



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

Health and Safety Annual Report 2022/23

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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 fifth annual Health and Safety annual report since ESNEFT was formed on the 1st 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 2022 to 31st March 2023. 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 monthly asbestos and water safety.










3. Overview of Legal Compliance

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

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

4. Health and Safety Objectives

The achievement of the primary health and safety objectives for the year 2022/2023 are summarised below:

	Objective	What was achieved	
1	To implement the Health and Safety Policy for ESNEFT.	ESNEFT Health & Safety Policy reviewed (version 3) 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.	38 audits were completed but the full audit programme of 40 audits not completed due to providing support during industrial action and other inspection initiatives. This equated to 95% completion of this objective.	
4	To implement ISO 45001:2018 Occupational Health and Safety process in one division within the Trust.	It was initially agreed that one area of Estates would be the pilot, however during the year the NHS Staff Council's Health and Safety and Wellbeing Partnership Group issued <i>Workplace Health and Safety Standards</i> which is a more suitable audit tool for the health care setting. This is now an objective for 2023/24.	
5	To ensure compliance with DHSC FFP3 fit testing resilience principles and that all staff who require face fit testing have been fitted to two FFP3 masks every 2 years.	This is now an established programme of work with 1284 staff fit tested to 2290 masks in this year.	
7	To procure and implement the Control of Substances Hazardous to Health (COSHH) Risk assessment and register for ESNEFT.	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 Estates.	
12	To continue to train supervisors through RSPH level 3 "H&S Supervisors in the workplace" and "Management essentials" briefings.	Three 5-day Royal Society for Public Health "H&S for supervisors in the workplace" were held with 32 staff trained.	

5. Incident Reporting

Health and Safety Incidents are reported on the ESNEFT e-reporting Datix system. The graphs outline the health and safety incidents from April 2022 to March 2023.

Following a deep dive by the Corporate H&S Team into the accuracy of the violence and aggression reporting data, it was found that some assaults were not classified correctly. In many cases staff were not recognising that the physical application of force from one person to another without consent is an assault and not “abuse”. Another issue was that many incidents were classified as “patient incidents” rather than “non-patient incidents”. The historical data was reviewed from October 2021 to September 2022 and therefore also affected the 2021/22 data for seven months. This review increased the overall number of health and safety incidents by approximately 11% for 2021/22. In 2022/23 there were 1,020 H&S incidents and near misses in this period, this appears to be a rise of 5% year on year. There were only 11 near miss incidents, more work is required to increase reporting of these incidents as they are opportunities to prevent further H&S incidents and a key indicator of a positive health and safety culture.

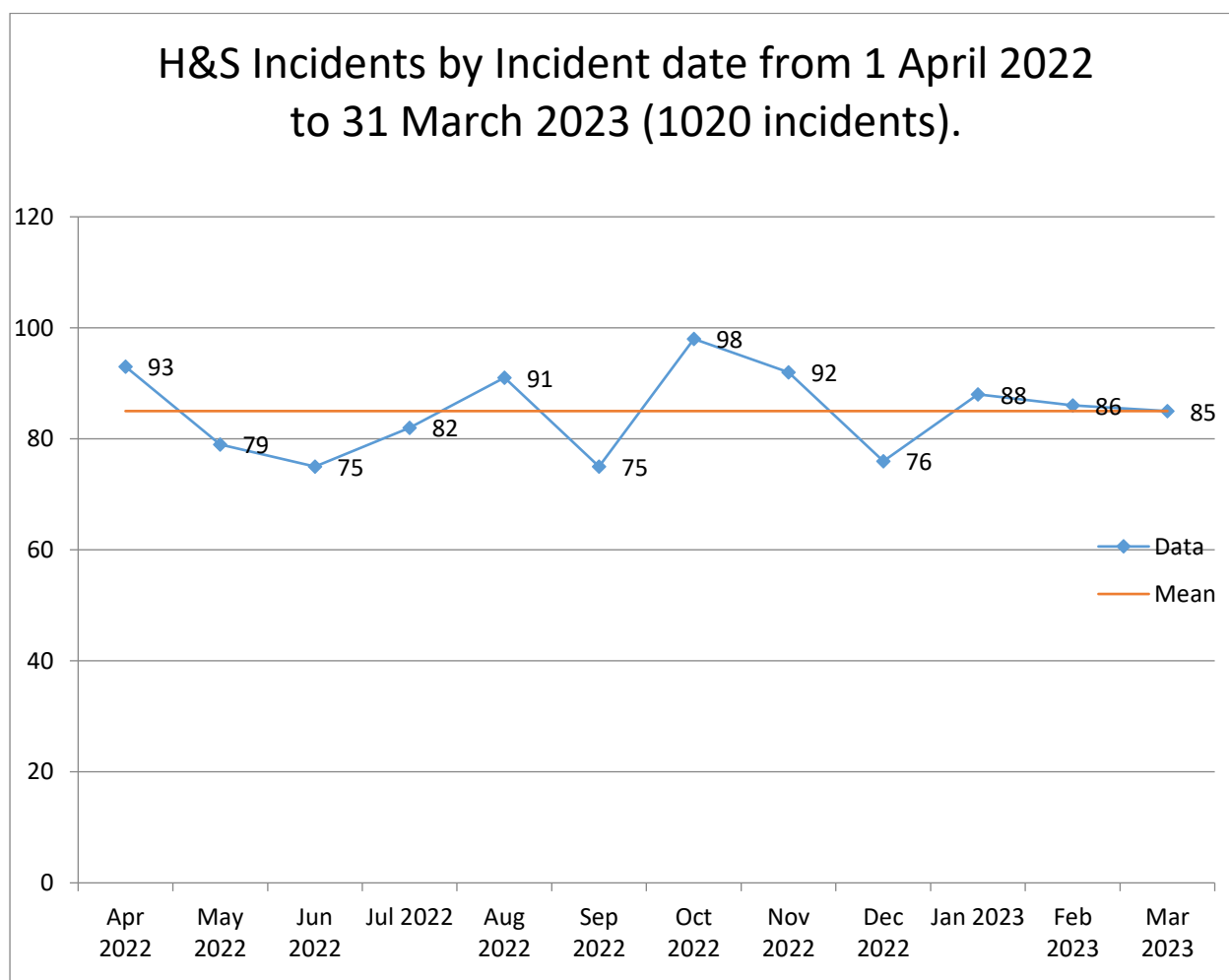


Figure 1: H&S Incidents 1 April 2022 to 31 March 2023

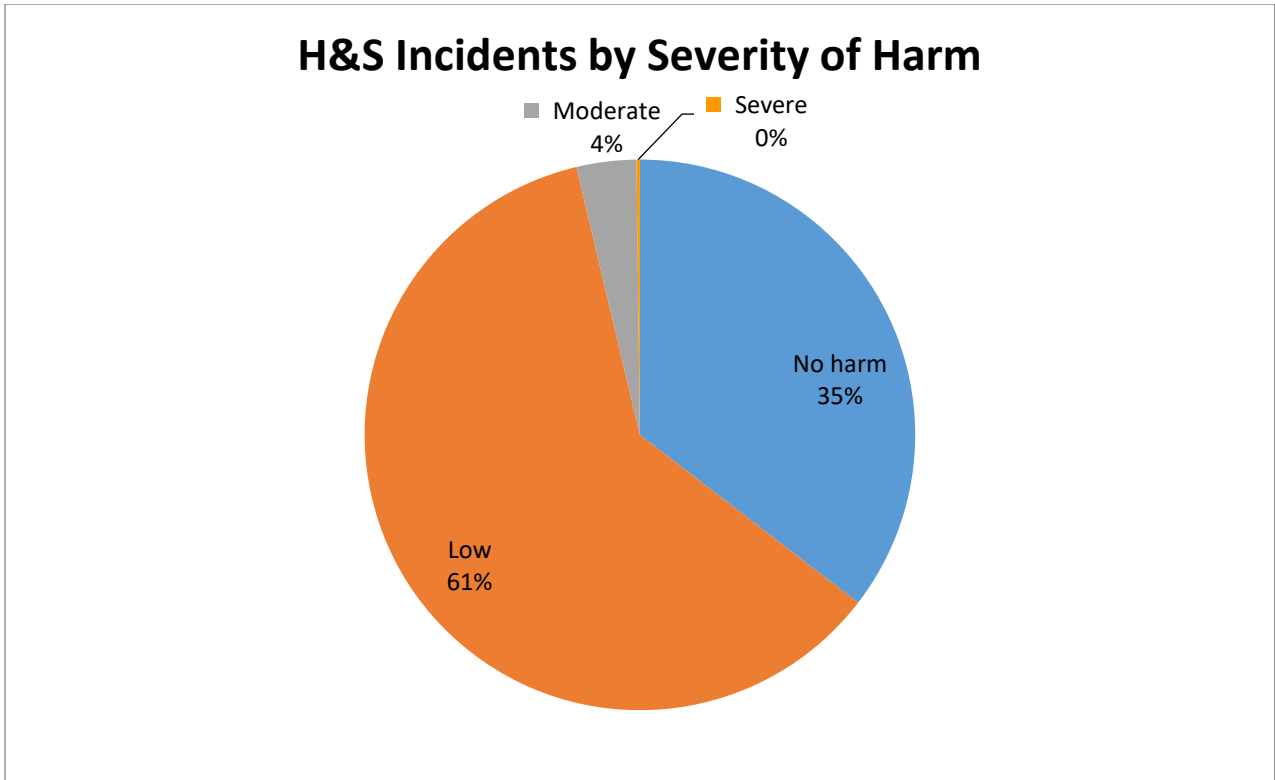


Figure 2: H&S Incidents by Severity of Harm

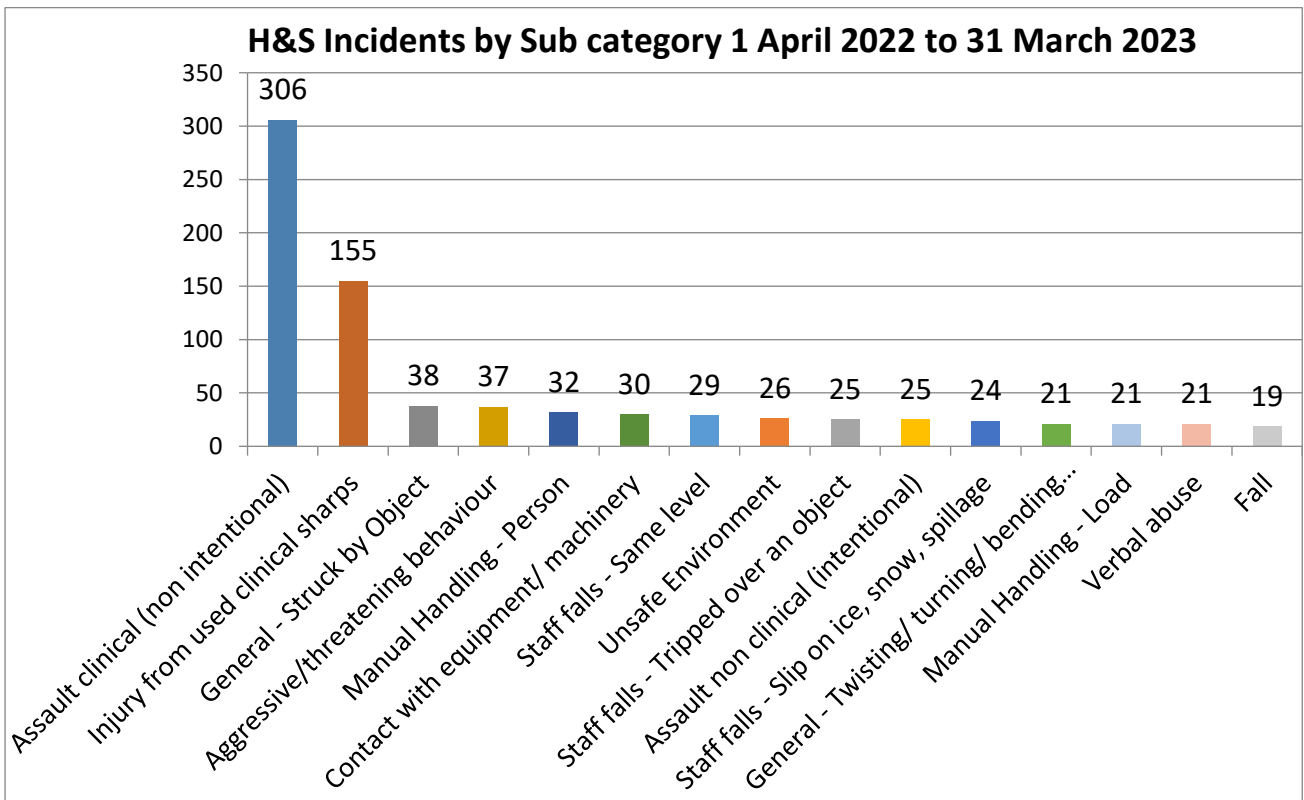


Figure 4: H&S Incident categories 2021/2022

The top two sub categories of incidents have not changed since the last annual report; they remain clinical assaults (see update from Security at section 16) and injury from used sharps

(see section 6). 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. Only 4% of incidents were moderate or severe injury; 96% being low and no harm.

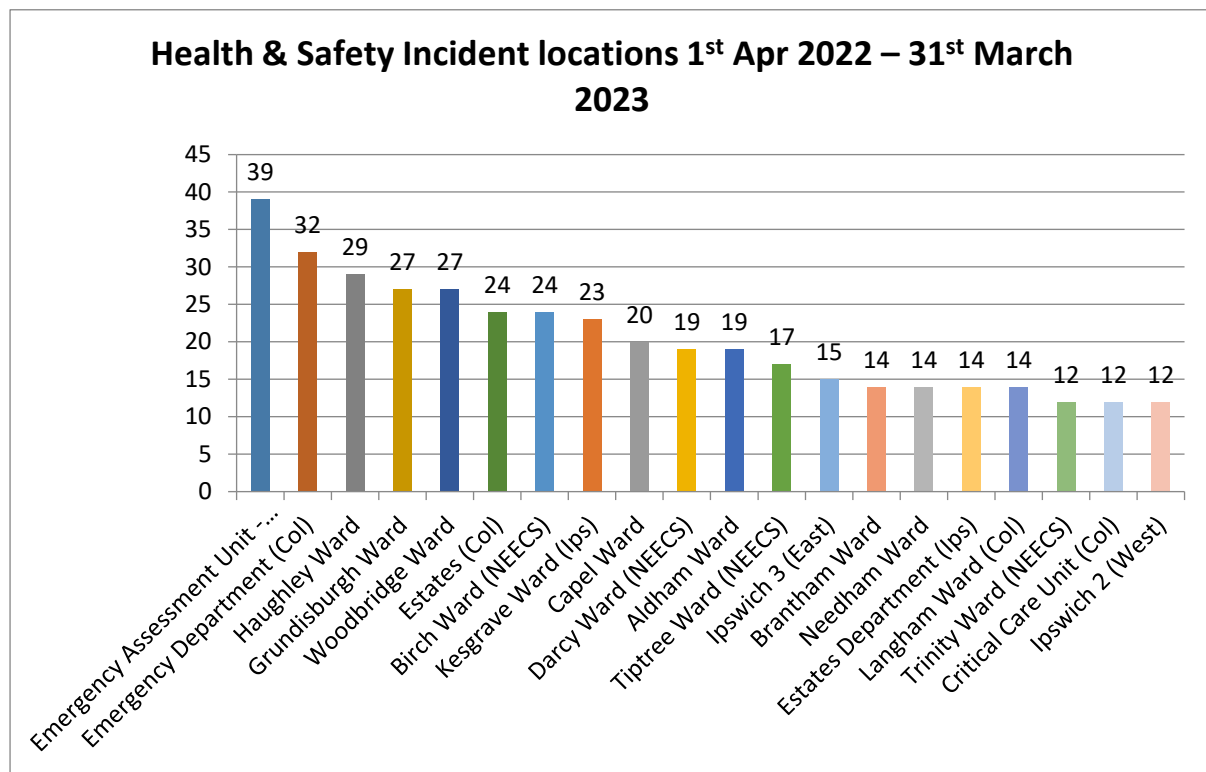


Figure 4: Health and Safety top locations

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 as incident reporting and investigation is an area of weakness and requires further oversight. The 2023 SENEFT H&S Policy will contain an appendix that will give further advice and guidance on H&S incident investigations. Support will then be given to managers and supervisors to raise awareness of their H&S obligations.

6. 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. This includes 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 information on the types of sharps used and the circumstances are now included as a drop down entry on DATIX. This enables more in-depth analysis of the sharps incidents. A Sharp Safety Group meets regularly to analyse data, training compliance and review procurement of sharps into the organisation.

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

This year the organisation reported 23 RIDDOR incidents, a decrease of eleven incidents from the previous year. There were two RIDDOR incidents involving the public, one was a fall in the corridor at Ipswich Hospital, the other was a fall whilst leaving Clacton Hospital, both resulted in hip fractures.

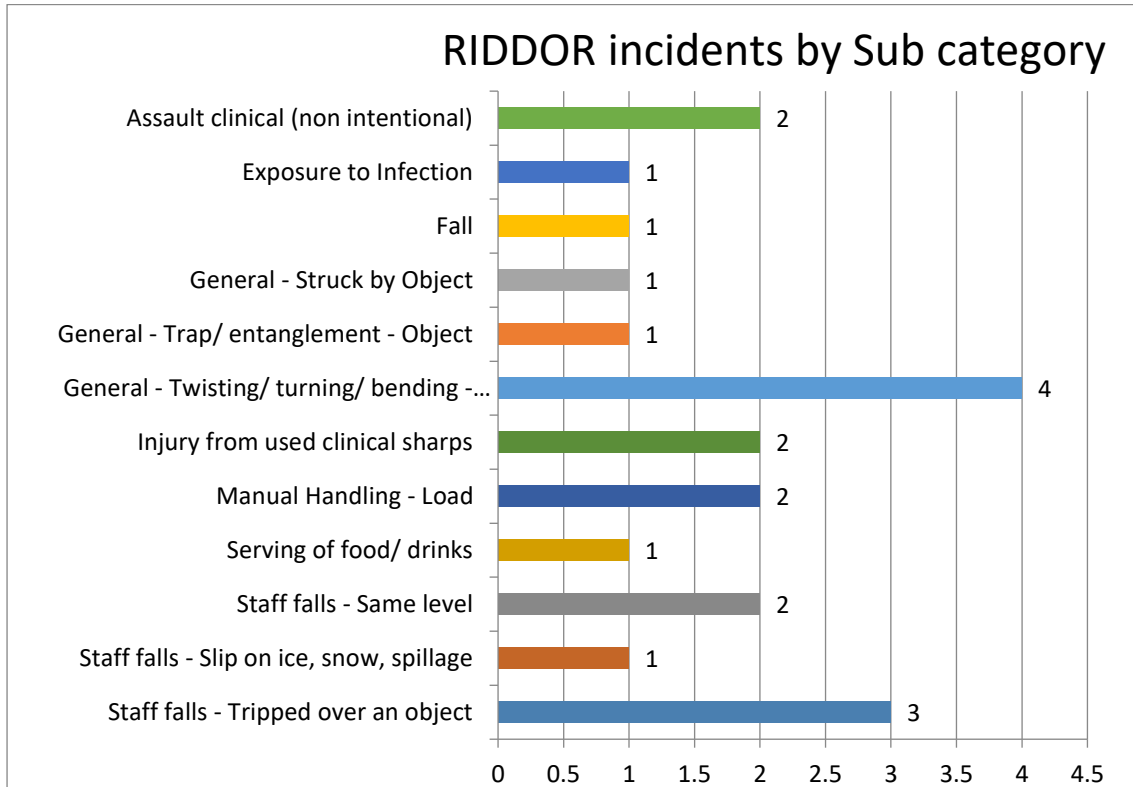


Figure 5: Types of RIDDOR injuries 2022/2023

Figure 5 above shows that the most prevalent RIDDOR injuries are musculoskeletal (MSK)

The categories of Staff RIDDORs reported included:

- Two Dangerous Occurrence – Sharp Injuries
- Eighteen over Seven Day Injuries
- Three specified injuries (fractures)

	Infection related	Sharps	Staff Injuries at Work & Well Being	Staff Injuries at work & well being - Manual handling	Violence and Aggression	Visitors/ Contractors Injuries & Well Being	Total
Cancer and Diagnostics	0	1	1	2	0	0	4
Corporate	0	0	3	0	0	1	4
Integrated Pathways	0	0	0	0	1	0	1
Medicine Colchester	0	0	1	0	0	0	1
Medicine Ipswich	1	0	2	0	0	0	3
MSK & Specialist Surgery	0	1	2	0	0	0	3
North East Essex Community Services	0	0	2	0	1	0	3
Surgery, Gastroenterology and Anaesthetics	0	0	2	0	0	0	2
Total	1	2	13	2	2	1	21

Figure 6 - Location of RIDDOR by Divisions

There is no discernible pattern of the location of RIDDOR incidents. All RIDDOR investigations are supported by the Corporate Health and Safety Team 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 and Confined Spaces Regulations 1997. An Approved Codes of Practice supports all these regulations.

In June 2021, 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 Emergency Preparedness Resilience and Response (EPRR) plans and are a mandatory requirement. These principles have also 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 in the qualitative method (hood and spray). On the 31 March 2023, the DHSC discontinued the funding of dedicated fit testers that were free to the Trust. COVID funding has been allocated to continue this service for 2023/24 for one year. The Trust purchased two Porta Count Machines which enables the Trust to undertake quantitative face fit testing. The Corporate Health and Safety Team are trained on the use of Porta Count Machines.

In 2022/23, 1284 staff were tested to wear FFP3 respirators. The target for 2023/25 (next two years) is 2920 staff from priority areas, plus 1612 from other areas to give a total of 4532. This equates to 49% of all clinicians. This would give ESNEFT an overall FFP3 resilience level of 36% and will meet the resilience principles.

9. Corporate Health & Safety Team

The Corporate Health and Safety Team (CH&ST) 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
- One Health and Safety Manager
- Two Health and Safety Advisors
- Corporate Fit Testing Manager
- Two Face Fit Testers
- Health and Safety Support Officer

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 (CH&ST), who also give competent health and safety advice on many areas across the organisation.

9.1 Competent Health and Safety Advice

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 competent advice either verbally, via email or as part of an inspection/audit.

During this period the team has supplied approximately 3120 written pieces of advice to managers and staff on a variety of H&S issues. A further 1020 Datix incidents were monitored by the CH&ST with over 80% of incidents where the investigator was given H&S advice.

In December 2022 the workplace exposure limit nitrous oxide was exceeded for staff working in the Maternity Department at Ipswich Hospital. The CH&ST gave advice to the incident management group and completed the COSHH (risk) Assessment for the area. Ventilation of the area and scavenging machines were installed to reduce the level of Nitrous Oxide. Personal monitoring will continue for staff working in that environment.

9.2 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 RSPH Level 3 course is pivotal to the improvement of the safety culture of the Trust, four courses were delivered during this period with 39 successful delegates achieving the award.

The CH&ST delivered five COSHH two hour tool box sessions training 38 staff and four risk assessments sessions training 39 staff.

First aid training is managed by the CH&ST but delivered by an external provider, 67 staff members qualified in Emergency First Aid at Work level 3.

9.3 Mental Health Environment Assessments

The CH&ST team led a joint initiative with Estates, Safeguarding and Security Specialist to assess the environments, explore safety improvement opportunities, and to determine what may exacerbate the effects of mental ill-health or cognitive impairment leading to:

- Self-harm and suicide
- Absconding
- Violence and aggression

The joint team conducted 22 clinical environment assessments across both acute settings.

Recommendations made were:

Short Term

- CH&S Team to review and amend the ligature point risk assessment to make it more user friendly and provide clear direction for staff when carrying out ligature risk assessments.
- Estates & Facilities to provide costings for refurbishment and/or replacement of items/fixtures/fittings that address the Top 10 common findings of the assessments.
- The Corporate Health and Safety Team, Security and MH SMEs to be involved at design stage for all build projects regardless of size.
- Communicate the findings of this presentation, to the Estates and Facilities teams involved in all building and refurbishment works.

Medium Term

- Consult with staff regarding environmental improvements for their areas.
- Floor plans to be introduced in wards which, following a ligature point risk assessment will detail red/green zones according to risk to MH patients.
- The Corporate Health and Safety Team, Security and MH SMEs to be involved in 'snagging' at the end of a project, prior to use of new facilities.

Long Term

- Design out all high risk features.
- Consider introducing a MH safety checklist, at design stage of all projects.
- Consider collecting environment data on incident reports, aiding root cause analysis and lessons learned that can be applied by Estates & Facilities.
- Consider consulting dementia SMEs for assistance on environment improvements.

All these recommendations were accepted by the Estates and Facilities Divisional Management Team and are being implemented.

9.4 Control of Substances Hazardous to Health

The Control of Substances Hazardous to Health 2002 (COSHH) require organisations to risk assess their substances they use that could cause harm to workers and others and put in suitable controls to manage the risks. A COSHH assessment is a bespoke risk assessment that draws information from the Safety Data Sheet for the substance and applies it in the local context. Substances are required to be securely stored to prevent unauthorised access to them.

In January 2023 the Corporate H&S team undertook a spot inspection in 30 wards in Ipswich Hospital and 18 wards in Colchester Hospital and found:

- All wards had COSHH products.
- 38 had COSHH Cupboards, many were inappropriately labelled “Clinical Reagents” rather than “COSHH Cupboard”.
- Out of the 38 COSHH cupboards, 20 were not locked (13 with key in the lock), three had broken locks; 18 were secure.
- The majority are located in sluice or clinical rooms with no lock on their doors.
- In many sluice rooms COSHH products are kept on the side including open bottles of diluted chlorine. CQC commented on this in recent unannounced visit.

The following action has been put in place:

- COSHH awareness and assessment training appropriate to departmental level of risk, the CH&ST delivered five COSHH two hour tool box 38 training staff and four risk assessments sessions training 39 staff.
- Library of assessments for common items created by CH&ST, this continues to develop, all COSHH Assessments are quality assured and are added to the library to be shared with other departments who have the same products.
- COSHH guide now on SharePoint, with video/examples.
- RSPH level 3 training now includes COSHH with bespoke COSHH assessment training being delivered post course examination to those candidate responsible for completing assessments.
- Spot inspections of COSHH Cupboards by CH&ST will continue.
- Communication to the organisation reminding staff of their responsibilities.
- Fifty COSHH Digilocks will installed on COSHH cupboards on wards during 2023/24.
- The H&S Workplace Self-Inspection requires local managers to review their COSHH arrangements, at least annually.

9.5 Continuing Professional Development

The ESNEFT Corporate Health and Safety team were asked to review the health and safety function at another Trust. The team reviewed their documentation and visited the site and conducted 12 interviews over two days. The report made 59 health and safety recommendations which were accepted by the Trust.

The team continue to develop their skills through continuous professional development:

- Two members of the team attained the APMG International Better Business Cases Practitioner award.
- Two members passed the NEBOSH IIRSM Certificate and Managing Risk qualification.
- The H&S Apprentice qualified as a Health and Safety Advisor.
- One member achieved the NEBOSH National General Certificate in Occupational Health and Safety
- Two staff attained the NEBOSH H&S Management for Construction Certificate
- The Head of H&S attained Grad IOSH status.

10 Audit

Auditing is a key function of the Corporate Health & Safety Team, and is supported by the Management of Health & Safety at Work Regulations 1999, HSG 65 (Plan, Do, Check, Act) and

a core component of the Trusts' health and safety management arrangements. This has been limited in 2022/23 due to the CH&ST supporting wards during industrial action, COSHH spot checks and the additional Mental Health Environmental Assessments (22 wards inspected). 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 2022/23 the Corporate Health & Safety Team undertook 38 audits in line with the following table:

Level	Description	By whom undertaken
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	Annual 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.	Corporate H&S Team
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.	Corporate H&S Team and specialist support if necessary

As part of the health and safety audit programme and give assurance that the organisation is compliant with H&S regulations, each manager of an area is required to complete at least one H&S Workplace Self-inspection per year (more in higher risk areas). The compliance for 2022/23 has been lower than expected. As part of the "Check" element of the Health and Safety Management System the CH&ST will proactively work with managers to ensure that the work place inspections are completed on time in 2023/24.

When a department is audited the department is required to compile an H&S action plan. All departments have subsequently reached the required compliance standard. In 2023/24 the actions will be entered on DATIX system and monitored by divisions.

11. Health and Safety Committee

The ESNEFT Health and Safety Committee is chaired by the Director of Estates and has representation across all the organisation. It 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, Occupational Health and the Manual Handling department are included on the agenda. There have been four meetings held within the last year. The terms of reference for the meeting has been reviewed to allow a quorate to meet to continue review the health and safety of the organisation if any meetings have to be cancelled in the future

11.1 Policies

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

- ESNEFT Security Policy
- ESNEFT Health and Safety Policy.
- Bomb Threat and Suspected Package Policy
- ESNEFT Internal Transportation of Pathology Samples
- ESNEFT Slips, Trips and Falls Policy
- ESNEFT Young Person Risk assessment Policy
- ESNEFT Working at Height Policy
- ESNEFT Provision and Use of Work Equipment Policy
- ESNEFT Noise at Work Policy
- ESNEFT Work Place Safety Policy
- ESNEFT Body Cameras Procedure
- Management of Blood and Body Fluid Exposure Incidents in Healthcare Staff policy.

11.2 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
- Face Fit testing compliance
- Compliance data

12. Divisional Risk and Governance Meetings

Corporate Health and Safety Team 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 and Health and Safety Manager attends as many of these meetings as possible.

13. Risk Assessments

The Corporate Health & Safety 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.
- New DSE Self-Assessment Proforma
- New Home Working Self-Assessment Proforma.
- Work place self-inspection version 5 (including Covid considerations)
- Ligature Point Risk Assessment
- Home working risk assessment
- Lone worker assessment
- New and Expectant Mothers Risk Assessment.

14. Radiation Protection

The Radiation Safety and Imaging Physics (RSIP) operates with 1.8WTE Radiation Protection Adviser (RPA) and 0.8WTE of Radioactive Waste Adviser (RWA) for ESNEFT. There is no RSIP member of staff with Laser Protection Adviser (LPA) certification and LPA services have been contracted to the East Anglian Regional Radiation Protection Service (EARRPS) with support from RSIP staff. The Section also operates without a Head since the retirement of the previous Head in late 2020. The Head of Radiation Services is the accountable lead.

Regulatory audits are performed periodically in various departments where radiation is used in order to check compliance with relevant regulations. Staffing issues have affected these compliance audits in previous years, however a number of audits have been performed and these are now largely up to date.

RSIP previously 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 with support from RSIP staff when needed.

The Radiation Safety Policy is has been reviewed and will be brought to the next Radiation Safety Committee for approval. An ESNEFT Personal Dosimetry Policy is also in place and has recently been reviewed.

RSIP staff are involved in a large number of new projects within ESNEFT that require mostly 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 new Lithotripter service (CoH), new Urgent Treatment Centre (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), replacement of Radiotherapy CT scanner (CoH), replacement of Linear Accelerator (IPS) etc.

There were two Radiation Safety Committee meetings held in 2022. Reports from these committee meetings are sent to the Health and Safety Committee meetings. The next meeting is scheduled for 17/04/2023.

RSIP issue personal dosimeters to all ESNEFT staff who work with radiation as appropriate. Doses throughout 2022 were at acceptable levels without significant variations from previous years. A review of all staff doses will be performed by May 2023. An increased number of high

dose investigations was noticed in 2022, mostly in the Radiopharmacy department. These are thought to be linked to staffing issues and staff experience. The number of investigations appears to have been reduced at this stage.

A number of staff within the Brachytherapy, Nuclear Medicine and Radiopharmacy departments have now been classified under the Ionising Radiations Regulations 2017 (IRR17). A review of risk assessments for Iodine treatments is taking place at the moment to indicate whether staff involved in this work will require classification as well.

RSIP have a programme for performing environmental monitoring for all the Controlled Areas across ESNEFT. Various surveys are currently in progress.

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. Options for how laser safety will be managed to ensure compliance with the legislation can be demonstrated will be discussed within the Radiation Services CDG – this includes potentially contracting out. Any decisions will go to the division for approval. Currently UV, Blue Light and Physiotherapy Ultrasound equipment QA is mostly up to date and relevant documentation is in place. RSIP staff are catching up with workload related to lasers at the moment, however some documentation is still out of date and regulatory audits are to be performed in some areas. The Laser Safety Group was reinstated in 2022, however attendance by management from departments using Lasers within ESNEFT is very poor and this is a concern. It has been agreed that the Chair of the Radiation Safety Committee will contact with department managers to remind them of the significance of attending these meetings and reporting any issued to the Group.

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.

ESNEFT also received an inspection (both CGH and IPS) by the Environment Agency to check compliance with the Environmental Permitting (England and Wales) Regulations 2016 (EPR 16). Formal reports have not yet been received, however positive feedback was received at the time of the inspections and no major issues were identified.

The use of radioactive material and disposal of waste continues to fall well within limits imposed by the Permits issued to the Trust. Annual returns for 2022 were made to the Environment Agency earlier this year, and no concerns or issues have been raised.

A risk register entry is being made with regards to the environment in the Nuclear Medicine department in Ipswich which does not meet regulatory requirements.

The process of obtaining a Consent from the HSE will change in October 2023. The new process will require a safety assessment to be submitted to the HSE and if this is successful, an inspection by the HSE will take place. Organisations with existing Consents (including ESNEFT) will go

through this process over the next 5 years. ESNEFT will need to prepare for this process. The cost of each new Consent will be up to £5k – ESNEFT currently holds 5 Consents.

15. Moving and Handling

Manual handling matters at ESNEFT are overseen by the corporate Moving & Handling team. At the Colchester site and all community hospital clinical areas the annual manual handling audits have been completed. Ipswich audits will be performed in June and July. Time bound action plans have been issued to areas where improvement is required. Follow-up audits take place in early April and September respectively. Areas of concern include equipment competence and lack of timely access to sufficient bariatric equipment. 69 out of 79 clinical areas now have a competent person (Link Assessor) to oversee local, ward based, moving and handling arrangements including risk assessments and equipment competencies. They have been trained in-house. An area of concern is those wards/departments without a link assessor.

As last year, at Ipswich, classes are still limited following an urgent unplanned move to a smaller, distal, less accessible training room. This year saw the local male use toilets taken out of service. Places available for training are limited by the unsuitable design of the room and the facilities, such as audio visual equipment, are far inferior to Colchester and when compared to other Trusts of a similar size. There has been no further progress from last year with a plan formed by the Estates department to find an alternative venue although it is included in the plan for block 36..

Trust-wide compliance with non-clinical Manual Handling training (delivered via e-learning to all staff), stands at 90.1% (up from 88% last year, the second consecutive annual improvement) and practical patient moving and handling for clinical staff (face-to-face training) is currently 85% (up from 82% last year). The Trust target is 90% for all training. Winter pressures, Covid/flu absence and general short staffing have presented a challenge to attendance levels. Training is delivered in a variety of venues trust-wide (including the wards/departments) and to bespoke groups if required and arranged with the corporate team. Some divisional teams have a compliance falling as low as 60% and this has an adverse effect on the overall ESNEFT average score. A number of recruited overseas registered therapists have been identified during supervision as not having an adequate skill level with moving and handling equipment and additional classes have been provided to address the deficit.

80 moving and handling incidents were reported 2022-23 (75 for 2021-22). Due to their severity four incidents met a requirement to be reported to the HSE under the RIDDOR regulations. 22 incidents involved the moving and handling of bariatric patients (over 160kg). There is also a minor trend that some staff with long term health conditions do not have adequate individual risk assessments put in place by their line management to prevent injuries arising from their normal work activities.

The opening of temporary wards at short notice resulted in restrictions on the admission of dependent patients to these areas due to a lack of spare moving and handling equipment (such as patient hoists, transfer aids and smaller handling equipment). This planned control measure failed to prevent the admission of dependent and even bariatric patients to the temporary wards resulting in incidents and injuries to staff. The moving and handling team have requested additional equipment that can be used as a contingency in these circumstances and are working with our equipment partners, EBME, to secure additional hoists that will arrive in 2023.

The Trust does not own any serviceable bariatric beds. It is more advantageous to hire bariatric beds due to infection control and maintenance requirements. The moving and handling department and their equipment partner EBME have worked to purchase four new bariatric trolleys for rapid deployment to admission units such as ED/EAU/SAU. These trolleys are designed to bridge the gap between bariatric patients arriving and a decision being made

to admit or not. They have special mattresses for pressure relief and can be used for portable x-ray, thus saving a heavy lateral transfer to an x-ray table when possible.

The moving & handling department have been working hand-in-glove with the falls prevention team. Post-fall patient recovery equipment such as hovermatt/hoverjacks have been provided in our community hospitals and Raizer elevating chairs have been purchased for training purposes and for community teams.

It is planned in the next year to make video clips available to staff via the Trust intranet demonstrating the safe use of low risk moving & handling equipment and techniques recommended to safely roll and transfer patients.

16. 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 Department 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 (21/22)	ESNEFT (22/23)	COLCHESTER (21/22)	COLCHESTER (22/23)	IPSWICH (21/22)	IPSWICH (22/23)
Clinical Assaults	188	333	110	143	78	190
Non Clinical Assaults (malicious)	13	32	10	18	3	14
Aggressive & Threatening Behaviour	208	124	116	54	92	70
Theft of Patients Property	4	1	3	1	1	2
Theft of Staff Property	3	9	2	5	1	4

There has been a total of 491 violence and aggression Datix reported incidents for ESNEFT for this financial year (409 FY 21/22) (see table above for full break of incidents per year and by location). Of these there has been a total of 333 incidents of clinical assault (188 FY 21/22). 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.

In an attempt to reduce violence and aggression, the Violence prevention and reduction standard issued by NHS England has been adopted by the Trust which has now formed a Violence and Aggression Reduction Group (VARG) chaired by the Chief Nurse. It provides a risk-based framework that supports the provision of a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence.

VARG meets on a monthly basis and is attended by Clinical leads, Safeguarding, Health and Safety, Communications Department, Workforce, Staffside and members from the Security Team. The group is working on various strategies to reduce violence and aggression

A new training program initiative entitled Responding to Clinically Concerning behaviour has been produced. It is intended specifically for the clinical staff to support people with learning disabilities, mental health needs and dementia when staff are concerned about risks to safety.

The SMS and staff from the Safeguarding Team attend regular meetings with NHS England and Suffolk and North East Essex Integrated Care for the purpose of joint learning and adopting the the Standards for Violence Reduction.

17. 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 2022. 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 training is now available from the ESNEFT CH&S Team. Additional Pathology staff have now been trained with an improvement in the outstanding COSHH document review seen over the year. The target for 2023 is to see this improvement continue with the KPI achieving the required standard.

Mandatory Training assessment was borderline for 2021 but a steady improvement has been seen with Managers tasked with meeting the target of 95% staff completing H&S Mandatory Training in 2022. This target has been achieved.

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. = 5 & 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 was previously a cause for concern with multiple near misses involving patients and staff and 2 accidents where vehicles have damaged buildings. An action plan to improve this area has been implemented and permanent barriers have been installed, this issue has now been resolved.

At Colchester the following External audits have been performed:

- Cleaning audits have been performed in all areas and areas of concerns addressed.
- A Carriage of Dangerous Goods audit was performed and three minor non-compliances identified, these have all been addressed.

At Ipswich the following External audits have been performed:

- Cleaning audits have been performed in all areas and areas of concerns addressed.
- In Cellular Pathology an Environmental Audit was performed by the ESNEFT Infection Control Team and twenty findings were identified, these have all been addressed.
- An Audit of handling medical gas cylinders within the laboratory setting was performed and fifteen findings were raised, an action plan to address these issues is being completed and is monitored in the monthly H&S meeting. Currently eleven actions have been closed and the remaining four actions are being addressed.

18. 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 is in partnership with Corporate Health & Safety Team. The Corporate Health & Safety undertake weekly spot checks and any non-compliance is reported to the contractor supervisor.

19. Occupational Health Service

The Occupational Health (OH) Service has continued to provide expert fast, effective Occupational Health advice over the last twelve months to the Trust on a number of new potential health hazards that have had an impacted upon staff such as Monkey Pox, Nitrous Oxide Exposure and Ionising Radiation. Occupational Health has been requesting that all managers review their own risk assessments and forward any COSHH risk assessments to Occupational Health where there is a potential need for health surveillance. Despite raising this point at every Health & Safety meeting over the past 2½ years, OH have not received any. Health Surveillance cannot be offered unless it is a control in the local COSHH risk assessments. There has been more awareness raised through the Health & Safety champion's network and the Corporate Health & Safety Team will continue to assess this through their audit programme.

Dr Sanchez Occupational Health Consultant completed his Ionising Radiation Medicals Exposure training in April 2022 in order for him to perform these assessments in-house, which he has already put into practice.

OH have updated The Skin Health Surveillance Policy and Management of Occupational Dermatitis in Staff and Prevention and Management of Latex Allergy in Staff. OH then reintroduced annual skin health surveillance but utilising a new online platform, unfortunately, there are issues with poor compliance and both staff and managers are unclear as to whether they are using latex gloves.

The Occupational Health team have also delivered the 2022/2023 seasonal flu, vaccination to our staff and played an integral role in planning and delivering the COVID-19 autumn vaccination booster programme for healthcare staff and clinically vulnerable people.

Occupational Health has worked tirelessly to introduce an ESNEFT staff self-referral physiotherapy service to the Hospitals at Colchester, Ipswich, Clacton, and Hartismere, this service is now in place and has been successful and the feedback has been extremely good. As we know, musculoskeletal issues are the second highest reason for sickness absence so this is a very proactive service. Staff will receive a telephone consultation within 48 hours and if needed a face-to-face appointment within 5 working days at all four hospital locations.

20. Conclusion

Improvements in health and safety are on-going across the Trust. The 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 Corporate Health & Safety 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 2023/2024 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 ESNEFT Health and Safety Committee and forwarded to the Executive Management Committee (EMC) and Board for information.

21 Health and Safety Objectives 2023-2024

1. To ensure all health and Safety policies for ESNEFT are reviewed and up to date.
2. To ensure, so 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 write a Health & Safety Strategy and incorporate the NHS Staff Council Workplace Health and Safety Standards into it.
5. To assess the organisation's compliance with the NHS Staff Council Workplace Health and Safety Standards.
6. To ensure compliance with DH&SC fit testing principles and that all staff who requiring face fit testing have been fitted to two FFP3 masks.
7. To continue to train supervisors on H&S through:
 - (1) RSPH "Level 3 award for H&S Supervisors in the workplace"
 - (2) "Management Essentials" briefings.
 - (3) COSHH Tool box talks
 - (4) Risk Assessment Tool box session
 - (5) DSE demonstrations.
8. To implement the Control of Substances Hazardous to Health (COSHH) improvement plan including COSHH risk assessment and register for ESNEFT.
9. To attend Divisional Management Team meetings and present on H&S issues when requested by divisional directors.
10. Continue to support members of staff, visitors and patients who may have sustained injury or been involved in incidents on Trust premises.
11. Continue to work closely with the ESNEFT project managers to ensure all contractors work safely on ESNEFT sites.
12. Raise awareness of health and safety through a range of communication opportunities.