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### **Meeting: NHS Golden Jubilee Board**

### **Meeting date: 27 March 2025**

### **Title: Health & Safety Report - Quarter 3 (2024/2025)**

### **Responsible Executive: Jonny Gamble, Director of Finance**

### **Report Author: David Wilson, Head of Health and Safety**

## Purpose

### This is presented to **NHS Golden Jubilee Board** for:

* Decision

### This report relates to a:

* Legal Requirement
* Local Policy

### This aligns to the following NHS Scotland quality ambition(s):

* Safe
* Effective
* Person Centred

**This aligns to the following NHSGJ Corporate Objectives:**

* Leadership, Strategy & Risk
* Facilities Expansion & Use

## 2 Report summary

## 2.1 Situation

The Committee is asked to note the following key points:

* One reportable incident to HSE in this period.
* Health and Safety related adverse incidents remain low with no significant trends
* There have been no high risk rated events in this time period.
* There has been no regulatory enforcement action in this time period.
* Introduction of new fire safety guidance SHTM 80
* Health and Safety related policies update
* Safety Action notice (helipad operations) update
* Health and Safety Inspection update
* Mask fit testing update

## Background

The Health and Safety at Work etc. Act 1974 is the primary legislation covering health and safety in the UK. Sections 2 (6) and 2 (7) of this Act requires employers to formally consult their employees on matters that affect their health and safety. NHS Golden Jubilee has decided that the most effective way to discharge these requirements will be through the formation of Divisional Health & Safety Forums and Health & Safety Committee.

The main purpose of the committee is to foster a culture whereby the promotion of the health and safety of employees, patients, visitors, contractors and suppliers becomes an integral part of our organisation’s activities.

The committee terms of reference sets out a number of aims and these are summarised below:

* To encourage safe working practices and safeguards for all staff and others in line with health and safety legislation.
* To promote safety consciousness within staff at every level in order to effect a reduction in the level of accidents.
* To promote appropriate courses of training in health and safety for all staff.
* To consider concerns expressed by management and staff in relation to health and safety matters.
* To agree a program of workplace inspections, receive reports and make recommendations on action required.
* To monitor progress against health and safety action plan.

## 2.3 Assessment

Appendix 1 contains Health & Safety Quarterly Report for Q3. 24/25

### 2.3.1 Quality/ Patient Care

Ensuring we deliver safe patient care.

### 2.3.2 Workforce

Ensures we provide staff a safe working environment in accordance with NHS Staff Governance Standards.

### 2.3.3 Financial

In accordance with SFIs and existing resources.

### 2.3.4 Risk Assessment/Management

Key risks highlighted within Appendix 1.

### 2.3.5 Equality and Diversity, including health inequalities

Not applicable (N/A).

### 2.3.6 Other impacts

N/A.

### Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate. The purpose of this report is a means for communication, engagement and consultation.

### Route to the Meeting

N/A –as above (2.3.7) this update is for information sharing and provides a platform for further discussion at the Forum and Committee meetings.

## 2.4 Recommendation

* **Approval** – Staff Governance and Person Centred Committee is asked to approve the Quarter 3 Health and Safety Report.

## List of appendices

The following appendices are included with this report:

* Appendix No 1, Health and Safety Quarterly Report Q3 24/25.

**APPENDIX 1**

**HEALTH & SAFETY COMMITTEE QUARTERLY REPORT**

**Q3 2024/25 (1 October – 31 December 2024)**

1. **KEY HIGHLIGHTS**
   1. **Health and Safety Audit & Inspection**

* Monthly Matters article for November focused on Health and Safety Monitoring. This communication provided an additional focus on the Health and Safety Inspections within the digitised (synbiotix) system, along with links to user templates, supportive documents and offering of bite-sized training sessions via the Health and Safety Team.
* 6 training sessions on the inspection process offered throughout the month of November.
* Feedback sessions facilitated for users to provide early feedback to the Health and Safety team.
* SLWG has met and reached a conclusion to recommend that monthly inspections are no longer reported through this forum, however annual audit reports will continue to be reported. The recommendation will be formalised through a report.
  1. **Fire Safety**

**Fire Safety Group**

At the September round of Health and Safety Forum meetings, there was agreement to form a Fire Safety Group to support the management of fire safety. Like other specialist safety groups (e.g. Electrical Safety, Medical Gas Safety, Ventilation etc.) this group will report through the Health and Safety Forums and onto Health and Safety Committee. Part of the intended remit of the group will be to agree risk and support implementation of appropriate actions to mitigate those risks and to action reports from enforcing authorities. The first meeting for this group is scheduled for February 2025.

**SHTM 80**

A new guidance document, SHTM 80: Fire Safety– Model Management, has been issued via Scottish Government. This document provides important information on mandatory fire safety management. It outlines the necessary governance, organisational structure, and staff competency requirements for effective fire safety management. It specifies the framework for ensuring compliance with legislative and mandatory obligations, defines risk ownership and accountability, and provides guidelines for Health Boards to ensure the competency of fire safety personnel.

Estates and Health and Safety colleagues will work collaboratively to assess our compliance against the requirements of this document. An initial review has been undertaken and actions identified. A subsequent report will then be shared with the appropriate governance groups.

* 1. **Policy Update**

The following documents have been approved at the last Health and Safety Committee:

* Control of Contractors Policy
* Security Policy

Both of these policies have been uploaded to SharePoint.

The RPE was sent to Partnership Forum 11th November for final approval. This document is not yet uploaded to share point as it is pending H&S Committee chair sign off as per standard protocol for policy upload via Clinical Governance.

The Health and Safety Audit & Inspection Policy also requires to be uploaded to share point. Awaiting sign off from Chair as per standard protocol for policy upload via Clinical Governance. The intention will be to add both the RPE and H&S Audit & Inspection Policy to SharePoint via Clinical Governance 31st January 2025 (service for upload currently suspended as advised by Clinical Governance whilst the system is updated).

The following documents will be shared with the Health and Safety Divisional Forums for review and virtual approval January 2025

* CCTV Policy
* Lone Working
* Management of Violence and Aggression

The intention is to submit these policies to Health and Safety Committee for approval February 2025.

The following policies will roll over to the next forum meetings in 2 months’ time.

* Work Activity Risk Assessment Policy
* Control of Substances Hazardous to Health (COSHH) Policy
* Fire Safety Policy
* Helipad Policy

These policies will remain extant and available on share point despite lapsing beyond the standard 3 yearly periodic review period.

There are a number of H&S related policies that are linked to the Once for Scotland Managing Health at Work Policy. These topics include the following:

* + Dealing positively with stress at work
  + Promoting safe manual handling
  + Protecting the health, safety and welfare of people working alone
  + Protecting against violence and aggression at work
  + Reducing work-related driving risks
  + Biological and chemical hazards including Glove Selection

As these policies are still in the development phase, we intend to proceed with interim reviews of our local policies until these Once for Scotland policies are approved.

* 1. **Mask Fit Testing Update**

Following the facilitation of 5 training sessions, there are now 37 trained Mask Fit testers. The Mask Fit Testing equipment, including required consumables are available in a dedicated space on level 3. A meeting was convened with key stakeholders to provide additional clarity on the mask fit testing process and additional presentation provided at DMT meetings. Confirmation has been received from senior clinical management colleagues within HLD and NES that they are assured on the RPE policy content including the process and operational arrangements within the policy.

**2. ONGOING OR EMERGING RISKS**

As previously reported, the risk register was reviewed to enable the current risk register entries to transition onto the new risk register platform which will be hosted within datix. Reasonably foreseeable risks were listed and scored individually with consideration of additional control measures and actions identified. This led to an impact score to potentially allow focused actions based on the highest area of risk.

|  |  |
| --- | --- |
| Risk ID | Risk Title |
| HS1 | Violence and Aggression |
| HS2 | Fire Safety |
| HS3 | Lift Entrapment |
| HS4 | Infrastructure of Site |
| HS5 | Out of Hours Resilience |
| HS6 | On site Traffic Management - Emergency Vehicles |
| HS7 | On site Traffic Management – Slips, trips, falls |
| HS8 | Building Fabric – engineering failures |
| HS9 | Ability to respond to issues |
| HS10 | Limited Manual Handling Service Provision |

The agreement was for Clinical Governance to support transition of the above risks into the new datix system and that the new format would be presented at the next H&S Committee meeting in February 2025. This action has not been completed as we await update on return to work of key individuals from within the Clinical Governance team.

**2.1 SAFETY ACTION NOTICE**

At the last round of H&S Forums and Committee meetings, the details of Safety Action Notice (SAN) 2404 was shared. The SAN explains that Bristow UK SAR (Search and Rescue) air operator has withdrawn services/operations at NHS Golden Jubilee HHLS (and 22 other HHLS sites across the UK) as they are not currently assured that appropriate safeguarding is in place and in compliance with CAP1264 (latest version issued by the UK Civil Aviation Authority (CAA) April 2024).

In order to provide assurance to Bristow UK SAR, we have developed a SOP which Bristow have confirmed provides the required level of assurance. In addition to this, Bristow have undertaken a site survey and informally reported as being fully acceptable. Bristow will notify NHSGJ formally that they are assured and therefore permitting us to conclude matters and resume services as normal.

**3. ADVERSE EVENT REPORTING**

3.1 RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) require the reporting of specified work related accidents, diseases and dangerous occurrences to the Health and Safety Executive (HSE). In this reporting period there has been one reportable incident to HSE. This incident occurred 4th December 2024 involving a registered nurse undertaking cleaning schedule of pharmacy store in theatres. Staff member strained back undertaking this activity, resulting in over 7-day absence. Incident recorded appropriately on datix, complete with investigation details.

3.2 ADVERSE INCIDENTS

Staff are encouraged to ensure that all Health and Safety related incidents (employees, patients, contractors, and visitors) are reported via Datix. The top 5 sub categories for this reporting period (1st October 2024 – 31st December 2024) are included in table below:

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| --- | --- |
|  |  |

The highest sub category accounting for 13 events relates to ‘contact with sharps’. All risk ratings by severity are minor or negligible. Most of the incidents occurred within the range of theatres (x10). The remaining 3 occurred in CCU (x1), 4East (x1) and 2 east (x1). The review of the sharps investigation question set on datix requires to be reviewed and will be addressed in line with new datix software. Such a review will encourage a greater depth of investigation by the datix investigator and thus support learning to avoid recurrence. This issue was raised for further discussion at the January 2025 Clinical H&S Forum meeting.

The second highest sub category accounting for 10 events relates to slips, trips and falls. There are no trends in terms of location (theatres x2, 4 east x1, loading bay x1, 3 west x1, critical care x2, east stairwell x1, catering x 1, and NSD x1). All minor risk rated by severity with no obvious patterns/trends evident within this sub category.

The third highest sub category with 8 incidents relates to exposure to unsafe environmental conditions. In terms of location (NHSBT x 1, Theatres x2, CCU x2, Eye centre x1, main hospital reception x1). There was a mix of types of incidents within this sub category, however 2 were linked to cold internal temperatures (main reception and eye centre OPD) both on 19th November. All minor and negligible risk rating with one moderate risk rated event linked to unsuitable condition of vehicle provided to transport NORS team. Details of further investigation into this event is evidenced within the datix record.

The joint third highest sub category with 8 events is ‘exposure to hazardous substances’. In terms of location (4x theatres, 2x estates, 2x critical care). No significant trends relating to these incidents. Examples include blood traces found on forceps, non-conformance reports from clinical waste contractor, cleaning substance (actichlor) eye splash. All minor risk rated.

Fourth highest with 7 incidents is contact/collision incidents. There are no trends relating to location of events or nature of the incidents (for example, a range of various bumps/bruises from collision with door, bumping head against theatre boom, striking head against cupboard door in galley kitchen, etc.). 4 of these incidents occurred in theatres, 1x CSPD, 1x Hotel, and 1x east. All were risk rated as minor or negligible.

1. **PROJECTIONS FOR NEXT QUARTER:**

FUTURE INITIATIVES

4.2 Policy Review (Work Activity Risk Assessment, COSHH, Fire Safety, Helipad Operations)

4.3 Continued support to the roll out of the Health and Safety Audit and Inspection programme

4.4 Development of Annual Health and Safety Report.

4.5 Development of Health and Safety Strategy