov 23 % Trained	Dec 23 % Trained	Jan 24 % Trained	Feb 24 % Trained	Mar 24 % Trained
Fire Safety Level 1 Theory [3 Yearly]	95.2%	95.9%	95.8%	96.4%	96.8%	97.0%	96.6%	95.9%	96.4%	96.3%	96.5%	96.7%
Health, Safety and Welfare [3 Yearly]	94.9%	95.3%	95.2%	95.5%	95.6%	95.4%	95.3%	95.0%	95.5%	95.4%	95.4%	95.6%
Infection Control - Level 1	94.7%	95.0%	95.8%	96.0%	96.0%	95.7%	96.4%	96.4%	96.6%	96.4%	96.9%	96.8%
Infection Control Level 2	89.1%	90.4%	90.4%	91.3%	91.7%	91.5%	91.2%	89.9%	91.0%	91.0%	91.3%	90.6%
Moving & Handling Theory Level 1	92.1%	92.4%	92.9%	93.7%	93.8%	93.9%	93.3%	91.7%	92.7%	92.7%	93.2%	93.5%
Moving & Handling Theory Level 2	92.7%	94.0%	94.4%	95.2%	95.5%	94.9%	95.2%	95.0%	95.4%	95.3%	95.1%	95.2%
Proactive Care - Conflict Resolution	93.9%	94.3%	94.7%	94.6%	94.6%	94.4%	94.2%	93.5%	94.2%	93.7%	93.8%	93.9%
Proactive Care - Restrictive Interventions (Secondary)	71.8%	71.0%	71.4%	57.1%	28.6%	28.6%	50.0%	53.8%	53.8%	61.5%	64.3%	60.0%
Proactive Care - Restrictive Interventions	87.4%	91.3%	82.6%	85.2%	83.4%	84.0%	85.6%	89.1%	89.6%	88.1%	90.5%	90.8%

### Incidents and Reporting Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) requires employers to report deaths, certain types of injury, some occupational diseases, and dangerous occurrences that 'arise out of or in connection with work' to the regulator for workplace safety the HSE.

The Trusts incidents, RIDDOR reportable incidents and health and safety risks are reviewed at each Health and Safety committee meeting, SEAG and other specialist

topic meetings. Further work is required to ensure that outcomes and learnings from incidents are shared consistently across the Trust including Service Groups.

During this reporting period legacy SFT colleagues and sites used Radar as its incident and risk reporting system with Yeovil District Hospital using Ulysses. This report has been generated utilising combined incident data from both Ulysses and Radar.

This scope of this annual report offers a breakdown of the health and safety related incidents and emerging trends from both the Trusts incident reporting systems Ulysses and Radar for this reporting period, including its subsidiary organisation SSL, but excluding SHS. It aims to provide assurance that as an organisation we are identifying and responding to health and safety related incidents and reporting them to our regulator the HSE in a timely manner.

SHS report their own health and safety incidents including RIDDOR reportable incidents to the HSE and therefore this report does not include any of their incident data.

### Incident Report Interpretation

Most charts in this document follow Statistical Process Control (SPC) rule methodology and provide statistical rigor to help understand when something unusual is happening in the Incident Reporting System (IRS), whether positive or negative. The dotted lines are the process limits (where we would expect variation to occur between) and the middle line is the mean (average). Where a specific point hits one of the rules outlined below they are highlighted in orange, in comparison to normal variation being in grey.

A single point outside the upper or lower process limits represents something unexpected has happened within the IRS.

Consecutive points above or below the mean line represents a trend that should not result from natural variation in the IRS.

Six consecutive points increasing or decreasing: A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the IRS.

### Health & Safety Events Reported

There were 9093 Health and Safety related incidents reported between 01 April 2023 - 31 March 2024, as shown in Figure 1, of which 49 were noted to be RIDDOR Reportable to the HSE. Of the 49 RIDDOR reportable incidents, 46 involved a colleague, 2 involved patients, and 1 involved a visitor to Somerset NHS Foundation Trust premises.

The upward trend in RIDDOR reportable incidents being reported for this reporting period has increased on last year's number of 32. This increase is thought to be due to the formation of the new Trust and amalgamation of its incident data from both legacy organisations as well more consistent reporting.

There has been ongoing work to align cause groups between the two reporting systems for this report and understand which cause groups should align to health and safety.

This report currently incorporates incidents reported only to colleague and visitor Slips, Trips and Falls across the organisation, with the exception of patient falls known to be a Health and Safety Incident.

Figure 1

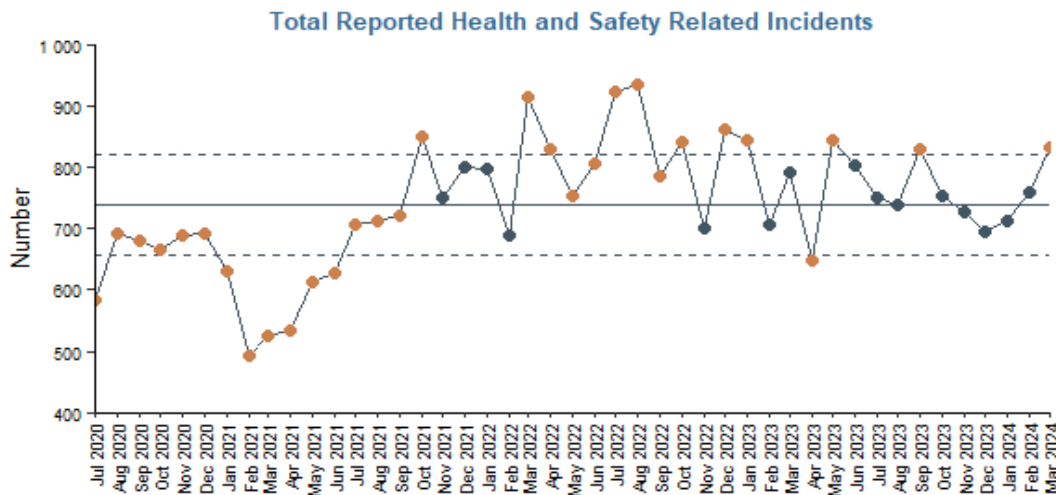
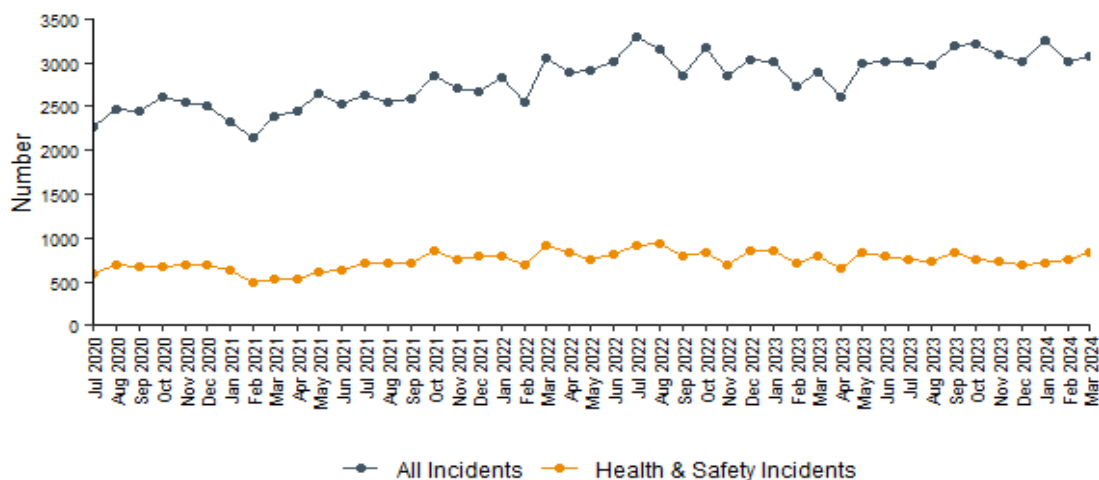


Figure 2 shows the total number of incidents being reported Trustwide versus those reported as health and safety incidents. Further information regarding Total Reported Health and Safety Related Incidents for individual Service Groups is available in Appendix A.

Figure 2



The Board should be assured that systems are in place with the Health and Safety team to review all Radar reported health and safety incidents daily; to determine any themes and trends as well as ensuring RIDDOR reportable events are reported to the HSE.

Additionally, the health and safety team monitor events and trends with the assistance of a Governance Support Data Analyst monthly. Monitoring of patient/visitor health and safety incidents (including those that are RIDDOR reportable) are reviewed weekly with Incident Leads.

To ensure a consistent analytical approach to all colleague incident investigations, with learning outcomes for each investigation, in January 2024 the Trust RIDDOR investigation forms were changed to capitalise and reflect on the Patient Safety Incident Response Framework (PSIRF) systems-based framework of investigation model being introduced into Trusts by NHS England; thus ensuring a consistent system of investigation framework for all incidents whether it affected a colleague, patient or visitor.

### Health & Safety Incidents by Service Group

The number of reported health and safety incidents can be broken down to Service Group level, and this is detailed in Table 2 below and Appendix A. Incident reporting remains consistent in comparison to the previous reporting period. Seventeen incidents reported did not provide information to identify the specific setting of where the Health & Safety incident occurred and has therefore been categorised as Not Applicable in the table below.

**Table 2**

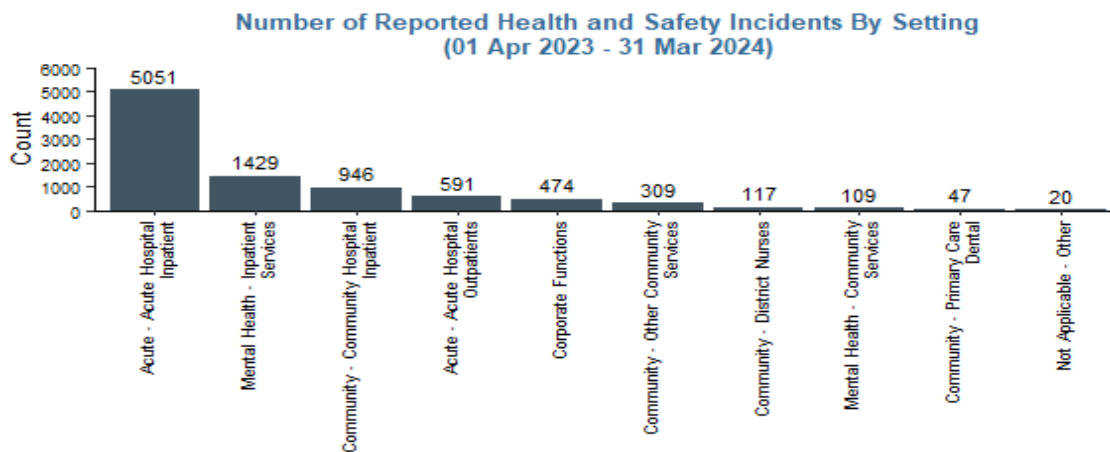
<b>Service Group</b>	<b>Total Reported H&amp;S Incidents In Reporting Year</b>	<b>Total Reported H&amp;S Incidents Previous Year</b>
Medical Services Group	3,587	3,831
Surgical Services Group	1,384	1,988
Neighbourhoods Services Group	1,323	1,282
Corporate Services	328	387
Mental Health & Learning Disabilities Services Group	1,552	1,466
Children, Young People and Families Services Group	356	359
Clinical Support and Cancer Services Group	546	442
Not Applicable	17	30
<b>Total</b>	<b>9,093</b>	<b>9,785</b>

### Health & Safety Incidents by Service Setting

The number of reported health and safety incidents can be broken down by each of the Trusts different settings and is shown in the Figure 3 below.

**Figure 3**

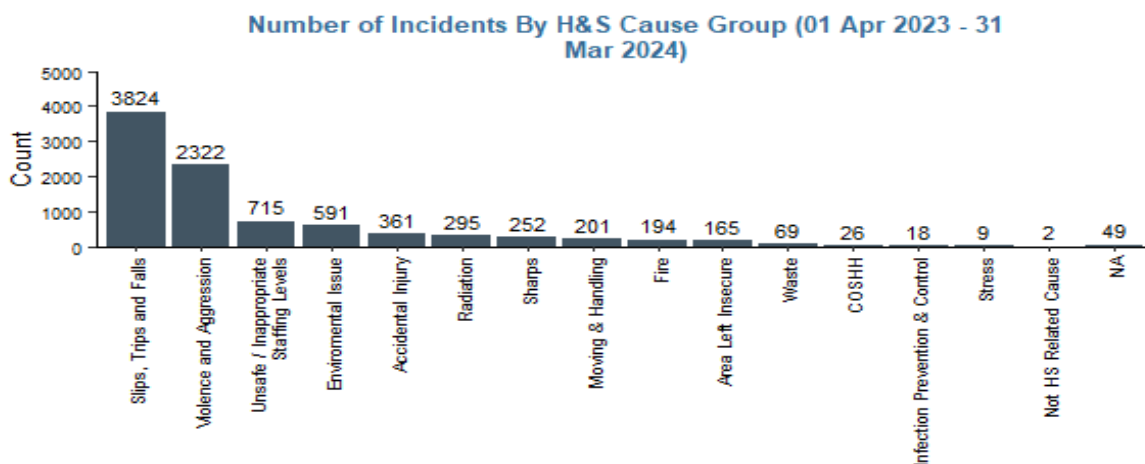




### Health & Safety Incidents by Cause Group

Figures 4 below provides an overview of health & safety incident trends by higher level cause group over the reporting period, which has included Slips, Trips and Falls Violence and Aggression, Waste and Safer Moving and Handling topics. Graphs reflecting incidents in other higher level cause groups are provided in Appendix B.

Figure 4



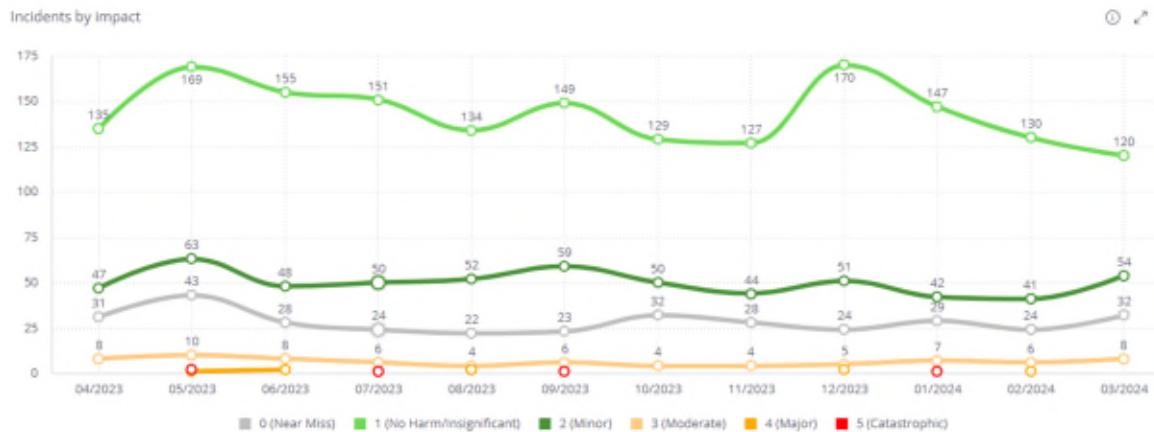
In view of the overall contribution to the Trusts incident numbers and the trends and themes identified further narrative has been provided by respective Topic Leads.

### Topic Lead Reports

#### Slips, Trips and Falls Incidents

Ann Mann – Falls Prevention Lead has provided the following information in relation to Slips, Trips & Falls (STF).

Falls across SFT by category April 1<sup>st</sup> 2023-March 31<sup>st</sup> 2024



## Total falls monthly across SFT

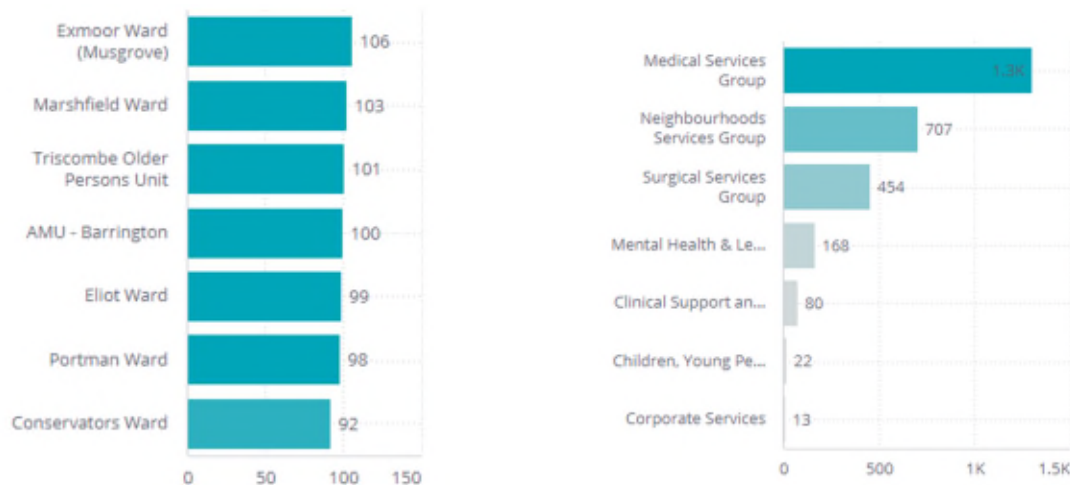


Majority of falls are on level ground. 2746 falls reported across SFT April 23 -Mar 24 (3092 falls for the preceding 12 months)

In the graph below, the ward that recorded the most falls was (until recently) a rehab ward. It is expected that there will be slightly more falls on a ward where patients are beginning to mobilise after often extended periods of no or limited mobility.

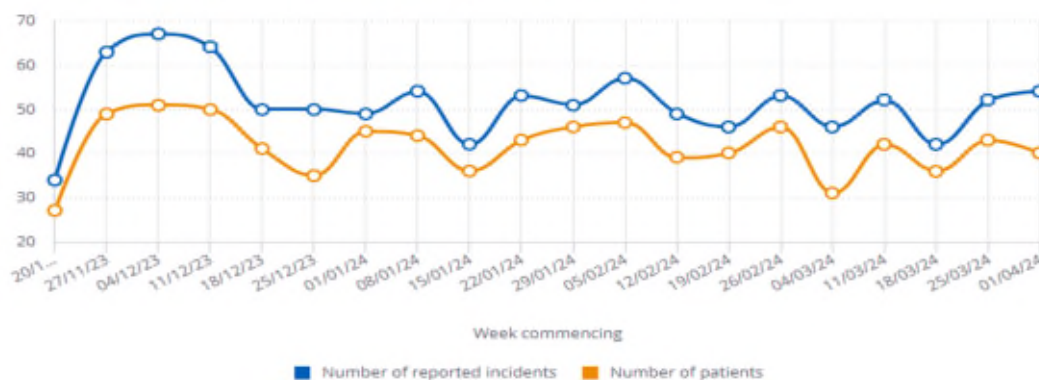
The other wards on the list include care of the older person and an admission ward. Each will have a demographic of patients who will (for the most part) share common falls risk factors, which can be many. The majority of falls as also shown below occur in the Medical Services Group

## Enclosure 7



The graph below shows the number of falls and number of people who fall more than once. There are also people who fall repeatedly for a variety of reasons.

Number of reported incidents by week (Last 36 com...)



An example of this was a patient in a community hospital, who was there for approximately 9 months as there was no suitable accommodation in the right area with the right support available to them.

Their behaviour was influenced by particular people being around them and they would put themselves on the floor. They also had an underlying medical condition that meant they would also fall.

Although they had more than 25 recorded falls, this person sustained minor skin abrasions as the staff were so vigilant at recognising risk associated with falls prevention and management and regularly meeting to review and update (if appropriate) care plans.

There have been a number of projects undertaken during the period covered by the reporting including:

- A review of falls history of patients who have an inpatient fall (YDH and MPH)

- Process mapping of a patient journey (who has fallen in the community) through admission to an acute hospital and moving to a community hospital or the community
- Taking individual ward falls data to spot trends in the falls and from there to develop individual ward action plans
- New falls proforma debuted on the wards (MPH)

### Violence and Aggression

David Thomas, Director of Nursing Strategy & Transformation and Chief Nursing Information Officer has provided the following information. Following the Trusts colleague survey results, a decision was made to reinvigorate the Trusts approach to reducing violence and aggression against colleagues, patients, and the public in our services. The Violence Prevention and Reduction Steering Group was re-started in January 2024 and has spent time reviewing and reissuing the Violence Prevention and Reduction (concerning behaviours) policy. The policy strengthens our support to colleagues and offers a number of ways that colleagues are able to report and get support following any incidents of aggression. A full strategy for the Trusts approach to reducing violent behaviour is due to be published later in 2024 outside of this annual reports' reporting period, and will offer practical changes in the Trust's training, environment, and governance support. The intention is to drive a social movement on the unacceptability of violent and aggressive behaviour within our organisation. The strategy will be supported to deliver real change and real support at all stages where violent and aggressive behaviour is seen in the organisation. This will not change things over night but will bring about a cultural shift in our approach to such unacceptable behaviour within our organisation. The Executive team will receive the annual review of the Violence Prevention and Reduction standards later in the summer of 2024, which will benchmark the work on reducing incidents and support and will highlight next actions for improvement.

### Waste Management

Richard Harper, Head of Sustainability, Energy and Carbon has provided the following information in relation to Waste. The Environment Agency (EA) undertook a waste audit of the Musgrove Park Hospital site in a planned visit on 20<sup>th</sup> September 2023. The audit concentrated on waste within A&E department, a general ward, the pharmacy, pathology laboratory and external waste stores. The audit identified several areas where action was required to satisfy compliance with environmental legislation. The actions set out in the report include education and training of colleagues on correct colour coding of bags for each waste stream, the consistency in the colour of bags used in bins and the importance of recycling, ensure bins are not overfilled and for staff members to undergo training on paperwork required for duty of care. Waste audits have been undertaken to review any ongoing issues with compliance with these actions. Work has been undertaken on specific wards to address non-compliance issues and review best methods for engaging clinical colleagues on correct segregation of waste. The EA report specifically states that the issues apply to all Trust premises and depts. Waste audits have continued in the community and at YDH to assess compliance with these points.

### Safer Moving and Handling

The Safer Moving and Handling Team continue to provide advice and support including regarding 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. The Safer Moving & Handling Team have this reporting period provided extensive input into compliance with the high-risk Safety Alert - Medical Beds, Trolleys, Bed Rails, Bed Grab Handles and Lateral Turning Devices: Risk Of Death From Entrapment Or Falls which was issued in August 2023. Compliance with this alert remains outstanding as it has required significant input, involvement and co-ordination from multiple stakeholders.

### **Risk Management**

The Risk Management Strategy, which was developed during 2022/23 and came into effect from 1 April 2023, outlines how the organisation will meet its risk management vision and objectives and how these will ensure the Trust will achieve its strategic objectives. The Strategy includes the building blocks to achievement and a comprehensive implementation plan which has been progress throughout the year with all of the Year 1 deliverables met.

To support the Risk Management Strategy, a Risk Management Policy, which will provide additional information on the risk management processes, was developed during 2023/24 with stakeholders both internal and external to the organisation. This was approved and disseminated throughout the organisation in June 2024.

During 2023/24 a pre-market engagement exercise was undertaken to award a contract to the successful supplier for the Risk Management System that would be in place across the Trust from April 2024. Radar Healthcare was awarded the contract. To ensure that a risk management culture is embedded across the Trust, there are actions in place to guarantee that colleagues are clear as to their responsibilities with regard to risk management. Guidance and training are provided by the Deputy Director of Integrated Governance and the Trust's Risk Managers. During 2023/24 the risk team have focused on developing the three levels of risk management training within the organisation.

Risk management training is completed through various in-house channels at Somerset NHS Foundation Trust; this training is designed to equip staff with the necessary skills to enable them to manage risk effectively. For colleagues who are likely to be risk owners or services lead, training is provided by the Deputy Director of Integrated Governance or the Trust's Risk Managers, with three levels of specific risk management training which has been developed throughout the year. In addition, and to act as a reminder, all colleagues are required to complete mandatory training. This training reflects the essential training needs and includes risk management processes such as fire, health and safety, manual handling, resuscitation, infection control, safeguarding and information governance.

### Inspections

#### Health & Safety Executive (HSE)

The HSE is the national regulator for workplace health and safety in the UK. It plays a crucial role in protecting workers and the public by ensuring that workplace conditions meet minimum legal standards and by promoting best practices in health and safety management.

The HSE has the authority to inspect workplaces (including the Trust), investigate incidents and take enforcement action (including enforcement notices and prosecution in severe cases) against organisations or individuals that fail to comply with health and safety law. It has sets a program of work every year focusing on key topics they wish to target and this is likely to include inspections of Trust sites.

It should be noted here that there is a Memorandum of Understanding between the HSE and CQC with the support of the Local Government Association (LGA) which applies to both health and adult social care in England and ensures a coordinated approach to health and safety management to all healthcare providers. The HSE/LA are the lead inspection and enforcement bodies for health and safety matters involving work colleagues, patients, visitors and contractors. An HSE inspector need not give prior warning of a visit (although this is expected when visiting large organisations) and have the right of entry and regulatory powers on any Trust premises.

There have not been any HSE visits this reporting period. The last visit undertaken in October 2022 was regarding a Sharps Inspection at YDH as part of the HSE's targeted plan of work. An Improvement Notice and Notification of Contravention Letter were issued.

In February 2024 two colleagues sustained sharps injuries from patients with blood borne viruses (BBVs) and these were RIDDOR reported as Dangerous Occurrences to the HSE accordingly. In view of the Trust's previous enforcement regarding this topic and seriousness of the events reported there was a possibility this could trigger a further visit from the HSE. In view of the of the possible consequences of the injuries sustained a dedicated sharps investigation was completed by the Trust Health and Safety Manager.

#### Care Quality Commission (CQC)

The CQC is the independent regulator of health and social care services in England. It is the lead inspection and enforcement body under the Health and Social Care Act 2008 for safety and quality of treatment and care matters involving patients and service users in receipt of health or adult social care services from a provider registered with them.

The CQC's primary role is to ensure that health and social care services provided are safe, effective, compassionate and high quality. This is relevant to the Trust as it includes hospitals, general practices, mental health services and more. The CQC will conduct regular inspections of care services to assess whether they meet the

required standards. Inspections like the HSE can be scheduled or unannounced depending on the circumstances.

CQC onsite inspections were conducted on the 20 & 21 November 2023, in the Maternity Units both at MPH and YDH. Concerns were raised regarding various topics and a notice issued. As a result, Stephen Thomson, Director of Integrated Governance in conjunction with other members of Governance Support Team supported Maternity with a program of work including a plan of action which has been shared with the COQ to respond to the concerns raised.

### Safety Alerts

Safety alerts are crucial tools used to communicate urgent information about safety issues, risks and necessary actions required to be taken by NHS Trusts to resolve within a required timeframe. These alerts form part of a comprehensive system issued via relevant NHS bodies or Medicines and Healthcare products Regulatory Agency (MHRA) and are designed to protect patients, staff and visitors. The alerts are distributed to the Trust via established communication channels, including email, intranet posts, dedicated alert systems or even via post.

The alerts often come with detailed instructions on how to address the issue including steps to mitigate the risks, reporting requirements and timelines for action.

There are various types of alerts and these can be related to:

- Medical Device Alerts
- Drug Alerts
- Patient Safety Alerts
- Estates and Facilities Alerts

The Governance Support Team monitors its compliance and interventions with the Health & Safety alerts to ensure that they are addressed in a timely manner as NHS England maintains records of all health and safety alerts and completed actions taken in response.

During this reporting period there were 16 Safety Alerts issued with 1 remaining open. This includes the Safety Alert remaining open in relation to Medical Beds, Trolleys, Bed Rails, Bed Grab Handles and Lateral Turning Devices: Risk Of Death From Entrapment Or Falls issued in August 2023. This is proving to be a complex alert to resolve, and work continues throughout the period of this report. As yet there is no specific end date for completion. All Safety Alert issued and those that remain outstanding within this reporting period are included in Appendix C.

### Trust Non-Clinical Claims Data

This summary of non-clinical claims data has been provided by Jean Glanville-Hodge, Claims Manager.

### Overall figures

There was a total of 45 non-clinical claims handled within the year 2023-2024, 27 Employers Liability (EL) and 18 Public Liability (PL) claims, 20 of these were new

claims, 25 existing ongoing claims. Of the 45 claims, 14 claims were closed. The highest reporting was Slips, Trips and Falls (17) consistent with the national picture, followed by DPA (Data Protection Act) breaches (14) and although DPA Breaches are increasing nationally, 9 of these were from the same incident in Ophthalmology Outpatients and the Trust have receive one more since the year end, these are subject to ongoing investigations. Of the existing claims 15 were opened in 2022-2023 and we have seen a further increase of 20 new claims in 2023-2024. 31 claims are from events at MPH and 7 from YDH, none of these were due to the building developments on site.

### Fixed Recoverable Costs

Non-clinical claims under the value of £25K are called Portal claims where there are fixed recoverable costs, and the object is 'faster resolution' with lower legal costs proportionate to the value of compensation. Portal Claims have stricter and shorter deadlines, for EL Portal claims from the date of the Claim Notification we have 30 working days to investigate and provide the Trusts liability response, with PL claims the Trust has 40 working days, these deadlines are non-negotiable. Unfortunately, this does put some pressure on colleagues at times when gathering information to review these cases and provide our response within the Portal deadlines. That said, of the 15 Admissions made where settlements are likely, 12 of these were Portal Admissions keeping costs to a minimum.

### Settled and Repudiated

There were 9 cases settled out of court, but 19 claims (of 45) repudiated and are often closed without damages if there is no challenge from the Claimant's Solicitor within 3 months, these cases can be reopened if further challenge is received providing the litigation limitation period has not expired (this is generally 3 years from the date of incident/or date of knowledge (although there are exceptions to this).

### Trust Excess

Unlike with Clinical Negligence cases, the Trust is required to make excess payments for settled non-clinical claims. The EL excess is £10,000 and for PL it is £3,000. Quarter reports are provided to Finance to ensure they allow for these payments. When excess payments are to be made a Losses and Special Payments form is completed where lessons learned are record, these forms are monitored by the Audit Committee.

### Risk Score Cards

Annually NHSR (NHS Resolution, Trust Indemnifier) provide all member Trust's with an annual Risk Score Card with the previous 10 years claims data, when specific reports are provided to appropriate leads to assist with local risk appetite and learning.

Table 3 below provides a breakdown of the non-clinical claims made during this reporting period, their status and the costs involved.

Table 3

Type	Total
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## Enclosure 7

Abuse of staff by patient	5
Chemical burns	1
Cut from glass buscopan vile	1
Disability Discrimination (exacerbating pre-existing condition)	1
DOLS in terms of a CTO and false imprisonment	1
DPA Breach (incl. 9 from Ophthalmology)	14
Hit by object	1
Moving & Handling	2
Repetitive Stress Injury (RSI)	1
Slip 8, Trip 4, Falls 7	17
Asbestos Exposure	1
<b>Total</b>	<b>45</b>

Status	Total
Admission (incl. 12 Portal)	15
Denial (incl. 2 PI)	19
Settled OOC	9
Struck OOC	1
Under investigation	1
<b>Total</b>	<b>45</b>

Costs	Total
Claims Closed during period	118,171
Estimated costs of open claims	657,240
<b>Total</b>	<b>775,411</b>

### Event Response and Preventive Work

In addition to the 49 RIDDOR events reported to the HSE, and appropriate health & safety support provided to Line Management regarding their investigation; a further 106 health and safety incidents to colleagues were reviewed and investigated by the Health & Safety team to determine RIDDOR reportable applicability. In addition, a further 124 health and safety incidents to patients were reviewed and investigated in conjunction with the Incident Leads to determine RIDDOR reportable applicability.

In order to meet the significant demands of the Trust and free up resource for the Safer Moving and Handling Team the process of DSE specialist chair reviews, assessments, and initial steps in the procurement process has been taken over by the Health & Safety Team from the 1 March 2024. It is hoped the new streamlined DSE process will provide more flexibility to Managers to support their staff directly via existing support and procurement processes. Support for complex cases will continue via the Health & Safety Team and escalated to the Safer Moving and Handling Team where necessary. During this reporting period a total of 123 colleagues have received specific DSE support.

The Health and Safety team have worked with colleagues across the whole Trust to offer dedicated advice, guidance and support not only by reactively responding to incidents reported on the Trusts incident reporting systems but also provide proactive information and assistance to management groups, Estates Facilities Management, SSL and SHS to proactively manage health and safety within their services and teams in order to reduce/prevent incidents from occurring.

It is a regulatory requirement to provide a competent health and safety person to an NHS Trust. This requirement is being met but the mandatory regulatory demands being placed on the Health and Safety Team in addition to the devolved health & safety service to circa 16,000 employees is stretching the service to its limits. In order to demonstrate elements of the Health & Safety achievements of the team within this reporting period it has been outlined in the 'Health & Safety Achievements' page.

It should be noted that those health and safety services recorded with an \* were only recorded for the last 6 months of this reporting period.

### Health & Safety Achievements 2023/2024



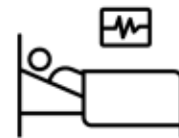
49

RIDDORS reported to HSE and investigated



106

Colleague Incidents reviewed and investigated



124

Patient incidents reviewed and investigated



123

DSE assessments reviewed, assessed and required individual interventions



936

Meetings attended and required H&S advice guidance & support



189

Specialist Committee meetings attended requiring H&S advice, guidance and support



88

\*individual Trust Depts/Areas requiring specific H&S advice guidance and support



135

Workplace H&S Monitor Checklists completed



14

Preoccupation/ Onsite Audits completed



16

safety alerts completed



1

Health & Safety  
Manager recruited



5,672

mandatory H&S  
& Welfare training  
sessions completed



12

\*support interventions  
provided to Symphony  
Health Services



42

Topic Leads  
supported

### Health & Safety Risks and Concerns

The Health & Safety service is limited and under resourced to meet the needs of such a diverse and large Trust. There is limited flexibility within the team and it remains at risk of deterioration and reduced capacity at times of absence or annual leave. The demand on the service increases year on year. This risk has been placed on the Trust Risk Register.

Current resource availability to support the Trust with new Health & Safety initiatives such as provision of a Health & Safety Strategy, key initiatives such as roll out of Managers health & safety audits, updating key health and safety policies remains restricted due to current workload and resource availability.

Audits within health and safety are fundamental to ensuring compliance with legislative requirements and helps to identify areas for improvement. Health & Safety compliance and assurance via completion of these health and safety audits for individual work areas is not undertaken by Managers. Workplace compliance returns from Workplace Health & Safety Monitors remains limited or virtually non-existent in some service groups. New line managers or inexperienced managers are unsure of their health & safety roles and responsibilities and Service Group Managers have not had dedicated Health & Safety Training.

There are Health & Safety Topics that do not have allocated Topic Leads and so policies, procedures and safe operating procedures will become out of date and not meet legislative requirements should the status quo continue.

The ability of the Trust to successfully implement NHS England, Learning from Patient Safety Events (LfPSE), from 1 May 2024. This will require implementing one incident reporting system and applying event reporting as prescribed under LfPSE and investigation principles to the whole Trust.

### Aims for 2024/2025

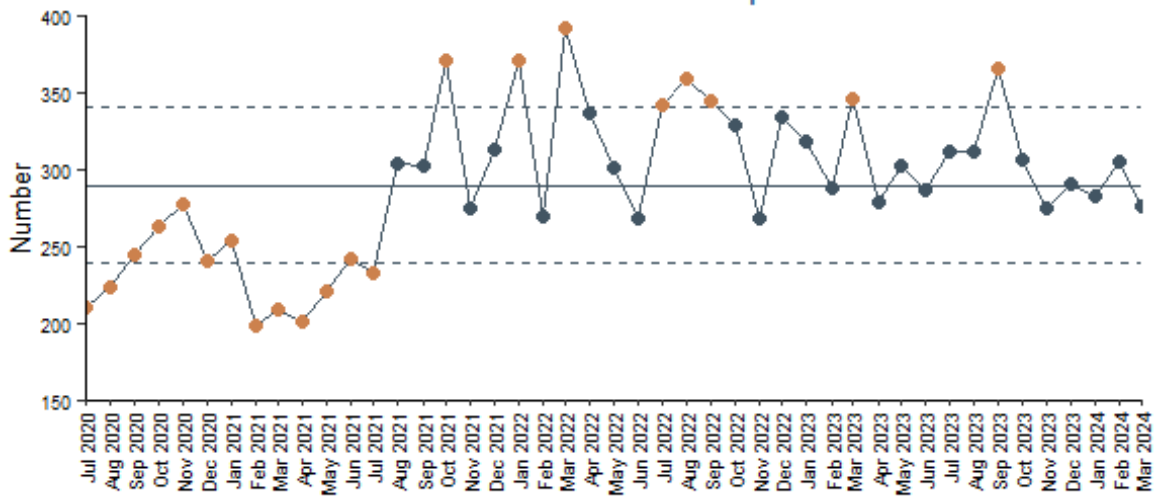
- Review, align, update and implement the Display Screen Equipment Policy and processes
- Review and update processes linked with the Display Screen Equipment policy to be more efficient and improve cost savings where possible. e.g: one eye voucher provider, standardize availability of equipment provided to the Trust. i.e: ergonomic chairs, sit/stand desks etc.
- Review, align, update and implement the Control of Substances Hazardous to Health Policy and processes
- Review, update and re-establish COSHH Training for colleagues.
- Formulate a Health & Safety Audit Checklist for Building Managers.
- Review applicability of the Trust's First Aid at Work Policy and update if required.
- Implement a mandatory Managers Health & Safety Audit Checklist for Departments/Clinical Areas/Services.
- Further resource the Health & Safety team to ensure the Trust's meets its mandatory legislative health & safety responsibilities.
- Continue to escalate key health and safety issues to the board including lack of Safety Topic Leads in several topics including Noise, Vibration and Lifting Operations.

### Conclusion

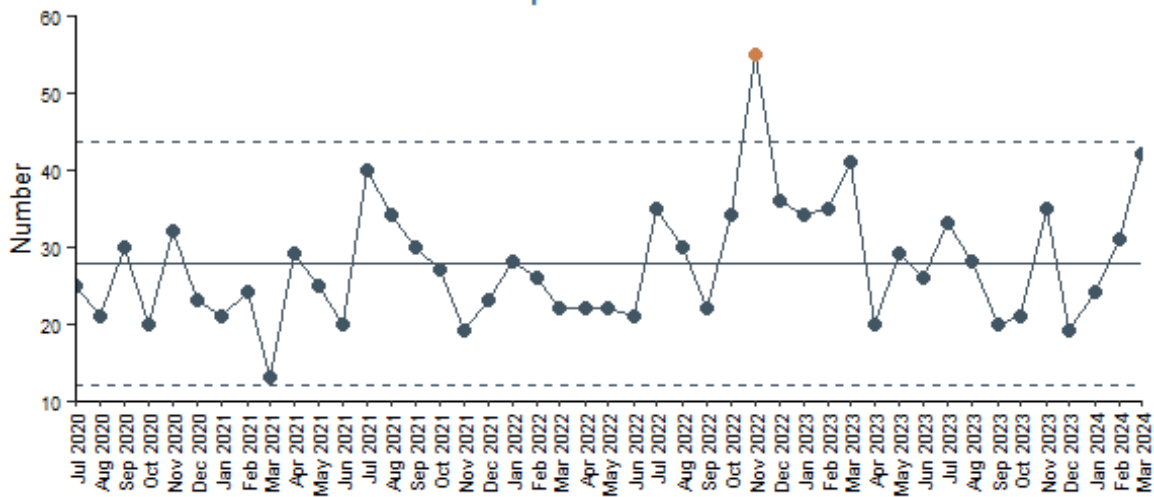
The significant demands the Trust is placing on the Health & Safety Team is affecting the level, scope and depth of health and safety service being provided. The Health & Safety team continues to provide a service that prioritises mandatory RIDDOR reporting to the HSE and urgent requests for support. Risks due to the fragility of the current resource to support the Trust with business-as-usual services and/or any new Health & Safety initiatives remains fragile.

**Appendix A – Total Reported Health & Safety Incidents  
by Service Group**

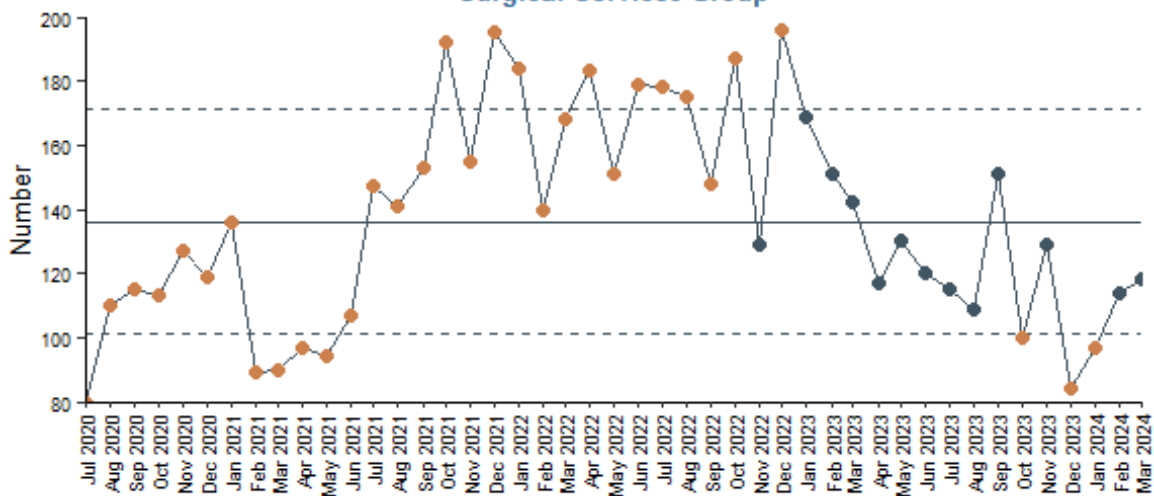
Total Reported Health and Safety Related Incidents - Medical Services Group



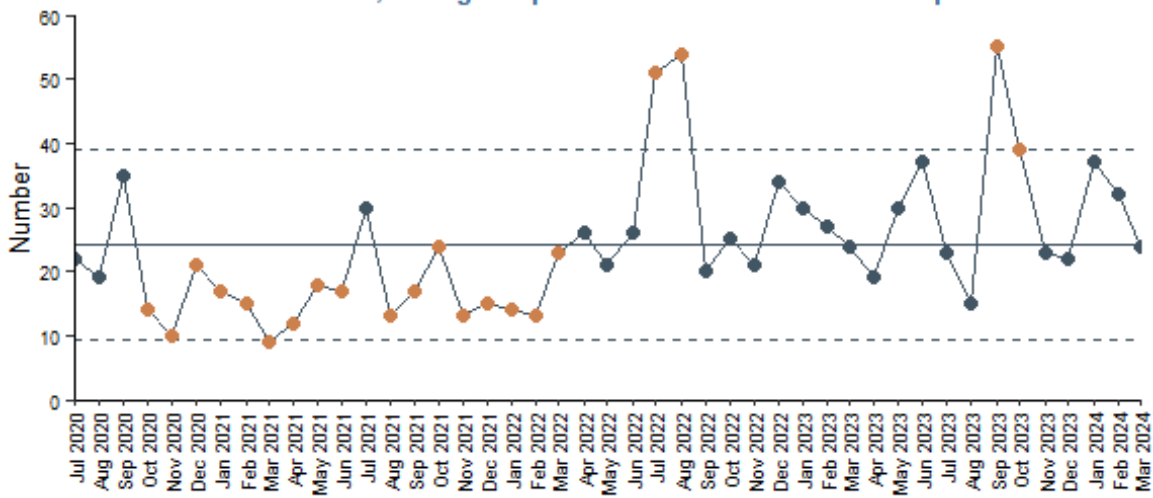
Total Reported Health and Safety Related Incidents - Corporate Services



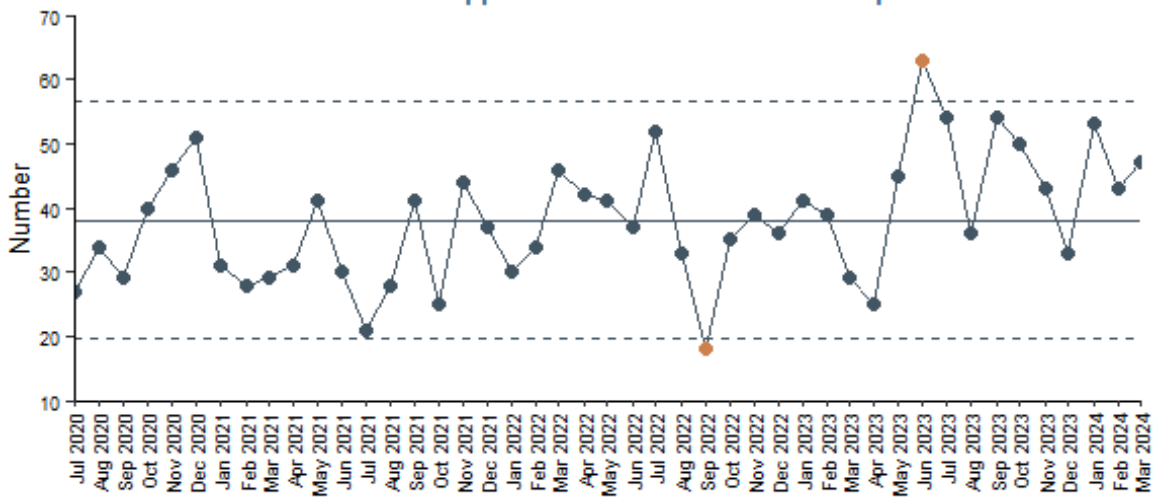
Total Reported Health and Safety Related Incidents - Surgical Services Group



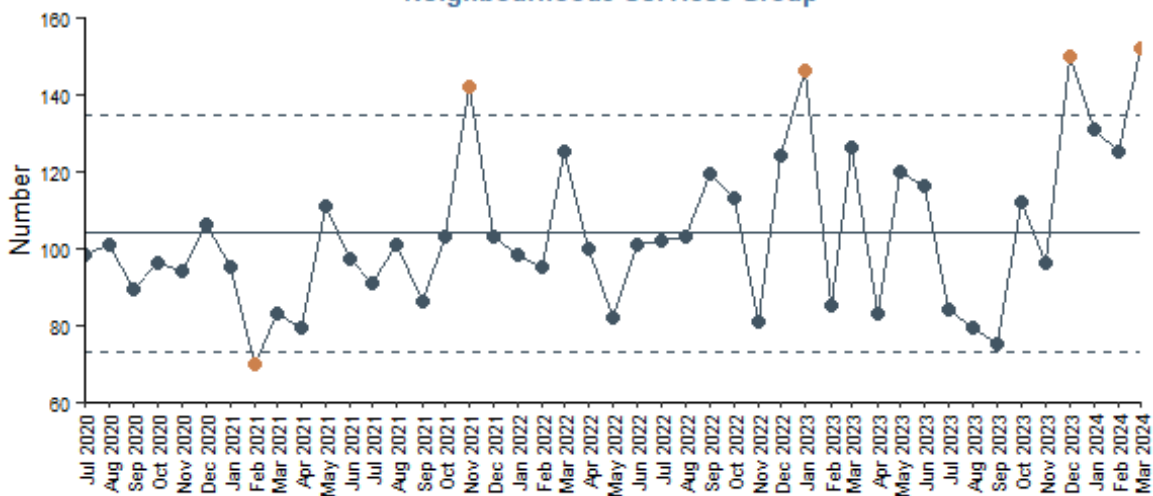
Total Reported Health and Safety Related Incidents - Children, Young People and Families Services Group



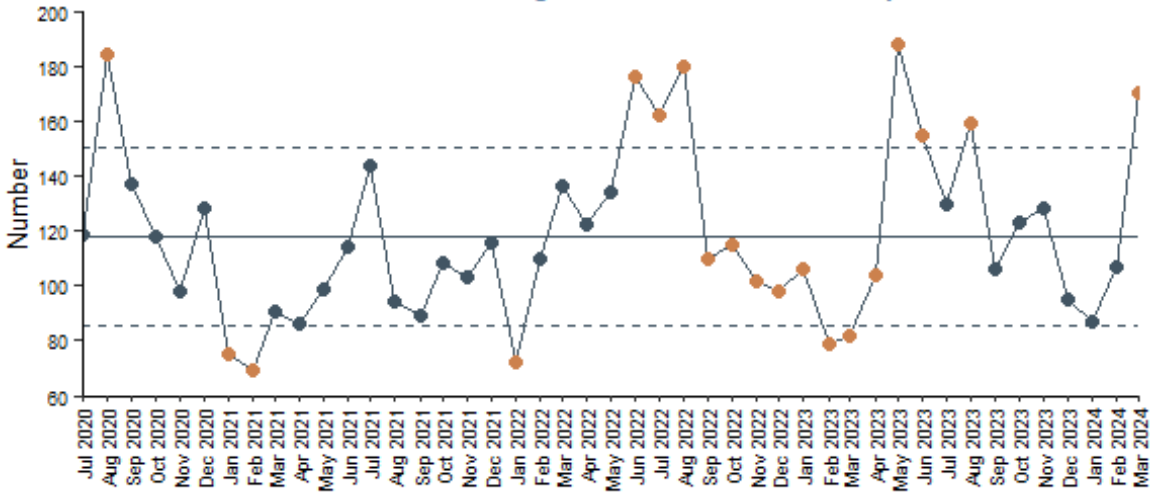
Total Reported Health and Safety Related Incidents - Clinical Support and Cancer Services Group



Total Reported Health and Safety Related Incidents - Neighbourhoods Services Group



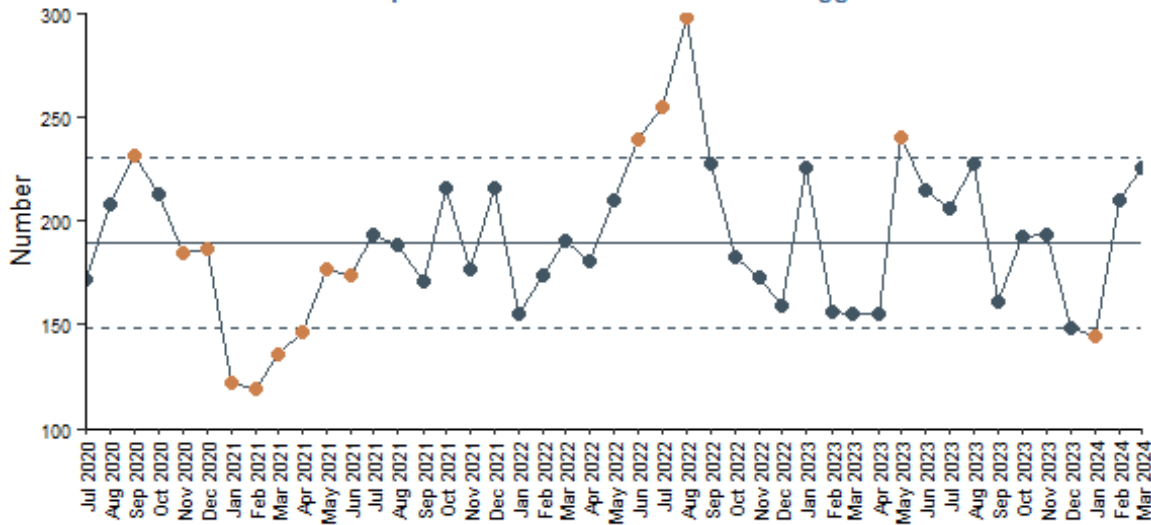
Total Reported Health and Safety Related Incidents - Mental Health & Learning Disabilities Services Group



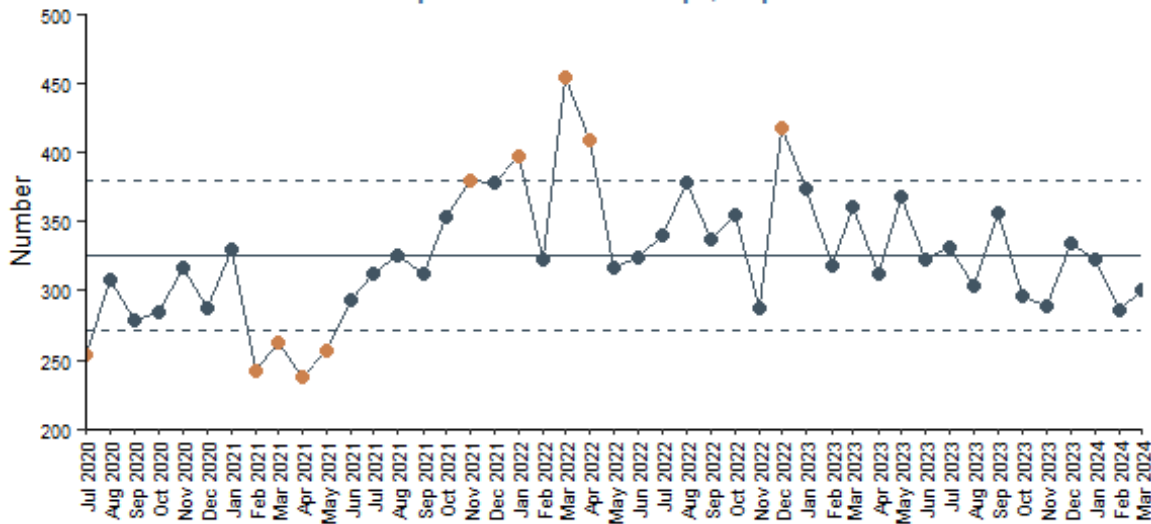


## Appendix B – Total Reported Health & Safety Incidents by Topic

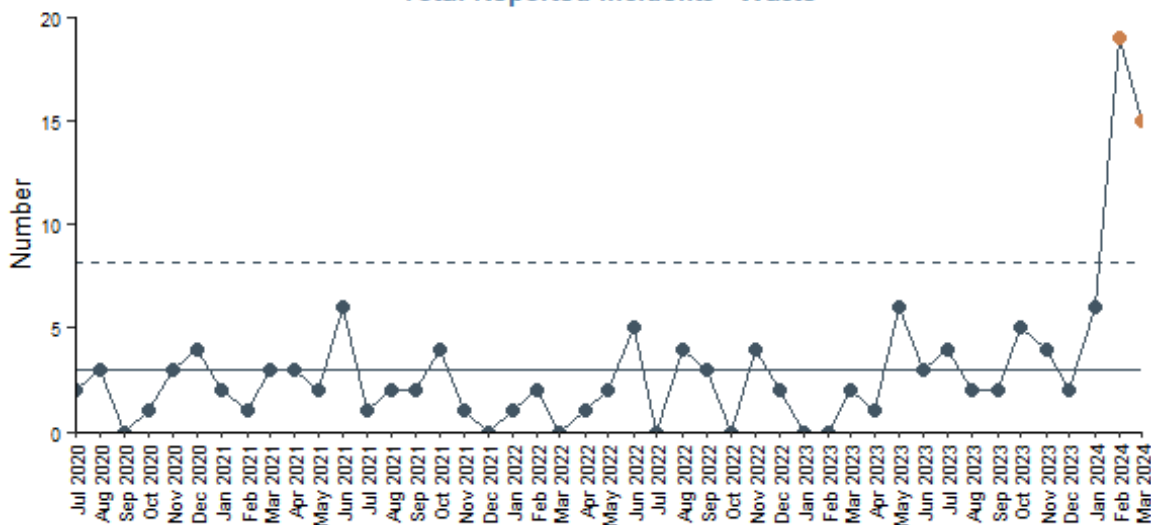
Total Reported Incidents - Violence and Aggression



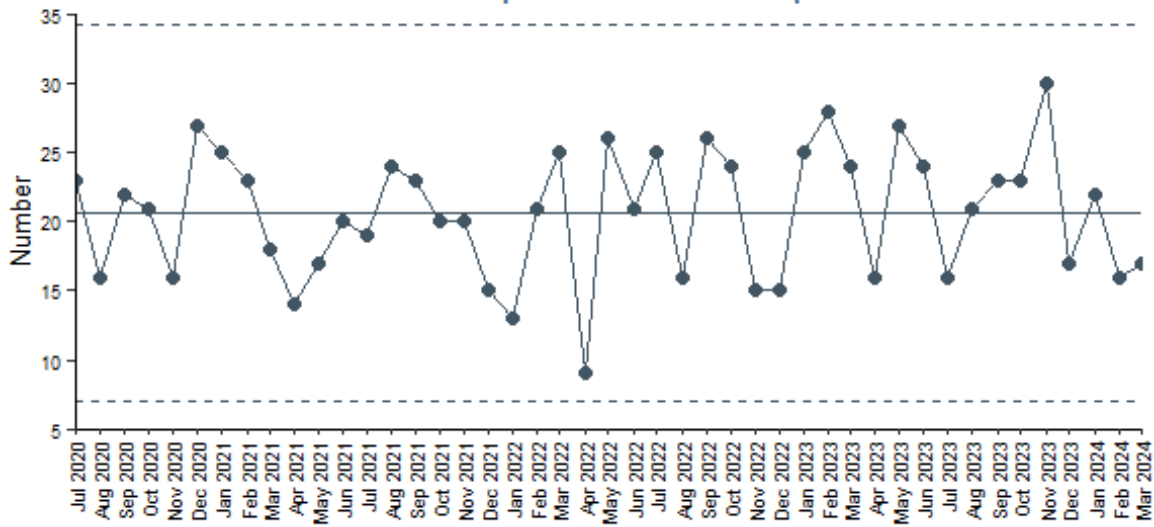
Total Reported Incidents - Slips, Trips and Falls



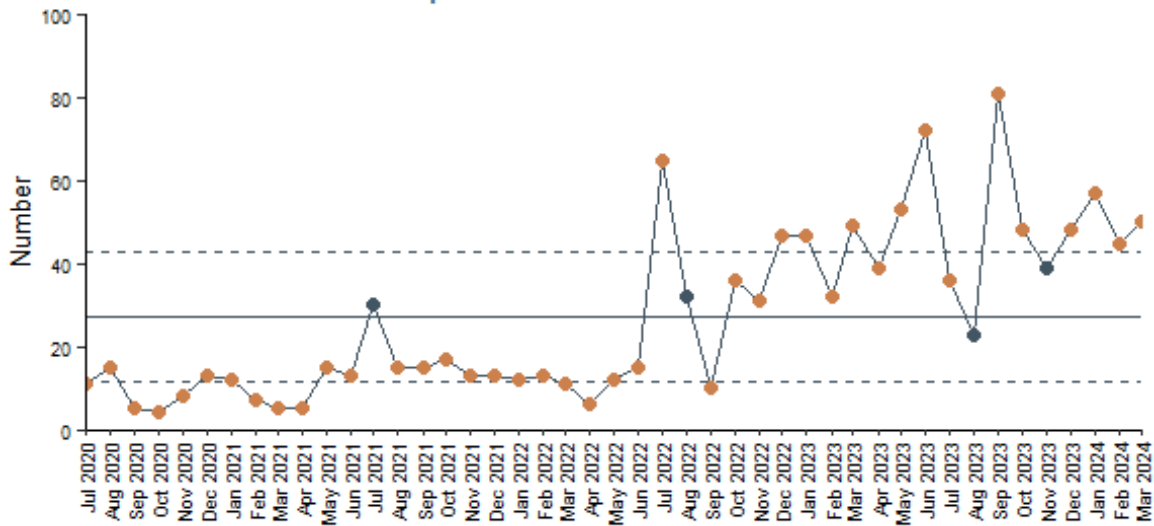
Total Reported Incidents - Waste



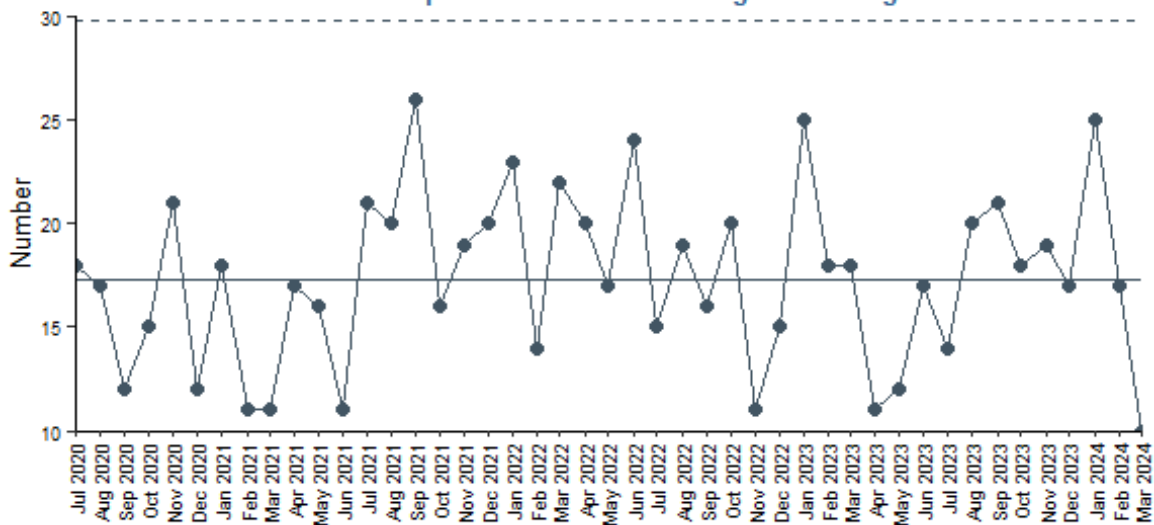
Total Reported Incidents - Sharps



Total Reported Incidents - Enviromental Issue



Total Reported Incidents - Moving & Handling



## Appendix C – Safety Alerts

## Safety Alerts Completed 1 April 2023 – 31 March 2024

CAS Reference Number	Title Of Alert	Date of Issue	Deadline Date	Risk	Status
NatPSA/2023/004/MHRA	Recall of Emerade 500 micrograms and Emerade 300 micrograms auto-injectors, due to the potential for device failure	09/05/23	12/05/23	Medium	Closed - Before Deadline
NatPSA/2023/005/MHRA	Removal of Philips Health Systems V60 and V60 Plus ventilators from service – potential unexpected shutdown leading to complete loss of ventilation	18/05/23	30/09/23	Not Relevant To Trust	Not Relevant To Trust
NatPSA/2023/006/DHSC	Shortage of pyridostigmine 60mg tablets	24/05/23	26/05/23	Medium	Closed - After Deadline
NatPSA/2023/007/MHRA	Potential risk of underdosing with calcium gluconate in severe hyperkalaemia	27/06/23	01/12/23	Medium	Closed - Before Deadline
NatPSA/2023/008/DHSC	Shortage of GLP-1 receptor agonists	18/07/23	18/10/23	Low	Closed - Before Deadline
NatPSA/2023/009/OHID	Potent synthetic opioids implicated in heroin overdoses and deaths	26/07/23	04/08/23	Low	Closed - Before Deadline
NatPSA/2023/010/MHRA	Medical Beds, Trolleys, Bed Rails, Bed Grab Handles And Lateral Turning Devices: Risk Of Death From Entrapment Or Falls	31/08/23	01/03/24	High	Open - Overdue
NatPSA/2023/011/DHSC	Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets	27/09/23	11/10/23	Low	Closed - Before Deadline
NatPSA/2023/012/DHSC	Shortage Of Verteporfin 15mg Powder For Solution For Injection	28/09/23	20/10/23	Not Relevant To Trust	Not Relevant To Trust
NatPSA/2023/013/MHRA	Valproate: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients	28/11/23	31/01/23	Low	Closed - Before Deadline
NatPSA/2023/014/NHSPS	Identified safety risks with the Euroking maternity information system	07/12/23	07/06/24	Low	Closed - Before Deadline
NatPSA/2023/015/UKHSA	Potential contamination of some carbomer-containing lubricating eye products with Burkholderia cenocepacia – measures to reduce patient risk	07/12/23	17/12/23	High	Closed - Before Deadline
NatPSA/2023/016/DHSC	Potential for inappropriate dosing of insulin when	08/12/23	22/12/23	High	Closed - Before Deadline

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	switching insulin degludec (Tresiba®) products				
NatPSA/2024/001/DHSC	Shortage of GLP-1 receptor agonists (GLP-1 RA) update	03/01/24	28/03/24	Low	Closed - Before Deadline
NatPSA/2024/001/NHSPS	Transition To NRFit Connectors For Intrathecal And Epidural Procedures, And Delivery Of Regional Blocks	31/01/24	31/01/25	Medium	Open - In Date
NatPSA/2024/003/DHSC_MVA	Shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials	26/02/24	08/03/24	Medium	Closed - Before Deadline

### Safety Alerts Outstanding 1 April 2023 – 31 March 2024

CAS Reference Number	Title Of Alert	Date of Issue	Deadline Date	Risk	Status
NatPSA/2023/010/MHRA	Medical Beds, Trolleys, Bed Rails, Bed Grab Handles and Lateral Turning Devices: Risk Of Death From Entrapment Or Falls	31/08/23	01/03/24	High	Open – Overdue