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Key:

- Achieved
- Ongoing objective
- Not achieved
1. **Introduction**

This report provides analysis of the standard of health and safety throughout the Trust for the financial year 2013-2014.

The Health and Safety at Work etc. Act 1974 provides a legislative framework to promote, stimulate and encourage high standards of health and safety at work.

In particular it requires organisations to provide and maintain:

a) A Health and Safety Policy;

b) A system to manage and control risks in connection with the use, handling, storage and transport of articles and substances;

c) A safe and secure working environment, including provision and maintenance of access to and egress from premises;

d) Safe and suitable plant, work equipment and systems of work that are without risks;

e) Information, instruction, training and supervision as is necessary;

f) Adequate welfare facilities.

The legislation is enforced by the Health and Safety Executive (HSE) who have far reaching powers which include:

a) Access to work premises at any reasonable hour;

b) Freedom to interview staff and visitors, contractors or patients;

c) Confiscation of equipment and applicable documents;

d) Taking statements, photographs, measurements and samples;

e) Issuing notices (Improvement and Prohibition) requiring respectively improvements within a certain timeframe or stopping work until improvements are made also within a timeframe;

f) Initiating criminal court proceedings for alleged breaches of health and safety legislation.

The Health and Safety Team consists of:

- Band 7 - 1 x WTE Health Safety Manager
- Band 6 - 1 x WTE Health and Safety Advisor (vacant post with effect from 18/08/2014)
- Band 4 - 1 x 0.8 WTE Health and Safety Co-ordinator

The team is responsible for:

a) Advising managers, safety representatives and staff on matters of health and safety at work;

b) Developing, implementing and maintaining an Occupational Safety Management System on behalf of the Trust;

c) Developing and implementing health and safety policies and procedures to improve the management of health and safety across the Trust;

d) Developing and delivering bespoke health and safety training courses as appropriate;

e) Providing information and corporate data analysis in respect of Trust-wide health and safety compliance.

2. **Service Strategy**

The Health and Safety at Work etc. Act 1974, and associated regulations address the way in which health and safety should be tackled within all organisations. The purpose is to ensure the health, safety and welfare of employees and anyone who may be affected by the Trust’s work activities.

The Trust fulfils its legal responsibility for health and safety by:

- Maintaining a team of professionals to provide advice and support to managers and staff;
• Offering and facilitating a range of classroom based health and safety training courses in addition to the eCompuulsory Risk Management and Slips, Trips and Falls training modules;
• Measuring compliance with health and safety policies through Health and Safety Support Visits; Corporate and Divisional Health and Safety Performance Reports;
• Consulting, in various ways, with the workforce in relation to health, safety and welfare.

This financial year, the team have built on and further embedded proactive systems designed to raise awareness, and as far as is reasonably practicable, prevent or reduce the risk of harm occurring. These included:
• Continuing to developing a library of ‘How to ….’ Guides e.g. how to complete a risk assessment relating to slips, trips and falls etc.;
• Audits of local Risk Management Processes during Health and Safety Support Visits (at ward / department level), including an audit against compliance with the Slips, Trips and Falls Policy (Staff and others).

Policies and procedures developed or reviewed by the Health and Safety Team and approved by relevant Committees during this year were:
• Health and Safety Policy;
• Slips, Trips and Falls (Staff and others) Policy;
• Management of Laser Safety Policy and Laser Safety File and Log Book;
• Safety Inspection Checklist for Wards, Departments and Offices and associated Guidance;
• Driving for Work and Occupational Road Risk Policy;
• Personal Protective Equipment (PPE) Policy.

3. OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM (OH&SMS)

One objective for this financial year was the development of a Health and Safety Strategy to identify weaknesses in the current system and provide clarity for areas of improvement and highlight priority topics to be addressed. This work began in September 2013 and is ongoing. The Health and Safety Team utilised the Occupational Safety and Health Committee and the Divisional Health and Safety Groups to progress this. A Legal Register containing circa 70 statutory instruments relating to health and safety was developed; this register provided the framework for this project.

This project will remain an objective for the financial year 2014-2015.

Objective for 2014-2015

• Work to continue on completing a Trust-wide gap analysis with regards to health and safety legislation.

3.1. Risk Assessment

The completion of risk assessments is a statutory requirement under the Management of Health and Safety at Work Regulations 1999. To support the Trust in its compliance, the Health and Safety Team continued to offer training in the ‘Principles of Risk Assessment’ and provide advice and guidance in the development of risk assessments as necessary. The Trust has a Risk Management Strategy and Risk Management Process (SOP) (TW10/002) to support this.
In line with the 2013/14 Internal Audit plan, NHS Audit North West (now known as Mersey Internal Audit Agency (MIAA), in November 2013, undertook a review of the Trust’s risk management system. The overall objective of the review was to confirm that the Trust has a risk management system in place that resulted in all risks to the organisation being identified, reported, monitored and mitigated to an acceptable level.

The audit provided significant assurance and noted that:
- The design of the Trust’s risk management arrangements were well established and generally in line with best practice;
- Overall the governance, monitoring and escalation procedures in place around the risk management system were effective.

### 3.1.1 Divisional Risk Register

**First Aid at Work:** was placed on the Divisional Risk Register in October 2013 with a risk score of 12. Work was ongoing during 2013/2014 to reduce this risk and following a successful tender, the British Red Cross were appointed as the Trust’s first aid training provider. Nominations are being received from staff members who wish to undertake the role of First Aider / Emergency First Aider and some training courses have been booked. It is anticipated that the risk score will reduce in the near future and the risk archived.

### 3.1.2 Corporate Risk Register

**COSHH (Control of Substances Hazardous to Health):** was placed on the Corporate Risk Register in October 2013 with a risk score of 16. Work was ongoing during 2013/2014, via a Task and Finish Group, to create a framework for the introduction of a tasked-based COSHH assessment system. It is anticipated that this risk will remain on the Corporate Risk Register with the current risk score until the framework for managing and controlling substances is fully developed and agreed by the Trust.

### 3.2 Safety Inspections

A review of the Trust’s Safety Inspection Checklist for Wards, Departments and Offices documentation was undertaken during this financial year. This review resulted in the Trust choosing to change the 6-monthly regime to an annual inspection. This change required the Divisions to monitor their associated action plans on a quarterly basis.

As a result of this change, no information for closer analysis is currently available.

### Objective for 2014-2015

- Achieve 75% Divisional compliance with health and safety inspections;
- Achieve 75% completion of actions arising from health and safety inspections;
- Implement monitoring of health and safety inspections compliance.
4. Health and Safety Legislation and Health and Safety Executive Update

4.1. New Legislation

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

On the 1st October 2013, RIDDOR 2013 came into force, which introduced significant changes to the existing reporting requirements laid out in RIDDOR 1995. The main changes were to clarify and simplify the reporting requirements, whilst ensuring that the data collected gave an accurate and useful picture of workplace incidents. The main changes were in the following areas:

• the classification of ‘major injuries’ to workers was replaced with a shorter list of ‘specified injuries’;
• the previous list of 47 types of industrial disease was replaced with eight categories of reportable work-related illness;
• fewer types of dangerous occurrence need to be reported.

Also under RIDDOR the Trust is required to report specified injuries and ill health which occur to people not at work but occur as a result of a workplace activity. As a result, certain incidents to patients or members of the public would be reportable e.g. a serious patient fall where the patient had a previous history of falls but measures to reduce the risk had not been put in place, would be reportable.

4.2. The Löfstedt Review

The recommendations from the Löfstedt review, which began in 2012, were primarily concerned with simplifying the regulatory framework with regards to health and safety. Professor Löfstedt’s review of progress one year on confirmed that work is well underway with numerous regulations being consolidated, reviewed or repealed where they were duplicated by more recent regulations.

4.2.1. HSE Consultations

In this financial year, 9 consultations (relevant to healthcare) began, of which 7 ended during this reporting period. The consultations ended with no known implications for the Trust. For full details of all the consultations refer to Appendix 1.

4.3. HSE Intervention (External)

In August 2013, an Executive Summary of the findings from Chapter 13 of the Francis Report, which was dedicated to the Health and Safety Executive (HSE), was presented to the Risk and Environmental Management Committee.

The Francis Report featured one case in particular that related to Gillian Astbury. The HSE announced on the 11th April 2013 they had started a formal investigation into her death. Their focus was to establish whether there was evidence of the Trust or individuals failing to comply with their responsibilities under the Health and Safety at Work etc. Act 1974.

The Trust were fined £200,000 and ordered to pay £27,049 costs
5. **COMMUNICATION AND CONSULTATION STRATEGY**

5.1. **Occupational Safety and Health Committee (Incorporating Fire and Security)**

The primary method of communication in respect of Trust-wide health, safety and welfare issues is the Occupational Safety and Health Committee.

The Committee again saw some challenges in this financial year and an audit of the committee, its Terms of Reference and Workplan, was undertaken. As anticipated the audit findings confirmed the Committee did not function appropriately.

The Committee underwent a further review and it was agreed that with effect from the FY 2014/2015, the Committee’s status would be elevated so it was in line with other Senior Committees e.g. REMC and the Infection Control Committee. The Director of Nursing has been appointed Chairperson.

Whilst some objectives set have been met, others, due to the review and elevation of the committee, have not been achieved and remain ongoing for review during the FY 2014/2015.

### Objective for 2014-2015

- An audit of the Committee, its Terms of Reference and Workplan will be completed in the financial year 2014-2015;
- Committee to implement an action plan from the findings of the audit;
- Committee to monitor and progress the action plan as required.

### Status

5.2. **Health and Safety Intranet Page**

Work continued to develop the Health and Safety Intranet Page to ensure its informative and user friendly; this is a work in progress and remains an objective for the coming year.

### Objective for 2014-2015

- Work to continue on developing the Health and Safety Intranet Page.

### Status

6. **HEALTH AND SAFETY TRAINING AND AWARENESS**

6.1. **Classroom Based**

Classroom based health and safety training and awareness continued to remain popular with all course participants and feedback remained consistently positive.

2013 / 2014 saw the DSE¹ Assessors Training Course and the Non-clinical Incident Reporting and Investigation Course being removed from the timetable as attendance was poor during the previous financial year. Feedback from Divisions confirmed the proposed framework for the

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¹ Display Screen Equipment
management and control of DSE Assessments was unpopular and resulted in a lack of interest in the course. To address this, the Health and Safety Team made changes to the Policy and Procedure.

With regards to the Non-clinical Incident Reporting and Investigation Course, the course coincided with the ‘Systematic Incident Investigation and Analysis, using Root Cause Analysis Tools’, which a number of Trust employee’s had taken part in. This course provided the Trust with Divisional expertise in the investigation of serious untoward incidents using root cause analysis techniques and tools.

Also, during the financial year 2013/ 2014, the Health and Safety Team were invited to deliver risk assessment training as part of the internship programme for students who were soon to qualify as registered nurses. This continues to be an ongoing commitment.

In addition to this, the following courses have continued to run:
- CIEH Level 2 Health and Safety in the Workplace
- CIEH Level 3 Health and Safety in the Workplace
- Principles of Risk Assessment

This financial year saw a fall in attendance on the Chartered Institute of Environmental Health Level 2 Health and Safety in the Workplace. A total of 40 members of staff attended in comparison to 69 the previous year.
This year saw a fall in the number of staff who attended the Chartered Institute of Environmental Health Level 3 Health and Safety in the Workplace; however, only 1 course was run in this financial year in comparison to 2 courses in the previous financial year.

![Attendance on the Principles of Risk Assessment](image)

This year saw a rise in the number of staff who attended the Principles of Risk Assessment course. A total of 94 members of staff, including Student Nurses, attended in comparison to 62 the previous year.

Overall Divisional attendance can be seen in the following graph:

![Overall Divisional Attendance on Classroom based Health and Safety Training](image)

The Health and Safety Team continue to use the Health and Safety Training Bulletin as a means of publicising the courses available, as well as advertising in Focus.

6.2. eCompulsory

The end of the financial year the Trust saw 96.6% compliance with the Risk Management module and 96.7% compliance with the Slips, Trips and Falls (non-clinical) module. Both of these modules were compliant against the Trust’s target of 95% at the end of the financial year.

6.3. Campaigns

Again this year, the Health and Safety Team, in conjunction with the Infection Control Team and Occupational Health Service, held a series of Sharps Awareness campaigns across the Trust.
The Trust continues to see a continual rise in the number of injuries relating to needlesticks and sharps. It was hoped that the introduction of the Health and Safety (Sharp Instruments in Healthcare) Regulations, which came into force in May 2013, would assist the Trust in reducing the number of incidents that occur but this was not the case. This trend appears to be consistent with other Trusts and may be due to the limitations of ‘safer’ alternatives available on the market.

7. **NON-CLINICAL INCIDENT REPORTING**

Each quarter the Health and Safety Team report to the Occupational Safety and Health Committee the number of reported non-clinical incidents across the Trust. This financial year saw an overall reported total of 1120 non-clinical incidents. This is a decrease of 1% from the previous year and decrease of 1% 3-years ago.

The table below provides a snap-shot of the type of incident reported and highlights where key areas of non-clinical risk exist.

<table>
<thead>
<tr>
<th>Non-clinical Incident Reported</th>
<th>Number Reported</th>
<th>Comparison with Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collision with an Object</td>
<td>50</td>
<td>53</td>
</tr>
<tr>
<td>Disruptive, Aggressive Behaviour</td>
<td>44</td>
<td>67</td>
</tr>
<tr>
<td>Injury from Dirty Sharps</td>
<td>97</td>
<td>101</td>
</tr>
<tr>
<td>Physical Assault</td>
<td>105</td>
<td>112</td>
</tr>
<tr>
<td>Lack of Suitably Trained Staff</td>
<td>174</td>
<td>177</td>
</tr>
</tbody>
</table>

The data from the annual summary above has been taken from the Datix Risk Management System where all Trust-wide incidents (both clinical and non-clinical) are reported.

**Incidents by ‘Detail’ 2013 – 2014**

Below is a summary of incidents reported by ‘detail’ for the financial year 2013-2014. Incidents relating to ‘needlesticks and sharps’ are the highest reported incident, followed very closely by ‘abuse etc. by patient to staff’ and ‘adverse events that effect staffing levels’. This is consistent with previous years’ reporting, and if the graph below is cross referenced to the table above, it can be seen that both of these categories have seen an increased trend in this financial year.
The graph below plots the trends of reported incidents for the following key categories over a 3-year period, broken down by quarter, commencing 1st April 2011 – 31st March 2014:

- Needlestick and sharps
- Violence and aggression
- Slips, trips and falls
- Security
- Work-related Stress
- Moving and handling
- Fire
- Security
- Medical Devices
7.1. Type and Causes of Incidents for the period 1st April 2013 – 31st March 2014

The following data provides a detailed breakdown of the type and cause of incidents that have been reported in this financial year. The 3rd column shows whether the ‘cause’ saw an increase, a decrease or remained the same in comparison to the previous year.

Please note the categories of ‘violence and aggression’ and ‘security’ have been excluded from this report as they are reported upon separately in the LSMS Annual Report.

7.1.1. Needlestick and Sharps

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>↑</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury from dirty sharps</td>
<td>101</td>
<td>↓</td>
</tr>
<tr>
<td>Sharps or needles found</td>
<td>91</td>
<td>↑</td>
</tr>
<tr>
<td>Other accident</td>
<td>31</td>
<td>↑</td>
</tr>
<tr>
<td>Injury from clean sharps</td>
<td>23</td>
<td>↑</td>
</tr>
<tr>
<td><strong>OVERALL TOTAL</strong></td>
<td><strong>246</strong></td>
<td><em>↑</em></td>
</tr>
</tbody>
</table>

Following the introduction of the Health and Safety (Sharp Instruments in Healthcare) Regulations, which came into force in May 2013, ‘Injury from dirty sharps’ saw an unexpected increase (4%) in comparison to the previous year.

All sub-categories saw an upward trend. Injury from dirty sharps carries a significant risk of harm due to the potential for cross infection of blood borne viruses. Two incidents within this category were reported to the Health and Safety Executive under RIDDOR.

In the majority of cases, ‘injury from dirty sharps’ and ‘sharps or needles found’ occurred due to staff failing to observe and adhere to safe systems of work.
Slips, Trips and Falls (non-clinical)

<table>
<thead>
<tr>
<th>Cause</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tripped over an object</td>
<td>32</td>
</tr>
<tr>
<td>Slip on wet / mossy / contaminated ground</td>
<td>28</td>
</tr>
<tr>
<td>Fall on level ground</td>
<td>21</td>
</tr>
<tr>
<td>Fall from height / bed / chair</td>
<td>6</td>
</tr>
<tr>
<td>Fall on snow and ice</td>
<td>3</td>
</tr>
<tr>
<td>Suspected fall</td>
<td>0</td>
</tr>
<tr>
<td>Accident of some other cause</td>
<td>3</td>
</tr>
<tr>
<td><strong>OVERALL TOTAL</strong></td>
<td><strong>93</strong></td>
</tr>
</tbody>
</table>

7.1.2. Work-related Stress

<table>
<thead>
<tr>
<th>Cause</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-related Stress</td>
<td>16</td>
</tr>
<tr>
<td>Lack of suitably trained / skilled staff</td>
<td>176</td>
</tr>
<tr>
<td><strong>OVERALL TOTAL</strong></td>
<td><strong>192</strong></td>
</tr>
</tbody>
</table>

7.1.3. Moving and Handling

<table>
<thead>
<tr>
<th>Cause</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifting or moving a patient or other person</td>
<td>21</td>
</tr>
<tr>
<td>Pushing, pulling, carrying, twisting, putting down, moving a load</td>
<td>15</td>
</tr>
<tr>
<td>Whilst dealing with a patient</td>
<td>10</td>
</tr>
<tr>
<td>Lifting in the course of moving a load</td>
<td>5</td>
</tr>
<tr>
<td>Stretching or bending injury, other than lifting</td>
<td>4</td>
</tr>
<tr>
<td>Lifting or moving an object other than a load</td>
<td>3</td>
</tr>
<tr>
<td>Accident of some other cause</td>
<td>1</td>
</tr>
<tr>
<td>Work related upper limb disorder syndrome (WRULDS)</td>
<td>0</td>
</tr>
<tr>
<td><strong>OVERALL TOTAL</strong></td>
<td><strong>59</strong></td>
</tr>
</tbody>
</table>

The data above comprises of all non-clinical incidents that have reached ‘final approval’ status. There are however, some incidents that remain outstanding and are awaiting investigation by Divisional Teams (these have been included in the figures above).
7.2. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

The number of incidents reported to the HSE in compliance with RIDDOR was 23. Broken down as follows:

As can be seen from the graph opposite, the majority of reportable incidents were attributable to ‘Over 7 Day Injury’.

- ‘Over-7-day’ injury - where a staff member was away from work for over 7 days as a result of the injury;
- ‘Major injury’ - usually bone fracture;
- ‘Dangerous occurrence’ - no injury but significant injury could have resulted;
- ‘Disease’ – one of a number of specified diseases or conditions as verified by a medical practitioner;
- ‘Formal Light duties’ – where a staff member was prevented from performing normal duties.

There has been a decrease of one reportable incident in comparison with the previous year.

The highest reporters of incidents were within the Division of Medicine and Specialist Services Division.

Lifting and handling is the highest reported category of incident.

The majority of reportable incidents were attributable to moving and handling; however there has been a slight reduction on the previous financial year.

The Trust saw an increase of incidents related to hazardous exposure this was part attributable to the reporting of injury from dirty sharps involving high risk patients.

Slips, trips and falls incidents remains consistent with the previous year.
8. **STATUS OF INCIDENT INVESTIGATIONS, CORRECTIVE AND PREVENTATIVE ACTIONS**

8.1. Incident Investigation Analysis

Like last year’s annual report, a number of non-clinical incidents were selected at random across all Divisions / Directorates to establish the extent and quality of incident investigation. In summary, the Trust is again, considered to be significantly failing to undertake suitable and sufficient incident investigation.

Quarter 4 of this financial year saw the introduction of the Quarterly Health and Safety Performance report which includes analysis in this area. This will continue to be monitored in the coming financial year.

8.2. HSE Intervention (Internal)

The Health and Safety Executive (HSE) visited the Trust on one occasion to investigate an incident where a patient had received an overexposure during a chest x-ray, which was reportable to them.

The incident, which was originally thought to be attributable to human error, occurred as a result of a possible manufacturing issue and confirmed they would contact the supplier directly.

The HSE were satisfied with the action taken by the Trust and confirmed no further intervention would be necessary.

9. **MEASURING PERFORMANCE**

This financial year saw the end of the first 3-year rolling programme for Health and Safety Support Visits (HSSVs). Overall, Divisional ‘buy-in’ to the programme has been positive and will therefore continue.

A change to how HSSV Reports were managed was introduced to ensure recommendations where implemented and action plans drafted where required. Divisional Health and Safety Groups are used as the forum to monitor performance and compliance.

9.1. Audit, Monitoring and Review

The following audit, monitoring and review were completed:

- **Laser Safety**
  An audit of laser safety was completed which identified some areas of weakness when measured against current Policy and SOP. The findings of this audit were presented to the Laser Safety Committee. A Laser Safety Workshop took place which was mandatory for all Laser Protection Supervisors in the Trust.

- **Occupational Safety and Health (OSH) Committee Audit**
  An audit of the OSH Committee was undertaken which identified some areas of weakness with regards to functionality. The findings of this audit were presented to REMC in October 2013. A review of the Committee’s Terms of Reference and Workplan took place and the Committee’s status has been increased to fall in line with other similar senior Committees.
- HSSV Audits
  As part of the HSSV programme, an audit of the risk management process and slips, trips and falls policy (staff and others) continues. The recommendations from these audits should be implemented at a local level and action plans monitored at Divisional Health and Safety Groups.

- Policies and Procedures Audit Monitor and Review Templates
  All Health and Safety Policies and SOPs where necessary, contain the required Audit, Monitor and Review Templates.

10. HEALTH AND SAFETY OBJECTIVES 2014 – 2015

The Health and Safety Team have identified the following objectives for the period 2014 – 2015.

<table>
<thead>
<tr>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Work on completing a Trust-wide gap analysis with regards to health and safety legislation to continue</td>
</tr>
</tbody>
</table>
| 2. Achieve 75% Divisional compliance with the 6-monthly safety inspections
  Achieve 75% completion of actions arising from health and safety inspections
  Implement monitoring of health and safety inspections compliance |
| 3. An audit of the Occupational Safety and Health Committee to be completed and an action plan developed to address any weaknesses identified. |
| 4. Work to continue on the development of the Health and Safety Intranet Page to ensure it is informative and user-friendly. |
| 5. Work with Divisions to continue to promote RIDDOR reporting within prescribed timescales. |

11. CONCLUSION

The report highlights the significant amount of work that has been undertaken during 2013-2014 to improve the management of health and safety in the Trust. The Health and Safety Team function continues to make progress with revised inspection and assessment programmes and ongoing class-room based training to improve visibility and awareness.

The Trust’s Health and Safety Team continues to provide advice and guidance to managers and staff to ensure they are able to meet the needs of the Trust in its compliance with health and safety legislation.

The Team continue to engage with other specialist services within the Trust to assist in the development of future strategies.

12. ACTIONS REQUIRED

The Trust Board and Senior Managers are asked to note and accept the content of this annual report and authorise its publication on the Intranet for access by employees, stakeholders and other interested parties.
# APPENDIX 1

## HSE Consultations

<table>
<thead>
<tr>
<th>Consultation Paper</th>
<th>Implications</th>
<th>Action Plan / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLOSED CONSULATIONS 2013 / 2014</strong></td>
<td>• Because the proposed exemption for pregnant workers maintains the current position in relation to civil liability for this group of workers, it does not give rise to any additional costs to the organisation.</td>
<td>Any claim brought against the Trust by a pregnant worker will be administered in line with existing litigation processes within the Trust.</td>
</tr>
<tr>
<td>Proposed amendment to the Health and Safety at Work Act (HSWA) - there will be no right to bring a claim for breach of statutory duty. Claimants will only be able to bring claims in negligence. However, as an exception, a pregnant worker will continue, as now, to have the right to bring a claim for breach of statutory duty for breaches imposed by the Pregnant Workers Directive. Began on 06.06.2013 and ended 20.06.2013. <em>Amendment to the HSWA outstanding.</em></td>
<td>• No known implications for the Trust</td>
<td>No action plan required.</td>
</tr>
<tr>
<td>Views invited on the HSE’s proposal to remove 12 legislative measures (2 Acts and 10 Regulations) which HSE believes are either redundant or have been overtaken by more up to date legislation. Began on 17.06.2013 and ended 12.07.2013. <em>Proposal agreed and acted upon.</em></td>
<td>• The advice and the method of compliance described are substantively unchanged other than to reflect current position.</td>
<td>This revised and updated version takes account of changes to legislation since the previous edition was published. Providing the Trust as a duty-holder is already complying with the law, it should not need to change current processes.</td>
</tr>
<tr>
<td>Consultation Paper</td>
<td>Implications</td>
<td>Action Plan / Comments</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Views were invited on the revised Approved Code of Practice (ACOP) Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR). Began on 03.06.2013 and ended 23.08.2013. An amended Code was published in 2013.</td>
<td>- No known implications for the Trust</td>
<td>The Trust is not considered to have dangerous or flammable substances in sufficient quantities to create an explosive atmosphere as described in these regulations. As part of the Trust’s review of COSHH any dangerous or flammable substance will be recorded on the Substance Inventory and risk assessed accordingly.</td>
</tr>
<tr>
<td>Views were invited on the revised Approved Code of Practice (ACOP) ‘Legionnaires’ disease: The control of legionella bacteria in water systems – Approved Code of Practice and Guidance’. Began on 03.06.2013 and ended 23.08.2013. An amended Code was published in 2013.</td>
<td>- No known implications for the Trust</td>
<td>The Trust has a nominated competent Appointed Person in respect of Legionella. The Trust also had an external source of expertise to provide advice and guidance.</td>
</tr>
<tr>
<td>Views were invited on the revised Control of Substances Hazardous to Health Approved Code of Practice (ACOP). Began on 03.06.2013 and ended 23.08.2013. An amended Code was published in 2013.</td>
<td>- The legal duties and the method of compliance are substantively unchanged other than to reflect current position.</td>
<td>The Trust is currently reviewing its framework for the management and control of hazardous substances. A risk assessment is available on the Trust’s Corporate Risk Register with a current risk score of 16.</td>
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<tr>
<td>Consultation Paper</td>
<td>Implications</td>
<td>Action Plan / Comments</td>
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<td>Views were invited on the revised Approved Code of Practice (ACOP) “Managing and working with asbestos”. Began on 08.07.2013 and ended 30.09.2013. An amended Code was published in 2013.</td>
<td>• No known implications for the Trust</td>
<td>The Trust has a nominated competent Appointed Person in respect of Asbestos. The Trust also had an external source of expertise to provide advice and guidance.</td>
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</table>

**OPEN CONSULATIONS 2013 / 2014**

| Views were invited on the HSE’s proposal to replace the Construction (Design and Management) Regulations 2007 (CDM 2007) and withdraw the Approved Code of Practice. The ACOP would be replaced with a suite of tailored guidance aimed at particular sectors. Began on 31.03.2014 | • The Division of Estates and Facilities are in the process of approving their SOP in respect of the Management and Control of Contractors. | Once finalised and approved and pending the consultation closure, the Policy / SOP must include any necessary changes. |
| Views were invited on the HSE’s proposed revisions to the PUWER regulations approved code of practice (ACOP) and two associated ACoPs namely: Safe Use of Power Presses and Safe Use of Woodworking Machinery. Began on 31.03.2014 | • The Trust is currently developing a Policy / SOP in respect of PUWER and the requirement to undertake risk assessments. | Once finalised and approved and pending the consultation closure, the Policy / SOP must include any necessary changes. |

**Update on HSE Consultations during 2012 / 2013**

<table>
<thead>
<tr>
<th>Consultation Paper</th>
<th>Update:</th>
<th>Implications / Action Plan / Comments</th>
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<tbody>
<tr>
<td>Proposals to review the HSE’s Approved Codes of Practice (ACoP). The consultation seeks views on the revision, consolidation or withdrawal of 15 ACoPs. Began 25.06.2012 and ended 14.09.2012. Analysis of consultation responses available but no conclusion yet.</td>
<td>• The Health and Safety (Miscellaneous Repeals, Revocations and Amendments) Regulations 2013 were presented to Parliament to remove thirteen measures were laid before Parliament and came into force on 6 April 2013.</td>
<td>No known implications for the Trust</td>
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<td>Exemption of some self-employed people from health and safety legislation where their work activities pose no potential risk of harm to others. Began 02.08.2012 and ended 28.10.2012. Analysis of consultation responses available but no conclusion yet.</td>
<td>An Impact Assessment has been developed but no decision yet reached.</td>
<td>Division of Estates and Facilities are in the process of approving a Management and Control of Contractor's SOP.</td>
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<td>Consultation on proposed new guidance on the Health and Safety (First Aid) Regulations 1981 to assist duty holders on their first aid needs assessment and in selecting a first aid training provider. Began 27.09.2012 and ended 03.12.2012. Analysis of consultation responses available but no conclusion yet.</td>
<td>No known implications for the Trust</td>
<td>The Trust has approved a Business Case and following a successful tender the British Red Cross was appointed the Trust's training provider. Training courses have been booked and nominations from staff to undertake training are being received from Divisions.</td>
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<td>Consultation on the implementation of Council Directive 2010/32/EU on preventing sharps injuries in the hospital and healthcare sector Began 08.08.2012 and ended 03.12.2012. New legislation will come into force on the 11th May 2013.</td>
<td>These regulations require the Trust; to avoid the unnecessary use of sharps, as far as is reasonably practicable.</td>
<td>The Trust is partially compliant with these new regulations. Work is ongoing in respect of sharps.</td>
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</table>