

Occupational Health & Safety, Fire and Security Annual Report 2021/22



Contents

1. Purpose
2. Executive Summary
 - Health & Safety
 - Fire
 - Security
3. Risk Register review process
4. Accident/Incident Reporting
5. RIDDOR reportable incidents
6. Slips, Trips and Falls
7. Manual Handling
8. Training
9. Fire
10. Health & Safety Audit
11. Security
12. Health & Safety, Fire and Security business plan objectives & outcomes 2021/22 and draft proposals for 2022/23
13. Statement of Commitment for Health & Safety

1. Purpose

This annual report has been prepared to inform Finance, Infrastructure & Digital Committee (on behalf of Trust Board) of the current status of Health, Safety, Fire and Security management across the Trust during the period 1st April 2021 to 31st March 2022. The report summarises progress and issues identified over the past year in the key areas.

2. Executive Summary

Health & Safety

The Trust has again received no prosecutions or Improvement Notices from any of the enforcing agencies of the HSE, CQC or Dorset & Wiltshire Fire & Rescue Service during 2021/22. This status has now been maintained for many years and is a direct result of the 'good Safety Culture' and the high standards throughout the Trust for health & safety compliance.

The Trust Incident Reporting is a significant part of this culture and continues to remain strong and has now been embedded throughout the Primary Care Services (GP Surgeries) during the past year as a well-established part of the Trust and its values.

The increasing incident reporting culture remains strong and continues to improve with a measured increase in reporting across the many Trust departments. The Trust reported 14,288 incidents during the year which was an increase of 11% on the 12,847 Incidents [IRI's] reported during 2020/21.

There were several issues identified and improvements made across the Trust's H&S, Fire and Security management systems during the financial year, which are highlighted below.

During the year there were only 10 RIDDOR reportable accidents reported to the HSE compared to 8 in 2020/21.

This equates to a 10% increase in relation to the previous year. Root cause analysis investigations have been completed.

Despite the exceptional circumstances of this pandemic year, and an increase of two our RIDDOR numbers remain low which again confirms the resilience of the Trust safety management systems. Root cause analysis investigations are completed in all cases and the learning is built back into the relevant processes & procedures.

The other main reporting categories consisted of four struck by object moving/stationary there were zero in the previous year, three slip/trip/fall incidents which was a decrease of one from the previous year. There were also three strain / sprain manual handling injuries which was up by one from the previous year.

There was one violence and aggression related injury involving a child on staff. This was a decrease of one from the previous year.

During the year 2021/22 there were a number of building projects across the site along with internal departmental moves to utilise space efficiently where Health, Safety, Fire and Security input was required.

There was a notable increase in H&S, Fire and Security workloads as additional Trust projects commenced through the year with the on-going OUH Radiotherapy project alongside the new UTC build through to work developing at pace on the Way Forward Programme.

As Covid restrictions relaxed the H&S team carried out walkabouts and compliance checks across all Covid secure areas within the Trust and to confirm the correct documentation was in situ to ensure the Trust was compliant with HSE guidance, areas of non-compliance the team would work with the managers of these departments to ensure compliance levels were met.

Storm Eunice which hit the GWH site on Friday 18th February 2022 caused a "wind tunnel" effect from North car park up to north entrance and the Atrium. Due to this wind tunnel effect several Serco and Trust staff were deployed to assist patients and visitors trying to walk in the strong wind. It was confirmed that at 16:00 there had been 0 falls due to the proactive measures taken. A recommendation of handrails along this stretch of path has been put forward to assist visitors and patients in the future.

The H&S department has worked closely with an external safety provider to develop a bespoke 2-day H&S course that incorporates our Trust policies, procedures, and documentation as well as HSE legislation & guidance. Feedback from staff has been outstanding advising how excellent this course has been for supporting their needs within their safety roles. The courses started May/June 2021 with reduced numbers to accommodate covid restriction and then increased to maximum numbers from September 2021. This aligns with Business Plan & Objectives 2021/22, shown as completed in Q1.

The Annual Health & Safety of all departments with 10 or more employees took place in June 2021. 28 departments were visited by H&S officers to provide support/guidance moving forward these equate to the 7 where we received no response and 21 that scored <70%.

We continued to work closely with the Workforce intelligence to assist in the implementation of the Trust Agile Working and Home Working strategies and to ensure that HSE guidance and best practice health, wellbeing and H&S practices are adopted for home and mobile workers.

The Labour Delivery Rooms (LDR) ventilation system has undergone a significant upgrade to increase the ventilation volume it can deliver to the department. The AHU is now delivering sufficient air to ensure each LDR achieves at least 15 supply and 15 extract air changes per hour (ACH).

The final phase of these improvement works will be the installation of some low level ventilation ductwork to each LDR to further improve the extraction of nitrous oxide gases used by some patients.

Fire

There continue to be on-going fire safety improvements identified and progressing according to plan within the GWH & BTC buildings regarding fire and smoke damper improvements.

The Trust Fire Safety Officer has been heavily involved with the planning of the fire strategy across Trust wide projects with the introduction of UTC Decant and the new UTC planning.

Keeping the fire exits clear remains a challenge, but a small Working Group has been set up to monitor & improve the situation.

As outlined above there were no letters received from Dorset & Wiltshire Fire & Rescue Service during 2021/22 providing advisory notes.

We have expanded our external bespoke training for fire wardens which is a half-day session. This is bespoke due to being developed specifically for our Trust in line with Trust policies. We have received positive feedback from attendees.

2021/2022 we have been unable to comply with HTM05-01 where it is stated that all patient facing employees must have face to face training in relation to fire awareness and providing this training within departments. We are looking to review how we can come into line with legislation & recommendations during 2022/2023.

The Primary Care Network (PCN) received a CQC visit, where a number of fire related recommendations were made. The Health & Safety team subsequently provided fire safety advice to the PCN.

Security

The team worked closely with SAFE (the Trust's external security specialist) to carry out a live baby abduction exercise. This exercise was very successful and showed that the Trust was compliant with the baby tagging process with Maternity services.

The Trust Local Security Management Specialist (LSMS) remains committed to reducing acts of violence and aggression against our staff. Note change of Policy name from Minimising Violence and Aggression in the workplace to Violence Prevention & Reduction Policy.

This year SAFE has worked with several partner agencies to enhance the security provision for the Trust. Both Wiltshire police and Swindon Borough Council have been involved with the quarterly security meetings. This has several advantages not least, the ability to share information in relation to crime prevention and the safety of our staff. The LSMS has also worked with the project leads and design teams to ensure the physical security measures for new builds are fit for purpose.

3. Risk Register review process

The following table highlights the year end risk register entries (12+) relating to H&S, Fire and Security which have been monitored and discussed by the Health & Safety Working Group throughout the year with each change to score or status highlighted and explained to the group.

Risk Number	Description	Risk Value	Status
	Fire		
253	There is a risk that the Trust will be Non-compliant with Regulatory Reform (Fire Safety) Order 2005.	12	Open
	Safety		
256	Entonox gas extraction systems and processes are not ensuring staff exposure to Nitrous Oxide is below workplace exposure limit	12	Open
260	GWH Smoke dampers potentially not operating effectively against the threat of cold smoke permeation outside of fire compartmentation boundaries.	12	Open

4. Incident reporting

All incidents received via the Ulysses Risk Management System (Safeguard) on a daily basis are read by the Health & Safety team. Each incident is assessed to determine if clinical or non-clinical. The Health & Safety team investigate and action all non-clinical incidents. Examples of non-clinical are Staff Falls, Staff Injuries, Environmental, Fire, Muscular Skeletal issues, Manual Handling, Contact with Sharps, Burns and Scalds, Contact or Collision with moving/stationary objects, Exposure to Radiation, Biological or Hazardous substances, Car Park, and all Security related incidents. Each incident is managed appropriately through correspondence with managers and staff, ensuring the correct areas have been notified and manager outcomes show incidents have been fully investigated.

The Health and Safety team also investigate all patient falls to determine if any incidents are RIDDOR reportable. Careflow results are checked for fractures/injuries and falls questionnaires are scrutinised for any environmental/patient care failings.

Year	Total number of incidents reported
April 2019 to March 2020	12,027
April 2020 to March 2021	12,847
April 2021 to March 2022	14,288

Incidents reported during the year constitute a 11% increase on the figures from the previous year.

For 2021/2022 data we chose to keep a record for ourselves of incidents reported and the breakdown between clinical and non-clinical as we found that the figures being retrieved from Safeguard were not as accurate as we had liked. This may reflect the 11% increase from the 6% increase in previous year.

The increase in reporting year on year, is seen as a positive that highlights a good safety culture in raising IR1's within the organisation using a well-established & easy to use reporting tool.

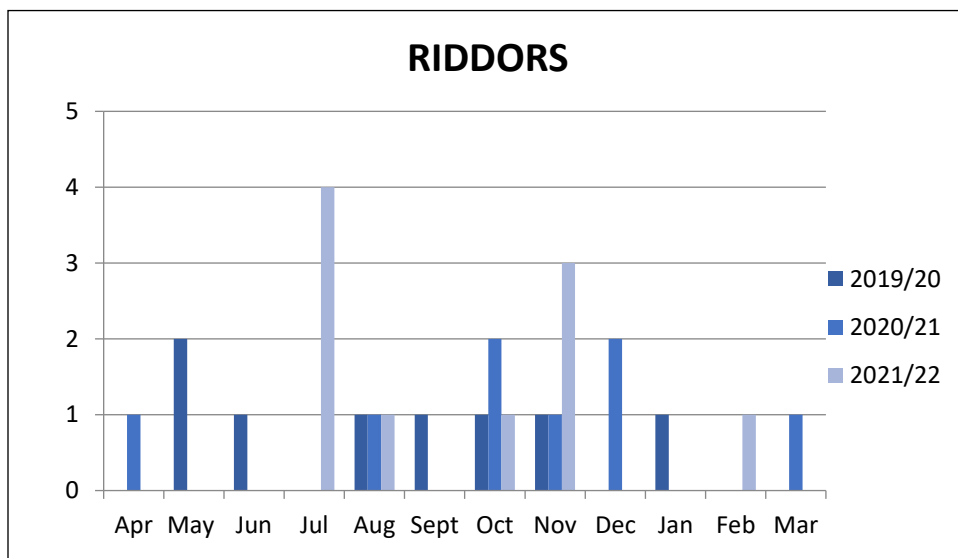
Incidents Reported	
Clinical	11,457
Non-Clinical	2,831

5. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

RIDDOR requires all organisations to report work-related incidents to the Health & Safety Executive (HSE) in certain circumstances. Incidents are only reportable if they arise 'out of or in connection with' work but that can include incidents involving visitors, patients and contractors in our workplaces.

Managers and staff must ensure that all incidents, accidents and near misses are reported as soon as possible after it occurs. The Health and Safety Department should be notified directly of any specified injuries to staff or visitors and patients - or if staff are absent from work following an incident at work - at the earliest opportunity.

The Health & Safety team follow a process where questionnaires and full reports are completed to determine if an incident is RIDDOR reportable. If appropriate, accident analysis forms are also completed. The Head of Health and Safety will submit all RIDDOR reportable incidents to HSE once an initial investigation is completed



During the year there were 10 RIDDOR reportable accidents reported to the HSE compared to 8 in 2019/20 and 2020/21. Root cause analysis investigations are completed in all cases and the learning is built back into the relevant processes & procedures.

2021/2022 Summary of RIDDORs				
(7) July	04/07/2021	Neptune Ward	Staff	>7 days Strains/Sprain - lower limb
(7) July	21/07/2021	Abbey Meads Medical Centre	Staff	>7 days STF - foot injury
(7) July	23/07/2021	Orbital Offices, North Swindon District Centre	Staff	>7 days STF - foot injury
(7) July	26/07/2021	Forest Ward, SwICC	Staff	>7 days Strains/Sprain - back injury
(8) August	04/08/2021	Phlebotomy	Staff	>7 days Struck by object - knee injury
(10) October	18/09/2021	Theatres	Staff	>7 days Struck object - concussion syndrome
(11) November	13/11/2021	Sluice Mulberry Ward - Chippenham Community Hospital	Staff	>7 days Strains/Sprain - back injury
(11) November	15/11/2021	Reception - BTC	Staff	>7 days Contusions & bruising - Struck by moving object - lower limb
(11) November	11/11/2021	Hospital Corridor (Staff member from Linnet)	Staff	>7 days Contusions & bruising - Struck by moving object - foot
(02) February	09/02/2022	Hospital grounds headed to staff car park	Staff	>7 days STF - foot injury fractures

Using national data (ERIC) from 2020/21, of 216 Trusts, the average annual RIDDOR count is 8.37, with zero being the lowest and 127 being the highest (an ambulance Trust). The highest score for a Medium Acute Trust is 38.

Our robust reporting & learning regimes along with our strong safety culture mean that our RIDDOR numbers are encouragingly lower than other Trusts.

The reporting categories consisted of four struck by object moving/stationary there were zero in the previous year, three slip/trip/fall incidents which was a decrease of one from the previous year. There were also three strain / sprain manual handling injuries which was up from one during the previous year.

There was one violence and aggression related injuries involving a child on staff. This was down from two the previous year.

Looking for trends we have found there are none specific but across the board it seems that individuals not paying attention to their surroundings whilst undertaking an activity.

Lost time accidents that were not reported as RIDDOR's

Year	Days
April 2019 to March 2020	24*
April 2020 to March 2021	53
April 2021 to March 2022	51

The Health & Safety team also continue to monitor all lost time due to accidents which are less than the threshold for RIDDOR reporting of seven lost workdays or more.

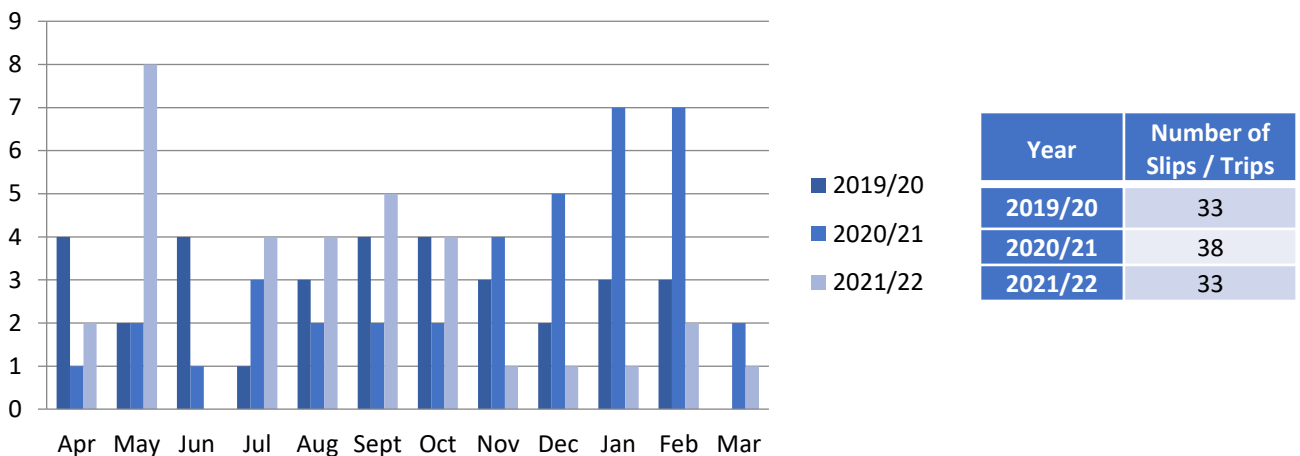
The RIDDOR regulations continue to require that incidents of over three-day incapacitation must be recorded but not reported to the HSE. These 'Lost Time' incident days are equally as important in understanding the root causes after a thorough investigation and help reinforce our safety culture to reduce all accidental loss or injury.

Based on the above figures the recorded low numbers from 2019/20 have been rectified as the 2020/21 and 2021/22 reflect this.

6. Slips, Trips and Falls

Slips, trips and falls are monitored through the Safeguard system. All incidents will lead to the Health & Safety Team making contact with the person, staff member, line manager to ascertain whether an injury has been sustained and/or required time off work. If this is the case, then the manager is sent a form to complete so that we have a more in depth understanding of the incident and if there is a requirement to report to any external government bodies.

Slips, Trips & Falls



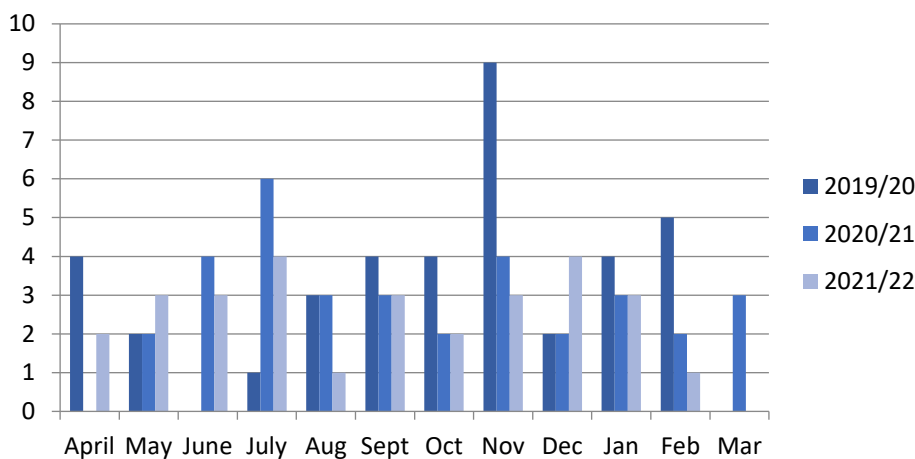
There were 33 slip, trip and fall incidents reported during 2021/22, a decrease of five incidents or 13% from the previous year.

There were no particular trends identified regarding the Trust slip, trip, fall incidents reported and investigated.

7. Manual Handling

Each Manual handling incident is looked at by the Manual Handling Advisor. The member of staff involved, and their manager are contacted to find out more details about the incident if required. The Manager is asked to investigate as appropriate and report back to the Advisor. The advisor offers support and checks risk assessments and safe systems of work are in place and updated as required.

MSD Incidents



Year	Number of MSD Incidents
April 2019 to March 2020	38
April 2020 to March 2021	34
April 2021 to March 2022	29

Work-related Manual Handling incidents, resulting in a staff injury, remain very low in comparison to the total Musculoskeletal Disorder [MSD] cases reported. There was a decrease of five incidents or 15% from the previous year. Each of these incidents was investigated for learning and to prevent recurrence by the Manual Handling team.

The continued decrease year on year provides a positive trend and highlights improvement of MSD activities across the Trust and a good safety culture.

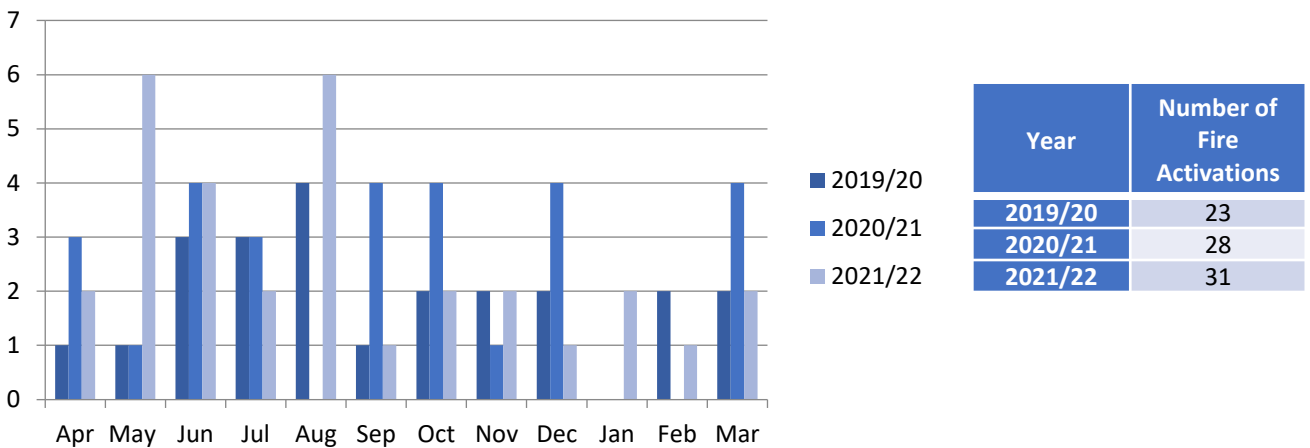
8. Training

	2019/20	2020/21	2021/22
Fire Warden Training	43 (2 sessions cancelled due to trainer)	34 (2 sessions cancelled due to Covid)	110 staff trained – note reduced delegate numbers for May, July & August sessions due to Covid restrictions and distancing
IOSH Working Safely	-----		-----
Manual Handling Link Training	29 [4 sessions]	Face to face sessions cancelled due to Covid. Regular contact maintained via Email	2 sessions due to Covid restrictions for most part of reporting year. Regular contact maintained via Email
Incident Investigation Training	0	Now sits with Clinical Risk	Now sits with Clinical Risk
Managers Health & Safety Training – GWH in house	6	4 sessions	4 sessions
Risk Assessment Workshop	0	0	As advised below is now part of external H&S training
COSHH Management Workshop	0	0 – First H&S training to take place 10 th & 11 th June 2021	As advised below is now part of external H&S training
2-day bespoke H&S training – external provider	Not applicable	Not applicable	50 staff trained – note reduced delegate numbers for June, July & August sessions due to Covid restrictions and distancing

9. Fire

The Trust Fire Advisor investigates all known fire alarm incidents that occur within the GWH Hospital, BTC, SWICC and wider Trust community estate. All incidents are monitored for performance and actions taken by Serco fire response teams and Trust staff. Recommendations are made based on the findings of the investigation.

Fire Activation GWH Campus



The five-minute protocol, during 'in hours' (0800hrs to 1630hrs) Monday to Sunday (Inc. Bank Holidays), continues to reduce unnecessary calls to the Fire & Rescue Service (FRS). During 'in hours' the fire response teams have five minutes to investigate the cause of fire alarms before deciding upon calling the FRS. The protocol also controls the automatic response by the Alarm Receiving Centre from summoning the FRS. Beyond the five minutes the default position is to phone the FRS regardless of the cause of the alarm.

Using national data (ERIC) from 2020/21, of 216 Trusts, the average annual number of fire alarm activations was 64 (no FRS attendance) and 27 (resulting in FRS attendance) with zero being the lowest and 549 (no FRS attendance) & 434 (FRS attendance) being the highest. The highest score for a Medium Acute Trust was 275 (no FRS attendance) & 107 (FRS attendance).

Work continues into improving some outstanding fire related issues across the GWH campus. The progress has been good in this challenging year. Progress of the work is detailed in feedback meetings of the stakeholder groups:

The Hospital Company (THC) has funded new fire panels within the BTC as part of its life cycle replacement programme. This project has been completed within this financial period.

Mandatory Fire Awareness training this year has been conducted on-line due to the pandemic. Staff have been advised to complete the on-line training module to maintain their fire safety awareness; this has been a necessary derogation from the Department of Health’s guidance HTM05-01. We should be looking at returning to face-to-face training in accordance with the Department of Health guidance document Fire code - the year-end compliance figure is 81% this is inclusive of clinical & non-clinical.

10. H&S Audit Programme

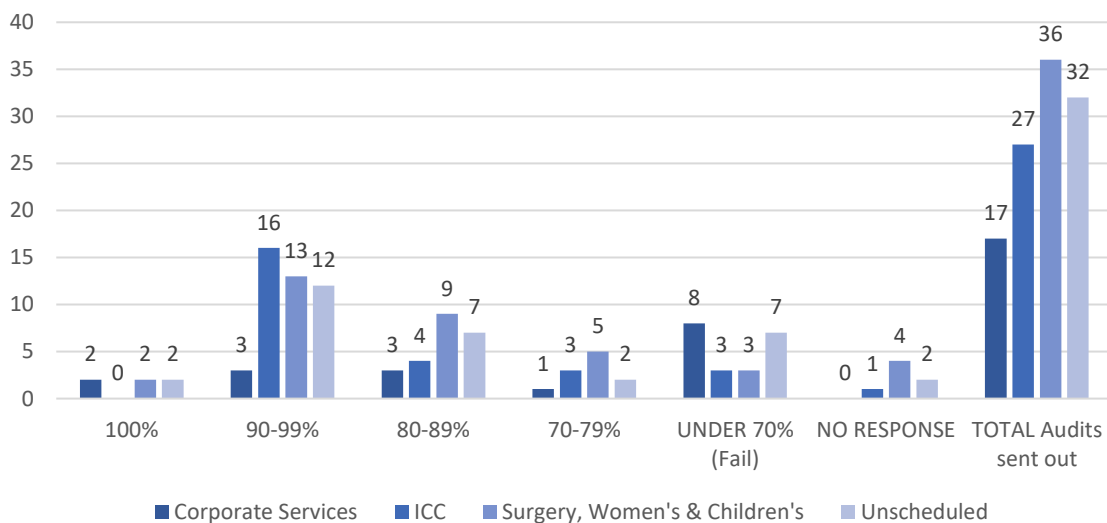
The annual Health & Safety audit programme is a fundamental part of our safety management programme and helps confirm compliance with Trust Standards and Legislation. This was completed across all Acute Trust departments, community and the newly merged Primary Care sites that had 10 or more staff.

112 Audits were sent out and 105 were returned. The graph below shows the number of departments achieving each scoring range, i.e., six departments [6%] of departments that submitted an audit, scored the full 100%.

CONGRATULATIONS – 100% SCORE

- Academy GWH/Post Graduate Centre/Vocational Training/Training/Kings College
- Cardiac Catheter Lab
- Clinical Quality
- Daisy Ward/Day Surgery Unit
- Mercury Ward
- Pre-Operative Assessment Unit

Of 112 Audits sent out



All departments that either provided no response or scored under 70% were contacted and/or visited to provide support and guidance. The majority (approx. 2/3) of departments scoring under 70% had not been audited independently before.

11. Security

The Trust experienced a spate of Catalytic Converter thefts which highlighted on at least one occasion access was gained by perpetrators driving across grass verges. In order to mitigate future occurrences decorative boulders were put in place January 2022 to restrict access via grass.

Bike thefts x2 occurred during March from the bike racks outside the main atrium. One theft was captured on CCTV and Security also managed to trace the thief from the internal cameras. This enables Security to gain facial recognition of the thief and pass on to the police who are fully aware who this person is and will make an arrest. The second theft was not captured on CCTV as the Serco Security team were involved on another incident monitoring IVDU users on site. This has highlighted that an additional fixed camera is required to close this gap down.

Further H&S actions associated with the bike theft include clarification sought and received from Serco regarding the use of existing CCTV PTZ Camera search practices and investigation of detail surrounding this second bike theft incident.

This has been moved forward to obtain further CCTV on the Bike shed hub on-going.

The Trust reported 862 security related incidents via the Incident Reporting System [IR1] during the year 2021/22. This shows an increase of 2% from the previous year.

The Trust remains confident that reporting accuracy of all incidents involving Serco Security are reported well utilising the Trust Incident Reporting system [IR1].

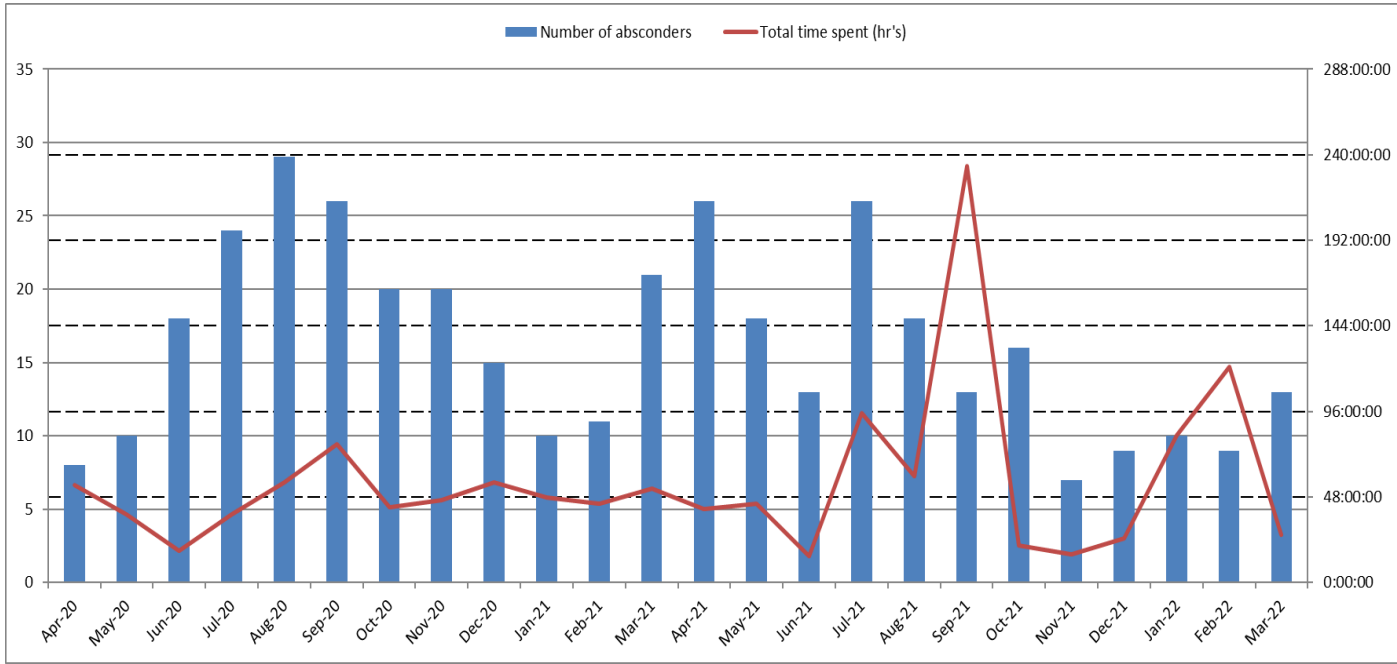
Total Incidents Reported

Number of incidents Apr 2020 to Mar 2021	Number of incidents Apr 2021 to Mar 2022	Increase/Decrease
843	862	Increase of 2%
There has been a slight increase in incidents reported during the 2021/22 financial year compared to 2020-21.		

Absconder/Missing Patient

Number of incidents Apr 2020 to Mar 2021	Number of incidents Apr 2021 to Mar 2022	Increase/Decrease
220	178	Decrease of 19%
Summary: Absconding/Missing patients has continued to see a decrease despite COVID restrictions becoming more relaxed compared to the previous financial year.		
This continued decrease shows that further data analysis will be required to understand if this is a continued trend.		

Absconder Man Hours



Physical Abuse (injury) Patient on Staff

Number of incidents Apr 2020 to Mar 2021	Number of incidents Apr 2021 to Mar 2022	Increase/Decrease
60	44	Decrease of 27%
Summary: Physical Abuse injury has seen a continued decrease.		

Physical Abuse (no injury) Patient on Staff

Number of incidents Apr 2020 to Mar 2021	Number of incidents Apr 2021 to Mar 2022	Increase/Decrease
69	36	Decrease of 48%
This also shows a decrease in incidents reported of physical abuse incidents resulting in 'no injury'. Which is really encouraging trend to see.		

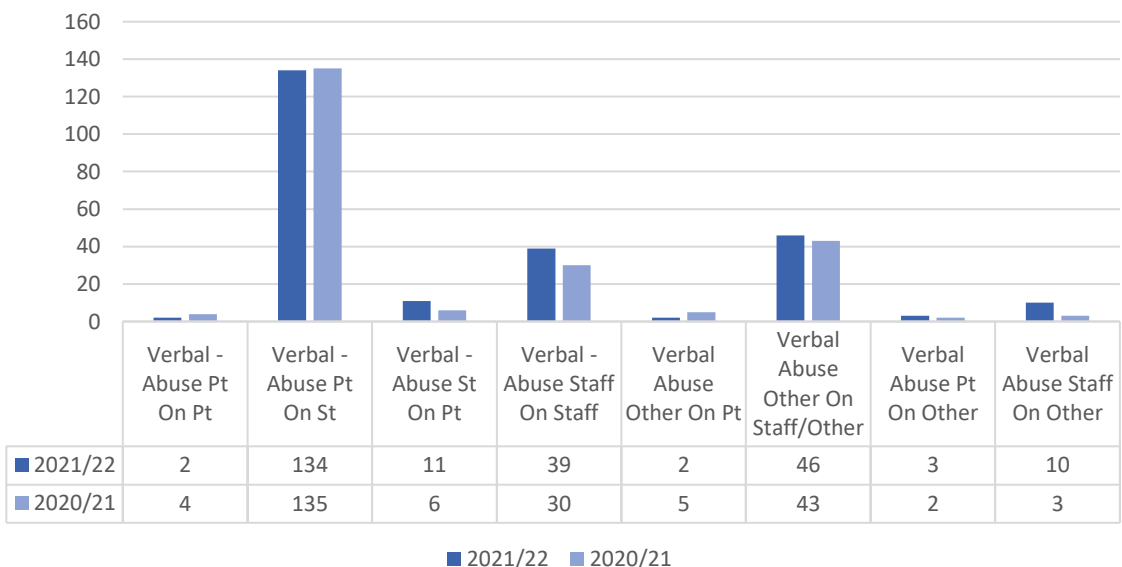
Verbal Abuse Staff on Staff (includes Agency Staff on Staff)

Number of incidents Apr 2020 to Mar 2021	Number of incidents Apr 2021 to Mar 2022	Increase/Decrease
30	39	Increase of 30%
<p>This shows an increase of 30% in incidents reported for staff on staff verbal abuse. The incidents were generalised throughout the year with a spike in reported incidents during July 2021. There was no one month where an incident wasn't reported.</p> <p>Of the total incidents 3 incidents involve theatres, 2 radiology and 8 where the instigator Drs/Consultants/GP/Anaesthetist. The incidents comment on how staff are talking to each other - miscommunication, misinterpretation, the way it is said (i.e. abruptly, angrily, rude) or making the other party feel intimidated.</p> <p>To note that 5 of these incidents were in earshot of the patient/visitor.</p>		

Verbal Abuse Patient on Staff & Verbal Abuse other on staff/other

Number of incidents Apr 2020 to Mar 2021	Number of incidents Apr 2021 to Mar 2022	Increase/Decrease
135	134	Decrease of 1%
43	46	Increase of 7%
<p>Summary: Overall there has been a minor increase on verbal abuse incidents compared to the previous financial year although this shows that this is a true trend.</p>		

Verbal Abuse Incidents



Security Breach

Number of incidents Apr 2020 to Mar 2021	Number of incidents Apr 2021 to Mar 2022	Increase/Decrease
23	30	Increase of 30%
Summary: Increases due to Covid compartmentalisation and associated breaches of this being reported		

Security Unsafe Environment

Number of incidents Apr 2020 to Mar 2021	Number of incidents Apr 2021 to Mar 2022	Increase/Decrease
50	136	Increase of 172%
Summary: This has seen a drastic increase however the reason for this increase is a large variety of incidents being reported under the 1 cause group – all incidents in this group are currently being raised by Serco security. These include incidents involving aggressive patients within wards, reports of missing patients and generally unsafe areas.		
Further analysis will be required overtime to understand if this new category of reporting is statistically significant.		

Sanctions issued 2021/2022

- 23 x Verbal warnings
- 7 x UBLs issued
- 1 x Acceptable Behaviour Agreement
- 0 x Final Warnings
- 0 x Joint Wilts Police/GWH warning letter
- 3 x Community Protection Warnings
- 0 x Community Protection Notice
- 8 x Successful prosecutions (1 x custodial)
- 1 x Injunction

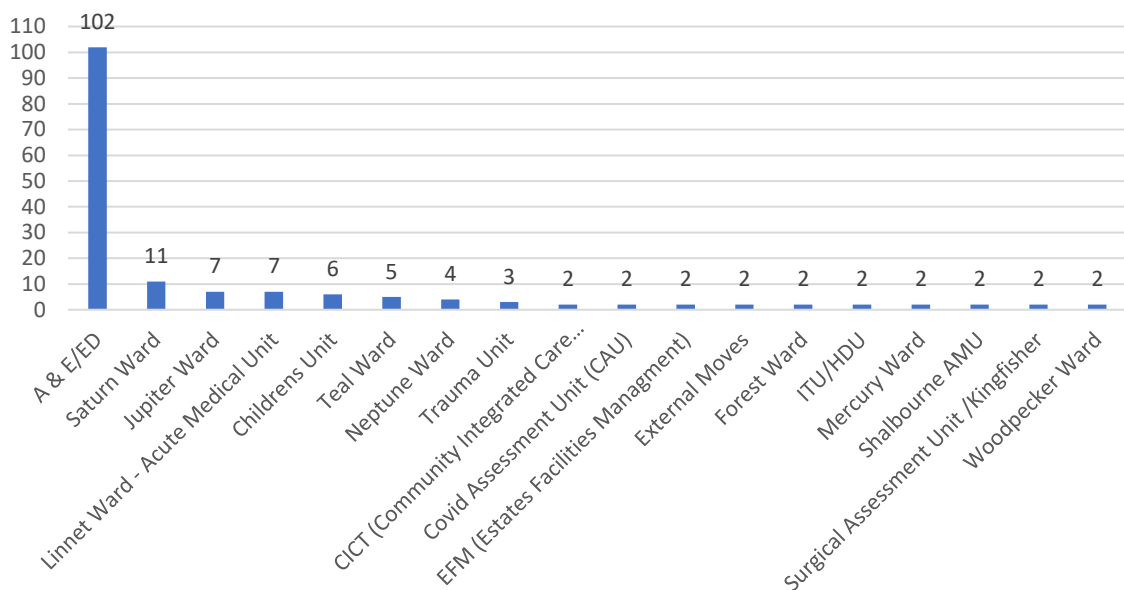
This year we have seen a number of successful prosecutions, with 1 resulting in a custodial sentence. The SAFE Client Engagement Lead continues works with numerous partner agencies to hold perpetrators to account for their actions on Trust. Safe has developed an extremely good working relationship with the Wiltshire police SPOC (single point of contact). This continues to be mutually beneficial and has been instrumental in helping to secure these prosecutions over this reporting period.

Police Involvement by department

The Security Assurance Group [SAG] also measures and analyses the cases of Police involvement across the Trust. As can be seen by the chart below this is predominantly an Emergency Department occurrence and when compared to last financial year 2020/21, the total police involvement cases have gone down from 219 to 181 across all departments.

Emergency Department Police Involvement cases specifically have gone down slightly from 129 in 2020/21 to 102 in 2021/22.

Police Involvement by Department



Please note: There were a further 16 departments where there was one occurrence of police involvement. Listed below rather than in chart for ease of viewing.

- Ampney ward
- Atrium
- Beech ward
- Car parks
- Catering
- Children's Emergency Department
- Dental unit – Chippenham
- Moredon Medical Centre
- Orchard ward
- Penhill surgery
- Same Day Emergency Care
- Serco services (formally Carillion)
- Sunflower Lodge
- Theatre
- Transport department

12. Health & Safety, Fire and Security business plan Year end Achievements and Outcomes 2021/22 and Draft Objectives and Target proposals for 2022/23

The Health & Safety, Fire and Security Business Plan objectives and targets for 2021/22 are highlighted in Table A below. Quarterly reports were provided to the Trust Health and Safety Working Group alongside the Health & Safety Committee and the Security Assurance Group on the detail regarding progress against each.

The targets for 2022/23 are detailed in Table B further below and have been specifically identified by the Trust Health, Safety, Fire and Security team as necessary to enhance and further improve the Trust Health & Safety Management System development and performance.

Some objectives were postponed from the 2021/22 targets due to the exceptional impact of Covid-19 on the Trust and society in general.

As necessary these objectives have been incorporated into the H&S, Fire or Security performance improvement direction for the following year.

The proposals for 2022/23 were approved by the Trust H&S Committee in June 2022.

Table A

Business Plan 2021/22
Quarter 4 Year End Update

Health & Safety, Fire and Security business plan objectives & targets 2021/22

Action	Desired Outcome	Action owner	Action by when	Status
Management				
To conduct a review of the current H&S team structure to ensure resilience through succession planning and to enable suitability for potentially more collaborative working across the BSW ICS.	Review to be completed and recommendations accepted by H&S lead Exec.	H&S	Q4	Not yet completed – to be carried forward to 22/23 Plan
Health & Safety				
To assist in the implementation of the Trust Agile Working and Home Working strategies and to ensure that HSE guidance and best practice health, wellbeing and H&S practices are adopted for home and mobile workers.	Home Working Survey conducted and conclusions presented to H&S Committee.	HR / EfM / H&S	Q3	Completed Workforce Intelligence now producing & monitoring
* To conduct a Trust wide ‘smart survey’ web-based H&S audit verification and feedback process across all Departments	H&S Audit completed, constructive feedback & assistance provided to Departments and analysis of findings presented to H&S Committee.	H&S	Q2	Completed
To conduct a specific Trust wide H&S review & implementation campaign of the Departmental monthly safety Rep / Fire Warden Inspection process.	Monthly H&S/Fire Inspection process improvement in 2022 Audit [outside top 3 failure themes]	H&S	Q4	Completed
This was identified as a concern during 2020 H&S audit.				
To conduct a specific Trust wide H&S review & implementation campaign of Departmental COSHH management process.	Departmental COSHH management process	H&S	Q4	Completed
This was identified as a concern during 2020 H&S audit.	improvement in 2022 Audit [outside top 3 failure themes]			
To introduce 2 day H&S Training Courses which are provided off site and are suitable for H&S Reps and Managers	Several courses per year arranged and held providing vital H&S training [as per demand]	H&S	Q1	Completed
To introduce a proactive H&S Inspection process within Departments across the Trust to be carried out by H&S staff and to report on findings to local Mgt. [Aim to enhance and improve the Trust Safety Management Programme between the Annual H&S Audit and Monthly Safety Rep/Fire Warden Inspections currently carried out]	20 Departmental Inspections carried out within Departments in accordance with H&S Plan. Reports sent to Managers and any high-risk findings are followed up to resolution	H&S	Q3	Completed Majority of inspections were Audit follow-ups
To closely monitor national guidance on Covid related safety measures throughout the year and consider & introduce / adapt procedures & processes as necessary to ensure continued compliance.	To maintain compliance. To provide a Covid safe environment for all building occupants.	H&S	Q4	Completed
Fire safety				
* To assist in integration of the suitably resourced fire safety function into the ‘Way Forward’ Trust expansion project and EfM generally.	Suitably resourced EfM Fire Safety function.	EfM/ H&S	Q4	Not yet completed – to be carried forward to 22/23 Plan
To create a formal Ski Sheet training programme and integrate into a Trust wide Fire evacuation / Desk Top compliance monitoring process.	All sites / Departments can confirm when fire evacuation exercise/desk top training was carried out & lessons learned shared.	H&S	Q3	Progression on-going due to Covid restrictions

Action	Desired Outcome	Action owner	Action by when	Status
Security				
To create a Trust Lockdown Policy in collaboration with Trust Resilience and Serco Security.	Trust Security Lockdown Policy completion and implementation by both Trust and Serco management systems.	H&S	Q3	Completed
*To conduct a formal 'Lockdown Exercise' of the Emergency Department at GWH to test Keri system functionality and the Security I-Respond deployment plans.	To complete a site lockdown capability exercise.	H&S /Serco Security	Q4	Not yet completed – to be carried forward to 22/23 Plan
*Abduction Exercise - To test and challenge the functional ability of our Trust Baby Tagging alarm and lock down system. [Carried forward from 2019/20 Objectives]	Successful abduction exercise conducted [with baby tagged dolly] and learning shared with relevant teams and SAG [Security Advisory Group].	H&S /Serco Security	Q4	Completed
To develop a plan that looks to upgrade & future proof the CCTV on site (including for future site developments).	A clear, costed plan that can be used to inform a future capital spend application.	H&S	Q4 (but some 'quick wins' much sooner)	Completed CCTV specification for UTC, SwICC and future site agreed

* = Carried forward from previous year

Table B

Business Plan 2022/23

Health & Safety, Fire and Security business plan objectives & targets 2022/23

The table below, which was approved by Health & Safety Committee in June 2022, sets out the Trust’s primary Health & Safety related objectives & targets for 2022/23. Although not an exhaustive list, it demonstrates the Trust’s strong commitment to health & safety and progress will be monitored throughout the year at H&SC.

Action	Desired Outcome	Action owner	Action by when	Status
Management				
* To conduct a review of the current H&S team structure to ensure resilience through succession planning and to enable suitability for potentially more collaborative working across the BSW ICS.	Review to be completed and recommendations accepted by H&S lead Exec.	H&S	Q1	
Health & Safety				
To assist in the monitoring of the Trust Agile Working and Home Working strategies and to ensure that HSE guidance and best practice health, wellbeing and H&S practices continue to be adopted for home and mobile workers as this new work method develops.	HR created KPI’s of permanent, regular and ad hoc home working and Agile working arrangements regularly presented at H&S Committee.	HR / EfM / H&S	Q2	
To conduct a Trust wide ‘smart survey’ web-based H&S audit verification and feedback process across all Departments	H&S Audit completed, constructive feedback & assistance provided to Departments and analysis of findings presented to H&S Committee.	H&S	Q2	
To conduct a specific Trust wide H&S review of the process for ordering bariatric patient equipment. To confirm a process is in place	To confirm consistent process in place across the Trust	H&S	Q2	
To conduct a specific Trust wide H&S review & implementation campaign of Departmental First Aider management process and provision.	Departmental First Aider risk assessments completed and compliance measured as part of 2022 H&S Audit process.	H&S	Q3	
To actively encourage more line managers to attend the newly introduced 2 day off site H&S Training Courses by various promotion & Comms methods.	10% of all course attendees to be line managers. Progress to be measured and presented to H&S Committee quarterly	H&S	Q4	
Fire safety				
** To assist in integration of the suitably resourced fire safety function into the ‘Way Forward’ Trust expansion project and EfM generally.	Suitably resourced EfM Fire Safety function.	EfM/ H&S	Q1	
To carry out a formal Ski Sheet training exercise within Primary Care	Primary Care ski sheet training exercise/s completed, lessons learned / shared & outcomes presented to H&S Committee	H&S	Q1	
To conduct a walk through Fire Evacuation exercise within a functional Ward based environment.	Ward based fire evacuation exercise completed, lessons learned / shared & outcomes presented to H&S Committee	H&S/EPRR	Q2	
Security				
To create a ‘Staff Physical Safety’ Action Plan with actions to improve staff safety and security confidence whilst at work.	Action Plan progress monitored and reported regularly to the Security Advisory Group [SAG].	H&S	Q1	
**To conduct a formal ‘Lockdown Exercise’ of the Emergency Department at GWH to test Keri system functionality and the Security I-Respond deployment plans.	To complete a site lockdown capability exercise.	H&S, Serco Security, EPRR	Q1	

Action	Desired Outcome	Action owner	Action by when	Status
Security				
Infiltration Exercise - To test and challenge the security culture of staff by systematically attempting to access Keri locked areas across the Trust by tailgating and other means	Infiltration exercise carried out and report of findings issued with recommendations for improvement presented to H&S Committee.	H&S	Q4	
To ensure that all active cards on Keri are relevant and that any cards that have been inactive for more than 90 days are removed except for some cards that will be identified by H&S team.	To provide assurance that the Keri card system is being continuously monitored and managed	Keri co-ordinator & Serco where requested	Q4	
Rolling bite size programme over 12 months to undertake the replacement of PXL to NXT controllers in identified high risk/sensitive areas	To confidentially provide assurance that there is a proactive replacement programme for aged PXL controllers (monitoring of this via quarterly SAG meeting)	Keri co-ordinator/ H&S team	Q4	

* = Carried forward from previous year

13. Statement of Commitment for Health & Safety

The following statement of commitment is signed by the Trust Chief Executive and Chairman each year and continues to form the first page of the Trust Health & Safety Policy. The statement is also audited to ensure that it is adhered to departmental Health & Safety noticeboards across the Trust.

The following statement is as per 2020/21 and is considered as remaining suitable and sufficient for Executive Committee consideration.

Health & Safety Policy

Statement of Commitment

The health, safety and security of everyone who may be affected by the Great Western Hospitals NHS Foundation Trust's activities including staff, patients, visitors and carers is of paramount importance to us all.

The Chief Executive and Board are committed to providing and maintaining a safe and healthy working environment providing and maintaining safe plant and equipment and ensuring safe manual handling practices as well as safe use of hazardous substances so far as is reasonably practicable.

The Trust will strive for continual improvement in all aspects of risk management and aim to prevent accidents and cases of work-related ill health whilst recognising its requirements to comply with all relevant health & safety legislation as a minimum requirement. In pursuing these aims, Trust employees are empowered to take all reasonable steps to ensure the highest standards of health, safety and welfare for staff, patients, visitors and any other persons that may be affected by the Trust's activities.

The Trust will provide adequate control of the occupational health and safety risks arising from our work activities and will provide the necessary information, instruction, training and supervision for our staff in order to ensure they are competent to conduct their tasks.

The Trust recognises that good risk management awareness and use of risk assessment practice at all levels is a critical success factor for our organisation.

Policies will be reviewed regularly in line with changes in legislation, approved codes of practice or official guidance as recommended by recognised national bodies as advised by the Health and Safety Department.

The Trust encourages staff at all levels of the organisation to give consideration to and take a responsible approach to the assessment and management of all risks when planning and organising work activities or changes to the workplace. In order to promote active participation and consultation at all levels within the organisation, the Trust encourages staff to take on health and safety responsibilities particularly as accredited Safety Representatives.

Full co-operation on the part of staff is vital to the successful delivery of this Policy and in achieving the safety aims of the Trust. The Trust expects all staff to fully comply with all matters of health and safety and in return offers full commitment to the well-being of employees. Each employee shall recognise their personal involvement and responsibility for observing all Trust policies and procedures.

Appendices

Appendix A – Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

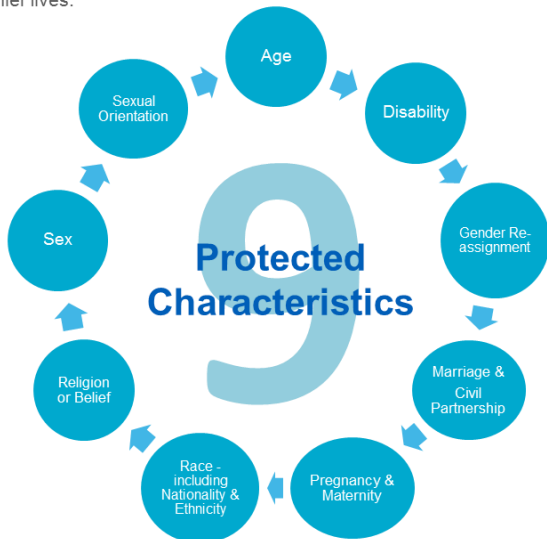
Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels
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