



# event report

## Know your Landscape – Health and Safety Matters NASHiCS Tuesday 10<sup>th</sup> May, Cardiff National Association for Safety and Health in Care Services

The day was opened by Andy Hollingshead, National Vice-Chair of NASHiCS. David Francis, Assistant Chief Inspector, Care and Social Services Inspectorate, Wales (CSSIW) gave a thought provoking presentation regarding the balance of quality of life vs regulation. He advocated developing a "learning and listening" culture. His take-home messages were:

- Don't be stupid
- Challenge the norm
- Show respect
- Regular and peer review of processes
- Take responsibility
- Design out danger
- Communicate
- Provide training at all levels
- Recording – simple, smart and share

David Lozano, Station Manager for Care, Business Fire and Safety Dept., South Wales Fire and Rescue Service, described very similar issues with fire risk assessments that are seen with Legionella risk assessments i.e.:

- Not suitable or sufficient
- Not reviewed regularly
- Not identifying at risk persons

He also recommended peer review of policy and procedure documents as a different pair of eyes may see deficiencies, or conversely, may provide new ideas for their own premises. He advised to review according to the 3Ps - Premise change, Policy change and People change (the latter includes competence of those people.) The main areas to be covered should include:

- Planning
  - Organisation
  - Control
  - Monitoring
- and
- Review

Inadequate maintenance is a common failing.

There were two breakout sessions:

Sean Elson and Gareth McManus of Pinsent Masons described the legal drivers. Recent legislation includes the Coroners and Justice Act 2009, Legal Aid Sentencing and Punishment of Offenders Act 2012 (unlimited fines), HSE (fees) regulations 2012 and Sentencing Guidelines February 2016. The latter is predicated around size and turnover, culpability and level of harm of the offender. They asked how one defines what is low culpability? A number of cases have already been tried under the new guidelines. The last 12-18 months have seen a number of Corporate Manslaughter cases taken to court within the healthcare sector. He also advised that payment of the Fee For Intervention (FFI) acknowledges responsibility and may have repercussions for the future, so they may be worth challenging.

Regulators include the Police, Coroner, HSE, LA and CSSIW (in Wales). They reviewed the term "So far as is reasonably practicable" and noted that consent, connivance and neglect are all personal responsibilities. The recent sentencing guidelines describe a harm category from a matrix i.e. seriousness of harm risked vs likelihood of harm. From this the culpability and fines can be selected – they showed a chart which indicated potential fines of £2.5m on a business which has a turnover of £50m.

During the questions it was noted that the CQC, HSE and local authorities have a memorandum of understanding to reflect CQC's new enforcement powers – however, they are still finding their way. There is a statutory obligation to

provide "Duty of candour" during investigations – being honest to all involved. Organisations need a plan and need clear communications.

The second breakout session was delivered by Richard Deakin from Nant, who reviewed the processes involved in Legionella management, but also the balance between scalding and Legionella risk, which has a high importance within the care industry. There have been a number of recent high profile news stories regarding scalding and others reporting deaths from Legionella. Richard advised careful risk assessment regarding placement and regular maintenance of thermostatic mixing valves. It was also noted that there need to be procedures in place for the protection of maintenance staff, who may be at risk when performing Legionella control measures.

Sue Sheath, Director of Regulation for Barchester Healthcare reviewed whether quality auditing delivers quality care and safe services? Quality can be defined as meeting or exceeding expectations at a price that the consumer is willing to pay. This may be different to what people would expect for a "quality of life" definition. The Chartered Quality Institute has a number of key principles which include leadership, management, people and continuous improvement.

Quality in care involves safety, efficiency, responsiveness, patient experience and good leadership. The cost of poor quality care has massive ramifications. She described key quality measures, such as fit for purpose vs value for money. Audit provides additional checks and trusted second opinions, checks for compliance and detects and prevents failure. Organisations should benchmark against competitors and identify best practice. Quality requires a framework including internal, interested party and external audits. However, resource needs to be considered and choices between risk-based or comprehensive auditing needs to be decided. There is also a need to provide good return on investment.

Key drivers – clinical audit is well established in healthcare. The National Institute of Clinical Excellence (NICE), have recently helped with the provision of a framework. Best practice is to be person-led, structured and evidence-based. Any actions taken should drive organisational change but this requires resource and appropriate organisational culture. Sue described a case study of an established home whereby an internal inspection identified concerns which were not followed up in a timely fashion and which were then acted upon by the CQC. This resulted in significant financial cost and negative press because those early warning signs had been ignored. A root cause analysis provided 40 recommendations which then drove wide-scale organisational change. Quality is a collective and pervasive endeavour and constant learning is essential.

Emmie Galilee, Head of Health and Social Care Services Unit from the HSE closed the day with a review of latest HSE initiatives. She reported that the HSE will not get involved in the social care sector if the issue is clinically related. The memoranda of understanding are in place to ensure that the most appropriate regulator takes the lead. She described the new HSE health and safety strategy which is proportionate and risk based and advised that COSHH is planned for review. There are no plans to do any additional inspections by HSE but the intervention strategy will be revised later this year.

This was a highly interesting day which was supported by Nant Ltd as the key sponsor. The National Association for Safety and Health in Care Services (NASHiCS) focuses on many aspects of health and safety affecting the care sector. It was formed in October 2004 from the long established National Social Care Health and Safety Forum. Membership is open to all in the social care sector and has developed links with other institutions, government bodies, enforcement agencies and care sector associations with an aim to influence safety and health in caring services.

*Elise Maynard, Chair, WMSoc*