



**East Suffolk and  
North Essex**  
NHS Foundation Trust

# **Health and Safety Annual Report 2021/22**

## Contents

Section	Description	Page
1	Summary	3
2	Introduction	3
3	Overview of Legal Compliance	4
4	Objectives	5
5	Covid19 Pandemic	6
6	Incident Reporting	8
7	RIDDOR	9
8	Face Fit Testing	11
8	Sharps Safety	12
10	Competent Health and Safety Advice	12
11	Corporate Health and Safety Team	13
12	Auditing	14
13	Policies	15
14	Risk Assessments	15
15	KPI's Policies	16
16	Radiation Protection	16
17	Moving and Handling	18
18	Security Management	19
19	Pathology	20
20	Estates and Facilities	21
21	Health & Safety Training	21
22	ESNEFT Health and Safety Committee	22
23	Divisional Governance Meetings	22
24	Conclusion	22
25	Health and Safety Objectives 2022-23	23

## 1. Summary

The purpose of this report is to provide assurance on compliance with legislation and ESNEFT policies to the Health & Safety Committee and the ESNEFT Trust Board. Included within the report is statistical analysis and key information regarding Health & Safety (H&S) activity, audit programme and progress, training compliance, reported incidents, RIDDOR and investigation outcomes across ESNEFT, together with monitoring and responding to the health and safety needs of the Trust.

This is the fourth annual Health and Safety annual report since Colchester Hospital, Suffolk Community and Ipswich Hospital merged to form ESNEFT on the 1<sup>st</sup> July 2018. The report and purpose of it conforms to the Trust's Health and Safety Policy, Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996.

## 2. Introduction

The Health & Safety annual report covers the period 1st April 2021 – 31st March 2022. The report 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 for all





To ensure that the health and safety agenda is not only embedded, but embraced throughout the Trust using a variety of monitoring methods, including:

- Health and Safety Committee (quarterly)
- Divisional Governance (monthly) meetings
- Risk based monitoring groups, such as asbestos and water safety.

The year has seen the continuation of the worldwide Covid19 pandemic, which has been very challenging for the Trust; consequently, the health and safety implications have been considerable. This report reflects this challenging year and the H&S response to it.









### 3. Overview of Legal Compliance

The table below outlines the main health & safety legislation and identifies the proactive work that the Trust has carried out in order to ensure compliance.

Legislation	Description of Actions/Compliance	
Health & Safety at Work Act 1974	ESNEFT Health & Safety Management Policy published <ul style="list-style-type: none"> <li>• Competent persons in place to provide compliance advice.</li> <li>• Health and Safety Committee held four times a year (due to Covid19 it met formally twice during this period).</li> </ul>	
Management of Health & Safety at Work Regulations 1999	<ul style="list-style-type: none"> <li>• Annual H&amp;S Audit programme</li> <li>• Annual H&amp;S Work plan</li> <li>• Training for Risk Management and RSPH Level 3 for Divisions</li> </ul>	
Display Screen Equipment Regulations 1992	<ul style="list-style-type: none"> <li>• DSE Self- assessment tool has been updated and includes an action plan for users.</li> </ul>	
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)	<ul style="list-style-type: none"> <li>• Investigations have been implemented for all RIDDOR incidents and the findings are shared with the H&amp;S Committee</li> </ul>	
Health & Safety Information for Employees Regulations (Amendment) 2009 Health & Safety Consultation with Employees Regulations 1996 Safety Representatives and Safety Committees Regulations 1977	<ul style="list-style-type: none"> <li>• Terms of reference have been reviewed for the H&amp;S Committee</li> <li>• ESNEFT H&amp;S Policy has been updated</li> <li>• H&amp;S Trade union H&amp;S Reps in place</li> <li>• Health and Safety Committee is well attended by Managers, Trust Competent Persons and TU safety reps.</li> <li>• Reports on Audits, Action Plan progress, KPIs and Risk Register</li> <li>• Acts as consultative committee for H&amp;S policies</li> </ul>	
Control of Substances Hazardous to Health 2002 Electricity at Work Regulations 1989 Workplace (Health Safety & Welfare) Regulations 1992 Provision and Use of Work Equipment Regulations 1998 The Control of Noise at Work Regulations 2005 Control of Asbestos Regulations 2012 Personal Protective Equipment at Work Regulations 1992	<ul style="list-style-type: none"> <li>• Regulations are monitored by the ESNEFT Health and Safety Committee and managed through meetings of the specialist groups.</li> <li>• Authorising Engineers are in place to advise on subject matters.</li> <li>• Premises Assurance Model reviews compliance on an annual basis.</li> <li>• Health and Safety advisors attend the subject matter groups to monitor compliance.</li> </ul>	

#### 4. Health and Safety Objectives

The achievement of the primary health and safety objectives for the year 2020/2021 are summarised below:

	<b>Objective</b>	<b>What was achieved</b>	
1	To implement the Health and Safety Policy for ESNEFT.	ESNEFT Health & Safety Policy reviewed and implemented across the organisation	
2.	To ensure, as far as reasonably practicable, ESNEFT is compliant with all relevant H&S legislation.	See above in section 3.	
3	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.	40 audits were completed but the full audit programme not completed because of visiting restrictions during the Covid period.	
4	To ensure the Trust is advised on Covid 19 H&S best practice and ensure it is implemented through work place inspections and briefings.	Best practice, such as Health & Safety Executive (HSE) Covid advice, has been incorporated into audits and H&S workplace self-inspections.	
5	To incorporate the fit testing programme for respirators into business as usual for the Trust.	This is now an established programme of work with 6282 staff have been face fit tested on respiratory protective equipment within the last two years.	
7	To procure and implement the Control of Substances Hazardous to Health (COSHH) Risk assessment and register for ESNEFT.	The organisation has procured on-line COSHH management system to assist with COSHH Assessments. A separate COSHH register has been created by the Corporate health and Safety Team.	
10	Continue to support members of staff, visitors and patients who may have sustained injury or been involved in incidents on Trust premises.	All H&S incidents and complaints are investigated and improvements implemented.	
11	Continue to work closely with the ESNEFT project managers to ensure all contractors work safely on ESENFTE sites.	Regular H&S meetings are held between contractors and the Trust. H&S advisors regularly visit construction sites and raise any contraventions with the contractors.	

## 5. Covid19 Pandemic

The Covid19 pandemic has had a significant impact on the Trust over the past two years. In peak times of Covid cases the Corporate Health and Safety Team suspended any proactive auditing and inspections whilst the ceasing of visiting of clinical areas were in place. This was in line with the Trust's response to reduce footfall across the Trust to control the spread of the virus, and occasionally members of the team were redeployed to support the Trust's response to the Covid pandemic.

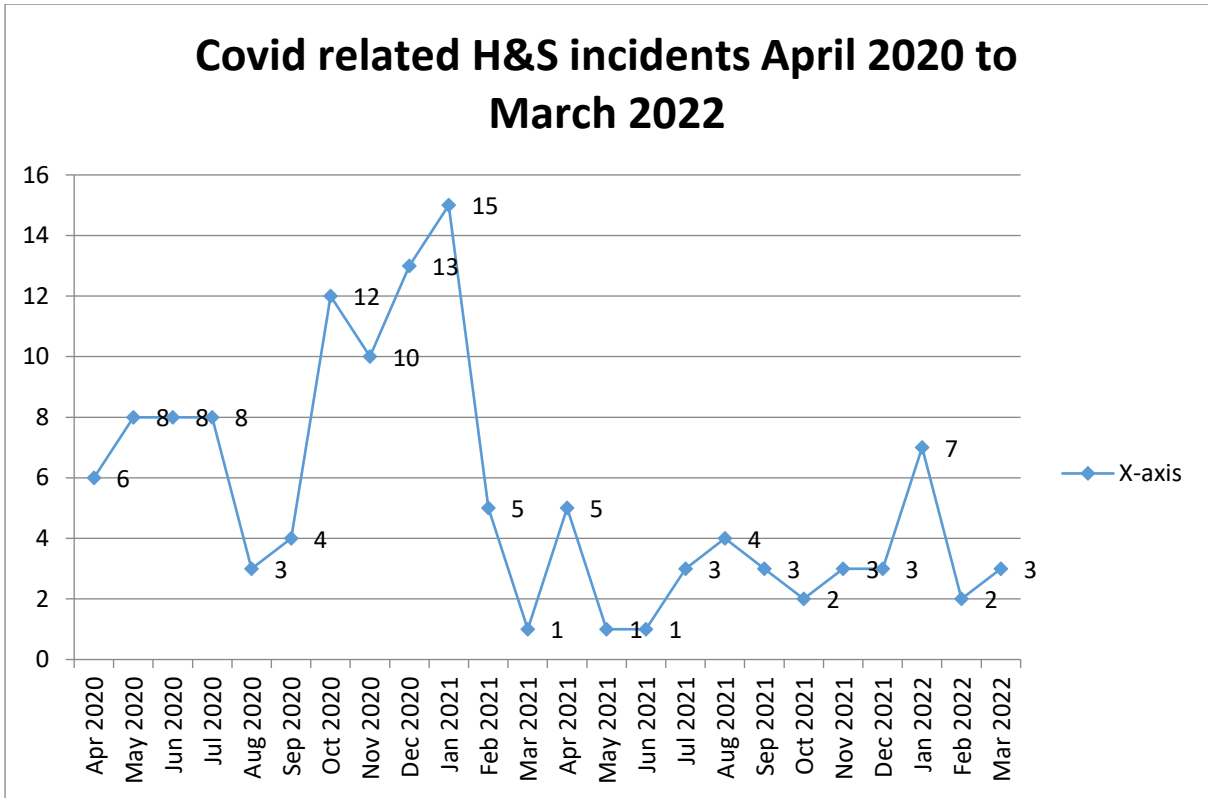
In December 2020 and January 2021, the Health and Safety Executive (HSE) inspected 17 acute hospitals in 13 NHS Trusts in England and two NHS Health Boards in Scotland and Wales respectively as part of the national HSE COVID-19 spot check inspection programme. The inspections were led by an HSE Occupational Health Inspector. Each one focused on seven key areas to assess the arrangements in place to manage risk arising from COVID-19.

Seven main areas of concern:

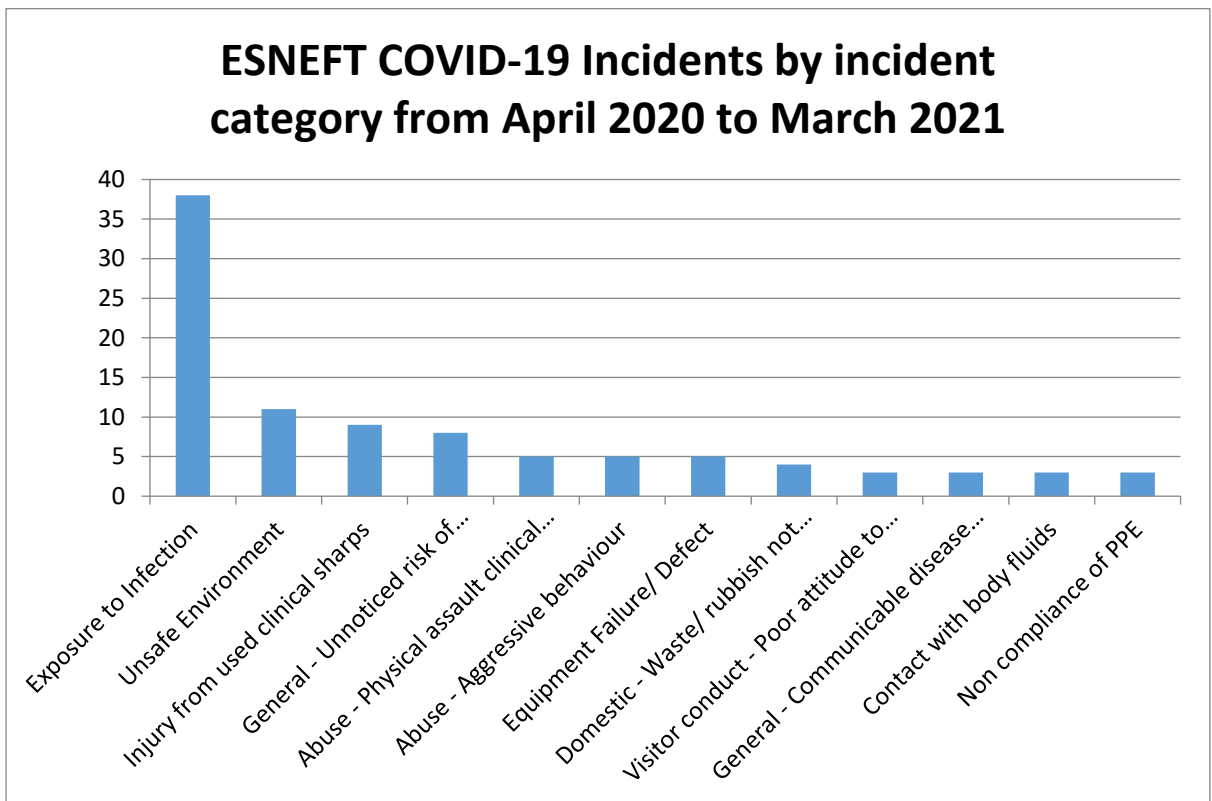
- Risk assessment
- Management arrangements specific to Covid
- Social Distancing
- Cleaning and hygiene measures
- Ventilation
- Dealing with suspected cases
- PPE

The HSE wrote a letter to Trust Chief Executives outlining their findings and recommending best practice. ESNEFT developed a HSE Assurance Framework, with over 120 points, to check that we are, and remain, compliant with the HSE guidance.

These points were implemented by Corporate Health and Safety Team, Occupational Health, Estates, Facilities and Infection Prevention Control and incorporated into the health and safety audits and inspections.



**Figure 1 COVID-19 related incidents 2021/22**

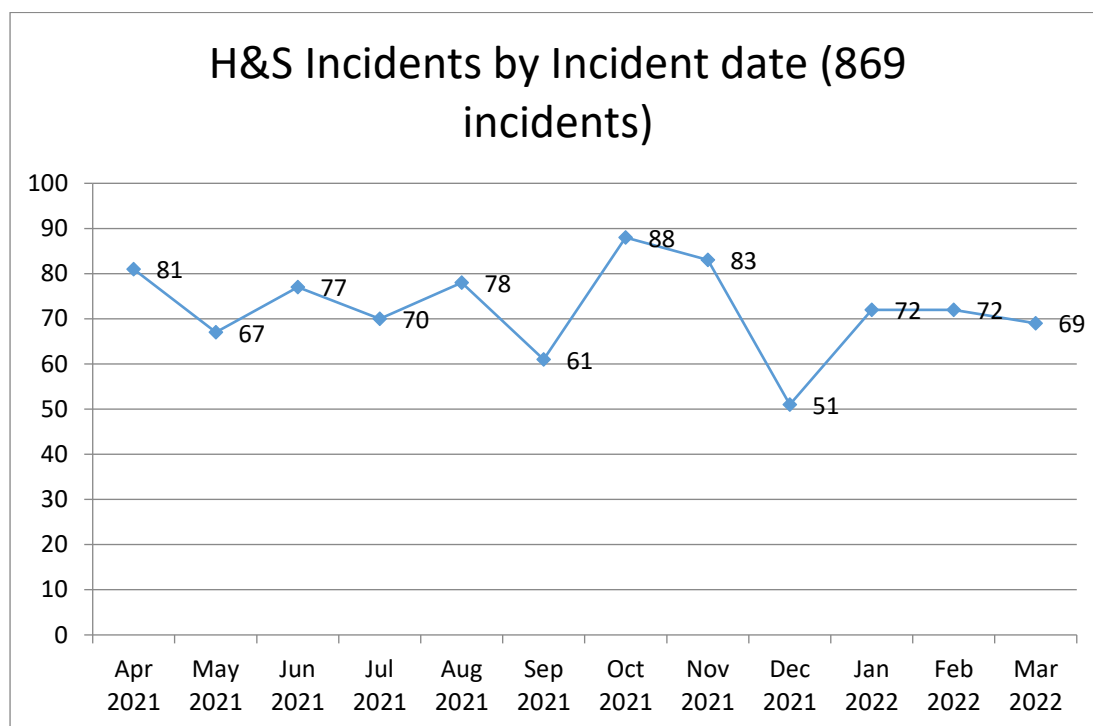


**Figure 2 COVID-19 incident type**

The COVID-19 H&S incidents graph reflects the prevalence and the infection trends of COVID-19 in our communities. Many of the exposure to infection incidents were reported early in the pandemic. All Covid related H&S incidents were reviewed by the Corporate Health and Safety Team. Four COVID-19 related RIDDORS were reported to the HSE for an occupational disease. This related to one outbreak in Colchester Hospital where it was more than likely that the staff contracted COVID-19 through their work related activities.

## 6. Incident Reporting

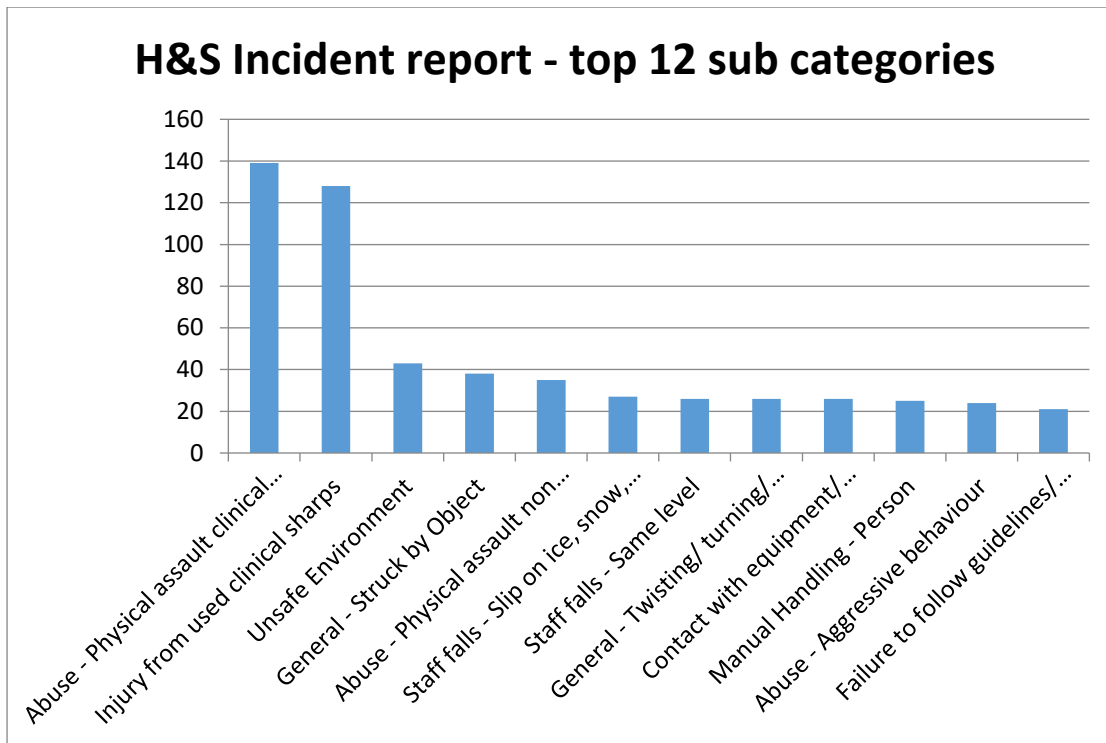
Health and Safety Incidents are reported on the ESNEFT e-reporting Datix system. The graphs outline the number of health and safety incidents for April 2021 to March 2021.



**Figure 3 H&S Incidents 2020/21**

The graph is in line with the reduction of health and safety incidents when there are high COVID-19 rates in the community causing the Trust to implement COVID-19 controls such as less staff and visitors in the Trust due to the national lockdowns. Staff have been encouraged to work from home, more personal protective equipment (PPE) was being worn by clinical staff and the Social Distancing policy was still in place limiting close contact.





**Figure 4 H&S Incident categories 2021/2022**

The top two types of incidents have not changed since the last annual report; they remain clinical assaults (see update from security at section 17) and injury from used sharps (see section 9). Managers investigate incidents, supported by specialists when required, and any trends are reported to the ESNEFT H&S Committee. Any learning is incorporated into H&S audits, advice and training.

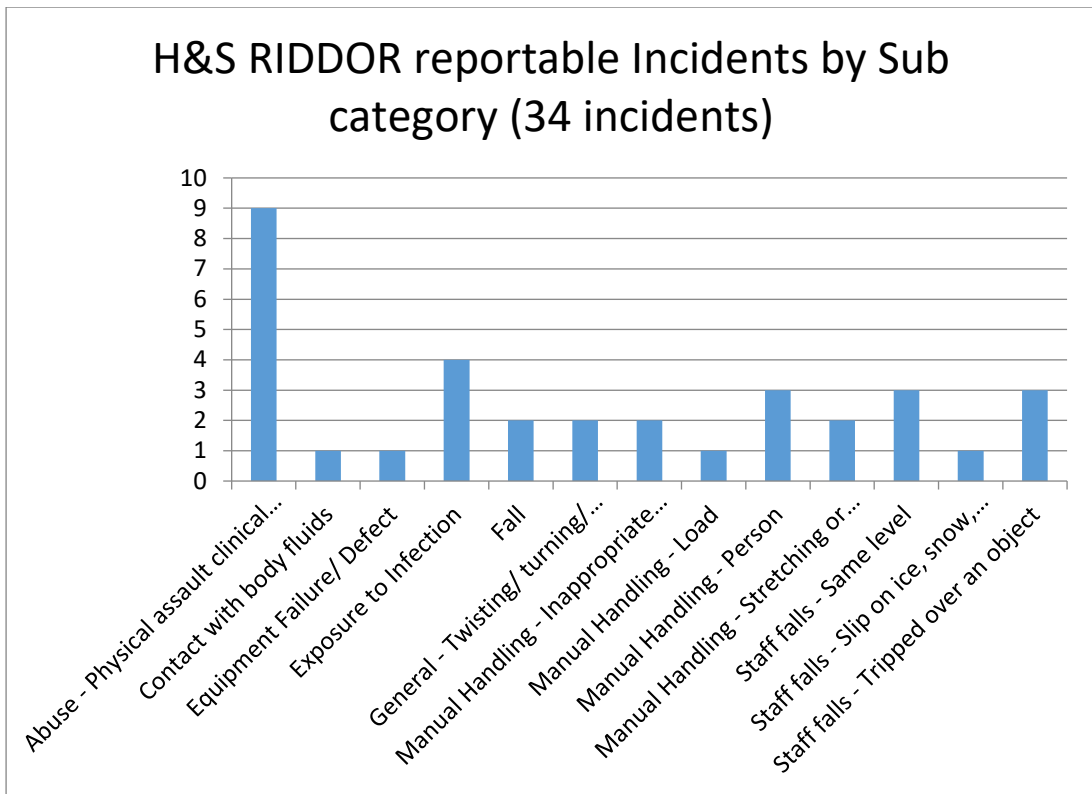
All non-patient Datix H&S incident report forms have been reviewed and investigations completed where required by the Corporate Health and Safety Team. Work is required to strengthen the overall safety culture of ESNEFT. Incident reporting and investigation is an area of weakness and requires further oversight. Support will be given to managers and supervisors to raise awareness of their H&S obligations.

## **7. Reporting of Injuries Diseases & Dangerous Occurrences Regulations (RIDDOR)**

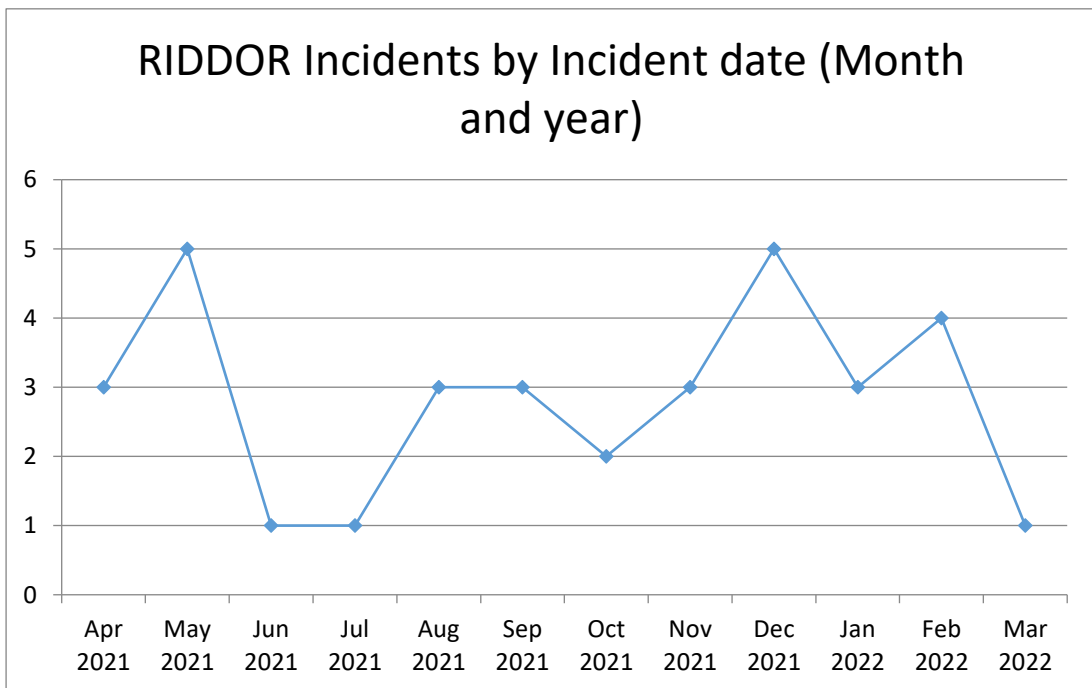
This year the organisation reported 34 RIDDOR incidents, an increase of six from the previous year. There were no incidents involving the public.

Staff RIDDORs reported included:

- One Dangerous Occurrence – Sharp Injuries
- Twenty nine over Seven Day Injuries
- Four Occupational Diseases (one incident) – COVID-19 related



**Figure 5 - Types of RIDDOR injuries 2021/2022**



**Figure 6 Dates RIDDOR incidents reported 2021/2022**

All RIDDOR investigations are supported by the CH&ST who are responsible for notifying the HSE.

## 8. Face Fit Testing

The Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 require employers to provide and maintain a safe working environment so far as reasonably practicable. The use of respiratory protective equipment is outlined in HSG 53 and is also contained in other regulations such as COSHH Regulations 2002, Control of Asbestos Regulations 2012; Control of Lead at Work Regulations 2002; Ionising Radiation Regulations 1999; Confined Spaces Regulations 1997. An Approved Codes of Practice supports all these regulations.

The COVID-19 pandemic has significantly increased the number of face fit tests required. The Department of Health and Social Care (DHSC) developed five resilience principles:

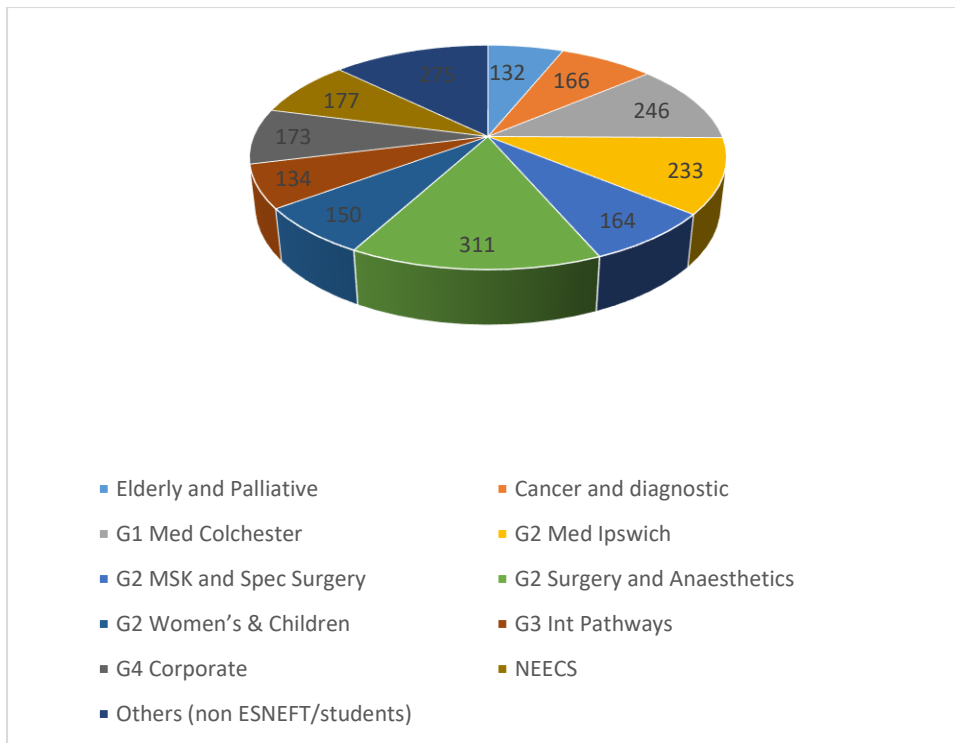
1. All FFP3 users should be fit tested and using two different masks (ideally three);
2. FFP3 users should interchangeably wear the masks they are fitted to;
3. Trusts should ensure that a range of FFP3 masks are available to users on the frontline and overall should not exceed 25% usage on any one type of FFP3;
4. Frontline stocks will be managed at no more than 7-10 days per SKU; and
5. Trusts will register FFP3 users and fit test results in ESR and review individual usage every quarter.

These face fit testing principles have been incorporated into the mandatory Emergency Preparedness Resilience and Response (EPRR) response and are a mandatory requirement. These principles have been incorporated into the ESNEFT Fit testing programme and EPRR arrangements.

The ESNEFT fit testing procedures are matched against the HSE guidance INDG 479 "Guidance on the respiratory protective equipment (RPE) fit testing". The Trust is compliant with this standard. The Trust has a member of the Corporate Health and Safety Team who is Fit2Fit accredited by the British Safety Industry Federation (on behalf of the HSE); this allows the Trust to train and accredit other face fit testers.

The DHSC continue to fund dedicated fit testers that are free to the Trust, which enables the service to operate both at Colchester and Ipswich hospitals, Monday to Friday. There are also 65 link fit testers based on divisions. The Trust purchased two Porta Count machines which enables the Trust to undertake quantitative face fit testing. The seconded fit testers and the Corporate Health and Safety Team are trained on Porta Count Machines.

In 2020/21, at the beginning of the COVID-19 pandemic, 4121 members of staff were tested to wear FFP3 respirators. In 2021/22, 2161 were tested to wear FFP3 respirators, a reduction of 48% year on year; this is in line with the fit testing target of testing 2000 per year. The chart at Figure 7 shows where the staff who have been fit tested are based within the Trust.



**Figure 7 Fit test by division 2021/22**

## 9. Sharps Safety

Measures to avoid occupational exposure to blood borne viruses including prevention of sharps injuries must include; the safe handling and disposal of sharps, including the provision of medical devices that incorporate sharps protection where there are clear indications that they will provide safe systems of working for staff. This is a requirement of the 'Code of Practice on the prevention & control of infections' and 'Sharps Instruments in Healthcare Regulations 2013'.

The more information on the types of sharps used and the circumstances are now a drop down entry on DATIX. This enables more in-depth analysis of the sharps incidents. A new ESNEFT policy 'Management of Blood and Body Fluid Exposure Incidents in Healthcare Staff' policy was introduced in July 2021 that gives information to staff on how to manage sharps and any injuries sustained from them.

## 10. Competent Health and Safety Advice

Regulation 7 of the Management of Health and Safety at Work Regulations 1999 requires organisations to have competent health and safety advice. The organisation has many health and safety risks and regulations that are managed across the organisation. These risks have subject specialists and monitored through the ESNEFT Health and Safety Committee, or other appropriate monitoring arrangements. Specialists work in partnership with the Corporate Health and Safety Team.

## 11. Corporate Health & Safety Team

The Corporate Health and Safety Team reports to the Associate Director of EPRR, EFM Contracts and Community Property and the Director of Estates and Facilities.

The Corporate Health and Safety Team consists of:

- Head of Health and Safety
- Two Health and Safety Advisors
- One Apprentice Health and Safety Advisor
- Health and Safety Support Officer

The Corporate Health and Safety Team are responsible for advising and guiding the Trust to ensure that it is meeting, or working towards meeting, its legislative requirements. They also provide health and safety advice either verbally, via email or as part of an inspection/audit.

During this period the team has supplied approximately 730 written pieces of advice to managers and staff on a variety of H&S issues. The team completed a ligature point survey to identify areas where there is the potential for someone can self-harm themselves. A bespoke Ligature Point Risk Assessment tool has been developed and made available to staff.

The Corporate Health and Safety Team have refreshed and relaunched a Health and Safety file for managers which is available on the H&S intranet page and is included in the refreshed ESNEFT policy. The file:

- Creates a contents page with links to templates and examples.
- Advises on COSHH assessments and generic risk assessments for clinical and non-clinical areas.
- Advises and assisted managers in all aspects of managing safety in their areas.
- Advises on incident investigations and RIDDOR.

It has been a busy year for the Corporate Health and Safety Team due to the extra work required to enable the Trust to keep employees safe in the COVID-19 pandemic and also assuming health & safety responsibilities for the old ACE staff and properties.

The responsibility for the fit testing programme was a significant change to the work of the Corporate Health & Safety Team due to increased usage by clinicians of FFP3 masks since the outbreak of the COVID-19 pandemic but it is now embedded as business as usual.

The RSPH Level 3 “Health and Safety for Supervisors in the Workplace” course is pivotal to the improvement of the safety culture of the Trust and remains as an objective for 2022-2023.

## 12. Auditing

Auditing is a key function of the Corporate Health & Safety Team, and of the Health & Safety at Work Act 1974, HSG 65 (Plan, Do, Check, Act) and a core component of the Trusts’ health and safety management arrangements. This has been limited in

2021/22 due to the COVID-19 pandemic and the Corporate Health & Safety Team have used the H&S Workplace Inspection to give the Trust confidence that the organisation is compliant with H&S regulations and guidance. The CH&ST uses iAuditor as its audit tool.

In 2021/22 the Corporate Health & Safety Team undertook 40 audits in line with the following table:

<b>Level</b>	<b>Description</b>	<b>By whom undertaken</b>
Level 1	Documented safety environment inspection by team leaders / ward managers & safety reps conducted every two months for clinical areas and three monthly for non-clinical areas and held locally.	Ward/local managers
Level 2	Six monthly Health & Safety Work Place Inspection by senior managers of all areas sent through to the H&S team to help establish analysis of H&S compliance.	Managers
Level 3	Themed H&S inspection by the Corporate H&S Team to ensure that health and safety policy, procedures and H&S regulations are being implemented. This type of inspection give an overview of compliance across departments and areas. Themed H&S inspections will be dependent on the risk and any accident rates such as Sharps, COSHH, radiation, water safety etc.	CH&ST
Level 4	Full day audit / review of all areas placing a focus on the management of health & safety systems & compliance and to verify the information of the workplace inspection self-assessments.	CH&ST and specialist support if necessary

The average original compliance score 52.4% with 429 points needing rectifying.

The most common areas for non-compliance are:

- Have all offices and meeting rooms been assessed for maximum occupancy levels and a notice placed on the door to the room?
- Posters are displayed in workplaces to promote awareness of good hygiene practices
- Appropriate signage on social distancing, respiratory hygiene and personal hygiene measures are in place
- Does the department have a register for all Portable Electrical Appliances?
- Does the soap cater for different skin types?
- Has a Work Place Self Inspection been completed for this area/department?
- Does the department have an up to date H&S folder?
- Does the department have an up to date COSHH folder?
- Does the department have an up to date General Risk assessment?
- Does the department/Ward have in date violence and aggression risk assessment?

- Has anyone in the department received additional H&S training (Level 2/3 or Certificate etc.?)
- Does the department/ward display posters listing first aid trained staff?
- Does the department display posters with the location of first aid boxes?

The audited department is required to compile an H&S action plan. All departments have subsequently reached the required compliance standard.

### **13. Policies**

The following ESNEFT policies were agreed at the ESNEFT Health and Safety Committee:

- Control of Substances Hazardous to Health Policy
- Driving at Work Policy
- ESNEFT Health and Safety Policy
- Management of Blood and Body Fluid Exposure Incidents in Healthcare Staff policy.

### **14. Risk Assessments**

The Corporate Health & Safety Team team undertake risk assessments as part of their work for departments and also for third parties using Trust premises. The following is a list of bespoke risk assessments that have been developed:

- DSE Assessments
- General Risk Assessments, and review of assessments
- COSHH assessments
- Review of Contractor Construction Phase Plans and Risk Assessments and Method Statements.
- Environmental Risk Assessments for third parties utilising Trust facilities.
- Developed new DSE Self-Assessment Proforma
- Developed new Home Working Self-Assessment Proforma.
- Work place inspection version 5 (including Covid considerations)
- Ligature Point Risk Assessment
- Home working risk assessment
- Lone worker assessment
- New and Expectant Mothers Risk Assessment.

### **15. Key Performance Indicators (KPI's)**

The following KPI's are reported bi-monthly at H&S Committee:

- Health and Safety training
- Health and Safety audit
- RIDDOR incidents and reporting timescales
- Fit testing compliance

## 16 Radiation Protection

The Radiation Safety and Imaging Physics (RSIP) SIP operates with 1.8WTE Radiation Protection Adviser, 0.8WTE of Radioactive Waste Adviser and 2.8WTE of Medical Physics Expert for the whole of ESNEFT, shared among 3 members of staff. These numbers are considered low and have an impact on the Section's ability to perform the work expected. Also, the post of the head of section, which became vacant in November 2020 after the retirement of the previous post holder, has not been filled in at this point.

Regulatory audits are performed periodically in various departments to check compliance with relevant regulations. Staffing issues have affected these compliance audits and although many areas were inspected, there are still some areas that have not had an audit. RSIP senior staff are working through an audit programme in an effort to catch up.

RSIP reviewed and updated the majority of risk assessments and local rules for various departments within ESNEFT. Ownership of these documents has now been passed on to the relevant departments – these will hold responsibility for reviewing the documentation annually with support from RSIP staff when needed.

The Radiation Safety Policy is up to date, although it will be reviewed soon. The Medical Exposure Policy was issued within 2021 to cover governance and arrangements around IRMER 2017. An ESNEFT Personal Dosimetry Policy is also in place.

RSIP staff are involved in a large number of new projects within ESNEFT that require mostly RPA advice. Due to the low number of RPAs available, this has stretched a lot the Section's workload. Examples of new projects where RPA input was sought are: the new Elective Orthopaedic Centre (CoH), the Interventional Radiology and Cardiology Centre (CoH), new Lithotripter service (CoH), new Urgent Treatment Centre (IPS), new Dental Room with CBCT unit (IPS), move and replacement of Orthovoltage unit (IPS), Community Diagnostic Centre (Clacton), new link corridor between A&E and main hospital (CoH), new Breast Centre (IPS) etc.

There were two Radiation Safety Committee meetings held in 2021, one in March and another one in October. Reports from these committee meetings are sent to the Health and Safety Committee meetings.

The Medical Exposure Committee was also formed in 2021 and met in June (the next meeting was held in January 2022).

RSIP issue personal dosimeters to all ESNEFT staff who work with radiation as appropriate. Doses throughout 2021 were at acceptable levels without significant variations from previous years.

RSIP have a programme for performing environmental monitoring for all the Controlled Areas across ESNEFT. Various areas are currently overdue but the monitoring programme was reviewed in 2021 and several surveys are in progress. It is expected that by the end of 2022 most areas will have had a survey. No major issues have been



identified from the surveys completed so far, apart from the lack of lead behind some sockets in the two CT scanning rooms at the Diagnostic Imaging department in Ipswich. This matter has been rectified.

The staffing changes that took place in the past two years within RSIP have had a significant impact on the level of service provided for non-ionising radiation services (UV/Dermatology, Lasers, Physiotherapy Ultrasound and Blue Light) as staff with significant expertise in these areas left the Trust.

There is currently no ESNEFT member of staff with Laser Protection Adviser certification. As a result LPA advice is provided externally by EARRPS on an SLA agreement, although the day to day work is performed mostly by RSIP staff (RSIP staff working towards LPA certification currently). However, there are a number of regulatory audits and quality assurance surveys overdue at the moment as well as some documentation awaiting review. There were no Laser Safety Group meetings in 2021, although one took place in May 2022.

UV, Blue Light and Physiotherapy Ultrasound testing is performed by RSIP staff, however these are areas where expertise is in development at the moment for RSIP staff.

The Trust is advised on the transport of all dangerous goods, including radioactive material, by an external Dangerous Goods Safety Adviser, who makes a number of visits each year.

The daily production of radiopharmaceuticals in Ipswich Nuclear Medicine ceased in early 2021, and since that time there has been a daily transfer of radiopharmaceuticals from Colchester Pharmacy to Ipswich. This service is provided by the Transport Department with support from RSIP and Nuclear Medicine.

In relation to radioactive material transport, the Trust's compliance with the Carriage of Dangerous Goods Regulations 2009 was assessed in early 2022 in an external inspection by the Office for Nuclear Regulation. No non-compliances with the regulations were identified.

The Trust's use of radioactive material has returned to near normal levels during the course of 2021, following a COVID-19 related reduction in the use and disposal of radioactive material/waste during 2020.

The use of material and disposal of waste continues to fall well within limits imposed by the Permits issued to the Trust. Annual returns for 2021 were made to the Environment Agency earlier this year, and no concerns or issues have been raised.

There were no external inspections by the Environment Agency in 2021 due to COVID-19, however inspections of both sites have been arranged for next month. RSIP is working with relevant departments to prepare for these visits.

## 17 Moving and Handling

All annual manual handling audits been completed in clinical areas at the Colchester site and community hospitals. Time bound action plans have been issued to areas where improvement is required. Follow-up audits took place in early April. Areas of concern included equipment competence and lack of timely access to sufficient bariatric equipment. Audits will be performed at Ipswich hospital during June and July. 25 out of 35 clinical area Link Assessors have been trained in-house over the last year at Ipswich to comply with Trust policy regarding equipment competences.

As COVID-19 measures have reduced, class sizes have increased within guidelines. At Ipswich, classes are still limited following a training room move that allowed Waldringfield Ward to be commissioned. Unfortunately, the temporary training room has a smaller capacity and until a new classroom is provided spaces will be limited.

Trust-wide compliance with non-clinical Manual Handling training (now delivered via e-learning to all staff), stands at 88% (up from 75% last year) and practical patient moving and handling for clinical staff (face-to-face training) is currently 82% (up 7% from last result in 2021). The patient handling training fell from a high of 84% to 74% when the former ACE staff joined ESNEFT. On amalgamation the compliance of the joining organisation was 50%. The 10% ESNEFT drop has since been regained through additional sessions provided in Clacton and Colchester.

In an average year there are around 100 moving and handling incidents Trust wide. During covid-19 measures we experienced a rise in risk factors such as:

- Staff working in a new or an unfamiliar environment
- An significant increase in new/inexperienced staff
- Short staffing issues
- A lack of appropriate equipment due to repurposing of clinical environments
- Use of physically limiting PPE

We therefore anticipated a rise in incidents. However, in 2020-21 there were only 57 reported, which suggested significant under-reporting. In 2021-22 as covid-19 measures have eased we have seen a return to more usual incident numbers. These stand at a total of 75 for the year.

The Moving & Handling team have provided new scoop stretchers at Ipswich hospital for the retrieval of injured patients who have fallen to the floor. Jo Field, falls practitioner, has worked with the Moving & Handling team to provide Hover-Matt/Hover-Jack equipment at various locations around the Trust to further reduce manual handling effort in retrieving a patient from the floor including locations such as Bluebird Lodge, Aldeburgh Felixstowe and Clacton hospitals. These measures have enabled the removal of all the physically demanding and higher risk lifting-sheets from the Trust.

New low rise beds have been provided for patients at risk from falls at both Ipswich and Colchester hospital. Additionally new patient beds have been procured for community hospitals in Suffolk. Training is being provided for clinical staff on mandatory updates and by link assessors in clinical areas as required.

## 18 Security

During the year, the Security Management Specialist team have carried out security risk assessments, violence and aggression risk assessments and made recommendations to Clinical staff and Estates and Facilities where changes can be made to the environment and alterations to the premises. All new builds have been reviewed by use of the Security through environmental design system, making recommendations in an attempt to reduce crime.

The team continue to attend multi-disciplinary meetings and advise multiple staff groups on Violence and Aggression, crime reduction and lone working.

	ESNEFT (20/21)	ESNEFT (21/22)	COLCHESTER (20/21)	COLCHESTER (21/22)	IPSWICH (20/21)	IPSWICH (21/22)
Clinical Assaults	132	188	72	110	60	78
Non Clinical Assaults (malicious)	8	13	3	10	5	3
Aggressive & Threatening Behaviour	189	208	84	116	105	92
Theft of Patients Property	3	4	2	3	1	1
Theft of Staff Property	4	3	3	2	1	1

There has been a total of 409 violence and aggression Datix reported incidents for ESNEFT for this financial year (328 FY 20/21) (see table below for full break of incidents per year and by location). Of these there has been a total of 188 incidents of clinical assault (132 FY 20/21). A clinical assault is where a patient unintentionally assaults a member of staff. This could be as a result of a medical condition or lack of capacity. The Security Management Specialist has advised that these figures could be reduced with a greater level of clinical involvement and training. They advise that having clinicians to lead on physical intervention would be more appropriate in the first instance and would avoid the presence of Security Officers escalating incidents. Whilst a number of courses have been run to date to train clinicians in the safe and appropriate use of restraint more are set to take place during this year. The course provides staff with the tools to deal with incidents of violence and aggression and support the security staff, it is also seen as an opportunity to encourage staff working collectively together; creating a more responsive awareness and safer environment for everyone.

It can be clearly seen that there has been an increase in all cases. It is believed that the reason for the increase is that during the lockdown period, patients and visitors became very frustrated due to the fact that they could not visit their relatives/friends and this caused agitation and confrontation.

The SMS and staff from the Safeguarding Team have attended meetings with NHS England and Suffolk and North East Essex Integrated Care in identifying a way forward in adopting the the Standards for Violence Reduction Strategy which employs the Plan, Do Check, Act (PDCA) approach, an iterative four-step management method to validate, control and achieve continuous improvement of processes.

## 19 Pathology

Monthly H&S Meetings were held at each site with a target of a minimum of 10 meetings per site per year, Colchester & Ipswich held 12 meetings each in 2021. The Pathology H&S Manager chairs both meetings and the ESNEFT H&S Team attend to give consistency across sites and capacity for learning to be shared. A monthly summary of these meetings together with the minutes are presented at the monthly Pathology Operational Delivery Group (PODG) that is attended by Senior Managers, Clinical, Technical and support services.

Pathology monitor H&S using Key Performance Indicators (KPI) that are produced monthly and discussed at site H&S Meetings and at PODG. These KPI look at five assessments and are colour coded using a traffic light system.

Review of COSHH documents was a regular non-compliance and this issue was escalated to the Pathology Head of Operations. The lack of appropriate COSHH training was highlighted as an issue and external training is being investigated.

Mandatory Training assessment was borderline for the year but a steady improvement has been seen with Managers tasked with meeting the target of 95% staff completing H&S Mandatory Training in 2022.

Ipswich: Number of sharps injuries was an issue however this is not the same at Colchester. Investigation has failed to show why Ipswich has a higher number than Colchester (Col. = 2 & Ips. = 10). Ipswich employs more staff and has a much higher workload than the Colchester Departments and this may be the factor.

All H&S Incidents are discussed at the relevant H&S meeting and lessons learnt are shared between the sites. No serious incidents have been recorded at either sites.

The Car park between Pathology and LAMP Laboratory has been a cause for concern with multiple near misses involving patients and staff and two accidents where vehicles have damaged buildings. An action plan to improve this area has been instigated and temporary barriers have been installed and improvements to sign posting and road markings are planned.

## 20 Estates and Facilities

Health Technical Memoranda (HTM) give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare. Estates and Facilities are responsible for the health and safety related HTM below

- Fire Safety (HTM 05)

- Water safety (HTM 04)
- Electrical Safety (HTM 06)
- Medical Gas (HTM 02)
- Temperature and Ventilation (HTM 03)

All HTM have sub-groups and have the appropriate Authorising Engineer and work plans to support safe working practices and management of risk.

Estates and Facilities manage other health and safety risks on behalf of the Trust such as:

- Workplace Transport
- Control of Noise
- Contractors and Sub-contractors
- Asbestos
- Security and Violence.

The Trust adheres to HTM and health and safety compliance is monitored through the annual Premises Assurance Model process and the quarterly ESNEFT Health and Safety Committee.

There has been significant number of construction projects being managed during this period. The Trust have a dedicated H&S contractor who liaises and manages contractor compliance, this in partnership with Corporate Health & Safety Team. The Corporate Health & Safety undertake spot checks and any non-compliance is reported to the contractor supervisor.

## 21 Health and Safety Training

The Corporate Health & Safety Team has been accredited by the Royal Society of Public Health (RSPH) to deliver the Level 3 “Health and Safety for Supervisors in the Workplace” course. This course is a Level 3 RSPH certificated course, aimed at giving supervisors a qualification, which will equip them with the requisite knowledge for carrying out their health and safety role in the workplace. It is suitable for both clinical and non-clinical managers.

The Health and Safety at Work etc. Act 1974 places responsibilities on employers and employees with respect to health and safety at work. For supervisors, this includes responsibilities to ensure staff are suitably monitored and supervised with respect to health and safety. The Corporate Health & Safety Team delivered two RSPH level 3 courses in April and October 2021, which had eighteen successful candidates. Two other courses were planned in this period but due to the subsequent lockdown they were cancelled. The team intend to deliver four courses in 2022/23. In 2022/23 the Corporate Health & Safety Team will be piloting the RSPH level 2 one-day H&S courses for staff.

The RM1A course is now split into different modules and H&S is a separate on-line mandatory course having previously been delivered face to face by the H&S advisors.

The Corporate Health & Safety Team have also contributed health and safety content within the corporate induction day and this is now via a recorded video.

## 22. ESNEFT Health and Safety Committee

The ESNEFT Health and Safety Committee continues to be held quarterly. It is constituted under the requirements of the Health and Safety at Work Act etc. 1974; Section 2(7) to establish a safety committee and Section 2(4) and 2(4) to consult with employees on matters of health, safety and welfare at work, and in accordance with the Safety Representatives and Safety Committees Regulations 1977 Codes of Practice and Guidance.

The aim is to provide the organisation with an overarching view of health and safety and provide assurance that health and safety risks are effectively managed.

The Committee monitors the health and safety compliance with regulations; it also considers and resolves issues raised by staff side colleagues. Standing agenda items include audit action plan progress (and any gaps), risks and risk actions, incident statistics including any RIDDOR reports, H&S policies, case studies and any new legislation.

Reports from Estates & Facilities, Radiation Protection, Pharmacy and the Manual Handling department are included on the agenda. Membership consists of the Trusts H&S 'Competent Persons', Trust staff side representatives, managers and is chaired by the Director of Estates and Facilities.

There have been two meetings held within the last year and two meetings were cancelled due to the COVID-19 pandemic. The terms of reference for the meeting has been reviewed to allow a quorate to meet to continue the health and safety if any meetings have to be cancelled in the future.

## 23. Divisional Risk and Governance Meetings

Health and Safety continue to submit monthly reports to divisions, which include:

- Incident trends and compliance
- Audit and Action Plan gaps, progress and compliance
- RIDDOR compliance
- Incident investigations and learning

The Head of Health and Safety attends as many of these meetings as possible.

## 24. Conclusion

Improvements in health and safety are on-going across the Trust. Corporate Health & Safety Team are working with the Trust's Clinical Divisions to increase compliance of audit actions. Improvements in this area will show a greater level of legal compliance generally across the Trust.

Both the audit programmes and incident reporting are fundamental to the Trust being able to identify, analyse and address its high-risk areas. This relies on the involvement of all staff and managers and the CH&S Team are working Trust-wide to deliver on

this. Datix on-line continues to improve the efficiency of reporting for staff and should also improve the follow up and investigation of incidents by managers.

The 2022/2023 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 Trust Health and Safety Committee and forwarded to the Executive Management Committee (EMC) and Board for information.

## 25. Health and Safety objectives 2022-2023

1	To implement the Health and Safety Policy for ESNEFT.
2.	To ensure, as far as reasonably practicable, ESNEFT is compliant with all relevant H&S legislation.
3	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.
4	To implement ISO 45001:2018 Occupational Health and Safety process in one division within the Trust.
5	To ensure compliance with DHSC fit testing principles and that all staff who requiring face fit testing have been fitted to two FFP3 masks.
6	To continue to train supervisors through RSPH level 3 “H&S Supervisors in the workplace” and “Management essentials” briefings.
7	To implement the Control of Substances Hazardous to Health (COSHH) risk assessment and register for ESNEFT.
8	Continue to support members of staff, visitors and patients who may have sustained injury or been involved in incidents on Trust premises.
9	Continue to work closely with the ESNEFT project managers to ensure all contractors work safely on ESENET sites.