

Health and Safety Annual Report 2019-2020

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Executive Summary

The purpose of the 2019/2020 annual report is to provide the Trust's Board of Directors with an overview of health and safety performance during the year and to summarise Bradford Teaching Hospitals NHS Foundation Trust ('The Trust') key risks to achieving its objectives. The report details the programme of work undertaken during the financial year and key areas of consideration for 2020/21.

The report captures the diversity of activity relating to health and safety across our hospitals, contextualised with statistical information on incidents with explanatory information on their associated management.

All matters relating to health and safety are essential factors are integral to all corporate and management decisions, and as such are embedded within the Strategic Objectives of the organisation.

During 2019/20 the Trust has made some significant progress with longstanding risks to the organisation including

- Control of Substances Hazardous to Health (COSHH),
- violence and aggression
- medical devices.

In addition the Health and Safety Team have worked closely with the Care Groups and Corporate Departments, in both a developmental way, but also directly supporting the mitigation of risk associated with key issues for the Trust including clinical waste, industrial action, EU Exit and the organisations response to the COVID19 pandemic. The requirement for the Health and Safety team to focus their attention on these key organisational risks has resulted in the delay to a number of in-year planned projects, including the completion of the Combined Risk Audit. This represents a gap in assurance in relation to the compliance of the organisation with the Health and Safety Policy.

With a focus on sustainable and continuous improvements, we have identified opportunities for change and improvement in relation to ventilation, medical devices, risk assessments and manual handling.

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Introduction

The Health and Safety risk profile across the Trust has a clear defined governance structure, Health, Safety and Resilience Committee is a Sub-Committee of the Quality Committee and can report by exception to the Integrated Governance and Risk Committee and Workforce Committee.

The Health, Safety and Resilience Committee met Quarterly throughout the year, and reported its performance and assurances to the Quality Committee through the quarterly incident management and health and safety compliance report. Assurance was further enhanced through the membership of that Committee of a Non-Executive Director, who was able to describe the conduct and performance of the Committee to the Quality Committee.

This report provides an assessment of 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 2019 to March 2020 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 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.

Figure1: 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

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- 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
- 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, Safety and Resilience Committee which is a Sub-Committee of the Quality 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, they are part of the membership on the Health, Safety and Resilience Committee and their attendance is required to make the meeting quorate.

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, radiation protection, medical devices, medical gas and waste). An organogram of the 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 Health, Safety and Resilience Committee uses a range of assurances to support its scrutiny of health and safety performance, level 1 assurances in the form of management reports in relation to specific issues, level 2 assurances from its oversight groups and also level 3, independent assurance from Internal Audit and other external specialist assurance providers. The Committee also reviews changing requirements from the Trust's regulators.

For instance, 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 groups of the Health, Safety and Resilience Committee for monitoring and escalating non-compliance.

The Trust purchased a system to assist with the management of Control of Substances Hazardous to Health (COSHH), Sypol. The system assists with writing clear and comprehensive COSHH assessments and managing these assessments and recommending strategies for eliminating risk.

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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 outcome of this assessment was presented to the Board of Directors during 2019/20. Assessment of compliance with the PAM has continued during 2019/20.

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.

Due to the response of the Trust required to key areas of risk, clinical waste, industrial action and the COVID19 pandemic, the use of the assurance tool, the Combined Risk Audit, was not completed as per the work-plan during 2019/20. The Health, Safety and Resilience Committee were aware of this, and assurance in relation to compliance with the Health and Safety Policy was delivered by detailed scrutiny of and Health and Safety incidents, and contextualisation to understand any potential systemic compliance issues, and the work undertake in relation to risk associated with industrial action and the response to COVID19.

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 and is accountable to the Chief Operating Officer.

The day-to-day management of health and safety at a local level lies with individual staff members, and local team managers, for instance 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:

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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 (2018/19) identified a suite of objectives for 2019/20. These are described and analysed in Appendix 3. For objectives where a review has resulted in the identification of outstanding actions and recommendations are 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 2020/21:

- 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 increasing the profile of allied work-streams such as strengthening risk assessments.
- 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 monitored a work-plan. The work plan and the associated progress with each action are described in Appendix 4. The work-plan for 2020/21 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.

1.6.1 Health and Safety (Amendment) (EU Exit) Regulations 2018

The Health and Safety (Amendment) (EU Exit) Regulations 2018 were drawn up to ensure that the UK's Health and Safety legislation was fit for purpose when the UK exited the EU. This was achieved by making amendments to 11 pieces of legislation to remove EU references. These changes came into force on the date of the UK's exit from the EU. These pieces of legislation include:

- Health and Safety (Safety Signs and Signals) Regulations 1996
- Offshore Installations (Prevention of Fire and Explosion, and Emergency Response) Regulations 1995
- Control of Substances Hazardous to Health Regulations 2002
- Control of Artificial Optical Radiation at Work Regulations 2010

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- Genetically Modified Organisms (Contained Use) Regulations 2014
- Offshore Installations (Offshore Safety Directive) (Safety Case, etc) Regulations 2015
- Control of Major Accident Hazards (COMAH) Regulations 2015
- Ionising Radiations Regulations 2017

While there may be some slight changes to the regulations that govern health and safety in these areas to remove EU references, the legal requirements and the protection these provide are not changed for a number of the regulations. The Ionising Radiations Regulations 2017 was not significantly altered, but there were some significant such as changing eye dose limit from 150 to 20 mSv p.a.

Classification Labelling and Packaging (CLP), Prior Informed Consent (PIC) and Biocides Products Regulation (BPR)

The HSE have published online guidance regarding these changes.

UKCA Marking to Replace CE Marking in the UK

The UKCA (UK Conformity Assessed) marking is a new UK product marking that will be used for certain goods being placed on the UK market if the UK leaves the EU without a deal.

If a product requires third party assessment of conformity, and if this has been carried out by a UK conformity assessment body, then the manufacturer will have to apply the new UKCA marking after exit day.

The UKCA marking will not be recognised on the EU market, and products currently requiring a CE marking will still need a CE marking for sale in the EU.

1.6.2 Mental Ill Health First Aid Guidance

Guidance from the Health and Safety Executive (HSE) states that employers need to implement adequate and suitable first aid provisions. In order to do this, employers must carry out a First Aid needs assessment. When carrying out this First Aid needs assessment, employers should also consider ways to manage mental ill health in their workplace such as:

- Providing information or training for managers and employees
- Employing occupational health professionals
- Appointing mental health trained first aiders
- Implementing employee support programmes

This is a recommendation, not legislation, so there is no set date when businesses will have to have sufficient mental health provision.

1.6.3 Coronavirus Act 2020

The introduction of a range of emergency provisions in response to the Coronavirus pandemic. Ranging from the emergency registration of health professionals, temporary modification of mental health and mental capacity legislation, the power to require information relating to food chains. (26th March 2020)

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1.6.4 Public Health, England: The Health Protection (Notification) (Amendment) Regulations 2020

These regulations amend the Health Protection (Notification) Regulations 2010 (S.I. 2010/659). They apply to England only. Regulation 2(2) adds COVID-19 to the list of notifiable diseases in Schedule 1. Regulation 2(3) adds SARS-CoV 2 to the list of causative agents in Schedule 2. (5th March 2020)

1.6.5 Environmental Protection England Amendment Order

The single use of carrier bag charges (England) – This Order amends the Single Use Carrier Bags Charges (England) Order 2015 Article 3 amends the list of “excluded bags” so that the obligation to charge for a single use carrier bag does not apply to bags intended to be used solely to carry goods purchased for home delivery as part of an online grocery delivery service. Such bags would be excluded from the obligation to charge from 21st March to 21st September 2020 only. (21st March 2020)

1.6.6 EH40/2005 (updated to 4th Edition)

The HSE has recently published a revised version of [EH40/2005](#) which details some new and revised Workplace Exposure Limits for 13 carcinogenic substances which came into force from 17th January 2020. These revised limits may mean that you need to review your COSHH risk assessments to ensure exposure is controlled to as low as reasonably practicable.

The new or revised entries are for the following substances:

- Hardwood dusts (including mixed dusts)
- Chromium (VI) compounds
- Refractory ceramic fibers
- Respirable crystalline silica
- Vinyl chloride monomer
- Ethylene oxide
- 1,2-Epoxypropane
- Acrylamide
- 2-Nitropropane
- O-Toluidine
- 1,3-Butadiene
- Hydrazine
- Bromoethylene

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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, business unit 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 Clinical Business Unit level or, are considered a risk to the delivery of the Trust's strategic objectives. These are reflected on the Strategic Risk Register. Business unit 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 2019/20 full site risk assessments were in place for

- Covid-19 risk assessments
- CCTV risk assessments
- Risk assessments during Industrial action
- EU Exit looking into the resilience
- Security risks assessments
- Estates maintenance risk assessments
- Event risk assessments
- Climate Change
- Fire

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 2019/2020 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 MAJOR 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 MODERATE 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. MINOR/INSIGNIFICANT 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
- training sessions
- Rapid responses
- safety huddles

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- learning matters publications

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
- Radiation
- 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. However 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 is 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 2018/19 and 2019/20**

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 2019/2020. The Manual Handling team has evolved to include three Trainers and Ergonomics Advisor, to enable face to face training to be delivered. Moving and handling and Health and Safety awareness has significantly improved over the last year. Strategic risk management has slightly decreased, this might be related to access problems with the training earlier in the year but it still remains above 90%.

Table 2: percentage compliance with mandatory training type

Training type	2018/19 (%)	2019/20 (%)	Trend
Fire safety (one or two yearly)	84%	86%	↑
Moving & handling (Low risk three yearly)	99%	100%	↑
H&S awareness (two yearly)	89%	96%	↑
Moving & handling med/high risk (two yearly)	78%	89%	↑
Strategic risk management (Two yearly)	94%	91%	↓

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

Estates and Facilities 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 was deferred to 2019/2020, a proposal of taking the Combined Risk Audit forward was presented to the Health, Safety and Resilience Committee in quarter 1, it was accepted that this would be managed centrally and that the audits would be undertaken by a team of staff rather than the individual areas and added to an electronic system. However due to unexpected work pressures and temporary redeployment of staff the Combined Risk Audit was partially completed, however health and safety was still monitored via the Specialist Advisors and the Central Team to ensure that the Trust remained compliant.

- **Internal audit**

Audit Yorkshire undertakes regular audits of the Trusts health and safety systems and internal audits were conducted by Audit Yorkshire 2019/2020 on manual handling and medical devices. The objective of this audit was to provide assurance that the Trust has appropriate and effective controls in place for the management of medical devices and the handling of patient and inanimate objects.

- **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).

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CHECK

There is a structure in place which enables unresolved issues to be escalated onto a particular level of risk register (Sub-Committee/Care Group/Strategic), depending on the risk score. 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 included waste bins, Accident and Emergency, Duckworth Lane. Other work inspections have included Skipton Hospital, MRI and some ward areas

- **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.

3.2.1 Health and safety incidents 2019/20

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 2019/2020. Table 3 provides a summary of the top five incidents by frequency for 2019/2020 and is compared to the previous reporting year.

Table 3: The top five Health and Safety Reported Incidents

Incident category	2018/2019	2019/2020	Trend
Unsafe environment	198	256	↑
Physical assault	138	170	↑
Medical device	197	169	↓
Threatening behaviour	165	158	↓
Security	136	154	↑

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 2019/2020.

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

CHECK

A Task and Finish Group was established to look at training for medical devices, the Task and Finish Group is in the process of producing a business case to set up central management of Medical Devices.

3.2.2 RIDDOR reportable incidents 2019/20

Thirty-one incidents were identified as meeting the criteria for reporting under RIDDOR during 2019/20. These are described in Table 4.

The national statistics on incidents are not due to be released until 20 November 2020 so were unable to be added to this report for comparison.

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 2019/20. These administration failures include:

- 50% of incidents identified as patient falls incidents have a root cause analysis uploaded onto Datix.
- 40% incidents were not reported to the HSE within the required timescales.
- 14% 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.

There has been an 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.

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. This is an area that is scheduled for an internal audit review for 2020/21.

3.2.3 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.

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

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Table 4 RIDDOR incidents 2019/2020	
Incident	Actions
Specified injuries	
<p>Staff fall, slip or trip on same level While leaving the sluice room on ward 7, a member of staff (HCA) slipped on water resulting in them falling to the floor. The member of staff stated they immediately felt considerable pain in their ankle.</p> <p>Following the advice of the Ward Sister, the member of staff was taken to the Accident and Emergency Department, where they were diagnosed with a fractured ankle.</p> <p>Initial investigation identified that the water on the floor was as a result of a leak from the macerator within the sluice room.</p>	<p>To prevent a recurrence the floor was dried immediately and wet floor signs displayed. In addition, the Estates and Facilities Department were contacted to repair the macerator.</p>
<p>Staff fall, slip or trip on same level A member of staff slipped on a wet floor, the floor had not recently been mopped and therefore no wet floor signage displayed. Following the fall and upon investigation a small spillage was noticed next to the cleaning trolley.</p> <p>As a result of the fall, the member of staff sustained a fractured Scaphoid.</p>	<p>The floor was dried.</p>
<p>Staff fall, slip or trip on same level During the Friends of St Luke's' AGM a delegate fell from a raised area (one step height) at one end of Seminar Room 3. As a result of the fall, the individual (an 81 year old lady) sustained a fractured and dislocated shoulder plus bruising to the face.</p>	<p>The Friends of St Luke's agreed that future meetings would not take place on the raised area of the Seminar Room.</p> <p>The Seminar Room is now used by the Medical Records Department, a health and safety inspection of the area has been undertaken because of this change of use.</p>
<p>Staff fall, slip or trip on same level A member of the Estates staff working in the Boiler House was returning with components for the job. As they re-entered the Boiler House via a set of stairs, their foot slipped on the top step causing them to fall down the stairs, hitting their back and elbow in the stairs as they slid down them.</p> <p>Following the incident, the staff member spoke to their team leader who advised them to go home and attend the Emergency Department.</p> <p>The member of staff attended the Emergency Department 28.02.2020 and was diagnosed with a fracture of the arm.</p>	<p>The Estates Department are to investigate the incident.</p>

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Table 4 RIDDOR incidents 2019/2020	
Incident	Actions
Over 7 day injury	
<p>Unsafe environment A porter was moving a blue bin within one of the waste compounds on the Bradford Royal Infirmary site. As they did so, one of the wheels went down a rut in the floor of the compound causing the bin to stop abruptly, resulting in the member of staff sustaining a sprained wrist.</p>	The member of staff informed their supervisor of the incident.
<p>Issues relating to the movement of or handling of a patient A member of staff was assisting a patient off the commode and onto their bed with another HCA.</p> <p>During the procedure the patients legs weakened and the patient sat down on their bed abruptly still holding onto the HCA's this resulted in the HCAs Right shoulder being pulled downwards. The member of staff attended Accident and Emergency and were treated by immobilising their arm in a sling.</p>	<p>Action taken Staff have been advised to assess patient's ability on a daily basis</p>
<p>Load handling issues A member of staff moved boxes of equipment from the stores to Temple Bank House using a trolley. The member of staff also delivered the items to the appropriate offices.</p> <p>Following the delivery of goods, the member of staff had back pain that worsened overnight. As a result of the pain the member of staff was absent from work.</p>	Working practice was changed so that deliveries are delivered to the department by porters.
<p>Staff fall, slip or trip on same level A staff member undertaking a home visit suffered a fall from uneven concrete after walking down a flight of stairs as they left the property.</p> <p>As a result of the fall, the staff member could not stand unaided nor drive and had to be driven home.</p> <p>Although this incident has been reported to the Health and Safety Executive, the RIDDOR form was not forwarded to the individual who reported it. A duplicate record has been requested and will be attached to the Datix incident form once received.</p>	<p>The member of staff went to Accident and Emergency</p> <p>This incident occurred at a patients property.</p>

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Table 4 RIDDOR incidents 2019/2020	
Incident	Actions
<p>Load handling issues A member of staff working in the clinic room on ward 18 was moving a full blue bio-bin from the clinic room to the sluice. As the member of staff pulled the bio-bin, they heard a crack in their right wrist followed by their arm feeling cold with shooting pains up the arm.</p>	<p>The Risk Management Department have reviewed this incident in consultation with the Trust's Environment & Sustainability Manager and made a recommendation to the Department that, arrangements should be made for the full bio bins (within the clinic room) to be collected direct from the clinic room by the Porters rather than clinical staff moving them to the sluice room to be collected by the Porters.</p>
<p>Staff fall, slip or trip on same level A member of staff slipped on wet stairs in the hospital concourse (adjacent to the "life style restaurant") whilst carrying a glass bottle. As a result of the fall, the member of staff sustained a cut to their first 2 fingers of the right hand, which subsequently required surgery.</p>	<p>CCTV was reviewed to determine the cause of the incident and mitigation put in place.</p>
<p>Contact with hot or cold surface, object or liquid Health care assistant had been helping provide meals to patients on the ward using a regene trolley (that has a hot plate on the top). She was moving the equipment used back into the kitchen through the ward doors when the front piece of glass became dislodged trapping her finger (this glass did not break and remained in one piece).</p> <p>Initially there was no evidence of damage, no laceration, no swelling and no concern regarding a burn discussed. However later in the day, the staff member complained of pain down her hand and arm, damage to her nail and a possible burn to her hand as the equipment had been hot when trapped.</p>	<p>The staff member was spoken to and an investigation into the incident was conducted that concluded the individual should not have been using the trolley.</p>
<p>Exposure to harmful substance/element A member of staff with a known allergy to penicillin developed anaphylaxis after mixing a Tazocin for intravenous administration.</p> <p>A crash call was put out and once stabilised, the member of staff was transferred to the Accident and Emergency Department and subsequently to ward 1.</p> <p>As a result of the incident, the member of staff has been absent from work for more than 7 days.</p>	<p>The member of staff is to be reviewed by the Workplace Health and Wellbeing Department prior to returning to work, to enable controls to be developed to prevent a recurrence.</p>

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Table 4 RIDDOR incidents 2019/2020	
Incident	Actions
<p>Staff fall, slip or trip on same level A member of staff slipped in the antenatal reception area on what appeared to be spilt cola, injuring their right knee and hip and twisting their left ankle. The injured member of staff was assisted back to the Labour Ward in a wheelchair by a Porter and a member of public.</p> <p>As a result of the incident, the member of staff attended the Accident and Emergency Department and was diagnosed with a grade II sprain to the left ankle, which has prevented them from working for more than 7 days.</p>	<p>Posters are to be developed and displayed in pertinent areas within maternity to inform patients and the public to report fluid spillages.</p>
<p>Struck against something/trapping The ward housekeeper was working in the treatment room re-stocking shelves and cleaning. The member of staff adjusted the position of a wall mounted light, as they did so their finger became trapped between the two metal bars of the light's frame. At which point the mechanics of the light became damaged resulting in staff member being unable to release their finger.</p> <p>The bars of the light had to be prised apart in order to release the staff member's finger. At which point the staff member's finger appeared pale and indented.</p> <p>The member of staff was in pain and attended the Emergency Department where they were seen and treated by the Plastics Team.</p> <p>The member of staff had a follow up appointment the following day in the Plastic Trauma Clinic and was advised to take the rest of the week off work and return to their GP if there was no improvement.</p> <p>The member of staff returned to their GP as they still had no feeling in the tip of their finger and was signed off work for a further 7 days.</p>	<p>The Estates Dept. were contacted to remove the lamp along with the frame to prevent any further incidents.</p>
<p>Staff fall, slip or trip on same level It is indicated that a member of staff tripped over the trailing cable of a piece of electrical equipment that was stored on the ward. The member of staff fell, hitting their leg on a step within the Ward.</p> <p>The member of staff completed their shift, but was subsequently off work for more than 7 days as a result of this incident.</p>	<p>The incident was discussed with staff in huddles to ensure all equipment is stored correctly on the ward with wires wrapped up to prevent tripping risks.</p>

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Table 4 RIDDOR incidents 2019/2020	
Incident	Actions
<p>Load handling issues An on call member of endoscopy staff was transferring equipment from Nucleus theatres to modular theatre with another staff member. As they did so, they experienced a sudden onset of chest discomfort.</p> <p>The member of staff did not take any immediate actions; however, the pain continued to worsen and the member of staff attended Emergency Department. 2-3 hours later where they required emergency surgery to repair a Para-oesophageal hernia.</p> <p><i>The incident was not reported to the HSE at the time of the incident as the Department Manager was not made aware the staff members absence was work related until they return to work.</i></p>	Departmental Investigation undertaken.
<p>Struck against something/trapping A member of staff (Health Care Assistant) was pushing a wheel chair patient up a ramp into the patient's home, when the wheels became stuck. The patient's father agreed to attempt to push the wheel chair. As the member of staff moved out of the way to allow this, the member of staff's thumb became trapped in a hook (designed to accommodate the patient's ventilation circuits) on the chair, causing their thumb to bend backwards.</p> <p>As a result of the incident, the member of staff experienced severe shooting up their forearm, which has resulted in them being absent from work for more than 7 days.</p>	An Investigation has been commenced by the department.
<p>Staff fall, slip or trip on same level It is indicated that a member of staff tripped over the trailing cable of a piece of electrical equipment that was stored on the ward. The member of staff fell, hitting their leg on a step within the Ward.</p> <p>The member of staff completed their shift, but was subsequently off work for more than 7 days as a result of this incident.</p>	The incident was discussed with staff in huddles to ensure all equipment is stored correctly on the ward with wires wrapped up to prevent tripping risks.
<p>Struck against something/trapping A member of staff (Health Care Assistant) was pushing a wheel chair patient up a ramp into the patient's home, when the wheels became stuck. The patient's father agreed to attempt to push the wheel chair. As the member of staff moved out of the way to allow this, the member of staff's thumb became trapped in a hook (designed to accommodate the patient's ventilation circuits) on the chair, causing their thumb to bend backwards.</p> <p>As a result of the incident, the member of staff experienced severe shooting up their forearm, which has resulted in them being absent from work for more than 7 days.</p>	An Investigation has been commenced by the department.

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Table 4 RIDDOR incidents 2019/2020	
Incident	Actions
<p>Staff fall, slip or trip on same level</p> <p>A member of Hospitality staff fell at Westwood Park Hospital. The member of staff was serving an evening meal to patient when she caught her foot on a wheelchair which had rolled forward. The member of staff grabbed a table to break her fall the table moved resulting in her falling on her knees and right shoulder.</p> <p>Initially, the member of staff had no time off work as a result of this incident. However, on the 15 October, the member of staff had a period of sickness relating to this incident of more than 7 days. Thereby, making this incident RIDDOR reportable.</p>	<p>The incident records have been linked together on Datix.</p> <p>The Ward sister has been contacted and requested to ensure that an investigation is undertaken in relation to this incident, and that any actions to prevent a recurrence that come out of this investigation are implemented.</p>
<p>Struck against something/trapping</p> <p>A member of staff undertaking flu vaccinations in the Rehabilitation Department (adjacent to Ward 2) was entering the department, when their middle finger (right hand) became trapped between the door handle and the bump rail.</p> <p>The member of staff attended the Emergency Department, where they were diagnosed with a fractured middle finger.</p> <p>As a result of the injuries, the member of staff had their finger nail drilled to relieve the pressure under the nail, which resulted in the member of staff being unable to carry out the full range of their work activities (undertake clinical work) for more than 7 days.</p>	<p>The Estates Dept. were contacted to inspect the door in question.</p> <p>The Risk Management Department are undertaking an investigation.</p>

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Table 4 RIDDOR incidents 2019/2020	
Incident	Actions
<p>Issues relating to the movement of or handling of a patient</p> <p>A patient who was having difficulty walking and being assisted by their wife was attending the Emergency Department. Reception staff went to get help from medical staff within the triage area and find a wheelchair for the patient.</p> <p>Whilst the patient was being triaged (and a wheelchair was been sought), another member of the reception team noticed the patient's wife was struggling to hold the patient up. The Receptionist went to assist the patient to sit. As the Receptionist was assisting with holding the patient up, the patient started to collapse. At which point, the member of staff felt pain in their back. Nursing staff, then came to assist with sitting the patient in a chair, whilst waiting for a wheelchair to arrive to transfer the patient.</p> <p>Following the incident, the member of staff has been absent from work for more than 7 days, resulting in the incident being RIDDOR reportable.</p>	<p>A local investigation is being undertaken by the Department.</p>
<p>Load handling issues</p> <p>The Incident report indicates a member of hospitality staff was bending to fill the wards dishwasher with salt, as they did so, they felt pain in their back, and was unable to complete their shift because of the pain.</p> <p>The member of staff has subsequently been absent from work for more than 7 days as a result of the incident.</p>	<p>The member of staff has been referred to workplace Health and Wellbeing Department.</p>
<p>Staff fall, slip or trip on same level</p> <p>A member of the security team was undertaking a patrol at the Temple Bank car park. During their patrol, it is indicated they walked across a grassed area, as they did so, their foot slipped and they fell onto their back, hitting their right shoulder on a fence as they fell.</p> <p>The member of staff was subsequently of work for more than 7 days as a result of the incident.</p>	<p>An Investigation has been commenced by the department.</p>

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Table 4 RIDDOR incidents 2019/2020	
Incident	Actions
<p>Issues relating to the movement of or handling of a patient</p> <p>It is indicated that a healthcare assistant was assisting a patient to stand using the rotar stand with another member of staff. These staff members began to turn the patient to sit them on their bed. As they did so, the patient became unsteady resulting in the healthcare assistant injuring their back during the manoeuvre.</p> <p>There was no injury to the patient as a result of this incident.</p> <p>However, the member of staff was subsequently of work for more than 7 days as a result of the incident.</p>	<p>A local investigation has been undertaken within the Department which identified the patient's condition had deteriorated and their moving handling plan had been amended. However, the members of staff involved in the incident failed to follow the updated moving handling plan and subsequently used the wrong equipment to transfer the patient.</p> <p>The findings of the investigation have been discussed with the staff involved in this incident.</p>
<p>Ill-Health (relating to an ergonomic incident)</p> <p>A midwife working on the Labour Ward sustained musculoskeletal injuries to the right hand (nerve damage and a sprain/strain to the right thumb), whilst supporting the perineum for a woman with consent during a normal vaginal delivery.</p> <p>The member of staff was subsequently of work for more than 7 days, as a result of the incident.</p>	<p>An Investigation has been commenced by the department.</p>
Dangerous occurrence	
<ul style="list-style-type: none"> Needlestick injuries (2) Splash incidents (2) 	<p>Four 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.</p>
Injuries to members of the public (including patients)	
<p>Patient fall, slip or trip on same level</p> <p>HCA reported that she heard a bang and found patient on the floor, query bang to the patients head but no bruising noted. Patient complained of right hip pain. The patient was stood to find her Daughter-In-Law that had just left the ward</p>	<p>CT scan performed Impression: Small amounts of traumatic subarachnoid blood in the posterior intracranial region.</p> <p>Although this incident was reported to the HSE under RIDDOR, the injuries sustained do not meet the criteria of a RIDDOR reportable incident.</p>

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3.2.4 Personal injury claims

Table 5 provides a summary of personal injury claims that have been submitted to the Trust, and relate to incidents which have occurred during this reporting period. All incidents reported involving staff or patients are investigated as described in the Trust's Risk Management Strategy.

Table 5: Type of claim and description taken during 2019/20

Claim Type	Incident type	Description
Employers Liability	Collision	Collision: Porter was pushing a patient on a trolley through a set of doors. Whilst pushing the patient through the door it shut too quickly colliding with the Claimant's left shoulder resulting in rotator cuff injury.
Employers Liability	Needlestick injury	Needlestick Injury: Cleaning Assistant lifted orange bag from floor and sustained a needlestick injury to finger.
Employers Liability	Needlestick injury	Needlestick Injury: Domestic was removing a bin bag from the ward when a needle that was inside the bag stuck into Claimant's leg.
Employers Liability	Needlestick injury	Needlestick Injury: Claimant was emptying orange bin bag in the diabetic department as he was about to tie the bag with the yellow tag Claimant felt a sharp pain to the index finger on the right hand noticed a discarded needle sticking out of the bag
Employers Liability	Slip/trip/fall	Slip/Trip/Fall: Ward clerk was walking down the corridor when she slipped on some spilt coke on the floor resulting in a second degree sprain to the left ankle.
Employers Liability	Needlestick injury	Needlestick Injury: Domestic assistant allegedly suffered a needlestick injury whilst emptying the orange waste bins.
Employers Liability	Workplace Regulations	Workplace Regulations: Healthcare Assistant assisting with cleaning a patient after he soiled himself became agitated and reached for the bed alarm and tried to throw it I put my left hand in the way to stop him and he grabbed my hand and squeezed it very hard and then twisted it.
Employers Liability	Needlestick injury	Needlestick Injury: Domestic was cleaning table in the Dialysis Unit on Ward F7. Whilst clearing a piece of paper a needle was hidden behind the paper and penetrated the middle finger on the right hand.
Employers Liability	Workplace Regulations	Workplace Regulations: RSI issues. Claimant alleging whilst handling/scanning patients records this has also aggravated her arthritis. NHR are processing as two claims! DACB are instructed and dealing with both simultaneously however.
Employers Liability	Needlestick injury	Needlestick Injury: Domestic emptying bins had placed the bag on the floor and whilst tying the bag felt a sharp pain in his right hand. Needle had been disposed of incorrectly.
Employers Liability	Needlestick injury	Needlestick Injury: Domestic was emptying bins in the green zone and allegedly sustained a scratch to her left calf from a discarded needle sticking out of the bag
Employers Liability	Lifting/moving/handling (patients)	Lifting/Moving/Handling(patients): Theatre practitioner. Alleged back injury whilst transferring a patient in ENT

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Claim Type	Incident type	Description
		theatre - allegedly without a slide sheet.
Employers Liability	Burns/scalds	Burns/Scalds: Health Care Assistant was making a cup of tea in the staff room when boiling water leaked from the base of the kettle and poured on to their right foot resulting in burns and blistering.
Employers Liability	Slip/trip/fall	Slip/Trip/Fall: Health Care Assistant was walking out of the sluice room on Ward 7 and allegedly slipped on some water which had leaked due to a blocked macerator overflow resulting in injury to left ankle
Employers Liability	Struck by moving object	Struck by moving object: Member of staff manoeuvring a drugs trolley from one area of the ward to another was unable to see over the top and allegedly knocked into the ankle of another staff nurse resulting in soft tissue and tendon damage to left ankle
Employers Liability	Workplace Regulations	Workplace Regulations: Rehabilitation Support Worker was exposed to the influenza virus during a flu outbreak in January 2018 which required the closure of the wards. Insufficient face masks which meant they were re-used rather than disposed of after treating each patient.
Employers Liability	Slip/trip/fall	Slip/Trip/Fall: Nursing Associate had been to check on a patient turned to walk away and foot got caught in the wires of the air mattress causing her to fall and resulting in minimally displaced fractured left radial head.
Employers Liability	Slip/trip/fall	Slip/Trip/Fall: Healthcare Assistant was leaving work carrying a water bottle made of glass. She slipped on some wet stairs that had no wet floor signs fell to the ground and cut her hand on the water bottle. Claimant sustained a laceration to the hand which required stitches.
Employers Liability	Slip/trip/fall	Slip/Trip/Fall: Health Care Assistant walked into the kitchen and fell onto the wet floor no warning or signage placed. Claimant sustained pain in shoulders, back and buttocks.
Public Liability	Slip/trip/fall	Slip/Trip/Fall: Claimant was a visitor being picked up by her daughter in the disabled bay of the car park. Claimant allegedly tripped over a raised drain which had no cover on it whilst entering the rear passenger side of the vehicle. Claimant alleges poor lighting in the area. Soft tissue injuries sustained to collar bone, right shoulder, right arm, hand and leg.
Public Liability	Assault, etc by Hospital Staff	Assault: Security was called to Ward 4 to a patient being violent and aggressive. It is alleged that security staff used unreasonable force to restrain the Claimant causing eye injury, bruising and swelling to right arm, bruising to left arm and bruising to right hip.

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3.2.5 Regulatory Visits and Inspections

The Trust, as described previously, welcomes external scrutiny of its health and safety performance, informal and formal, to ensure it is in the best position to identify opportunities for change and improvement. In addition to a number of informal visits the Trust received:

- a short notice inspection of its compliance with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) undertaken by the CQC in August 2019. As a result of this inspection the Trust received an improvement notice that related to the policies and procedures in place to support our compliance with regulations. The Trust submitted an action plan to the CQC and was re-inspected in December 2019 and the improvement notice was lifted as a result of the improvements made. This was reported to the Quality Committee.
- an informal visit was undertaken by the Environment Agency reviewed the clinical waste contingencies in place, and described assurance in the way the Trust was handling the risks associated with the situation.
- the HSE undertook an inspection on the BRI site relating to the removal of asbestos. Although this inspection was on BTHFT premises, the area being inspected was under the control of the asbestos removal contractors and as such was an inspection of the contractor and not the Trust. No enforcement action was taken as a result of the inspection.

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4. Act

4.1 Action taken in response to the top five reported health and safety incidents 2020/21

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 always identifying inappropriate behaviour at the earliest opportunity to prevent escalation to more serious aggression.

An enhanced care collaborative group has been set up, this looks at patients with challenging behaviour, this group is led by the Chief Nurse's team and large part of the recommendations from the Physical Intervention Task and Finish group are being picked up at this group.

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 that the CRT provided to staff was non-compliant with the Health Skills Framework, this training has been reviewed and amended

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' in line with the Trust Physical Intervention Policy.

Physical Assault

There has been an increase in the 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 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.

Focussed Violence and aggression incidents and risk assessments are undertaken in the top five reporting areas, however there is a large amount of under reporting within the Trust. In 2020/21 there is a plan to focus on areas of under reporting

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 Violence and aggression.

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The Risk Management team have been working closely with the Accident and Emergency Department (AED), supporting staff with looking at their main risks and the importance of reporting violence and aggression incidents.

The Security Management team works closely with specific wards those patients presenting with mental health issues and patients who display challenging behaviour (not clinically related). They continue to work closely with key staff, safeguarding teams and police. The Security team have been working with the Renal Dialysis team to provide them with the skills to tackle patients with challenging behaviour.

Unsafe Environment

A large number of the incidents that fall under this category are related to staffing. These incidents are individually looked at. The incidents are also reviewed to see if there are any themes and trends in this area.

Medical Devices

Medical device incidents have decreased in 2019/20, the Head of Clinical Engineering is reporting first point of contact for matters of device safety. The Head of Clinical Engineering will decide if the adverse incidents need to be reported to the MHRA. All the incidents are reviewed by clinical engineering and they are presented to the Medical Device safety Group who have their own committee risk register and they look for themes and trends.

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4.2 Learning from health and safety precursor incidents

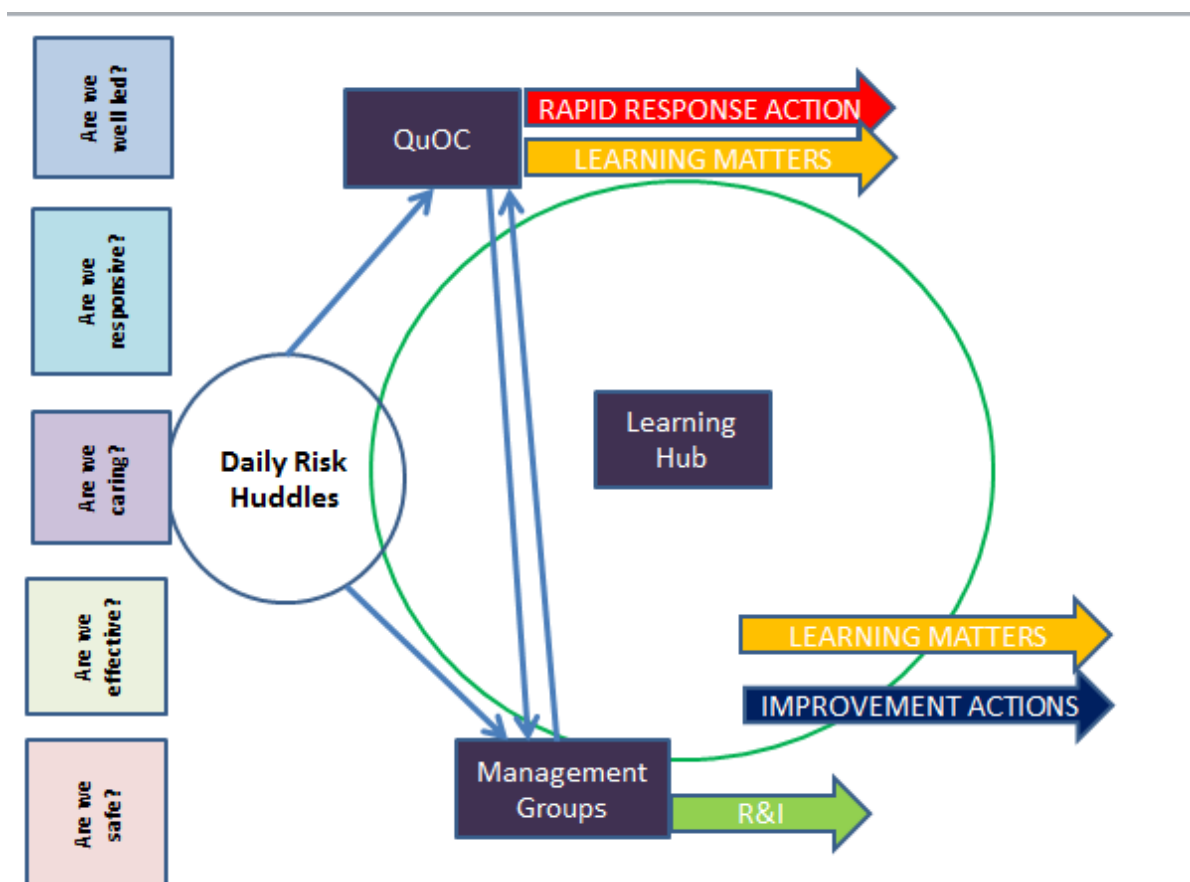
There is learning from most health and safety precursor incidents. These precursor incidents can be identified from many sources including claims, complaints, serious incidents, patient and staff feedback etc. This learning can be organisation wide (and beyond) or related to individuals or individual 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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.

Risk Assessments – when should they be undertaken?

Generic risk assessments are being explored. There will be generic risk assessments produced for moving and handling inanimate loads going forward and other area where this is felt appropriate.

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.

COSHH- how do we communicate basic messages-COSHH matters

A Learning Matters was produced to support the roll out of our new system, and to support basic understanding of the importance of COSHH assessments across the Trust



LEARNING MATTERS

Control of Substances Hazardous to Health (COSHH) matters

Control of Substances Hazardous to Health

COSHH affects **everybody**: from chemicals used in the dishwasher to pathological organisms handled in a lab.

COSHH safety applies to everyone on our site: staff, patients, visitors and contractors and the aim is to protect **everybody** from harm

Duties of employees

- Take reasonable care for health & safety of ourselves and others
- Make full and proper use of control measures and report any defects
- Ensure that no hazardous substance is used unless a risk assessment has been carried out, and sufficient information and training has been provided regarding its use

Everyone must:

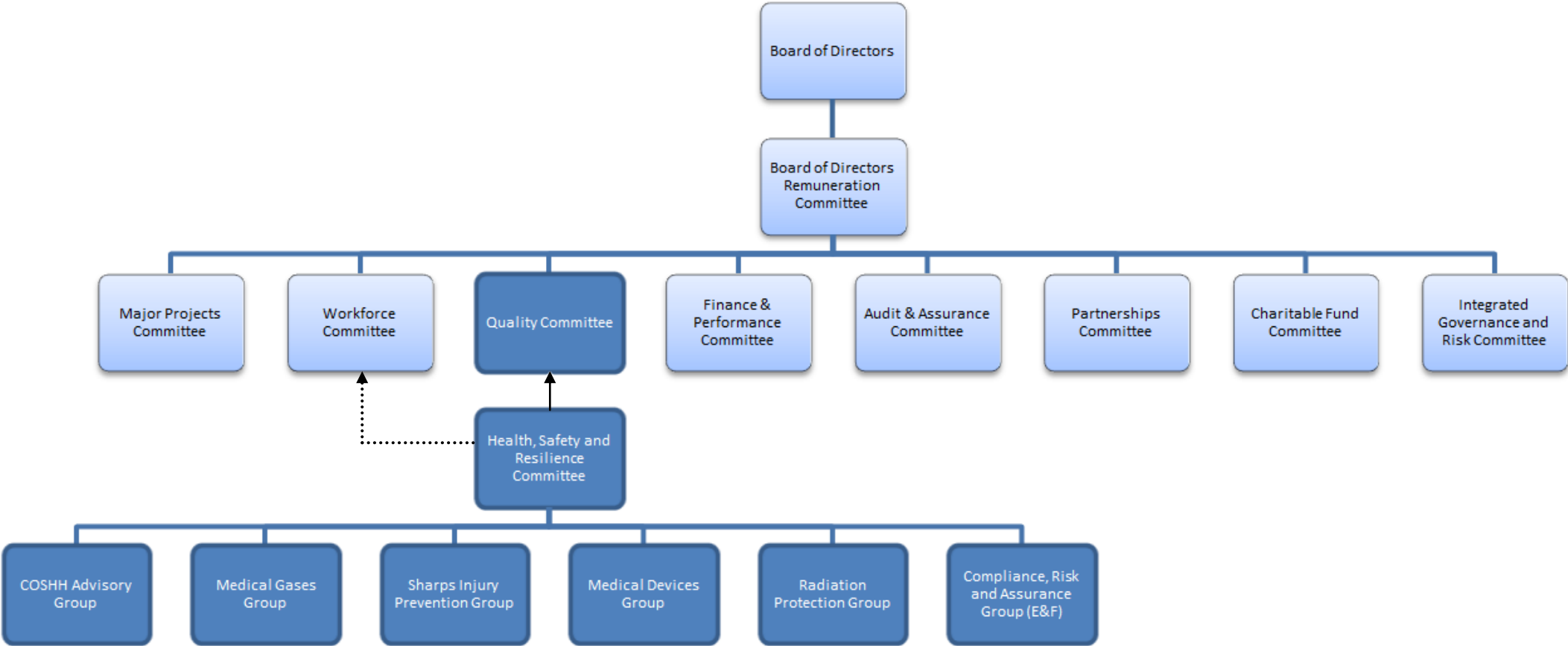
- Know where your COSHH folder is (and make sure it is accessible i.e. not locked away)
- Check there is a COSHH assessment available for any product you are using
- Ensure you have the appropriate PPE to use the product
- Check you know what to do in the event of a spill/fire/other emergency

For further information or advice please contact
Hannah Miller, Assistant Director of Pharmacy - Quality Assurance Services on 4241

For more information please contact assuranceteam@bthft.nhs.uk or on 01274 383081

PLAN	DO	CHECK	ACT
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Appendix 1: Governance for Health and Safety: Organogram (April 2019-March 2020)



--->	Reporting by exception
—>	Direct routine reporting

PLAN	DO	CHECK	ACT
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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 2025	
RM09	Fire Safety	In date	July 2021	Version 16 Previously the review identified 2 versions of this policy were available on the Trust intranet. This review has only identified one version of this policy on the intranet
IC43	Infection Prevention and Control	In date	July 2024	
OP02	Staff Blood borne viruses	Overdue for review	January 2020	
RM23	Moving and Handling	In date	June 2024	
RM26	Slips, trips and falls	In date	Feb 2025	
CP22	Ionising radiation protection	In date	November 2021	
RM06	Display Screen Equipment	In date	November 2021	
	RIDDOR procedure			Ratified at the Trust Health and Safety Committee.
CP47	Estates – Lone working procedures	In date	May 2021	There are currently 2 versions of this policy on the intranet. Version 8 is available on the old intranet, whilst version 6 is available on the intranet 2 and the estates intranet pages.
No policy no.	Estates – Confined space entry	No evidence of the policy available on the intranet	March 2019	Currently not available on the intranet
No ref	Estates – Pressure systems	In date	March 2021	Still awaiting policy reference number
RM 74	Guidance for Working at Height In Low Risk Environments	In date	June 2024	New policy
No ref	Estates – Work at height	In date	September 2022	Only available on the estates webpages
RM70	Estates Department Electrical Safety Policy	In date	August 2022	
RM71	Estates – Electrical Safety Procedure	In date	August 2022	

PLAN		DO	CHECK	ACT
No ref	Estates – Management of contractors	In date	July 2020	<p>The Trust does not currently have a policy for the management of contractors working in areas other than estates and facilities.</p> <p>Recommendation When this policy is updated, is should consider all Trust contractors.</p>
CP42	Estates – Prevention of scalding and burns injuries	In date	September 2021	
CP42 (document reference on current document IC17)	Estates – Water safety	In date	December 2022	The policy has a different document control number; however, this amendment is not referenced in the document control section of the policy.
RM29	Violence and aggression	In date	October 2021	
RM46	Estates – asbestos	In date	June 2020	This policy is currently unavailable on the intranet as all hyperlinks either fail to operate or link to the Procedures and Plan for the Management of Asbestos that should be read in conjunction with the Asbestos Policy.
RM42	Estates - Medical gas	In date	July 2021	
PP31	Stress at work	In date	July 2020	There are currently 2 versions of this policy on the intranet. Version 6 is available on the old intranet, whilst a version with no version control is available on the intranet 2 pages.
CP47	Protection of Lone workers		May 2020	<p>Intranet 2 search version 6 may 2020</p> <p>Intranet 2 Policies and Guidelines version 6 may 2021</p> <p>Intranet 1 Policies and Procedures version 6 may 2021</p>

PLAN		DO	CHECK	ACT
RM04	C.O.S.H.H.	In date	December 2020	<p>Intranet 2 search version 6 December 2020</p> <p>Intranet 2 Policies and Guidelines version 6 December 2020</p> <p>Intranet 1 Policies and Procedures version 6 December 2020</p>
No ref	First Aid protocol			Ratified at the Trust Health and Safety Committee.
RM73	Driving at Work		In consultation	<p>Intranet 2 search version 1 09 December 2022</p> <p>Intranet 2 Policies and Guidelines version 1 09 December 2022</p> <p>Intranet 1 Policies and Procedures version 1 09 December 2022</p>

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Appendix 3: Objectives and progress 2019/20

Objective	Progress/comments	Status	Recommendation
Establish a Task and Finish Group to review current practices and documentation used for patients that present with challenging behaviour.	A task and Finish Group was established which reviewed the Strategic Risk register and separated the risk onto the Chief Nurse and the Health and Safety Committee Risk Register. The Physical Intervention policy has been amended. A recommendation for breakaway training has been escalated to the Chief Nurse as part of the review.	Action completed	
Ensure that the policies and procedures on the Estates intranet page match the version on the Trust intranet.	All of these have now being reviewed	Action completed	
Develop a revised education programme for those with health and safety responsibilities (e.g. Ward Sisters, Ward Managers and Heads of departments)	This has not being started due to ongoing work pressures	Not completed	This is part of the action plan
<p>Risk assessments:</p> <p>Phase one Create generic or overarching risk assessments for all tasks which are common across the Trust. (e.g. slips, manual handling)</p> <p>Phase two Create a list of risk assessments which are required for each type of workplace.</p>	A number of risk assessments have been created but there are still more that are required.	Partially completed	This is part of the action plan
Re-start the Risk- TU workplace inspection programme.	A number of inspections have taken place. This was stopped during the Industrial Action that took place	Action completed	
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.	This is not a Trust priority for adding onto EPR	Not completed	This is part of the action plan
Ensure there is training available and completed for Designated Medical/Nursing	Training has been developed that is e-learning, however it was requested that it should be condensed into a	Partially completed	This is part of the action plan

PLAN	DO	CHECK	ACT
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Objective	Progress/comments	Status	Recommendation
Officer (DMO/DNO)	shorter timeframe		
Set up a task and finish group to look training of medical devices and the monitoring of this training	This has been set up and a business case has been produced	Action completed	
Ventilation risk assessments to be undertaken for areas of non-compliance	A number of areas have been completed and a proposal was put forward to the Board. An audit of other areas is ongoing	Partially completed	This is part of the action plan
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	This has not being started due to ongoing work pressures	Not completed	This is part of the action plan

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Appendix 4: Trust Wide Health and Safety Work-plan 2019/20

Item	Responsibility	Status	Recommendations
Risk Assessments			
Mortuary	Non Clinical Risk Manager	Completed	
Pathology Risk assessment	Non Clinical Risk Manager	Not completed	To be rolled over to 2020/2021 workplan due to individual issues that need to be addresses first. (waste, Ventilation)
Trust Risk assessment Ligatures	Head of Non Clinical Risk	Completed	
Risk assessment on CTG Storage (maternity)	Non Clinical Risk Manager	Not completed	Not completed due to ongoing work pressures
Pharmacy	Non Clinical Risk Manager	Completed	
External Building - Skipton	Non Clinical Risk Manager	Completed	
Policies/ procedures			
Trust wide working at height in low risk areas	Non Clinical Risk Manager	Completed	
Driving at work procedure	Non Clinical Risk Manager	Completed	
First Aid protocol	Non Clinical Risk Manager	Completed	
Risk Assessment	Head of Non Clinical Risk	Completed	
Health and Safety policy	Head of Non Clinical Risk	Completed	
Personal Protective Equipment	Non Clinical Risk Manager	Not completed	Not completed due to ongoing work pressures
Training			
Health and Safety and Risk Training proposal	Heads of Risk	Completed	
Produce Health and Safety Training	Non Clinical Risk Manager	Not completed	Not completed due to ongoing work pressures
Reports			
Annual Health and Safety Report	Head of Non Clinical Risk	Completed	
Quality Account Report	Head of Non Clinical Risk	Completed	
Project work			
EU Exit	Head of Non Clinical Risk	Completed	
COSHH	Head of Non Clinical Risk	Completed	
Combined Risk Audit	Head of Non Clinical Risk and Assistant Director of Pharmacy	Partially	Not completed due to ongoing work pressures
Action Plans			
Internal Audit	Head of Non Clinical Risk	Completed	
HSE action plan (sharps)	Head of Non Clinical Risk	Not Completed	Awaiting assurance sign off
HSE action plan (HSG3)	Head of Non Clinical Risk	Not Completed	Awaiting assurance sign off

PLAN	DO	CHECK	ACT
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Appendix 5: Risk profiling 2019/20

Risk	Controls	Compliance with legislation/guidance
Fire	<p>There is a Fire Safety Policy and Procedure in place.</p> <p>Fire risk assessments: There is an on-going programme of fire risk assessments (FRA's), which the West Yorkshire Fire & 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 & Safety Group, the Fire Systems Review Group; and can be escalated to CRAG.</p> <p>Evacuation plans: 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>Evacuation drills: Evacuation drills are performed where possible, and table top exercises are used to test the evacuation procedure.</p> <p>PEEPs: PEEPs are explained at induction and mandatory training, and there are PEEP pro-formers 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>Training: 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> <div> <p>Recommendations: Undertake a risk based review of fire stopping within Trust buildings, to ensure it is in an effective condition. (AP13)</p> </div>	<p>RRFSO 2005</p> <p>HTM 05-01</p>
Asbestos	<p>There is an Asbestos policy and procedure in place, June 2020</p> <p>The measures to control the risks of asbestos on Trust premises are as follows:</p> <ul style="list-style-type: none"> There is an asbestos register which details the location and type of asbestos on Trust premises. Areas containing asbestos are graded black/red/amber/green. A programme of risk assessments is undertaken for all relevant areas. The Trust also commissions external contractors to conduct annual Reassurance Air Testing within amber and red zones, <p>Training: 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>Control of Asbestos Regulations 2012</p>

PLAN	DO	CHECK	ACT
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Risk	Controls	Compliance with legislation/guidance
	<p>Further details can be found in the annual asbestos report of 2019/20 which is to be presented at the Trust Health and Safety Committee June 2019.</p> <p>Audit process: 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>A Water Safety Steering Group, 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>A Water Safety Working Group, 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>The Water Safety Plan This plan defines the operational procedures, routine maintenance, routine monitoring, and emergencies for all BTHFT risk systems.</p> <p>Audit process: 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 & Burns Injuries Policy in place.</p> <p>The policy contains the following information/guidance:</p> <ul style="list-style-type: none"> • All patient baths, showers and bidets are fitted with a fail-safe thermostatic mixing valve • Hand wash basins considered to be in high risk areas have also been fitted with a fail-safe thermostatic mixing valve • 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. • 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. 	<p>HSE information sheet, HSIS6: Managing the risks from hot water and surfaces in health and social care</p>

PLAN	DO	CHECK	ACT
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Risk	Controls	Compliance with legislation/guidance
Burns from hot surfaces	<p>There is a Prevention of Full Immersion Scalding & 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"> All windows within the Trust are fitted with window restrictors Maintenance of windows within this Trust is carried out annually and recorded Staff are encouraged to report any window restrictor that has been removed, to the Estates Department. <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 & 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>

PLAN	DO	CHECK	ACT
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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>Medical gas pipeline system (MGPS): 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>Cylinder gases: 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>Recommendations: 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>

PLAN	DO	CHECK	ACT
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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"> The Medical Device Safety Group (MDSG) is responsible for setting the overall strategy and policy 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. 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. The Clinical Engineering Department has responsibility for the maintenance and repair of equipment and medical devices within their remit. The department also maintains the equipment inventory for the Trust 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. <p>The MDSG monitors:</p> <ul style="list-style-type: none"> Completeness of training records as well as evidence that non-attendees are followed up. Competency assessment records and updates for staff who have been absent from the organisation or who work in area that has received new equipment. <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>Assurance: 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>	<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>

PLAN	DO	CHECK	ACT
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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 bi-monthly basis</p> <p>LEV: 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 local exhaust ventilation (LEV) systems continue to operate satisfactorily in between the above statutory inspections.</p> <p>General ventilation: 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>Training: 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>Monitoring: Compliance with the Ventilation Policy will be monitored by the Assistant Director of Estates – Operations, who reports quarterly to the Designated Person</p> <p>A 15 year life cycling plan has been developed to improve ventilation compliance across the Trust in a proactive manner</p> <div> <p>Recommendations: 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. (AP8)</p> <p>Estates CRAG should seek assurance of compliance with the 15 year life cycling plan. (AP9)</p> </div>	<p>Workplace (Health, Safety & 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>

PLAN	DO	CHECK	ACT
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Managing contractors	<p>The Estates Department has a policy for the management of Estates & Facilities contractors (review date July 2020). However, there is no policy covering the management of contractors elsewhere within BTHFT.</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>Training: 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> <div style="border: 1px solid orange; border-radius: 10px; padding: 10px; margin-top: 10px;"> <p>Recommendations: The Estates Department's policy for the management of .Estates and Facilities contractors should be amended to set out how all contractors working on behalf of the BTHFT will be managed. AP5</p> </div>	<p>The Construction (Design and Management) Regulations 2015</p>
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>Training: 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>Audit process: 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>Policy The Moving and Handling Policy was updated and ratified in June 2019 and will be reviewed again in 2024. The key changes since the last revision are;</p> <ul style="list-style-type: none"> • Training is now delivered by a central team instead of the key trainer method. • Training updates/refresher have been changed to every 3 years from every 2 years. • Minor changes to the individual responsibilities. <p>Risk assessment: <i>Inanimate Risk assessments</i></p>	<p>Manual Handling Operations Regulations 1992</p> <p>LOLER 1998</p>

PLAN	DO	CHECK	ACT
	<p>There are generic risk assessments for inanimate handling available on the Moving and Handling Intranet site as well as a blank risk assessment form for staff to complete for their specific inanimate load handling risks.</p> <p>Patient Risk Assessments and Care plans Since January the manual handling team have undertaken a random audit to ensure wards are using moving and handling care plans when required. In August 2019, all wards were using care plans so the monthly audit focused on 10 patients a ward to ensure that they all had a manual handling risk assessment in line with Trust policy and if required a moving and handling care plan. They also audited whether the documentation had been completed correctly and reviewed if required. The findings of these audits are feedback to the individual ward, and a summary provided to the relevant matron and Chief Nurse Team.</p> <p>Areas are supported with training and information. The quality of the documentation over 6 months showed improvement and in February 2020, 7 of the 30 areas achieved 100% compliance that every patient admitted for 24 hours or more had a fully completed risk assessment and if required a moving and handling care plan, completed correctly and reviewed in line with Trust policy if required.</p> <p>Training: Mandatory manual handling training provides the knowledge and skills that are essential for safe practice. Training aimed at protecting employees from risk of injury is mandated in the Health and Safety at work Act 1974 (UK Government 1974).</p> <p>All staff are required on induction to complete the eLearning theory module. All practical training for staff identified as medium / high risk is now delivered by a central team rather than a key trainer approach.</p> <p>All staff identified as high/medium risk receive practical training at induction, and then an update / refresher session every three years.</p> <p>Compliance levels to end March 2020: Low risk training – 100% Medium / high risk induction – 96% Medium / high risk update – 89%</p> <p>These improvements are due to the training being provided centrally by the manual handling team with robust systems in place to identify staff compliance</p> <p>Internal Audit Report In February 2020 the Trust received the findings from Internal Audit undertaken in 2019. The objective of the review was to provide assurance around the adequacy of internal controls for moving and handling and compliance management.</p>		

PLAN	DO	CHECK	ACT
	<p>The overall opinion was; Significant</p> <p>The Foundation Trust has a sound system of control surrounding its compliance with the statutory regulations around moving and handling.</p> <p>The Foundation Trust's Moving and Handling Policy requires that ward and department Managers ensure that departmental risk assessments for inanimate handling which involve a significant risk of injury are undertaken and then to store these on the intranet. However there were no risk assessments found on the Foundation Trust intranet and the six wards tested as part of the review had not completed a departmental risk assessment.</p> <p>The Foundation Trust's Moving and Handling policy requires <i>all patients that are admitted for a period of 24 hours or over, or if they have complex needs, have a documented assessment on admission which is reviewed weekly at a minimum</i>. A review of 60 patients, admitted for over 24 hours, noted that 57 had a risk assessment undertaken, however only 53 of the 57 were done in 24 hours of admission and only 27 were 100% completed. 37 of the 60 patients tested had been identified as needing a Moving and Handling care plan but only 26 patients had one in place.</p> <p>A review of the training compliance reports noted that although refresher training had been above the target of 85% since February 2019, induction training is at an average of 81% against the target of 100%.</p> <p>Monitoring: <i>Patient Risk Assessments and Care plan Audit</i> From January 2019 – September 2019, the Moving and Handling team undertook care plan audits which checked a random selection of care plans to ensure patients that should have a moving and handling assessment have had these undertaken. A review of the care plan audits noted that, from a review of 30 areas, all areas were compliant by September 2019.</p> <p><i>Equipment Audit</i> In 2019 the manual handling team undertook a Trust wide audit of moving and handling equipment to identify any shortages. These were highlighted to the Care Groups and authorised to be purchased as bulk.</p> <p><i>Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) Inspections</i> From January 2019 the manual handling team have undertaken the quarterly documented inspections for all the hoist slings within the Trust.. A database of all slings is held and checked to ensure the Trust is compliant with the legislated six monthly inspections.</p>		
Violence & aggression to staff	<p>There is a violence and aggression policy in place</p> <p>Risk assessment:</p>		Management of Health and Safety at Work Regulations 1999

PLAN	DO	CHECK	ACT
	<p>Each year the top five reporting areas are identified and a violence and aggression risk assessment is undertaken in those areas.</p> <p>Training: 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> <div><p>Recommendations: To work with areas to improve the importance of reporting incidents of violence and aggression. AP12</p></div>		
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">• it allows the user to send an alert to a monitoring centre• the monitoring centre can listen into conversations• it can use GPS to identify the location of the staff member		HSE guide INDG73(rev3): Working alone Management of Health and Safety at Work Regulations 1999
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>		HSE guide INDG73(rev3): Working alone Management of Health and Safety at Work Regulations 1999

PLAN	DO	CHECK	ACT
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"> 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”) 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. 		<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 & Welfare) Regulations 1992</p> <p>HSG136</p>

PLAN	DO	CHECK	ACT
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>A safe site: 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>A safe vehicle: 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>A safe driver: All drivers attend a driver training course to assess their driving competency The drivers licence is checked annually</p>	Workplace (Health, Safety & Welfare) Regulations 1992 HSG136	
Working at height	<p>There is an Estates specific working at heights policy in place. There is a Trust wide procedure for working at height</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>	Work at Height Regulations 2005	
Bed rails	<p>There is a Slips, trips & 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>Training: Education on the use of bedrails is included in the Clinical moving & handling training.</p> <p>“Bedrails” have been added to the “contributory factors” section of Datix.</p>	Management of Health and Safety at Work Regulations 1999 HSG220 MHRA device bulletin DB 2006(06)	

PLAN	DO	CHECK	ACT
Slips, trips and falls	<p>There is Prevention of slips, trips and falls policy in place</p> <p>External areas: 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>Snow/ice: There is a gritting plan in place for the hospital sites which identifies when, and which areas need gritting</p> <p>Internal areas: More information is needed as to the agreed procedures for floor washing and dealing with spillages</p> <p>Monitoring/audit: The bi-annual combined risk audit contains a series of questions related to slips, trips and falls</p>	Workplace (Health, Safety & Welfare) Regulations 1992 Management of Health and Safety at Work Regulations 1999	
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>Monitoring/audit: The bi-annual combined risk audit contains a series of questions related to slips, trips and falls</p>	Workplace (Health, Safety & Welfare) Regulations 1992 Management of Health and Safety at Work Regulations 1999	

PLAN	DO	CHECK	ACT
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>Sypol has been rolled out in a number of clinical areas.</p> <p>Training: 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>		Control of Substances Hazardous to Health Regulations 2002
Cytotoxic drugs	<p>There is a procedure in place for the Management of Cytotoxic chemotherapy spillages & contamination</p> <p>Cytotoxic spillage kits are available on wards and theatres which use cytotoxic drugs.</p> <p>Training: 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>		Control of Substances Hazardous to Health Regulations 2002

PLAN	DO	CHECK	ACT
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 & 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> <div><p>Recommended actions: Stress should be reviewed to ascertain which committee it falls into. AP11</p></div>	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 disposal of radioactive materials.</p>	The Ionising Radiation Regulations 2017	

PLAN	DO	CHECK	ACT
	<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>Training: 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>Monitoring: - Regular review by Operational/Clinical Services Managers and RPSs under the guidance of the RPA - The RPA will carry out a biennial audit of compliance with legislation - External audit is carried out by the appropriate regulatory authority such as the Environment Agency, Health & Safety Executive, Care Quality Commission and the Medicines Control Agency.</p> <p>Visits and enforcement by External Agencies Following an inspection by the CQC IR(ME)R, BTHFT where served with an Improvement Notice (date issued 21 August 2019). The Trust promptly developed and implemented an action plan to address the shortfalls highlighted during the inspection. The improvement has now been closed notice closed.</p> <p>- Regular review by Operational/Clinical Services Managers and RPSs under the guidance of the RPA - The RPA will carry out a biennial audit of compliance with legislation - External audit is carried out by the appropriate regulatory authority such as the Environment Agency, Health & Safety Executive, Care Quality Commission and the Medicines Control Agency.</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: Director of IPC/ Chief Nurse – accountable to the Chief Executive Nurse Consultant – ensures that the heads of nursing and matrons are taking the lead in IPC Lead Nurses - provides specialist and nursing expertise in the prevention and control of healthcare associated infections Senior IPC Nurse - identify and control infection outbreaks IPC Nurse - in collaboration with the matrons, participate in IPC post-infection reviews and contribute to changes in clinical practice as a result these reviews IPC Link Workers - liaise between their clinical area and the IPC team</p> <p>All identified staff will be offered Hepatitis B vaccination</p> <p>Monitoring: The IPCC reports to the Trust's Quality Committee. The Trust Quality and Safety Committee receives a report at each</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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	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.	
Sharps safety	There is a contamination incident policy The structure: IPC Committee - receive minutes from the Sharps Injury Prevention Group Sharps Injury Prevention Group – reviews incident data Workplace Health and Wellbeing Centre - provide support, advice following a contamination incident 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 Approximately a third of incidents involving needle sticks were wrongly categorised. This will be addressed by changes to the categories in Datix. Audit process: a sharps injury audit is undertaken	Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
Decontamination	There is a Decontamination of Medical Devices Policy in place Sterile Services Department (SSD), provided by B Braun, provide decontamination services to the Trust Audit process SSD is subject to external audit	Provision and Use of Work Equipment Regulations 1998
First aid	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. Without this protocol in place, it is unlikely that these assessments are being undertaken with any kind of regularity	The Health and Safety (First-Aid) Regulations 1981

PLAN	DO	CHECK	ACT
New & expectant mothers	<p>There is a New & 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>Audit process: 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"> • A high number of areas required their workstations assessing. • A high number of areas are unaware of the DSE policy. • Some staff were unaware of the Trust's arrangements for eye sight testing. 		<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"> 1. All safety alerts come into the Assurance & Regulations Department 2. Alerts are disseminated to relevant areas 3. Confirmation that alerts have been actioned comes back to this department. 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 <p>All alerts for 2017/18 have been actioned. Additional assurance is sought as required.</p>		

PLAN	DO	CHECK	ACT
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Environmental risks to staff working in non-Trust owned or controlled premises	<p>There is a designated person in the Estates Department who oversees the management of the environmental risks in third party properties.</p> <p>There is a matrix which clearly demonstrates how the various issues such as asbestos, water safety and electricity are being managed/controlled.</p>	Management of Health & Safety at Work Regulations 1999
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PLAN	DO	CHECK	ACT
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Appendix 6 Recommendations and action points to be addressed during 2020/21

Ref no.	Action point	To be actioned by	By when
AP1		Health, Safety and Resilience Committee	June meeting 2019
AP2	Ensure that the policies and procedures are in date and are the same on intranet 1 & 2	Head of Communications	30 November 2020
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 2020
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 2020
	Phase two Create a list of risk assessments which are required for each type of workplace.	Head of Non-Clinical Risk	31 October 2020
AP5	The Estates Department's policy for the management of .Estates and Facilities contractors should be amended to set out how all contractors working on behalf of the BTHFT will be managed.	Assistant Director of Estates	31 December 2020
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 Officer	30 March 2021
AP7	Ensure there is training available and completed for Designated Medical/Nursing Officer (DMO/DNO)	Estates Manager	31 October 2020
AP8	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.	Head of Non-Clinical Risk and Nurse Consultant, Infection Control	30 February 2021
AP9	Estates CRAG should seek assurance of compliance with the 15 year life cycling plan.	Director of Estates and Facilities	31 December 2020
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 2021

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		
AP11	Stress should be reviewed to ascertain which committee it falls into. Health and safety Committee to review	Director of Governance and Corporate Affairs	31 December 2020
AP12	To work to improve the importance of reporting incidents of violence and aggression	Head of Non-Clinical Risk and Assistant Head of Facilities	31 December 2020
AP13	Undertake a risk based review of fire stopping within Trust buildings, to ensure it is in an effective condition	Fire Officer	31 December 2020

PLAN	DO	CHECK	ACT
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Appendix 7: Proposed work plan for the Non-Clinical Risk Management Team 2020/21

Item	Responsibility	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Next year
Risk Assessments/ Inspection																	
Mortuary	Non Clinical Risk Manager					■											
Pathology	Non Clinical Risk Manager and IPS Health and Safety Advisor				■												
External Building – Westwood Park	Non Clinical Risk Manager							■									
Risk assessment on CTG Storage (maternity)	Head of Non Clinical Risk Manager				■												
External Building – Westborne Green	Non Clinical Risk Manager										■						
External Building- St Luke's Hospital	Head of Non Clinical Risk Manager and Non Clinical Risk Manager														■		
Policies/ procedures																	
Health and Safety policy	Head of Non Clinical Risk Manager			■													
Management of Contractors	Non Clinical Risk Manager											■					
Personal Protective Equipment	Non Clinical Risk Manager				■												
Workplace Regulations	Non Clinical Risk Manager						■										

PLAN	DO	CHECK	ACT
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Item	Responsibility	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Next year
Training																	
Produce Health and Safety Training portfolio	Head of Non Clinical Risk									■							
Reports																	
Annual Health and Safety Report	Head of Non Clinical Risk					■											
Quality Account Report	Head of Non Clinical Risk				■												
ERIC Report	Head of Non Clinical Risk					■											
Project work																	
Combined Risk Audit	Non Clinical Risk Manager	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
COSHH	Head of Non Clinical Risk and Assistant Director of Pharmacy	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Ventilation	Head of Non Clinical Risk	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Electrical Safety	Head of Non Clinical Risk and Non Clinical Risk Manager	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Dangerous Goods- audit	Head of Non Clinical Risk	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Security/ abduction	Head of Non Clinical Risk and Non Clinical Risk Manager	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Health and safety Internet pages	Non Clinical Risk Manager	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	

PLAN	DO	CHECK	ACT
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Item	Responsibility	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Next year
Medical Device Business Case	Head of Non Clinical Risk				■												
Smoking	Non Clinical Risk Manager	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Generic Risk assessments	Head of Non Clinical Risk and Non Clinical Risk Manager									■	■	■	■	■	■	■	
Action Plans																	
HSE action plan (sharps)	Head of Non Clinical Risk					■											
HSE action plan (HG3)	Head of Non Clinical Risk						■										
Internal Audit Action plans COSHH Moving and Handling	Head of Non Clinical Risk	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	