

## SOMERSET NHS FOUNDATION TRUST

## Health and Safety Annual Report 2020/2021

<b>Report to Quality and Governance Committee on 20 October 2021</b>		
<b>Purpose of the Report:</b> <b>This report provides an update on Health and Safety Management</b>		
<b>Sponsor:</b>	Stephen Thomson, Associate Director of Integrated Governance	
<b>Author:</b>	Gill Ridgway Head of Health, Safety and Risk	<b>Indicative Timings (Mins)</b>
<b>Contact Details:</b>	07880102556	
<b>Financial/Resource Implications:</b>	n/a	
<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	<p>Strategic Objectives 4 – safe and high quality care in the right environment.</p> <p>Strategic Objective 8 - To develop a workforce that is safe, with the skills and expertise needed to enable innovation and provision of a high quality service.</p> <p>Corporate risk RSK-000003: Aging Estate - if the Trust is not able to invest sufficiently in backlog maintenance then there is a risk to the sustainability of high quality care in some specialties.</p>	
<b>Legal Implications:</b>	Health and Safety at Work Act 1974 and associated legislation	
<b>Link to CQC Fundamental Standards</b>	Linked to a range of requirements in particular: Regulation 12 - Safe Care and Treatment Regulation 15 - Premises and Equipment Regulation 18 - Staffing (training / competence)	
<b>Freedom of Information Status:</b>	Tick if one of the following apply: <input type="checkbox"/> Data protection – staff or patient detail <input type="checkbox"/> Commercially sensitive <input type="checkbox"/> Stakeholder management <input type="checkbox"/> Early stage of discussion – Potentially prejudicial to staff morale or partnership working	
<b>Previous Considerations:</b>	None	
<b>Action Required: (Please type in Bold)</b>	<b>For Information Only</b>	

## 1. Purpose

The purpose of the report is to provide the Trust Board with continued assurance that the processes and systems that are in place for managing health and safety within Somerset NHS Foundation Trust (hereafter referred to as the Trust) remain effective. The Trust is committed to health and safety and has established good relationships with the Health and Safety Executive (HSE).

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

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

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

## 2. Summary

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

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

Incidents, near misses and health and safety risks are reviewed at the safety meetings and specialist topic meetings, with learning shared across the multi-professional representation on these meetings. The RADAR incident and risk database has now been implemented for both incidents and the risk modules, enabling managers and safety topic leads to have immediate access to incident and risk data and review associated trends for learning and improvement. There is a strong link to Risk Management including risk assessment.

Collaboration with our staff side colleagues continues to be positive, with regular (currently fortnightly) informal meetings in place to address any staff side queries at an early stage and share information. Our staff side colleagues have had input into this report.

The overarching Health and Safety Policy, as agreed in association with our staff side colleagues, was in place ready for day one of the new organisation. Additionally, there are policies in place for other health and safety related topics across the organisation. All policies are monitored within the Directorate performance structure, with SEAG providing a supportive oversight of the current status of all health and safety policies. This forms part of the SEAG work schedule, along with policy monitoring.

Learning and Development have continued their review of Learning Frameworks / Training Needs Analysis during this period. 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 Directorates receive monthly compliance data against these.

Wellbeing has remained a key focus for the organisation, with emphasis on physical health and mental wellbeing. The Wellbeing team and Governance Support team continue to work collaboratively and in partnership with our Occupational Health provider, ensuring information is reviewed regularly and any emerging trends identified.

Very early discussions have commenced with our colleagues in Yeovil District Hospital (YDH) linked to health and safety, in preparation for the proposed merger. Mapping of health and safety topics and arrangements is currently in progress and further work will develop over this next period.

### **3. Overall Management of Health and Safety Structure**

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

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

Aligning of the processes for health and safety has continued throughout this period and this has included working with Steve Parker of Parker Associates as the Nominated Competent Advisor for the legacy SomPar Trust.

Within health and safety, there is a strong link to risk management including risk assessments and the use of the Radar risk management system. A positive Internal Audit on risk maturity was carried out during this period and any areas for improvement have been addressed by the Governance Support Team. This is overseen by the Trust Audit Committee. Specific risks relating to health and safety are addressed as part of the health and safety or specific topic policy monitoring reports.

#### **3.1 Trust Integrated Health and Safety Committee.**

The Trust Integrated Health and Safety Committee provides the opportunity for partnership working with our staff side colleagues. This is scheduled on a quarterly basis.

The committee receives regular reports on policy consultation and development, key health and safety risks, incidents and results of safety audits / inspections or associated safety reports. Additionally, where any trade union concerns have been raised these are jointly followed up to understand the concern and support local managers with possible solutions for improvement.

In the event of any regulatory visits or information requests (CQC / HSE) the committees are kept informed of the key elements.

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

As detailed in the 2019/20 Health and Safety annual report, the system of topic leads continues to be embedded across all governance topics, including health, safety and the environment.

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

The focus for updating Topic Leads during this period has been continuing to support individual Topic Leads with aligning processes and arrangements across both organisations. Support was also provided to safety Topic Leads in any adaption to safety arrangements, risk assessments etc. that were required to ensure any covid-19 requirements were complied with for their topic.

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

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

The committee is chaired by the Head of Health, Safety and Risk who is responsible for ensuring that a structure is in place to manage the health and safety functions for the topics that report to it (see Appendix A). This includes policy consultation, development and approval, policy monitoring and action plan updates. This work schedule aligns with the Integrated Quality Assurance Board (IQAB) reports for all topics. Additionally, all health, safety or environment external regulatory activity has been monitored at SEAG and regular updates against action plans set as a standing agenda item.

The membership of SEAG includes representation from the people team to provide consistency and assurance for health and safety related topics.

SEAG activity during 2020/21 is reflected in the annual IQAB reports. A full status list of compliance can be found as Appendix B.

Where topics have a specialist meeting, such medical gases, infection control, sharps safety, induction and mandatory training, these link into the SEAG process.

### 3.4 Health, Safety and Risk Local Monitors

The workplace health, safety and risk monitors are in place across acute, community and mental health settings and continue to support local managers in compliance with legal requirements. The role includes assisting manager's in completing risk assessments/reviews, reporting any risk or compliance issues to the manager, encouraging staff to report any risk issues and to comply with any control measures, actions as detailed on risk assessments, promoting interest and awareness amongst colleagues in the workplace; liaising with line manager and completing a risk / health and safety checklist of the workplace on a regular basis.

The role is under review, building on alignment from the merger, however progress with this has taken longer than anticipated due to Covid-19 and other health and safety work priorities. With support from the Clinical Audit Team and key stake holders, an electronic checklist has been developed. This was shared with the health and safety committee in its early development and is currently being tested by some existing health and safety / risk monitors across the organisation.

#### **Ambition**

The ambition was to achieve at least a "Blue" assurance level for all topics reporting to the IQAB via the Safety and Environment Advisors Group.

#### **Current Performance**

**This has seen limited improvement in performance to 2019/20 due to the impact of covid-19 and working through the integration of teams and services;**

#### **Revised ambition for 2021/22**

To successfully align topic accountability across the alliance and ensure topic leads are identified. To improve on the current level of assurance.

#### 4. NHS Health and Safety Standards overview

To support NHS organisations in meeting their legal duties, the NHS Staff Council, Health Safety and Wellbeing, have developed a set of standards with input from the Health and Safety Executive. These standards encompass the legal requirements and guidance along with practical pointers for Directors and those with health and safety responsibilities to self-assess against. There is strong evidence linking patient safety, patient experiences and quality of care with the safety, health and wellbeing of the workforce, which is illustrated in the Boorman review. Looking after the health and wellbeing of our staff is both a moral and legal duty.

The self-assessment against these 34 standards is undertaken by topic leads, in conjunction with the Head of health, safety and risk, for their individual standard as part of their annual assurance report. The criteria within standard A are directly linked to the overall management of health and safety, with the remaining standards being for specific health and safety topics such as electrical safety, moving and handling, legionella. Self-assessment of standard A was completed in conjunction with relevant topic leads and staff side colleagues. The findings of this standard are summarised below; specific topic self-assessments are available via the head of health and safety.

NHS Workplace health and safety standards - Standard A			
Title	Status	Observation	Direction from 2019/20
A1: Strategy document and Policies	Green	Overall good process and systems in place. The H&S policy for the organisation is in place and in date. This was shared with the staff side in the consultation stage.	Improved from blue
A2: Leadership and accountabilities	Blue	Overall there are good systems and processes identified across the organisation.	Remained the same
A3: Effective communication and consultation with employees	Green	Good systems and processes identified for all criterion	Remained the same
A4: Effective health and safety committees	Green	Good systems and processes identified for all criterion	Remained the same
A5: Role and Rights of the Safety Rep	Green	Good systems and processes identified for all criterion	Remained the same
A6: Competence of staff	Green	Good systems and processes identified for all criterion	Improved from amber
A7: Risk profiling and assessment	Blue	Systems and processes are in place for most criterion	Remained the same
A8: Measuring performance, effectively controlling risks and developing a positive safety culture	Green	Good systems and processes identified for all criterion	Remained the same
A9: Audit and review and acting on lessons learnt	Green	Good systems and processes identified for all criterion	Remained the same

##### Performance criteria:

<b>Green</b>	Good evidence identified across all criterion in the standard
<b>Blue</b>	Good evidence identified against the majority of criterion in the standard. No significant areas of risk identified within any criterion that were not fully met
<b>Amber</b>	Good evidence identified against the majority of criterion in the standard. Areas of potentially significant risk identified within any criterion that were not fully met but work is known to be underway
<b>Red</b>	Significant gap identified within the criterion - further work required

**Ambition**

The ambition is to achieve at least a “Blue” compliance level, based on a robust review of evidence, for all NHS Health and Safety Standards

**Current Performance**

**Improvement in compliance noted in standard A during this period; further work remains on-going re topic specific standards.**

**Revised ambition for 2021/22**

To demonstrate improvement on compliance across the suite of standards.

**5. Colleague Health Safety and Wellbeing**

During 2020/21 the wellbeing of colleagues continued to be a focus across the organisation. The intended lifetime of the Wellbeing Strategy ended in May 2021 and this is now being reviewed and developed with discussions taking place to do this as a joint strategy with YDH.

Whilst the strategy is being reviewed we are ensuring that we are aligning our wellbeing offer to the National People Plan, more specifically the People Promise ‘We are Safe and Healthy’, meaning there is a focus to ensure that Wellbeing is our business and priority – and if we are unwell we are supported to get the help we need. It also means that we have what we need to deliver the best possible care – from clean safe spaces to rest in, to the right technology.

To achieve this, we have continued with our Colleague Support Service Line, this line is manned by Assistant Psychologists who triage colleagues coming through to determine the help they need to be able to stay well at work. This line extended the service to the Somerset ICS in June 2021, meaning that all colleagues working in health and care now have access to psychological support. As well as this the service also offer specialist interventions for individuals and teams and these are things like Thinking Pitstops and Compassion Circles.

All of this is supporting the implementation of the stepped care model, developed early 2020 to support colleague wellbeing. Currently we have implemented at least one service for each level and the plans moving forward are to ensure we implement more of the interventions in 2021/22.

As well as the psychological wellbeing for colleagues we have also had a focus on physical wellbeing. In September 2021 we launched the Physio4U service across the whole of the organisation. This is using our Physio team to provide a service where colleagues can refer themselves in and get treatment within 48 hours.

The NHS staff survey 2020, reflects the positive wellbeing focus as discussed above, with the organisation scoring ‘*significantly better*’ than in the 2019.

Theme/Question	2019 Score	2020 Score	2020 Score
Theme 2 - Health & Wellbeing	6.20	6.47	6.07
Q6: [How satisfied are you with] The opportunities for flexible working patterns?	57%	62%	66%
T1a: Does your organisation take positive action on health and well-being?	35%	39%	33%
T1b: In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? (Lower score is better)	22%	28%	28%
T1c: During the last 12 months have you felt unwell as a result of work related stress? (Lower score is better)	39%	48%	44%
T1d: In the last three months have you ever come to work despite not feeling well enough to perform your duties? (Lower score is better)	51%	42%	47%

September 2021 has seen the first Somerset wide Wellbeing Conference with over 20 sessions being made available across 5 afternoons. There are 250 spaces available for each session and every session is being recorded and will be made available for colleagues across Somerset to watch at a later date. Evaluation from this event will feed into the plan for 2022 informing us the key focus areas to concentrate on.

There is work underway with the Musgrove 2030 project where colleagues from the wellbeing team have been involved to ensure that the wellbeing spaces can be a consideration for future builds.

The Wellbeing team and Governance Support team continue to work with our Occupational Health provider ensuring information is reviewed regularly to discuss trends with MSK and Stress.

### **Ambition**

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

### **Current Performance**

**Work continues with strengthened links with the Topic Lead for wellbeing and through regular OH contract review meetings. Good results in the NHS staff survey linked to health and wellbeing (scored as 'significantly better' that 2019)**

### **Revised ambition for 2021/22**

To continue to link with the people team to meet the ambition as set out in the revised wellbeing strategy linking with YDH.

## **6. Incidents and RIDDORS**

### **6.1 All incidents / near misses**

Due to the transition to an organisation-wide incident and risk reporting system (Radar), the following data is for the period July 2020 - March 2021 when the Trust began the use this system.

Reports from 1 April 2020 to 30 June 2020 were collated via the two separate systems (Ulysses and Datix) and the data has been shared in the quarterly reviews at the Trust H&S Committee and is available on request from the Head of Health, Safety and Risk.

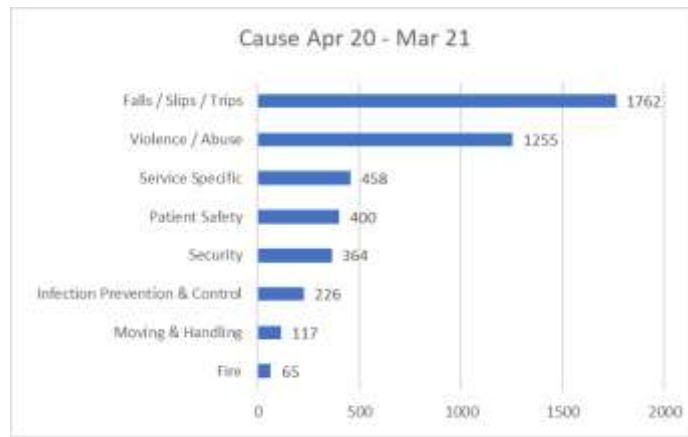
### **6.1 All incidents / near misses**

During the period 1 July 2020 and 31 March 2021, 14,005 incidents / near misses have been reported on the Trust incident database, of which 6,133 were Health and Safety related.

More detailed analysis of the key health and safety topics can be found in the following section.

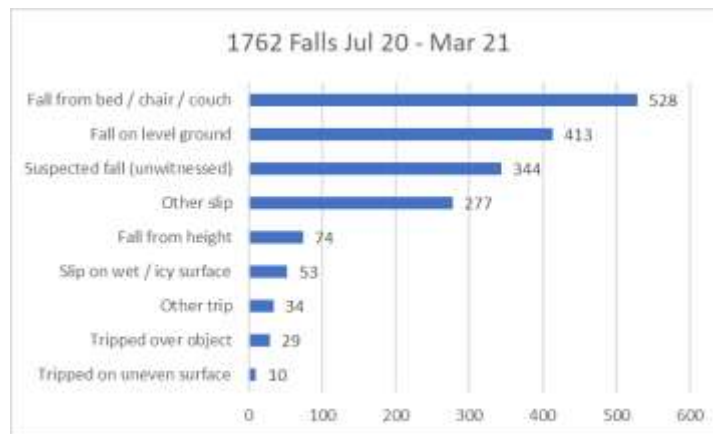
The following chart provides an overview of the top eight safety cause categories.

**Incidents / near misses 2020/21 by Cause**



The detailed information on the top three categories shows:

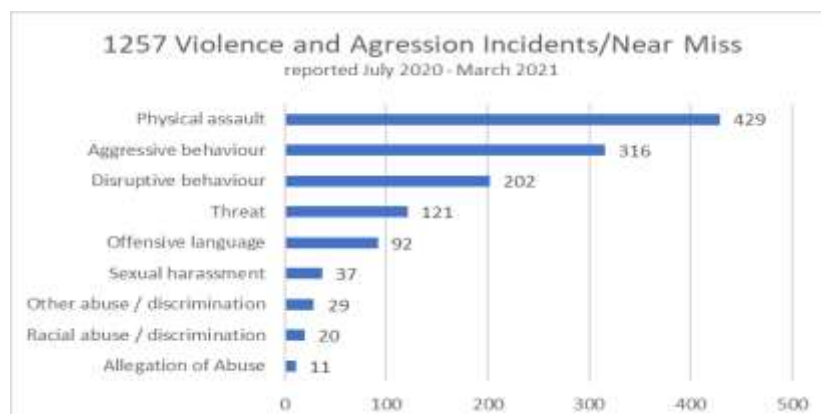
**- Slips trip fall 1772 incidents:**



The Trust Falls group continues to review all falls data on a monthly basis. Incident data is analysed and presented by various denominators including by severity of harm, by ward / department and by time of day. Learning from falls incidents and analysis of the data has been integrated into the falls action plan and enabled target areas for improvement to be identified.

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

**- Violence and aggression incidents: Violence and Aggression 1257 Incidents**



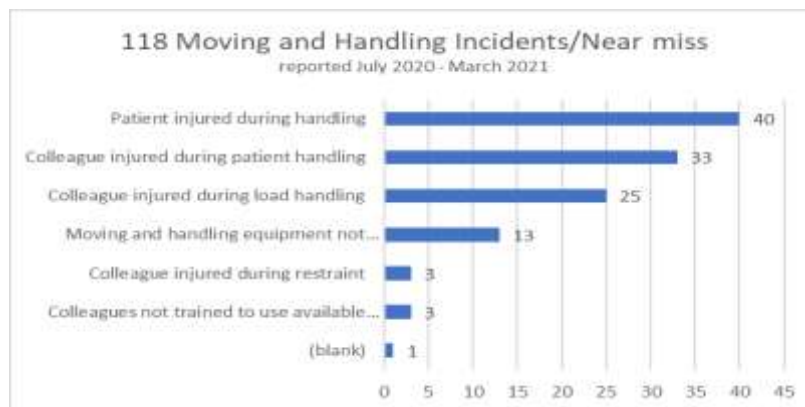


The highest priority area for security management work remains tackling violence against colleagues. Work in this area has progressed well, not only to ensure that robust systems are in place to minimise the risk of incidents occurring in the first place, but also to ensure appropriate support is provided to the affected colleagues and enable clear action to be taken against assailants.

We continue working across the organisation and will be supported by the development of a new violence and aggression steering group.

#### - **Moving and Handling**

There has been a consistent reporting of moving and handling incidents during this period, with 118 incidents in Jul 20 – Mar 21.



The moving and handling team continue to provide advice and support especially with complex patients e.g. those suffering with cognitive behavioural issues, bariatric patients and falls. Covid-19 has impacted significantly on the moving and handling team, requiring a change to how training is delivered, reducing face to face contact. The team have developed alternative virtual platforms to deliver the training as an interim solution. Further innovative development work is ongoing to ensure continued safety for our patients and colleagues when moving and handling.

There continues to be a review with procurement in relation to equipment available to hire and ongoing evaluation of suitable products.

### **6.3 Incidents reported to the HSE under RIDDOR**

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

An annual RIDDOR report is presented to the Trust Integrated Health and Safety Committee, SEAG, Executive Director Lead for H&S, Directorate Managers and staff side colleagues. In addition, a six-monthly interim report and progress against the trajectory is undertaken and shared with safety meetings to ensure there are no emerging shifts or trends.

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

During 2020/21, the Trust reported 44 incidents to the Health and Safety Executive as detailed in the table below. This is a slight increase from the 41 incidents reported to the HSE during 2019/20 for the two legacy Trusts (TST 26, SomPar 15).

Of the 44 incidents, three were classified in the major incident category due to the nature of injuries that were sustained. All three were colleague injuries and resulted in fractures and included:

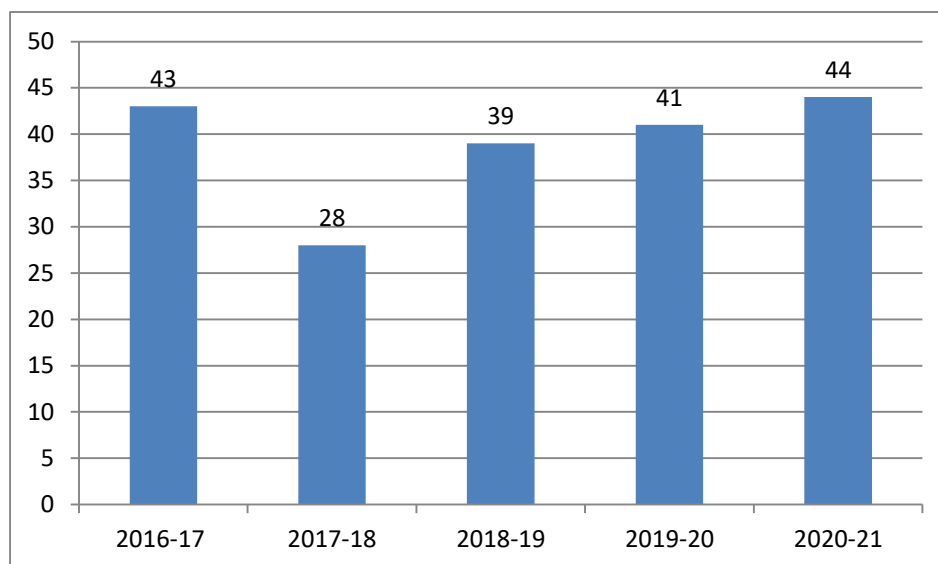
- Colleague who tripped on a loose pebble displaced from a walkway in the MPH grounds and fell, fracturing their wrist.
- Colleague who fell from a chair as it moved whilst they were in the process of sitting and fell also sustaining a fractured right wrist. It would appear that the displacement of chairs; in order to facilitate social distancing; had meant that office chairs were in a clinical area and the castors were not suitable for the flooring type
- Colleague sustained a fracture whilst undertaking a PMVA hold on an acutely ill patient

This period has seen additional HSE guidance in relation to the reporting under RIDDOR where an individual has either been exposed to or contracted COVID 19 as a direct result of their work. For an occupational exposure to be judged as the likely cause of the disease, it should be more likely than not that the person's work was the source of exposure to coronavirus as opposed to general societal exposure. The HSE have recognised that this is likely to be in limited circumstances and have provided clarification / examples.

A robust process has been put in place with close links between Health and Safety, Infection Prevention and Control and the Track and Trace Teams. A total of five colleagues were reported in this category. This new reporting criteria accounts for the increase in reporting within the 'disease' category from two in 2019/20 to seven in 2020/21 (see table below on page 11).

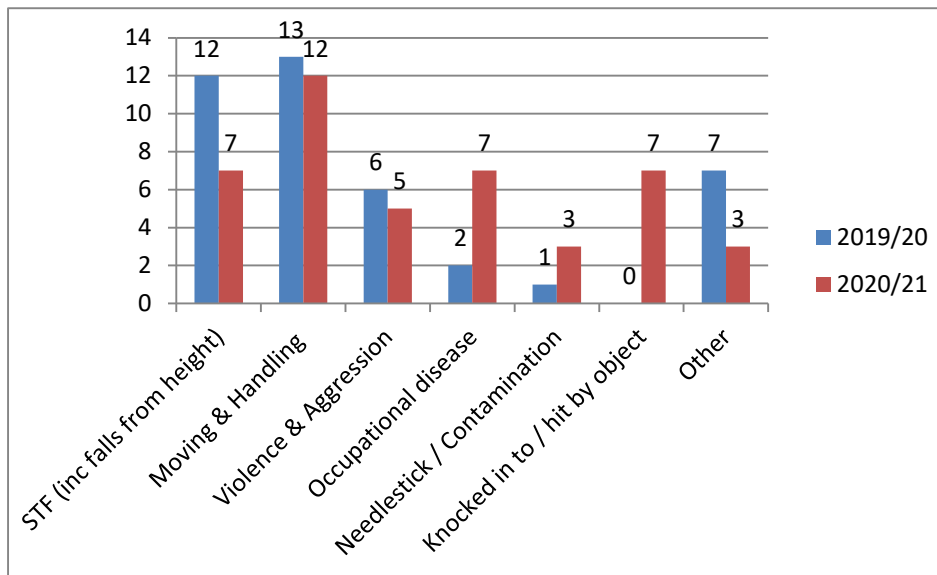
The following two tables are an extract from the annual report and give an indication of the total number of RIDDORs year on year and breakdown by cause.

**Number of RIDDOR reports made to the HSE 2016/17 – 2020/21**



Number of RIDDOR reports made to the HSE 2016/17 to 2020/21

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



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

Topics leads continue analyse the investigation reports for any potential themes, some of which are consistent across topics. Examples include provision (or not) of suitable risk assessments relevant to individual situations that are implemented and reviewed, not following or lack of suitable safe systems of work, access to appropriate equipment and supervision of staff. Where there have been significant concerns these have been escalated via IQAB. Further analysis is detailed with the annual RIDDOR report.

### **Ambition**

To sustain a year on year reduction in total number of RIDDOR reportable incidents

### **Current performance**

**This year has slight increase in RIDDORs across the organisation from 41 to 44 due, principally due to the additional reporting requirement for Covid 19**

### **Revised ambition for 2021/22**

To ensure robust reporting arrangements continues across the organisation.

## **7. Training**

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

Evidence base is a fundamental HSE training requirement and topic leads will need to ensure their evidence base is up to date / current in order to inform the current review of mandatory training (induction and on-going) by learning and development. This evidence base underpins the development of the Learning Frameworks (Training needs analysis) by each safety topic to provide managers with information on mandatory training requirements for their staff. Frameworks for the

eleven core skills as detailed in the National Core Skills Framework Training (CSFT) and work is on-going to review those outside of this CSFT framework.

Compliance reports continue to be provided centrally to the directorates for most of the core topics such as health & safety, reducing conflict and infection prevention & control (see Appendix C). Further work remains on-going with Learning and Development to ensure the legal requirements for training / competence across all related health and safety topics are met and compliance reports available. Work is underway, led by L&D, to evaluate and maintain standardisation of training.

### **Ambition**

To have all health and safety topics aligned to the trust training database to enable central compliance reporting against job roles

### **Current Performance**

**Further work still required due to the complexity as discussed above**

### **Revised ambition for 2021/22**

To continue to align all safety topics including review of evidence base and learning frameworks to inform the trust training database and ensure consistency across both organisations. Additional support as required from the GST to support with the mandatory training agenda and getting proper assurance.

## **8.0 External Regulator Activity**

### **8.1 Care Quality Commission (CQC)**

Under the CQC / HSE liaison agreement, the HSE now pass RIDDOR information on to the CQC for them to follow up for patient / visitor incidents. There have been no requests from the CQC during this period following RIDDORs.

Additional current CQC interest- RIDDOR injury to a patient – June 2020:

In June 2021 a vulnerable patient managed to access the Jubilee Building Terrace and at some point during this time sustained a fracture to his foot which is RIDDOR reportable. Under the HSE/CQC memorandum of understanding, this was passed to the CQC for review. The CQC has requested a copy of the investigation report.

The incident has been fully investigated for learning and the report shared with the CQC following the usual oversight of the Serious Investigation Review Group (SIRG).

### **8.2 Health and Safety Executive (HSE)**

There have been no information requests from the HSE during the period of this report. However, a request has been received in September 2020 following a reported submitted in the 'disease' category (tenosynovitis). The information requested was provided to the HSE within the specified timescales. Any learning from this will RIDDOR will be shared at local, Directorate and organisational levels (GST / People Team) for improvement.

Additional current HSE interest - HSE visit re Radiation safety – June 2021:

The HSE made an unannounced visit to Somerset FT on 9th June 2021. The Inspectors looked at the Diagnostic Imaging Department on the MPH site, then visited the Radiotherapy Department in the Beacon Centre.

Whilst a formal report is pending from the HSE, verbal feedback has been provided. Overall there was positive feedback on the arrangements in place including the wider Governance aspects.

The Topic Lead has provided IQAB with regular updates and progress against any actions / additional information requests.

The HSE did identify some compliance issues around the Nuclear Medicine Service with some very specific concerns and actions. These are currently being worked through. The HSE have indicated that these findings may result in a Notice of Contravention or Improvement – still pending.

### 8.3 Environment Agency

There have been no Environment Agency or Environmental Health Organisation requests for information or visit during this period.

**Ambition**

To continue to work with regulators to ensure that no health and safety related enforcement action is taken against the Trust

**Current Performance**

**No enforcement action during this period**

**Revised ambition for 2021/22**

To continue to work to align risk assessment and the wider risk management processes and ensure no enforcement action taken

## 9.0 Audit Processes and results

Audits within health and safety are fundamental to ensuring compliance with the varying legislation and identifying any areas for improvement. There are various ways in which this is undertaken within the organisation. The processes and documentation used are agreed in collaboration with our health and safety staff side colleagues. Regular updates are provided to the staff side colleagues during various informal and formal meetings throughout the year. Where any significant health and safety concerns have been raised by staff side, visits have included a staff side representative. However, it is acknowledged that due mainly to Covid restrictions these have been limited. More staff side involvement on inspections is planned for 2021/22.

### 9.1 Safety Assessments

Health and safety is an integral part of the core ward / department business and is therefore combined into a programme of visits (assessments), reinforcing this message. The safety assessments are intended as a support for the local manager and feedback is provided to the local manager and Directorate teams. For this period, due to Covid-19 restrictions this programme has been combined with the Secure Covid 19 workplace audits detailed in section 9.2.

For infection control purpose, visits were undertaken by a maximum of two people. Where specific concerns had been raised by colleagues, one of the assessors would have been a TU colleague.

During this period 12 assessments were undertaken as summarised below. A fuller breakdown of findings by area and topic can be found as Appendix D.

**Period April 2020 -March 2021**

Summary of compliance:

Department	Date	No concerns: Fully assessed	No concerns: Partially assessed	Some concerns	No elements assessed
Bartec	24-Aug-20	1	4	3	4
Shepton Mallet - Fosse Ward	05-Nov-20	1	5	5	1
West Mendip	22-Oct-20	3	3	5	1
Frome	22-Oct-20	3	2	7	0
Wincanton	05-Nov-20	4	4	4	0
Crewkerne	16-Nov-20	4	4	4	0
South Petherton	16-Nov-20	3	3	6	0
Wellington	27-Nov-20	3	3	5	1
Williton	02-Dec-20	3	5	4	0
Minehead	02-Dec-20	4	2	6	0
Bridgwater	29-Oct-20	5	6	1	0
Chard	14-Jan-21	1	5	5	1

**9.2 Secure Covid-19 Workplace Audits**

The Secure Covid-19 workplace guidance was introduced by the Government in 2020 and the organisation developed specific risk assessments to support managers in ensuring effective arrangements were put in place. The Secure covid-19 workplace assessments were undertaken across the organisation and made available for the Health and Safety policy monitoring 2020. Whilst this provided positive assurance that suitable and sufficient assessments had been undertaken, further assurance was recommended to establish that these controls were working and were effective in practice.

To ensure safety of all, the Infection Prevention and Control team were consulted with immediately prior to any audit taking place.

The Governance Support Team (GST) in collaboration with IP&C and our trade union colleagues developed an audit tool and undertaken a programme of audits commencing with the community hospitals. During this period the 14 areas detailed in the table below were audited.

**Covid-19 Secure Audits Summary**

Area	Date visited
Parkgate House, Taunton (first floor only)	08/10/2020
Frome Community Hospital - Marshfield Ward	22/10/2020
West Mendip Community Hospital	23/10/2020
Bridgwater Community Hospital	29/10/2020
Burnham On Sea Community Hospital	30/10/2020
Lydeard House Level 1	04/11/2020
Shepton Mallet Community Hospital	05/11/2020
Wincanton Community Hospital	05/11/2020
Crewkerne Community Hospital	16/11/2020

Area	Date visited
South Petherton Community Hospital	16/11/2020
Wellington Community Hospital	27/11/2020
Dene Barton Community Hospital	17/12/2020
Minehead Community Hospital	02/12/2020
Williton Community Hospital	02/12/2020

A detailed analysis of findings by department was provided to the Trust Health and Safety Committee in January 2021.

### 9.3 Event safety – National Vaccination Programme

There is an established process in place to support known events held within or by the organisation in ensures health and safety is fully considered to ensure the smooth and safety running of the event. The events safety checklist covers the broad spectrum of topics that fall under 'health and safety' including IP&C, security, waste / sharps, medical gases, fire etc. was reviewed during this period due to the Trust being the programme lead for the national vaccination programme.

Delivery of the COVID-19 Vaccination programme was, and continues to be, delivered by a number of partner organisations including Primary Care Networks, Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, the CCG and local authority. As programme lead Somerset NHS Foundation Trust has a team coordinating the identification of these sites and ensuring that health and safety inspections, advice and guidance were fundamental to the programme. Feedback from the inspections was provided to the local site managers for review and action as identified and copies help with the programme manager / Governance Support Team. Where sites were not owned by Somerset FT, the inspections were undertaken in collaboration with relevant landlords / site managers.

### 9.4 Health, Safety and Risk Monitors checks

The Health, Safety and Risk Monitors are in place across the organisation to support local managers by undertaking local checks of their work areas, acting on any concerns raised. As discussed in section 3.4, there are currently two differing approaches to the documentation between the acute and the community / mental health. A review of this role is currently underway to align the two approaches. Progress with this has been delayed due to Covid-19.

### 9.5 Policy Monitoring / audits

All safety policies are monitored in line with the SEAG work plan and where required, action plans are developed and monitored until complete. So that results can be compared across topics, for example risk assessments being in date, they are suitable and sufficient and actions put in place to reduce risks identified, performance indicators below have been agreed at SEAG.

Excellent	95% or more
Acceptable	94-80%
Amber	79-60%
Poor	0-59%

In the event where a criterion of policy monitoring is very safety critical, the Topic Lead has the autonomy to adjust the indicators to be used.

Findings from policy monitoring are discussed with the local manager and suitable actions agreed for any weakness. The overall results are collated by the Topic Leads and trends analysed across

each indicator. Where significant areas for improvement have been identified, relevant senior managers are also made aware.

The key findings of the health and safety policy monitoring report can be found as Appendix E.

### **Ambition**

To implement key actions on risk assessment, supported by the new "Risk Lead" post in the GST, to improve compliance with risk assessment requirements to at least 80%

### **Current performance**

**Policy monitoring has remained at acceptable levels of compliance across the areas sampled.**

### **Revised ambition for 2021/22**

To continue to develop a consistent process across the organisation.

## **10.0 Covid-19**

Successful Health and safety management has been fundamental to providing structure and support to the organisation during Covid-19. From the start of the Covid-19 pandemic, local health and safety forums were immediately set up twice weekly between staff side, executive leads for health and safety / people services and the GST. Our side colleagues have acknowledged their thanks for this collaborative opportunity, enabling prompt responses, reassurance and support for all during this unprecedented time. As reported in the 2019-20 annual report, there was a key focus for health and safety especially in the early days of Covid-19 focusing on risk and on-going compliance.

The focus for 2020-21 has been around compliance at a local level with the secure covid-19 workplace assessments. This has been discussed in 9.2.

In addition, the HSE wrote to all CEOs in March 2021 following hospital inspections re Covid-19 secure workplace detailing findings of their inspections across 17 acute hospitals. Somerset FT was not included on this programme; however, the findings of the report were reviewed by the Senior Infection Prevention and Control Nurse and the Head of Health, Safety and Risk to inform the organisation of processes and systems in place against the key HSE findings. See Appendix F. The action plan has been shared with the Trust health and safety committee.

## **11.0 Conclusion**

This report demonstrates a proactive approach to health and safety management. Colleagues have a positive health and safety culture within the organisation and this is acknowledged by external agencies.

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

We look forward to working with our colleagues in YDH as we link together in respect of health and safety and associated arrangements over the coming year.

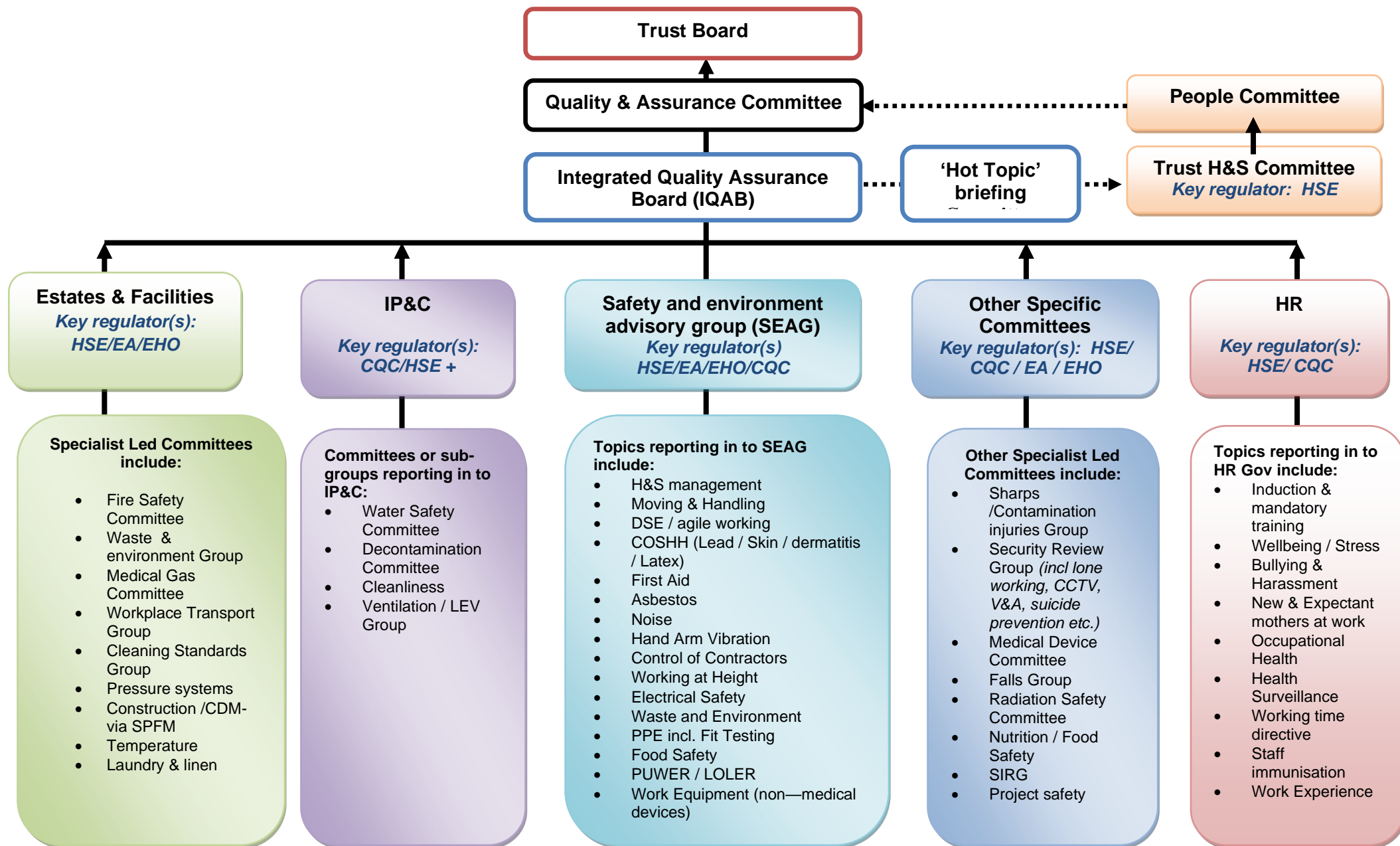


### Appendices:

- A: Health and safety breadth of topics
- B: Health and safety management – Overall topic assessment as agreed at the Integrated Quality Assurance Board Committee
- C: Training compliance
- D: NHS Workplace H&S Standards overview
- E: Health and safety policy monitoring example
- F: Action plan re HSE CEO letter re Covid-19 inspections

Health & Safety / Environmental Agency / Environmental Health Authority topics – APPENDIX A

Reporting routes / Escalation routes to Trust Board



## Health and Safety Management - Overall Topic Assessment

## Reporting directly to SEAG:

Topic	Topic Lead	IQAB as at 30 Sept 2020	IQAB as at 30 Sept 2021
Health and Safety Management	Gill Ridgway	Amber	Amber
Asbestos	John Trotman	Amber	Amber
Catering & Food Safety	Emma Channon	Green	Amber
Confined Spaces	Hannah Litchfield	<i>Deferred due to Covid-19</i>	Amber
Control of Contractors	Paul Luxton	Amber	Amber
COSHH	Gill Ridgway	<i>Deferred due to Covid-19 – scheduled for Jan 2021</i>	Amber
Display Screen Equipment	Gill Ridgway	Blue	Blue
Electrical Safety	John Knight	Amber	Amber
Hand Arm Vibration	Paul Luxton / Kevin Jennings	<i>Deferred due to Covid-19</i>	Amber
Inoculation Incidents	Di Cooper	Blue	Amber
Medical Gases	Neil Hughes / Paul Derrick	<i>Deferred due to Covid-19</i>	Blue
Moving and Handling Patient/ Staff	Linda Froud	Amber	Amber
Noise	Paul Luxton / Kevin Jennings	<i>Deferred due to Covid-19</i>	Amber
Pressure Safety Systems	David Frazer	<i>N/A – new topic</i>	Blue
Project Safety	Steve Power	<i>N/A new topic</i>	<i>Report pending</i>
Quality and appropriateness of premises	Norman Blake	Amber	Amber
Radiation Safety	Joanne Penman	<i>Deferred due to Covid-19</i>	Amber
Security	Andrew Sinclair	<i>Deferred due to Covid-19</i>	Amber
Violence and Aggression/ Lone working	Paul Townsend	Amber	Amber
Waste & environment	David Dodd	<i>Deferred due to Covid-19</i>	Amber
Working at Height	John Knight / Adrian Batty	Amber	Amber
Workplace transport (incl. Carriage of Dangerous Goods)	Neil Hughes / John Flynn	<i>Deferred due to Covid-19</i>	Amber

## Reporting via Specialist Committees:

Topic	Topic Lead	IQAB as at 30 Sept 2020	IQAB as at 30 Sept 2021
Bullying and harassment	Michael Scott	Amber	Amber
Cleanliness	Lee Prosser	Blue	Blue
Fire Safety	Neil Hughes	<i>Deferred due to Covid-19</i>	Blue
Incident management	B Lambert		Amber
Induction and Mandatory Training	Louise Netto	Amber	Blue
Ligature Points	TBA	Amber	<i>Report pending</i>
Medical devices-maintenance	Paul Derrick	Amber	<i>Amber</i>
Risk Management	Mark Roughan	<i>Deferred due to Covid-19</i>	Amber
Slips, trips and falls	Patricia Acton	Blue	Amber
Wellbeing (incl. Stress & health surveillance)	Louise Netto	<i>Deferred due to Covid-19</i>	Amber
Water Safety	Neil Hughes	<i>Deferred due to Covid-19</i>	Blue

**SOMERSET NHS FOUNDATION TRUST**  
**Compliance Report by Certification for**  
**Health & Safety Report**

**CORE TRAINING**

Certification	Number to be Trained	Certified	Expiring	Sep-21 Percentage Trained	Aug-21 Percentage Trained	Increased/ Decreased from last report	Expired/ Training Required
Fire Safety Level 1 Theory	8686	8177	196	96.4%	96.3%	0.1%	313
Infection Control Level 1 Non Clinical [3 Yearly]	2864	2668	67	95.5%	95.0%	0.5%	129
Conflict Resolution/PMVA Module 1 [3 Yearly]	8430	7756	255	95.0%	94.7%	0.3%	419
Prevent Level 1 & Level 2 [3 yearly]	2392	2224	9	93.4%	92.6%	0.8%	159
Health, Safety and Welfare [3 Yearly]	8686	7923	172	93.2%	92.7%	0.5%	591
Moving & Handling Theory Level 1 [3 Yearly]	4036	3619	138	93.1%	92.8%	0.3%	279
Moving & Handling Theory Level 2 [2 Yearly]	4538	3918	273	92.4%	92.0%	0.4%	347
Infection Control Level 2 Clinical [Yearly]	5822	4678	678	92.0%	92.1%	-0.1%	466
Prevent Level 3 [3 yearly]	6294	5633	66	90.5%	90.1%	0.4%	595
PMVA Module 4 [Yearly]	195	127	44	87.7%	87.0%	0.7%	24
PMVA Module 3 [Yearly]	58	37	8	77.6%	66.1%	11.5%	13
<b>Core Training Totals for September 2021</b>	<b>52001</b>	<b>46760</b>	<b>1906</b>	<b>93.6%</b>	<b>91.5%</b>	<b>2.1%</b>	<b>3335</b>

### Core Training Compliance Report by Directorate for Health & Safety Report

Directorate	Number to be Trained	Certified	Expiring	Sep-21 Percentage Trained	Expired/ Training Required
Families Care Directorate	5215	4760	222	95.5%	233
Corporate Support Services	7215	6691	185	95.3%	339
Clinical Support and Specialist Services Directorate	5460	4989	193	94.9%	278
Integrated and Urgent Care Services Directorate	11602	10573	408	94.6%	621
Primary Care and Neighbourhoods Directorate	4959	4448	180	93.3%	331
Surgical Care Directorate	10337	9133	447	92.7%	757
Mental Health and Learning Disabilities Directorate	5972	5172	228	90.4%	572
Operational Management	1241	994	43	83.6%	204
<b>Core Training Totals by Directorate for September 2021</b>	<b>52001</b>	<b>46760</b>	<b>1906</b>	<b>93.6%</b>	<b>3335</b>

### Core Training Compliance Report by Corporate Services Directorates for Health & Safety Report

Directorate	Number to be Trained	Certified	Expiring	Sep-21 Percentage Trained	Expired/ Training Required
Director of Finance	678	662	15	99.9%	1
Estates & Facilities	2268	2151	48	97.0%	69
Director of Strategic Development	2094	1944	81	96.7%	69
Director of Nursing	390	366	6	95.4%	18
Director of Corporate Governance	546	515	2	94.7%	29
Director of People	1140	996	31	90.1%	113
Director of Medicine	99	57	2	59.6%	40
<b>Core Training Totals for September 2021</b>	<b>7215</b>	<b>6691</b>	<b>185</b>	<b>95.3%</b>	<b>339</b>

## Appendix D

Department	Date	Medication	Confidentiality	Ward cleanliness – general impression	Food Safety	Slips, trips & falls	Fire & electrical safety	Ergonomics	COSHH, Waste & Gas Safety	IPC	Security	First aid	Risk Register
Bartec	24-Aug-20	No elements assessed	No concerns: Partially assessed	No concerns: Partially assessed	No elements assessed	No concerns: Fully assessed	Some concerns	Some concerns	No concerns: Partially assessed	No concerns: Partially assessed	Some concerns	No elements assessed	No elements assessed
Shepton Mallet - Fosse Ward	05-Nov-20	No elements assessed	No concerns: Fully assessed	No concerns: Partially assessed	No concerns: Fully assessed	No concerns: Fully assessed	Some concerns	Some concerns	No concerns: Partially assessed	No concerns: Partially assessed	Some concerns	Some concerns	Some concerns
West Mendip	22-Oct-20	No concerns: Fully assessed	No concerns: Partially assessed	No concerns: Partially assessed	No concerns: Fully assessed	Some concerns	Some concerns	Some concerns	Some concerns	No concerns: Fully assessed	No concerns: Fully assessed	No elements assessed	Some concerns
Frome	22-Oct-20	No concerns: Fully assessed	No concerns: Fully assessed	Some concerns	No concerns: Fully assessed	Some concerns	Some concerns	No concerns: Fully assessed	Some concerns	No concerns: Fully assessed	Some concerns	Some concerns	Some concerns
Wincanton	05-Nov-20	No concerns: Fully assessed	No concerns: Partially assessed	No concerns: Fully assessed	No concerns: Fully assessed	No concerns: Fully assessed	Some concerns	No concerns: Fully assessed	Some concerns	No concerns: Fully assessed	Some concerns	Some concerns	No concerns: Fully assessed
Crewkerne	16-Nov-20	No concerns: Fully assessed	No concerns: Fully assessed	Some concerns	No concerns: Fully assessed	No concerns: Fully assessed	Some concerns	No concerns: Partially assessed	No concerns: Partially assessed	No concerns: Fully assessed	No concerns: Fully assessed	Some concerns	Some concerns
South Petherton	16-Nov-20	No concerns: Fully assessed	Some concerns	Some concerns	No concerns: Fully assessed	No concerns: Fully assessed	Some concerns	No concerns: Fully assessed	Some concerns	No concerns: Fully assessed	Some concerns	No concerns: Fully assessed	Some concerns
Wellington	27-Nov-20	No concerns: Fully assessed	No concerns: Fully assessed	Some concerns	No elements assessed	No concerns: Fully assessed	Some concerns	Some concerns	No concerns: Partially assessed	No concerns: Partially assessed	Some concerns	No concerns: Fully assessed	Some concerns
Williton	02-Dec-20	No concerns: Fully assessed	No concerns: Fully assessed	No concerns: Partially assessed	No concerns: Fully assessed	No concerns: Fully assessed	Some concerns	No concerns: Partially assessed	No concerns: Partially assessed	No concerns: Fully assessed	Some concerns	Some concerns	Some concerns
Minehead	02-Dec-20	Some concerns	No concerns: Fully assessed	No concerns: Fully assessed	No concerns: Fully assessed	No concerns: Fully assessed	Some concerns	Some concerns	Some concerns	No concerns: Fully assessed	Some concerns	Some concerns	No concerns: Fully assessed
Bridgwater	29-Oct-20	No concerns: Fully assessed	No concerns: Fully assessed	No concerns: Partially assessed	No concerns: Fully assessed	No concerns: Fully assessed	No concerns: Fully assessed	No concerns: Fully assessed	No concerns: Fully assessed	No concerns: Fully assessed	No concerns: Fully assessed	Some concerns	No concerns: Fully assessed
Chard	14-Jan-21	Some concerns	No concerns: Fully assessed	No concerns: Partially assessed	No elements assessed	No concerns: Fully assessed	No concerns: Fully assessed	No concerns: Partially assessed	Some concerns	No concerns: Partially assessed	Some concerns	Some concerns	Some concerns

## SEAG Policy Monitoring Report

<b>Policy</b>	<b>Health and Safety Management</b>
<b>Topic Lead</b>	<b>Gill Ridgway</b>
<b>Period</b>	April 2020 – May 2021

**Performance thresholds:**


The following performance thresholds were agreed as part of the Health and Safety Policy approval process and used for this report.

Category	% Range
● G	95 or more
● B	80 -94
● A	60 - 79
● R	0 - 59

The policy monitoring criteria is defined within each of the sections below.

**1. Duties and responsibilities**

This section was assessed against knowledge base that had been demonstrated in practice throughout the year by various roles across the Trust. The sample is determined against varying roles within health and safety such as Exec lead H&S, Directorate teams, ward / department managers, H&S Monitors, Occupational Health etc. There will be a cross section of colleagues from the organisation against each role in the sample.

Criteria	2019/20			2020/21			Direction
	Sample	Compliance	Performance	Sample	Compliance	Performance	
Annual review to establish if colleagues, managers and others named in this policy understand and fulfil their duties	17	30/34	88% ● B	16	28/32	87% ● B	

Overall, there remains good awareness of Health and Safety duties and responsibilities across all disciplines. This is reflected in the positive performance results which have shown improvement on the last round of policy monitoring.

**Action to address any areas of amber or red compliance:**

Nil required for this section.

**2. Risk Assessments**


Under Health and Safety, there is a legal requirement to undertake 'suitable and sufficient' risk assessment of 'significant risks', with actions in place to mitigate the risk.

To assess this component, the Radar risk register was reviewed for risks that scored 12 and above. This was undertaken jointly between the Head of Health and Safety and the senior TU Representative (H&S) to further enhance collaborative working.

In total approximately Radar risk 120 entries were reviewed, with entries across all directorates. Approximately 33% identified some health and safety elements across the breadth of health and safety related topics (e.g. moving and handling, general safety, wellbeing / stress, asbestos, water

safety, electrical safety). This demonstrated that health and safety is being integrated in to the core business of the organisation.

Of those having some health and safety element, a sample of 29 risk assessments were reviewed in detail.

Criteria	2019/20			2020/21			Direction
	Sample	Compliance	Performance	Sample	Compliance	Performance	
Review of health and safety related risk assessments (all topics) to ensure suitable and sufficient							
• Hazard clearly stated	25	42/50	84%	29	51/58	89%	
• Risk suitably identified	25	45/50	90%	29	50/58	86%	
• Controls appear suitable	25	49/50	98%	29	41/58	71%	
• Scoring appropriate	25	42/50	84%	29	50/58	86%	
• Action plan suitable to reduce risks identified	25	42/50	84%	29	40/58	69%	
• Risk assessment in date	25	50/50	100%	29	58/58	100%	
<b>Overall performance</b>	90% ● B			83% ● B			

Policy monitoring has identified that the general quality of risk assessments continues to be of a good standard. Directorate teams and managers are to be thanked for their ongoing commitment to health and safety as demonstrated.

#### Action to address any areas of amber or red compliance:

The Governance Support Team (GST) team will continue to promote risk assessment within the risk courses they provide. Further Radar risk register implementation work is on-going. Increased focus will be required for the two weaker areas identified; controls and actions to reduce the risks – this will be relayed to the Risk Manager.

Note: It is acknowledged that safety Topic Leads individually incorporate this in to their own policy monitoring and results for this will be reflected in their own topic IQAB reports.

#### Project Safety Assurance

It is essential that the broad spectrum of health and safety risks associated with new builds, refurbishments and ward / office moves are considered at each stage of the projects. The sample of 30 projects was representation of various projects across the organisation. Of these thirty, four did not have sufficient information available and not counted in the overall compliance.

Criteria	2019/20			2020/21		
	Sample	Compliance	Performance	Sample	Compliance	Performance
Project safety assurance form (or equivalent) used	Not assessed			26	22/52	42% ● R
Relevant specialist safety leads input	32	27/32	84% ● B	26	32/52	61% ● A



### Action to address any areas of amber or red compliance:

It is acknowledged that this period has seen an above average amount of building works / refurbishments across the organisation, particularly on the Musgrove Park Hospital site. A Topic Lead for project assurance has now been agreed and work on improving compliance from a health and safety management perspective is underway.


The current project safety form and associated guidance was developed jointly between the Governance Support Team, Strategic Projects, EFM and IPC and is referenced from the Health and Safety Policy. This was designed to act as an aide memoire for project leads and had started to be integral to projects. This is currently under review.

### 3. Health and Safety Management

Health and Safety management is overseen by two committees:

3.1 – Trust Health and Safety Committee – partnership with staff side colleagues

3.2 – Safety and Environment Advisors Group – topic lead support

Criteria	2019/20			2020/21			Direction
	Sample	Compliance	Performance	Sample	Compliance	Performance	
Review to establish that the Health and Safety Management systems set out in the H&S policy are working effectively.							
Trust H&S Committee operating with TORs	12	12/12	100% ● G	12	12/12	100% ● G	
SEAG operating with TORs	8	8/8	100% ● G	8	8/8	100% ● G	
Policies in date	25	33/50	66% ● A	24	26/48	54% ● R	
Topics Leads providing policy monitoring reports as per SEAG schedule	25	36/50	88% ● B	23	22/46	48% ● R	
Topics Leads providing assurance reports	27	53/54	93% ● B	24	37/48	77% ● A	
<b>Overall Performance</b>			<b>82%</b> ● B			<b>65%</b> ● A	

## HSE letter to CEOs following hospital inspections re Covid-19 - March 2021 Gill Ridgway / Val Yick

The HSE wrote to all CEO's in March 2021 following hospital inspections re Covid-19 secure workplace. The HSE letter stated:

*'The health and safety of workers is a priority and, as Britain's regulator for workplace health and safety, HSE has been supporting the national effort to tackle coronavirus in a number of ways, including through a COVID-19 spot inspection programme. As part of this programme, 17 acute hospitals were inspected across Great Britain during December and January. We carefully analysed the outcomes from the inspections so that we could use this opportunity to share learning and enable you to swiftly identify any common areas that may need improvement. I have therefore enclosed a summary of our findings along with a number of recommendations in anticipation that you will use it in a constructive way alongside your other quality improvement approaches to ensure your COVID -19 arrangements are robust as they can be.'*

The findings of the report were reviewed by the Senior Infection Prevention and Control Nurse and the Head of Health, Safety and Risk to inform the organisation of processes and systems in place against the key HSE findings. It is to be acknowledged that this is an overview of the position should the HSE visit Somerset FT in the future.

The full findings were shared with the Executive Director for Health and Safety and the Director for Infection, Prevention and Control along with the action plan below. The action plan is in direct response to those required within the HSE Letter.

<b>Action Plan in response to the HSE CEO letter 02/03/21 re Covid Secure</b>			<b>Date Created</b>	<b>09/03/21</b>
<b>Plan Owner :</b>	Phil Brice	<b>Date last updated : (and version no)</b>	29/06/21 Version 2	
<b>Core implementation Group :</b>	Stephen Thomson, Val Yick, Gill Ridgway	<b>Next review due by - Group / Committee : Date :</b>	Trust H&S Committee 14/07/21	
<b>Links to key documents</b> – Health and Safety at Work Act 1974, Management of Health and Safety Regulations 1999, <a href="#">Making your workplace COVID-secure during the coronavirus pandemic (hse.gov.uk)</a> ,				
<b>Action</b> What specific actions will be taken to address the issue(s)	<b>Lead by:</b>	<b>Achieve by:</b>	<b>Progress update / notes</b>	<b>Status</b>
<b>Issue 1: Risk management arrangements</b>				
1.1 Review their risk management arrangements to ensure they are adequately resourced	Gill Ridgway /Val Yick	30 <sup>th</sup> April 2021	Internal Audit report gives positive assurance. Coms - reminder for Depts. to review their risk assts.	<b>G</b>

1.2 Consider how well the various parts of the risk management system coordinate with each other, including the health and safety team, departmental managers, infection control and occupational health colleagues and whether they could be improved.	Gill Ridgway /Val Yick	30 <sup>th</sup> April 2021	Reviewed – this is already in place and working well	G
<b>Issue 2: Collaboration with Trade Unions</b>				
2.1 Ensure compliance with their legal obligations to consult with trade unions and employee representatives by ensuring they are engaged in the risk assessment process. Worker engagement in this process is critical to establishing workable control measures.	Phil Brice / Steve Thomson /Gill Ridgway	30 <sup>th</sup> April 2021	Reviewed – This was already In place and working well. Meetings were significantly increased during the to quickly address any staff side concerns - frequency increased to weekly but now decreased to monthly.	G
<b>Issue 3: Covid-19 secure risk assessment</b>				
3.1 Review all non-patient facing areas to ensure a suitable and sufficient risk assessment has been carried out and the control measures identified have been implemented – in line with relevant guidance, including - <a href="https://www.hse.gov.uk/makingyourworkplace-covid-secure">Making your workplace COVID-secure during the coronavirus pandemic (hse.gov.uk)</a> .	Val Yick / Gill Ridgway	30 <sup>th</sup> April 2021	All areas were required to review their Secure Covid-19 risk assessments and provide assurance to the Directorate teams. Coms – Include a reminder to review secure covid-19 risk assessments	G
3.2 Consider how well the risk assessments for these areas have applied the hierarchy of control and have they:  <i>Identified the maximum room occupancy numbers and the optimum layout and seating arrangements in all areas? For example, in libraries, the laundry, porters lodge, clinical records, rest rooms, toilets, locker rooms, post rooms, changing rooms, offices, canteens, training rooms, doctors' common rooms Considered how ventilation could be improved in all areas? Could windows be unsealed to open, are doors left open, how are rooms with no windows or air conditioning being ventilated? Implemented mitigating measures where it is not possible to maintain social 2m distancing? For example, by proving physical barriers (screens), one-way systems or rearranging /modifying layout. Checked the adequacy of their cleaning regimes in non-clinical areas? Have they consistently considered high touch surfaces, for example printers, vending machines, kettles, photocopiers, door handles etc?</i>	Val Yick / Gill Ridgway	31 <sup>st</sup> May 2021,	Reviewed – Secure Covid-19 audit in place. This includes all areas across the organisation initially focussing on community sites.  Many of the elements are included in the Secure Covid-19 audit - minor adjustments to be made to the tool such as ventilation.	G
<b>Issue 4: Provision of lockers and welfare facilities</b>				
4.1 Review the provision of lockers and welfare facilities to ensure they can accommodate the number staff on shift in a COVID secure manner.	Val Yick / Gill Ridgway	31st May 2021	Reviewed - Coms to local managers	G

Issue 5: Monitoring, supervision and review				
4.2 Establish routine monitoring and supervision arrangements to ensure control measures identified in the risk assessment are implemented and are being maintained.	Gill Ridgway / Val Yick	30 <sup>th</sup> April 2021	On-going programme of audits in place via GST. Local managers fed back to at the time and IPC made aware of any significant concerns. In- patient ward areas submit an observation audit against PPE requirements on monthly basis Visibility of IP&C in clinical areas to monitor and challenge practice Monthly hand hygiene audits Monthly environmental cleanliness audits	G
4.3 Review your arrangements regularly to ensure they remain valid and act on any findings.	Gill Ridgway / Val Yick	30 <sup>th</sup> November 2021	The above audits are monitored via IPC / H&S committee / Cleaning standards group.	B

Measures of success - How will we know the issue(s) have been addressed?	
Monitoring method (e.g. audit, spot check, document produced):	What issues / action in the plan does this cover?
Oversight monitoring of the plan at the Trust H&S Committee	1-5
Secure covid audit programme	1-4
Audit results of specific compliance with PPE, hand hygiene, environmental cleanliness are overseen by ICC and responsibility for remedial action sits with Directorates.	1-4