

# **Health and Safety Annual Report 2021-2022**

Caroline Nicholson  
Head of Non-Clinical Risk

Key contribution from:  
Darran Jessett, Non-Clinical Manager

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## Executive Summary

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The purpose of the 2021/2022 annual report is to provide the Trust's Board of Directors with an overview of health and safety performance for Bradford Teaching Hospitals NHS Foundation Trust ('The Trust') during the year and to summarise The Trusts key risks to achieving its objectives. All matters relating to health and safety are essential factors and are integral to all corporate and management decisions, and as such are embedded within the Strategic Objectives of the organisation.

The report provides details of the work undertaken during the financial year and key areas of consideration for 2021/22. This annual report provides the Board with a risk rated overview of the current status of these work streams. The report highlights any gaps in health and safety that the Trust need to be aware of as well as providing detail of what has moved forwards such as fire risk assessments that are now 100% complete for all high risk areas. The management of stress at work policy is under review and the governance of this policy. A large amount of the actions from the 2020/21 action plan have been completed with the outstanding actions going forward onto 2021/22. Priorities have changed for the health and safety team during 2021/22, to move forward with the requirements of the Trust.

The report details changes in legislation that have taken place during 2021/22 or planned to take place in 2022/23. An Internal Audit of the Health and Safety Department took place in 2021/2022 and this provided overall significant assurance against the key lines of enquiry. The Trust has appropriate Health and Safety policies and procedures in place.



The Health and Safety risk profile across the Trust has a clear defined governance structure, including a Health and Safety Committee. The Committee provides the Trust's Board with assurance, through the People's Academy.

The Health and Safety Committee met quarterly throughout the initial part of 2021, changing to bimonthly in December 2021. The Committee reported its performance and assurances to the Quality Academy and later the People's Academy. Assurance was further enhanced through the membership of that Committee of a Non-Executive Director.

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 2021 to March 2022 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)



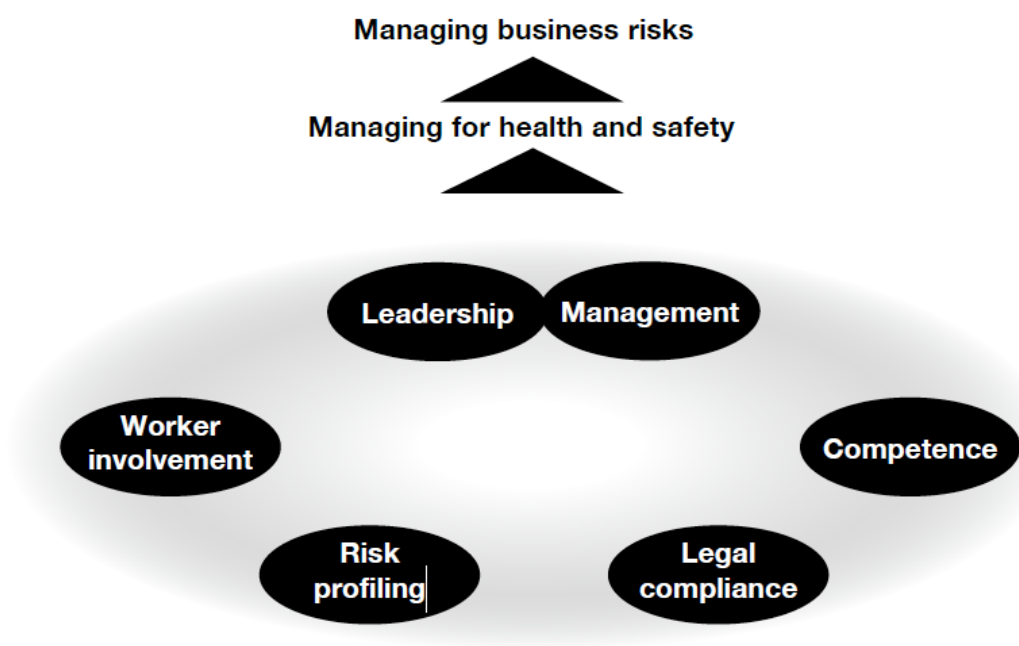
The basis of the United Kingdom's Health and Safety Law is the Health & Safety at Work Act (HASAWA) (1974). The Act sets out the general duties which employers have towards employees and members of the public, and employees have to themselves and to each other.

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
- 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 Estates & Facilities had delegated responsibility from the Chief Executive for the overall management of Health and Safety during 2021/22.

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.

The HSE highlighted outcomes and priorities within the health and social care sector including:

- A reduction in the high levels of ill-health from work-related stress.
- A reduction in the high levels of ill-health from work-related musculoskeletal disorders.
- To improve awareness of existing standards as service provision becomes fragmented and new forms of delivery emerge.

In pursuance of achieving these goals the HSE intended to engage with key stakeholders

- In applying the Stress Management Standards through carrying out pilot exercises in healthcare;
- By re-energising the control measures for tackling Musculoskeletal disorders (MSDs) in healthcare and identifying any emerging issues and solutions;
- By providing direction and guidance on the management of violence and aggression in the workplace;
- By maintaining existing relationships with influential stakeholders and groups and making new ones where this can improve our understanding of and influence on the sector, particularly in relation to changing structures of service provision.



### 1.1 Health and Safety Governance

The Trust has a Health and Safety Committee (HSC), it reports to the Trust Board via People's Academy, it is chaired by the Director of Estates & Facilities. Staff Side health and safety representatives are involved in all aspects of health and safety decision making, they are a key part of the membership on the HSC and their attendance is required to make the meeting quorate.

The business and governance of the HSC, is supported by an infrastructure of sub-groups representing and assuring key areas of legislation or regulation (including the Compliance Risk Assurance Committee (CRAC) Safer Sharps, Control of Substances Hazardous to Health (COSHH), radiation protection, medical devices, medical gas, Emergency Preparedness and waste). An organogram of the governance infrastructure is presented in Appendix 1.

The HSC uses a range of assurances to support its scrutiny of health and safety performance, level 1 assurance 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.

An Internal Audit of the Health and Safety Department took place in 2021/2022 and this provided overall significant assurance against the key lines of enquiry. The Trust has appropriate Health and Safety policies and procedures in place. All staff, volunteers and contractors are provided with health and safety induction training, with all staff being given access to Datix to report any adverse events. There are a number of oversight groups for non-clinical health and safety risk, including the Safety Event Group, and Quality of Care Panel. The Trust proactively undertakes risk assessments in order to minimise risks where possible. An action plan was developed as part of the internal audit to achieve a greater compliance.

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.



### 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 Estates and Facilities** had delegated responsibility from the Chief Executive for the overall management of Health and Safety.

The day-to-day management of health and safety at a local level lies with 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 and risk management advice as assists the Head of Non-clinical risk in providing the Trust with assurance related to health and safety and the Head of Non-Clinical Risk who is there to offer specialist advice on legislation and other health and safety matters pertaining to the Trust and will ensure the development of systems and arrangements to achieve compliance. The Head of Non-Clinical Risk is also employed by the Trust to act as the competent person as required by Regulation 7 of the Management of Health and Safety at Work Regulations 1999.

The governance for Non-Clinical risk changed in 2021/22. A review of the department its role and priorities has taken place in 2021/2022. The review has highlighted the need to look at staff levels within the team allow for the proactive work to be completed and move the department forward.

#### **Fire Wardens:**

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

#### **First aid provision:**

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

#### **Trade Union (TU) Safety Representatives**

There are several TU Safety Representatives, who perform a valuable role in raising concerns on an ad-hoc basis and through their attendance at the Trust HSRC.

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 (2020/2021) identified a suite of objectives for 2021/22. These are described and analysed in Appendix 2. 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 4 of this report and have been used to develop the following objectives for 2022/23:

- To ensure that the Health and Safety team 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 care group governance systems



## 1.5 Work-planning

In order to deliver the Trust's Health and Safety Objectives set for 2021/22 the Health and Safety Committee agreed and monitored a work-plan. This work-plan is derived from the objectives for 2022/23 and the actions identified as a result of the analysis required for this report (Appendix 4).

## 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 Coronavirus legislation

Legislation relating to Covid-19 has changed multiple times throughout 2021/22, with the legislation changing to meet the challenges posed by the pandemic. Due to the specific nature of healthcare premises, not all elements of the legislation has have been implemented within healthcare premises such as mask wearing. It should be noted that the Trust has implemented legislation and guidance as required.

### 1.6.2 Highway Code

Changes to the Highway Code took effect from 29 January 2022. In total, 9 sections of the Code have been updated, with 50 rules being added or revised. Many of the rules in the Code are legal requirements—it is a criminal offence to ignore or disobey them. Others are for guidance only.

The new rules are aimed at improving road safety for vulnerable road users—namely, pedestrians, cyclists and horse riders.

### 1.6.3 The Road Vehicles (Construction and Use) (Amendment) (No. 2) Regulations 2022

These Regulations came into force on 25 March 2022.

The new law amends the 1986 Regulations (the Road Vehicles (Construction and Use) Regulations 1986) and means the offence is triggered whenever a driver holds and uses a mobile phone or hand-held device.

The offence covers “*any device which is capable of interactive communication even if that functionality is not enabled at the time.*” This includes a device being in flight mode.

The meaning of ‘using’ a phone is expanded to cover the following:

- illuminating the screen
- checking the time
- checking notifications
- unlocking the device
- making, receiving, or rejecting a telephone or internet-based call
- sending, receiving or uploading oral or written content
- sending, receiving or uploading a photo or video
- utilising camera, video, or sound recording



- drafting text
- accessing any stored data such as documents, books, audio files, photos, videos, films, playlists, notes or messages
- accessing an app
- accessing the internet.

### **Exemptions**

As well as an existing exemption which allows a driver to use a phone in emergencies, the new law creates one new exemption. According to the SI's explanatory notes, drivers will be permitted to hold and use a device while driving to make a contactless payment at a payment terminal for goods or services.

#### **1.6.4 Fire Safety Act 2021**

The Act received Royal Assent on 29 April 2021. The Act amends the current Regulatory Reform (Fire Safety) Order 2005 (FSO) in order to bring the recommendations made in the Phase 1 report of the Grenfell Tower Inquiry into law. It extends the FSO to include fire safety responsibilities relating to a buildings' external structure and any common parts, and also increases the number and type of within scope of the FSO. Broadly, the Act ensures that there are more stringent fire safety measures in buildings with multiple occupiers. The Act is not yet fully in force—the different sections come into force at varying times, with some dates still to be announced.

Once the Act becomes law, building owners will be required to update all fire safety processes to ensure they align with the legislation. According to the government, the changes will come into force within 6 to 12 months from enactment of the Act and so should be seen soon.

#### **1.6.5 Consultations**

Revision of the Gas Safety (Management) Regulations 1996 Consultation closed on 21 March 2022. Issued by the HSE, this consultation related to the review of the Gas Safety (Management) Regulations 1996 (GSMR). These regulations apply to the conveyance of natural gas (majority methane and can include ethane, nitrogen, propane and carbon dioxide) through pipes to domestic and other consumers.



### 2.1 Risk profiling

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 2021/22 Trust-wide risk assessments were in place for

- COVID-19 risk
- Security risks
- Estates maintenance risk

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 Directorate; the report covers the following areas:

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

The reports are reviewed by the Estates and Facilities Directorate to ensure compliance with legislation, building regulations and Health Technical Memoranda (HTMs). These reports would also be available on the agenda of the appropriate group such as water safety Steering Group.



## 2.2 Organising for health and safety

### Co-operation and Communication

The Non-Clinical Risk Manager has meetings with the Trade Union to discuss health and safety issues. Unfortunately during 2021/22 due to COVID-19 a number of these meetings were cancelled. The quorum for the Trust Health and Safety Committee includes Trade Union representatives.

Health and safety related policies/procedures are forwarded to the Trust Health and Safety 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
- Posters (e.g. the HSE health and safety law poster)
- Leaflets
- Training sessions
- Rapid responses
- Safety huddles
- 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
- Legionella
- Manual handling
- COSHH
- Occupational Health
- Security

**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.



### 3. Check

The Trust uses both proactive and reactive methods to assure compliance with Health and Safety regulations. The Trust Health and Safety Committee receive 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 Trust Health and Safety 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 2020/21 and 2021/22**

Table 1 shows the average percentage compliance for 2021/22 with a range of Health and Safety related training. The table shows that there has been an overall reduction in the compliance with health and safety training. Challenges with staffing levels, accessing training and intermittent stopping of training due to Covid-19 have impacted on the compliance levels. There has been a significant drop in compliance with Fire training 2021/2022; this has been identified by the Training Department, who are focusing on improving compliance levels. The Manual Handling team continue to deliver face to face training. Although demonstrating a slight reduction over 2021/22, the levels are within 1% of the previous year. An alternative to the Strategic Risk Management Training has yet to be sourced and implemented to replace this training for senior managers within the Trust. This training should be reviewed as it included an element of health and safety and covered the legal requirement for senior managers. A review of health and safety training that the Board has received related to INDG417 Leading Health and safety at work (for Directors and Board members) should take place, to ensure the Board are correctly informed of their responsibilities.

Table 1: percentage compliance with mandatory training type

Training type	2020/21 (Current position)	2021/22 (Current position)	Trend
Fire safety (one or two yearly)	95.5%	85%	↓
Moving & handling (Low risk three yearly)	100%	99%	↓



H&S awareness (two yearly)	94%	90%	↓
Moving & handling med/high risk (two yearly)	81%	80%	↓
Strategic risk management (Two yearly)	Training is no Longer available	Training is no Longer available	

- **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 2021/22, a proposal of taking the Combined Risk Audit forward was presented to the Health and Safety Committee in 2019/20, 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. This approach to the Combine Risk Audit did not work due to COVID-19 and the central risk team not being available to assist; in addition to this clinical areas were not accessible. The decision was made at the Health and Safety Committee to use the opinion of specialist advisors to provide evidence of overall Trust compliance.

- **Internal audit**

An Internal audit for health and safety took place in 2021/22, the internal audit showed significant assurance. The internal audit detailed the Foundation Trust has appropriate Health and Safety



policies and procedures in place. All staff, volunteers and contractors are provided with health and safety induction training, with all staff being given access to Datix to report any adverse events. There are a number of oversight groups for non-clinical health and safety risk, including the Health and Safety Group (reporting to the People Academy), the Safety Event Group, and Quality of Care Panel. The Health, Safety and Resilience Committee report by exception to the Board, and an annual report was sent in September 2021 for review. There were actions produced as part of the audit to help provide further assurance.

- **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).

There is a structure in place which enables unresolved risk assessment to be escalated onto a particular level of risk register (Sub-Committee/Care Group/Strategic), depending on the risk score. Previously, copies of all completed risk assessments are sent to the Risk Department and added onto a database (the risk assessment repository), this facility is not currently been managed centrally.

- **Workplace inspections**

Some members of the Trade union were redeployed during COVID-19 so were not as readily available to undertake inspections.

- **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 developed a climate assessment tool in relation to Health and Safety that it plans to roll out 2022/23.

## **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 2021/22**

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 2021/22. Table 2 provides a summary of the top five incidents by frequency for 2021/22 and is compared to the previous reporting year.

*Table 2: The top five Health and Safety Reported Incidents*



Incident category	2020/2021	2021/2022	Trend
Unsafe environment	214	368	↑
Medical device	149	187	↑
Physical assault	210	185	↓
Lack of adequate facilities	125	166	↑
Threatening behaviour	152	141	↓

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

A business case is being written to look at the central management of Medical Devices.

### 3.2.2 RIDDOR reportable incidents 2021/22

Thirty two incidents were identified as meeting the criteria for reporting under RIDDOR during 2021/22. These are described in Table 3 with details of action and any learning that has been put in place. Wider organisational learning will be disseminated via the Care Groups Governance Structure.

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 2021/22. These administration failures include:

- All finally approved RIDDOR reportable incidents have the Datix section “actions taken to prevent recurrence” completed.
- 43.25% incidents were reported to the HSE within the required timescales.

RIDDOR reporting has remained consistent during 2021/22, which doesn't follow the trend on incidents that reduced initially during the early stages of the pandemic.

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 monitored via the Non-Clinical Risk team and is part of the key performance indicators for the Health, Safety and Resilience Committee.

### 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.



Table 3 RIDDOR incidents 2021/2022	
Incident details	Action and Learning
<b>Specified injuries</b>	
<p><b>Staff fall, slip or trip on same level</b></p> <p>A staff member was undertaking cleaning duties in the circulating areas on Horton Wing (level 2). They closed a door, to enable them to do high level dusting of picture frames, as they stepped forward; they tripped over the door stop on the floor. As they fell, the staff member put out their hand to break their fall. As a result of the incident, the staff member sustained a fractured wrist.</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>Nothing identified in the incident form.</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>Door stops cannot be too close to the door frame; this is because the door/frame could be damaged, as a result of the force being applied to the door when it hits the door stop.</li> </ul>
<b>Over 7 day injury</b>	
<p><b>Road traffic collision</b></p> <p>A staff member was involved in a road traffic collision when the car they were driving was hit by a lorry at traffic lights</p> <p>As a result of the incident, the staff member is suffering hip and neck pain.</p> <p><i>It should be noted, whilst this incident has been reported to the Health and Safety Executive under RIDDOR Regulations; as it resulted from a road traffic collision, it did not meet the criteria of being RIDDOR reportable, even though the member of staff was absent from work for more than 7 days. This is because road traffic collisions are covered by other legislation (however, there are some anomalies to this rule).</i></p>	<p><b>Action</b></p> <ol style="list-style-type: none"> <li>Both drivers stopped and exchanged details.</li> <li>A work colleague attended the site where the incident occurred to support the staff member.</li> <li>Following the incident, the member of staff was taken to the Emergency Department as a precautionary measure.</li> <li>Clarity was provided to the manager who reported the incident to the HSE that road traffic accidents are not RIDDOR reportable.</li> </ol> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>Staff do not always understand the complexity of the RIDDOR regulations when determining which incident should be reported.</li> </ul>



Table 3 RIDDOR incidents 2021/2022	
Incident details	Action and Learning
<p><b>Staff fall, slip or trip on same level</b></p> <p>The gardener whilst on salt gritting duties needed to top up the salt spreader trailer. The trailer which is pulled by a Kubota machine was parked on a gravel section of path next to the gritting bin which is in turn adjacent to the estates office. Whilst dismounting from the Kubota the gardener put his foot on the pin kerb and went over on his ankle and fell backwards. The gardener put his hand out to break his fall injuring his hand and twisting his ankle. The gardener attended A&amp;E. The gritting duties were completed by another member of staff.</p>	<p><b>Action</b> To determine if there is an alternative area to site the grit bin, e.g. where there is no change in levels such as pin kerbs.</p> <p><b>Learning</b> Staff should be vigilant of the local terrain when parking and dismounting works vehicles.</p>
<p><b>Staff fall, slip or trip on same level</b></p> <p>A cleaning assistant slipped and fell on new vinyl flooring whilst cleaning on a corridor on a ward. As a result they sustained a fracture of the arm.</p> <p><i>It should be noted that although this incident has been reported to the HSE as an over 7 day incident, the staff member sustained a fracture; therefore, it should have been reported as a specified incident. This has been raised with the reporter of the incident.</i></p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Estates to investigate suitability of the vinyl flooring.</li> <li>• SOP for cleaning of a corridor floor area given to all cleaning staff</li> </ul> <p><b>Learning</b> The learning will be available once the investigation has been undertaken.</p>
<p><b>Staff fall, slip or trip on same level</b></p> <p>A staff member slipped on a wet floor in Emergency Department's temporary staff accommodation whilst entering the building from outside.</p> <p>At the time of the incident it was raining outside and it is believed the floor was wet due to rainwater being brought into the building.</p> <p>Additionally, there was no mat at the entrance to the temporary staff accommodation, to enable staff to dry their feet when entering the building.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• A suitable mat should be fitted at the entrance to the location.</li> </ul> <p><b>Learning</b> All entrances to Trust buildings should be fitted with a suitable method (such as a mat) for people to dry their feet on when entering the building.</p>



Table 3 RIDDOR incidents 2021/2022	
Incident details	Action and Learning
<p><b>Staff fall, slip or trip on same level</b></p> <p>Whilst helping to clean a patient who had been incontinent, a staff member tripped over a zimmer frame at the end of the bed. The staff member fell to the floor, landing on their right hip. Following the incident the staff member felt dizzy when they stood up.</p> <p>The staff member took paracetamol and went to back to work as the department was busy</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Staff members reminded to where practicable de-clutter the area before undertaking a task.</li> </ul> <p><b>Learning</b></p> <p>Where practicable, staff should ensure they are undertaking tasks in areas that are free from clutter that could become a tripping hazard.</p>
<p><b>Load handling issues</b></p> <p>It is alleged that during a colonoscopy procedure the CO<sub>2</sub> canister ran out, a HCA attempted to find a staff member to change the cylinder. However, there was nobody available to do so. Knowing the procedure could not be completed without the CO<sub>2</sub> the staff member went to get a new cylinder but there were none within the unit.</p> <p>The staff member then found a cylinder attached to equipment in another room that was not being used and removed it to be exchange for the depleted one.</p> <p>Whilst removing, transporting and reconnecting the cylinder, the staff member injured their wrist.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Staff members reminded to undertake a dynamic risk assessment prior to performing moving &amp; handling tasks.</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>Ensure there are spare medical gas cylinders available within departments.</li> <li>Prior to undertaking a procedure, ensure that the medical gas level is sufficient to complete the procedure.</li> </ul>



Table 3 RIDDOR incidents 2021/2022	
Incident details	Action and Learning
<p><b>Struck against something/trapping</b></p> <p>A staff member was holding the door open to allow another staff member to pass through with a trolley.</p> <p>Once the staff member with the trolley had passed through the door, the staff member holding the door let go of the door (which had a self-closing device in place). However, they did not remove their finger in time and the door closed onto it.</p> <p>It was indicated that the end of staff members finger was broken and hanging off. Staff member sent to Accident and Emergency Department.</p> <p>There were no issue identified with the door.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Fingers dressed and wrapped.</li> <li>SHO informed and attended to R/V.</li> <li>staff member taken to A&amp;E by support staff.</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>Staff need to be vigilant around self-closing doors.</li> </ul>
<p><b>Issues relating to the movement of or handling of a patient</b></p> <p>A Health Care Assistant was assisting a patient to transfer onto a commode, the patient suffered with Dementia and pulled herself back, causing the staff member to sustain a strain to her neck muscles.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Patient was re-assessed for further moving and handling procedures.</li> <li>Highlighted on nursing handover's patient was a risk to staff members.</li> <li>Discussed incident in safety huddles.</li> <li>Staff member was assessed by her GP.</li> </ul>
<p><b>Staff fall, slip or trip on same level</b></p> <p>Secretary was leaving work and tripped in the staff car park at SLH on the rough surface. She hurt her ankle and had a week off work as a result.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>the staff member was encouraged to go to Accident and Emergency Department for an x-ray (confirm no fracture)</li> <li>Photographs work taken to confirm where the incident occurred</li> <li>The Estates Department were contacted and requested to review the location of the incident and take appropriate action.</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>Staff need to be vigilant when walking on uneven surfaces.</li> </ul>



Table 3 RIDDOR incidents 2021/2022	
Incident details	Action and Learning
<p><b>Staff fall, slip or trip on same level</b></p> <p>Staff member was giving out evening meals to patients in bay. There was an emergency in the bay at the time requiring a patient needing excessive wash outs of his bladder. This had resulted in water being spilt on the floor. No wet floor sign had been put in place as staff were dealing with the emergency at the time. Staff member entered room to give another patient their evening meal, they slipped on the water on the floor and banged their shoulder on the sink in the bay.</p> <p>As a result of the fall, the staff member sustained a fracture and has been referred to the orthopaedic trauma clinic.</p> <p><i>This incident has been reported to the Health and Safety Executive as an injury preventing work or usual work tasks for more than 7 days. However, it should have been reported as a specified injury as the staff member sustained an upper limb fracture.</i></p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>The patient attended A and E for an x ray.</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>Where practical wet floor warning signs should be displayed when water/spills may be present on the floor.</li> </ul>
<p><b>Staff fall, slip or trip on same level</b></p> <p>A student nurse was knelt down taking a child's blood pressure, when a 2<sup>nd</sup> staff member entered the area to call a patient to the clinic room. However, the staff member did not see the staff member who was dealing and tripped over their feet.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>The machine has been moved the BP to a different place to see if this helps the situation. and</li> <li>Staff will be asked to be mindful of others whilst doing a BP kneeling down.</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>Staff should be mindful of others whilst undertaking procedures kneeling down.</li> </ul>



Table 3 RIDDOR incidents 2021/2022	
Incident details	Action and Learning
<p><b>Staff fall, slip or trip on same level</b></p> <p>A member of staff was waiting for the lift to arrive at level 0 within the maternity block. When the lift arrived, the floor and lift car did not stop level with each other. The staff member did not this, as a result when they entered the lift car they tripped and fell into the lift landing on their knees and left arm, and hitting their face on the floor.</p> <p>This incident was delayed in being submitted to QuOC due to the Risk Management Department not being informed it was RIDDOR reportable, or the appropriate documents added to the incident report, even though the manager was contacted.</p> <p>This incident was only identified as being RIDDOR reportable when the Legal service Dept. requested information relating to and employer's liability claim.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Staff member contacted the cleaning service supervisor</li> <li>• Staff member advised me to go to A&amp;E.</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Learning has not yet been identified.</li> </ul>



Table 3 RIDDOR incidents 2021/2022

Incident details	Action and Learning
<p>Physical assault</p> <p>Member of staff was assisting a patient with personal care and repositioning. The patient was hitting at the member of staff so the member of staff put their arm up to protect themselves, however the patient grabbed the member of staffs hand and threatened to break it. The member of staff requested the patient to let go but they refused eventually the member of staff freed their hand. The member of staffs hand swelled up immediately.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• The member of staff went to ED for an x-ray as they couldn't move their fingers.</li> <li>• Member of staff has attended clinic and seen the plastics team and surgeon. Awaiting a CT to understand the extent of the injuries.</li> <li>• PARs (physical assault report) form completed. Patient</li> <li>• Once all medical causes have been treated and resolved patient will be reviewed with regards to any mental health, alcohol related injuries. Already referred to Dementia lead who has reviewed on the ward</li> <li>• DOLS in situ and full team aware of sporadic intermittent out bursts which are being documented on behaviour chart</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>• All staff will be spoken to about how best to approach situations where patients are presenting with aggressive behaviour during cares. For example providing the patient is safe and no injury will be caused abandoning cares to return later when patient is more co-operative.</li> </ul>



Table 3 RIDDOR incidents 2021/2022	
Incident details	Action and Learning
<p><b>Ill Health</b></p> <p>During their shift a staff member began to feel unwell, unable to catch their breath and becoming very hot. They went outside for some fresh air and to cool down. Whilst walking outside, the staff member fell. However it was indicated there were no defects that contributed to this fall.</p> <p>Therefore, although this incident has been reported to the HSE under RIDDOR, as an “injury preventing work or usual work tasks for more than 7 days”, it does not meet the criteria of being RIDDOR reportable; as it occurred as a result of ill health and not as a result of an accident occurring out of or in connection with work.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Staff checked the staff member was ok, and assisted them to their feet and into a wheelchair that had been brought for the injured staff member.</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>Where staff feel unwell whilst at work, where practicable, they should not be left alone.</li> </ul>
<p><b>Load Handling</b></p> <p>Photographer strained their back muscles whilst using the Optos Imaging Camera.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Advised to self-refer to Physiotherapy for remedial treatment upon return to work</li> <li>Rota amended to reduce the time spent using the Optos Imaging Camera and thereby reduce the risk to staff members.</li> <li>Liaised with risk management Dept.</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>Reduce amount of time spent undertaking repetitive tasks i.e. those involved in this incident.</li> </ul>
<p><b>Struck against something/trapping</b></p> <p>A phlebotomist was walking along the corridor pushing their phlebotomy trolley, when another phlebotomist ran into the back of their foot with her phlebotomy trolley.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Applied ice pack, and dressing applied by ward staff on ward 1</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>Staff should be vigilant of their surroundings and not get too close to other pedestrians on the corridors etc. when pushing trolleys</li> </ul>



Table 3 RIDDOR incidents 2021/2022	
Incident details	Action and Learning
<p><b>Load handling issues</b></p> <p>A member of staff was moving food within the freezer in the catering Department at St Luke's. As they moved one stack of food (on a "dolly" cart), one of the wheels of the trolley would not move initially and the stack when the member of staff attempt to move the stack of food they sustained a soft tissue injury to their lower back</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Reviewed the current risk assessment to determine if further control/amendments were needed. The review determined they were not.</li> <li>It will be reiterated to staff undertaking this role they should move the trolley from side to side to crack any ice on the wheels/bearings to assist them to move freely.</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>Staff should always move the trolley from side to side to crack any ice on the wheels and assist them to move freely.</li> </ul>
<p><b>Issues relating to the movement of or handling of a patient</b></p> <p>A staff member was at the bottom of the bed applying TED stockings to a patient, when the patient's baby started crying in the cot next to her.</p> <p>The patient lent over to pick up her baby, but when she placed her hand on the cot, the cot slid, even though the breaks were on.</p> <p>As the patient had had a spinal, she was unable to pull herself back and it looked like she was going to drop the baby and possibly fall from the bed.</p> <p>Seeing the situation, the staff member instinctively reached out to pull the baby back and bring the patient back to the centre of the bed. In doing the staff member sustained an injury to their wrist, which radiated up to their elbow and shoulder over the following days.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Staff member has been referred to the Occupational Health and Wellbeing Department.</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>Ladies that are in recovery following a spinal, should be informed they should not attempt to lean over to pick up items or their babies from the cot, but ask staff for assistance.</li> </ul>



Table 3 RIDDOR incidents 2021/2022	
Incident details	Action and Learning
<p><b>Struck against something/trapping</b></p> <p>At the end of the day, the member of staff was assisting with securing the building. As they closed the external security gate, they caught their ankle with the said gate. This has resulted in pain in the staff members ankle.</p> <p>There was a delay in reporting the incident to the HSE, as the Department Manager was absent due to illness following this incident and prior to reporting the incident to the HSE.</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Estates Dept. Attended site and checked the gate, locking mechanism, frame and fixings. No fault was found.</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>• None identified</li> </ul>
<p><b>Struck against something/trapping</b></p> <p>A staff member was changing a resusitaire air cylinder in theatre, when it fell. As it fell, the staff member attempted to catch the cylinder, as they did so, they sustained a soft tissue injury to their hand.</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Informed coordinator in charge</li> <li>• Applied ice</li> <li>• Went to A&amp;E, where the affected area was x-rayed (sprain identified but no fracture).</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>• None identified</li> </ul>
<p><b>Staff fall, slip or trip on same level.</b></p> <p>RIDDOR Classification – Injury preventing the injured person from working for more than 7 days.</p> <p>Ward 32 in Bay 1 when a member of staff slipped on a wet floor, right foot went forwards suddenly. Didn't fall, immediate pain around right hip and lower back from slip.</p> <p>Post slip noticed that the wet floor sign was within the folds of a drawn patient curtain.</p> <p><i>There was a delay in reporting this incident to the HSE due to confusion of whether the incident was reportable due to the staff member working remotely.</i></p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Informed coordinator in charge</li> <li>• Applied ice</li> <li>• Went to A&amp;E, where the affected area was x-rayed (sprain identified but no fracture).</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>• None identified</li> </ul>



Table 3 RIDDOR incidents 2021/2022	
Incident details	Action and Learning
<p><b>Issues relating to the movement of or handling of a patient</b></p> <p>A staff member was performing a mammographic examination on a patient, when the patient collapsed, falling on top of the staff member resulting in them twisting and injuring their left knee.</p> <p>The injured staff member called to a colleague (Senior Radiographer) to assist in putting the patient into the recovery position.</p> <p>An incident report was completed at the time of the incident, but initially the staff member did not have time off work. However, they later attended their GP as a result of continuing pain and have been diagnosed with soft tissue damage.</p> <p>Once aware the staff member's sickness was related to the incident, the departmental manager confirmed with the Non-Clinical Risk Department it was RIDDOR reportable and reported it to the HSE as soon as reasonably practicable.</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• A note was added to the patient's record to alert staff on her next visit to perform examination sitting down.</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>• None indicated</li> </ul>
<p><b>Staff fall, slip or trip on same level</b></p> <p>RIDDOR Classification – Injury preventing work or usual work tasks for more than 7 days</p> <p>A staff member was caring for a confused (and aggressive) patient. During their shift, the patient was aggressive and ran away from security and doctors on the ward. As they ran the patient fell, landing on top of staff member and causing them to fall to the floor.</p> <p>As a result the staff member sustained a sprain/strain injury to the left knee.</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Dr's on the ward assisted the staff member to their feet (however, the staff member was unable to walk)</li> <li>• Clinical site matron attended the ward.</li> <li>• Staff member attended ED for an x-ray.</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>• None indicated</li> </ul>



Table 3 RIDDOR incidents 2021/2022

Incident details	Action and Learning
<p><b>Issues relating to the movement of or handling of a patient</b></p> <p>A staff member was working with another HCA to role a patient with Parkinson's disease whilst providing their personal care. Whilst washing the patient, staff had to reposition themselves whilst holding the patient, because the patient was moving throughout the procedure. As they did so, the staff member an injury to their back (soft tissue damage)</p> <p>It should be noted that the incident was not reported on datix at the time of the incident</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>Recommended by the Ergonomics Dept. <ul style="list-style-type: none"> <li>As part of the review can you ensure that the patient risk assessment and care plan are reviewed / updated as required.</li> </ul> </li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>Incident forms should be reported on datix in a timely manner to enable control measures to be implemented to prevent a reoccurrence.</li> <li>Where wards and departments have challenging patients (ergonomically), the Moving and Handling department should be contacted for advice.</li> </ul>
<p><b>Issues relating to the movement of or handling of a patient</b></p> <p>Staff Member was rolling a patient, as they did so they injured their back and right shoulder.</p> <p>It should be noted that the incident was not reported on datix at the time of the incident</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>Staff to ensure that they are up to date with training including manual handling.</li> <li>Staff to ensure that they are using the appropriate techniques for moving and handling, including ensuring that the beds are at the right height and they use appropriate equipment such as slide sheets.</li> <li>Staff to ensure that they utilise members of the team if needed to ensure that moving and handling is done safely for both the patient and staff.</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>Incident forms should be reported on datix in a timely manner to enable control measures to be implemented to prevent a reoccurrence.</li> </ul>



Table 3 RIDDOR incidents 2021/2022	
Incident details	Action and Learning
<b>Dangerous Occurrence</b>	
<b>Contamination injury</b>  A staff member sustained a blood splash into eye from a patient who is known to be HIV positive.	<b>Action</b> <ul style="list-style-type: none"> <li>Local investigation to be undertaken.</li> </ul> <b>Immediate Learning</b> <ul style="list-style-type: none"> <li>unknown due to confidentiality reasons.</li> </ul>
<b>Dangerous Occurrence</b>  The Workplace Health and Well-Being Department have reported a dangerous occurrence to the Health and Safety Executive under RIDDOR Regulations.  Incident description A member of staff sustained a high risk contamination (splash to the eye from HEPATITIS C positive patient) injury.	<b>Actions</b> <ul style="list-style-type: none"> <li>The Department should investigate the incident and develop actions to prevent re-occurrence.</li> </ul> <b>Immediate Learning</b> <ul style="list-style-type: none"> <li>unknown due to confidentiality reasons.</li> </ul>
<b>Dangerous occurrence</b>  A patient was trying to remove an old needle from their own insulin pen in preparation for insulin to be administered. As they did this, a staff member who was assisting them, received a needlestick injury to their left thumb.	<b>Actions</b> <ul style="list-style-type: none"> <li>first aid and reporting to senior sister</li> </ul> <b>Immediate Learning</b> <ul style="list-style-type: none"> <li>Nothing identified on the incident form.</li> </ul>
<b>Exposure to a biological agent</b>	
<b>Injuries to members of the public (including patients)</b>	



Table 3 RIDDOR incidents 2021/2022	
Incident details	Action and Learning
<p><b>Injury to member of public resulting in being taken to hospital.</b></p> <p>Patient found on floor by health care staff. The patient stated they were using their urinal and had fallen onto their right hip resulting in a right intertrochanter fracture.</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Doctor phoned immediately.</li> <li>• Site team informed.</li> <li>• Completed this datix.</li> <li>• Observations complete.</li> <li>• Falls paperwork done.</li> </ul> <p><b>Immediate Learning</b> Root Cause Analysis investigation commissioned.</p>
<p>RIDDOR Classification – Injury to member of public resulting in being taken to hospital.</p> <p>A patient requiring 1 to 1 observation due to their condition was provided with a healthcare assistant (HCA) to undertake these duties.</p> <p>During the course of the shift, the HCA became unwell testing positive for Covid 19. As a result, they were unable to carry out their duties and were sent home. A second HCA was to be arranged to take over this role. However, during the period between one HCA leaving the Ward and the other arriving to take over their duties, the patient unfortunately fell whilst mobilising to use the toilet and sustained a compression wedge fracture of the lumbar spine.</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Assisted to stand and laid in bed.</li> <li>• Skin checked.</li> <li>• Doctor was bleeped and consultant was informed.</li> <li>• Observations completed.</li> <li>• Student nurse remained in bay to prevent a re-occurrence.</li> </ul> <p><b>Immediate Learning</b></p> <ul style="list-style-type: none"> <li>• None indicated</li> </ul>



### 3.2.4 Personal injury claims

Table 4 provides a summary of personal injury claims that have been submitted to the Trust, and relate to claims which have occurred during this reporting period.

Table 4: Type of claim and description 2021/22

Claim Type	Incident type	Description
<b>Employers Liability</b>	Workplace Regulations:	The claimant received a letter from Occupation Health on 01/04/2021 stating that he may have been exposed to Tuberculosis (TB) in November 2019 due to a patient that he was caring for at the time. Due to the claimant experiencing some of these symptoms, he proceeded to have a blood test which came back positive for TB in May 2021. He was put on medication for three months.
<b>Employers Liability</b>	Violence & Aggression.	Claimant was working as a Healthcare Assistant. Whilst caring for a patient the patient grabbed hold of her left hand and refused to let go, bending her fingers back causing injury.
<b>Employers Liability</b>	Needlestick injury	Claimant sustained a needlestick injury whilst changing bin bags.
<b>Employers Liability</b>	Needlestick Injury:	A Domestic was disposing of an orange bag of contaminated waste and as she lifted the bag there was a needle protruding out of the corner which jabbed her right hand causing injury. Ward manager removed the needle and placed into sharps bin. Incident Ref No: WR112858
<b>Employers Liability</b>	Slip/Trip/Fall:	Gardener was on duty and was gritting the area as they were expecting icy weather. As the claimant was doing this his right foot tripped on the raised curb causing him to twist his right ankle falling backwards with his right hand behind him to stop him falling, this resulted in all of the claimant's weight going onto his right hand, this has resulted in pain to the right hand thumb and wrist. Closed by NHSR 3/11/21
<b>Employers Liability</b>	Needlestick Injury:	Domestic was on the renal ward emptying the waste bins  As she took one orange double bagged lot of waste from the waste container and placed it on her trolley she felt a sharp pin prick through her gloves. Incident Ref No: WR117996
<b>Employers Liability</b>	Struck by moving object	Domestic was getting in the lift at the women's newborn unit and as the doors opened the lift was raised from the floor by around 3 inches causing her to trip and sustain a concussion, swollen and bruised face, headache, hip pain, dizziness and bruised knee. Incident Ref No: WR111484
<b>Employers Liability</b>	Lifting/moving/handling (patients)	Healthcare Assistant went to assist a patient as they wanted to go to bed. She was holding the patient by the back to help lift them out of their chair when the patient fell backwards into their chair and caught the



Claim Type	Incident type	Description
		claimant's right arm resulting in injury. Claimant was also pushed backwards and caught her left leg between the patient's chair and the wall resulting in pain to the right arm and left leg and exacerbation of sciatica.
<b>Employers Liability</b>	Slip/Trip/Fall:	HR Officer was in the staff kitchen making a drink when she has stepped away from the counter she has slipped on the wet floor, falling backwards landing on the floor, resulting in a broken left wrist.  No signs out at the time of the incident. Incident Ref: WR87739
<b>Employers Liability</b>	Physical Assault	Healthcare Assistant working on Ward 23 was checking the blood pressure on one of the patients and whilst putting a cuff on his left arm the patient allegedly punched the Claimant on the left hand side of her jaw. Incident Ref No: WR99874
<b>Employers Liability</b>	Needlestick Injury	Domestic was emptying the bins and felt a sharp pain to the right thumb when she opened the bag she found a dressing package and amongst this was a scalpel.
<b>Employers Liability</b>	Needlestick Injury	Domestic was removing general waste bags from the bag holder and felt a sharp pain in the index finger on the left hand. Claimant went to pick the bag up again and felt another sharp pain in the left index finger sustaining two needle stick injuries. Incident Ref No: WR109351
<b>Public Liability</b>	Slip/Trip/Fall:	Claimants daughter admitted to Ward 30. Whilst changing her daughter's clothes she turned around from the bed to use the sink and slipped due to excess water on the floor which was caused by a water leak resulting in soft tissue injuries to the neck, back, shoulder, left leg Claimant attended Accident and Emergency Department (AED) and had an x-ray. Incident Ref No: WR106537
<b>Public Liability</b>	Slip/Trip/Fall	Claimant was walking inside the hospital past Ward 30, outside room 21-22 when she slipped and fell due to a wet surface causing injury. No Incident Form on Datix
<b>Public Liability</b>	Physical Assault	Claimant attended Accident and Emergency Department (AED) due to feeling unwell with suspected meningitis. Whilst queuing claimant felt unwell and collapsed on the floor. A member of staff approached him and he is alleging whilst on the floor he was punched in the left arm and torso instructed to stand up and poked in the left eye with force which caused him to graze his face on the floor. Injuries sustained are abrasions to the right side of the forehead, scratch around the left eye, pain and bruising to left arm and red marks on the left side of the torso and pain to the genital area. No Incident Form on Datix
<b>Public Liability</b>	Slip/Trip/Fall	Claimant was a visitor at the hospital as she was walking through the concourse she tripped over the middle section of a seating arrangement(adjacent to



Claim Type	Incident type	Description
		the shops). The middle section of the seating arrangement was the same colour as the floor creating no discernible distinction between the section and the floor, along with creating the illusion of there being a gap between the seats. Claimant broke her right wrist in several places and underwent surgery. Incident Ref No: WR77682
<b>Public Liability</b>	Workplace Regulations	Father attended with his daughter and was told by the Principal Clinical Scientist (Audiology) that they would not be seen if they did not wear a face covering. They tried explaining that she was exempt but they did not listen and were made to leave the department.  Ongoing complaint

The Trust has settled 6 Employee Liability/Public Liability claims in 2021/22; some of these claims were received in previous financial years.

### 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.

There have been no formal visits by the HSE to the Trust during 2021/22.

The HSE has contacted the Trust for further information related to a RIDDOR that was reported following a potential cross contamination relating to two patients and one health care worker, all clinically diagnosed with tuberculosis between November 2019 and November 2020.



### 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.

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 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 decrease 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 to review both training and the collaborative 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.

Each year the top five areas reporting violence and aggression are identified via Datix reports and a violence and aggression risk assessment is undertaken in those areas with a member of the non-clinical risk management team, Estates and the Local Security Management Specialist and sister/matron/manager of the area.

The Security Management team and the dedicated Police Community Support Officers focus patrols in the top five reporting areas for violence and aggression 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.

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.



## **Unsafe Environment**

Unsafe environment incidents have increased in 2021/22. 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. A number of the themes that were seen during the fiscal year were staffing levels, COVID-19 related incidents and suitability of the environment for the patients.

## **Medical Devices**

Medical device incidents have increased in 2020/21 the Head of Clinical Engineering is the first point of contact for incidents or issues related to 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.

## **Lack of adequate facilities**

A large number of the incidents that fall in this category relate to staffing. These relate to clinical and non-clinical staff. It highlights the current challenges that the Trust is facing. This is the first time that this category has been in the top 5.



## 4.2 Learning from health and safety precursor incidents

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

*Table 6 Trust wide feedback mechanisms*

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

### 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.



## How do we communicate basic messages-learning matters

The Non-Clinical risk team use Learning Matters to communicate messages to support staff across the Trust with information. The Learning Matters relates expired blood sample bottles.

### Early Learning – Expired Blood Sample Bottles

#### **Situation**

There has been a recent increase in the number of blood samples sent to the lab and processed in out of date sample bottles.

#### **Background**

There has been three recent SHOT reportable transfusion incidents which have involved expired blood bottles

#### **Action**

All health care professionals who are involved in taking blood test samples must ensure that they check the expiry date on the sample bottle prior to bleeding a patient.

Any samples received that are in an expired tube will be rejected

It is the responsibility of each area to ensure that an identified person is tasked to check and replenish stock on a regular basis and this should incorporate monitoring expiry dates.

All mobile trolleys, pre made or prepared care packs and emergency equipment must be included in the checking process.

#### **Who needs to see/act on this message?**

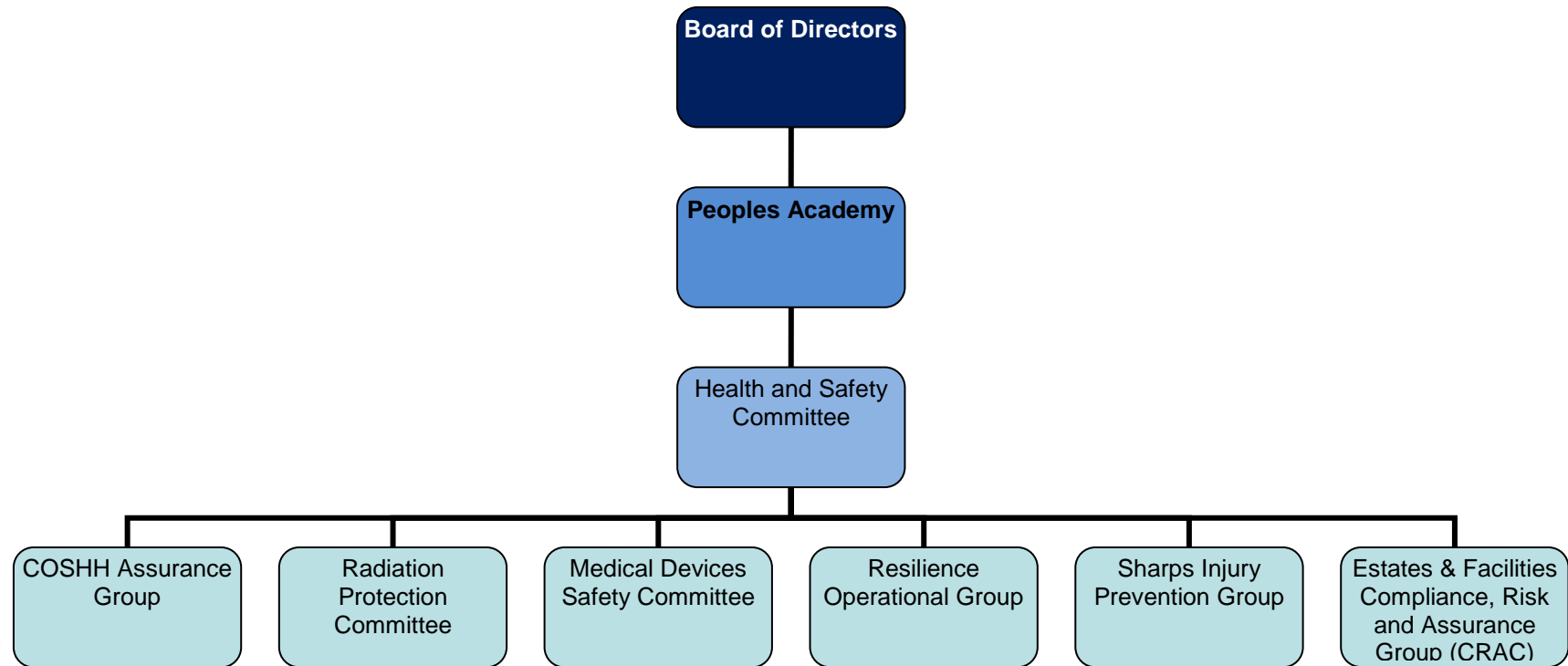
All clinical health professionals that are involved in taking blood samples from a patient.

Ward managers in each area

Date: 14 November 2021



## Appendix 1: Governance for Health and Safety: Organogram (April 2022-onwards)





## Appendix 2: Objectives and progress 2021/22

Objective	Progress/comments	Status	Recommendation
A review of the Non Clinical risk team should take place including the new governance arrangements for health and safety	A review has taken place. This has identified gaps within the team. The team does not have adequate staff to undertake the role to adequately cover the Trust.	Action completed	A transformation piece of work is taking place to look at the department.
A review of the strategic risk management training should take place; this training included an element of health and safety requirement for senior managers. Review of health and safety training that the Board has received related to INDG417 Leading Health and safety at work (for Directors and Board members)	The decision has been made for the Board to receive training in October 2022 related to INDG417 Leading Health and safety at work (for Directors and Board members)	Partially completed	The training has been agreed. The training needs to take place.
Consideration and amendments made to Datix to allow it to be used as a central repository for risk assessments.	This was an action that is been picked up by the Quality Governance team. The Quality Governance Department will initially continue with the central deposit of risk assessments that are already in place.	Action on hold	This is part of the action plan.  This is under review
Undertake a health and safety climate survey 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"	This survey has been designed and is being distributed. The results are not in yet for this survey.	Action complete	



Objective	Progress/comments	Status	Recommendation
from them. This can then be used on an ongoing basis, and could identify particular areas of concern			
Develop a SMART risk based strategy to survey fire compartmentation across the Trust Estate with remedial work	The Trust have commissioned a fire compartmentation survey. They are expecting the response back in June 2022.	Action completed	
Develop a SMART risk based action plan to implement the findings of the risk assessment relating to unauthorised roof access.	A risk assessment has been developed and the actions are being worked through.	Action completed	
Ensure there is training available and completed for Designated Medical/Nursing Officer (DMO/DNO)	Training has been developed but as yet this is not been utilised	Action moved	Medical Gases are moving to Medicines Management, so it will not fall within the health and safety remit.
Estates to continue to monitor the 15 year ventilation plan to ensure that it stays on target	A 15 year plan is in place for ventilation that is risk based. The ventilation plan is under review because it isn't staying on target and is not a priority for backlog maintenance.	Partially completed	This is part of the action plan
A review of the management of contractors/suppliers across the Trust via a task and finish group.	A task and finish Group has not been established. The Estates department have purchased vests to assist with managing their contractors. These are still under trial.	Not completed	This is part of the action plan



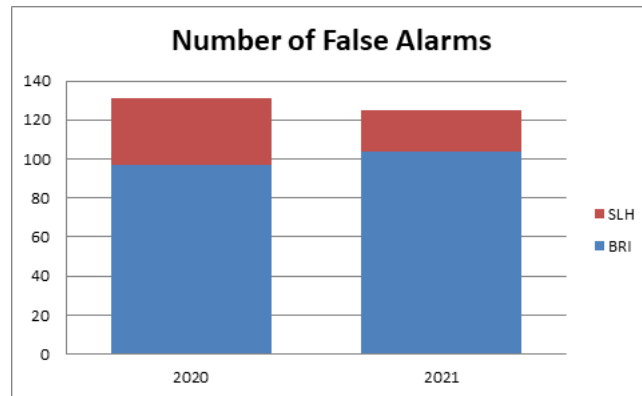
Objective	Progress/comments	Status	Recommendation
Stress should be reviewed to ascertain which committee it falls into. Health and safety Committee to review	The stress policy has been reviewed and within there the decision has been made to continue to feed stress management through the Health and Safety Committee with Workplace Health and Wellbeing and HR managing it.	Completed	
Develop a revised education programme for Trust staff with health and safety responsibilities (e.g. Ward Sisters, Ward Managers and Heads of departments)	Due to staff not been released from ward areas for training this action has not been focused on. This will now feed into the Trust training strategy.	Not complete	This is part of the action plan. The action has been amended to reflect the changes.
<p>To review outstanding action from the manual handling internal audit</p> <p>➤ support the managers in developing departmental risk assessments</p> <p>The auditing of the patient manual handling risk assessments and care plans and supporting training to ensure compliance</p>	The manual Handling department are focusing on risk assessments. The team have developed generic risk assessments that are available on the intranet.	Partially complete	<p>This is part of the action plan.</p> <p>The audit of the patient risk assessments and care plans has been completed.</p>



### Appendix 3: Risk profiling 2021/22

Risk	Controls	Compliance with legislation/guidance
Fire	<p>There is an in date Fire Safety Policy and Strategy Procedure that has been updated in Q4 2021/22.</p> <p><b>Training:</b> Training is, wherever possible, bespoke to the type of role that staff undertake, or the area in which they work. Training is aimed to be delivered by a mixture of lectures, walk through, table top exercises are used as well as interactive theoretical scenarios. Due to the ongoing COVID-19 restrictions fire safety training has been delivered on line via Microsoft Teams.</p> <p><b>Fire risk assessments:</b> There is an on-going programme of fire risk assessments (FRA's), which the West Yorkshire Fire &amp; Rescue Service has confirmed they are satisfied with.</p> <p>Recommended actions from the FRA's are dealt with either locally, where possible, through the Estates Maintenance Team or specialist contractor. If major actions are identified, these are brought to the Fire Systems Review Group; the Estates Health &amp; Safety Group, and where necessary escalated to CRAC.</p> <p>Fire Risk Assessment Compliance (overview) Independent fire safety experts were commission resulting in the development of a new fire risk assessment (FRA) programme. FRAs are now triaged to ensure they reflect risk and priority across the Trust's estate. Remedial works resulting from the risk assessment process have also been implemented.</p> <p>This comprehensive review has now set the scene for an effective rolling programme for delivery of fire risk assessments for the Trust. Fire risk assessments stand at 100% complete across all area of the Trust. However, actions from these risk assessments still need to be implemented.</p> <p><b>Unwanted Fire Alarms (False Alarms)</b></p> <p>Analysis of false alarms for 2021, compared with the previous year, is shown below, the number of false alarms has decreased:</p>	<p>RRFSO 2005</p> <p>HTM 05-01</p>





Underlying causes are attributed to fire alarms being triggered as a result of:

- Staff cooking, namely toast.
- Staff, patient and visitors operating the fire alarm call point instead of the green door exit buttons.
- HPV cleaning.
- Faulty detectors mainly due to the age of the device or water ingress.
- Contractors not asking for alarms to be isolated and dust setting them off.

#### **Evacuation plans:**

There are bespoke evacuation procedures for every area within the Trust, which are included in the local fire logbook. The fire plans within the log books are currently being reviewed and updated.

The Fire Safety team visit wards to audit the logbooks and to review local evacuation procedures with staff to ensure they understand the procedures of their area of responsibilities.

#### **Evacuation drills:**

Evacuation drills are performed where possible, and table top exercises are used to test the evacuation procedure. However, as a result of the COVID-19 restrictions these have not been able to be undertaken during 2021/22.

#### **Personnel Emergency Evacuation Plans (PEEPs):**

PEEPs are explained at induction and mandatory training, and there are PEEP pro-formers included within the fire safety logbook.

Concerns have been raised that PEEP are not being completed in all areas. It has not been agreed that



	<p>PEEPs can be added onto EPR.</p> <p><b>Fire Incident:</b> Following the incident where an electrical fire broke out in a switch room on the Bradford Royal Infirmary (BRI) site, leading to the total loss of power in a number of areas (with the exception of those covered by an uninterrupted power supply (UPS)) on site for approximately 15 minutes. This fire was in the last quarter of 2020/21 and identified breaches in fire compartmentation, a full compartmentation survey has been undertaken of all fire walls on the BRI site (currently awaiting the formal report). This survey will be extended to the St Luke's Site during 2022/23. Based on the report an action plan will be developed to undertake remedial work.</p> <p><b>Recommendations:</b> Develop a SMART risk based strategy following receiving the results from the BRI compartmentation survey. (AP1)</p>	
Asbestos	<p>There is an Asbestos policy and procedure in place</p> <p>There is a competent Asbestos Manager in post</p> <p><b>The measures to control the risks of asbestos on Trust premises are as follows:</b> There is an asbestos register within MICAD which details the location and type of known asbestos on Trust premises. Asbestos information accessed via portal. 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 UKAS accredited consultancy to undertake annual Re-inspections of all known asbestos across all site's and conduct annual Reassurance Air Testing within amber and red zones,</p> <p><b>Annual Asbestos Awareness Training:</b> UKATA accredited asbestos awareness training delivered via online E-learning and face to face provided for all estates staff and managers who are likely to encounter asbestos or manage someone who could encounter asbestos , All external contractors working on site will have completed an accredited asbestos awareness course accredited by UKATA,ITAP or ROSPA within the last 12 months as part of the induction and contractor controls.</p>	Control of Asbestos Regulations 2012



	<p><b>Audit process:</b> An internal audit of the Trust's management of asbestos was carried out in Jan 2021 by Audit Yorkshire, it concluded that the Trust has appropriate controls in place to manage asbestos risks, with no recommendations.</p>	
Legionella	<p>There is a Water Safety Policy in place.</p> <p>The Trust has a management plan for water safety; it consists of:</p> <p><b>A Water Safety Steering Group</b>, this group aims is to ensure the safety of all water used by patients / residents, staff and visitors, and to minimise the risk of infection associated with waterborne pathogens</p> <p><b>A Water Safety Working Group</b>, this group meets on a monthly basis with the objective of providing assurance, monitoring for BTHFT risk systems along with completing the risk assessment review process and documenting this review.</p> <p><b>The Water Safety Plan</b> This plan defines the operational procedures, routine maintenance, routine monitoring, and emergencies for all BTHFT risk systems.</p> <p><b>Audit process:</b> An annual water management audit is undertaken by the Authorising Engineer. The audit report includes recommendations for improvement and forms part of the water hygiene management system</p> <p>BTHFT are receiving updates from NHS Property Services for all the Community Hospital as their estate and have assurance their water systems are being managed effectively. These sites are not managed by BTHFT.</p> <p>In March 2022 a consultancy company familiar with BRI was commissioned to survey / establish our current "balancing strategy" on domestic hot water (DHW), mains cold water (MCW) &amp; tanked cold water (TCW) services, establish supply and demand i.e. pump pressure and review the current age / condition of the DHW mixing devices across the site. The output from this piece of work will be a recommendation to upgrade, re-balance and replace various elements of the system throughout the site to create a water system environment that increases management control and reduces the likelihood of gram-negative pathogens columnisation.</p>	<p>Control of Substances Hazardous to Health Regulations 2002</p> <p>HTM 04-01 (safe water in healthcare premises)</p>



Scalds from hot water	<p>There is a Prevention of Full Immersion Scalding &amp; Burns Injuries Policy in place.</p> <p>The policy contains the following information/guidance:</p> <ul style="list-style-type: none"> <li>• All patient baths, showers and bidets are fitted with a fail-safe thermostatic mixing valve</li> <li>• Hand wash basins considered to be in high risk areas have also been fitted with a fail-safe thermostatic mixing valve</li> <li>• The temperature setting and fail safe operation are routinely checked every six months for each mixing valve and records of the checks kept in a log book.</li> <li>• Staff assisting patients in bathing, should ensure that water is at a suitable temperature before the patient tests the water themselves or proceeds to full/partial immersion.</li> </ul>	HSE information sheet, HSIS6: Managing the risks from hot water and surfaces in health and social care
Burns from hot surfaces	<p>There is a Prevention of Full Immersion Scalding &amp; Burns Injuries Policy in place.</p> <p>All in patient areas have radiator guards installed and high risk pipework sections have been securely boxed in/or covered and insulated to prevent the risk of burn injury.</p> <p>Unauthorised access to kitchens is controlled with key coded entry systems, although some kitchen doors are wedged open.</p> <p>For this reporting period there haven't been any incidents reported involving a person being burned from a hot surface.</p>	HSE information sheet, HSIS6: Managing the risks from hot water and surfaces in health and social care
Electrical safety	<p>The Electrical Safety Policy sets out the requirements imposed on persons engaged to work on the electrical infrastructure including electrical design, installation, modification, repair, maintenance or inspection and testing ensuring acceptable methods of working.</p> <p>The Electrical Safety Procedure provided guidance to BTHFT Responsible Persons responsible for implementing safe systems of working for persons operating and maintaining plant and equipment connected to (or intended to be connected to) a High, Low or extra-low voltage supply.</p> <p>In March 2022 a consultancy company familiar with BRI was commissioned to survey, load monitor and develop a net-zero feasibility.</p> <p>This involved a detailed survey of both High voltage and low voltage systems across site including capturing load, demand and current capacity.</p> <p>The survey will inform our understanding on the current load and capacity, another important factor is the capacity of the District Network Operator (DNO) primary switch gear and supply cables including the capacity</p>	<p>The Electricity at Work Regulations 1989</p> <p>Health technical memorandum 06-01: electrical services supply and distribution</p> <p>(HTM 06-02) Electrical safety guidance for low voltage systems</p>



	<p>agreement currently in place with Northern PowerGrid (the DNO).</p> <p>The on-site survey will also inform the back-log maintenance programme in more detail than the 6 facet survey / ERIC return,</p>	
Falls from windows	<p>There is a Prevention of falls from windows maintenance procedure in place.</p> <ul style="list-style-type: none"> <li>• All windows within the Trust are fitted with window restrictors</li> <li>• Maintenance of windows within this Trust is carried out annually and recorded</li> <li>• Staff are encouraged to report any window restrictor that has been removed, to the Estates Department.</li> </ul> <p>DH alert: EFA/2012/001: window restrictor issue Integral side-stay mechanism window restrictors fitted with plastic spacers and used in many window applications. Action: examine these window restrictors: this action has been completed.</p> <p>Any window restrictors that are requested to be removed in non-clinical areas have to have risk assessments completed prior to the agreement to remove the restrictor.</p>	<p>Workplace (Health, Safety &amp; Welfare) Regulations 1992</p> <p>HSE information sheet: HSIS5 Falls from windows or balconies in health and social care</p>
<p>A person accessing roofs/high points on Trust premises; Risk is falling/jumping</p>	<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. The assessment identified those areas which could be accessed and made recommendations to reduce this risk. The Trust is working through the recommendations to ensure roof access is minimised.</p> <div style="border: 2px solid orange; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p>Recommendations: The Trust to work through the access to roof risk assessment to ensure that all areas are safe. (AP2)</p> </div>	<p>Management of Health and Safety at Work Regulations 1999</p>



Medical gases	<p>There is a Medical Gas Operational policy and procedure in place</p> <p><b>Medical gas pipeline system (MGPS):</b> Competence: All Competent Persons (MGPS) are crafts persons registered and employed by specialist contractors training and assessment are refreshed every three years.</p> <p>Estates maintenance craftsmen are authorised as competent to carry out weekly maintenance checks –</p> <p><b>Cylinder gases:</b> The Portering Department are responsible for the on-site logistics management and delivery of portable medical gas supplies to all wards.</p> <p>Training: Any Porters with particular responsibilities will require specialist training for medical gas cylinders. Annual refresher training courses shall be attended.</p> <p>The Trust is currently rolling out 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. An E-Learning package has been developed in conjunction with Estates and the Trusts Medical Gas Contractors and licences have been purchased to allow all relevant senior nursing staff to receive the training. Roll out of this is being managed by the command centre and site team.</p> <p><b>Medical gases group is moving from the Health and Safety Committee into medicines management.</b></p>	<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>
Medical equipment	<p>There is a Medical equipment and devices policy in place</p> <p>The Medical Device Safety Committee (MDSC) is responsible for setting the overall strategy and policy The Medical 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.</p> <p>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.</p> <p>The Clinical Engineering Department has responsibility for the maintenance and repair of equipment and medical devices within their remit.</p> <p>The department also maintains the e-Quip medical device inventory for the Trust. This system is web based which will support further development to include the Scan 4 Safety scheme. The Clinical Engineering department will not deploy items of equipment to wards and departments unless staff members in those wards</p>	<p>Provision and Use of Work Equipment Regulations 1998</p> <p>MHRA Management of Medical Devices Jan21</p>



	<p>and departments have had the appropriate training or during exceptional circumstances have completed a risk assessment to mitigate the risk.</p> <p>The MDSC monitors:</p> <p>Risks and incidents associated with the safe use and management of medical devices.  Activity around MHRA, National Patient Safety Alerts and manufacturer Field Safety Notices.  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> <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. A business case is being generated by Trust Chief Medical Officers Team with support from Clinical Engineering and Education Services to address this.</p> <p>Assurance:  The Clinical Engineering Department undertakes an annual review which is forwarded to CRAC. 2021 has seen an increased number of devices purchased to support the pandemic. NHSI has also distributed loan stock which has provided additional medical device resilience. Clinical Engineering has acceptance tested and logged these devices onto the inventory to ensure fitness for purpose.  Planned Maintenance activity has reduced due to the pandemic. This has been recognised and added to the Medical Devices Risk register. A revised maintenance schedule has been implemented by Clinical Engineering as part of the recovery plan. Manufacturer Maintenance Contracts have been secured to support the additional workload.</p> <p>Clinical Engineering had its ISO9001:2015 recertification audit in Jan 2022. The Auditor acknowledged the challenges that the Trust had faced during the pandemic and was satisfied with the proposed and implemented Clinical Engineering recovery plan. A mandatory action to review the impact risk scoring to Clinical Engineering staffing resilience as a result of the Covid 19 variant was highlighted and amended accordingly.  Activity will be reviewed in the next annual surveillance Audit.</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</p>



		at Work regulations 2005
Ventilation	<p>There is a Ventilation systems policy and respective procedures document in place.</p> <p>A Ventilation Safety Group (VSG) meets on a bi-monthly basis</p> <p><b>LEV:</b> Local extract ventilation systems located in the Estates workshop areas are thoroughly examined and tested at least on a 14 monthly basis.</p> <p>Monthly checks are in place to ensure local exhaust ventilation (LEV) systems continue to operate satisfactorily in between the above statutory inspections.</p> <p><b>General ventilation:</b> All specialist ventilation systems are verified annually in accordance with Health Technical Memorandum 03-01.</p> <p>All ventilation air handling units (AHU) plant/equipment are included within the PPM regime managed by Estates.</p> <p>All new or refurbished ventilation systems are validated in accordance with Health Technical Memorandum 03-01.</p> <p><b>Training:</b> Personnel carrying out maintenance works to 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. All training is in accordance with Health Technical Memorandum 03-01.</p> <p><b>Monitoring:</b> Compliance with the Ventilation Systems Policy will be monitored by the Head of Estates - Maintenance who reports quarterly to the Designated Person</p> <p>A 15-year lifecycle programme has been developed to improve ventilation compliance across the Trust in a proactive manner, which is to be delivered via the annual capital budget allocations. The prioritised programme</p>	<p>Workplace (Health, Safety &amp; Welfare) Regulations 1992</p> <p>Control of Substances Hazardous to Health Regulations 2002</p> <p>HSG202 – General Ventilation in the Workplace</p> <p>HTM 03 01</p>



	<p>is monitored and reviewed by the VSG and escalated through relevant assurance and working groups.</p> <p>It should be noted that none of the proposed ventilation replacements planned as part of this year's 15 year life cycling programme, have been included in the capital replacement programme for this financial year.</p> <div><p>Recommendations:</p><p>Estates to continue to monitor the 15 year ventilation plan to ensure that it stays on target (AP3)</p></div>	
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Managing contractors	<p>The Trust has no policy covering the management of contractors within BTHFT. There is a policy on the management of contractors within Estates but that does not cover other contractors brought on my other departments that might impact on the building for instant IT or suppliers.</p> <p>This policy sets out how they control the risks of contractors being on site. This involves the contractor providing the evidence to ensure they are competent and will control their own risks. In addition the Estates Department provides information to the contractor about the potential risks to their workers whilst on site.</p> <p><b>Training:</b> All contractors attend a health and safety induction programme which includes a bespoke video on safety on the hospital grounds as well as a questionnaire to test learning</p> <div style="border: 1px solid orange; border-radius: 10px; padding: 10px; margin-top: 10px;"> <p><b>Recommendations:</b> A Task &amp; Finish Group will be established to progress a Trust wide policy for the management of all contractors and suppliers. AP4</p> </div>	The Construction (Design and Management) Regulations 2015
Waste management	<p><b>Legislation and Guidance</b> The policy and standard operating procedures for the management of healthcare waste had a review date of November 2021. Due to continuing demands because of COVID-19 the review date for this policy has been extended to May 2023. The purpose of this policy is to ensure waste is segregated, stored and disposed of correctly.</p> <p>Throughout the pandemic NHS-I have published COVID-19 waste management standard operating procedures as further guidance for waste management.</p> <p>A new Trust wide SOP for dealing with Sharps that have been found in bags has been agreed and signed off. This will be rolled out via Global email in April.</p> <p>A Waste Supervisor was recruited to support the management of waste in April 2021. The role is an operational position which supports both the Waste Porters and Waste Compliance Manager to improve all aspects of waste management including Health &amp; Safety.</p> <p><b>Training</b> Guidance setting out the requirements for the segregation of waste within the Trust is provided to new starters within the Trust as part of their induction pack.</p>	The Controlled Waste Regulations 2012  HTM 07-01



	<p>Trust Wide Face to Face training has been unavailable due to ongoing Covid-19 restrictions, though in addition to the guidance mentioned above, waste guidance is also contained within the Infection Control section of the Trust Induction for new starters.</p> <p>Appropriate training is provided to all members of the waste team who are involved in the handling of waste. The workplace Health and Wellbeing Department contact waste staff regarding appropriate vaccinations.</p> <p>The Waste Management Team are proactive through Global communications in promoting new waste processes or addressing issues that have become apparent such as the “Sharps in Bags Protocol”.</p> <p><b>Audit process</b> The policy requires annual waste audits to be undertaken to ensure compliance with legislation. Every ward and department that is operational will be undertaken annually on a rolling basis. Due to Covid-19 restriction, access has been unavailable to some wards.</p>	
Moving and handling (patient & non-patient)	<p><b>Training</b> Practical face to face training continues to be delivered to staff in line with the updated risk assessment and standard operating procedures implemented to ensure the risk for delivering the training was mitigated to the lowest level practicable. Face to face practical update training was cancelled during January and February 2022 as a result of increasing Covid-19 incidents; however, face to face training for new starters continued to be delivered during this period.</p> <p>Manual handling training currently being delivered:</p> <ul style="list-style-type: none"> <li>• All new starters complete the NHS Core Skills Framework Level 1 e-learning – 100% compliance.</li> <li>• All high / medium risk new starters receive face to face practical training from the manual handling team within a month of their start date. – 91% compliance</li> <li>• All high/medium risk staff have an update every three years from the manual handling team – 78% compliance</li> </ul> <p>In addition to the core induction and update training the manual handling team have</p> <ul style="list-style-type: none"> <li>• Undertaken a number of workplace competency assessments undertaken within specialist areas throughout the Trust. This eliminates the requirement to release staff for training and is an observation of competency of the core skills in the work place which cannot be replicated within a training</li> </ul>	<p>Manual Handling Operations Regulations 1992</p> <p>LOLER 1998</p>



	<p>environment</p> <ul style="list-style-type: none"> <li>Delivered practical training to all the new Student Nurses on the Trust owned manual handling equipment prior to their first placement to ensure compliance with medical device training.</li> <li>Delivered full manual handling training to all the recently recruited overseas nurses many of which had never used our equipment or techniques to ensure they were safe to commence their work place roles</li> <li>A suite of video clips on the core techniques is available on the Manual Handling webpage of the intranet for reference.</li> </ul> <p><b>Risk assessment:</b>  <i>Inanimate Risk assessments</i>  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><i>Patient Risk Assessments and Care plans</i>  These audits were recommenced in May 2021 although were suspended again in December 2021 and January 2022 due to Covid-9 pressures.  The March 2022 audit shows that of the 223 patients audited 100% had a patient risk assessment of which only 2 were not fully completed / reviewed. Of the 223 patients with a risk assessment 105 required a handling plan and only one patient did not have a care plan. All those that had a care plan, were fully completed, reviewed in the required time frame and at the patient bedside.  This level of compliance is exemplary especially considering the work pressures staff have faced in the last year, and credited should be given to them and the support from the manual handling team in achieving this.</p> <p><b>Internal Audit Report</b>  The one outstanding action identified in the Internal Audit report received February 2020 has had to remain on hold ;</p> <ul style="list-style-type: none"> <li>To support the managers in developing departmental risk assessments - expected completion date June 2022.</li> </ul> <p><b>Equipment Audit</b>  The Trust wide annual equipment audit was undertaken by the manual handling team. The equipment requirements were sent to the Care Groups who authorised their areas to be cross charged from the bulk purchases made by the Ergonomics Advisor. The manual handling team arranged the labelling and distribution of all the equipment to the appropriate areas.</p>	
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	<p><b><i>Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) Inspections</i></b></p> <p>The manual handling team have continued to undertake 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> <p><b>Manual Handling Team</b></p> <p>The manual handling team since 19<sup>th</sup> April 2021 has been a WTE trainer short due to a member of the team resigning. Following a department transfer, recruitment was initially on hold pending a service review. This review has now been completed and a new staff member appointed pending satisfactory pre-employment checks.</p> <p><b>Recommended actions:</b></p> <ul style="list-style-type: none"> <li>• To review outstanding action from the internal audit <ul style="list-style-type: none"> <li>➤ support the managers in developing departmental risk assessments. (AP5)</li> </ul> </li> </ul>	
Violence & aggression to staff	<p>There are policies in place to support staff in managing violence and aggression, specifically:</p> <ul style="list-style-type: none"> <li>• Policy on the prevention and management of violence and aggression</li> <li>• Policy for withholding treatment from violent and abusive adult patients</li> </ul> <p>Both policy reviews have been granted extensions, due to the absence of the LSMS</p> <ul style="list-style-type: none"> <li>• The new Violence Prevention and Reduction Standard is under review and will be implemented through the Associate Director of Quality as a work stream as part of the Trusts wider response to the staff survey. The Local Security Management Specialist (LSMS) will be a member of the working group supporting the implementation of identified actions.</li> </ul> <p>The management of violence and aggression and physical assaults has remained a primary focus, in particular in clinical operational areas to support clinicians-staff and in working alongside our safeguarding team in dealing with challenging patients and visitors.</p> <p>There is a bi-monthly Security Steering Group, however, during the pandemic period few meetings have been held. The Security Steering Group is responsible for:</p> <ol style="list-style-type: none"> <li>For reporting to the Facilities Risk Management Working Group regarding its assessment and monitoring of Trust security management arrangements and providing assurance that there are</li> </ol>	Management of Health and Safety at Work Regulations 1999



	<p>appropriate systems in place for the effective management of security within the Trust.</p> <p>ii) To the Estates &amp; Facilities Compliance Risk and Assurance Committee (CRAC) which in turn reports into the Health and Safety Committee– ensuring that assurance reports and any key issue associated with risk that requires escalation is presented as required.</p> <p><b>Risk assessment:</b> Annually the top five areas reporting violence and aggression are identified and a violence and aggression risk assessment is undertaken in those areas with a member of the non-clinical risk management team, Estates and the Local Security Specialist and sister/matron/manager of the area. However, due to restrictions and the absence of the LSMS this is currently on hold.</p> <p><b>Training:</b> Conflict Resolution is a mandatory training requirement for all staff with 3 yearly on-line refresher.</p> <p>The Trust has an appointed Local Security Management Specialist (LSMS) in post, who will support staff in the prevention and management of violence and aggression. The security management team work alongside ward staff to support the development of patient behavioural management plans, behaviour agreements and withdrawal of treatment as a last resort.</p> <p>The identified challenges, and that are no surprise to both the security service team and the Trust is the number of assaults ‘involving medical factors’ - 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) and this remains a significant factor in this year’s reporting on physical assaults.</p> <p>The Trust formally reported 119 crimes to the Police with 57% of those reports being filed as ‘<i>complainant declined to prosecute</i>’ and 15% resulting in police charges. In response to staff not wishing to prosecute, a new initiative will be progressing later this year in June which is a joint effort between the Security Management Team, AED Leadership Team and West Yorkshire Police which will see a new partnership approach to tackle a zero tolerance ethos to violence and aggression. Plans are currently being made on how this will be launched and how the Police can help support the Trust in reducing incidents of V&amp;A.</p>	
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<p>Lone working: Trust wide staff:</p>	<p>There is a Trust wide policy for the protection of lone workers to ensure that all staff are aware of their personal responsibilities and take suitable precautions in relation to lone working.</p> <p>This policy and guidance describes the management arrangements for ensuring so far as is reasonably practicable, the health, safety and welfare of all staff who work alone and reflects good practice.</p> <p>This policy applies to all BTHFT staff, including temporary and agency staff, volunteers, students and those on work experience and should be read in conjunction with the 'Trust Policy on the Prevention and Management of Violence and Aggression</p> <p>Managers are responsible for ensuring lone working staff are appropriately protected before entering a lone working situation, assessing the benefit of and where necessary providing security devices, including alarms that can be activated by members of staff working on or off Trust premises in areas where high risk lone worker activity regularly takes place.</p> <p>It has been identified that less than 25% of the Trust lone worker devices are been used.</p> <p>The security steering group need to review the use of the lone working device and the security group should have been reviewing the lone worker risk assessment however there is no evidence of this taking place.</p> <div style="border: 1px solid orange; border-radius: 10px; padding: 10px; margin-top: 10px;"> <p><b>Recommended actions:</b> Security Steering Group should review the activity of the lone worker devices and pick up with areas that are not utilising these. They should also review lone worker risk assessment in conjunction. (AP6)</p> </div>	<p>HSE guide INDG73(rev3): Working alone</p> <p>Management of Health and Safety at Work Regulations 1999</p>
<p>Lone working: Estates staff:</p>	<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</p> <p>Lone working areas have been identified (see confined spaces register)</p> <p>There is system in place to monitor lone workers, which involves the use of text messaging</p>	<p>HSE guide INDG73(rev3): Working alone</p> <p>Management of Health and Safety at Work Regulations 1999</p>



Driving at work	<p>There is a procedure for driving at work. There are two main groups of drivers who drive in the course of their work, these are:</p> <ul style="list-style-type: none"> <li>• Those who drive in vehicles provided by the Trust to enable them to carry out their duties (e.g. staff visiting patients at home in their “virtual wards”)</li> <li>• There is another group of drivers who use their own vehicle in the course of their work. These are often referred to as the grey fleet.</li> </ul>	<p>Management of Health and Safety at Work Regulations 1999</p> <p>HSE guide INDG382(rev1): Driving at work</p>
Vehicle/pedestrian segregation on Trust premises	<p>There are designated pedestrian routes throughout the Bradford Royal Infirmary (BRI) site. Most car parks, on the BRI site, have designated pedestrians routes marked out, but one, which was situated on rough ground. It should be noted that this carpark was resurfaced over the period covered by this report and is no longer rough ground. As of writing the report there was no marked pedestrian route.</p> <div data-bbox="371 639 1818 778" style="border: 2px solid orange; border-radius: 10px; padding: 10px; margin: 10px 0;"> <p><b>Recommended actions:</b> Carparks should be reviewed to consider designated walkways. (AP7)</p> </div> <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>The Risk assessments relating to the traffic management on site and pedestrian/vehicle interface has been updated.</p> <p>There are pedestrian crossings available on site.</p>	<p>Workplace (Health, Safety &amp; Welfare) Regulations 1992</p> <p>HSG136</p>



Workplace transport	<p>There is a Trust procedural document ("Driving at Work Procedure") which covers the main areas of driving for the Trust.</p> <p>The three main factors to ensure workplace transport is safe are:</p> <p><b>A safe site:</b> Both main hospital sites have defined pedestrian routes which are designed to ensure effective vehicle/pedestrian segregation. There is also a maximum speed limit of 5MPH on site.</p> <p><b>A safe vehicle:</b> Workplace transport consists of a mix of staff using their own car for Trust purposes and number of commercial vehicles (including vans) which are used on Trust sites and on public roads. All Trust vehicles are maintained by the leasing company. In addition the drivers of Trust vehicles should complete a pre-use check sheet.</p> <p><b>A safe driver:</b> All drivers of Trust vehicles attend a driver training course to assess their driving competency The drivers licence is checked annually</p>	<p>Workplace (Health, Safety &amp; Welfare) Regulations 1992</p> <p>HSG136</p>
Working at height	<p>There is an Estates specific working at heights policy in place. 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>	<p>Work at Height Regulations 2005</p>



Bed rails	<p>There is a Slips, trips &amp; falls policy in place, which contains the Bedrails policy The procedure is that a bedrails assessment will be completed for all patients who are identified as a risk of falling.</p> <p><b>Training:</b> Education on the use of bedrails is included in the Clinical moving &amp; handling training.</p> <p>“Bedrails” have been added to the “contributory factors” section of Datix.</p>	<p>Management of Health and Safety at Work Regulations 1999</p> <p>HSG220</p> <p>MHRA device bulletin DB 2006(06)</p>
Slips, trips and falls	<p>There is Prevention of slips, trips and falls policy in place</p> <p><b>External areas:</b> Slip/trip hazards A member of the Estates Department conducts a visual inspection of external areas at both hospital sites to ensure any slip/trip hazards are identified and dealt with</p> <p><b>Snow/ice:</b> There is a gritting plan in place for the hospital sites which identifies when, and which areas need gritting</p> <p><b>Internal areas:</b> There are agreed procedures for floor washing and dealing with spillages</p> <p><b>Monitoring/audit:</b> The bi-annual combined risk audit contains a series of questions related to slips, trips and falls</p>	<p>Workplace (Health, Safety &amp; Welfare) Regulations 1992</p> <p>Management of Health and Safety at Work Regulations 1999</p>
Patients falls	<p>There is Prevention of slips, trips and falls policy in place currently under review</p> <p>There Is a RCA Panel which reviews all patient falls investigations.</p> <p>There is a Falls Prevention and Improvement Group. The above groups feed into the Patient Safety Sub Group</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>Following concerns being raised that patients falls assessments were not routinely being undertaken across the Trust work has been undertaken that demonstrates a significant increase in compliance. Focus will move to improving the compliance with the use of falls care plans.</p>	<p>Workplace (Health, Safety &amp; Welfare) Regulations 1992</p> <p>Management of Health and Safety at Work Regulations 1999</p>



COSHH	<p>There is a COSHH policy in place with a review date of December 2022, the latex policy has now been incorporated into this document</p> <p>The Trust website contains a dedicated section on COSHH. This provides information for staff, including training resources, links to Syopol and other national guidance documents</p> <p>Syopol has been rolled out in a number of clinical areas.</p> <p>The COSHH Assurance Group has recently undergone a review of the membership, TOR and KPIs</p> <p><b>Training:</b> The training scheme is currently under review, part one of 3 is available on the COSHH webpages and COSHH training will soon be incorporated into Trust induction for new starters.</p> <p><b>Internal Audit</b> Internal audit reported significant assurance.</p> <p><b>Plans:</b> Funding has been sourced to create a new role for an individual based in the Estates and Facilities Directorate to focus on COSHH, recruitment is expected to commence shortly.</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 &amp; contamination</p> <p>Cytotoxic spillage kits are available on wards and theatres which use cytotoxic drugs.</p> <p><b>Training:</b> Training for cytotoxic spillages will be provided to all relevant staff This will be provided on commencement of employment and at two yearly intervals</p>	Control of Substances Hazardous to Health Regulations 2002



Stress at work	<p><b>Controls</b> – Management of Stress at Work Policy in place. The policy is currently being revised and due to go to JNCC on 15 June 2022. The policy includes primary, secondary and tertiary prevention interventions. The policy will also include a modified work related stress risk assessment tool and guidance for managers. The modified risk assessment tool enables direct questioning of individuals/teams regarding specific issues arising within the HSEs 6 principle causes of stress at work and should support employees and their managers to agree practical solutions and action plans.</p> <p>Staff well-being support is available via OH, EAP, Thrive, Psychology services, West Yorkshire Mental Health Hub, Access to Work and all the national provision.</p> <p>.</p> <div style="border: 2px solid orange; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p><b>Recommended actions:</b></p> <p>To provide assurance to the managing Committee introduce an annual audit of a random sample of staff who have been off sick with “stress”, to determine if they have had a work related stress risk assessment completed. (AP8)</p> </div>	<p>Health and Safety at Work etc Act (1974),</p> <p>The Management of Health and Safety at Work Regulations (1999),</p> <p>Management standards for work-related stress.</p> <p>Health and Safety Executive (2008a) Guidance on the prevention and management of stress at work</p>
Ionising Radiation	<p>The Trust has (ionising and non-ionising) radiation safety policies in place.</p> <p>The Trust has a Radiation Protection Committee (RPC) 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> <p>The Medical Physics Experts (MPE) advises 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) supervises the work with ionising radiation in the areas for which they have been appointed.</p>	<p>The Ionising Radiation Regulations 2017</p>



	<p><b>Training:</b> All managers must ensure that all members of staff who work with ionising radiation are appropriately trained and 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. This means that staff who enter radiation controlled areas must complete radiation safety training (available on ESR), and all staff who are operators of practitioners must complete annual update training (available on ESR) as well as having completed adequate training as defined in IR(ME)R initially.</p> <p><b>Monitoring:</b></p> <ul style="list-style-type: none"> <li>- RPS (for each radiation using area send quarterly reports to the RPC and appropriate general manager</li> <li>- Radiology has an internal programme of annual radiation safety audits and provides quarterly reports on this to the RPC.</li> <li>- The RPA monitors and reports on compliance with legislation via quarterly reports provided to the RPC.</li> <li>- The quarterly RPC monitors and provides assurance of compliance with a systematic agenda covering all uses of radiation at the Trust.</li> <li>- Internal Audit audits are carried out by Audit Yorkshire periodically.</li> <li>- External audit is carried out by the appropriate regulatory authority such as the Environment Agency, Health &amp; Safety Executive and Care Quality Commission.</li> </ul> <p><b>Visits and enforcement by External Agencies</b> There have been no further visits or enforcement by External Agencies since BTHFT where served with an Improvement Notice in 2019.</p> <p>The Nuclear Medicine Department is routinely visited by the Counter Terrorism Security Advisor (as at all other hospitals). The next visit is planned for quarter 2, 2022/23.</p>	
Infection, Prevention & Control - staff	<p>There is an Infection Prevention Control Committee (IPCC) annual programme of work which is based on the 10 criteria within the "Health and Social Care Act (H&amp;SCA) 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance". This includes prevention and control of infection pertinent to staff health.</p> <p>Progress on the annual work programme is provided quarterly to the Quality &amp; Patient Safety Committee and IPCC; These quarterly reports form the annual report.</p> <p>In addition the IPC Board Assurance Framework which focusses on assurance for COVID-19 systems and process is reported with progress updates monthly to the Regulation and Assurance Committee, Quality Academy and IPCC</p>	<p>Control of Substances Hazardous to Health Regulations 2002 (COSHH).</p> <p>The Health and Social Care Act (H&amp;SCA) 2008: Code of Practice for the NHS on the prevention and control of healthcare</p>



	<p>IPC policies, protocols and guidance are developed, revised and updated as required by the referenced regulation and guidance – these are approved through the IPCC and an audit programme is developed annually to review compliance with these protocols.</p> <p>The IPCC reviews clinical incidents and supports clinical teams in the investigation of any incidents or occupational/ healthcare related infections. These investigations are completed in collaboration with Risk&amp; Governance Team, IPC Team and Occupational health Team.</p> <p>The Occupational Health Team are represented on the IPCC and are included in any outbreak control meetings.</p> <p>The Occupational Health Team produces protocols and policies relating to staff health, screening and immunisation.</p> <p>During the COVID-19 pandemic Occupational Health have supported managers and staff to deal with the multiple complex issues arising from the COVID-19 pandemic: including assisting both managers and staff in identifying those who might be at greatest risk of infection or adverse outcomes by developing and refining risk assessment templates and processes as knowledge of the virus increased.</p> <p>Occupational Health have assisted in enabling staff to return to work safely from periods of shielding or who are experiencing long Covid related symptoms with appropriate work adjustment advice.</p> <p>Staff with positive COVID-19 results and their managers, have been provided with isolation and return to work advice and prompt contact tracing of colleagues has been carried out.</p> <p>When the National vaccination booster programme commenced, colleagues across the Trust delivered this programme to staff within the hospital hub.</p> <p>The Trust worked to develop plans to comply with the requirements of the Health and Social Care Act (as amended 2021) requiring staff to be fully vaccinated against Covid-19 as a condition of deployment, until regulations revoking this requirement came into force (15 March 2022).</p> <p><b>Gap:</b> The IPCC is developing a risk register with support from the Risk &amp; Governance Team</p>	<p>associated infections and related guidance.</p> <p>CQC Regulation 12(2) (h) and 21(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>NICE QS61 Infection Prevention &amp; Control</p> <p>HSE guidance , blood borne viruses INDG342</p> <p>PHE guidance,</p>
Sharps safety	<p>There is a contamination incident policy</p> <p>The structure: <b>Sharps Injury Prevention Group</b> – reviews incident data</p>	<p>Health and Safety (Sharp Instruments in Healthcare) Regulations 2013</p>



	<p><b>Workplace Health and Wellbeing Centre</b> - provide support, advice following a contamination incident</p> <p>There is a poster (which can be printed off from the Trust website) which describes what to do in the event of a sharps injury.</p> <p>The Sharps Injury Prevention Group have agreed a protocol for dealing with sharps that are inappropriately disposed of within waste bags.</p>	
Decontamination	<p>There is a Decontamination of Medical Devices Policy in place</p> <p>Sterile Services Department (SSD), provided by B Braun, provide decontamination services to the Trust. Decontamination of flexible endoscopes is undertaken on-site. A dedicated endoscope decontamination unit is used and is compliant with extent guidance: HTM01-06 and the Joint Advisory Group for Gastroenterology (JAG).</p> <p>Subject to annual external IHEEM (JAG) audit by appointed AED and periodic audit by JAG. The next IHEEM audit (for on-site endoscopy) is scheduled for July 2022. The previous audit was successfully passed with no advisories.</p> <p><b>Audit process</b> SSD is subject to external audit</p>	Provision and Use of Work Equipment Regulations 1998
First aid	<p>The first aid protocol has been reformatted by the Education Department and submitted to the Health and Safety Committee for ratification.</p> <p>The protocol details which areas need to complete a first aid needs assessment.</p> <p>Without this protocol in place, it is unlikely that these assessments are being undertaken with any kind of regularity.</p>	The Health and Safety (First-Aid) Regulations 1981
New & expectant mothers	<p>There is a New &amp; expectant mothers policy in place (it is contained within the Leave and Pay for New Parents Policy)</p> <p>The policy contains a link to the risk assessment process for new or expectant mothers. 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. 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>	HSE guide ING364(rev1) Young people and work experience
Using computers	<p>There is a Display Screen Equipment (DSE) Policy in place, which is currently under review. There have been no changes in legislation covering DSE therefore, it is not anticipated the policy content will change. The policy includes training requirements, risk assessment process and eye sight testing arrangements.</p> <p>A DSE Information and Training e-learning course is available via ESR to all DSE users. Occupational Health are re-introducing classroom based training for local DSE risk assessors as this had been paused during the pandemic due to demands/resources.</p> <p>Occupational Health referral is advised for staff with any DSE health concerns that cannot be solved by a local risk assessor.</p> <p>The Home Working Policy links to DSE policy. It contains ergonomic and well-being advice for remote worker and their workstations.</p>	<p>The Health and Safety (Display Screen Equipment) Regulations 1992;</p> <p>The Management of Health &amp; Safety at Work Regulations 1999.</p>
CAS alerts	<p>There is a Central Alert System (CAS) policy in place</p> <p>The procedure is as follows:</p> <ol style="list-style-type: none"> <li>1. All safety alerts come into the Quality Governance Department</li> <li>2. Alerts are disseminated to relevant areas</li> <li>3. Confirmation that alerts have been actioned comes back to this department.</li> <li>4. Any areas that do not confirm alerts have been actioned, are followed up and escalated to the Department's Manager and if necessary to Senior Quality Governance Lead</li> </ol> <p>All alerts for 2021/22 have been actioned. Additional assurance is sought as required.</p>	
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



Table 5: Assessment of compliance with legislation based on risk profiling

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



#### Appendix 4 Recommendations and action points to be addressed during 2022/23

Ref no.	Action point	To be actioned by	By when
<b>AP1</b>	Develop a SMART risk based strategy following receiving the results from the BRI fire compartmentation survey	Senior Head of Estates	31 December 2022
<b>AP2</b>	The Trust to work through the access to roof risk assessment to ensure that all areas are safe	Senior Head of Estates	31 March 2023
<b>AP3</b>	Estates to continue to monitor the 15 year ventilation plan to ensure that it stays on target	Deputy Director of Estates and Facilities	31 March 2023
<b>AP4</b>	A review of the management of contractors/suppliers across the Trust via a task and finish group.	Task and Finish Group to be established by Deputy Director of Estates and Facilities	30 October 2022
<b>AP5</b>	To review outstanding actions from the internal audit for moving and handling Support the managers in developing departmental risk assessments	Ergonomics Advisor	30 October 2022
<b>AP6</b>	Security Steering Group should review the activity of the lone worker devices and pick up with areas that are not utilising these. They should also review lone worker risk assessment in conjunction.	Security Steering Group	31 January 2023
<b>AP7</b>	Carparks should be reviewed to consider designated walkways	Senior Head of Estates	30 November 2022
<b>AP8</b>	To provide assurance to the managing Committee introduce an annual audit of a random sample of staff who have been off sick with "stress", to determine if they have had a work related stress risk assessment completed.	Deputy Director Human Resources	31 March 2023
<b>AP9</b>	Review the health and safety training strategy with the Head of education	Head of Non-Clinical Risk and Head of Education	31 March 2023