

Health, Safety and Security Annual Report 2018/19

1.0 Introduction

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

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

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

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

2.0 Background

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

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

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

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

Furthermore the Trust has a duty under the Regulatory Reform (Fire Safety) Order 2005 to focus on risk reduction and fire prevention. The instrument to fulfil this

responsibility are mandatory detailed Fire Risk assessments for all Trust premises which are duly submitted to the local Fire Authority.

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

3.0 The Health and Safety and Security Team

There is an Executive Director – The Chief Nurse who sits at board level who is responsible for H&S and security activity. The H&S and Security team sits within the Governance and Risk department and consists of two staff members currently the Trust's Health, Safety, Security and Emergency Planning Manager and Health, Safety and Security Facilitator.

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

4.0 The Quality Committee

The Quality Committee, chaired by the Chief Nurse with all service areas and directorates being represented, meets on a monthly basis. A report is presented to the Committee by the Health, Safety and Security Team every quarter providing H & S updates and proposals for action.

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

5.0 Health and Safety Policy

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

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

6.0 Security Policy

The security policy was reviewed in September 2018 in line with relevant guidance and ratified by the Quality Committee.

7.0 Incident Reporting and Follow Up

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

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

The trust monitors every incident of actual or potential violent acts which are reported via the Datix system and act as a trigger, at the time of the incident, for the H&S and security team to consider appropriate follow up.

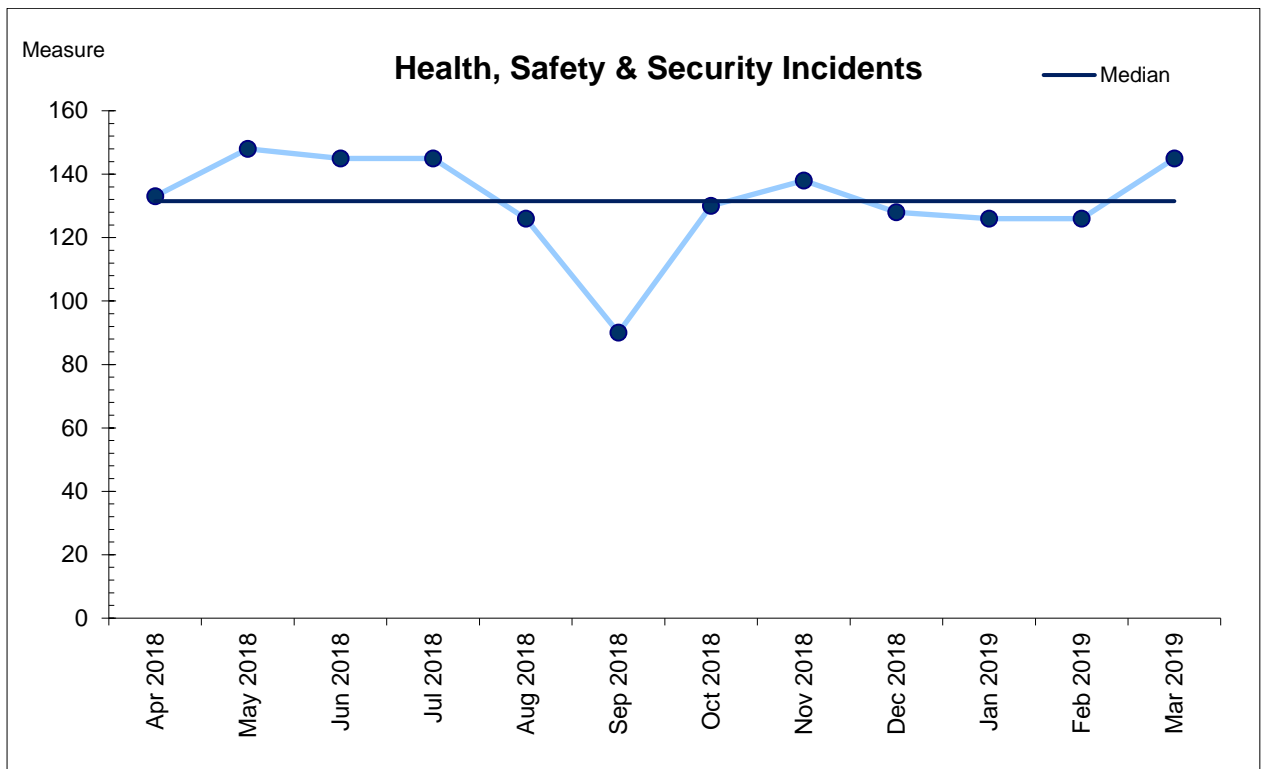
In addition, the H&S and Security Team is automatically notified of all H&S and security incidents so that they can be followed up to ensure that appropriate action is being taken to implement assessments and control measures to minimise future reoccurrence of similar situations.

Highlighted below is a summary of the year for:

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

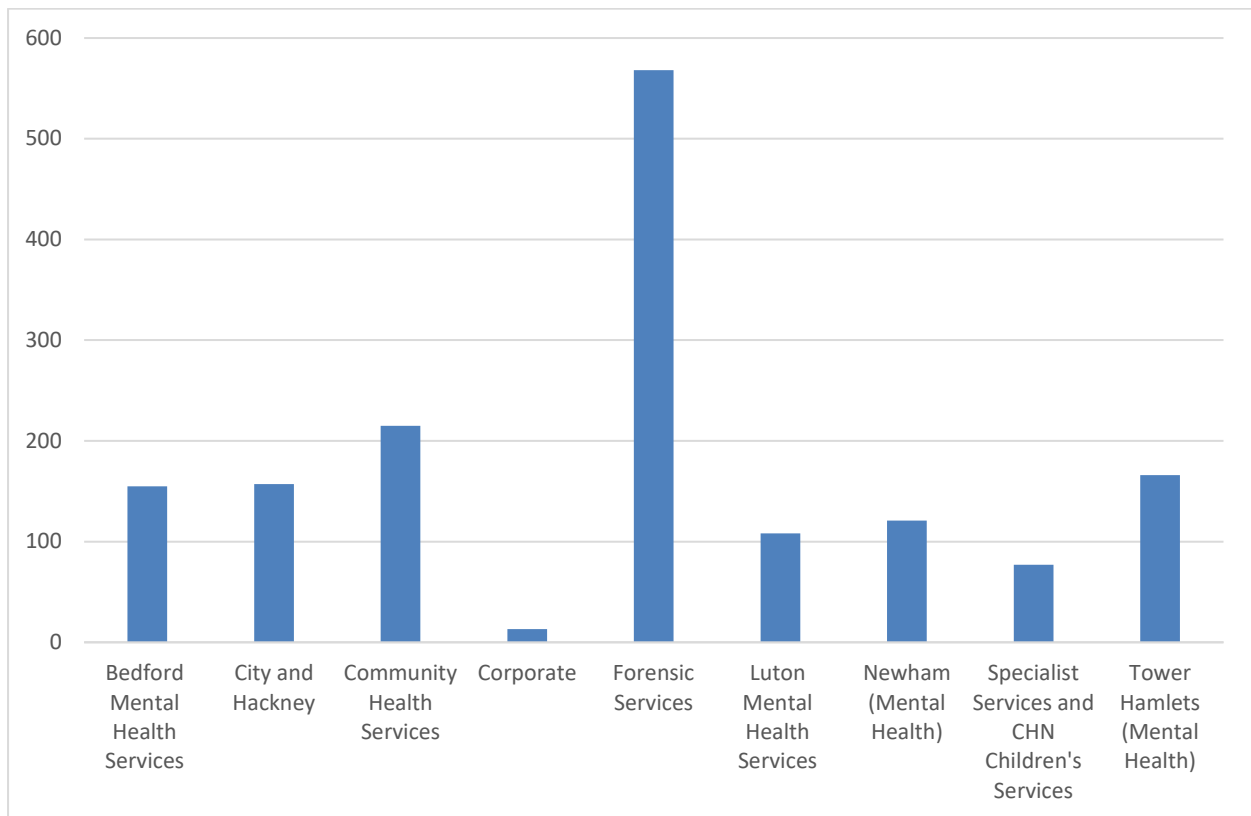
Health, Safety and Security incidents

All reported Health, Safety and Security incidents – Trustwide:



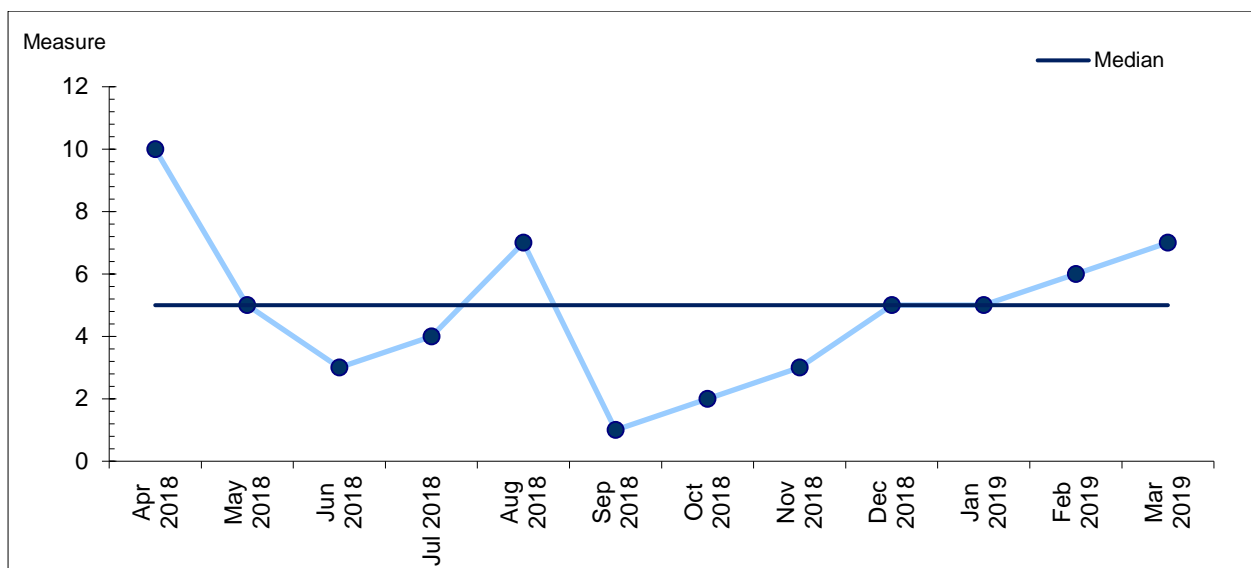
A total of 1580 Health, Safety & Security incidents were reported for 2018/19. This has risen slightly in comparison with the 1467 reported incidents in 2017/18.

All reported Health, Safety and Security incidents by Directorate

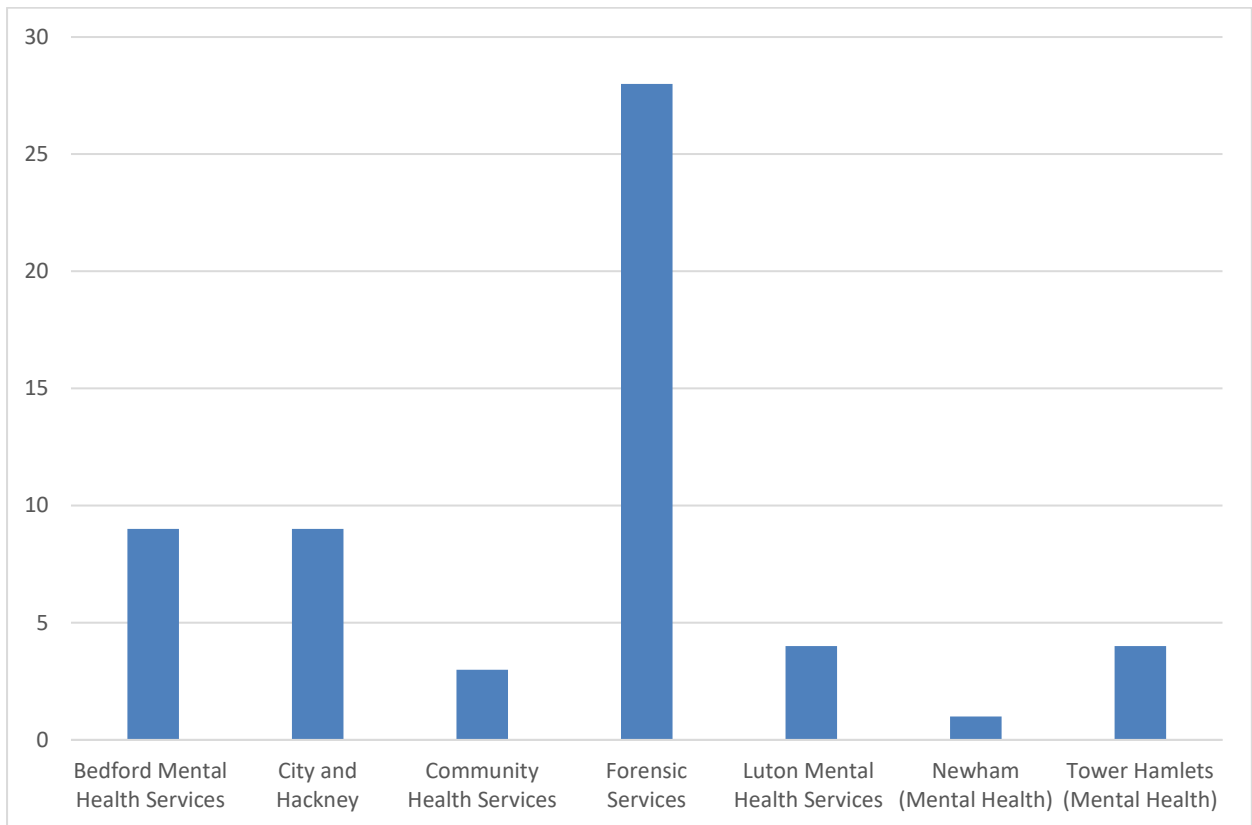


The significantly larger number of incidents within forensic services reflect security breaches such as reports of finding prohibited items as well as other breaches such as doors being left unlocked and associated housekeeping. In addition, incidents of violence and aggression acts as a contributory factor within this setting. The comparatively large number of these incidents within Forensics services is not unusual due to the acuity of the patients/services users in receipt of care within Forensics.

Smoking in an unauthorised area Trust-wide



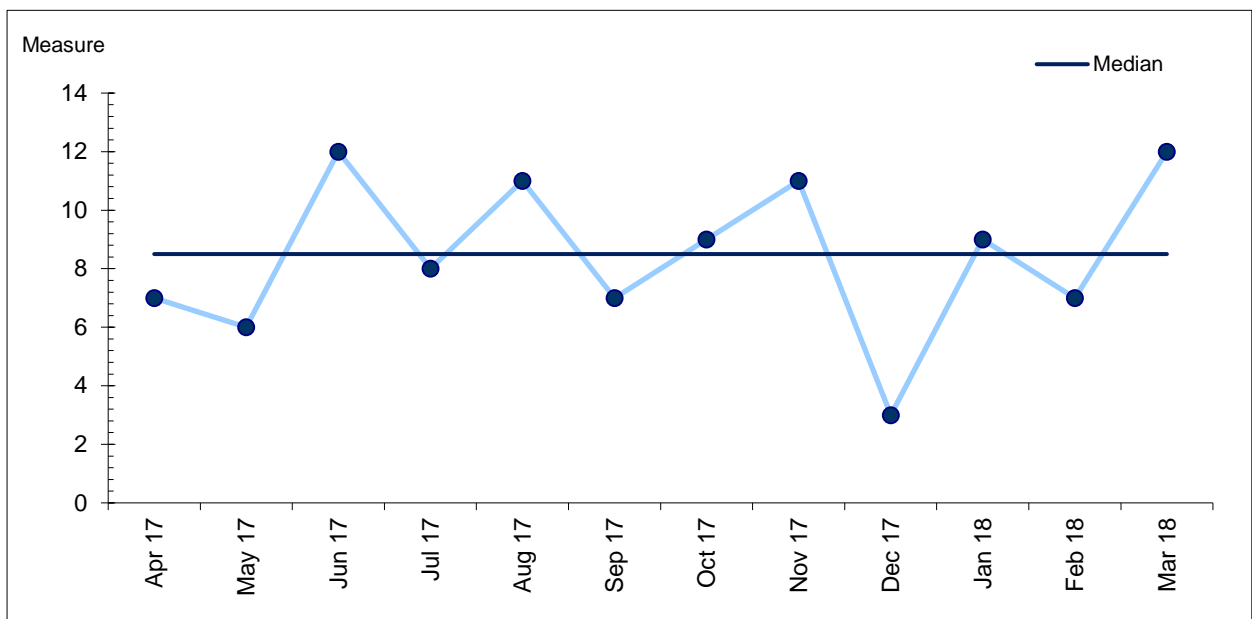
Smoking in an unauthorised area by Directorate



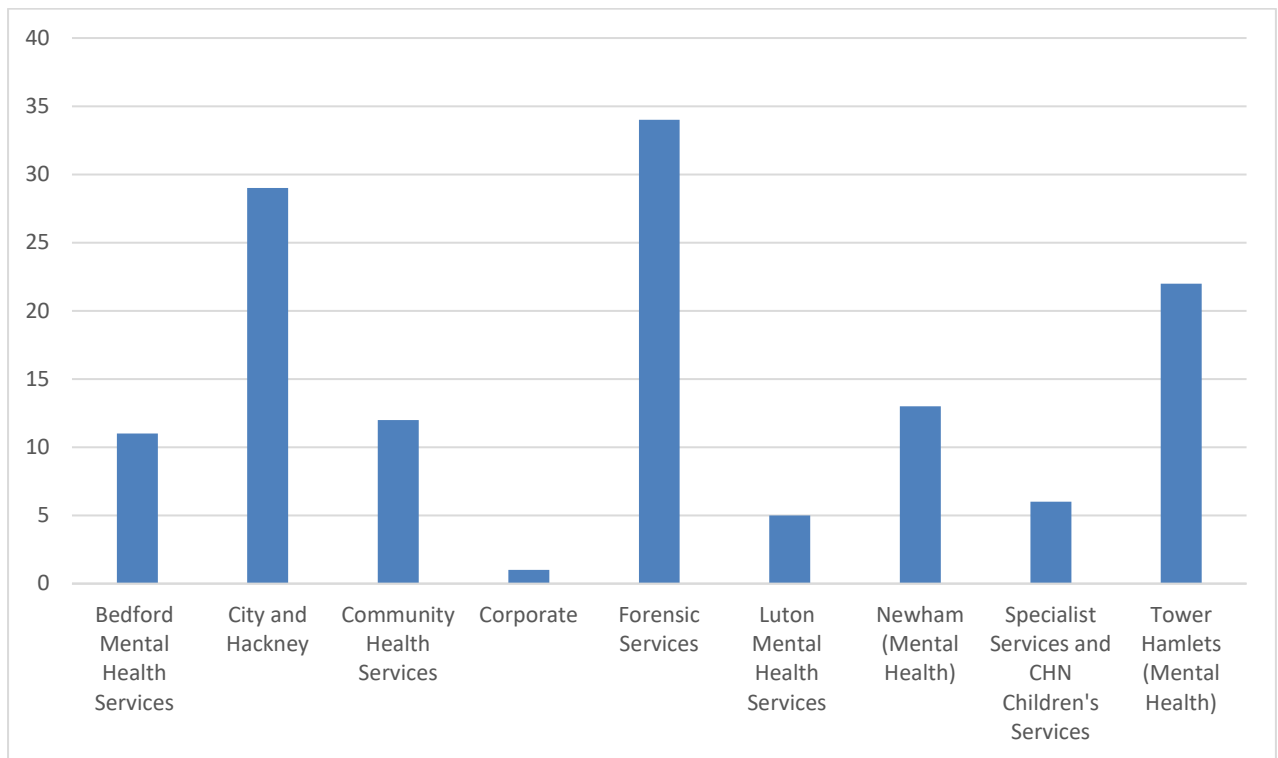
The vast majority of incidents of smoking in an unauthorised area occur in the forensic directorate predominantly due to the nature of the service and its patient population. The trust has moved to a no-smoking environment on all sites.

Fire incidents - All fire incidents reported

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

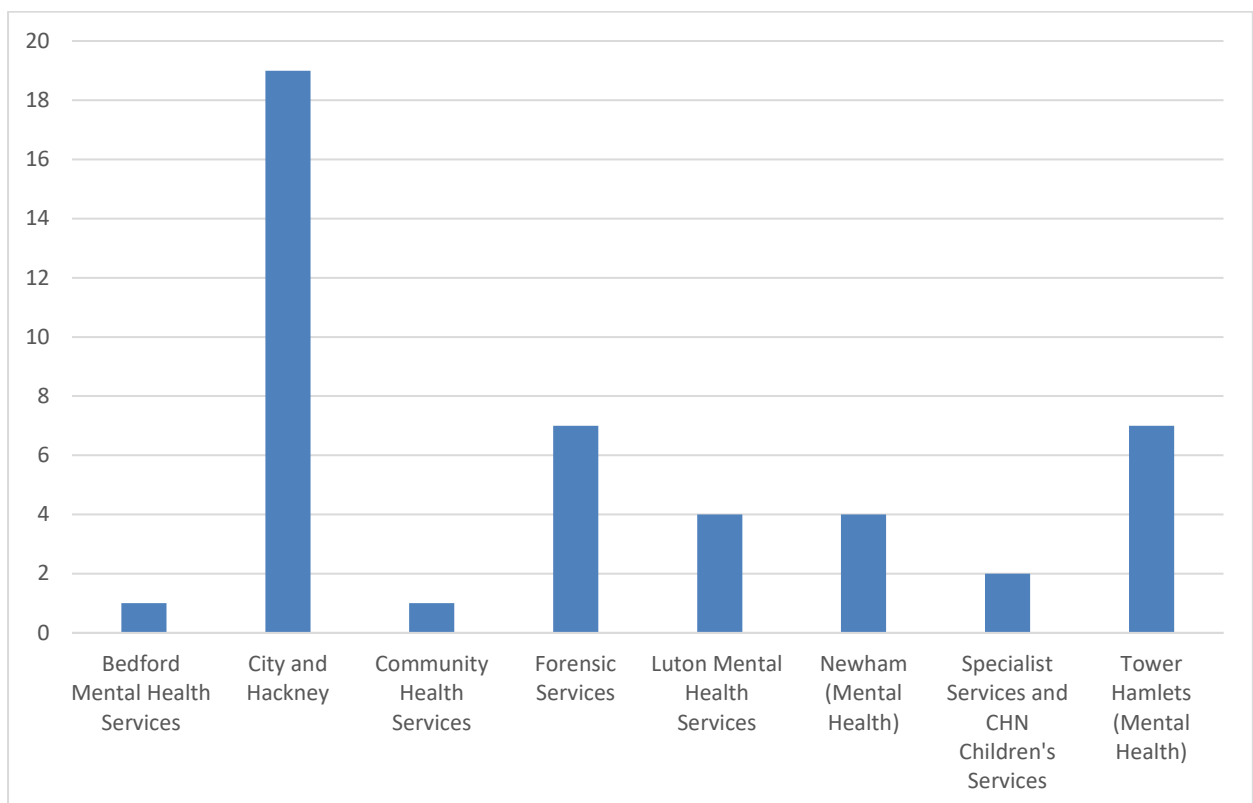


All reported fire incidents (including false alarms) by Directorate:



The majority of fire incidents relate to 'false alarms' such as a smoke detector being activated by covert smoking in bed areas or set off from steam from en-suite shower rooms.

All reported actual fires by Directorate:



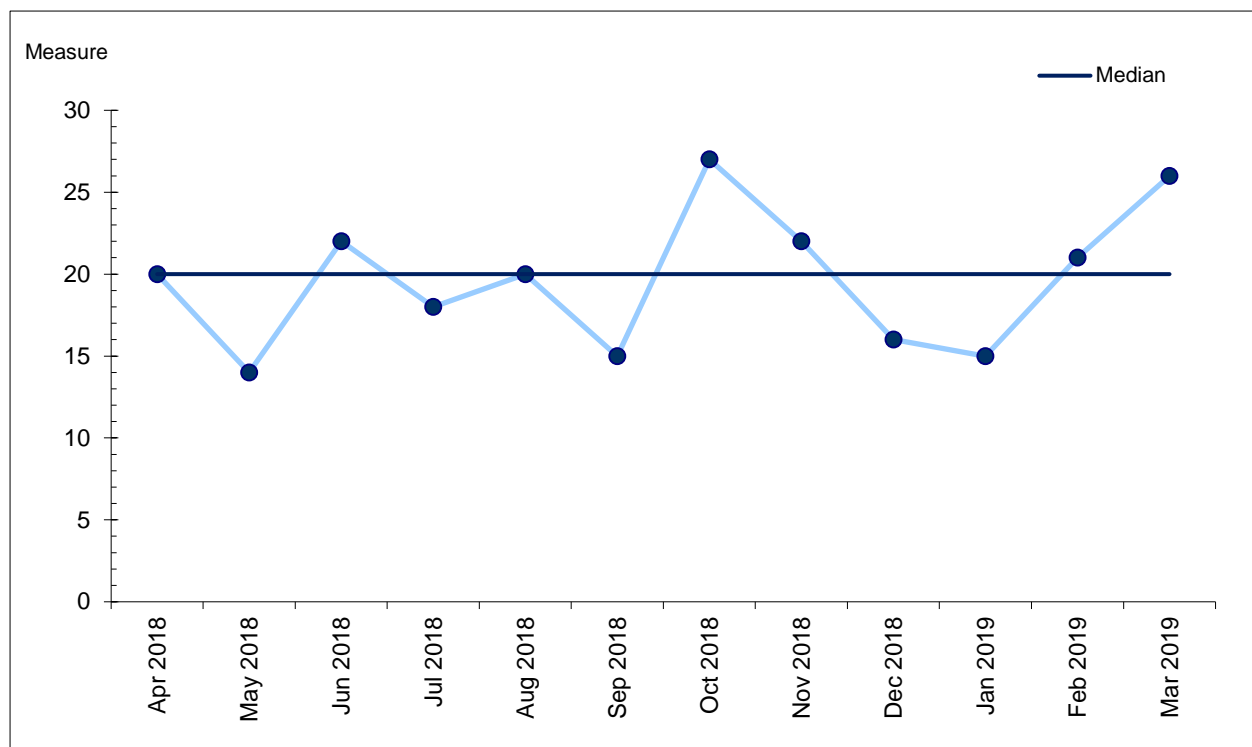
All fire incidents reported are reviewed by the Trust Fire Safety Advisors and, where deemed appropriate, a Fire Investigation is carried out with a report detailing the details of the occurrence, the cause and any issues relating to building or staff performance. From this recommendations may arise.

The higher number of actual fires for City and Hackney can be attributed to specific patients who presented with challenging behaviour.

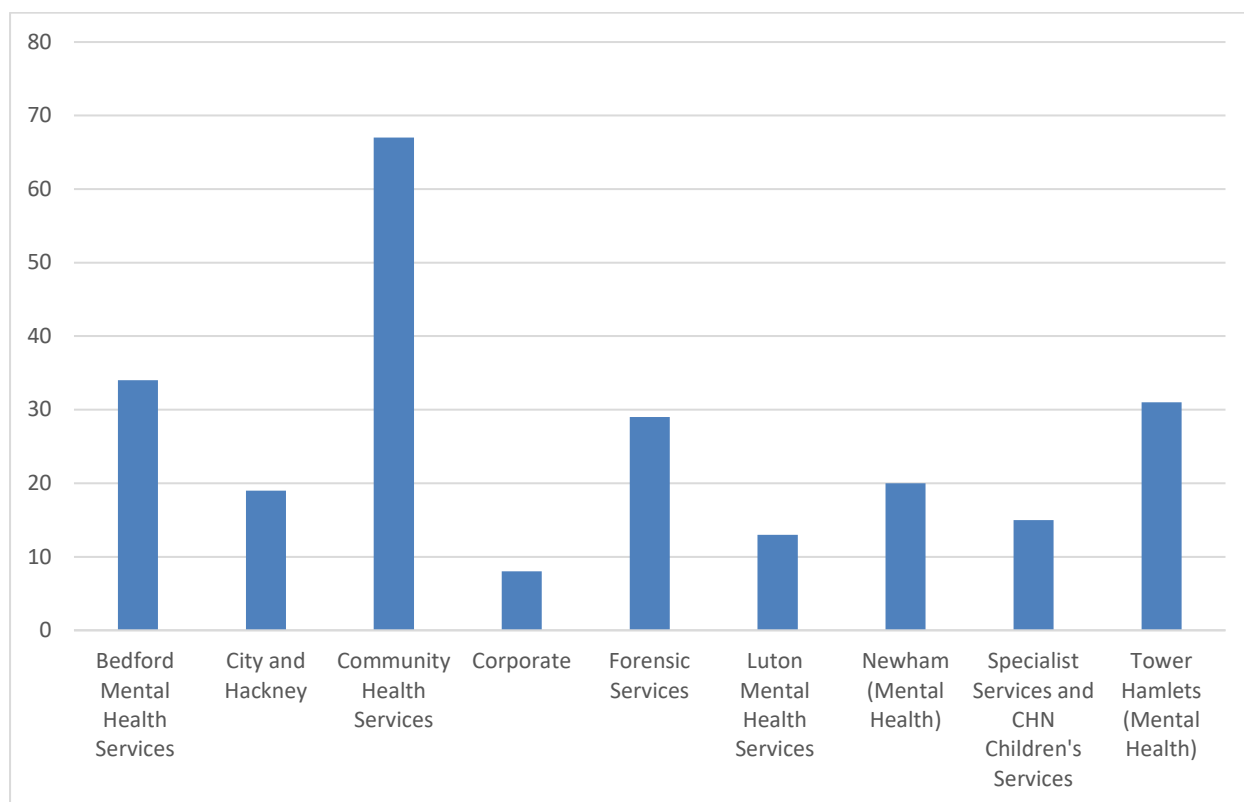
Whilst there were numerous fire incidents during this reporting period, there were no incidents within the category of a 'serious nature' (i.e. with patient or staff injury).

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

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



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



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

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

RIDDOR

Directorate	2016/17	2017/18	2018/19
Bedford	4	1	8
CAMHS	1	1	4
City & Hackney	6	12	10
Corporate	1	1	3
Forensic Services	10	25	42
Luton	2	8	4
Newham (Mental Health)	3	10	15
Specialist Services and CHN Children	0	0	0
Tower Hamlets (Mental Health)	7	14	13
Community Health Newham	2	3	1
Tower Hamlets Community Health Services	-	0	0
Bedfordshire Community Health Services	-	-	4
Total	36	75	104

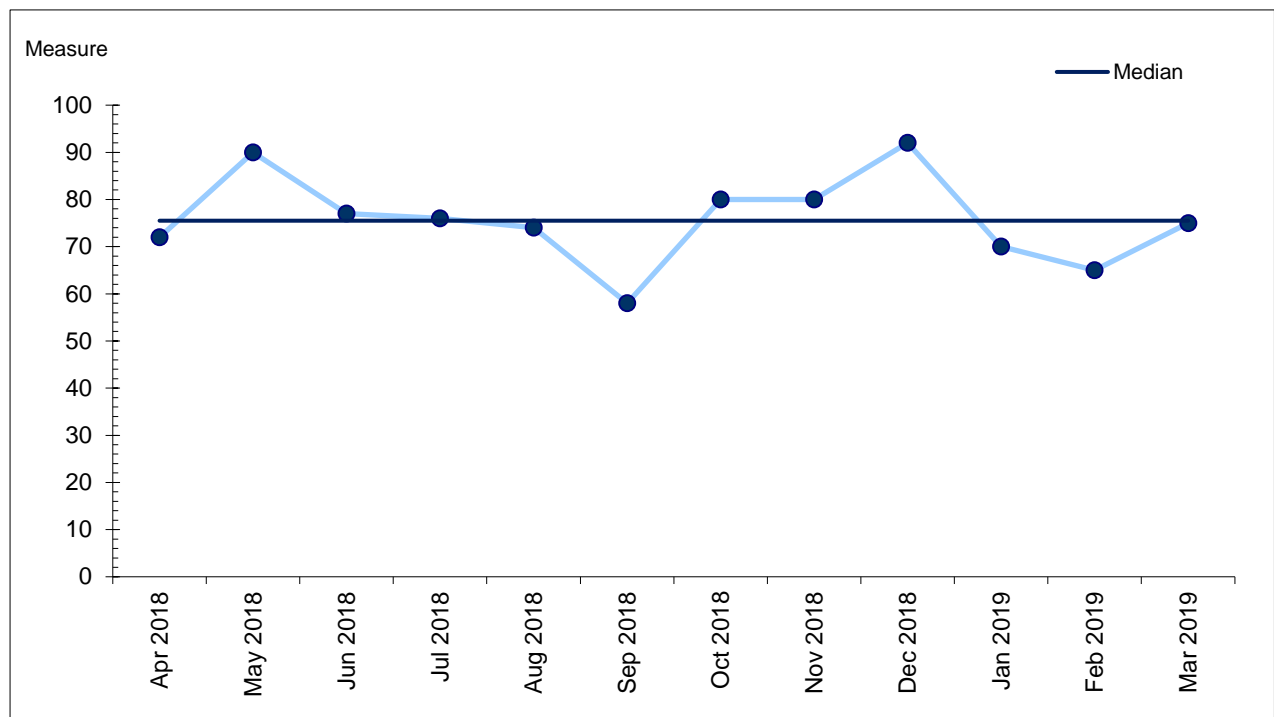
The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) require the reporting of work-related accidents, diseases and dangerous occurrences to the Health and Safety Executive (HSE). RIDDOR puts duties on employers, the self-employed and people in control of work premises to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

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

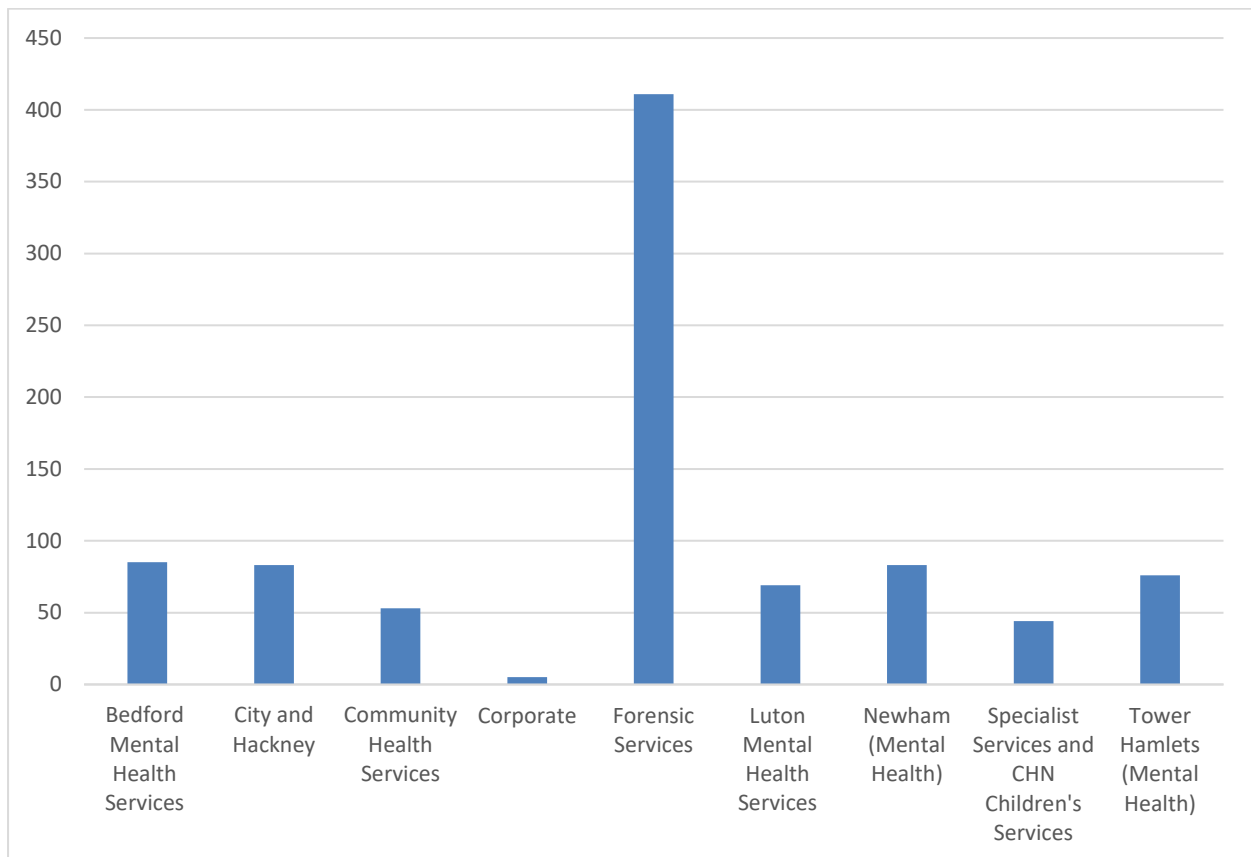
Assaults accounted for 70% (72) of all RIDDOR reports in 2018/19. The second most common type of H & S related incident reported within the Trust were slips, trips and falls which accounted for 17% (18) of all RIDDOR reports submitted to HSE. The remaining incidents were lifting/handling and being struck by object which accounted for 13% (14). The total number of RIDDOR reports for the period were 104.

Security Incidents

All reported security incidents – Trust-wide:



All reported security incidents by directorate:



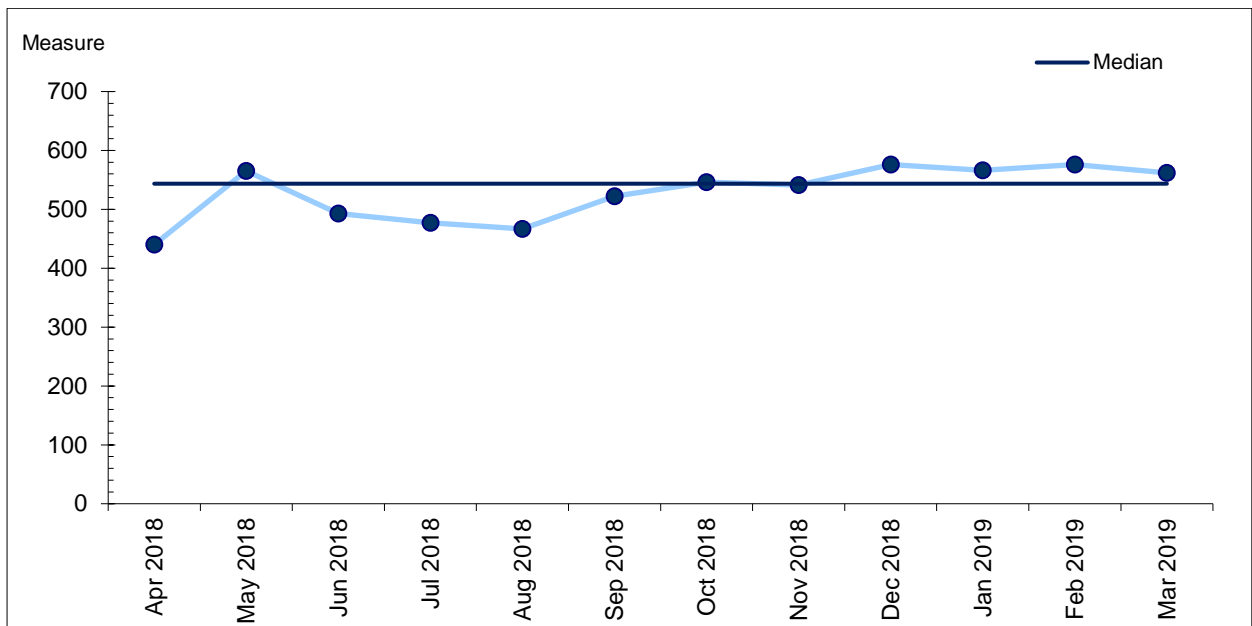
The Trust promotes a pro-active-security culture through a range of arrangements including policies and procedures as well as via awareness training sessions by the Health and Safety team at induction and as part of the Prevention and Management of Violence and Aggression (PMVA) training.

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

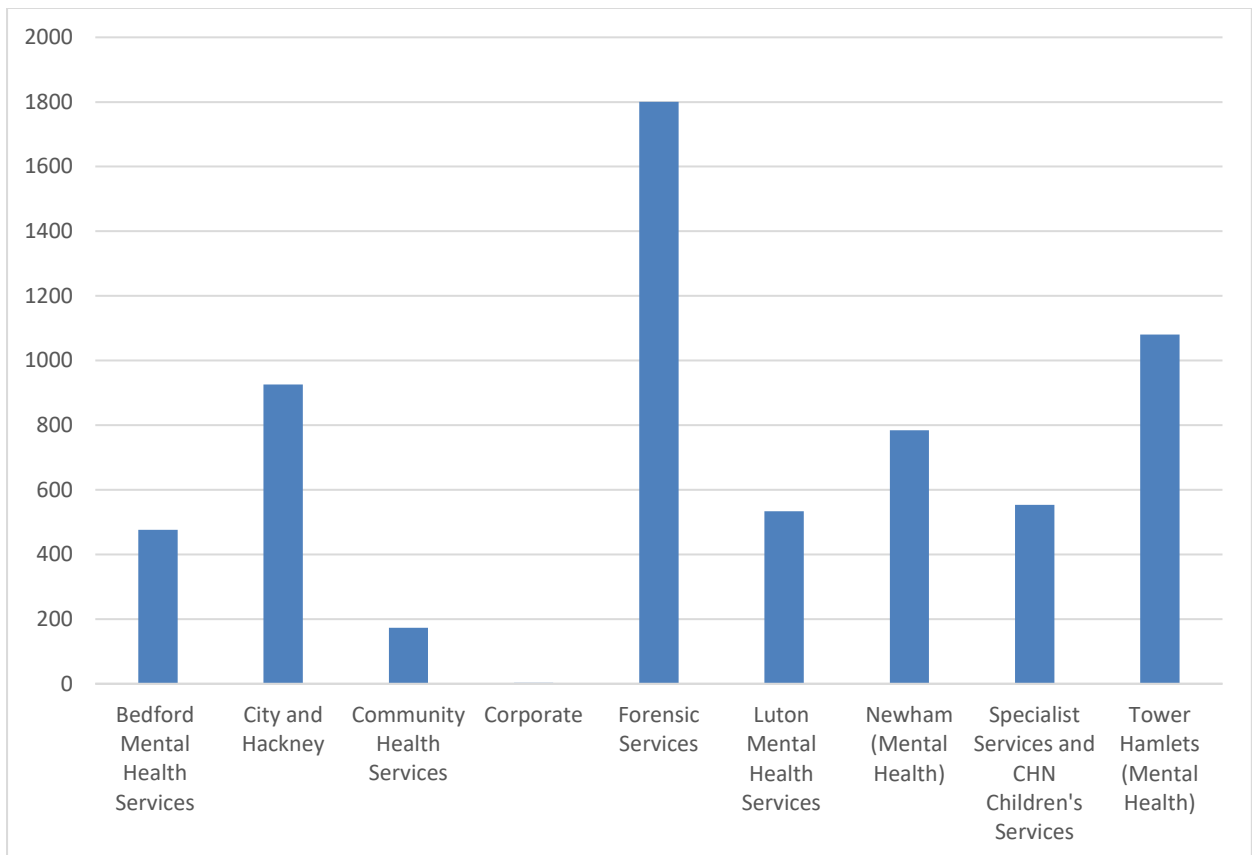
There are two fully staffed security teams – located both at the John Howard Centre and at Wolfson House who review and investigate all reported security incidents.

Violence and Aggression

All reported violence and aggression – Trust-wide:



All reported violence and aggression incidents by directorate:



All Violence and Aggression Incidents comparison

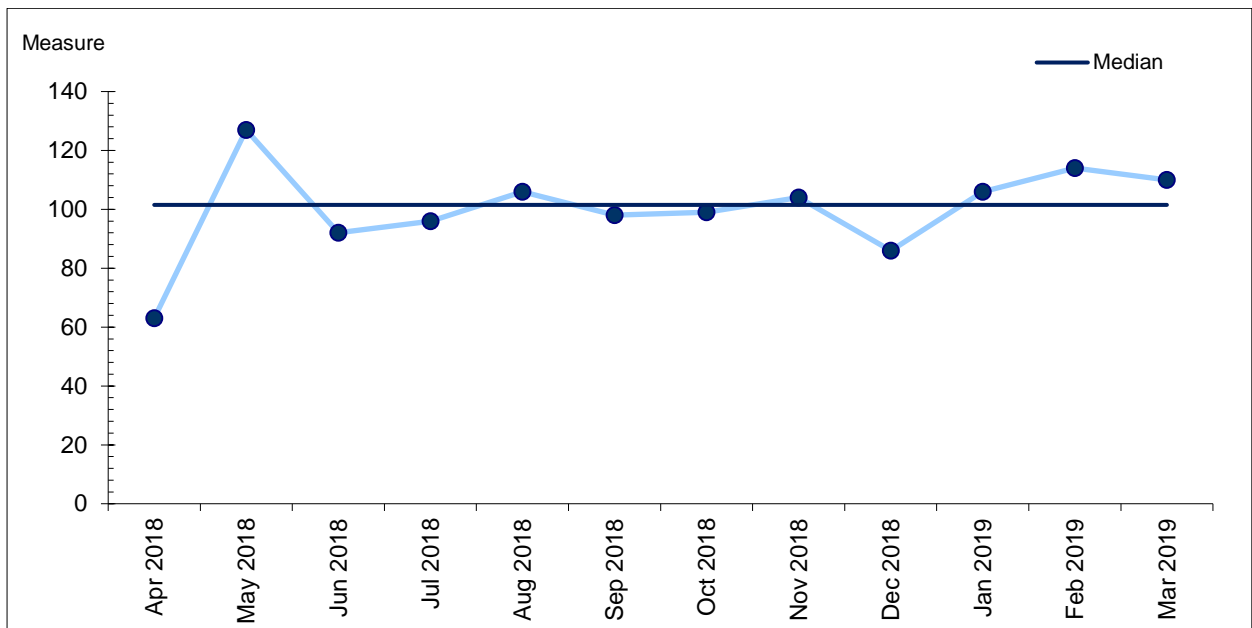
Directorate	Incidents reported 2016/17	Incidents reported 2017/18	Incidents Reported 2018/19
City & Hackney	873	844	926
Newham (Mental Health)	744	723	784
Tower Hamlets	761	1201	1080
Forensic Services	1314	1432	1801
Community Health Newham	268	81	119
Tower Hamlets Community Health Services	-	27	21
Specialist Services and CHN Children	253	300	554
Corporate	3	4	3
Luton (MH)	764	501	534
Bedfordshire (MH)	544	421	476
Bedfordshire Community Health Services	-	-	33
Total	5524	5534	6331`

Directorates are advised to actively report criminal damage and non-physical incidents, such as threatening and verbally abusive behaviours as well as racial aggression. This can account for the increase in numbers in some directorates such as forensics and specialist services.

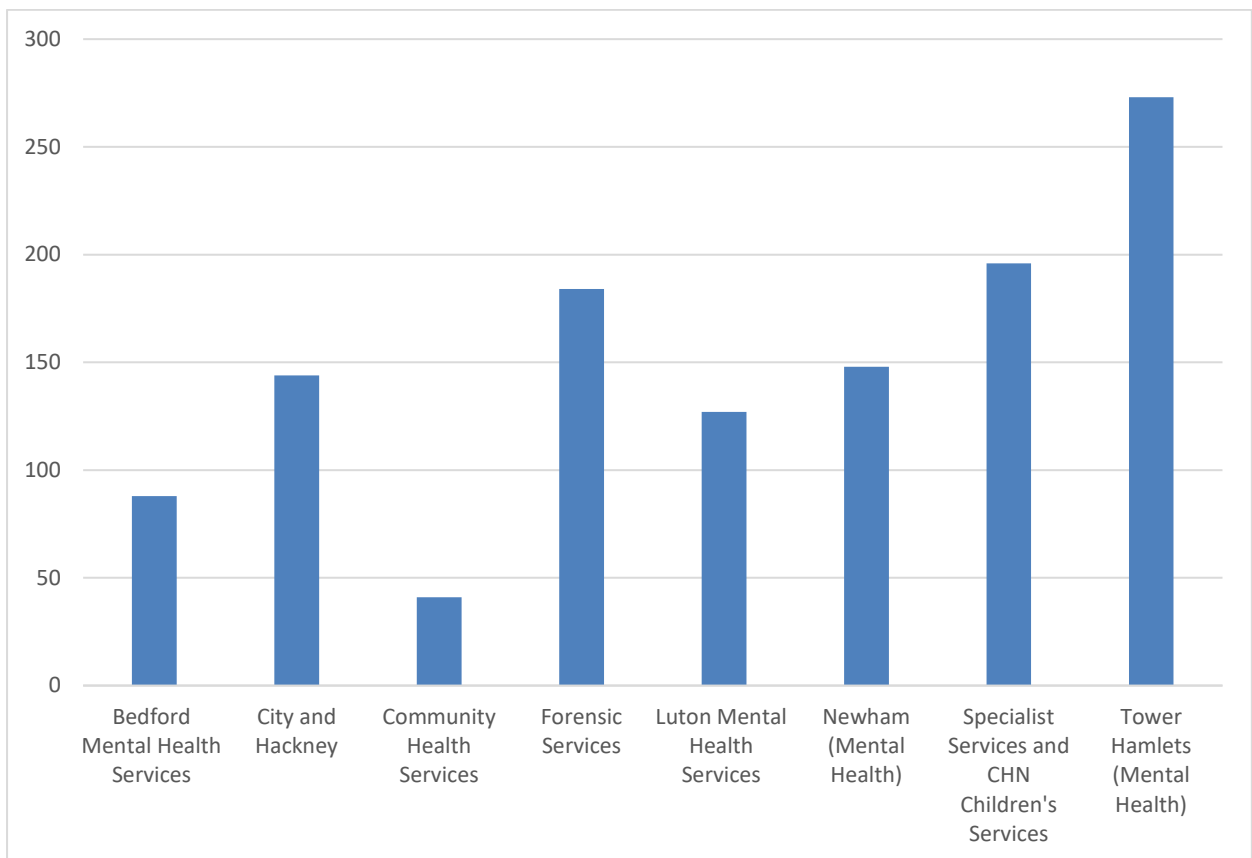
Staff are actively encouraged to report all incidents where they, a colleague or a service user has felt threatened or intimidated.

Violence and Aggression - Physical Violence towards staff

All reported physical violence incidents – Trust-wide:



All Physical Violence towards staff incidents by directorate:



Since the appointment of the Trust's Security and Police Liaison Advisor (now called Health, Safety, Security and Emergency Planning Manager) there continues to be a marked increase in reporting of incidents to the police.

For the period of 2018-19, 430 incidents of violence and aggression were reported to the police for further investigation. The Health & Safety team continues to monitor the progression of these police investigations to ensure they are proportionately investigated and are not closed inappropriately. Furthermore, there continues to be an improvement in the support available to staff and patients who are victims of assault. This has ranged from support when reporting incidents to police right up to and including support whilst giving evidence at court.

Hackney and Tower Hamlets policing Boroughs have now merged to form the Central East Borough Command Unit (C.E. BCU) whilst Newham and Waltham Forest Police Forces merged to form The North East BasicCommand Unit (N.E. BCU).

The N.E. Basic Command Unit (BCU), which incorporates Newham police, has not retained a dedicated mental health team but is incorporated into their safeguarding department – this has raised challenges for staff in making contact with officers and raising issues with investigations. These concerns have now been raised with the borough commander in an effort to redress the balance.

In contrast, the C.E. BCU (formerly Hackney and Tower Hamlets Police) continues to retain its mental health team including 4 dedicated MH Intervention officers for incidents occurring in Forensics, City & Hackney and Tower Hamlets. Additionally, there is a single supervising point of contact for all crimes reported within mental health services in City & Hackney and Tower Hamlets. Below is the current work stream to further develop ELFT's collaborative work with C.E. BCU.

- Escalation process is now in place to assist in the investigation of crimes.
- Creation of impact statements to assist in progressing cases to CPS.
- Monthly meetings continue to discuss crimes, investigations of cases, anti-social behaviour, AWOLs, illicit drugs.
- Introduction of PND (Penalty Notices For Disorder) fee for criminal damage under £300, cannabis use and Communication Act Offences continue to be issues on a case-by-case basis.
- Introduction of inductions for new patients around behaviour and consequences (September 2019)
- Attendance and training at ward away days in scene management, statements, PND, searching and missing persons.
- Police attendance at professional meetings to offer guidance and support.

The response of Bedfordshire Police to incidents on the wards continues to improve when incidents are reported. 90 incidents were reported for the period 2018/19.

A joint QI Project with Bedfordshire Police has now been firmly established and now includes both Crystal and Jade wards. The aim being to increase the number of appropriate incidents reported to the police by 20% by December 2019. This would include crimes committed on site such as violence and aggression, criminal damage, sexual offences and drug possession/use.

The Sergeant leading the police mental health liaison team is now an active member of the QI project team and from September 20-19, their MH Investigations Officer will be in place and will also be part of the project.

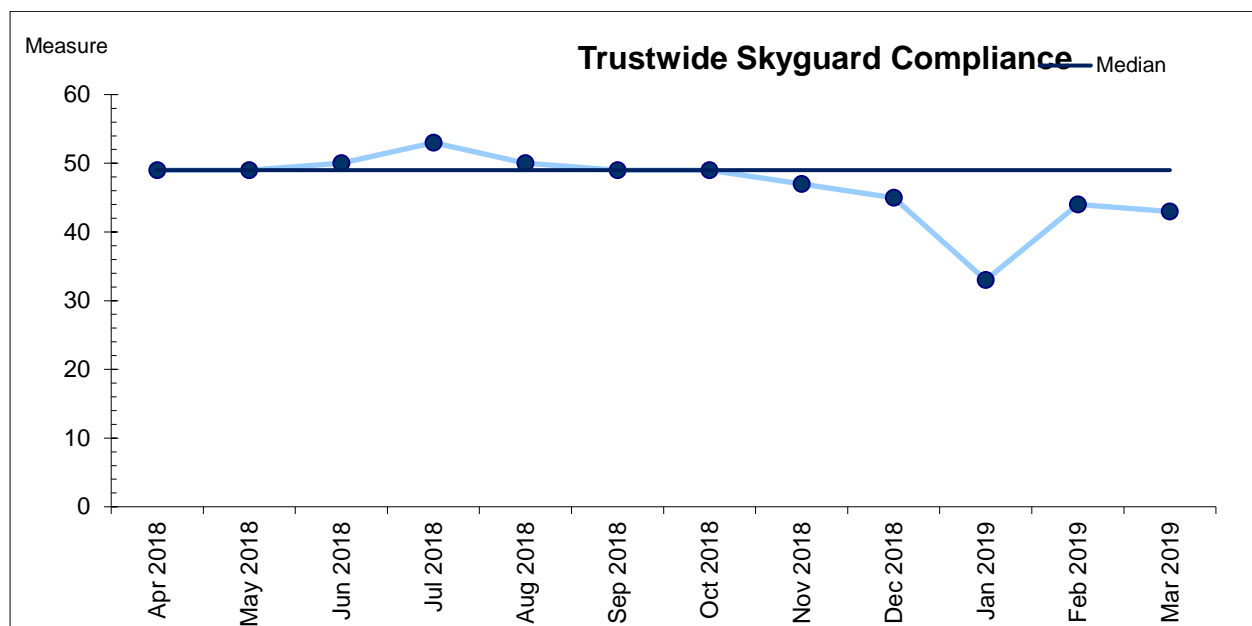
9.0 Lone Working

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

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

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

The chart below shows the percentage compliance for 2018/19.



The H&S team have put the following measures in place to increase compliance:

- Revisiting teams to conduct refresher training/awareness sessions and to receive feedback from staff members as to possible reasons for low usage.
- Monthly usage reports sent to directorate/team leads to identify those staff who have not used their devices.

- There has been an extensive campaign via the communications department on the intranet, bulletin and Trustalk with Skyguard having its own dedicated intranet page.

Despite this, compliance has remained relatively low so the Trust has decided to adopt the Skyguard App. as part of its contract with Skyguard

- The intention is for those staff who are regular Lone Workers to be issued with the Skyguard Smartphone App in place of their current SOS device. Each team will also have a pool of shared SOS devices to be used for those staff who lone work on an occasional basis, such as doctors, students and Occupational Therapists.
- The app is compatible with all android phones, and iPhones. Any staff who currently has a windows phone will have it replaced with an android.
- Compliance reports can be run as before and will be able to be accessed by skyguard champions.
- Pilots for the apps have been successfully trialled in both BCHS and Forensics.
- A task and finish group was established in order to demonstrate the product and to scope numbers required.
- A full implementation and training programme is being formulated and will take place from September 2019. Each member of staff will be trained in the app's use/functions.

10.0 Safety Workshops for Community Staff

In response to staff raising concerns around safety in the community, a programme of staff safety workshops has been introduced for community staff with the following objectives:

- Raising awareness of safety in the community.
- Overview of dynamic risk assessments.
- Roles and responsibilities of staff.
- De-escalation techniques and safety do's and don'ts.
- Escalation process and importance of reporting to police where appropriate.

Feedback from the workshops have been very positive with the following comments received:

- "Very interactive. Good level of new information."
- "Everything was very useful"
- "Reminded me of things I had forgotten"

These workshops will continue to be provided to community staff with a view to them contributing to the ongoing community services QI Project 'Reducing Violence and Aggression for Staff Working in the Community'.

11.0 Health, Safety and Security Inspections

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

The common concerns raised are:

- No identified risk officers or requirement for refresher training – risk officers will be identified for each site and training provided by the Health & Safety Team.
- No up to date HSE law, LSMS or Trust anti-violence posters on the site – the H&S team are redistributing Trust posters to sites and providing appropriate advice.

12.0 Training

Health & Safety/Security awareness

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

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

Current training compliance		TRUST TOTAL (ELFT)			
Total Number of staff		6,155			
Course Title	Freq	Target Audience	Compliant	Outstanding	PCT of Compliance
Fire Safety	Yearly	4,170	3,674		88%
Fire Course (ward based)	Yearly	1,187	831		70%
Health, Safety & Welfare	3 Yearly	5,385	4,879		91%
Moving & Handling	3 Yearly	4,113	3,721		90%

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

Fire training

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

Non ward based staff:

- Annual Fire Awareness Training: the mandatory requirement for compliance is fulfilled by individuals completing an E-learning programme. Alternatively, face-to-face sessions may be arranged locally should sufficient numbers of staff require training in one premises.
- Fire Warden (Generic) Course: the provision for those key personnel within each premises that are designated to take on additional responsibilities relating to fire procedures in their workplace. Regular courses are run at central venues within the organisation and are arranged by the Training Dept. Courses are facilitated by the Trust Fire Officer (0.5 day).

Clinical ward based staff:

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

Fire Training	Structure	Content
Fire Course (ward staff) Carried out by Trust Fire Officer	- All ward based clinical staff (including OTs) - Annual (2 hour course) - Venue - site of employment	- General fire awareness - Local fire procedures - Fire extinguisher training (practical – when able) - Fire drill on ward (practical-when able)
Fire Competency Assessment (FCA) Carried out by line manager	- All Ward based clinical staff - 6 monthly assessment	Q&A on all aspects of fire duties in relation to ward environment on site of employment, including: - Fire alarm system. - Evacuation strategy. - Fire extinguishers etc.

13.0 Priorities for 2019/20

- To develop a Health, Safety and Security intranet page, ensuring it is informative and user- friendly.
- To ensure that all units have in place trained risk officers.
- Establish DSE champions in each directorate.
- Improve compliance with fire training
- Implementation of Skyguard Smartphone App alarm.
- Introduction of joint workshops with police to improve support provided to staff and patients in event of them being victims of crime.
- Design and distribute LSMS leaflet for both staff and patients.