

## **Health and Safety Annual Report 2018-2019**

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## Executive Summary

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The purpose of the 2018/2019 annual report is to provide the Trust Board of Directors with an update on health and safety and to summarise Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) performance. The report details a programme of work undertaken during the fiscal year, in order to work towards the highest standards of health and safety.

Overall the report captures the diversity of activity relating to health and safety that takes place at Bradford Teaching Hospitals NHS Foundation Trust, whilst combining statistical information on incidents with explanatory information on management.

All matters of health and safety are essential factors which must be integrated within all corporate and management decisions, such that it is embedded within the Strategic Objectives

During 2018/2019 the Trust's performance in relation to Health and Safety has been good; there are opportunities for improvement with Control of Substances Hazardous to Health (COSHH), violence and aggression and medical devices. There have been a number of areas of improvement during 2018/2019 such as Reporting Incidents, Diseases and Dangerous Occurrences (RIDDOR), Moving and Handling and waste management.

The report provides summary information relating to the Trusts compliance with health and safety and the key priorities for the Health and Safety team during the current and next fiscal year.

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## Introduction

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The Health and Safety risk profile across Bradford Teaching Hospitals NHS Foundation Trust ('The Trust') is developing exponentially across the Trust, with a defined governance structure, reporting to the Board of Directors through the business of the Health and Safety Committee until January 2019 when the Committee changed its Terms of Reference so it is now a Sub-Committee of the Quality Committee and will be known as the Health, Safety and Resilience Committee.

The overall aim of this report is to assess the level of compliance with health and safety legislation and to identify areas which require further attention to improve compliance. This report therefore provides analysis of health and safety performance across the Trust for the year April 2018 to March 2019 by reviewing and assessing:

- The internal structure for the management of health and safety
- The arrangements in place to identify and remove/reduce significant risks.
- How the Trust is performing year on year (both internally and benchmarking with similar organisations)
- Compliance with relevant health and safety legislation
- Consultation with employees
- External stakeholders/influences (e.g. HSE, Estates and Facilities alerts, best practice)

The report has been structured using the Health and Safety Executive<sup>1</sup> model of managing health and safety as described in HSG65. The four elements of this model are: Plan, Do, Check, Act.

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## Background

The basis of the United Kingdom's Health and Safety Law is the Health & Safety at Work Act (HASAWA) (1974). The Act sets out the general duties which employers have towards employees and members of the public, and employees have to themselves and to each other.

The Trust therefore has a legal duty to put in place suitable arrangements to manage for Health and Safety. As this can be viewed as a wide-ranging general requirement, the Health and Safety Executive encourages a common-sense and practical approach. It should be part of the everyday process of running an organisation and an integral part of workplace behaviours and attitudes. The key to effectively manage health and safety are:

- leadership and management (including appropriate business processes)
- a trained/skilled workforce
- an environment where people are trusted and involved

HSE advocates that all of these elements, underpinned by an understanding of the profile of risks the organisation creates or faces, are needed. This links back to wider risk management and can be pictured in Figure 1.

*Figure 1: the Core elements of managing for health and safety*



The Management of Health and Safety at Work Regulations (1999) require employers to put in place arrangements to control health and safety risks. As a minimum, the Trust should have the processes and procedures required to meet the legal requirements, including:

- a written health and safety policy
- assessments of the risks to employees, contractors, customers, partners, and any other people who could be affected by your activities – and record the significant findings in writing
- arrangements for the effective planning, organisation, control, monitoring and review of the preventive and protective measures that come from risk assessment
- access to competent health and safety advice

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- providing employees with information about the risks in the workplace and how they are protected
- instruction and training for employees in how to deal with the risks
- ensuring there is adequate and appropriate supervision in place
- consulting with employees

HASAWA places the overall responsibility for Health and Safety with the Trust Board of Directors (as the employer). The Director of Governance and Corporate Affairs has delegated responsibility from the Chief Executive for the overall management of Health and Safety.

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.

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## 1. Plan

### 1.1 Health and Safety Governance

The Trust has a Health and Safety Committee who reported direct to The Board of Directors until January 2019 when the Terms of Reference were changed so it is now a Sub-Committee of the Quality Committee and will be known as the Health, Safety and Resilience Committee (HSRC). It is chaired by the Director of Governance and Corporate Affairs. Staff Side health and safety representatives are involved in all aspects of health and safety decision making, this includes membership on the Health, Safety and Resilience Committee.

The business and governance of the Health, Safety and Resilience Committee, is supported by an infrastructure of sub-groups representing and assuring key areas of legislation or regulation (including sharps injuries, COSHH, ionising radiation, non-ionising radiation, medical devices, medical gas and waste). An organogram of this governance infrastructure is presented in Appendix 1.

The Compliance Risk Assurance Group (CRAG) also reports directly into the Health, Safety and Resilience Committee. CRAG is the overarching health and safety group for the Estates and Facilities Department (EFD). It is supported by a number of sub groups for; health & safety, fire safety, legionella, electrical safety, security, water safety and ventilation.

In April 2018 the Estates and Facilities Health and Safety Group (E&F Group) was set up to provide a more integrated approach to health and safety management between the two previously separate departments. The group reports directly to (CRAG).

The EFD has a dedicated Risk Manager who is responsible for the health and safety of the department, supported by several subject matter experts covering:

- Fire
- Asbestos
- Legionella
- Manual handling
- COSHH
- Occupational Health

The EFD adopted the NHS Premises Assurance Model (PAM) on 1st April 2018. It is a self-assessment management tool that provides NHS organisations with a way of assessing how safely and efficiently they run their estate and facilities services.

The Trust commissioned a dangerous goods & healthcare waste audit from an external dangerous goods safety advisor, to assess the organisations compliance with the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (Amendment) Regulations 2011. The report was presented at the Health, Safety and Resilience Committee in 2019 along with an action plan developed to ensure the organisations compliance with the legislation. The action plan has been divided up and relevant sections of the action plan have been sent to the appropriate sub group of the Health, Safety and Resilience Committee for monitoring and escalating non-compliance.

The Trust purchased a software package for COSHH management; this package will manage COSHH more effectively. The system recommends ways to eliminate and substitute chemicals and assists with assessing risk and assists with providing assessments for the COSHH in the Trust. The system has been trialled in four key areas Clinical Engineering, Estates, Pharmacy and Risk Management of the Trust before roll out to the wider Trust in 2019/2020.

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Competent advice regarding Health and Safety is provided by a Head of Non-Clinical Risk (competent Person for the Trust) and Non Clinical Risk Manager.

## 1.2 Policies and procedures

The Trust has an overarching Health and Safety Policy, which describes the health and safety management system that the Trust adheres to. The Trust's policy acts as a pivotal document in implementing the Trusts safety management system (SMS), following the Health and Safety Executive HSG65 'Managing for Health and Safety' and to ensure, so far as reasonably practicable, a healthy and safety environment for all people who work, use or visit the Trust. The policy is designed to ensure communication of health and safety duties and benefits throughout the organisation. The Health and Safety Policy requires the Trust to set annual objectives designed to continually improve and refine the Trust's

- compliance with legislation
- management of risk
- engagement with staff, patients and others

The Trust's Health and Safety Policy is supported by a number of policies and procedures. The status of these policies is described in Appendix 2. There are a number of policies under review and this issue will be escalated during early 2019/20.

## 1.3 Roles and responsibilities

Roles and responsibilities regarding Health and Safety are clearly defined within the Trust's Health and Safety Policy. The Director of Governance and Corporate Affairs has delegated responsibility from the Chief Executive for the overall management of Health and Safety.

The day-to-day management of health and safety at a local level lies with Ward Sisters, Ward Managers and/or Heads of Department.

### Non-Clinical Risk Managers:

There is one Non-Clinical Risk Manager, who provides health and safety advice and the Head of Non-Clinical Risk who is employed by the Trust to act as the competent person.

### Fire Wardens:

Fire Wardens are nominated by the Ward/Department Manager. Their role is broadly twofold; fire prevention and responding to an incident. They also maintain the required fire safety log book.

### First aid provision:

A first aid protocol/procedure identifies which areas should complete a first aid needs assessment, and what type of first aid personnel is needed.

### Trade Union (TU) Safety Representatives

There are several Trade union (TU) Safety Representatives, who perform a valuable role in raising concerns on an ad-hoc basis and through their attendance at the Trust Health, Safety and Resilience Committee.

The TU Reps' have also assisted the Non-Clinical Risk Manager with workplace inspections and some risk assessments.

## 1.4 Objective setting

The Trust's Health and Safety Annual Report (2017/18) identified a suite of objectives for 2018/19. These are described and analysed in Appendix 3. For objectives where a review has resulted in the



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identification of outstanding actions, a recommendation is made. All recommendations made as a result of the reviews undertaken to support the content of this report are summarised in Appendix 6 of this report and have been used to develop the following objectives for 2019/20:

- To ensure that the Combined Risk Audit provides contemporaneous and consistent assurance that the Trust complies with the requirements of its Health and Safety Policy.
- To ensure that all risks associated with compliance with legislation are mitigated effectively and assured appropriately through the governance of the Health, Safety and Resilience Committee
- To raise the profile of Health and Safety in the Trust through the use of a health and safety climate tool, awareness raising and increasing the profile of allied work-streams such as strengthening risk assessments and business continuity planning
- To develop a suite of generic and work environment specific risk assessments
- To ensure the appropriate escalation of health and safety risk through divisional governance systems

## 1.5 Work-planning

In order to deliver the Trust's Health and Safety Objectives set for 2019/20 the Health, Safety and Resilience Committee agreed and monitor a work-plan. The work plan and the associated progress with each action are described in Appendix 4. The work-plan for 2019/20 is described in Appendix 7. This work-plan is derived from the objectives for 2019/20 and the actions identified as a result of the analysis required for this report (Appendix 6).

## 1.6 Changes in legislation

The Non-Clinical team and the specialist advisors work to ensure that policies and procedures are kept up to date with the latest health and safety legislation through the governance structures.

The three year 'Helping Great Britain Work Well' initiative was introduced in 2017; however this was implemented in 2018. The initiative emphasises that health and safety is not the responsibility of one individual in an Organisation, but should be an integral part of everyone's role within the workplace. The initiative focuses on sensible and proportionate risk management and keeping up with change.

In February 2019 a Mild Steel Welding Fume Safety Alert was published by the HSE. This alert was following scientific evidence that all welding fumes including mild steel welding can cause cancer and as such the HSE have raised the level of control requirements for mild steel welding. These are:

- Indoor welding tasks require the use of engineering controls such as Local Exhaust Ventilation (LEV). If LEV is unable to control exposure, then Respiratory Protective Equipment (RPE) is also required.
- Outdoor welding requires the use of RPE.

### ***Building (Amendment) Regulations 2018 (SI 2018/1230)***

These amendment Regulations came into force on the 21 December 2018 and have been made as a result of the tragic Grenfell Tower fire. They amend the Building Regulations 2010 to prohibit the use of combustible materials in the external walls to any building with a storey at least 18 metres above ground level which contains:

- One or more dwellings; or
- An institution; or
- A room for residential purposes.

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The regulation requires that all materials (other than those exempt under regulation 7(3)) that become part of an external wall or 'specified attachment' such as solar panels and balconies

This applies to both new buildings and refurbishment work where the external wall is involved.

### **Gas Safety Regulations 2018**

On the 6th April 2018, the Gas Safety (Installation and Use) (Amendment) Regulations 2018 came into force. This is an update to the Gas Safety (Installation and Use) Regulations 1998 which imposes duties on landlords, employers and those who install or maintain gas fittings.

One of the changes to the regulations includes the introduction of some flexibility to the timing of landlords' annual gas safety checks. Gas safety checks can now be carried out two months before the due date and still retain the existing 12 months expiry date.

### **Gas Appliances (Enforcement) and Miscellaneous Amendments Regulations 2018**

The purpose of these regulations is to provide for the enforcement of Regulation (EU) 2016/426 in relation to gas appliances and fittings which are new to the market from the 21 April 2018. Regulation (EU) 2016/426 is aimed at providing more protection for the health and safety of users. Regulation (EU) 2016/426 does not apply to second hand, reconditioned or repaired gas appliances.

### **18th Edition of the IET Wiring Regulations**

On the 2 July 2018, the 18th Edition of the IET Wiring Regulations was published. After the 31 December 2018, all electrical installations must comply with BS 7671:2018.

### **Update to the Workplace Exposure Limits**

In August 2018, the EH40/2005 Workplace Exposure Limits was updated to reflect new workplace exposure limits for 31 substances that were introduced by the Directive 2017/164/EU, the Fourth Indicative Occupational Exposure Limit Values. COSHH Risk Assessments should be reviewed to ensure that the workplace exposure limits are in line with the updates.

### ***Sentencing Guidelines for Manslaughter / H&S Legislation Changes***

On the 1 November 2018 the sentencing guidelines for manslaughter came into force in the courts. There are different types of manslaughter which will be covered by the guidelines. These include:

- Unlawful Act Manslaughter
- Gross Negligence Manslaughter
- Manslaughter by Reason of Control
- Manslaughter by Reason of Diminished Responsibility

The change in these sentencing guidelines will mean that jail sentences are much longer than they were before when someone has been convicted of gross negligence manslaughter.

These guidelines set out the four levels of culpability.

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### **The Health and Safety (Miscellaneous Amendment) (EU Exit) Regulations 2018**

These Regulations are being drafted to ensure that European Union derived health and safety protections will continue to be available in UK law after the UK leaves the EU.

The HSE has made minor changes to regulations to remove EU references and produced a number of guidance documents to assist businesses in preparing to leave the EU.

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## 2. Do

### 2.1 Risk profiling

The Trust recognises the importance of effective risk management which health and safety is a key part of, as a fundamental element of its governance framework. The Trust has in place a detailed Risk Management Strategy (RM51) which provides an overarching framework for the management of risk within the Trust.

Identified risks are risk assessed using a risk scoring matrix from which a current (taking into account existing control measures), target and residual risk score and rating is derived. Identified risks that require active and monitored mitigation are added to the Trust's risk register via the Datix Risk Management system in line with the Trust's Risk Management Strategy. This strategy includes detailed guidance for staff on the identification, assessment, mitigation and monitoring of risk. The Trust manages risk at a strategic, organisational, divisional and service level. Strategic risks are risks that have the potential to impact significantly on the achievement of the Trust's strategic objectives. These are reflected in the Board Assurance Framework as 'principal risks'. Organisational risks are risks that apply to the organisation as a whole, cannot be managed at Divisional level or, are considered a risk to the delivery of the Trust's strategic objectives. These are reflected on the Strategic Risk Register. Service level risks are risks that have been assessed as being active in relation to their likelihood and consequence, and following assessment it is considered can be appropriately managed and mitigated at a local level.

During 2018/19 full site risk assessments were in place for

- Waste contingency
- EU Exit looking into the resilience
- Security risks assessments
- De-escalation and physical restraint of patients
- Use and resilience of lifts
- Fire
- Use of safer sharps devices (including a generic Trust wide risk assessment on the safer use of sharps and where it is not possible to use safe sharps)

Where appropriate, risk assessments were completed for

- Manual handling;
- Lone Working;
- Stress;
- Display screen equipment;
- COSHH;
- New and expectant mothers;
- Violence & aggression

There are a number of staff based at, or working out of premises which are not owned or controlled by the Trust. To ensure their safety, a monthly compliance report is completed by each landlord, and forwarded to the Estates and Facilities Department; the report covers the following areas:

- fire safety
- water safety
- lifts and lifting equipment
- gas safety
- electricity

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The reports are reviewed by the Estates and Facilities Department to ensure compliance with legislation, building regulations and Health Technical Memoranda (HTMs).

During 2018/19 potential risk areas were identified, assessed and any significant risks which were not effectively mitigated at a local level were escalated through the risk escalation framework, which details the escalation procedure from workplace to the Health, Safety and Resilience Committee (this procedure can be found in the "Risk Management Strategy", policy ref: RM51). During 2018/2019 these risks were revisited and assessed to measure compliance and put in place actions. These risk areas are described in Appendix 5 and

- have been mapped to the appropriate legislation
- have been assessed in relation to the impact on compliance using the rating descriptions found in table 1.
- recommendations have been made to strengthen the existing mitigation

*Table 1: Assessment of compliance with legislation based on risk profiling*

RED	Non-compliant with regulations: Many gaps/areas of concern <b>MAJOR</b> level of risk due to non-compliance for Trust (no actions identified or plan in place to manage) and/or unsafe for patients/staff - Enforcement action almost certain
AMBER	Non-compliant with regulations: some gaps/areas of concern <b>MODERATE</b> level of risk due to non-compliance for Trust (actions identified, plan in place and on target to complete) And/or unsafe for patients/staff - Enforcement action likely/possible
YELLOW	Non-compliant with regulations minimum gaps/areas of concern. <b>MINOR/INSIGNIFICANT</b> level of risk due to non-compliance for Trust (actions identified and plan in place and on target to complete). No risk to patients/staff– Enforcement action unlikely
GREEN	Fully compliant with regulations (i.e. Legislations, HTM's, Guidance and no areas of concern. (actions complete and monitored for maintenance of compliance) No risk to patients/staff -No enforcement action expected

## 2.2 Organising for health and safety

### Co-operation and Communication

The Non-Clinical Risk Manager has meetings with the Trade Union Convenor to discuss health and safety issues. The quorum for the Trust Health, Safety and Resilience Committee includes Trade Union representatives.

Health and safety related policies/procedures are forwarded to the Trust Health, Safety and Resilience Committee and disseminated to all members of the Committee for comment; this includes the TU Representatives.

The Trust communicates health and safety information through a variety of mediums, such as:

- screensavers (a recent example is information on RIDDOR incidents)
- posters (e.g. the HSE Health and Safety Law poster)
- leaflets (a recent example is a leaflet produced about RIDDOR reporting)
- training sessions
- safety huddles
- learning matters publications

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**Competence:** Providing competent advice to the Trust:

The Head of Non-Clinical Risk was employed by the Trust to act as the competent person.

In addition there are subject matter experts in key areas:

- Fire
- Asbestos
- Legionella
- Manual handling
- COSHH
- Occupational Health

**Competence:** Ensuring staff competency:

A training needs analysis (TNA) is completed for all job roles; this determines the types of training the job holder should receive. It needs to be remembered that training alone does not equate to competency. To ensure the staff are competent in their role, a blended approach of training and on the job assessment should be used.

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### 3. Check

The Trust uses both proactive and reactive methods to assure compliance with Health and Safety regulations. The Health, Safety and Resilience Committee receives a summary of related key performance indicators at every meeting for review and challenge. The key performance indicators will be reviewed following this annual report so that the Health, Safety and Resilience Committee can assure the Trust that good progress in relation to management for Health and Safety is being made.

#### 3.1 Proactive health and safety measures

Proactive safety management is a planned approach to understanding effectiveness of the health and safety management. It allows the opportunity to resolve issues before an incident occurs. It includes:

- Training (Key Performance Indicators)
- Combined Risk Audit
- Internal Audit
- Number of risk assessments undertaken
- Workplace Inspections

Proactive safety management will enforce a positive safety culture and help to prevent accidents happening as health and safety is recognised as everyone's responsibility.

The performance and outcome of each method are described below in the following sections:

- **Training attendance 2017/18 and 2018/19**

Table 2 shows the percentage compliance with a range of Health and Safety related training. There has been a significant improvement in compliance with Health and Safety training 2018/2019. Moving and Handling training has changed from competency assessments to classroom based training undertaken by the Manual Handling team. The Manual Handling team has evolved to include three Trainers and Ergonomics Advisor (1 vacant post currently).

*Table 2: percentage compliance with mandatory training type*

Training type	2017/18 (%)	2018/19 (%)	Trend
Fire safety (one or two yearly)	79%	84%	↑
Moving & handling (Low risk three yearly)	87%	99%	↑
H&S awareness (two yearly)	81%	89%	↑
Moving & handling med/high risk (two yearly)	62%	78%	↑
Strategic risk management (Two yearly)	67%	94%	↑

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- **Local inductions for new starters and visitors on site:**

Contractors are required to watch a site specific induction video which comprehensively covers the Trust site and safety rules. To evidence that contractors have fully understood the information conveyed they are required to successfully pass a multiple choice question paper. On successful completion of the test, the contractor is subsequently issued with a contractor induction pass. As part of the contractors' induction there is a site induction checklist that must be completed with the contractors' and made clear to the contractor, that they are responsible for ensuring their employees are able to demonstrate that they have received site induction information.

Within the Induction Policy there is a checklist for local induction. The Health and Safety section includes details of:

Purpose and procedure for referrals to Workplace Health and Wellbeing Centre

Procedure for evacuation

Fire exits, fire equipment & assembly points

Major Accident Policy

COSHH

RIDDOR Regulations

Health & Safety Policy

Areas Health and Safety procedures

DSE assessment

Moving & handling procedures:

Medicines safety procedures:

Incident reporting procedures:

Infection Control Procedure

Explanation of the key equipment used within the ward/department and training requirements.

- **Combined Risk Audits**

The Combined Risk Audit has been deferred to 2019/2020, to enable a review of how to establish the best way of obtaining meaningful results and action. The proposal for the new combined risk audit will be presented to the Health Safety and Resilience Committee in quarter 1, 2019/2020

- **Internal audit**

Audit Yorkshire undertakes regular audits of the Trusts health and safety systems and an internal audit was conducted by Audit Yorkshire in March 2019 on the Carriage of Dangerous Goods; COSHH. The objective of this audit was to provide assurance that the Trust has appropriate and effective controls in place for the transportation of COSHH items.

The results of the audit are expected in quarter 1, 2019/2020.

- **Risk assessments**

The Trust's Risk Management Strategy requires a formal risk assessment to be completed when a hazard is identified. The Trust has implemented a two phase approach to health and safety risk assessments:

- Phase one: Generic risk assessments are being undertaken for tasks which are common across the organisation (e.g. slips and trips, manual handling, stress). These are held centrally and made available to all areas. In some instances these generic assessments will be sufficient, but in other areas they may need to be adapted to reflect local conditions.
- Phase two: Additional risk assessments will also be identified and completed, which will be area-specific (e.g. clinical, admin, communal).

These assessments are being added to the combined risk audit which will be used to measure the level of compliance and provide levels of assurance.

There is a structure in place which enables unresolved risk assessment to be escalated onto a particular level of risk register (Sub-Committee/Divisional/Strategic), depending on the risk score.



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In addition, copies of all completed risk assessments are sent to the Risk Department and added onto a database (the risk assessment repository).

- **Workplace inspections**

Workplace inspections in collaboration with the TU Convenor were limited during 2018/19, and the programme of inspections will be strengthened during 2019/20.

- **Health and Safety Climate Survey**

The prevailing health and safety culture within an organisation, i.e. the way it approaches and manages health and safety issues, is a major influence on the health and safety-related behaviour of people at work. The HSE advocate that developing a positive health and safety culture is important if high standards of health and safety are to be achieved and maintained. The Trust has never used cultural or climate assessment tools in relation to Health and Safety.

**Recommendation:** undertake a health and safety climate survey on an annual basis and use the results as part of the KPI's for health and safety. This should include the number of completed surveys and the "scores" from them. This can then be used to view progress on a year by year basis, and could identify particular areas of concern (AP10)

### 3.2 Reactive Monitoring

The Trust monitors health and safety performance in a reactive way by ensuring that precursor incidents are identified, analysed and contextualised through its Quality Oversight System. Precursor incidents can be identified through incident reporting, complaints, staff and patient feedback, risk assessments, failures of business continuity plans etc. The Quality Oversight System enables the categorisation of precursor incidents, the agreement in relation to the level of investigation required and the identification of any learning.

#### Health and safety incidents 2018/19

The Trust monitors all health and safety incidents with specific reference to the top five occurring incidents. The Foundation Trust has encouraged managers and their staff to report incidents throughout 2018/2019. The Data categories used to generate this report have been reviewed and updated to enable more accurate reporting of Health and Safety related incidents. It is expected that with the continued promotion for managers to report incidents, these figures may increase in the following year. Table 3 provides a summary of the top five incidents by frequency for 2018/2019 and is compared to the previous reporting year.

*Table 3: The top five Health and Safety Reported Incidents*

Incident category	2017/2018	2018/2019	Trend
Verbal abuse	157	154	↓
Threatening behaviour	165	137	↓
Physical assault	132	117	↓
Contamination incidents	110	156	↑
Staff, visitors and contractors slips, trips and falls	55	61	↑

The incidents coded as health and safety incidents have been under review in 2018/2019 to ensure that these are a true reflection of health and safety incidents and do not include non-clinical risk incidents, these changes are still ongoing. Until December 2018 contamination incidents was an incident category which included exposure to blood and bodily fluids which is now under 'exposure to harmful substance'. Needlestick incidents are now coded under 'cut with sharp object'. Bite and scratch were also part of the category contamination but these are now part of the 'physical assault' coding. Therefore although it looks like there has been a decrease in

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contamination incidents reported there has been an increase if you include the four 'exposure to harmful substances' blood and bodily fluids that occurred.

A Task and Finish Group has been established to look at de-escalation and physical restraint of patients to provide a more holistic approach to challenging patients. Work is being done with areas that have challenging patients to improve reporting as a number of these areas were found to be under reporting in 2018/2019.

The slips, trips and falls category only includes staff, visitors and contractors. The patient fall incidents do include incidents that should fall under health and safety as they are related to the fabric of the building or water and ice, these incidents are part of the review of health and safety incidents.

Thirty incidents met the criteria for being reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and are discussed in detail in the section below. There was one incident that was reported but it didn't meet the criteria.

### RIDDOR reportable incidents 2018/19

Thirty-one incidents were identified as meeting the criteria for reporting under RIDDOR during 2018/19. These are described in Table 4. Twelve RIDDOR reportable incidents at BTHFT represent a ratio of 524 reportable incidents per 100,000 employees, this compares with 384 per 100,000 employees (2017/18) for the acute sector.

Table 4 RIDDOR incidents 2018/2019

Incident	Actions
<b>Specified injuries</b>	
<b>Physical assault of staff member by a patient (WR77286)</b> Staff member was assisting with cleaning a patient. The patient became agitated and grabbed the staff member's left hand, squeezing and twisting it. As a result the member of staff sustained a fracture.	All staff were made aware of the patient's behaviour.
<b>Staff fall, slip or trip on same level (WR78452)</b> A member of staff tripped and fell on the corridor of the old ICU resulting in a fractured shoulder. <i>Although this incident is a specified injury, it was reported to the HSE as an over 7 day injury.</i>	The incident was discussed with the domestics and it was agreed not to clean the floors on an evening during the shift handover times.
<b>Staff fall, slip or trip on same level (WR80576)</b> A student nurse checking on a patient, tripped and fell after getting their foot caught in an air mattress' power cable that was protruding from under the bed. The nurse attended the Accident and Emergency Department (AED) for an x-ray, which identified a minimally displaced fractured left radial head; thereby, making this incident RIDDOR reportable under the Specified injury category.	Ward staff were reminded to ensure that cables are stored within the footprint of the bed.
<b>Dangerous occurrence</b>	

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Incident	Actions
<ul style="list-style-type: none"> <li><b>Needlestick injuries (3)</b></li> <li><b>Splash incidents (7)</b></li> </ul>	Ten dangerous occurrences have been reported to the HSE (by the Occupational Health and Wellbeing Department). These incidents relate to contamination incidents (such as needlestick and splash injuries) where the contaminant is known to contain a hazard group 3 or 4 pathogen for example HIV or TB.
<b>Over 7 day injury</b>	
<b>Staff fall, slip or trip on same level (WR71437)</b> A member of staff slipped on a kitchen floor that had been mopped and sustained an injury to the right hip and elbow ( <b>at the time of the incident a caution board was in place warning of the hazard</b> ).	<ul style="list-style-type: none"> <li>The ward provided staff with education regarding safety boards and reiterated the need to take more care on wet surfaces.</li> </ul>
<b>Muscular skeletal injury (WR72137)</b> A member of staff was transporting patients in and out of the procedure rooms and moving equipment (re-stacking units to attach nasal cannula and suction tubing) over a 2 day period. This resulted in them sustaining a muscular skeletal injury.	<ul style="list-style-type: none"> <li>Staff advised to ensure they have risk assessed the weight of the patient on the trolley prior to pushing and to ask help and assistance from colleagues.</li> </ul>
<b>Staff fall from height (WR72409)</b> A member of staff was getting out of their chair when the right hand chair arm gave way causing the member of staff to fall to the floor.	<ul style="list-style-type: none"> <li>Following the incident the chair has been condemned and removed from the department.</li> </ul>
<b>Staff fall, slip or trip on same level (WR75825)</b> Theatre practitioner was walking along theatre corridor, when they stubbed their rubber theatre shoes against the rubber theatre floor and fell over onto her out-stretched right arm, dislocating her shoulder.	Theatre staff were informed of the incident and made aware of the potential for falls due to the high friction between rubber soled shoes and the theatre floor.
<b>Load handling issues (WR74851)</b> A member of staff (ODP), who injured her back when she moved an operating table in delivery suite theatres to release a cable. The member of staff completed the shift on the day of the incident and the following shift, but was then off work for more than seven days as a result of this incident.	The incident was discussed with the member of staff on their return to work.

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Incident	Actions
<p><b>Load handling issues (WR73924)</b> Five estates personnel and two delivery men were unloading heavy (980kgs) cable reel from a waggon. Two scaffold boards were used to roll the reel down to ground level. One of the scaffold boards snapped while rolling the reel down causing the reel to move sideways towards the injured worker. The worker reported that the reel had made contact with him and pushed them against a wall. Following an investigation, the conclusion was that this practice of unloading cable reel was in appropriate and not in line with the risk assessment.</p>	<ul style="list-style-type: none"> <li>The Estates department are to carry out a suitable and sufficient assessment of the risk and ensure a safe means of unloading the waggon is in place.</li> <li>Where heavy items are involved, the estates manager must ensure the delivery company has suitable equipment to off load.</li> </ul>
<p><b>Staff fall, slip or trip on same level (WR74914)</b> Staff member slipped whilst walking from the bathroom after showering a patient; fell sideways through the door frame onto the floor. The staff member banged hands on the floor, sustained bruised knees and discomfort in left hand due to catching little finger on the door frame.</p>	<p>The flooring within the shower rooms was checked, but no issues were identified. Staff were made aware of incident and it was reiterated to take precaution when walking on the floor.</p>
<p><b>Struck against something/trapping (WR75680)</b> Patient was having a cardiac arrest. Whilst getting intubation kit from ICU, the door at the bottom of the stairs didn't open and little finger took force and resulted in a dislocated finger. Subsequent investigation of this incident and discussion with member of staff identified that there was no fault with the door and the incident occurred due to lack of attention by member of staff. HSE have been contacted to recall the RIDDOR form.</p>	<ul style="list-style-type: none"> <li>No repairs were required to the door in question.</li> <li>Staff were advised to slow down and take a little more time when exiting/entering doors.</li> </ul>
<p><b>Issues relating to the movement or handling of a patient (WR75037)</b> A member of staff sustained an injury to their arm whilst attempting to prevent a patient from falling</p>	<p>The staff members moving and handling training is up to date. The incident was discussed with the staff member who is aware that an incorrect manoeuvre was used. The staff member is to attend moving and handling update on return from sickness.</p>
<p><b>Struck against something/trapping (WR71964)</b> A member of staff manoeuvring the medication trolley accidentally ran over another staff member's ankle.</p>	<p>Staff were reminded to be extra vigilant when manoeuvring the medication trollies to ensure patient/staff safety and prevent any further incidents</p>

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Incident	Actions
<b>Issues relating to the movement of or handling of a patient (WR72960)</b> There were no porters available in the Department to transfer a patient; therefore, the member of staff transferred the patient from procedure room to recovery room. Whilst doing so the member of staff felt a twang and immediate pain in the left arm and bruising was evident.	It was reiterated to staff to use the correct manual and handling techniques.
<b>Load handling issues (WR77887)</b> A member of staff was opening a set of theatre doors during the course of their work and sustained a muscular skeletal injury causing them back pain.	No remedial actions were identified as a result of this incident.
<b>Load handling issues (WR76758)</b> A staff member was cleaning the phlebotomy trolley at the start of the day, when they felt pain in their back and required time off work.	The staff member will be reassessed for moving and handling on return to work. Staff were reminded to follow guidance contained within the moving and handling policies.
<b>Issues relating to the movement of or handling of a patient (WR81677)</b> Two staff members were assisting a patient out of bed using the rota stand, when the patient became unsteady on their feet. In order to prevent an accident, the staff members called for assistance from the nurse in charge and moved the patient quickly. The patient did not suffer any injury during this incident, but one member of staff sustained a muscular skeletal injury to their back, that prevented them carrying out the full range of their duties for more than seven days.	Due to the incident and the patient's ability to take her own weight being unreliable, the methodology for nursing the patient has been amended and at this time the patient will be nursed in bed.
<b>Injuries to members of the public (including patients)</b>	
<b>Patient fall from height (WR72410)</b> Patient required the commode in her bed space, she stood up and whilst attempting to close the curtains fell and sustained a fractured left hip.	<ul style="list-style-type: none"> <li>• Charge nurse to document on safety bulletin that commodes should not be left at patients bedsides, to discuss in safety huddle.</li> <li>• To ensure identified link workers (RN and HCA) attend Falls Collaborative 5 July 2018.</li> <li>• Sister to liaise with moving and handling regarding organising hire of low beds,</li> <li>• Obtain 'Call Don't Fall Signs'</li> </ul>

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Incident	Actions
<b>Patient fall from height (WR71344)</b> A patient wearing a non-invasive ventilation mask which limited her ability to communicate attempted to independently get out of bed because she could not request assistance using her buzzer. As a result the patient had a fall that resulted in a fracture to the right ankle.	<b>A root cause analysis investigation was undertaken that recommended the following:</b> <ul style="list-style-type: none"> <li>• Ensure falls assessments to be completed for all patients over 65 and those with previous falls history.</li> <li>• Ensure identified link workers attend the falls prevention meetings.</li> <li>• Review the falls equipment and order further equipment as required.</li> <li>• When patients are on non-invasive ventilation and anxious, increase nurse rounding to ensure patients safety and always ensure they can reach their buzzers.</li> <li>• Matron to regularly spot check that patients can always reach buzzers.</li> </ul>
<b>Patient fall, slip or trip on same level (WR74452)</b> Patient was found in the toilet having fallen. Patient was found with her head trapped between toilet and grab rail. Estates called to remove grab rail so patient's head could be released.	<ul style="list-style-type: none"> <li>• Estates called to remove grab rail so patient's head could be released.</li> <li>• The Estates Department were requested to review the toilet to ensure it meets design requirements.</li> </ul>
<b>Visitor fall, slip or trip on same level (WR77682)</b> A visitor fell over a table in the retail concourse; a wrist fracture was confirmed in the Accident and Emergency Department. The family of the visitor indicated she did not see the table. Following the incident the identified tables were removed from the concourse.	Chairs and tables relocated so they are not in the main walkway A floor plan was created by Estates and Facilities to correctly identify where the furniture should be placed to cause the least risk. Cleaning staff should ensure that furniture is appropriately placed after cleaning.

There was a number of administration process failures associated with the management of RIDDOR in the Trust, as evidenced during the review of the RIDDOR incidents reported during 2018/19. These administration failures include:

- 2 (1.88% improvement) RIDDOR reportable incidents (dangerous occurrences) have been reported to the HSE, but were not reported on Datix.
- 28 (1.35% deterioration) RIDDOR reportable incidents have the Datix section "actions taken to prevent recurrence" completed.
- All 3 (33% improvement) incidents identified as patient falls incidents have a root cause analysis uploaded onto Datix.
- 22 (37.63% improvement) incidents were reported to the HSE within the required timescales.
- 23 (15.05% improvement) of RIDDOR reportable incidents (including 10 RIDDOR reports held by the Workplace Health and Wellbeing Department for confidentiality reasons) had a copy of the RIDDOR report form attached to the Datix report.

*Bracketed figures demonstrate the improvement or deterioration associated with the RIDDOR reporting process against the previous year.*



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There has been a significant increase in the number of incidents reported under the RIDDOR regulations. However, this is an expected increase, due to the ongoing work to promote RIDDOR awareness and reporting within the Trust.

Although, work is required to improve the quality of RIDDOR reporting within the Trust, the above figures demonstrate a significant improvement in the management of RIDDOR reporting against the previous year.

It is essential to ensure that all incidents which are reportable under RIDDOR are firstly identified, and secondly reported to the HSE on time. In addition copies of the RIDDOR report from the HSE should be attached to the Datix report. Changes have already been made to the RIDDOR reporting process to address these issues.

### Incident investigation

All reported incidents should be investigated by the manager and assessed as to whether additional control measures are needed to prevent any re-occurrence. The Trust has a policy which describes its approach to incident investigation, which is compliant with national guidance. The depth of investigation should be proportionate to the severity or potential severity of the situation. The trust uses four types of investigation methodology.

Where a low or no harm incident that does not meet the threshold for a declaration of a serious incident has occurred, a local investigation is undertaken to review the circumstances relating to the incident and identify any learning.

Where there is moderate harm and the incident does not meet the criteria for the declaration of a serious incident a Level one: concise internal investigation is undertaken locally by a manager. Serious incidents are investigated either with a Level two: comprehensive internal investigation which is undertaken by the Risk Management team or a Level three: independent investigation which is undertaken by an externally appointed person (all of these are root cause analysis investigations).

All RIDDOR reportable incidents should have a robust investigation. The level of investigation will depend on the type of RIDDOR incident. A standard approach should be developed for RIDDOR investigations.

Patient falls are investigated using a root cause analysis where moderate or above harm has occurred to the patient. The Quality Committee receives separate reports in relation to patient's falls.

### Personal injury claims

Table 5 provides a summary of personal injury claims have been submitted to the Trust, and relate to incidents which have occurred during this reporting period.

*Table 5: Type of claim and actions taken during 2018/19*

Claim Type	Incident type	Description
<b>Employers liability claim</b>	Workplace Regulations	Workplace Regulations: Staff nurse attending to a patient who required two carers due to mental stability and aggression was kicked in the abdomen which has resulted in staff nurse sustaining a miscarriage. Claimant was 12 weeks pregnant. Incident Ref No: WR70199
<b>Employers liability claim</b>	Workplace Regulations	Workplace Regulations: Security Officer was called to restrain a difficult patient on level 2 corridor in the main hospital and was allegedly assaulted by the patient and his family. Incident Ref No: WR42623

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Claim Type	Incident type	Description
<b>Employers liability claim</b>	Needlestick	Needlestick Injury: Domestic was emptying bins on Ward F8 and as she removed the bin bag felt a sharp stab to her left palm hand. Incident Ref NO: WR68560
<b>Employers Liability Claim</b>	Slip/Trip/Fall	Slip/Trip/Fall: Security officer was sat in a chair in the control room when he got up he used both hands against the arm rest to stand up the right arm rest broke away and the Claimant fell to the floor and landed on his right arm which has resulted in swelling and bruising. Incident WR72409
<b>Employers Liability Claim</b>	Struck by moving object	Struck by moving object: Maintenance assistant was unloading a heavy cable reel from a wagon down two scaffold planks. One of the scaffold boards snapped causing the reel to move sideways falling onto the Claimant and pushing him against the wall sustaining swelling and soft tissue damage to right shoulder. Incident Ref No: WR73924
<b>Employers Liability Claim</b>	Needle stick injury	Needlestick Injury: Porter collecting laundry from M3 had left hand middle finger punctured with a needle left in linen bags. Incident Ref No: WR75789
<b>Employers Liability Claim</b>	Slip/Trip/Fall	Slip/Trip/Fall: Patient on Ward 6 was being moved from bed to wheelchair patient stood up to walk a short distance and became unsteady on his feet, he began to stumble and fall and placed all his weight on the claimant's right shoulder to support himself which has resulted in back injury. <i>No Incident Form on Datix.</i> *Potential fraud identified - NHSR escalated to fraud team*
<b>Employers Liability</b>	Slip/trip/fall	Slip/Trip/Fall: Midwife sat on a chair did not realise it was a swivel chair slipped off the chair onto the floor resulting in pain to lower back, pelvis and the back of the left leg - known to have visual issues.
<b>Employers Liability</b>	Needlestick injury	Needlestick Injury: Unsheathed needle allegedly left at the back of computer at outpatients reception desk.
<b>Employers Liability</b>	Workplace Regulations	WORKPLACE REGULATIONS: RSI issues to both hands allegedly resulting from covering two posts.
<b>Employers Liability</b>	Needlestick injury	Needlestick Injury: Cleaning Assistant was cleaning the toilets in the public area where he allegedly sustained a needlestick injury which had been left on top of the hand towel dispenser.
<b>Employers Liability</b>	Workplace Regulations	Workplace Regulations: Porter was in the waste room opposite Ward 6 and Ward 9 removing bags of waste from a clinical waste bin as the bin was too full. An unknown sharp object was in one of the bags and had lacerated the outside of the claimants' left hand causing injury.



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Claim Type	Incident type	Description
<b>Employers Liability</b>	Slip/trip/fall	SLIP/TRIP/FALL: It is alleged the Claimant slipped in a patient's bedroom following assisting a patient in the shower. The Claimant alleges there is no mat at the entrance of the bedroom to prevent water transfer from one surface to another.
<b>Public liability claim</b>	Slip/Trip/Fall	Slip/Trip/Fall: Claimant was inpatient on Ward 30 pulled out of bed by another patient with severe dementia and violent tendencies resulting in bruising to back and shoulder. Alleging there should have been one to one care and this was not implemented. Incident Ref No: WR70498, WR70495
<b>Public Liability Claim</b>	Equipment Failure	Equipment Failure: Patient on Ward 6 was struck by a machine on his face which was attached to a wall bracket which became loose resulting in laceration and soft tissue injury to face. Incident Ref No: WR65667
<b>Public Liability Claim</b>	Slip/Trip/Fall	Slip/Trip/Fall: Claimant attended A&E with daughter and allegedly slipped on an incontinence pad that had been placed over some vomit in the reception area causing her to fall sustaining a fracture to right wrist. Incident Ref No: WR74915
<b>Public Liability Claim</b>	Slip/Trip/Fall	Slip/Trip/Fall: Claimant works as a paramedic and was bringing a patient to hospital. the patient was unable to walk a wheelchair was sought but none available. Claimant and colleague decided to use a carry chair and ramp provided - ramp was uneven and the chair tipped to the right causing the Claimant to fall and sustain a fracture to right arm. No incident on Datix.
<b>Public Liability</b>	Slip/trip/fall	Slip/Trip/Fall: Claimants son was having an X ray. The claimant was offered a chair with wheels that rolled away when she sat down. Patient allegedly fell to the ground allegedly resulting in whiplash and grazes to her arm. No Incident on Datix
<b>Public Liability</b>	Slip/trip/fall	Slip/Trip/Fall: Claimant was walking in hospital grounds and allegedly tripped on a raised paving stone, allegedly falling and causing fracture to wrist, cheekbone and laceration to forehead. No Incident on Datix

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## 4. Act

### 4.1 Action taken in response to the top five reported health and safety incidents 2018/19

#### Verbal abuse and threatening behaviour

Despite a significant amount of work to reduce violence and aggression (V&A), inappropriate/threatening behaviour, and verbal abuse towards staff this behaviour remains an issue in all areas of the Trust and may indicate that staff are not identifying inappropriate behaviour at the earliest opportunity to prevent escalation to more serious aggression.

The visits from the Security Management team to high violence and aggression reporting wards on a Friday afternoon has been limited in 2018/2019 due to staff absences. This was to engage with staff and support them in reviewing and addressing inappropriate and often challenging patient behaviour. Sisters/Nurses in charge are encouraged to discuss specific patients and their behaviours so that appropriate management plans can be put in place. The patient is made aware of the consequences of not complying with these plans. The team used this opportunity to provide general security and crime prevention awareness as well as using this opportunity for improved engagement with the clinical teams. This measure has significantly reduced the number of times the Security team are contacted over the weekend period as appropriate plans are in place.

A key measure to protect NHS staff and those who deliver NHS services from violence is Conflict Resolution Training (CRT) which is mandatory for all frontline staff. CRT provides staff with important de-escalation, communication and calming skills to help them prevent and manage violent situations. It was identified in quarter 4, 2018/2019 that the CRT provided to staff was non-compliant with the Health Skills Framework.

The Education and Training department continue to deliver Conflict Resolution Training (CRT) in line with NHS Protect guidelines (refresher training is provided 3 yearly). Whilst the Trust Education Department delivers the national syllabus for CRT, there is a gap for staff to receive 'Breakaway training' and Physical Intervention Theory training in line with the Trust Physical Intervention Policy.

A significant number of incidents relate to clinically related challenging behaviour, staff currently do not receive 'clinically related challenging behaviour awareness training'. NHS Protect has provided guidance on the prevention and management of clinically related challenging behaviour and provides organisations with a model for training in this area.

#### Physical Assault

Whilst there is a slight decrease in the overall numbers of assaults reported within the reporting period, the number of assaults 'involving medical factors' i.e. clinically related (where the perpetrator did not know what they were doing, or did not know what they were doing was wrong due to medical illness, mental ill health, severe learning disability or treatment administered) remains significantly high. This demonstrates that our current prevention and management strategies are having a limited effect in reducing these types of assaults and the importance of the work being done review training and reviewing the measures required to improve the prevention and management of those patients who display clinically related challenging behaviour leading to physical assault.

Where assaults occurred not involving medical factors i.e. intentional assault, the Security Management Team supported the Police in prosecuting offenders. One offender received criminal sanctions and others received administrative sanctions (BTHFT warning letters for unacceptable behaviour and a

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Police community resolution order). This however requires the Matron to confirm if the patient had capacity when the assault occurred, if this doesn't happen the offence cannot be taken further.

The top five reporting areas (Ward 15, Ward 31, Emergency Department, Acute Medical Unit (4) and Intensive Care Unit) have been identified and focussed V&A risk assessments will be undertaken in the year.

The Security Management team and the dedicated Police Community Support Officers will focus patrols in these areas to provide a visible deterrent, encourage better reporting from staff, as well as supporting staff in dealing consistently with challenging behaviour as well as the development of management plans for individual patients to support a reduction in levels of V&A.

As the Security Team are doing their daily checks they are reviewing where the patients are with challenging behaviour and escalating this to management so that they can assist staff with managing these patients.

The Risk Management team have been working closely with the Accident and Emergency Department (AED), supporting staff to report incidents.

The Security Management team works closely with specific wards that often have IVDU patients, alcohol withdrawal patients, those patients presenting with mental health issues and patients who display inappropriate behaviour (not clinically related). They continue to work closely with key staff, safeguarding teams and police to support the management of this varied group of patients. There is significant work required to reduce the incidences of V&A in these areas but will be a focus of the management of clinically related challenging behaviour initiative. The Security team have been working with the Renal Dialysis team to provide them with the skills to tackle patients with challenging behaviour.

### **Contamination incidents**

The Trust has a Sharps Injury Prevention group (SIPG) which meets on a quarterly basis with the purpose of proactively reviewing trends in sharps injuries and surveillance and reports to the Health, Safety and Resilience Committee on risk reduction. The SIPG review the Organisations reported sharps and body fluid contaminations statistics collated by Occupational Health on a quarterly basis. There is work ongoing within the group to raise awareness at ward level for sharps injury prevention. All the sharps bins that the Trust uses are supplied by Frontier. They meet with the Chair of the SIPG and the Environment and Sustainability Manager. They conduct annual audits of Sharpsafe at each of the hospitals connected with the Trust. The latest audit was conducted in January 2018 and the result was 84.92%.

The audit looks at a number of things including;

- Are safety posters clearly displayed?
- Can a member of staff describe correct disposal procedure?
- Are safe sharp trays visible and in use?
- Are safe sharp containers available at the point of use?
- Can a member of staff describe the procedure to be adopted following a needle stick injury?
- Are all containers locked when finished?
- Are syringes disposed of correctly?
- Is there a sharps assessment in place?

Training - The ward/department area whose scores were low will receive individual training from Frontier on the aspects that they did not score well on. Frontier has provided a Safe sharps bin video which is being shared on the sweeper (training) days. Safe sharps are also covered by infection control on the organisational induction. SIPG has a dedicated risk register which is reviewed at the quarterly meetings of the SIPG.

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### Staff, slip, trip or fall on the same level

Staff slips on wet floors accounted for 15 of these incidents, although there were no incidents reported relating to patients slipping on wet floors.

There was a wide range of causes of the floors being wet; spillages, recently mopped floors, splashes from a sink, contaminated surface (external), leakage.

There were at least two incidents that were related to staff falls due to ill health. The other incidents varied from a trip to slipping on ice.

## 4.2 Learning from health and safety precursor incidents

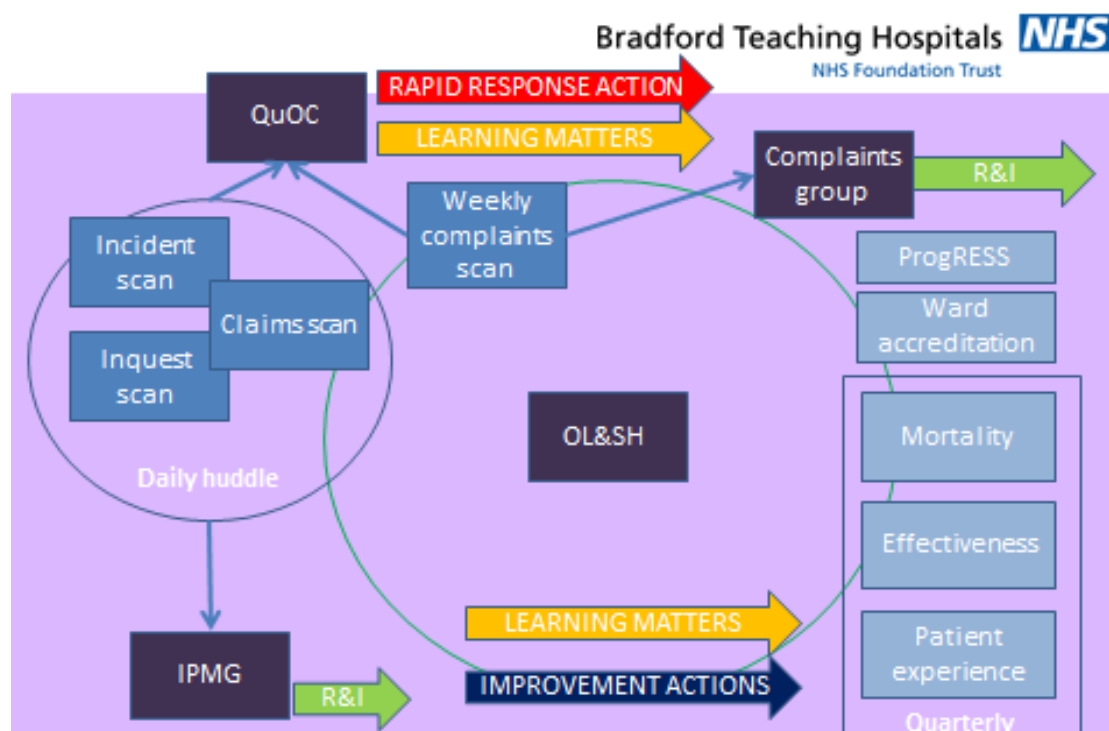
There is learning from most health and safety precursor incidents. These precursor incidents can be identified from many sources including claims, complaints, serious incidents, patient and staff feedback etc. This learning can be organisation wide (and beyond) or related to individuals or individual sets of circumstances. The Trust has a Quality Oversight System, where any precursor incident is evaluated both in terms of the level of investigation required, this system is set up to ensure that knowledge about and learning from these precursor incidents is managed in a way that maximises its effectiveness and impact. Table 6 provides a summary of Trust wide feedback mechanisms and Figure 1 provides a diagrammatic representation of the mechanisms to support Trust-wide learning.

*Table 6 Trust wide feedback mechanisms*

	Type	Content	Responsibility
Bounce-back	Contemporaneous feedback to reporter (part of incident management process)	Acknowledge report filed (e.g. automated response) • Debrief reporter (e.g. telephone debriefing) • Provide advice from safety experts (feedback on issue type) • Outline issue process (and decision to escalate)	Division Risk Management Complaints
Rapid response actions	Action within local work system	• Measures taken against immediate threats to safety or serious issues that have been marked for fast-tracking • Temporary fixes/workarounds until in-depth investigation process can complete (withdraw equipment; monitor procedure; alert staff)	QuOC Divisions
Risk awareness information	Information to all frontline personnel	• Safety awareness publications 'Learning matters' (posted/online bulletins and alerts on specific issues; periodic newsletters with example cases and summary statistics)	Learning and surveillance hub Divisions
Publicising actions taken	Information to all personnel	• Report back to reporter on issue progress and actions resulting from their report • Widely publicise corrective actions taken to resolve safety issue to encourage reporting (e.g. using visible leadership support) 'Responding and improving (R&I)	Divisions Risk Management Team/Assurance team
Improvement actions	Action within local work systems	• Specific actions and implementation plans for permanent improvements to work systems to address contributory factors evident within reported incidents • Changes to tools/equipment/working environment, standard working procedures, training programs, etc. • Evaluate/monitor effectiveness of solutions and iterate	Divisions Learning and Surveillance Hub ProgRESS team

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Figure 1 the learning management system



## Examples of learning

### RIDDOR reporting – how can this reporting procedure be improved?

Changes have been made to the RIDDOR reporting procedure to remedy the situation, and an awareness campaign was developed and implemented using posters, conversations and screen savers. A RIDDOR reporting protocol has been developed that includes a proforma for investigating incidents. The screen savers continue to be used when there is a slot available.

### Combined risk audit – is it effective/who should do it?

The combined risk audit was completed bi-annually by Ward Managers/Sisters. These audit questions have been reviewed and updated. The audit will be completed by trained staff and done on a rolling programme. This audit will commence in June 2019.

### Datix reporting system – the importance of categories.

Changes have been made to the categories to ensure that the reports that are pulled for health and safety incidents are meaningful to encourage reporting. The categories of incidents that fall under health and safety have been reviewed to ensure that the Trust has a true picture of what are health and safety incidents in the quarterly reports.

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### Learning from external incidents

In December 2018 Oxleas NHS Foundation Trust was fined £300,120 and ordered to pay costs after pleading guilty to breach of S3 (1) of HSWA 1974 where two nurses were repeatedly stabbed by a patient at a mental health centre.

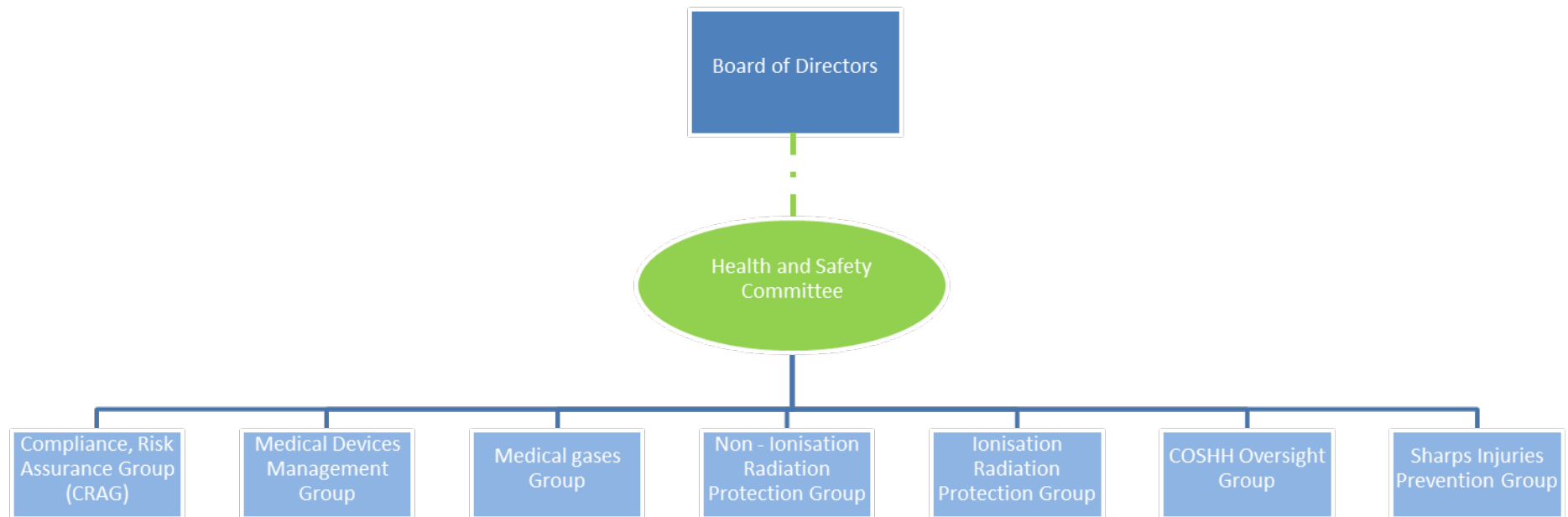
Although the Trust doesn't have any mental health units, it will at times receive patients with mental health issues, such as schizoaffective disorder and antisocial personality disorder. The risks that these patients pose to themselves and others will be assessed and controlled by way of their care plan and patients who pose a risk assessment. However this enforcement action does raise the issue of de-escalation and physical restraint of challenging patients and use of the documentation.

#### Recommendations:

Establish a Task and Finish Group to review current practices and documentation used for patients that present with challenging behaviour. (AP1)

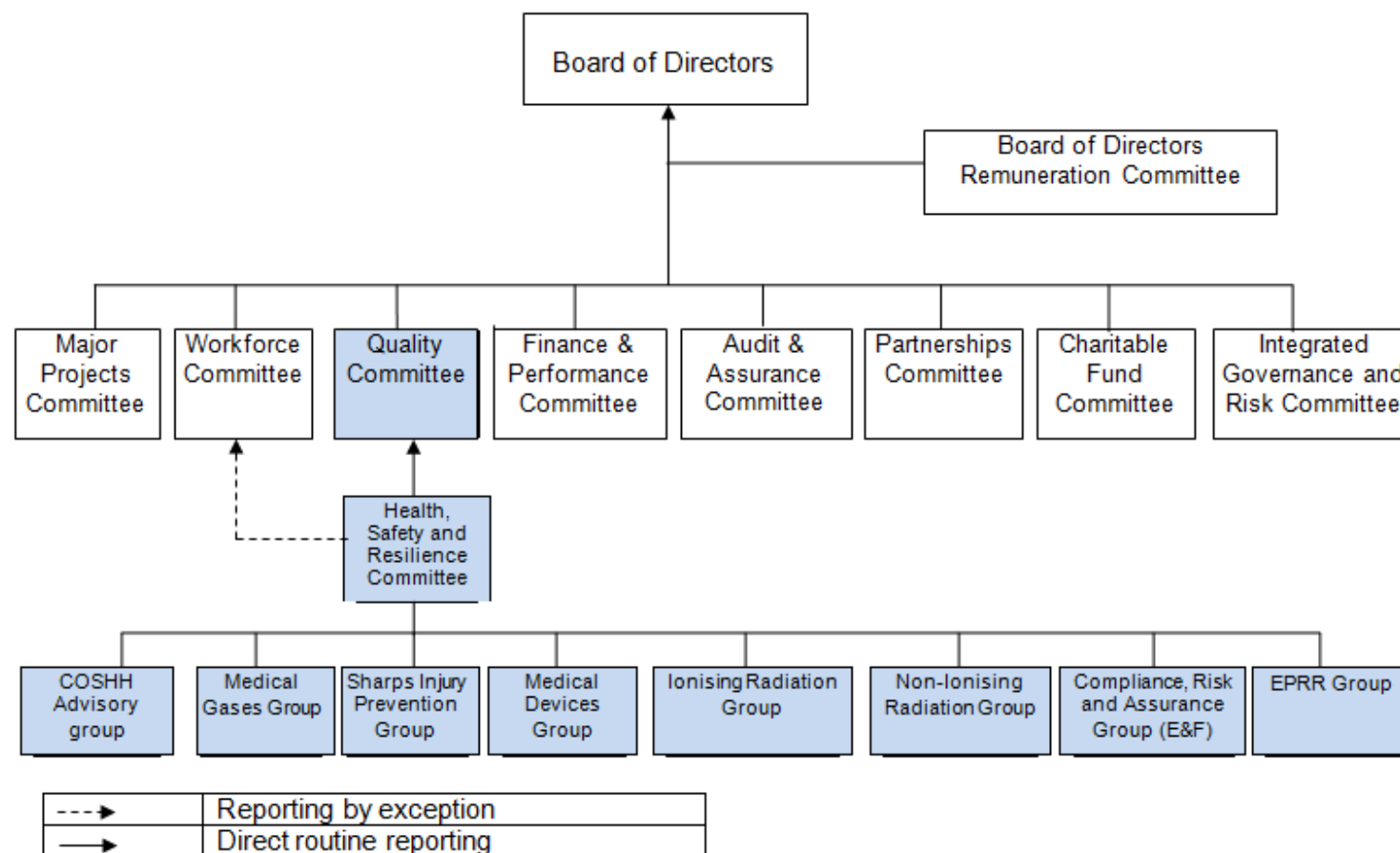
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## Appendix 1: Governance for Health and Safety: Organogram (April 2018-January 2019)



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## Governance for Health and Safety: Organogram (January 2019- present)





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## Appendix 2: Trust-wide Health and Safety Policies

Ref no.	Policy title	Current status	Expiry date	Comments
RM41	Health and Safety	In date	March 2020	To be approved at H&S Committee in June 2018
RM09	Fire Safety	In date	May 2019	Currently under review There are 2 versions of this policy available on the Trust intranet version <a href="#">13</a> on the Trust policies and procedures section and version <a href="#">10</a> on the Estates and facilities section of the intranet.
IC43	Infection Prevention and Control	In date	February 2024	
OP02	Staff Blood borne viruses	In date	January 2020	
RM23	Moving and Handling	In date	June 2019	Circulated virtually to the Health, Safety and Resilience Committee for consultation and approval in June 2019
RM26	Slips, trips and falls	Overdue for review	November 2018	Currently under review
CP22	Ionising radiation protection	In date	December 2019	
RM06	Display Screen Equipment	In date	November 2019	Requires approval at H&S Committee in September 2019
	RIDDOR procedure			Procedure currently not on the intranet
CP47	Estates – Lone working procedures	In date	May 2020	
No policy no.	Estates – Confined space entry	In date	March 2019	Currently under review
No ref	Estates – Pressure systems	In date	March 2020	Awaiting policy reference number
No ref	Estates – Work at height	In date	February 2019	Currently under review
No ref	Estates – Electrical safety	In date	March 2020	
No ref	Estates – Management of contractors	In date	July 2020	The Trust does not currently have a policy for the management of contractors working in areas other than estates and facilities.

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CP42	Estates – Prevention of scalding and burns injuries	In date	November 2019	
No ref	Estates – Water safety	In date	June 2019	
RM29	Violence and aggression	In date	October 2019	
RM46	Estates – asbestos	In date	June 2023	There are 2 versions of this policy available on the Trust intranet version 6 on the Trust policies and procedures section and version <a href="#">5</a> on the Estates and facilities section of the intranet.
RM42	Estates - Medical gas	In date	July 2020	There are 2 versions of the current policy available on the Trust intranet version 7 on the Trust policies and procedures section and version 7 with the incorrect control information on the on the Estates and Facilities section of the intranet.
PP31	Stress at work	In date	July 2020	
CP47	Protection of Lone workers		May 2020	
RM04	C.O.S.H.H.	In date	December 2020	
No ref	Working at height –Trust wide		In consultation	Approved at the Trust Health, Safety and Resilience Committee March 2019. Currently being consulted on by the Trust Operational Group.
No ref	First Aid protocol		No policy at present	Ratified at the Trust Health and Safety Committee.
No ref	Driving at Work		In consultation	Approved at the Trust Health, Safety and Resilience Committee March 2019. Approved at the Trust Operational Group May 2019, awaiting executive sign off.

**Recommendations:**

Ensure that the policies and procedures on the Estates intranet page match the version on the Trust intranet. (AP2)

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### Appendix 3: Objectives and progress 2018/19

Objective	Progress/comments	Status	Recommendation
Set up a system for monitoring Trust-wide risk assessments for Health and Safety  <b>Rolled over from 2017/2018 Objectives</b>	Risk management has developed a central repository to store all health and safety specific risk assessments. This populated centrally and risks assessments are undertaken before a risk is added onto the risk register. In practice, most of the assessments being added to this repository are clinical and site specific. Where possible overarching or generic risk assessments have been completed.	Action completed	
Undertake specific risk assessments as agreed at the Health & Safety Committee <b>Rolled over from 2017/2018 Objectives</b>	Specific risk assessments have been completed and fed back to the Health & Safety Committee. Although a more structured approach is needed to ensure appropriate risk assessments are being carried out across the Trust.	Action completed	
Complete the action plan from the Health and Safety Internal Audit review April 2017 <b>Rolled over from 2017/2018 Objectives</b>	All six recommendations in the report have been completed in full.	Action completed	
Audit the action plans following the HSE visits 2015-2016, Microbiology (HG3) and sharps Injuries	<b>HG3:</b> The action plan for HG3 incident has been reviewed. However due to the change in pathology providers, there needs to be a review/audit of the joint ventures procedures to ensure they meet, both the requirements of the BTHFT and Leeds Teaching Hospital's element of the HSE's action plans relating to the HG3 release incident. <b>Sharps action plan:</b> This plan is being reviewed by the "Sharps Injury Prevention Group"	Action completed	Require the Joint Venture to provide assurance that they meet the element of the HSE's action plans  Obtain confirmation that the Sharps action plan has been reviewed by the "Sharps Injury Prevention Group" NB: This has been added to the 2018/19 work plan
The Trust Health, Safety and Resilience Committee: Ensure the nominated deputies attend in the absence of committee members and that all future committee meetings achieve the quorum. Ensure a Non-Clinical Risk Manager attends all committee meetings.	The attendance at the Trust Health, Safety and Resilience Committee has improved and it was Quorate for all four meetings. The Head of Non-Clinical Risk has attended the meetings since her return from Maternity leave	Action completed	

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Objective	Progress/comments	Status	Recommendation
Develop a revised education programme for those with health and safety responsibilities (e.g. Ward Sisters, Ward Managers and Heads of departments)	A number of health and training is under review such as COSHH, medical gases, medical devices	Partially completed	This is part of the action plan
Risk assessments: Phase one Create generic risk assessments for all tasks which are common across the organisation. (e.g. slips, manual handling)	A number of overarching risk assessments and generic risk assessments have been developed.	Partially completed	This is part of the action plan
Phase two Create a list of risk assessments which are required for each type of workplace. These can be held centrally and made available to all areas. (e.g. clinical, admin, communal)	No central list has been developed	Partially completed	This is part of the action plan
Re-start the Risk- TU workplace inspection programme.	Inspections have been undertaken such as Skipton Hospital however these have not been done as joint inspections.  Restart joint inspections They have been consulted on a number of risk assessment such as waste contingency	Partially completed	This is part of the action plan
Ensure PEEPS are being completed; consider the potential for adding the PEEP form and guidance notes to the patient's records on EPR. Print a copy of the patients PEEP form and attach it to the end of the bed.	This was taken to the EPR decision panel for consideration and it was rejected to be added onto the EPR. This has been raised at CRAG and the Fire Officer is returning a response	Action completed	Return to the EPR with a further request
Advise RIDDOR reporters (Managers etc.) to enter the generic Risks Department email address instead of their own. This will result in the copy of the report being sent to the Risk Department, where they can monitor RIDDOR reports, and attach a copy to the Datix report	This was added Datix as a pop up and an automatic email	Action completed	
Confirmation is needed to ensure that where there are vulnerable individuals and whole-body immersion, widely-recognised professional bathing practice involving testing of outlet temperatures using a thermometer is being followed.	Baths have been removed. The areas with baths have processes for testing the water prior to use. This has been added to the Combined Risk Audit	Action completed	

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Objective	Progress/comments	Status	Recommendation
Staff to be reminded of the importance to keep ward kitchens doors closed to ensure patients cannot access the hot surfaces inside. Also all ward kitchen doors will be fire doors, so need to be kept closed for fire safety purposes.	This has been communicated with staff. A security and risk management audit took place in November and kitchen doors were reviewed as part of this with full compliance. This has been added onto the Combined Risk Audit	Action completed	
Add compliance with patient handling assessments to the combined risk audit	This has been added to the Combined Risk Audit. The manual handling team are also reviewing these	Action completed	
Ensure drivers on site use tail lifts safely (e.g. do not reverse with tail lift down, do not jump up/down from tail lift) Ensure banksmen are used for vehicles reversing on hospital sites.	A list of deliveries that take place has been obtained. Due to the nature of the site it is not reasonably practicable to ensure banksmen are used for all vehicles reversing. Areas have been risk assessment and where possible we made the areas where reversing occurs	Action completed	
Obtain assurance that risk assessments have been undertaken to identify what floor washing methods are used for all types of areas. The objective is to prevent, if at all possible, people from walking/slipping on wet floors.	There are SOPs and risk assessments in place	Partially completed	Please note that some of these are now out of date but are under review by the relevant department. Ensure that these are up to date
Add compliance with patient falls assessments to the combined risk audit	This has been added to the Combined Risk Audit	Action completed	
Replace the existing system of managing COSHH with the Sypol system Ensure a physical COSHH file is held locally	This has been rolled out in Estates, Pharmacy and Clinical Engineering. This will be rolled out Trust wide 2019-2020	Partially completed	See the action plan
Stress: Continue to ensure that the impact of stress on staff is recognised through all available means, one to ones, appraisal, staff surveys and analysis of sickness absence data and appropriate action is taken	The Health and wellbeing Department have employed a member of staff to deliver some resilience training for groups which has now developed into regular workshops for staff at BRI & SLH. The Health and wellbeing Department are also offering appointments with a Vocational Rehabilitation Consultant from the Mental Health Access to Work Service. The service is fully booked until the end of March. The Occupational Health and Human Resources have gone out to some Divisions and spoken about stress.	Action completed	
Risk assessment of new & expectant mothers: To monitor compliance, add this risk assessment to the	This has been added to the Combined Risk Audit	Action completed	

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Objective	Progress/comments	Status	Recommendation
combined risk audit The risk assessment of new & expectant mothers to be part of a training session for managers			
DSE: To simplify the process, consider merging the DSE checklist and DSE risk assessment forms	This was considered	Action Completed	
Add compliance with staff moving and handling competency checks to the combined risk audit	This has been removed as the training for moving and handling has changed	Action completed	
Undertake a health and safety climate survey on an annual basis and use the results as part of the KPI's for health and safety. This should include the number of completed surveys and the "scores" from them. This can then be used to view progress on a year by year basis, and could identify particular areas of concern	A climate survey needs to be circulated. The questions need to be designed and survey monkey used to send these out to the staff.	Partially completed	See action plan.
Consider the production of a standard local induction procedure/form for all areas. Record completion rates. Add to combined risk audit.	This has been developed by Education and it is available in the Induction Policy	Action completed	
Develop a ligature point assessment procedure	An overarching ligature risk assessment has been developed.	Action completed	

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#### Appendix 4: Trust Wide Health and Safety Work-plan 2018/19

Item	Responsibility	Status	Recommendations
<b>Risk Assessments</b>			
Mortuary	Non Clinical Risk Manager	Completed	
First Aid risk assessments	Non Clinical Risk Manager	Completed	
Pathology Risk assessment	Non Clinical Risk Manager	Not completed	To be rolled over to 2019/2020 workplan due to individual issues that need to be addresses first. (waste, Ventilation)
Waste	Non Clinical Risk Manager	Completed	
Security – programme of risk assessments	Non Clinical Risk Manager	Completed	
Emergency planning – lifts	Non Clinical Risk Manager	Completed	
Paediatric security	Non Clinical Risk Manager	Completed	
<b>Policies/ procedures</b>			
Trust wide working at height	Non Clinical Risk Manager	Completed	To be approved at Trust Operational Group (May 2019)
Driving at work procedure	Non Clinical Risk Manager	Completed	To be added onto the intranet
First Aid protocol	Non Clinical Risk Manager	Completed	
<b>Training</b>			
Moving and Handling Training Proposal	Heads of Risk and Ergonomic Advisor	Completed	
Health and Safety and Risk Training proposal	Heads of Risk	Completed	
Produce Health and Safety Training	Non Clinical Risk Manager	Not completed	To be rolled over to 2019/20 Trust wide work plan
<b>Reports</b>			
Annual Health and Safety Report	Head of Non Clinical Risk	Completed	
Quality Account Report	Head of Non Clinical Risk	Completed	
<b>Project work</b>			
RIDDOR awareness	Head of Non Clinical Risk	Completed	
Dangerous Goods Act Task and Finish Group	Non Clinical Risk Manager and Waste Manager	Completed	
Latex	Head of Non Clinical Risk and Assistant Director of Pharmacy	Not Completed	A review of latex use has taken place. This is on hold until the introduction of Sypol
<b>Action Plans</b>			
Internal Audit	Head of Non Clinical Risk	Completed	
HSE action plan (sharps)	Head of Non Clinical Risk	Not Completed	Being reviewed by the Sharps Injuries Prevention Group Awaiting sign off at HSRC
HSE action plan (HSG3)	Head of Non Clinical Risk	Not Completed	To be rolled over to 2019/20 Trust wide work plan

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## Appendix 5: Risk profiling 2018/19

Risk	Controls	Compliance with legislation/guidance
Fire	<p>There is a Fire Safety Policy and Procedure in place.</p> <p><b>Fire risk assessments:</b> There is an on-going programme of fire risk assessments (FRA's), which the West Yorkshire Fire &amp; Rescue Service has confirmed they are satisfied with. Recommended actions from the FRA's are dealt with locally, where possible, via Estates jobs. If major concerns are identified, these are brought to the Estates Health &amp; Safety Group, the Fire Systems Review Group; and can be escalated to CRAG.</p> <p><b>Evacuation plans:</b> There are evacuation procedures, bespoke for every part of the Trust, which are included in the local fire logbook. The Fire Safety team visit wards to audit the logbooks and to question staff about their knowledge of evacuation procedures.</p> <p><b>Evacuation drills:</b> Evacuation drills are performed where possible, and table top exercises are used to test the evacuation procedure.</p> <p><b>PEEPs:</b> PEEPs are explained at induction and mandatory training, and there are PEEP pro-forms included in the logbook. Concerns have been raised that PEEP are not being completed in all areas. It has not been agreed that PEEP can be added onto EPR.</p> <p><b>Training:</b> Training is, wherever possible, bespoke to the type of role that staff undertakes, or the area in which they work. A mixture of lectures, walk thoughts, table top exercises are used as well as interactive theoretical scenarios.</p>	<p>RRFSO 2005</p> <p>HTM 05-01</p>
Asbestos	<p>There is an Asbestos policy and procedure in place, June 2019</p> <p>The measures to control the risks of asbestos on Trust premises are as follows:</p> <ul style="list-style-type: none"> <li>• There is an asbestos register which details the location and type of asbestos on Trust premises.</li> <li>• Areas containing asbestos are graded black/red/amber/green.</li> <li>• A programme of risk assessments is undertaken for all relevant areas.</li> <li>• The Trust also commissions external contractors to conduct annual Reassurance Air Testing within amber and red zones,</li> </ul> <p><b>Training:</b> A half day training session is provided for all workers who are likely to encounter asbestos, this includes external contractors working on site.</p> <p>Further details can be found in the annual asbestos report of 2018/19 which is to be presented at the Trust Health and Safety Committee June 2019.</p>	<p>Control of Asbestos Regulations 2012</p>



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Risk	Controls	Compliance with legislation/guidance
	<p><b>Audit process:</b> An internal audit of the Trust's management of asbestos was carried out in July 2017 by Audit Yorkshire, it concluded that the Trust has appropriate controls in place to manage asbestos risks</p>	
Legionella	<p>There is a Water Safety Policy in place.</p> <p>The Trust has a management plan for water safety; it consists of:</p> <p><b>A Water Safety Steering Group</b>, this group aims is to ensure the safety of all water used by patients / residents, staff and visitors, and to minimise the risk of infection associated with waterborne pathogens</p> <p><b>A Water Safety Working Group</b>, this group meets on a monthly basis with the objective of providing assurance, monitoring for BTHFT risk systems along with completing the risk assessment review process and documenting this review.</p> <p><b>The Water Safety Plan</b> This plan defines the operational procedures, routine maintenance, routine monitoring, and emergencies for all BTHFT risk systems.</p> <p><b>Audit process:</b> An annual water risk management audit is undertaken by the Authorising Engineer. The audit report includes recommendations for improvement and forms part of the Legionellosis risk management system</p> <p>It has been difficult to get assurance from all the Community Hospital as their estate is not managed by BTHFT.</p>	<p>Control of Substances Hazardous to Health Regulations 2002</p> <p>HTM 04-01 (safe water in healthcare premises)</p>
Scalds from hot water	<p>There is a Prevention of Full Immersion Scalding &amp; Burns Injuries Policy in place.</p> <p>The policy contains the following information/guidance:</p> <ul style="list-style-type: none"> <li>• All patient baths, showers and bidets are fitted with a fail-safe thermostatic mixing valve</li> <li>• Hand wash basins considered to be in high risk areas have also been fitted with a fail-safe thermostatic mixing valve</li> <li>• The temperature setting and fail safe operation are routinely checked every six months for each mixing valve and records of the checks kept in a log book.</li> <li>• Staff assisting patients in bathing, should ensure that water is at a suitable temperature before the patient tests the water themselves or proceeds to full/partial immersion.</li> </ul>	<p>HSE information sheet, HSIS6: Managing the risks from hot water and surfaces in health and social care</p>

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Risk	Controls	Compliance with legislation/guidance
Burns from hot surfaces	<p>There is a Prevention of Full Immersion Scalding &amp; Burns Injuries Policy in place.</p> <p>All in patient areas have radiator guards installed and high risk pipework sections have been securely boxed in/or covered and insulated to prevent the risk of burn injury.</p> <p>Unauthorised access to kitchens is controlled with key coded entry systems, although some kitchen doors are wedged open.</p> <p>For this reporting period there haven't been any incidents reported involving a person being burned from a hot surface.</p>	<p>HSE information sheet, HSIS6: Managing the risks from hot water and surfaces in health and social care</p>
Falls from windows	<p>There is a Prevention of falls from windows maintenance procedure in place.</p> <ul style="list-style-type: none"> <li>All windows within the Trust are fitted with window restrictors</li> <li>Maintenance of windows within this Trust is carried out annually and recorded</li> <li>Staff are encouraged to report any window restrictor that has been removed, to the Estates Department.</li> </ul> <p>DH alert: EFA/2012/001: window restrictor issue Integral side-stay mechanism window restrictors fitted with plastic spacers and used in many window applications. Action: examine these window restrictors: this action has been completed.</p> <p>Any window restrictors that are requested to be removed in non clinical areas have to have risk assessments completed prior to the agreement to remove the restrictor.</p>	<p>Workplace (Health, Safety &amp; Welfare) Regulations 1992</p> <p>HSE information sheet: HSIS5 Falls from windows or balconies in health and social care</p>
A person accessing roofs/high points on Trust premises; Risk is falling/jumping	<p>A risk assessment has been undertaken which has assessed the risk of a person accessing roofs or high points at Bradford Royal Infirmary and St Luke's Hospital.</p> <p>The assessment identified those areas which could be accessed and made recommendations to reduce this risk.</p>	<p>Management of Health and Safety at Work Regulations 1999</p>

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Risk	Controls	Compliance with legislation/guidance
Medical gases	<p>There is a Medical Gas Operational policy and procedure in place</p> <p><b>Medical gas pipeline system (MGPS):</b> Competence: All Competent Persons (MGPS) are crafts persons registered and employed by Specialist contractors Training and assessment are refreshed every three years.</p> <p>Estates maintenance craftsmen are authorised as competent to carry out weekly maintenance checks –</p> <p><b>Cylinder gases:</b> The Portering Department are responsible for the on-site logistics management and Delivery of portable medical gas supplies to all wards.</p> <p>Training: Any Porters with particular responsibilities will require specialist training for Medical gas cylinders. Annual refresher training courses shall be attended.</p> <p>There is currently no training for Designated Medical/Nursing Officer (DMO/DNO) these are clinical staff who have the additional responsibility of managing medical gases on wards and departments, including granting permission for works via the Permit-to-Work system, contingency planning and responding to emergency situations. Training is being designed for the Trust. A decision needs to be made on which staff are DMO/DNO.</p> <div> <p><b>Recommendations:</b> Ensure there is training available and completed for Designated Medical/Nursing Officer (DMO/DNO) (AP7)</p> </div>	<p>Pressure Systems Safety Regulations (PSSR) 2000</p> <p>Control of Substances Hazardous to Health Regulations 2002</p> <p>HTM 02-01 - Medical gas pipeline systems</p> <p>HSE guidance leaflet: INDG459</p>

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Risk	Controls	Compliance with legislation/guidance
Medical equipment	<p>There is a Medical equipment and devices policy in place</p> <ul style="list-style-type: none"> <li>The Medical Device Safety Group (MDSG) is responsible for setting the overall strategy and policy</li> <li>The Devices Safety Officer is responsible for reporting adverse incidents to the MHRA and acting as a first point of contact for matters of device safety.</li> <li>The Medical Device Leads are based at ward level and work with the Head of Clinical Engineering to manage the equipment and devices in their area.</li> <li>The Clinical Engineering Department has responsibility for the maintenance and repair of equipment and medical devices within their remit.</li> <li>The department also maintains the equipment inventory for the Trust</li> <li>The department will not deploy items of equipment to wards and departments unless staff members in those wards and departments have had the appropriate training.</li> </ul> <p>The MDSG monitors:</p> <ul style="list-style-type: none"> <li>Completeness of training records as well as evidence that non-attendees are followed up.</li> <li>Competency assessment records and updates for staff who have been absent from the organisation or who work in area that has received new equipment.</li> </ul> <p>It is not currently possible to ascertain the numbers of staff who have completed medical equipment training. This has been recognised and added to the Medical devices risk register.</p> <p><b>Assurance:</b> The Clinical Engineering Department undertakes an annual review which is forwarded to CRAG.</p> <p>In February 2015 Clinical Engineering made the transition from ISO9001:2008 to ISO9001:2015 certification. They became one of the first Clinical Engineering departments nationally to achieve this. They have since been visited by several other Trusts for help and guidance with their own transitions to the new standard.</p> <div> <p><b>Recommendations:</b> Set up a task and finish group to look training of medical devices and the monitoring of this training (AP8)</p> </div>	<p>Provision and Use of Work Equipment Regulations 1998</p>
Noise and Vibration	<p>Data gathered from noise surveys of plant rooms, machinery and equipment is used as part of the risk assessment process. The assessments can be accessed via the Estates intranet page. Noise measurement data is stored on the Casella Insight data base and is readily available for inspection.</p>	<p>Control of Vibration at Work Regulations 2005</p> <p>The Control of Noise at Work regulations 2005</p>

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Risk	Controls	Compliance with legislation/guidance
Ventilation	<p>There is a Ventilation systems policy in place</p> <p>A Ventilation working group meets on a quarterly basis</p> <p><b>LEV:</b> Local extract ventilation systems located in the Estates workshop areas are thoroughly examined and tested at least on a 14 monthly basis.</p> <p>Monthly checks are in place to ensure COSHH personal protective equipment (PPE) stocks are maintained and local exhaust ventilation (LEV) systems continue to operate satisfactorily in between the above statutory inspections.</p> <p><b>General ventilation:</b> All maintenance systems are subject to inspection and maintenance annually. All ventilation air handling units (AHU), plant, ductwork and systems shall be included in PPM</p> <p><b>Training:</b> Personnel carrying out maintenance of Ventilation Systems must receive suitable training, which includes information about any significant hazards arising due to their maintenance activities which may either affect them personally or any other person who may be affected by their actions or omissions.</p> <p><b>Monitoring:</b> Compliance with the Ventilation Policy will be monitored by the Deputy Director of Estates – Operations, who reports quarterly to the Designated Person</p> <p>A Task and finish group has been set up to look at areas of non-compliance ventilation across the Trust</p> <p><b>Recommendations:</b> Ventilation risk assessments to be undertaken for areas of non-compliance. Priority order of the risk assessments to be given to ascertain which areas required their ventilation to be replaced. (AP9)</p>	<p>Workplace (Health, Safety &amp; Welfare) Regulations 1992</p> <p>Control of Substances Hazardous to Health Regulations 2002</p> <p>HSG202 – General Ventilation in the Workplace</p> <p>HTM 03 01</p>
Managing contractors	<p>The Estates Department has a policy for the management of contractors</p> <p>This policy sets out how they control the risks of contractors being on site. This involves the contractor providing the evidence to ensure they are competent and will control their own risks. In addition the Estates Department provides information to the contractor about the potential risks to their workers whilst on site.</p> <p><b>Training:</b> All contractors attend a health and safety induction programme which includes a bespoke video on safety on the hospital grounds as well as a questionnaire to test learning.</p>	<p>The Construction (Design and Management) Regulations 2015</p>

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Risk	Controls	Compliance with legislation/guidance
Waste management	<p>The policy and standard operating procedure for the management of healthcare waste has been updated and reissued, the policy now has a review date of November 2020.</p> <p>The purpose of this policy is to ensure waste is segregated, stored and disposed of correctly.</p> <p><b>Training:</b> Training is available via a Waste Disposal E learning package and guidance is also contained within the Infection Control section of the Trust Induction. Appropriate training is given to all staff involved in the handling of waste. The Facilities Manager ensures that waste staff have Hepatitis B immunisation</p> <p><b>Audit process:</b> The policy requires annual waste audits to be undertaken to ensure compliance with legislation. Every ward and department will be undertaken annually on a rolling basis.</p>	<p>The Controlled Waste Regulations 2012</p> <p>HTM 07-01</p>
Moving and handling (patient & non-patient)	<p>There is a moving and handling policy in place</p> <p><b>Risk assessment:</b> There are risk assessment forms available for inanimate loads and pushing/pulling which can be found on the Trust website.</p> <p><b>Training:</b> There are two types of moving &amp; handling training available to the staff, which reflects the level of risk they could be exposed to (medium/high and low).</p> <p>All staff receives training at induction, and then a competency assessment is carried out every three years for the high and medium risk groups. All non-attendances will be followed up.</p> <p>Each high/medium risk workplace will have at least one trained moving &amp; handling trainer. Compliance levels for 2018/19: Low risk training – 89% Med/high training – 63% Changes have been made which will result in training being provided centrally in place of the training provided by localised Key Trainers.</p> <p><b>Hoisting patients:</b> There have not been any incidents reported in 2018/19 relating to hoisting of patients. Concerns have been raised that patient handling assessments are not being completed across all areas. This report could also not find evidence that these assessments are being audited.</p> <p><b>Monitoring:</b> The bi-annual combined audit includes questions related to the staff's competency assessments as well as questions about the assessment of loads and checks on hoisting equipment.</p>	<p>Manual Handling Operations Regulations 1992</p> <p>LOLER 1998</p>

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Risk	Controls	Compliance with legislation/guidance
Violence & aggression to staff	<p>There is a violence and aggression policy in place</p> <p><b>Risk assessment:</b> Each year the top five reporting areas are identified and a violence and aggression risk assessment is undertaken in those areas.</p> <p><b>Training:</b> All staff are expected to attend conflict resolution training.</p> <p>There is also a Local Security Management Specialist (LSMS) in post, who has a team of Security Officers operating 24/7. Amongst their other security related duties, they will support staff in the prevention and management of violence and aggression.</p> <p>The Datix reporting system has recorded a number of incidents whereby security staff have been summoned and attended situations in which staff are being subjected to violence or aggression.</p> <p>The content</p> <div> <p><b>Recommendations:</b> Set up a task and finish group to review what is in place for the de-escalation of patients and management of patients with challenging behaviour (AP11)</p> </div>	Management of Health and Safety at Work Regulations 1999
Lone working: Trust wide staff:	<p>There is a Trust wide policy for the protection of lone workers</p> <p>The policy identifies which job roles could be lone working A risk assessment is undertaken for each defined lone worker (the results of the assessment will determine if the worker is provided with a "Lone Worker device") The risk assessments are forwarded to the Security Steering Group</p> <p>This device has a number of functions;</p> <ul style="list-style-type: none"> <li>• it allows the user to send an alert to a monitoring centre</li> <li>• the monitoring centre can listen into conversations</li> <li>• it can use GPS to identify the location of the staff member</li> </ul>	<p>HSE guide INDG73(rev3): Working alone</p> <p>Management of Health and Safety at Work Regulations 1999</p>

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Risk	Controls	Compliance with legislation/guidance
Lone working: Estates staff:	<p>The Estates Department have produced a Lone Working procedure for their own staff.</p> <p>The Estates Department has identified which of their staff could be lone working Lone working areas have been identified (see confined spaces register) There is system in place to monitor lone workers, which involves the use of text messaging</p>	<p>HSE guide INDG73(rev3): Working alone</p> <p>Management of Health and Safety at Work Regulations 1999</p>
Driving at work	<p>There is a procedure for driving at work, which has been consulted on and signed off at both the Health and Safety Committee and the Trust Operational Group. The procedure is currently in the final stages of being ratified. There are two main groups of drivers who drive in the course of their work, these are:</p> <ul style="list-style-type: none"> <li>Those who drive in vehicles provided by the Trust to enable them to carry out their duties (e.g. staff visiting patients at home in their "virtual wards")</li> <li>There is another group of drivers who use their own vehicle in the course of their work. These are often referred to as the grey fleet.</li> </ul>	<p>Management of Health and Safety at Work Regulations 1999</p> <p>HSE guide INDG382(rev1): Driving at work</p>
Vehicle/pedestrian segregation on Trust premises	<p>There are designated pedestrian routes throughout the Bradford Royal Infirmary (BRI) site. Most car parks, on the BRI site, have designated pedestrians routes marked out, but one, which is situated on rough ground, has none.</p> <p>St Luke Hospital has pavements within the hospital grounds, but there are still areas where pedestrians have to walk across vehicle routes.</p> <p>One of the main car parks has a hard-core surface which makes it difficult to mark out pedestrian routes. Although there are long barriers in this car park which guide pedestrians towards the main hospital building, rather than walking between parked cars.</p> <p>The car parks are audited on an ad-hoc basis.</p> <p>Risk assessments have been undertaken looking at traffic management on site and pedestrian walkways. Pedestrian crossings have been put in place.</p>	<p>Workplace (Health, Safety &amp; Welfare) Regulations 1992</p> <p>HSG136</p>



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Risk	Controls	Compliance with legislation/guidance
Workplace transport	<p>There is an information sheet ("notice to all official vehicle drivers") which covers the main areas of driving for the Trust.</p> <p>The three main factors to ensure workplace transport is safe are:</p> <p><b>A safe site:</b> Both main hospital sites have defined pedestrian routes which are designed to ensure effective vehicle/pedestrian segregation. There is also a maximum speed limit of 5MPH on site.</p> <p><b>A safe vehicle:</b> Workplace transport consists of a number of commercial vehicles and vans which are used on Trust sites and on public roads. All vehicles are maintained by the leasing company. In addition the drivers complete a pre-use check sheet.</p> <p><b>A safe driver:</b> All drivers attend a driver training course to assess their driving competency The drivers licence is checked annually</p>	<p>Workplace (Health, Safety &amp; Welfare) Regulations 1992</p> <p>HSG136</p>
Working at height	<p>There is an Estates specific working at heights policy in place.</p> <p>There is a Trust wide procedure for working at height currently being consulted on within the Trust Operational Group (the procedure has previously been consulted on and signed off at the Health and Safety Committee).</p> <p>Once ratified, the procedure will be available on the trust intranet.</p> <p>All work height other than work on low-level podiums and stepladders is covered under a permit-to-work system.</p> <p>Training: Estates staff receive the appropriate training, information and instruction to both satisfy legal requirements and to ensure competence External training providers provide training for all access equipment which is used by estates staff.</p> <p>All work at height tasks carried out by Estates staff have been risk assessed</p> <p>There is now a working at height procedure for the Trust for risk working at height such as climbing steps to clean or access storage.</p>	<p>Work at Height Regulations 2005</p>

PLAN	DO	CHECK	ACT
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Risk	Controls	Compliance with legislation/guidance
Bed rails	<p>There is a Slips, trips &amp; falls policy in place, which contains the Bedrails policy The procedure is that a bedrails assessment will be completed for all patients who are identified as a risk of falling.</p> <p><b>Training:</b> Education on the use of bedrails is included in the Clinical moving &amp; handling training.</p> <p>“Bedrails” have been added to the “contributory factors” section of Datix.</p>	<p>Management of Health and Safety at Work Regulations 1999</p> <p>HSG220</p> <p>MHRA device bulletin DB 2006(06)</p>
Slips, trips and falls	<p>There is Prevention of slips, trips and falls policy in place</p> <p><b>External areas:</b> Slip/trip hazards A member of the Estates Department conducts a visual inspection of external areas at both hospital sites to ensure any slip/trip hazards are identified and dealt with</p> <p><b>Snow/ice:</b> There is a gritting plan in place for the hospital sites which identifies when, and which areas need gritting</p> <p><b>Internal areas:</b> More information is needed as to the agreed procedures for floor washing and dealing with spillages</p> <p><b>Monitoring/audit:</b> The bi-annual combined risk audit contains a series of questions related to slips, trips and falls</p>	<p>Workplace (Health, Safety &amp; Welfare) Regulations 1992</p> <p>Management of Health and Safety at Work Regulations 1999</p>
Patients falls	<p>There Is a RCA Panel which reviews all patient falls investigations.</p> <p>There is a Falls Prevention Group which is essentially a steering group which gives direction to the Trust</p> <p>Upon admission all patients over the age of 65 and those that present a risk of falling are assessed for risk of falling. All patient falls, which result in harm should be investigated</p> <p>Concerns were raised that patients falls assessments were not routinely being undertaken across the Trust</p> <p><b>Monitoring/audit:</b> The bi-annual combined risk audit contains a series of questions related to slips, trips and falls</p>	<p>Workplace (Health, Safety &amp; Welfare) Regulations 1992</p> <p>Management of Health and Safety at Work Regulations 1999</p>

PLAN	DO	CHECK	ACT
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Risk	Controls	Compliance with legislation/guidance
COSHH	<p>There is a COSHH policy in place with a review date of November 2020</p> <p>The Trust website contains a dedicated section on COSHH. This provides information for staff, including templates, and also a database where copies of COSHH risk assessments and associated documents are held.</p> <p>This COSHH section appears overly complicated and most of the assessments in it are around two years old. It is also questionable, what the purpose is in holding detailed assessments etc. centrally in this manner.</p> <p>A system which is widely used across the NHS to manage COSHH (called Sypol) was being trialled during 2018-19 in key areas.</p> <p><b>Training:</b> There are several training sessions for COSHH Assessor training throughout this calendar year. There will training for staff on the Sypol system. There will be training for users administrators.</p> <div> <p><b>Recommended actions:</b> Replace the existing system of managing COSHH with the Sypol system Ensure a physical COSHH file is held locally (AP12)</p> <p>Provide information and/or training for managers regarding their health &amp; safety responsibilities</p> </div>	Control of Substances Hazardous to Health Regulations 2002
Cytotoxic drugs	<p>There is a procedure in place for the Management of Cytotoxic chemotherapy spillages &amp; contamination, although it was due for review in February 2018.</p> <p>Cytotoxic spillage kits are available on wards and theatres which use cytotoxic drugs.</p> <p>There have been no incidents involving cytotoxic drugs reported during 2018/19</p> <p><b>Training:</b> Training for cytotoxic spillages will be provided to all relevant staff This will be provided on commencement of employment and at two yearly intervals.</p> <div> <p><b>Recommended actions:</b> Update cytotoxic policy (AP13)</p> </div>	Control of Substances Hazardous to Health Regulations 2002

PLAN	DO	CHECK	ACT
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Risk	Controls	Compliance with legislation/guidance
Stress at work	<p>There is a management of stress policy in place</p> <p>The Workplace Health and Well-Being Centre is there to advise/support managers and to provide advice, treatment and support to staff</p> <p>The Trust has procured an Employee Assistance Programme through CIC, which provides a free, independent and confidential advice service to staff</p> <p>The HSE Stress Analysis Tool is used for teams where stress has been identified Individual risk assessments will be carried out where staff are returning to work having been on sick leave due to stress-related issues.</p> <p>Stress, low mood and anxiety are in the top three reasons for absence within the Trust. Occupational Therapist, promoted self-referrals for staff who were suffering from stress. And delivered some resilience training for groups which has now developed into regular workshops for staff at BRI &amp; SLH. The Occupational Health Department are also offering appointments with a Vocational Rehabilitation Consultant from the Mental Health Access to Work Service. The service is fully booked until the end of March. The Occupational Health and Human Resources have gone out to some Divisions and spoken about stress. Managers have raised some concerns with the stress risk assessment and how to deal with work stress i.e. how to talk about it and capture it. Occupational Health and Human Resources have revised the stress policy; it now includes a new stress risk assessment tool for individuals to complete with their Managers. Occupational Health have another event planned, through the Charity "Relate", called the power of relationship.</p> <p>There is lots of focus on stress management but it still remains in the top three.</p> <p><b>Recommended actions:</b> Stress should be reviewed annually by the Health, Safety and Resilience Committee (AP14)</p>	HSE Management Standards
Ionising Radiation	<p>There is an Ionising Radiation policy in place</p> <p>The Trust has a Radiation Protection Committee that monitors the use of all types of ionising radiation throughout the Trust.</p> <p>The Radiation Protection Adviser (RPA) advises Trust management on all matters of safety relating to the use and monitoring of ionising radiation within BTHFT.</p> <p>The Radioactive Waste Adviser (RWA) ensures that an appropriate EPR permit is maintained in relation to the holding and</p>	The Ionising Radiation Regulations 2017

PLAN	DO	CHECK	ACT
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Risk	Controls	Compliance with legislation/guidance
	<p>disposal of radioactive materials.</p> <p>The Medical Physics Experts (MPE) will advise BTHFT on the requirements for the protection of patients and research volunteers undergoing medical exposures to include dose optimisation, patient dosimetry, quality assurance, development</p> <p>Radiation Protection Supervisors (RPS) will supervise the work with ionising radiation in the areas for which they have been appointed.</p> <p><b>Training:</b> All managers must ensure that all members of staff who work with ionising radiation are familiar with the local procedures and protocols for such work and include this as part of staff induction to a new work area and new practices.</p> <p><b>Monitoring:</b>  <ul style="list-style-type: none"> <li>- Regular review by Operational/Clinical Services Managers and RPSs under the guidance of the RPA</li> <li>- The RPA will carry out a biennial audit of compliance with legislation</li> <li>- External audit is carried out by the appropriate regulatory authority such as the Environment Agency, Health &amp; Safety Executive, Care Quality Commission and the Medicines Control Agency.</li> </ul> </p>	
Infection, Prevention & Control - staff	<p>There is an IPC policy and procedure in place (The policy is monitored via the IPCC Assurance Framework). The Infection Prevention and Control Committee (IPCC) is responsible for ensuring the Trust is compliant with the policy.</p> <p>The structure is:  <b>Director of IPC/ Chief Nurse</b> – accountable to the Chief Executive  <b>Nurse Consultant</b> – ensures that the heads of nursing and matrons are taking the lead in IPC  <b>Lead Nurses</b> - provides specialist and nursing expertise in the prevention and control of healthcare associated infections  <b>Senior IPC Nurse</b> - identify and control infection outbreaks  <b>IPC Nurse</b> - in collaboration with the matrons, participate in IPC post-infection reviews and contribute to changes in clinical practice as a result these reviews  <b>IPC Link Workers</b> - liaise between their clinical area and the IPC team</p> <p>All identified staff will be offered Hepatitis B vaccination</p> <p><b>Monitoring:</b> The IPCC reports to the Trust's Quality Committee. The Trust Quality and Safety Committee receives a report at each meeting and annually, detailing compliance with infection prevention measures, infection rates and information on outbreaks of infection The IPCC produces an annual plan detailing actions for the forthcoming year, with outcomes reported in the annual report. It also produces a risk register.</p>	<p>Control of Substances Hazardous to Health Regulations 2002 (COSHH).</p> <p>HSE guidance , blood borne viruses INDG342</p>

PLAN	DO	CHECK	ACT
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Risk	Controls	Compliance with legislation/guidance
Sharps safety	<p>There is a contamination incident policy</p> <p>The structure:  <b>IPC Committee</b> - receive minutes from the Sharps Injury Prevention Group  <b>Sharps Injury Prevention Group</b> – reviews incident data  <b>Workplace Health and Wellbeing Centre</b> - provide support, advice following a contamination incident</p> <p>There is a poster (which can be printed off from the Trust website) which describes what to do in the event of a sharps injury</p> <p>Approximately a third of incidents involving needle sticks were wrongly categorised. This will be addressed by changes to the categories in Datix.</p> <p><b>Audit process:</b> a sharps injury audit is undertaken</p>	Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
Decontamination	<p>There is a Decontamination of Medical Devices Policy in place</p> <p>Sterile Services Department (SSD), provided by B Braun, provide decontamination services to the Trust</p> <p><b>Audit process</b>  SSD is subject to external audit</p>	Provision and Use of Work Equipment Regulations 1998
First aid	<p>A first aid protocol has been written (this is the first one), pending ratification by the Health and Safety Committee. The protocol details which areas need to complete a first aid needs assessment.</p> <p>Without this protocol in place, it is unlikely that these assessments are being undertaken with any kind of regularity</p>	The Health and Safety (First-Aid) Regulations 1981

PLAN	DO	CHECK	ACT
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Risk	Controls	Compliance with legislation/guidance
New & expectant mothers	<p>There is a New &amp; expectant mothers policy in place (it is contained within the Maternity/Paternity policy)</p> <p>The policy contains a link to the risk assessment process for new or expectant mothers.</p> <p>The risk assessment form has an escalation procedure to follow, to reflect differing levels of risk</p>	<p>Management of Health and Safety at Work Regulations 1999</p> <p>HSE guide INDG373: New and expectant mothers who work</p>
Young persons at work	<p>There is a work experience policy in place</p> <p>Young persons on work experience will attend an induction on the first morning of placement.</p> <p>The policy includes a list of what activities work experience students can be involved with, and what areas they are not allowed to access.</p> <p>There are currently only six young persons employed by the Trust. Four of these are apprentices who are supervised as part of their training agreement. The other two are employed in Cleaning Services where they will be supervised as part of their terms of supervision.</p>	<p>HSE guide ING364(rev1) Young people and work experience</p>
Using computers	<p>There is a DSE Policy in place</p> <p>This policy details the procedure for the manager to follow, from identifying who should be assessed, to the provision eye sight tests, and includes the assessment forms and eyesight reimbursement forms.</p> <p><b>Audit process:</b> this process is audited as part of the bi-annual combined risk audit.</p> <p>In the most recent audit of 2016 it was found that:</p> <ul style="list-style-type: none"> <li>• A high number of areas required their workstations assessing.</li> <li>• A high number of areas are unaware of the DSE policy.</li> <li>• Some staff were unaware of the Trust's arrangements for eye sight testing.</li> </ul>	<p>The Health and Safety (Display Screen Equipment) Regulations 1992</p>
CAS alerts	<p>There is a Central Alert System (CAS) policy in place</p> <p>The procedure is as follows:</p> <ol style="list-style-type: none"> <li>1. All safety alerts come into the Assurance &amp; Regulations Department</li> <li>2. Alerts are disseminated to relevant areas</li> <li>3. Confirmation that alerts have been actioned comes back to this department.</li> <li>4. Any areas that do not confirm alerts have been actioned, are followed up and escalated to the Department's Manager and if necessary to Director of Governance and Corporate Affairs</li> </ol>	

<b>PLAN</b>	<b>DO</b>	<b>CHECK</b>	<b>ACT</b>
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<b>Risk</b>	<b>Controls</b>	<b>Compliance with legislation/guidance</b>
	All alerts for 2018/19 have been actioned. Additional assurance is sought as required.	
Environmental risks to staff working in non-Trust owned or controlled premises	There is a designated person in the Estates Department who oversees the management of the environmental risks in third party properties. There is a matrix which clearly demonstrates how the various issues such as asbestos, water safety and electricity are being managed/controlled.	Management of Health & Safety at Work Regulations 1999



PLAN	DO	CHECK	ACT
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### Appendix 6 Recommendations and action points to be addressed during 2019/20

Ref no.	Action point	To be actioned by	By when
AP1	Establish a Task and Finish Group to review current practices and documentation used for patients that present with challenging behaviour.	Health, Safety and Resilience Committee	June meeting 2019
AP2	Ensure that the policies and procedures on the Estates intranet page match the version on the Trust intranet.	Technical Director, Estates	30 September 2019
AP3	Develop a revised education programme for those with health and safety responsibilities (e.g. Ward Sisters, Ward Managers and Heads of departments)	Non-Clinical Risk Manager	31 December 2018
AP4	Risk assessments: Phase one Create generic or overarching risk assessments for all tasks which are common across the Trust. (e.g. slips, manual handling)	Non-Clinical Risk Manager	30 September 2019
	Phase two Create a list of risk assessments which are required for each type of workplace.	Head of Non-Clinical Risk	31 October 2019
AP5	Re-start the Risk- TU workplace inspection programme.	Non-Clinical Risk Manager	1 June 2019
AP6	Request the reconsideration of adding PEEPs onto EPR. Print a copy of the patients PEEP form and attach it to the end of the bed.	Fire Office and Head of Non-Clinical Risk	31 December 2019
AP7	Ensure there is training available and completed for Designated Medical/Nursing Officer (DMO/DNO)	Estates Manager	31 October 2019
AP8	Set up a task and finish group to look training of medical devices and the monitoring of this training	Head of Non-Clinical Risk	30 <sup>th</sup> September 2019
AP9	Ventilation risk assessments to be undertaken for areas of non-compliance	Head of Non-Clinical Risk and Nurse Consultant, Infection Control	30 <sup>th</sup> September 2019
AP10	Undertake a health and safety climate survey on an annual basis and use the results as part of the KPI's for health and safety. This should include the number of completed surveys and the	Head of Non-Clinical Risk	28 February 2020

PLAN	DO	CHECK	ACT
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	"scores" from them. This can then be used to view progress on a year by year basis, and could identify particular areas of concern		
<b>AP11</b>	Set up a task and finish group to review what is in place for the de-escalation of patients and management of patients with challenging behaviour	Director of Governance and Corporate Affairs	31 December 2019
<b>AP12</b>	Replace the existing system of managing COSHH with the Sypol system Ensure a physical COSHH file is held locally  Provide information and/or training for managers regarding their health & safety responsibilities	Assistant Director of Pharmacy/ COSHH Oversight Group	31 December 2019
<b>AP13</b>	Update Policy on Cytotoxic chemicals	Assistant Director of Pharmacy/ COSHH Oversight Group	30 August 2019
<b>AP14</b>	Stress should reviewed annually by the Health, Safety and Resilience Committee	Head of Non-Clinical Risk	30 September 2019

PLAN	DO	CHECK	ACT
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## Appendix 7: Proposed work plan for the Non-Clinical Risk Management Team 2019/20

Item	Responsibility	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Next year
<b>Risk Assessments</b>														
Mortuary	Non Clinical Risk Manager							■						
Pathology	Non Clinical Risk Manager				■									
Trust Risk assessment Ligatures	Head of Non Clinical Risk Manger		■											
Risk assessment on CTG Storage (maternity)	Head of Non Clinical Risk Manger						■							
Pharmacy	Non Clinical Risk Manager		■											
External Building - Skipton	Non Clinical Risk Manager											■		
External Building – Westborne Green	Non Clinical Risk Manager						■							
<b>Policies/ procedures</b>														
Risk Assessment	Head of Non Clinical Risk Manger			■										
Management of Contractors	Non Clinical Risk Manager							■						
Health and Safety policy	Head of Non Clinical Risk Manger									■				
Personal Protective Equipment	Non Clinical Risk Manager					■								

PLAN	DO	CHECK	ACT
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Item	Responsibility	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Next year
<b>Training</b>														
Health and Safety and Risk Training proposal	Heads of Risk			■										
Produce Health and Safety Training portfolio	Head of Non Clinical Risk						■							
<b>Reports</b>														
Annual Health and Safety Report	Head of Non Clinical Risk			■										
Quality Account Report	Head of Non Clinical Risk	■												
<b>Project work</b>														
EU Exit	Head of Non Clinical Risk	■												
Combined Risk Audit	Non Clinical Risk Manager			■			■			■			■	
COSHH	Head of Non Clinical Risk and Assistant Director of Pharmacy				■									
<b>Action Plans</b>														
HSE action plan (sharps)	Head of Non Clinical Risk			■										
HSE action plan (HG3)	Head of Non Clinical Risk						■							