

## Board of Directors

### Item 5.4

**Subject:** Health & Safety Annual Assurance Report 2023-2024  
**Date of Meeting:** 30<sup>th</sup> July 2024  
**Prepared by:** Adam Hope - Head of Estates, Health & Safety and Security  
**Presented by:** Jonathan Mathews - Chief Operating Officer  
**Purpose:** For Assurance

BAF Ref	Impact on BAF
BAF 1 / BAF 4	Provides assurance on the controls in place to ensure provision of a safe environment that meets regulatory and internal standards and performance against those metrics.

Level of assurance (please tick one)				
✓	<b>Acceptable assurance</b> Controls are suitably designed, with evidence of them being consistently applied and effective in practice		<b>Partial assurance</b> Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<b>Low assurance</b> Evidence indicates poor effectiveness of controls

### 1. Executive Summary

This paper provides the Board of Directors with assurance on delivery and progress of the Health & Safety function at LHCH and provides key highlights for the reporting period of June 2023 – June 2024. A more detailed review has been undertaken through the Risk Management Committee.

The main body of the report details how the Health and Safety team have performed in the delivery of objectives set by The Board of Directors (as per ToRs) and the effectiveness and operation of the Health & Safety Committee. Included within the report is statistical analysis and key information regarding Health & Safety activity, audit/risk assessment programme and progress, training compliance, reported incidents, RIDDOR and investigation outcomes across LHCH, together with monitoring and responding to the health and safety needs of the Trust.

The report also outlines key developments and the work that has been undertaken during this reporting period, and is an opportunity to consider work planned, and the objectives for the year ahead. It reflects the Trust's compliance with the Board of Directors approved 'Statement of Intent' and Health & Safety Policy Statement, which requires those responsible for health and safety within the Trust premises and during Trust activities to:

- Comply with health and safety legislation.
- Implement health and safety arrangements.
- Comply with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies.
- Develop partnership working and to ensure health and safety arrangements are maintained.
- To ensure that the health and safety agenda is not only embedded but embraced.

The Health & Safety Committee is an established committee of the Trust that has shown effective

and robust leadership for H&S in the organisation. Members of the committee are fully apprised of their responsibilities and are committed to communicating the importance of H&S to their teams and the wider Trust community. Effectiveness of the committee will continue to be monitored through Risk Management Committee.

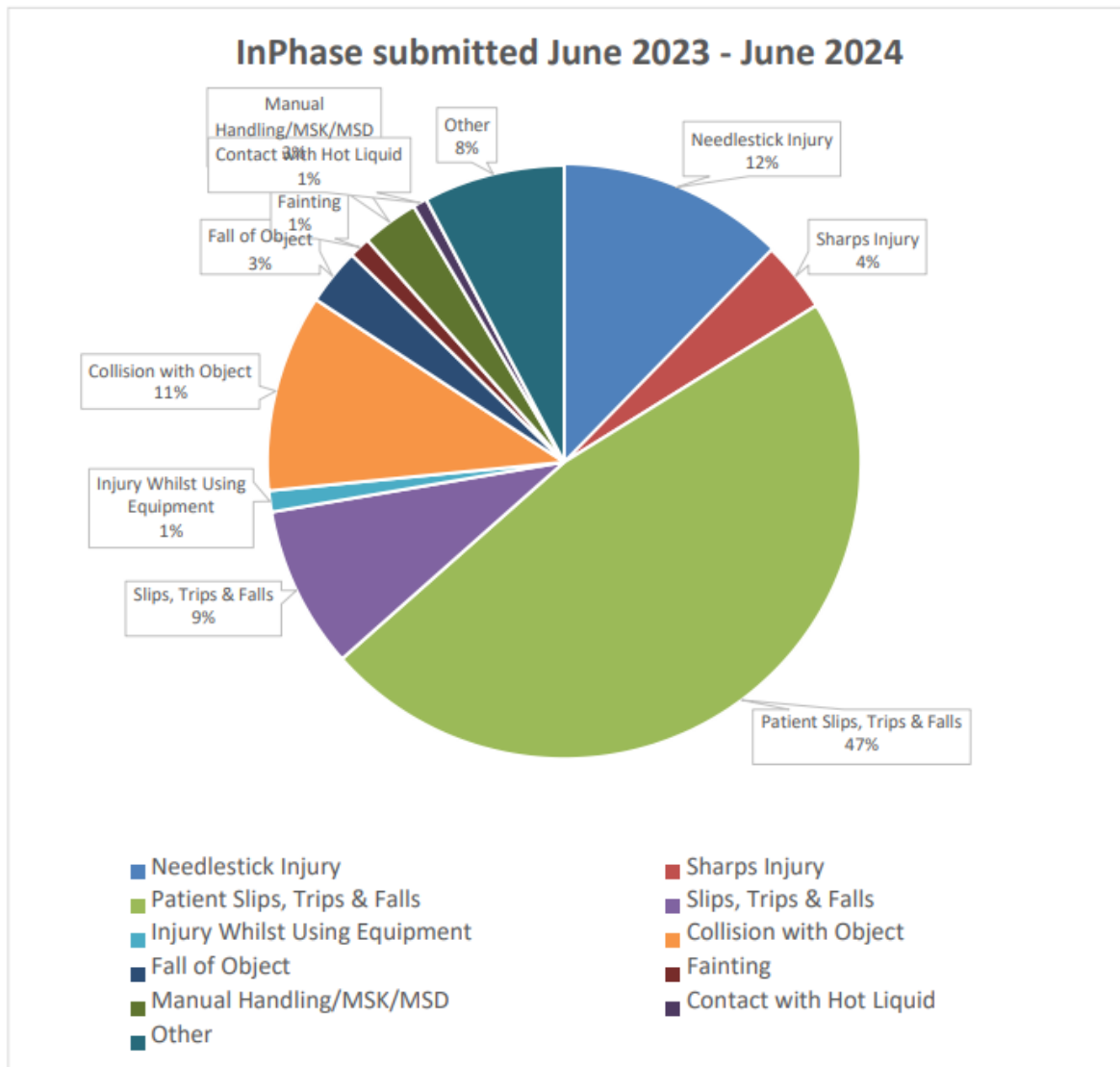
## 2. Delivery of KPI's set by the Board of Directors for the H&S Committee

ToRs Ref	Objective	Evidence to Support Delivery	Outstanding Issues / Action Plan
2.1	Approve the Trust's Health and Safety Policy and monitor adherence to it and take assurance that the Trust operates in a way that meets all regulatory requirements.	Trust has a in date H&S policy.  Any legislative changes are discussed with key stakeholders such as in H&S committee, Risk management committee and daily safety huddle.	Policy requires slight updating.
2.2	Continue to improve Health & Safety culture for the Trust by effective management of Health & Safety risks throughout the Trust and the monitoring of Ward / Department Health & Safety annual assessments.	All areas received a H&S risk assessment in the year 2023. The H&S team devised a 2024 workplan that is currently being adhered to.  Any risk assessments actions are recorded on an action log that is reviewed at regular intervals based of risk ratings.  Risk Registers are reviewed by Divisional Governance Committee's twice yearly and in the Risk Management and Corporate Governance Committee.	H&S risk assessment is on track, no deficiencies to note.
2.3	To review data on incidents to staff, patients, and visitors, identifying trends and ensuring appropriate action is taken.	Staff, patient, and visitor incidents are reported on the trust's incident and investigation platform In Phase. Any incidents reported and subsequently send to teams such as Estates, Risk Management, surgery for through oversight and lessons learnt.  RIDDOR, Occupational reports and violence and aggression incidents are presented at each meeting.  Additionally, the H&S quarterly update paper (item 4.4) aims to provide key stakeholders with statistics from the incident reporting system. Any identified trends or spikes are discussed within the group, and task and finish groups may be formed to deep dive into these issues. The data is displayed visually using pie charts. The paper also covers escalated incidents and the control measures or actions taken in response. As a result, an inoculation task group has been created with the IPC team, H&S team, and Occupational Health team to review needlestick injuries, identify trends, and share lessons learned with the committee.  All platforms detail any harm obtained as a result and actions of mitigation taken.	The H&S team has identified inaccuracies in the In Phase categories. There should be multiple subcategories under the H&S umbrella, but they are not properly categorised. This issue, raised with the risk management team, can lead to inaccurate statistics, and missed important trends or spikes, leading to no action being taken as a result.

2.4	To consider reports and other information provided by the Health and Safety Executive and other external bodies and recommend appropriate action.	<p>MIAA external audit completed in November 2022. Liverpool Heart and Chest Hospital received substantial assurance.</p> <p>MIAA provided 6 'Low Risk' recommendations as part of the review. Actions generated by the external audit are being implemented and reviewed regularly by the Health &amp; Safety team via an action log.</p>	Lots of management changes at executive level, these changes need to be documented in the H&S policy.
2.5	Monitor the Trust's performance in relation to H&S KPI's	<p>Key performance indicators were set to review numbers of staff absent as a result of back pain, musculoskeletal issues, and stress. Monitoring of these incidents reveal numbers to be low in the Trust.</p> <p>The Safety team completed a deep dive into MSK/MSD works related referrals. Report is attached in the annual report.</p> <p>TP Health and Dashboard data are reviewed Quarterly at the H&amp;S committee.</p>	None Outstanding.
2.6	To monitor compliance of Health & Safety, Fire Safety and produce an annual report.	<p>The H&amp;S committee receives minutes of sub committees.</p> <p>Security Annual report – The report detailed that there had been an increase in the number of physical assaults reported in year. The majority of the assaults were clinical in nature. However, other mitigations have been put into place such as refresher training for security officers, increased patrolling, and a refresh of the Delirium policy.</p> <p>The Fire Safety Annual report 2023 – Currently meeting KPI standards. Post Birch Ward macerator fire, there was demand for fire warden training. The fire team provided training and have met compliance for fire wardens, this level of high standards has been upheld.</p>	None Outstanding
2.7	To review, consult and ratify policies pertaining to H&S.	Policies are reviewed and approved as per work plan.	No Outstanding issues
2.8	Quarterly updates for key workstreams in safety areas (Fire, Security, and waste management) by relevant lead	<p>Key stakeholders are members of the H&amp;S committee (such as Security Manager).</p> <p>If a member cannot attend minutes and action logs are sent out in order for members to receive the quarterly updates.</p>	Quarterly updates brought to committee by relevant workstream leads.

### 3. Incident investigation

All Health and Safety Incidents are reported on the LHCH e-reporting In Phase system. There has been a total of **240** Health & Safety related incidents submitted in the reporting period 1<sup>st</sup> June 23 – 31<sup>st</sup> May 24.



Cause	Total
Needlestick Injury	32
Sharps Injury	10
Patient Slips, Trips & Falls	123
Slips, Trips & Falls	23
Injury Whilst Using Equipment	3
Collision with Object	28
Fall of Object	8
Fainting	3
Manual Handling/MSK/MSD	8
Contact with Hot Liquid	2
Other	20

Following a deep dive of InPhase statistics, the number of reported incidents increased by 103.39% from the 2022-23 reporting period (118 incidents) to the 2023-24 period (240 incidents). This increase is primarily due to a change in reporting practices; the previous period's statistics did not include patient slips, trips, and falls. After consideration, these incidents are now included in the Health & Safety (H&S) In phase annual and quarterly statistics, with the patient falls lead overseeing and providing commentary on related issues.

Analysis indicates that patient slips, trips, and falls constitute a significant portion of the reports in the current period. Despite 123 patient slips, trips and falls this reporting period, a review with the falls lead confirmed that the number of such incidents is not alarming, and each accident has been thoroughly reviewed. To reduce these incidents, projects like the Cedar Ward bathroom refurbishments were undertaken. There were concerns over inconspicuous water containment lips in the bathroom along the walkways, which may have been a contributing factor to trips and falls. The safety team organised for the installation of collapsible lips, which prevent slips, trips, and falls while still containing shower water. This project has successfully been implemented in four bathrooms.

The H&S team believes that the rise in accident reports may reflect a positive shift in the safety culture. The transition to a new, user-friendly reporting platform has likely encouraged more individuals to log incidents, which is consistent with occupational health data. This suggests an improvement in the reporting of safety issues, demonstrating a proactive approach to maintaining a safe environment.

The last reporting period 2022 – 2023 identified a spike in inoculation injuries and inaccurate data reporting therefore action has been taken. A newly formed task group (**Inoculation Task Group**) has been established, primary task is focusing on inoculation and needlestick injuries comprises members from the H&S team, Infection Prevention team, and Occupational Health, with plans to involve the Clinical Education team and other pertinent stakeholders. This group's primary aim is to review the trust's reporting practices, ensuring the accurate documentation of incidents. Moreover, it seeks to align these reports with occupational health referrals, ensuring consistency and reliability across all data sources. By scrutinising reported incidents comprehensively, the group aims to identify trends and potential areas of concern, thereby facilitating the dissemination of vital lessons learned and review of practices. Ultimately, this task group serves as a platform for ensuring the correct reporting of incidents and ensuring alignment with occupational health referrals, thus contributing to enhanced safety protocols and risk mitigation strategies.

#### 4. RIDDOR Incidents

There have been **7 RIDDOR's** reported in 2023/24 (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). Please see below for a brief breakdown of RIDDOR's reported:

Cause of RIDDOR	2023 / 2024			
	Q2 July 23 - Sep 23	Q3 Oct 23 - Dec 23	Q4 Jan 24 - Mar 24	Q1 Apr 24 - June 24
Slip, Trip, Fall	x	1	1	x
Moving & Handling	1	x	2	x
Contact With Object	x	x	x	x
Needle stick	x	x	1	1
Dermatitis	x	x	x	x
Physical Abuse	x	x	x	x
Other	x	x	x	x
<b>Total</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>1</b>

##### **Q2 (2023-2024):**

**Moving & Handling:** A staff member was injured while assisting a post-op patient for an X-Ray exam.

### **Q3 (2023-2024):**

**Trip & Fall:** A staff member tripped over monitoring/medical cabling during a procedure.

### **Q4 (2023-2024):**

**Fall:** A staff member fell during the early morning hours on the grounds.

**Moving & Handling:** A staff member was injured while placing a pillow under a patient's leg.

**Moving & Handling:** A staff member was injured when a delirious patient attempted to get out of bed and fell, pulling the staff member down.

**Needlestick:** A staff member suffered a needlestick injury while taking blood from a patient with a potential infection risk.

### **Q1 (2024-2025):**

**Needlestick:** A staff member suffered a needlestick injury while emptying clinical waste from a patient room with a potential infection risk.

## **5. Training**

### **Mandatory Training – Competencies as of 31<sup>st</sup> May 2024**

<b>Competency</b>	<b>Compliance (%)</b>
Basic Resus Level 1	98.4%
Prevent - Level 1	98.0%
ALS - Level 4	97.7%
Conflict Resolution - Expiry 3 yearly	97.4%
Safeguarding Children Level 2	97.4%
Safeguarding Adults Level 2	97.2%
Safeguarding Adults Level 1	97.0%
Safeguarding Children Level 1	96.9%
Health and Safety Risk - Expiry	96.8%
Equality and Diversity - Expiry 3 yearly	96.8%
Fire NEW and 2 Year Combined	95.4%
Manual Handling Level 1	94.2%
Infection Prevention Level 1 -- 3 Year Refresher	93.4%
Infection Prevention - Level 2 - 1 Year Expiry	91.9%
Information Governance Expiry - Annual	91.1%
Prevent WRAP Level 3	91.0%
Manual Handling Level 2	88.7%
ILS - Level 3	82.6%
Basic Resus Level 2	80.8%

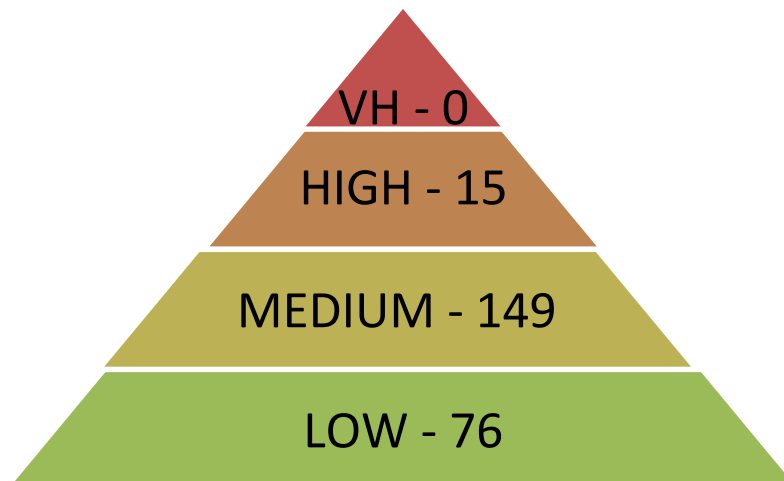
In the 2024-2025 financial year, H&S Team plans to offer IOSH managing safely training to initially a specific team of managers working in higher-risk areas. This initiative is aimed at improving safety practices within LHCH. By equipping these managers with the necessary skills and knowledge, we aim to improve the local management of H&S and enhance our overall safety culture, ensuring the protection of our employees, patients, and visitors. The plan is to train a further 20 members of staff to gain the iOSH managing safely qualification.

## **6. Risk assessment programme**

From 01<sup>st</sup> June 2023 to 31<sup>st</sup> May 2024, all areas underwent a Health & Safety Risk Assessment as per H&S workplan schedule. Out of the 44 work areas, all 44 areas have received a Health & Safety risk assessment for this reporting period. These inspections identified **240 hazards/risks**, which have been documented in the action log. Each identified risk has been assigned a specific timeframe for resolution. However, the Health & Safety team has faced challenges in obtaining

action updates from area managers, both clinical and non-clinical. The safety team is currently exploring strategies to enhance engagement and improve communication with these managers.

**Below is a summary of the risk ratings identified:**



**Positive actions taken following risk assessments:**

#### **Staff Gym Bathroom Upgrades – Health & Wellbeing**

There have been numerous complaints regarding the condition and facilities of the staff gym, particularly the bathrooms. The Health & Safety team highlighted these issues during the annual risk assessments, which were subsequently reported to the Capital Projects team. Recognising the need for renovation, the Capital Projects team developed a business case and sought funding from charitable sources to enhance staff experience and amenities.

The project focuses on upgrading and modernising the existing staff gym showers and changing areas by installing an additional shower in each room and providing more privacy through new cubicle-style partitions and doors. Approximately 1,900 trust staff members will benefit from these improvements. In addition to offering a new, clean changing facility for gym users, the renovation will provide much-needed changing facilities for staff who commute by bicycle, addressing the current limitations. The project is now nearing completion.

#### **Emergency Spill Kits**

LHCH's proactive implementation of emergency spill kits, including those for general spills, car park incidents, and acid battery spills, across the site demonstrates a strong commitment to ensuring a safe and prepared environment for all stakeholders. By strategically situating these kits throughout the hospital, the trust has taken a significant step towards mitigating potential hazards and minimising the risk of incidents escalating into larger emergencies.

With the spill kits already in place and staff trained to handle spill incidents effectively, LHCH is well-prepared to address any challenges that may arise. This readiness not only mitigates the risk of escalation but also underscores the hospital's dedication to ensuring the safety and security of patients, staff, and visitors.

Through comprehensive training for select individuals, LHCH ensures that its workforce can confidently manage spill situations with efficiency and precision. This proactive measure not only safeguards against potential hazards but also instils a culture of safety and preparedness throughout the organisation.

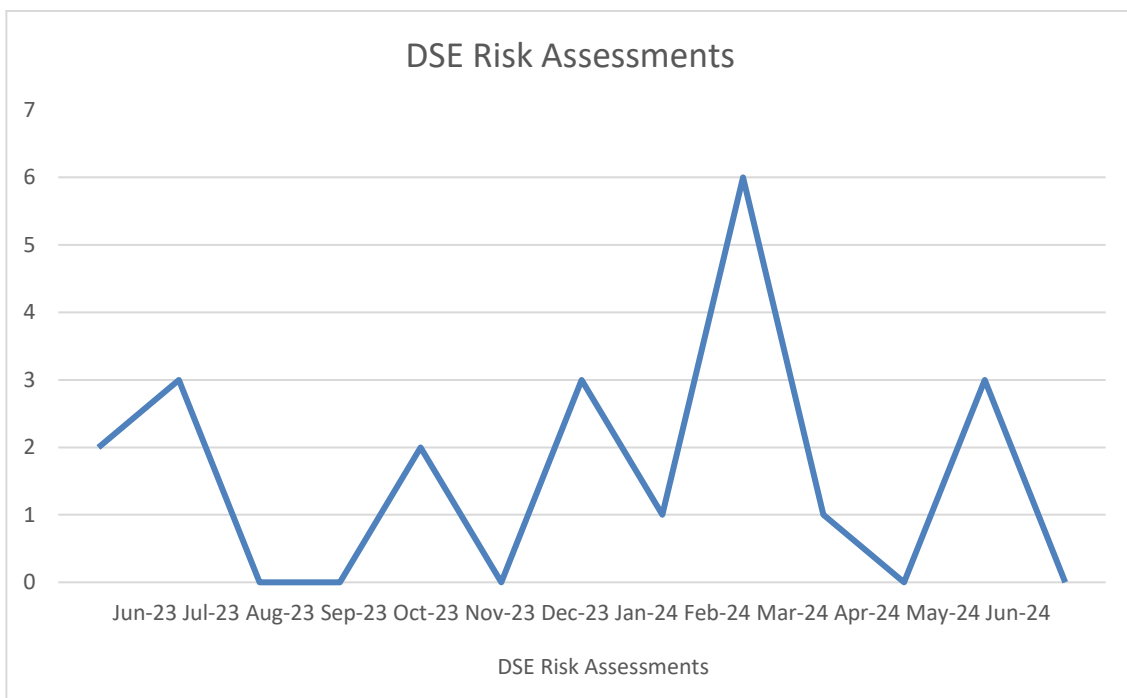


## 7. DSE Programme

In 2022, the management of Display Screen Equipment (DSE) at LHCH was transferred from the Manual Handling team to the Health and Safety team. Since then, significant efforts have been made to enhance this service. Key improvements to date include:

- **Implementation of an Approved DSE Policy:** A formal policy has been established to guide DSE management and ensure compliance with health and safety standards.
- **New Risk Assessment Template:** A comprehensive risk assessment template has been developed to standardise and improve the quality of assessments.
- **Staff Training:** Training to equip staff with the knowledge and skills needed to manage DSE effectively.
- **E-learning Mandatory Training Package:** An e-learning package has been made mandatory for all staff, ensuring widespread awareness, and understanding of DSE practices.
- **Digital Eye Reimbursement Process:** A digital process for eye test reimbursements has been introduced, streamlining the procedure for staff.
- **Live Well Work Well Event:** The Safety/DSE team hosted an interactive stall focused on DSE/MSK to educate staff on hazards, best practices, equipment available and reporting procedures.

During the reporting period from June 2023 to June 2024, there have been 21 requests for DSE risk assessments. These assessments have included both workplace and home visits to accommodate different working environments. Each assessment undergoes a review within 3 to 6 months to follow up with the user and evaluate any improvements made. Out of the 17 reviews conducted to date, all 17 staff members reported that they were comfortable, and no further review was required. This systematic approach ensures ongoing support and continuous improvement in the management of DSE at LHCH.





## 8. Contractor control

Contractor management is completed via Sky Visitor, which is a sign in/out process that must be completed daily. The system allows LHCH to manage who on site, location, and description of works. This system is not being used to its full potential; the Estates team are looking into how this system can be further utilised to better manage contractors on site.

Regarding Health & Safety with contractors' activity, there are multiple system in place to ensure a safe system of work. The system include (not exhaustive):

- Contractor Working on Trust Policy – We enforce a Contractor Working on Trust Policy, tailored to LHCH's unique requirements. Prior to commencing work, contractors receive this policy outlining our safety expectations and standards, ensuring alignment with our commitment to a safe working environment.
- Permits to Work – Permits are completed by competent persons. Permits to work include (not exhaustive):
  - Electrical - 13
  - Medical Gas - 14
  - Generators - 12
  - Hot Work - 38
- Access Control – To ensure site security, contractors must complete a safety briefing and comply with site-specific protocols before collecting a Contractor Pass. They are required to sign in and out using a digital pass system, including Salto, which grants access to designated work areas. Managed by the security team, the system features enhanced measures such as multi-factor authentication and real-time location tracking. Contractors can retain their access badges, including Salto, for up to one week. If not returned, the badge will be suspended, and the contractor must reapply for access, keeping the site secure.
- LHCH Contractor Spot Checks – LHCH conducts spot checks on contractors, these proactive assessments aim to evaluate adherence to safety protocols, identify any unsafe practices or shortcuts, and provide immediate feedback or corrective measures. Detailed records of these spot checks are maintained and made accessible via a live document, ensuring transparency and accountability.

Incidents related to contractor activities on-site are promptly reported using LHCH's incident reporting system, InPhase. Each incident undergoes thorough investigation involving key stakeholders, and the lessons learned are disseminated to all relevant parties.

For instance, on 17/01/2024, an incident occurred where a contractor slipped on an icy roof walkway, resulting in a shin injury. This incident was promptly brought to the attention of Estates and the safety team. Upon investigation, it was discovered that the contractor was not wearing appropriate footwear, opting for trainers instead of toe-capped steel boots. Additionally, the icy condition of the walkways was overlooked. As a corrective measure, Estates is responsible for gritting all walkways, including roof walkways, to mitigate the risk of slips and falls, considering both LHCH staff and contractors' safety. This incident also prompted communication with the contractor to emphasise the importance of PPE adherence.

Additionally, on 23/04/24, an incident unfolded where Theatre A experienced ventilation failure mid-procedure. The issue was escalated to Estates for resolution. Upon investigation, it was found that two operatives from a subcontractor on the Decant Theatre capital scheme had deviated from site procedures. They were found working on ventilation plant outside the scope of their assigned tasks, leading to the closure of dampers and the interruption of fresh air supply to Theatre A.

Lessons learned from this incident include reinforcing the seriousness of protocol adherence to both the main contractor and subcontractors. Consequently, the individuals responsible have been barred from further involvement in the project. Moving forward, all site operatives must undergo daily inductions and periodic toolbox talks from their employer, ensuring full awareness and approval from the main contractor for any work activities. Moreover, no work on "live" plant and services by contractors is permitted without prior review and support from the Trust Estates team.

Furthermore, LHCH is committed to continually reviewing safe work systems and identifying areas for improvement concerning contractor activities on-site. This proactive approach ensures ongoing enhancement of safety protocols and practices for the benefit of all involved parties.

## 9. Committee attendance

Member	Attendance (%)
Head of Estates, Health & Safety and Security (Chair)	75%
Health & Safety Lead (Deputy Chair)	100%
Chief Pharmacist	0%
Divisional Representation (Either DHOO or HON)	100%
Risk Lead	25%
Head of Human Resources or Head of Education	75%
Occupational Health Advisor	75%
Infection Prevention and Control Nurse	75%
Manual Handling Co-Ordinator	75%
Trade Union, Health and Safety Representative (s)	50%
Security Manager	100%
Facilities Manager	100%
Medical Engineering	100%
Head of Capital Projects	25%

The membership composition is made up of senior managers and leaders from multi-disciplinary backgrounds across the Trust. The Chairmanship of the committee is performed by the Head of Estates, Health & Safety and Security.

Union H&S reps attend the committee from CSP. Discussions are ongoing with HR for further representatives to be appointed and agree to attend the H&S committee going forwards.

Four members of the committee have attended the meetings 50% or less of the time (see table above). Attendance at the initial meeting of 2024/2025 has seen an improved attendance for these members. The Chair of the committee has reviewed the membership to ensure that it remains appropriate and relevant.

**All meetings in 23/24 were quorate.**

## 10. Sub Committees

The committee receives minutes from the Water and Ventilation Safety group, the Radiation Safety Group, Fire Safety Group, Electrical Safety Group and the Medical Gas Committee.

## **11. Conduct of Meetings**

The work plan is presented in June on an annual basis and is sent out with papers for each meeting. Papers and reports are sent out at least five working days ahead of the committee meeting.

The minutes are of a consistently high quality and are circulated one week following the meeting.

Action logging is robust and maintained at each meeting with follow on actions taken to each meeting. Responsibilities for completing actions are clear.

Reporting to the Board is via risk escalation reports reporting to Risk Management and Corporate Governance Committee.

## **12. Key Objectives for 2024-2025**

- To ensure all health and Safety policies for LHCH are reviewed and up to date.
- To audit, health and safety systems throughout the Trust to ensure compliance with Health and Safety Guidance Note 65 (HSG 65), Health and Safety Management Systems.
- Upskill LHCH staff members with further Health & Safety training, train a minimum of 10 managers with the 5-day RoSPA IOSH managing safely qualification.
- To ensure, so far as reasonably practicable, LHCH is compliant with all relevant H&S legislation.
- Oversee the transfer of COSHH management from the risk team into the health and safety team, secure a new management system contract and conduct a full audit of the current system.
- Implement a GEEP's and PEEP's management system to ensure the trust is fully compliant with fire safety and evacuation regulations.
- Continue to support members of staff, visitors and patients who may have sustained injury or been involved in incidents on Trust premises.
- Continue to work closely with the LHCH estates/ capital project managers to ensure all contractors work safely on site, further enhance current contractor safety arrangements by introducing a new Passes & permits management system.

## **13. Conclusion**

During this reporting period, no external audits were conducted. The health and safety team made substantial progress in addressing all actions from the MIAA 22/23 audit. The team have continued to support the trust in achieving compliance with legislation and regulations. Additionally, the team expanded its responsibilities to include COSHH management and various new policies, such as those on mobile phone use and latex safety. No negative cultural issues or trends were identified.

The health and safety team believes the trust is in a strong and compliant position.

The 2024/2025 objectives document the key pieces of work required to improve upon the identified issues and forms the work plans for various departments within the Trust. Progress against these objectives will be reviewed at LHCH Health and Safety Committee and forwarded to the Risk

## Appendix 1 - MIAA Audit 22/23 Actions Update for Reference

<b>Risk</b>	<b>Specific Risk</b>	<b>Update</b>	<b>Status</b>
<b>1</b>	Insufficient information provided to oversight Committees to highlight all concerns relating to health and safety matters.	The H&S annual report has been updated to include contractor activities from a health and safety perspective. Quarterly H&S reports now focus on incidents from the respective quarter, ensuring relevance to recent events such as RIDDORS and emerging trends. Additionally, training has been added as a standing agenda item in the H&S committee, as well as discussed in the annual report.	<b>Complete</b>
<b>2</b>	Lack of awareness and ownership of issues at the nominated group for health and safety matters may result in inappropriate actions and decision- making.	"Health & Safety Quarterly Update" has been added as Item 4.4 on the Health & Safety Committee agenda. This section examines incidents for escalation, reviews H&S dashboard data, and includes relevant information. Training compliance is now a standing agenda item.	<b>Complete</b>
<b>3</b>	Lack of Board level awareness of issues that may result in delays in action being taken on issues arising.	The H&S Committee reports to the Risk Management Committee, which in turn reports to the Board.	<b>Complete</b>
<b>4</b>	Lack of appropriate monitoring and oversight of contractors' health and safety matters.	The H&S annual report has been updated to include contractor activity. The Estates team now documents spot checks and files them within the shared drive. Additionally, a Contractor Safety Checklist has been developed.	<b>Complete</b>
<b>5</b>	Lack of clarity with regard to national regulations and roles and responsibilities. Inaccurate information provided in the trust policy may result in inappropriate actions.	The latest NHS England Health & safety guidance has been circulated throughout the trust.	<b>Complete</b>
<b>6</b>	Potential lack of oversight of risks related to health and safety.	New risk register and reporting software currently being procured, that may allow for specific categorisation of risks to provide reporting of overall H&S risks, however, the risks will still sit within division/dept RR.	<b>Complete</b>