

# **Health and Safety Annual Report 2022-2023**

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## Executive Summary

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The purpose of the 2022/2023 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 Trust's 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 2023/2024. 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 needs 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. A significant number of the actions from the 2021/22 action plan have been completed with the outstanding actions going forward onto 2022/23. Priorities have changed for the Health and Safety Team during 2022/23 as a result of staffing whilst also moving forward with the requirements of the Trust.

This report details changes in legislation that have taken place during 2022/23 or planned to take place in 2023/24, and confirms that the Trust has appropriate Health and Safety policies and procedures in place.

The management of health and safety across the Trust has a clear defined governance structure, including a Health and Safety Committee, which provides the Trust Board with assurance, through the People's Academy.

The Health and Safety Committee met bimonthly throughout 2022/23 and was mainly quorate with the exception of February 2023, the Terms of Reference were up to date. The Committee reported its performance and assurances to 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 2022 to March 2023 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 2022/23.

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 priorities including:

- A reduction in the work related ill-health especially mental health and stress.
- Increase and maintain trust to encourage people to feel safe where they live and work.
- Maintain Great Britain's record as one of the safest countries to work in.

The HSE have developed a ten-year strategy (2022-2032): protecting people and places. This is a strategy that reflects the HSE's role in the broadest sense. A role that goes beyond worker protection, to include public safety assurance on a range of issues. The strategy is written to focus on tackling both new and traditional risk at the right time and in the right way. The HSE now has added responsibilities such as becoming the appointed Building Safety Regulator and extended role in chemical regulation.

### 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. During 2022/23 the Committee was quorate for all except February 2023, when unfortunately there was no union representation and the Terms of Reference were in date (date July 2022).

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 (for part of 2022-2023, this has since moved under the remit of medicines management), 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.

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.

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, unfortunately this post has been vacant for part of 2022-2023.

### 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 Trust's 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 such as the fire policy, security policy and the working at height policy.

### 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 and 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 the Non-Clinical Risk Team 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.

Unfortunately the Non-Clinical Risk (Health and Safety) Team have had a vacant role for the majority of 2022-2023 despite advertising the post on a number of occasions; this has impacted on the capacity of the team.

#### **Health and Safety Advisor, Sypol Manager:**

Within 2022-2023 there was an appointment for a Health and Safety Advisor who would assist with the roll out of Sypol and the management of the electronic Sypol system. This role also focuses on assurance for Health and Safety for the Trust.

#### **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 are also able to assist the Non-Clinical Risk Manager with workplace inspections and some risk assessments.



## 1.4 Objective setting

The Trust's Health and Safety Annual Report (2021/22) identified a suite of objectives for 2022/23. 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 2023/24:

- 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 2022/23 the Health and Safety Committee agreed and monitored a work-plan. This work-plan is derived from the objectives for 2021/22 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. Relevant new and updated legislation is assessed throughout the year by the Trust Directorate most appropriate to the subject matter, raised at the H&S Committee and addressed accordingly:

### 1.6.1 The Higher-Risk Buildings (Descriptions and Supplementary Provisions) Regulations 2023

The purpose of the Higher-Risk Buildings (Descriptions and Supplementary Provisions) Regulations 2023 is to specify descriptions of buildings to be included in the definition of "higher-risk building" in the Building Act 1984, and the Building Safety Act 2022.

These Regulations specify that buildings containing at least two residential units will fall within the new regime where they are over 18 metres tall or have 7 or more storeys (the height threshold having been set in the 1984 Act).

Hospitals and care homes will also fall within the scope of the design and construction part of the new regime (but are not included in the in-occupation part as they are regulated as workplaces through the Regulatory Reform (Fire Safety) Order 2005).

The reason for this inclusion is to help make sure that high-rise buildings which may be occupied by those who are unable to evacuate quickly, or without assistance, are designed and constructed in accordance with the new regime.

### 1.6.2 Retained EU Law (Revocation and Reform) Bill

The Retained EU Law (Revocation and Reform) Bill is progressing through Parliament and has now reached the House of Lords. If passed, all UK secondary legislation derived from EU law and retained direct EU legislation (such as EU regulations) will "sunset" (automatically fall away) on 31 December 2023.

In health and safety terms, a significant number of occupational health and safety regulations would “sunset”, including the:

- Management of Health and Safety at Work Regulations 1999 – including risk assessment and 'Competent Person' requirements.
- Workplace (Health, Safety and Welfare) Regulations 1992.
- Construction (Design and Management) Regulations 2015 (CDM), and
- Control of Substances Hazardous to Health Regulations 2002.

The Health and Safety at Work etc. Act 1974 (HASAWA) will remain in force.

This does not mean that businesses will no longer have any health and safety legal duties, the Legal requirements that are not derived from EU law and primary legislation will not cease. Therefore, the HASAWA will remain in place, requiring organisations to continue to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and others affected by their business undertaking.

This being the case, it seems likely that the HSE will encourage the status quo – pointing to regulatory principles that would disappear in law but would remain in HSE guidance.

Further information will be provided to the Health and Safety Committee as the Bill progresses.

### **1.6.3 Personal Protective Equipment (PPE) at work (Amendment) Regulations 2022**

The regulations have made changes to regulations 4-11. These changes now mean employers not only have duties to employees on a permanent contract, but they now also have to provide PPE to employees on other contract types such as agency workers. It also means that casual workers have new responsibilities under the amended legislation. The Trust already supplies PPE to all staff irrespective of their employment status.

### 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, Care Group 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 Care Group level or, are considered a risk to the delivery of the Trust's strategic objectives. These are reflected on the Strategic Risk Register. Care Group 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.

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 (where applicable):

- 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 both statutory and implied.

## 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 2022/23 due staffing within the Non-Clinical team these were reduced to 50%. The membership for the Trust's 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 is 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

#### 3.1 Proactive health and safety measures

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.

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).
- 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 2021/22 and 2022/23**

Table 1 shows the average percentage compliance for 2022/23 with a range of Health and Safety related training. The table shows that overall compliance with health and safety training has remained at a high level. 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. However the Health and safety training was delivered for The Board in October 2022. The Board members received training 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	2021/22 (Current position)	2022/23 (Current position)	Trend
Fire safety (one or two yearly)	85%	86 %	↑
Moving & handling (Low risk three yearly)	99%	99%	→
H&S awareness (two yearly)	90%	90%	→

Moving & handling med/high risk (two yearly)	80%	79%	
Strategic risk management (Two yearly)	Training is no Longer available	Training is no Longer available	

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

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.

Estates 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 ten point test 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.

- **Combined Risk Audits**

The Combined Risk Audit was deferred to 2022/23; a proposal of taking the Combined Risk Audit forward was presented to the Health and Safety Committee in 2021/22. 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. There were actions produced as part of the audit to help provide further assurance. These actions have been reviewed and completed throughout 2022-2023.

- **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.

- **Workplace inspections**

Unfortunately no joint workplace inspections were undertaken with the trade unions during 2022-23 due to staffing levels within the Non-Clinical Risk Team. There were a number of inspections that took place from the Non-Clinical Team, these were of central corridors and the Community sites as well as Car parks and the Mortuary.

- **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 rolled out 2022/23. Although the number of staff that accessed this was low (less than 25%) it showed that those staff that did access the tool felt that health and safety was important and that patient safety was paramount to the Trust however they did not feel that the Trust felt staff safety was as important.

## **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 2022/23**

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 2022/23. 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	2021/2022	2022/2023	Trend
Unsafe environment	368	292	↓
Medical device	187	191	↑
Verbal abuse	114	151	↑
Physical assault	185	149	↓
Threatening behaviour	141	129	↓

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.

Unsafe environment has decreased as a number of incidents related to staffing were coded within this category. Previously there were also a number of incidents related to Covid-19 that appear in this category that did not appear in the previous year. The number of incidents related to clinical environment had decreased.

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

### 3.2.2 RIDDOR reportable incidents 2022/23

Twenty five incidents were identified as meeting the criteria for reporting under RIDDOR during 2022/23. 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 2022/23. These administration failures include:

- Not all finally approved RIDDOR reportable incidents have the Datix section “actions taken to prevent recurrence” completed.
- 44.5% incidents were reported to the HSE within the required timescales.
- Not all of the incidents that are reported to the Health and safety Executive have the RIDDOR forms attached to Datix.

RIDDOR reporting has significantly reduced during 2022/23.

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 and Safety 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 Quality team.

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 2022-2023

Incident details	Action and Learning
<b>Specified injuries</b>	
<p><b>Staff fall, slip or trip on same level</b></p> <p>Health Care Assistant had fallen on the floor of the changing room. At the time of the incident she was 19 weeks pregnant. She experienced lower abdominal pain and pains in her groin. She was also taking anti-coagulant medication. Health Care Assistant was advised to go straight to Accident and Emergency to get examined; HCA was told she needed two weeks bed rest. Therefore safety event becomes RIDDOR reportable.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Changing room was cleaned and mopped after the event</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>Domestic staff requested to clean and mop the floor on a daily basis to try and remove the build-up of products on the floor.</li> <li>Staff briefed not to use oils or sprays that could make the floor become slippery</li> </ul>
<p><b>Staff fall, slip or trip on same level</b></p> <p>Member of staff slipped on wet floor outside of a bathroom when assisting a patient, injuring her wrist and knee.</p> <p>Hazard signs indicating the floor was wet were in place at the time of the fall.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Member of staff was examined by a Dr and sent to Accident and Emergency</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>Staff briefed to be aware of their surroundings.</li> <li>Avoid areas where hazard signs are displayed until completely satisfied that the area is dry.</li> <li>Staff to ensure that they are wearing appropriate footwear.</li> <li>Follow safety policies, protocols.</li> </ul>

Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Staff fall, slip or trip on same level</b></p> <p>Following a meeting in the ENT Seminar Room a member of staff stood up and leaned on the table. The table collapsed, staff member fell. Staff member was assisted to a wheelchair. Complained of pain to left hand. Escorted directly to Accident and Emergency for further assessment where it was found that they had sustained fracture to left little finger.</p> <p>Upon inspection, it was found that table was unstable and not assembled/ fixed correctly.</p> <p>It should be noted that the fracture of the 5<sup>th</sup> Metacarpal would make this a specified injury rather than an over 7 day injury, as it is now a fracture of a bone other than a finger or toe.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Table involved in incident dismantled and taken out of service</li> <li>• The staff member was escorted to directly to Accident and Emergency for further assessment where the fractures were identified.</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Tables that are frequently moved and or collapsed should be checked to ensure they are set up correctly and stable once re-erected.</li> <li>• The person responsible for setting up and taking down of tables in meeting rooms should have been provided with guidance/instructions to enable them to do so correctly.</li> <li>• All meeting/training rooms should contain contact details of the departmental person responsible for the condition of the room and the equipment within it.</li> <li>• There should be a system in place for highlighting any damage to the meeting/training room or the equipment within it, to arrange a repair to be actioned.</li> </ul>

Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Staff fall, slip or trip on same level</b></p> <p>On coming out of the lift to Dermatology Outpatients, staff member fell over a case of water that had been left in front of the lift door by Portering Services. She fell onto her front banging her chest and right breast area on her own water bottle. Banged her left little finger and left toe.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Checked over and assisted by other Staff members to sit in a chair. Cold compress applied to chest and finger area.</li> <li>• Taken to Accident and Emergency who diagnosed Fracture of lower sternum.</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Contacted Portering services on date of incident to inform staff not to put items in front of lifts/doors/blind spots.</li> <li>• The shutter not being open at this time of day is unusual and water is usually placed in the kitchen.</li> <li>• Catering Porters briefed to take water back to catering if they can't get into the department to deliver safely.</li> </ul>

Table 3 RIDDOR incidents 2022-2023	
Incident details	Action and Learning
<p><b>Staff fall, slip or trip on same level</b></p> <p>Member of staff fell/tripped walking to her car, causing her to fracture a bone in her foot. It was dark when she walking with her colleagues, Workmen were doing some work on Central Patient Booking Service at the time. Member of staff described car park lighting as poor at the time of the incident.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Requested review of lighting in the car park</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• None, investigating officer has left the business</li> </ul>
<p><b>Staff fall, slip or trip on same level</b></p> <p>A member of staff tripped over a trailing cable in the office. The member of staff was assessed by a first aider who did not feel that the member of staff had any injuries of concern and in the event of minor aches should just take simple Paracetamol. The member of staff declined going home saying she felt fine and remained at work until the end of her shift.</p> <p>The member of staff took time off following this incident so it was reported as an over 7 day occurrence.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Member of staff quickly assessed by First Aider</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Remove all trailing cables</li> <li>• Staff reminded to be aware of trip hazards in the office and to keep the office free of clutter.</li> </ul>

Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Patient fall, slip or trip on same level</b></p> <p>Patient had a fall when he was trying to get out of bed on the ward on 12 May. He fell off the bed to the ground and hit his head. He has been in a delirious state due to his urinary tract infection. A full examination was done and CT head and neck requested, on examination he was alert and conscious but CT showed Subdural haematoma. It was discussed with neurosurgery team and they reported there is no surgical intervention for it.</p> <p>The patient was admitted after a fall at home when he was found on ground with a head bruise.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• The command centre and matrons try to cover all short falls within E-Rostering rotas by TNR and agency requests.</li> <li>• A risk assessment is completed when rotas cannot be covered and mitigation put into place.</li> <li>• On the day of the fall a Health Care Assistant was asked to cover from another ward but unfortunately did not arrive until after this patient's fall. Staffing is registered as a high risk on the Trust risk register.</li> <li>• There is a recruitment drive and vacant posts are out to advert.</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• The Quality lead is working alongside matrons to monitor compliance with the policy and improve knowledge amongst ward teams.</li> <li>• Regular audits are being conducted to monitor progress.</li> <li>• Patient did not have falls alarm on at time of incident which from investigation appears to be root cause of patients fall</li> </ul>

Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Patient fall, slip or trip on same level</b></p> <p>Patient was admitted to hospital on 8 May 2022 with worsening confusion/ delirium believed to be secondary to a urinary tract infection (UTI) The nursing team provided patient with a Zimmer frame to assist with keeping her mobile. She was assessed as being safe with this.</p> <p>Staff report patient, despite being delirious, was mobilising with the Zimmer frame to and from the toilet with minimal supervision and presented as safe to do so.</p> <p>At 10:42 on 17 May, patient was found to have fallen coming back from the bathroom and was immediately examined. Initially the worst of her injuries appeared to be an extensive laceration to her left hand. A temporary dressing was applied to this.</p> <p>X-rays of the Right Hip and Pelvis were requested at the point of this initial post fall medical review.</p> <p>Confirmed a mildly displaced fracture of the right superior pubic rami.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Patient moved from the side room, to a 4 bedded bay.</li> <li>• Bed alarm and chair alarm now in place to prevent further fall</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Initial falls assessment had not been completed accurately. However, upon questioning the ward staff confirmed this would not have altered their decision to not utilise a falls alarm.</li> <li>• Ward briefed to escalate any serious harm from falls to the appropriate Matron.</li> <li>• This is as a direct result of the incident being graded inappropriately initially as the incident form had not been updated once the fracture was discovered.</li> </ul>
<p><b>Patient fall, slip or trip on same level</b></p> <p>Patient fallen on ward, very delirious post operatively. Staff went to the patient and observations taken. The patient was assisted back into bed with 3 staff members. Doctor informed. Falls alarm put in place.</p> <p>On further investigation, patient had sustained a hip fracture</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Patient reviewed for injury</li> <li>• Patient notes reviewed</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Staff to factor in increased risks of developing delirium post operatively on admission. This includes things increased opiate usage for analgesic purposes.</li> <li>• All patients to be considered for X-ray post fall to rule out any bony/cerebral injuries.</li> </ul>

Table 3 RIDDOR incidents 2022-2023	
Incident details	Action and Learning
<p><b>Patient fall, slip or trip on same level</b></p> <p>Patient admitted on to ward 1 on 23 November 22; feeling generally unwell, itchiness to left leg; becoming red and swollen and did not attend dialysis. Patient has a background of dementia and was agitated and confused. Language barrier evident.</p> <p>Patient arrived overnight and had an unwitnessed fall at approximately 4am. Reviewed by medical team. Patient was hoisted off the floor as non-compliant with handheld method. On examination patient had a painful left leg, was unable to fully extend and was non weight bearing. Patient had an X-ray of the hip</p> <p>Confirmed fracture neck of femur</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Informed patient and relative of increase risk of falls.</li> <li>• Falls alarm insitu.</li> <li>• Pre &amp; post falls assessment completed.</li> <li>• Falls prevention completed.</li> <li>• Red socks provided.</li> <li>• Analgesia given as charted.</li> <li>• Assistance to be provided as required.</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Incident to be shared at CSU clinical governance</li> </ul>



Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Patient fall, slip or trip on same level</b></p> <p>Patient was admitted from home on 8 December 2022 with tracheitis (an infection of the trachea) and dehydration. He was known to have Cervical Oesophageal Cancer, Scoliosis and Sciatica.</p> <p>On admission patient was noted to be is fully mobile and independent with his personal needs.</p> <p>On the 26 December 2022 it was noted that patient became confused and agitated and that he kept pulling his tracheostomy tube out. An Ear Nose &amp; Throat doctor documented that his confusion was due to delirium and Urosepsis. At that time he was assessed as having no capacity to make decisions about his own care and was put on enhanced care. This means that additional staff were used to try and manage his behaviours as safely as possible.</p> <p>On 09 January 2023 patient became very restless, agitated and uncooperative. He lost his balance and fell from standing onto his bottom. Patient managed to stand up on his own with minimal support from a health care assistant (HCA). Observations were taken and recorded. No head injury was noted but he did complain of left leg pain after fall and was seen and examined by a junior doctor who requested an X - ray of his left knee, but no injury was found. After the fall he became less mobile and required the support of a staff member, in part because of the progression of his disease.</p> <p>On 16 January the patient regained capacity. He was at this time bleeding from his tracheostomy and his airway was compromised because of his tumour. The ENT team planned for surgery to reduce the risk of further bleeding and requested a staging CT prior to his surgery. The CT results came back with incidental findings of a fractured neck of femur, showing marked degenerative change within the hip joint.</p> <p>The patient's condition continued to deteriorate and he was transferred to Marie Curie Hospital for end of life care on 06 February 2023.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• X- ray was requested of patients left knee</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Daily safety huddles be held with staff to complete and update the necessary assessments for patients on a daily basis.</li> <li>• Weekly care plans to be checked by the Ward Sisters.</li> </ul>

Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Patient fall, slip or trip on same level</b></p> <p>Unwitnessed fall. Healthcare Assistant (HCA) found patient lying on his back on the floor on right side of the bed. HCA informed nursing staff. Went to see patient. Patient was alert and talking. No loss of consciousness but appeared as delirious, notes checked patient has dementia. No bleeding or injuries noticed at the time. Two staff members helped patient to sit up and then stand up and helped them into bed. Skin checked and looked for any visible injuries, noticed back of head was slightly red and mid back had a red scratch. Asked patient if he had any pain, patient denied any pain at the time. Pelvic x-ray identified a right minimally displaced pubic rami fracture</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Observations done.</li> <li>• Falls alarm put in place.</li> <li>• Bleeped on call doctor straight away and asked to review patient</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Patient fall assessment should have been done on admission.</li> <li>• Accurate falls history should have been obtained</li> <li>• Falls prevention should have been initiated, yellow band, increased roundings, consideration of 1:1/bay tagging.</li> <li>• Increased observations should have been planned due to side room isolation.</li> </ul>
<p><b>Patient fall, slip or trip on same level</b></p> <p>Patient wanted to go to toilet, pressed call bell but unable to wait has been walking with nursing staff and much improved. Felt she could go by herself. Climbed out of bed and then lost balance whilst reaching for slippers in the dark. Patient was found on the floor by staff. Patient sustained a fall and new NOF fracture. Patient's family member normally stayed with patient overnight but this particular night could not stay but did not inform staff.</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Spoke to patient about waiting for assistance</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Continue with falls reduction management plan on the ward.</li> <li>• To continue risk assessing each patient on an individual basis, adding and removing equipment as patient condition changes</li> </ul>

Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Patient fall, slip or trip on same level</b></p> <p>While passing by the patient's door, staff member heard machine was bleeping when they opened the door to check, found patient on the floor on his left side. Patient requested that the side rail on his left to be left down as for easy for him to go to toilet.</p> <p>Patient stated that he wants to go toilet to opened bowels as he stood and slipped on faeces. Fell to his left side and banged his head. The patient said that he had not banged his head when asked.</p> <p>Medical staff reviewed X-ray which showed patient had sustained a fractured left humerus.</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Falls alarm implemented</li> <li>• Discussion with patient regarding the use of the call bell</li> <li>• Bed rails now used</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• No falls assessment or care plan in place</li> <li>• delayed review of post falls documentation,</li> <li>• inconsistencies in his risk,</li> <li>• no moving and handling assessment completed</li> <li>• Nursing staff to try to minimize the transfer of patients late at night</li> <li>• All assessments are to be completed on admission.</li> </ul>
<p><b>Staff Fall from Height</b></p> <p>Whilst escorting a patient to Alder Hey hospital in Liverpool. On exiting the rear of the ambulance on arrival in Liverpool, staff member lost his footing and fell from the vehicle (a distance of about 3 feet) hitting his right shoulder and right side of his head on the ground. He sat in the ambulance for a few minutes as he was dazed.</p> <p>Attended BRI Accident and Emergency and x-ray done no fractures. Resulted in a week off work with muscular pain.</p> <p>Ongoing pain and stiffness at times. Pain relief when needed. Advised to self-refer to physio if needed.</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Member of staff attended Accident and Emergency</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Staff advised to allow appropriate time and not rush to get on/off the ambulance</li> </ul>

Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Staff Fall from Height</b></p> <p>Staff member on way back to level O (Orthoptics Clinic) lost her footing and slipped down the stairs from level 1 to Level 0. She sat down and tried to regain her footing and noted a very tight feeling in Right ankle .She managed to find her way through a corridor to an area outside the Orthoptics clinic and alerted colleagues she needed help. At this point she felt like she was going to faint.</p> <p>This was reported as an over 7 day incident.</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Area inspected , no damage to stairs or stairway which could cause the trip hazard</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Staff briefed on not to rush when going down steps and to hold onto rail if necessary</li> </ul>
<p><b>Patient Fall from Height</b></p> <p>Patient admitted to the Accident and Emergency department from care home following him becoming less responsive at home. Staff member was working on the computer when a HCA alerted her that the patient in one of the cubicles is on the floor. It appears that the patient climbed over the bed sides. When asked he was unable to say why. The patient appeared to be confused</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Patients bed lowered</li> <li>• Patient moved to different cubicle so can be observed by staff</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Staff reminded that patients with cognitive impairment are at risk of falls</li> </ul>

Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Staff Moving and Handling</b></p> <p>Staff attended a patient who was in bed and needed commode- transfer with assistance of two members of staff the use a zimmer frame. Whilst on the commode the patient seemed to become less responsive and the staff felt they should transfer her back to bed before her conscious level changed.</p> <p>Upon standing the patient was able to weight bare but on turning, the patient started to go down, not maintaining her weight- staff member supported her upper body –moving her to sit on the bed, lift her legs into bed</p> <p>Later in the shift staff members reported that she had been in increasing pain and she felt this had been the exacerbated by the incident and asked to go home as pain too much to continue.</p> <p>After being referred to physio, they told staff member that she had ripped a disc on her right hand side</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Patient was medically reviewed.</li> <li>• Highlighted on nursing handover increased risk.</li> <li>• Incident discussed in safety huddles.</li> <li>• Patient was re-referred to physiotherapy.</li> <li>• Staff member referred to physiotherapy.</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Upon investigation it was found that Staff member used an incorrect moving and handling manoeuvre</li> <li>• Staff member to receive further training in Moving and Handling.</li> </ul>
<p><b>Staff Moving and Handling</b></p> <p>Waste Porter injured back whilst removing a cabinet with a colleague from the Accident and Emergency basement corridor. Whilst moving the cabinet up the steps the Waste Porter felt his back pop. He continued with the job loading then unloading the van but then decided he needed to go to Accident and Emergency. He reported it to the Waste Supervisor.</p> <p>Upon investigation it was found that the heavy item was heavier as it had not been emptied prior to removal. The move also included steps.</p>	<p><b>Actions</b></p> <p>None</p> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Staff member received manual handling training</li> </ul>

Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Physical Assault</b></p> <p>Patient with severe learning disabilities became physically aggressive, assaulted multiple members of staff, throwing items around the patient threw a phone and computer desktops. Grabbed staff member fracturing her wrist</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Sedation given at time</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• No identified learning</li> <li>• Nurses already in scrubs in ED (patient dislikes uniforms)</li> <li>• Cannot predict sudden escalation of behaviour</li> </ul>
<p>Patient with severe learning disabilities became physically aggressive, assaulted multiple members of staff, throwing items around the patient threw a phone and computer desktops. Staff member scratched down face and within the eye and grabbed shoulder causing muscle pain to left shoulder.</p> <p>Staff member got checked by Dr, analgesia prescribed, broad arm sling applied, eye drops for eye, referral to MSK clinic.</p> <p><i>Please note: Same incident as above but different staff member</i></p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Sedation given at time</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• No identified learning</li> <li>• Nurses already in scrubs in ED (patient dislikes uniforms)</li> <li>• Cannot predict sudden escalation of behaviour</li> </ul>

Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Struck against Something/Trapping</b></p> <p>Porter was walking towards the General waste bin compound at Gate 7 to collect an empty general waste bin. He was walking behind the Biffa waste truck which was at the time emptying a bin on its rear lifter. The Porter advised that the bin fell off the back of the lifter and hit him on the shoulder. He advised he was in a lot of pain and went to Accident and Emergency department.</p>	<p><b>Action</b></p> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Communication with Waste Supervisor and Waste team (Porters) that they must not collect empty general waste bins until the vehicle has completed its loading of waste.</li> <li>• Information added to SOP for movement of bins down Mortuary Hill.</li> </ul>
<p><b>Dangerous Occurrence/Cut with Sharp Object</b></p> <p>Staff member attended the Patient around 23:40 on 06/11/22 to take post-gentamicin level bloods. After 3rd failed attempt, as Staff member took the needle out of the patients arm, He accidentally poked himself in the Right Index finger as he was about to apply pressure on Pts puncture site.</p> <p>Staff member the Patient what had happened. Explained that they will have to send their bloods for Hep B, Hep C, HIV and if they consent for this. Patient understood and consented for bloods. Hep B, Hep C and HIV bloods requested for patient. Colleague took patient's bloods while staff member attended ED department as per trust guidelines.</p> <p><i>RIDDOR document not uploaded to Datix as it was reported via Occupational Health Department.</i></p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Bled, washed, covered and reported.</li> <li>• Duty of candour done with patient and bloods test taken from patient and staff member.</li> <li>• No abnormal results reported.</li> <li>• Well-being check done and no concerns.</li> </ul> <p><b>Learning</b></p>

Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Road Traffic Collision</b></p> <p>A staff member was hit by a car at St Lukes Hospital which was being driven by patient transport. The transport had just dropped patients off for dialysis. The staff member had forgotten her phone in the car went back to collect it, she was crossing the road when she was hit by the vehicle and bounced off the bonnet and into the road where she momentarily lost consciousness. A nearby staff member called the emergency service and awaited it's arrival, the driver of the vehicle, covered the staff member with a blanket he kept in his vehicle. The staff member was taken by ambulance to Accident and Emergency at Bradford Royal Infirmary she suffered multiple cuts and bruising and whiplash. Driver was breathalysed at the scene and passed. Staff member and colleagues stated that the lighting in the car park was very poor.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Emergency services called</li> <li>• Lighting checked by security</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Investigation ongoing</li> </ul>



Table 3 RIDDOR incidents 2022-2023

Incident details	Action and Learning
<p><b>Fire or Explosion</b></p> <p>Bradford Teaching Hospital NHS Trusts contract boiler maintenance provider was confirming operation of dual fuel boiler (steam boiler No.2) on Tuesday 22<sup>nd</sup> November 2022 to switch between natural gas and oil.</p> <p>The burner was running on gas in preparation to switch over to oil when it was identified no oil was present to the burner's integral oil pump. The engineer commenced bleeding of the oil pump due to an airlock this was promptly followed by a loud bang and rapid internal combustion. This resulted in flames being ejected into the immediate area and oil being expelled on the floor below the burner unit.</p> <p>The engineer immediately turned off the oil supply via the boiler 2 isolation valve and hit the emergency stop button which shuts boiler 2 down. The engineer used one carbon dioxide extinguisher to put any flames present. Making the area safe and then then evacuated the building and was met by Estate personnel.</p> <p>This incident is a moderate incident categorised as fire or explosion.</p> <p>Nobody was hurt during this incident.</p> <p>This has resulted the stopping of a plant following fire or explosion so it has been reported as a dangerous occurrence under section 25 and has been reported to the HSE under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• The engineer immediately turned off the oil supply via the boiler 2 isolation valve and hit the emergency stop button which shuts boiler 2 down. The engineer used one carbon dioxide extinguisher to put any flames present. Making the area safe and then then evacuated the building and was met by Estate personnel.</li> <li>• The fire alarm immediately activated via the boiler house smoke detection which shut down both gas and oil supplies to the boiler house.</li> <li>• Nobody was hurt during this incident.</li> <li>• Once the area was identified as safe the fire alarm and gas supply were reset and reinstated and the remaining boilers returned to service.</li> <li>• An investigation was immediately commenced and statements gathered. Boiler 2 was taken out of service awaiting further independent investigation by British Engineering Services (BES) and the burner manufacturer.</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• The Trust are working with the boiler company to see if an external oil pump can be fitted rather than internal that cannot be maintained</li> </ul>

### 3.2.4 Personal injury claims

Table 4 provides as 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 2022/23*

Claim Type	Incident type	Description
Employers Liability	Struck by moving object	Struck by object - Domestic was cleaning MRI area when heater fell onto the client's foot, resulting in multiple injuries.  Incident ref number: WR121212
Employers Liability	Slip/trip/fall	Slip/Trip/Fall: Dermatology Support Worker was walking out of the lift carrying a metal drinks flask under her left arm. As she stepped out of the lift her right foot struck a crate of bottled water causing her to fall forwards and landing right-hand side with the metal flask landing in the middle of her chest resulting in a fracture to the sternum, laceration and swelling to the top lip, bruising and a blood blister to the left little finger and pain to the right big toe. Incident Ref No: WR131711
Employers Liability	Slip/trip/fall	Slip/Trip/Fall: Senior Staff Nurse was working a night shift and moved to a different ward due to staffing issues. There was a Patient that had become confused, agitated and aggressive overnight throwing a rubbish bin at another patient and security were called. Patient attempted to run away from security guards and in doing so they ran into the claimant causing her to land on her knee resulting in Grade 3 ligament injury to left knee. Incident Ref No: WR120392,WR27419,WR170463
Employers Liability	Equipment failure	Equipment failure - Health Care Assistant working on ward 21 allegedly received an electric shock from the light switch resulting in shooting pain up from the right hand to arm with tingling and numbness. Incident reference number WR130530
Employers Liability	Lifting/moving/handling	Lifting/Moving/Handling: Waste Porter working in Accident and Emergency was asked to collect items of furniture from the basement. While carrying them up the stairs he allegedly sustained injury to his back resulting in soft tissue damage and nerve damage to lower back. Incident Ref No: WR46143, WR125078 (relating to claim)
Employers Liability	Workplace Regulations	Workplace Regulations: Security guard alleging an Information Governance Breach - claimant's personal data was sent to third party who had no involvement in the claimant's case.

Employers Liability	Struck by moving object	Struck by Object: Porter alleging that a van was blocking the access point to enter hospital from outside, he walked around the van as the walkway was narrow and he banged his head on a cooling system resulting in a laceration above right eye which required gluing. Headaches, dizziness and ringing to right ear. Incident Ref No: WR127731
Employers Liability	Needlestick Injury	Needlestick injury- Domestic cleaner working on ward 26, allegedly suffered a needlestick injury from an insulin needle on the floor. Incident ref: WR121764 re-opened Dec '22 due to letter of challenge
Employers Liability	Workplace Regulations	Workplace Regulations: Security guard alleging psychiatric injury linked to requests to remove facial hair and wearing PPE.
Employers Liability	Burns/scalds	Burns/Scalds: Ward Hospitality was preparing tea to take around the ward. Claimant opened the lid of the kettle to fill with hot water when the lid dropped back and closed causing the hot water to splash on to her left hand sustaining burns and blisters to left hand. Alleging the screw on the lid of the kettle was loose causing the lid to close. Kettle has been replaced. Incident ref: WR121385
Employers Liability	Slip/trip/fall	Slip/Trip/Fall: Secretary was walking from her work station towards the secretary office and tripped over a cable going across the office with her right foot falling forwards landing on the floor and hitting her head on the open door. This has resulted in a bruised right knee with swelling, sprained right middle finger and bump to head and pain to left shoulder. Incident Ref No: WR133528
Employers Liability	Equipment failure	Equipment Failure: Shift Maintenance Technician was working on replacing an emergency escape route light fixture and was using a set of ladders as he reached up the bottom part of the ladder broke and the claimant fell backwards onto the floor sustaining a fractured right wrist, pain in the right little finger, ring finger and thumb. Has had carpal tunnel surgery. Incident Ref No: WR98428, WR98459
Public Liability	Struck by moving object	Struck by moving object - Delivery driver was making a delivery when the security doors closed as he was walking through and struck him resulting in soft tissue damage to left shoulder. No Datix.  The driver attended Accident and Emergency on 14/11/22
Public Liability		Slip/trip/fall - Claimant was walking down the stairs to ward 5 and allegedly fell down the stairs. Claiming un assisted or given any support and allegedly sustained bruising on wrist, stomach and head injury. Incident 15/07/2022 Incident ref: WR125001

Public Liability		<p>Allegations surround a Data Breach.</p> <p>Previous Complaint. Incident Ref No: WR126178</p>
Public Liability		<p>SLIP/TRIP/FALL: Alleged injury to back, shoulders and right elbow due to the chair collapsing when he sat in the outpatient waiting area.WR128323</p>
Public Liability	Equipment failure	<p>Equipment Failure: Claimant was having an x-ray and as he was in a wheelchair he required assistance being transferred to the hoist before undergoing the procedure, while staff were assisting the claimant the hoist suddenly went backwards and he fell to the ground sustaining injuries pains in the neck, upper, lower back and shoulders.Previous complaint. Incident Ref No: WR123716</p>
Public Liability	Equipment failure	<p>Equipment Failure: Patient waiting to be seen in Accident and Emergency Department was getting up from a chair situated in the green room, she placed her arm on the arm rest to assist her and in doing so the arm rest came apart from the chair and as a result the patient fell to the ground sustaining injuries to her wrist, elbow, arm and knees along with bruising on her stomach.Incident Ref No: WR128672</p>
Public Liability	Struck by moving object	<p>Struck by moving object: Male patient came into clinic for an appointment and walked through the doors. The main door slammed shut causing injury and soft tissue damage to his left foot.Incident Ref No: WR125426</p>
Employers Liability	Needlestick injury	<p>Needlestick injury- Claimant was wearing inadequate glove for a task to pick up a bag from the floor with his left hand, to place it into the bin. In doing so, a needle stick has penetrated the inside of his middle finger of his left hand, resulting in injury to middle finger with psychological components due to risk of further complications.</p> <p>Incident ref: WR130142</p>

The Trust has settled 13 Employee Liability and 7 Public Liability claims in 2022/23; 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 Health and Safety Executive to the Trust during 2022/23. There has been contact with the Health and Safety Executive related to a RIDDOR where a staff member was struck by a vehicle within the Car park at St Luke's Hospital.

### 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.

In January 2021 NHS England and Improvement published the new national violence prevention and reduction standard which compliments existing health and safety legislation. This standard takes the Plan, Do, Check and Act approach with a four-step management method to validate, control and achieve continuous improvement of processes. There are a number of indicators within each of the sections that need to be achieved to enable the organisation to be fully compliant against the standard.

NHS England make it clear that employers have a general duty of care to protect staff from threats of violence at work. The standard delivers a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence. From 2022/23 all NHS organisations operating under the NHS Standard Contract must have regard to the violence prevention and reduction standard.

Following these standards a Trust has commissioned The Violence Prevention & Reduction (VPR) Steering group which is authorised by the Trust Board of Directors to maintain oversight and assurance against the NHS Violence Prevention Reduction Standard and associated or related work/initiatives across the Trust. This Steering Group will report directly into the Health and Safety Committee and then up to the People's Academy.

#### Verbal abuse

There has been a significant increase 33% in the number of incidents related to verbal abuse in 2022/23 compare to the previous year.

#### Physical Assault

There has been a decrease in the numbers of assaults reported within the reporting period by 22% (see table 2), 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.

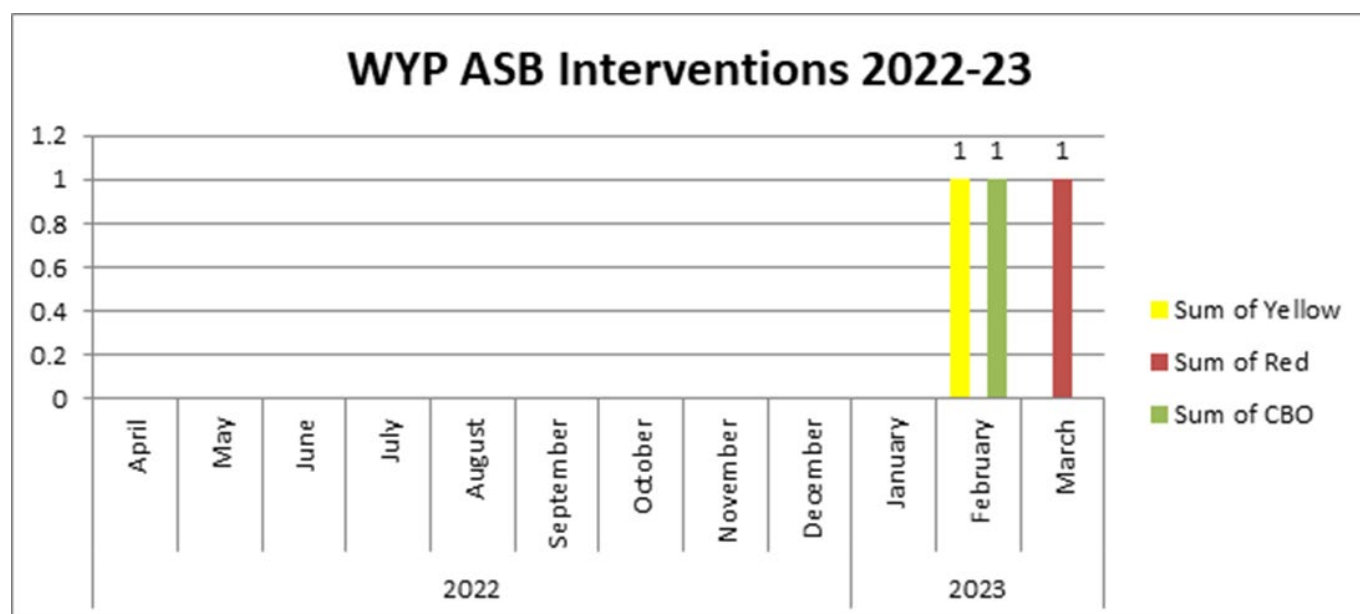
Of the 11 physical assaults on staff that were not clinically related in 2022-23, therefore categorised as 'intentional' 2 received adult cautions, 2 received criminal sanctions and 3 have been charged and pending court outcome and 4 no further action taken due to the victim not wanting to support prosecution.

- 1 patient received a Community Resolution
- 1 patient had to pay £114 to the victim, £85 to the CPS, £200 compensation and curfew for 10 weeks with electronic monitoring.
- 1 patient received 6 month prison sentence.
- 2 patients received adult cautions
- 3 patients have been charged and are pending court dates, one of which has been remanded in custody.

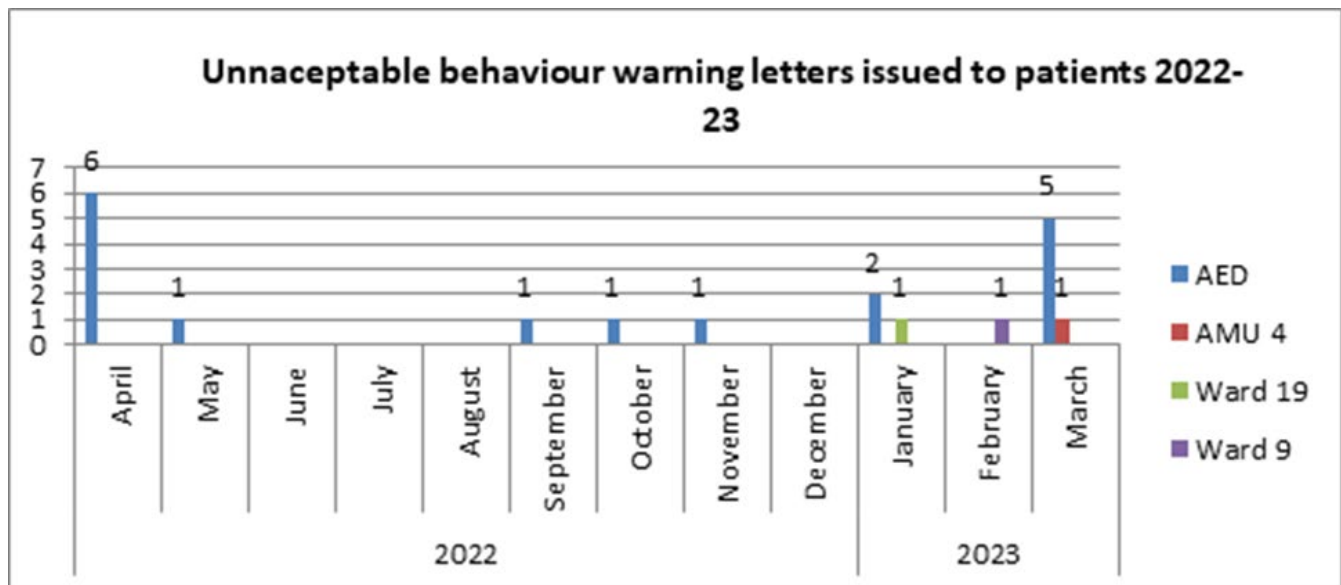
Other sanctions included:

- 9 community resolutions, consisting of drug, public order, hate crime and one offence of being in possession of a kitchen knife.
- 1 public order offence resulted in an adult caution
- 1 theft from shop resulted in a 10 week suspended prison sentence

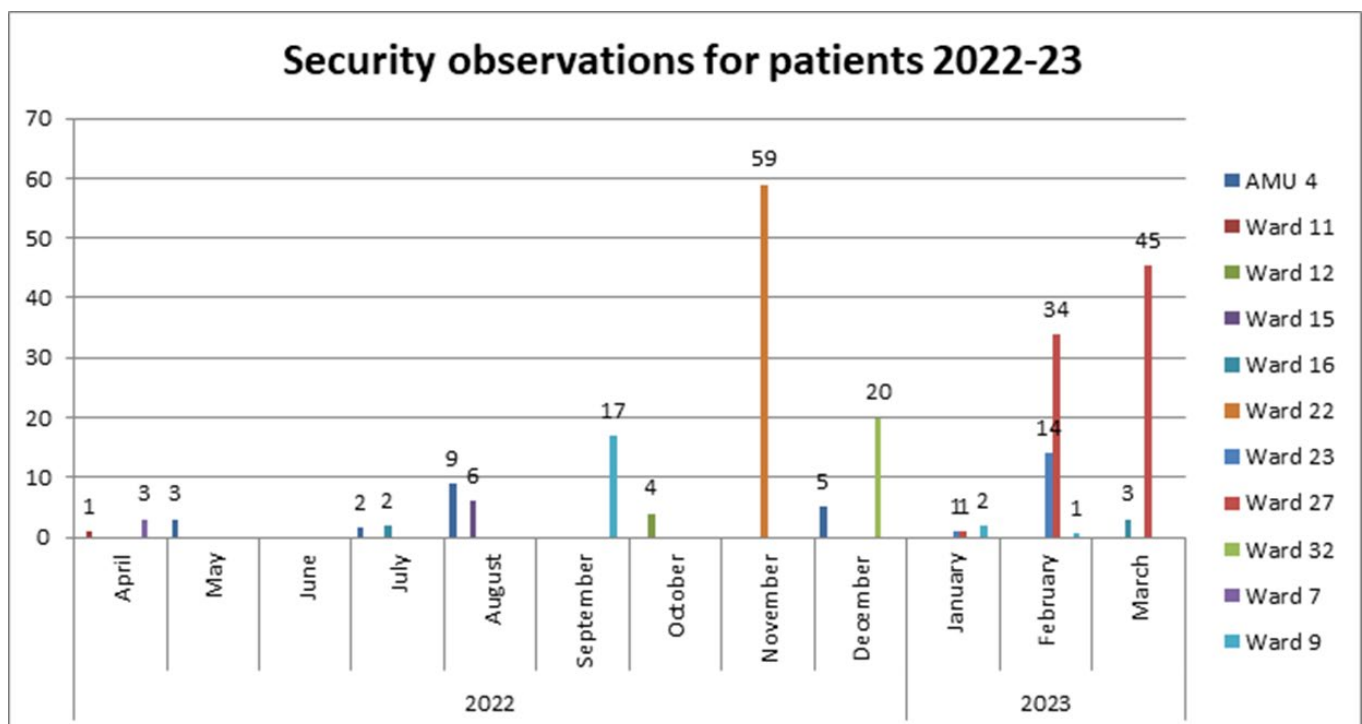
Each year the top five areas reporting violence and aggression are identified via Datix reports and a violence and aggression risk assessment is undertaken in those areas with a member of the non-clinical risk management team, Estates and the Local Security Management Specialist and sister/matron/manager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



West Yorkshire Police anti-social behaviour team issued 1 yellow warning letter, 1 red (final) warning letter and supported a 3 year criminal behaviour order for a frequent attender who the Local Security Management specialist (LSMS) attended court for to provide evidence to support the case.



Several unacceptable behaviour warning letters were issued to patients in 2022-23, predominantly Accident and Emergency department who the LSMS has been working closely with to help reduce instances of violence and aggression and repeat offenders. This has had a positive impact on staff morale and reporting confidence and the close partnership work with the Accident and Emergency department senior management team continues.



Security observations involves the interaction and monitoring of patients to prevent them from absconding and or causing harm to self or others whilst under a deprivation of liberties, mental health section or presenting with other clinically related challenging behaviours i.e. delirium, dementia, under the influence of drugs or alcohol etc.

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.

The Trust are currently trialling the use of body worn cameras for clinical staff on ICU, Accident and Emergency and ward 28, information provided on the feedback forms from staff in the trial areas will be discussed at the Violent Prevention and Reduction task and delivery group.

The LSMS has provided statements to West Yorkshire Police in relation to the recent burglary's at SLH and is due to attend court as a witness to support the cases to ensure the perpetrator receives an appropriate sanction.

### **Unsafe Environment**

Unsafe environment incidents have decreased by 26% in 2022/23 see table 2. 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, and suitability of the environment for the patients.

### **Medical Devices**

Medical device incidents have increased by 2% in 2022/23 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.

## 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.

### 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.

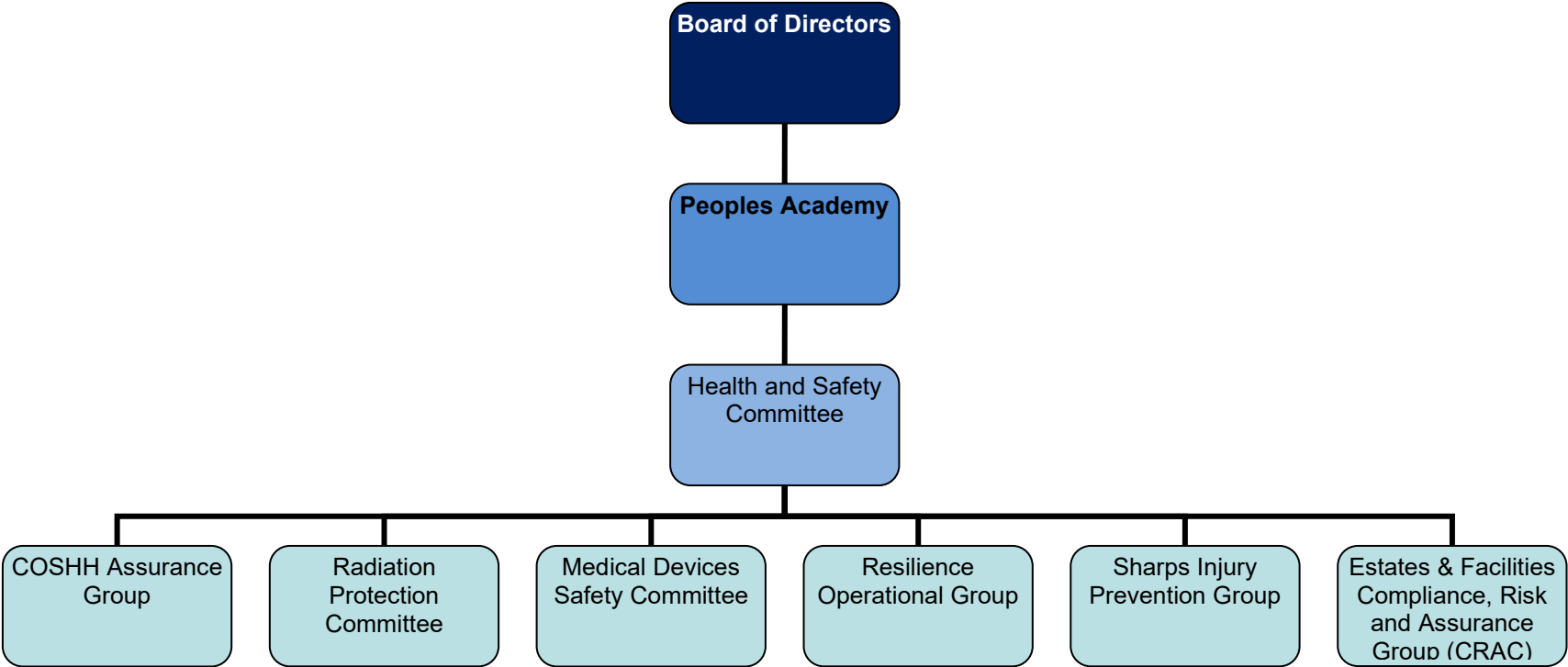
**Risk Assessments** – when should they be undertaken?

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.

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



## Appendix 2: Objectives and progress 2022/23

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)	Action Completed	The training took place in October 2022
Consideration and amendments made to Datix to allow it to be used as a central repository for risk assessments.	<p>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.</p> <p><b>This action is on hold as a review of Datix takes place</b></p>	Action on hold	This is not part of the action plan and will be reviewed following the implementation of InPhase
Undertake a health and safety climate survey and use the results as part of the KPI's for health and	This survey has been designed and is being distributed. The results are not in yet for this survey.	Action complete	

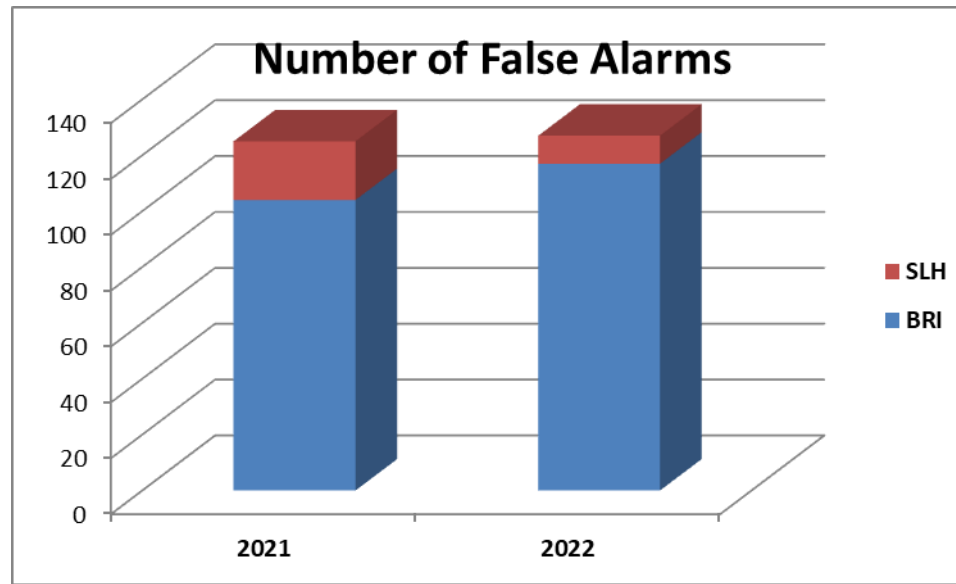
Objective	Progress/comments	Status	Recommendation
safety. This should include the number of completed surveys and the “scores” from them. This can then be used on an ongoing basis, and could identify particular areas of concern			
Develop a SMART risk based strategy to survey fire compartmentation across 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 due to competing priorities associated with the Trust’s backlog profile and aging estate.	Partially Completed and on going.	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. However the Estates Department have introduced a new protocol (issued of specific high viz vests) to assist with identification of	On Going	This is part of the action plan

Objective	Progress/comments	Status	Recommendation
	contractors. Estates and Facilities are progressing the implementation of (Sky Visitor) which is an electronic system used to help manage contractors while on site.		
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.	Action 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.	Action Completed	This is now been picked up as part of the Trust Training Strategy
<p>To review outstanding action from the manual handling internal audit</p> <p>support the mangers 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 2022/23

The below risk profile is RAG rated in line with table 5

Risk	Controls	Compliance with legislation/guidance
Fire	<p>There is an in date Fire Safety Policy and Strategy Procedure that has been updated and is due to expire in March 2025.</p> <p>There is an annual statement of fire safety 2022 that was presented to the Board in May to provide assurance.</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.</p> <p>The Trust has 89% of its employees trained in fire safety. This is a slight improvement compared to the same time the previous year. Difficulties getting shift-working staff to scheduled training sessions have been addressed by the flexibility of the Fire Safety Trainer in delivering training programmes out of hours.</p> <p><b>Fire risk assessments:</b> The Fire Team continued to conduct a system wide review of the Fire Risk Assessment process which included revisiting and refreshing all fire risk assessment's throughout the Trust in line with current legislation. An analysis of all fire risk assessments and an updated fire risk assessment schedule has been developed. A full program of reviews is now in process and will continue annually.</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 assessments stand at 100% complete across all area of the Trust, these risk assessment identify a number of actions. 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 2022, compared with the previous year, is shown below, the number of false alarms has slightly increased overall, however they have increased at BRI and decreased at SLH:</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.



	<p><b>Evacuation drills:</b> Evacuation drills are performed where possible, and table top exercises are used to test the evacuation procedure.</p> <p><b>Personnel Emergency Evacuation Plans (PEEPs):</b> 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's are not being completed in all areas. It has not been agreed that PEEP's can be added onto EPR.</p> <p><b>Fire Incidents:</b></p> <p>In August 2022 there was an incident in one of the IT communications/server rooms in Block B on the St Luke's Hospital (SLH) site. The incident occurred as a result of an overheating back up battery pack to the communication unit. The fire affected the essential power supply and caused the communication unit to "trip", resulting in the loss of power to these areas. There was a large amount of noxious black smoke. The whole block was evacuated and the on-site Estates Team attended promptly, activating the escalation procedure and calling out immediate response from the Fire Service. The Trust Fire Safety Manager and the Deputy Director Estates and Facilities both attended and liaised with the Fire Service. A full investigation was carried out and the main action identified was potential concerns regarding age of the battery back-up units. A full program was initiated and all required ratifications have been undertaken.</p> <p>In November 2022 there was an incident in the Boiler House on the Bradford Royal Infirmary (BRI) site, leading to the temporary loss of heat and hot water in a number of areas. The incident occurred during a test on Boiler N° 2 to check gas/oil supply. Oil was ejected out of the boiler causing a blow back after oil was ignited by the hot exhaust. The fire was immediately extinguished by the contractor using a 2kg CO<sub>2</sub> extinguisher. No injuries occurred during the incident. The Estates Building and Maintenance Block were immediately evacuated, and the Fire Response Team attended.</p> <p>The small fire affected steam &amp; hot water to a number of areas, all other boilers were checked and tested to ensure this was not an inherent problem and hot water and steam reinstated to the Hospital within one hour.</p>	
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	<p><b>Areas of concern</b></p> <p>The Trust are struggling to ensure that fire doors are checked within a timely manner, checks were not easily identifiable and auditable.</p> <p>The Trust has two fire alarm systems that unfortunately do not talk to each other. The Autronica system is obsolete and the Trust is unable to now get hold of any spare parts if required. The Kentec system is also no longer supported and as such we can only use the spares that the Trust already has. There is a third new fire alarm system within the maternity block that will replace the Auronica system as part of the rolling replacement plan.</p> <p>There is no Trust marked up drawing showing the lines of compartmentation in each building and how long the compartmentation lasts for. Once this drawing is in place we then need to establish what dampers and fire stopping is in place in each area.</p> <p><b>Recommendations:</b> Implement a scheduled plan to roll out the replacement of the Autronica fire alarms subject to funding. (AP1)</p> <p>The Trust to commission a marked up drawing highlighting lines showing the fire compartmentation in</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></p> <p>There is an asbestos register within MICAD which details the location and type of known asbestos on Trust premises.</p> <p>Asbestos information accessed via portal.</p> <p>Areas containing asbestos are graded black/red/amber/green.</p> <p>A programme of risk assessments is undertaken for all relevant areas.</p> <p>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></p> <p>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</p>	<p>Control of Asbestos Regulations 2012</p> <p>The Construction (Design and Management) Regulations 2015.</p>

	<p>course accredited by UKATA, ITAP or ROSPA within the last 12 months as part of the induction and contractor controls.</p> <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> <p>There is not an annual report from this specialist Advisor like there is from others within Estates and Facilities, asbestos although a managed risk, is a risk that has to be considered with the volume of building work and age of the Estate.</p> <p><b>Recommendations:</b> Estates and Facilities to consider producing an annual report for asbestos detailing the level of compliance against the Control of Asbestos Regulations 2012. (AP3)</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. This group and its purpose are under review.</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>There is regular legionella and Pseudomonas Aeruginosa routine sampling</p>	<p>Control of Substances Hazardous to Health Regulations 2002</p> <p>HTM 04-01 (safe water in healthcare premises)</p>

	<ul style="list-style-type: none"> <li>• Regular monthly sampling undertaken within augmented care areas</li> <li>• Limited quantities of positive legionella samples received: persistent results currently occurring in Ward 33, Sister's office; under investigation</li> <li>• Consistent quantities of positive pseudomonas aeruginosa present in all augmented care areas</li> <li>• All contaminated outlets in clinical areas protected by point of use filter.</li> </ul> <p>Cold water tank chlorination behind schedule. Almost all tanks overdue cleaning due to previous contractor issues. New cleaning contractor appointed. All tanks inspected and prioritised based on current condition. Cleaning schedule commenced based on priority (condition and locations served) Legionella risk assessment remedial works on going, 90% of risks completed / actioned (as of May 2023). New legionella risk assessments required for areas that have had works undertaken since the last risk assessment (2019).</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. The policy is currently in date.</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>All the Electrical sub stations at Bradford Royal Infirmary and St Lukes Hospital have been upgraded with the latest switch gear technology to minimise risk of failures In Operation and to detect early power failure to site.</p> <p>Clinical electrical risk assessments were developed looking at what additional work will be required to include additional uninterruptable power supplies (UPS) isolated power supplies (IPS) or tertiary supplies to maintain a resilient and safe electrical supply to critical areas in the event of a mains electrical failure. These assessments looked at what was required for each clinical area. Going forward it has identified that funding needs to be allocated for this work and operational disruption is to be expected to areas to enable resilience works to be undertaken.</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>
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</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>

	completed prior to the agreement to remove the restrictor.	
A person accessing roofs/high points on Trust premises; Risk is falling/jumping	<p>A risk assessment has been undertaken which has assessed the risk of a person accessing roofs or high points at Bradford Royal Infirmary and St Luke's Hospital.</p> <p>The assessment identified those areas which could be accessed and made recommendations to reduce this risk.</p> <p>The Trust has worked through the recommendations to ensure roof access is minimised.</p>	Management of Health and Safety at Work Regulations 1999
Medical equipment	<p>There is a Medical Equipment and Devices Policy in place which was ratified 2022 and is scheduled for review in 3 years.</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 and departments have had the appropriate training or during exceptional circumstances have completed a risk assessment to mitigate the risk.</p> <p>A monthly planned preventative maintenance (PPM) schedule has been developed and incorporated into the e-Quip system. This schedule will continue year on year and monthly dashboard Key Performance Indicators (KPI's) have been generated highlighting performance of High, Medium and Low Risk PPM's. Through the quality system, several Key Performance Indicators are established and monitored these KPI figures are</p>	<p>Provision and Use of Work Equipment Regulations 1998</p> <p>MHRA Management of Medical Devices</p>

	<p>reported monthly at the Estates and Facilities (EFM) Board meeting.</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 was 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. There have been 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.</p> <p>Clinical Engineering had its ISO9001:2015 recertification audit. 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 1-year surveillance audit was also completed on 7 December 2022 with no issues.</p> <p>In addition, Audit Yorkshire were appointed by the Trust Execs to review Medical Device Management within the organisation. Clinical Engineering supported the audit and provided evidence as requested. The subsequent audit report highlighted significant assurance in December 2022.</p> <p>There are five open risks on the risk register:</p> <ul style="list-style-type: none"> <li>• <b>No refresher training being carried out on medical devices</b></li> </ul> <p>A business case has been submitted from the chief medical officers' team with support from Clinical Engineering and Training &amp; Development team. This has subsequently been approved and actions are being implemented.</p>	
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	<ul style="list-style-type: none"> <li>• <b>Historic underspend on capital medical equipment</b> <ul style="list-style-type: none"> <li>○ The budget for the replacement of capital medical equipment has been underfunded for many years. This means old and obsolete equipment will need to be kept in use for longer periods of time. This will impact on areas if equipment fails during the year and there is no funding left for replacements.</li> <li>○ Additional investment of circa 1.7 million has been approved and implemented by Clinical Engineering for financial year 2022/23 to support the rolling replacement of aged devices. CSU's have also received additional capital funds (on a case-by-case basis) during this financial to replace faulty, aged devices to maintain continued service provision.</li> <li>○ With additional investment, ageing devices are still in use and the capital underspend on medical devices still stands.</li> </ul> </li> <li>• <b>Inadequate management of maintenance contracts for medical Equipment</b> <ul style="list-style-type: none"> <li>○ The management of maintenance contracts for medical equipment is currently not controlled by a single department. The medical device policy states that the procurement department is responsible for the administration of manufacturers' maintenance contracts liaising with managers, users and Clinical Engineering as appropriate. Individual departments often do not take responsibility for their equipment and it is being used clinically without adequate maintenance arrangements being in place.</li> </ul> </li> <li>• <b>No revenue budget for the replacement of medical equipment</b> <ul style="list-style-type: none"> <li>○ At present no one is controlling revenue spend on medical equipment with departments only replacing as and when equipment fails. There is no longer term strategy which would help reduce overall costs by bulk buying.</li> </ul> </li> <li>• <b>Use of Medical Devices outside of their annual service test date.</b> <ul style="list-style-type: none"> <li>○ This risk covers the potential use of Medical Devices that have not been serviced or tested within the required interval due to issues outside the Foundation Trusts control.</li> <li>○ This could be due to a lack of contractor's availability, due to reduced staffing levels.</li> <li>○ Limited parts availability due to reduced stock levels and international materials shortages.</li> <li>○ A lack of replacement stock resilience to swap out devices requiring maintenance as loan devices used to support surge capacity.</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>○ Limited access to devices within high-risk areas.</li> <li>○ Inability to effectively locate affected devices due to equipment redeployment and regular Ward / Dept. reconfigurations to meet clinical demand.</li> <li>○ Surge in medical equipment purchases to support trust recovery plan.</li> </ul> <p>There is mitigation in place to manage this risk. Clinical Engineering has also successfully secured a business case to support additional staffing, however; recruitment and timely appointments are proving challenging due to a national shortage of skilled workforce.</p>	
Noise and Vibration	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>Control of Vibration at Work Regulations 2005</p> <p>The Control of Noise at Work regulations 2005</p>
Ventilation	<p>There is a Ventilation Systems Policy and respective Procedures which are in date.</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-</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>

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**Training:**

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.

**Monitoring:**

Compliance with the Ventilation Systems Policy will be monitored by the Head of Estates - Maintenance who reports quarterly to the Designated Person. Ventilation status reports are sent quarterly to the Infection Prevention and Control Committee.

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 is monitored and reviewed by the VSG and escalated through relevant assurance and working groups.

External verifications are carried out which highlight many areas of Non-Compliances, the Major issues are captured on the 15 year lifecycle program which is running behind due to capital funding and operational disruptions to the respective services. The minor non-compliances will be generally due to air pressures and air change rates not fully meeting the recommended levels, these can be due of the changes within the revised HTM, and further details can be obtained at the Ventilation Safety Group meetings.

Ward 1 Isolation rooms are currently under refurbishment. Both Pathology and Renal ventilation is in need of replacement and with the Capital Project team.

Other areas of Non Compliance are related to the inability to decant clinical areas which is required to replace the old expired ventilation which isn't fit for purpose and has been used beyond its normal life expectancy. As new projects come to fruition compliant ventilation requirement are sourced and fitted.

**Recommendations:**

Estates to continue to monitor the 15 year ventilation plan to ensure that it stays on target (AP4)

Managing contractors	<p>The Trust has no policy covering the management of contractors within BTHFT. There is a policy for the management of contractors within Estates but that does not cover other contractors commissioned by other departments that might impact on the safety of a building, infrastructure of personnel, for example IT or Suppliers commissioned by Procurement.</p> <p>The Estates &amp; Facilities 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>Currently Estates Capital and Operations use a Contractor form to gather information required prior to any contractor being commissioned. This is reviewed annually in line with Estates Contractor Management policy. On commissioning all contractors are issued with site safety rules, undertake a health and safety induction and test prior to starting any work on the Trust's estate. Managers are responsible for ensuring all contractors working on BTHFT property have been inducted and all relevant documentation have been provided and checked prior to any works activity.</p> <p>To improve management of contractors, Estates are implementing a contractor management software package (Sky Visitor) to improve management of contractors on site, ensuring the appropriate safeguard and documentation is in place before any work commences on site. The system will involve digital sign in/out, a contractor portal to store compliance/competency records, insurance certificates, risk assessments and method statements etc. Implementation will commence during 2023.</p> <p>Estates have successfully rolled out an initiative to help identify and manage contractors (specific high visibility vests) over the last year to assist with management. It also allows the Trust to easily identify contractors and which company they belong to.</p> <p><b>Training:</b></p> <p>All Estates 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 data-bbox="383 1270 1792 1409"> <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. (AP5)</p> </div>	The Construction (Design and Management) Regulations 2015
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Waste management	<p><b>Legislation and Guidance</b></p> <p>The policy and standard operating procedures for the management of healthcare waste had a review date of November 2021. The review date for this policy has been extended to November 2023. The purpose of this policy is to ensure waste is segregated, stored and disposed of correctly.</p> <p>A new Trust wide SOP for dealing with Sharps that have been found in bags has been agreed and signed off.</p> <p><b>Training</b></p> <p>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> <p>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></p> <p>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.</p>	<p>The Controlled Waste Regulations 2012</p> <p>HTM 07-01</p>
Moving and handling (patient & non-patient)	<p><b>Training</b></p> <p>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.</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 – 99% compliance.</li> <li>• All high/medium risk staff have an update every three years from the manual handling team – 79% 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</li> </ul>	<p>Manual Handling Operations Regulations 1992</p> <p>LOLER 1998</p>

	<p>of competency of the core skills in the work place which cannot be replicated within a training 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>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>  A review of patient care plans and their compliance is undertaken.</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</li> </ul> <p><b>Equipment Audit</b></p> <p>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> <p><b>Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) Inspections</b>  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>	
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	<p><b>Recommended actions:</b> To review outstanding action from the internal audit</p> <ul style="list-style-type: none"> <li>• Support the managers in developing departmental risk assessments. (AP6)</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 appropriate systems in place for the effective management of security within the Trust.</li> <li>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.</li> </ol> <p><b>Risk assessment:</b> Annually the top five areas reporting violence and aggression are identified and a violence and aggression risk</p>	<p>Management of Health and Safety at Work Regulations 1999</p>

	<p>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. 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>The current lone worker devices are end of life and are therefore due to be replaced. The current contract has been extended to allow the implementation of new lone worker devices and roll out Trust wide.</p> <p>Due to the end of contract it is difficult to obtain new or replacement devices for areas that require these.</p> <p>Local areas are to manage their own devices and training. Any issues with lone working should be reported via the Security Steering Group.</p>	<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. Lone working areas have been identified There is system in place Estates Operations Maintenance Teams are now exclusively using two way radios with man down facility in line with Estates Lone Worker Policy and Procedures</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, however Temple bank car park, remains rough ground. St Luke Hospital there are still areas where pedestrians have to walk across vehicle routes.</p> <p>One of the main car parks has a temporary roll-crush 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 but signage is lacking.</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>With a large amount of building work on site at both BRI and SLH it is important to look at how vehicle and pedestrian access is safely segregated. There has been a RIDDOR related to the car park with SLH.</p> <div data-bbox="376 1023 1823 1161" style="border: 2px solid orange; border-radius: 15px; padding: 10px; margin-top: 10px;"> <p><b>Recommended actions:</b> Carparks should be reviewed to consider how to mitigate slips, trips and falls and include protected designated walkways with appropriate signage. (AP7)</p> </div>	<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 (June 2022) in place and not due for review until June 2025.</p> <p>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>Most flat roof areas have been fitted with edge protection. However some have been in place for many years and vary in condition and compliance with current height requirements under Building Regulations and British standards.</p> <p><b>Training:</b></p> <p>Estates and Facilities staff receive the appropriate training, information and instruction to both satisfy legal requirements and to ensure competence Specific staff are trained to work at height using harness and lanyards, and with IPAF and PASMA access equipment.</p> <p>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>Work at Height Regulations 2005</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><b>Recommended actions:</b> All flat roof areas at BRI and SLH are suitably surveyed and current edge protection is inspected and a remedial action plan is produced. Work is undertaken to ensure compliance. (AP8)</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 which is currently under review, 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 Sypol and other national guidance documents.</p> <p>A new 0.5 post was successfully recruited to. This post will assist with the management of Sypol and training of staff on the use of the Sypol system</p> <p>Sypol has been rolled out in a number of clinical areas. There 70 trained COSHH assessors and the number of overdue COSHH assessments have reduced from over 6000 to 2500.</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.</p> <p><b>Internal Audit</b> Internal audit reported significant assurance.</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>	Control of Substances Hazardous to Health Regulations 2002

	<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>	
Stress at work	<p><b>Controls</b> – Management of Stress at Work Policy in place. The policy is currently being revised. 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>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>The Ionising Radiation Regulations 2017</p>

	<p>Radiation Protection Supervisors (RPS) supervises the work with ionising radiation in the areas for which they have been appointed.</p> <p><b>Training:</b></p> <p>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></p> <p>There have been no further visits or enforcement by External Agencies</p> <p>The Nuclear Medicine Department is routinely visited by the Counter Terrorism Security Advisor (as at all other hospitals). The last visit did not raise any concerns.</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 Academy and IPCC; These quarterly reports form the annual report.</p> <p>IPC policies, protocols and guidance are developed, revised and updated as required by the referenced</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</p>

	<p>regulation and guidance – these are approved through the IPCC and signed off by the Executive Lead. An audit programme is developed for regular monitoring of 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; Quality Team, IPC Team and Occupational health Team.</p> <p>The Occupational Health Team are represented on the IPCC and are included in any relevant outbreak control meetings.</p> <p>The Occupational Health Team produces protocols and policies relating to staff health, screening and immunisation.</p>	<p>on the prevention and control of healthcare 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  <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 has agreed a protocol for dealing with sharps that are inappropriately disposed of within waste bags.</p>	<p>Health and Safety (Sharp Instruments in Healthcare) Regulations 2013</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.</p>	<p>Provision and Use of Work Equipment Regulations 1998</p>

	<p>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) successfully passed with no advisories.</p> <p><b>Audit process</b> SSD is subject to external audit</p>	
First aid	<p>The first aid protocol has been reformatted by the Education Department and submitted to the Health and Safety Committee for ratification, this was not approved due to changes within Education and a lack of ownership.</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.</p> <p>The risk assessment form has an escalation procedure to follow, to reflect differing levels of risk</p>	<p>Management of Health and Safety at Work Regulations 1999</p> <p>HSE guide INDG373: New and expectant mothers who work</p>
Young persons at work	<p>There is a work experience policy in place</p> <p>Young persons on work experience will attend an induction on the first morning of placement.</p> <p>The policy includes a list of what activities work experience students can be involved with, and what areas they are not allowed to access.</p>	<p>HSE guide ING364(rev1) Young people and work experience</p>



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>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 compliance matrix which clearly demonstrates how the various issues such as asbestos, water safety and electricity are being managed/controlled. There are regular meetings with the building owners.</p>	<p>Management of Health &amp; Safety at Work Regulations 1999</p>

*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>	Implement a scheduled plan to roll out the replacement of the Autronica fire alarms subject to funding.	Fire Manager	31 March 2024
<b>AP2</b>	The Trust to commission a marked up drawing highlighting lines showing the fire compartmentation in each building.	Deputy Director of Estates and Facilities	31 March 2024
<b>AP3</b>	Estates and Facilities to produce an annual report for asbestos detailing the level of compliance against the Control of Asbestos Regulations 2012	Deputy Director of Estates and Facilities	30 November 2023
<b>AP4</b>	Estates to continue to monitor the 15 year ventilation plan against the Trust's backlog profile – subject to funding availability.	Deputy Director of Estates and Facilities	31 March 2024
<b>AP5</b>	A Task & Finish Group will be established to progress implementation of Sky Visitor – electronic contractor management system.	Deputy Director of Estates and Facilities	31 January 2024
<b>AP6</b>	To review outstanding action from the internal audit, Manual Handling Team to support the managers in developing departmental risk assessments.	Ergonomics Advisor	31 March 2024
<b>AP7</b>	Carparks should be reviewed to consider surface, signage and designated walkways – subject to funding availability.	Head of Estates Maintenance	31 January 2024
<b>AP8</b>	All flat roof areas at BRI and SLH are suitably surveyed and current edge protection is inspected and a remedial action plan is produced. Work is undertaken to ensure compliance.	Head of Estates Maintenance	31 December 2023