

Agenda item 3.iii

Report to:	Board of Directors	Date: 01 June 2023
Report from:	Maura Screaton - Chief Nurse and Director of Infection Prevention and Control	
Principal Objective/ Strategy and Title	To provide the Board of Directors with an annual report in respect to Health and Safety at Work Act for 2022/23 and to highlight key priorities for the Health and Safety Committee and its subcommittees for 2023/24	
Regulatory Requirement	Regulatory Legal Reputational	
Equality Considerations	Equality has been considered but none believed to apply	
Key Risks	Non – compliance with regulatory standards monitored by the Health and Safety Executive CQC Key Lines of Enquiry – Safe, well led	
For:	Information	

1. Executive Summary

The purpose of the report is to provide the Board with a summary of principal activity and outcomes relating to the promotion and management of health and safety at work within Royal Papworth Hospital NHS Foundation Trust (RPH) during the financial year 2022/23. The report also highlights current key priorities for the Health & Safety Committee and its sub-groups for 2023/24.

The report summarises the prevailing legislative framework within which health & safety concerns are managed and addressed and outlines the local governance arrangements that underpin health and safety management within the Trust.

Summary of performance

- During the financial year there have been 793 incidents that relate to H&S legislation (excluding building and infrastructure) related incidents), the majority graded as near miss, no/low harm 98% with the remaining 2% relating to incidents of moderate harm.
- Ten RIDDOR incidents were reported compared to 13 in the previous financial year (2021/22).
- The total number of reported incidents relating to moving and handling has decreased by 38%.

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- There were 2 Ionising Radiation (Medical Exposure) Regulations (IRMER) incidents reported to the CQC in 2022/23. The CQC carried out an IRMER compliance inspection with a focus on interventional cardiology in November 2022.
- Compliance with face fit testing has improved this year with 72.8% of staff fit tested to one mask and 62.1% to 2 masks as required by legislation.
- There were 45 staff reported sharp injuries in 2022/23. Of those reported, 7 were no harm and 28 low harm.
- There has been an increase in number of accidental fire alarm activation in Q4 of 2022/23

In March 2023 a gap analysis was completed against the Workplace Health and Safety Standards as described by the Health Safety and Wellbeing Partnership Group (Revised July 2013). This review highlighted key areas for improvement which will form the work plan for the Health and Safety Committee for the forthcoming year, 2023/24.

Key areas of focus for 2023/24 include.

- Roles and responsibilities from ward to Board in respect to Health and Safety at work
- Review governance and terms of reference of the Health and Safety Committee
- Re-establish robust audit programme and monitoring of workplace Health and Safety
- Refresher masterclasses for Health and Safety representatives
- Increase awareness of organisational learning e.g. in respect to RIDDOR and Ionising Radiation (Medical Exposures) Regulations (IR(ME)R) incidents
- Oversee identified improvement plans for subgroups with escalation as necessary

2. Introduction

This report provides analysis of standards of health and safety management throughout the Trust for the time, April 2022 to March 2023. The Health and Safety at Work Act 1974, provides a legislative framework to promote, stimulate and encourage excellent health and safety at work standards with delegated responsibility through the Chief Executive Officer to the Chief Nurse to implement systems that ensure Trust staff work in a safe and compliant manner to protect both themselves and other service users from significant or avoidable harm.

In particular, the act requires organisations to provide and maintain:

- A Health and Safety Policy.
- A system to manage and control risks in connection with the use, handling, storage and transport of articles and substances.
- A safe and secure working environment.
- Safe and suitable plant, work equipment and systems of work that are without risks.
- Information, instruction, training, and supervision as necessary.
- Adequate welfare facilities.

The Trust's Risk Manager Chairs the Health & Safety Committee, at Royal Papworth Hospital NHS Foundation Trust. The Health and Safety Committee is accountable to Quality and Risk Management Group which is in turn reports to Quality and Risk Committee, with escalation to the Trust Board.

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The Health & Safety Committee is tasked with monitoring the development, implementation, audit and delivery of health and safety organisational management throughout the Trust. The Health & Safety Committee receives reports from its sub-committees.

It is recognised that not all aspects of Health and Safety at work are monitored by the committee but are overseen by different governance structures e.g., infection prevention and control and drugs and therapeutics. It is recognised that this requires review and realigning in 2023/24.

Risk management training, risk reporting and health and safety training

The Health and Safety at Work etc. Act 1974, places responsibilities on employers and employees with respect to health and safety at work. For supervisors, this includes responsibilities to ensure staff are suitably monitored and supervised with respect to health and safety.

At RPH the Risk Manager has achieved a NEBOSH Diploma in Occupational Health and Safety and is a member of the Institute of Occupational Safety and Health (IOSH) and provides additional local training to other safety professionals across the Trust.

Under the Health and Safety at Work etc. Act 1974 the Trust is required to provide staff with appropriate information, instruction, training, and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of all employees (including young people on work experience, volunteers, contractors/self-employed and Union Representatives). The level of education is based upon training needs analysis, type of role, location and service need, the learning outcomes should be supplemented by specific job and site training as necessary to ensure competence in safe working practices and compliance with legal requirements. On employment the role is reviewed against the Trust training needs analysis which was developed in line with the UK Core Skills Training Framework (CSTF) managed by the Trust Education Training and Development Manager. Relevant sections of the CSTF cover Fire Safety, Moving & Handling, Infections Prevention & Control, Violence & Aggression and Health, Safety & Welfare. For example, staff are required to undertake general health and safety training every 3 years; details of attendance are captured electronically on the Electronic Staff Record. Monitoring of compliance is undertaken by Workforce and Education. Table A shows compliance with the mandatory elements of Health and Safety at work for 2022/23.

Table A – Compliance with Health and Safety mandatory training.

	Apr 22 - Sept 22	Oct 22 - Mar 23
Fire	83.42	84.86
Conflict Resolution	90.04	88.47
Health Safety and Welfare	88.67	87.63
Infection Control L1	87.8	84.95
Infection Control L2	75.44	73.35

In addition, health and safety representatives for wards and departments should receive additional health and safety training as appropriate to support them in their role and health & safety responsibilities. Additional topics supplied in-house and available for all staff are listed below and attendance is captured on the Electronic Staff Record. Attendance on courses is at the line managers discretion based on review of local H&S skill mix and role requirements.

Display Screen Equipment training
How to undertake Health and Safety Inspection
Control of Substances Hazardous to Health

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The role of the local Health and Safety representative
How to undertake a Health and Safety Risk Assessment

Training for Health and Safety representatives is currently ad hoc with incomplete oversight of compliance. This has been identified and recorded as a risk and is a key area of focus for the Health and Safety Committee for 2023/24.

Key area for improvement

- Review the Trust training needs analysis and consider expanding this to include specific H&S requirements.
- Benchmark H&S training provision against other healthcare providers.
- Ensure there is a Health and Safety representative for each ward and department.
- Develop a set level of competency and training expectation for departmental H&S reps, line managers and supervisors.

Key risks

Risks associated with Health and Safety at work are captured on the Corporate Risk Register and are mitigated and managed by departments. These risks include:

- Staff wellbeing and reducing stress in the workplace (part of managing staff workforce issues (ID2247, ID2486)
- Biological hazards and hospital wide infections to patients (ID675)
- Musculoskeletal risks to staff when moving and handling of patients and inanimate objects (ID928, ID281)
- Violence and aggression from patients and others (ID2161, ID779, ID204)
- Staff Injury from sharps (ID1827)

In March 2023 a gap analysis was completed against the Workplace Health and Safety Standards as described by the Health Safety and Wellbeing Partnership Group (Revised July 2013). This review highlighted key areas for improvement which will form the work plan for the Health and Safety committee for the forthcoming year, 2023/24. The table below shows a summary of the key legislation and gaps identified.

Summary of Health and Safety March 2023 review

Legislation	Compliance measure	Identified Gap
Health and Safety at Work Act 1974	RPH Health and Safety Management policy Subject matter experts in place to provide compliance advise. Health and Safety committee held 4 times a year as per ToR	Roles and responsibilities clarification from ward to Board Review governance and ToR Poor attendance and lack of quoracy at times.
Management of Health & Safety at Work Regulations 1999	Annual H&S Audit programme Annual H&S Work plan	Re-establish robust identification of and monitoring of workplace audit programme

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	Training for Risk Management and RSPH Level 3 for Divisions	Perform training needs analysis for identified Health and Safety reps.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)	Identification of incidents that meet threshold for RIDDOR reporting. Investigations and learning shared with Health and Safety Committee	Evidence of dissemination of wider learning
Health & Safety Information for Employees Regulations (Amendment) 2009 Health & Safety Consultation with Employees Regulations 1996 Safety Representatives and Safety Committees Regulations 1977	Terms of reference have been reviewed for the H&S Committee RPH. H&S Policy has been updated H&S Trade union H&S Reps in place and attendance at H and S committee. Reports on Audits, Action Plan progress, KPIs and Risk Register Acts as consultative committee for H&S policies.	Lack of trade union H&S representation and attendance at Health and Safety Committee Incomplete oversight of ward and department H and S reps and training. Inconsistent audit plan for Health and Safety, including follow up and closure of action plans
Control of Substances Hazardous to Health 2002 Electricity at Work Regulations 1989 Workplace (Health Safety & Welfare) Regulations 1992 Provision and Use of Work Equipment Regulations 1998 Personal Protective Equipment at Work Regulations 1992	Regulations are monitored by the RPH Health and Safety Committee and managed through meetings of the specialist groups. Authorising Engineers are in place to advise on subject matters. Health and Safety advisors attend the subject matter groups to monitor compliance. Reporting through Project Co and Estates and Facilities.	Review reporting as part of Trust Health and Safety Committee review
Ionising Radiations Regulations 2017 (IRR17) The Ionising Radiation (Medical Exposures) Regulations 2017	Regulations are monitored through the Radiology Business Unit (monthly), Radiation Protection Committee (quarterly), the Trust Health & Safety Committee (quarterly) and the Quality & Risk Management Group (monthly) Medical Physics experts available to advise on the detail when required	Embed governance processes following recent CQC review

3. Health and Safety Incident Reporting

Health and Safety Incidents are reported on the RPH reporting Datix system. Table 1 outlines the number of health and safety incidents for April 2022 to March 2023 affecting staff, patients and others. During the financial year there have been 793 incidents that relate to H&S legislation, the majority graded as near miss, no/low harm 98% with the remaining 2% relating to incidents of moderate/severe harm. To note there was one serious incident reported (*SUI-WEB43718) in

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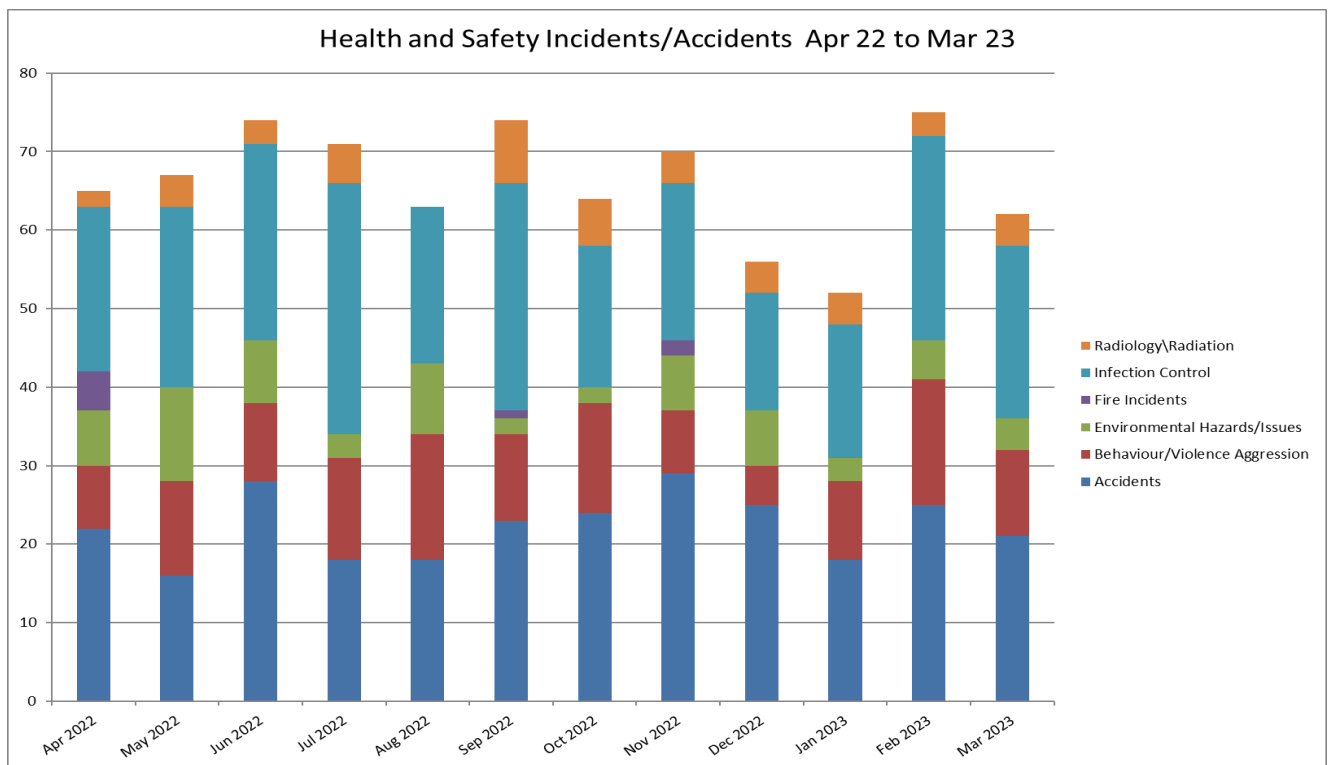
relation to an organisational themed review of Surgical Site Infections that had occurred in 40 patients post cardiac surgery. Pre investigation reported as severe harm and regraded as low post investigation.

Table 1- Health and Safety incidents for April 2022 to March 2023

Type	Near Miss	No harm	Low harm	Moderate harm	Severe harm	Total	% Total
Accidents	13	125	118	11	0	267	34%
Behaviour/Violence Aggression	2	49	81	2	0	135	17%
Environmental Hazards/Issues	3	16	50	0	0	69	9%
Fire Incidents	3	0	5	0	0	8	1%
Infection Control	31	135	102*	0	0	268	34%
Radiology (Inc Radiation)	3	32	12	0	0	47	6%
Total	55	357	368	13	0	793	100%

Data extracted from Datix 19/04/2023

Graph 2 shows the Number and category of incidents reported each month:



Data extracted from Datix 19/04/2023

(Note: at the time of reporting some incidents remain under investigation which could lead to changes in the incident data)

4. Reporting of Injuries Diseases & Dangerous Occurrences Regulations (RIDDOR)

This year the Trust reported 10 RIDDOR incidents (Table 3) compared to 13 in the previous financial year (2021/22). Across the two-year period the most common type of incident relates to staff moving and handling incidents all resulting in staff being signed off sick for 7 or more days. Graph 4 shows trend by month. Graph 5 shows category and number of RIDDOR incidents per month.

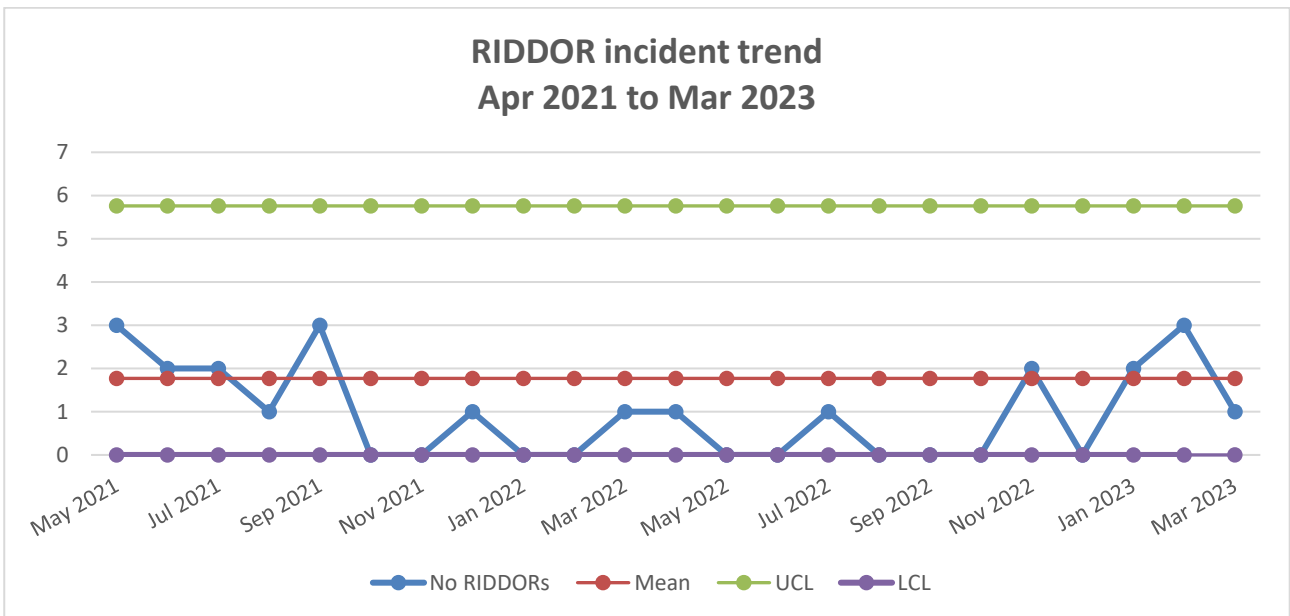
Table 3 shows the RIDDOR reported incidents in the financial year 2022/23.

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Category	Cardiology	Theatres, Critical Care and Anaesthesia	Thoracic	Total	% Total
Inappropriate behaviour by a Pt to staff	0	2	0	2	20%
Medical device	0	1	0	1	10%
Moving and handling	0	5	0	5	50%
Slip, Trip or Fall	1	0	1	2	20%
Total	1	8	1	10	100%

Data extracted from Datix 19/04/2023.

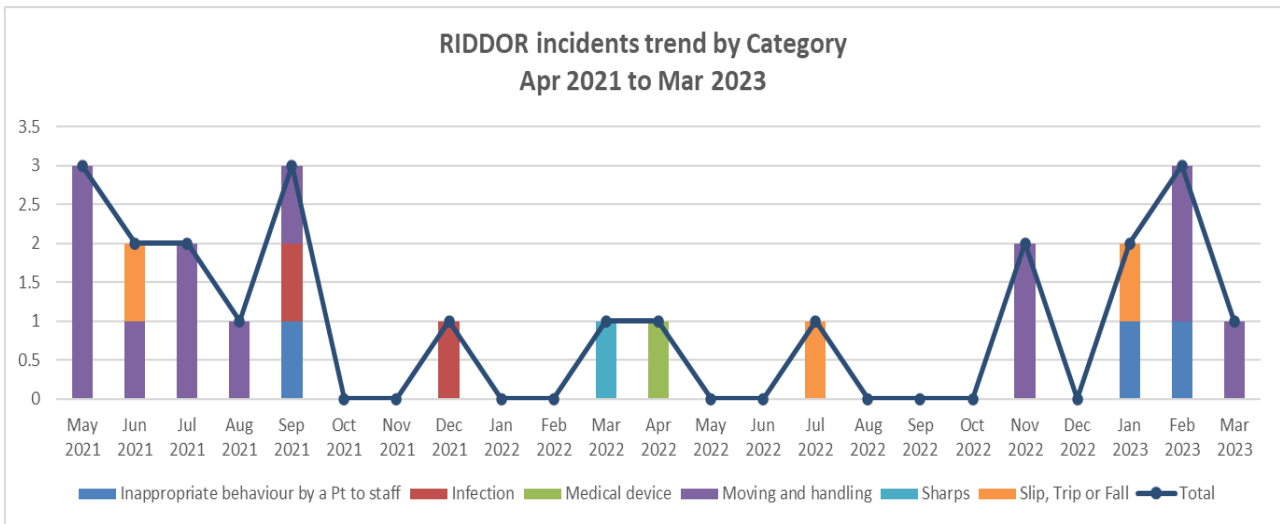
Graph 4 shows RIDDOR trend by month



Data extracted from Datix 19/04/2023.

Graph 5 - category and number of RIDDOR incidents per month.

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Data extracted from Datix 19/04/2023.

Key area for improvement

- Attendance at Health and Safety Committee to ensure dissemination of learning.
- Review and update of local Health and Safety inspections across all departments.
- Review of departmental COSHH assessments.

5. Moving and Handling

The total number of reported incidents relating to moving and handling has decreased by 38% this year. Chart 6 shows a breakdown of number per quarter and graph 7 shows the trend of moving and handling incidents and those that were RIDDOR reportable year on year. The trend of both is downwards.

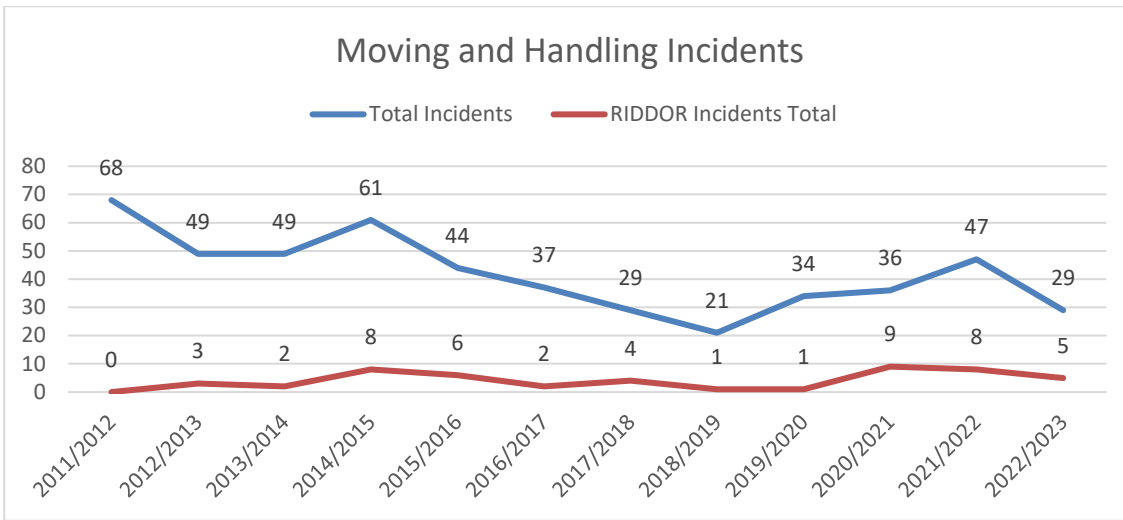
Critical Care remains the area with the highest number of incidents 11 of 29 (38%) and all 5 RIDDOR incidents occurred in critical care. However, the total number has decreased to 11 from 16 last year.

Chart 6 - shows a breakdown of number per quarter.

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
2020/2021	8 (2 RIDDOR)	8 (2 RIDDOR)	14 (3 RIDDOR)	6 (2 RIDDOR)	36
2021/2022	10 (5 RIDDOR)	14 (3 RIDDOR)	11	12	47
2022/2023	6	2	13 (2 RIDDOR)	8 (3 RIDDOR)	29

Graph 7 - shows the trend of moving and handling incidents and those that were RIDDOR reportable year on year.

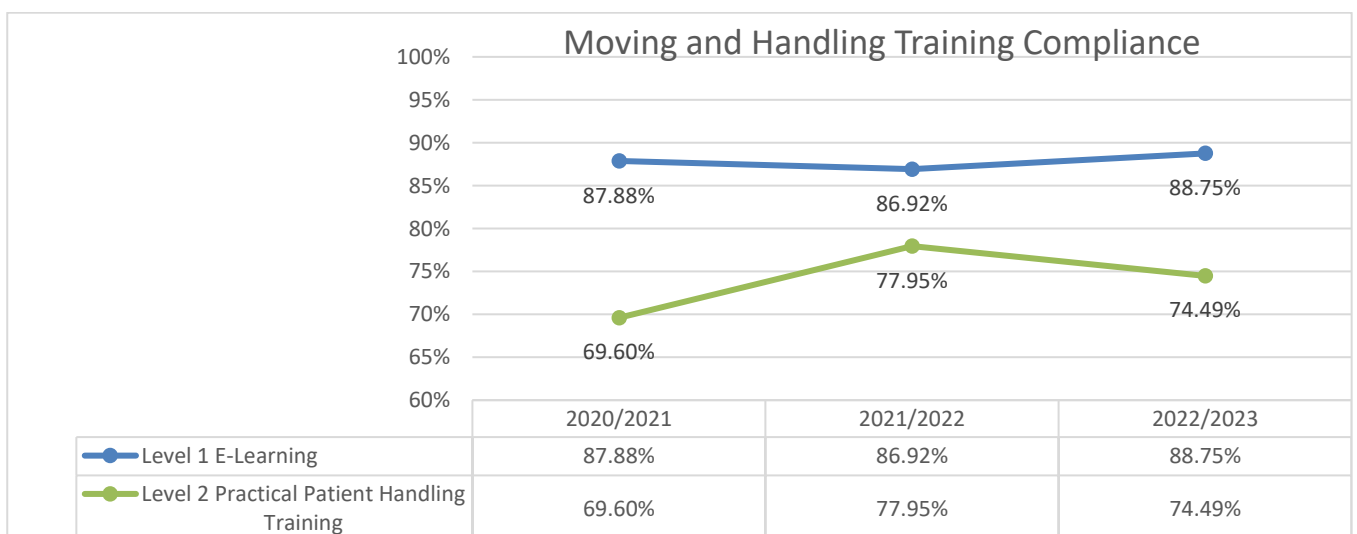
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Graph 8 shows the moving and handling training compliance for level 1 and level 2. Compliance rates remain similar to previous 2 years. Each scheduled training session is consistently fully booked but rarely fully attended. Common verbal feedback for did not attend (DNA) and cancellations is staff shortages. Medical staff consistently have the lowest compliance rate for level 2 moving and handling amongst all patient handling staff groups.

As part of the Moving and Handling training needs analysis, over 100 moving and handling training sessions were offered throughout the year to accommodate the approximate 1400 patient facing that need the level 2 practical training.

Graph 8- shows the moving and handling training compliance for level 1 and level 2.



Areas for improvement for 2023/24

- Focus on critical care moving and handling techniques when moving and handling hemofiltration fluid bags.
- Focus on increasing inanimate load handling training and support as there is more Datix incidents relating to this type of issue last year.
- Continue to improve training compliance particularly in respect to level 2 practical patient handling training.

6. Radiation protection

Radiation protection Committee, compliance with IRMER

This Committee was re-instated, with inaugural meeting held in December 2022, and a further follow-up meeting held in March 2023. Work continues to improve reporting through this Committee which reports directly into the Trust Health & Safety Committee and QRMG. Actions are monitored monthly via the Radiology Business Unit meeting.

Radiation protection incidents and number IRMER reportable

All radiation protection incidents are reported through the Datix incident reporting system. Of the total, 47, reported in 2022/23, 2 met the threshold for IRMER reporting to the CQC. CQC IRMER inspection was undertaken in Cardiology in November 2022. Most of the Trust radiation protection policies are owned by Diagnostic Radiology so the inspection crossed both specialities.

Key area for improvement

- Improve policy, procedure & documentation compliance.
- Improve radiographer training and record keeping as part of this, and training for all staff involved in the use of radiation.
- Implement a dose management system to automatically read the radiation doses by patient, to allow appropriate setting and regular review of Diagnostic Reference Levels.
- Implement documentation not currently in existence.
- Instigate the Radiation Protection Committee and ensure all required topics are covered within the agenda. This should also include a detailed and updated Terms of Reference.

Significant improvements have been made in many of the above areas with ongoing oversight of the associated improvement action plan through the Fundamentals of Care Board.

7. Face Fit testing

The RPH fit testing procedures are matched against the HSE guidance INDG 479 "Guidance on the respiratory protective equipment (RPE) fit testing". The Trust is compliant with this standard. The Trust has a member of the Corporate Health and Safety Team who is Fit2Fit accredited by the British Safety Industry Federation (on behalf of the HSE); this allows the Trust to train and accredit other face fit testers.

At RPH fit testing compliance is reported and monitored at the Infection Prevention and Control Committee. Chart 9 shows the compliance with fit mask testing to both 1 and 2 masks as required under legislation in 2022/23.

Chart 9 -shows the compliance with fit mask testing to both 1 and 2 masks as required under legislation in 2022/23.

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DIVISION	NO. REQUIRED (HEADCOUNT)	FIT TESTED TO CURRENT STOCK & IN DATE	% FIT TESTED TO CURRENT STOCK & IN DATE	FIT TESTED TO AT LEAST TWO MASKS OR HOOD - IN DATE	% FIT TESTED TO AT LEAST TWO MASKS - IN DATE
Grand Total	1793	1306	72.84%	1221	68.10%

Key area for improvement:

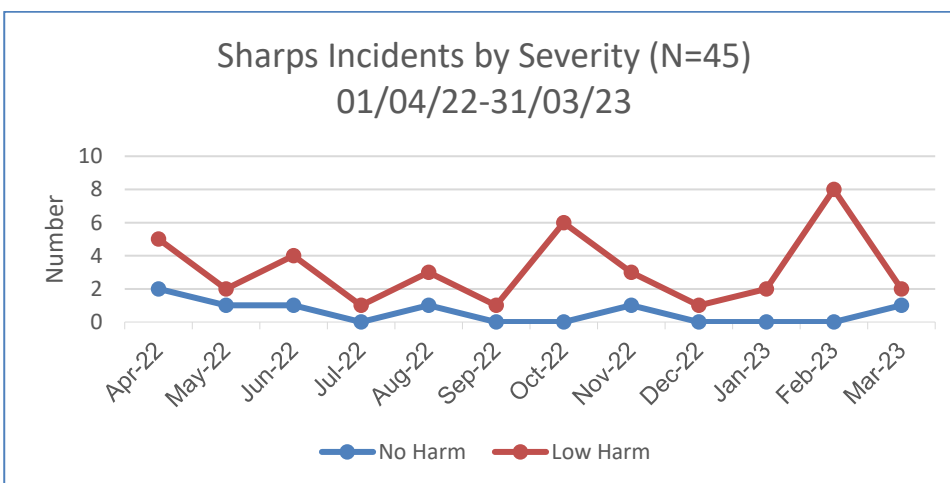
- Fit team to become a fit2fit trainer- this has been agreed and program plan for coming months.
- Data cleansing to ensure the correct workforce being targeted to be fit tested.
- The need for further input and engagement where there is low compliance.

8. Sharps safety

Measures to avoid occupational exposure to blood borne viruses including prevention of sharps injuries must include the safe handling and disposal of sharps, including the provision of medical devices that incorporate sharps protection where there are clear indications that they will provide safe systems of working for staff. This is a requirement of the 'Code of Practice on the prevention & control of infections' and 'Sharps Instruments in Healthcare Regulations 2013'.

At RPH monitoring of sharp injuries is undertaken at the Infection Prevention and Control Committee. Between April 2022 to March 2023 there were a total of 45 staff reported sharps incidents. This is a slight reduction from the previous year 2021/22(n=48). Of those reported there were 7 graded no harm incidents and 38 graded as low harm. Graph 10 shows number of sharps reported incidents and by severity throughout 2022/23.

Graph 10 - shows number of sharps reported incidents and by severity throughout 2022/23.



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Key areas for improvement

- Review departments sharps risk assessments as part of departmental Health and Safety reviews.
- Share themes and learning through the Health and Safety Committee.

9. Violence and Aggression

A detailed breakdown of incidents recorded as behaviours/violence and aggression by category and division is detailed on table 11, below. Under the Health and Safety at Work Act the Trust is required to mitigate situations arising from behavioural/violence and aggression between staff and other staff but also between patients, other patients and visitors in order to keep all persons safe at work. This includes providing patients with safe healthcare premises when vulnerable or suicidal. Behavioural/violence and aggression can present in many forms e.g. racial, physical verbal, and managing these events can be facilitated by multidisciplinary teams e.g. safeguarding and clinicians using clinical interventions. It is recognised that the implications of physical assault can have direct impact on staff wellbeing and sickness absence. One *incident relating to patient to staff physical assault within CCA, led to moderate harm and is being managed through the RIDDOR process.

Table 11

Category	Cardiology	Theatres, CCA and Anaesthetics	Surgical and Transplant/ Radiology	Thoracic, Ambulatory	Pharmacy	Other Estates, Professional Support Services, Clinical Admin	Total
Patient incidents							
Patient-staff -verbal	0	4	8	7	2	2	23
• Psychological, bullying	0	1	0	0	0	0	1
• Racial	0	0	2	0	0	0	2
Patient-staff - physical	1	*3	0	0	0	1	5
• Sexual		1	1	0	0	0	2
Patient Staff- Delirium (verbal/physical)	0	11	1	0	0	0	12
Staff incidents							
Visitor-staff verbal	0	6	1	2	0	1	10
Staff-patient- physical	0	0	0	0	0	2	2
Staff- patient Verbal	0	1	1	0	0	1	3
Staff-staff verbal	5	11	9	1	0	10	36
• Emotional, psychological	2	3	2	0	0	0	7
• Bullying	0	0	3	0	0	2	5
Other categories							
Patient self-harm/self - neglect/mental health	2	1	1	2	0	1	7
Absconding person	0	1	0	0	0	0	1
Other including security/smoking	3	2	5	3	0	4	17
Total	13	45	34	15	2	24	133

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Key areas for improvement

- Revision of categories to enable definition of patient delirium and challenging behaviour.
- Further work required, to review the above data with other related data, such as information from workforce, patient experience (FFT/complaints) and patient safety incidents.

10. Estate Facilities

Hard and soft facilities management services are provided and managed for the Trust by external contractors, Skanska and OCS respectively.

Health Technical Memoranda (HTM) gives comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare. Estates and Facilities are responsible for the health and safety related HTM below:

- Fire Safety (HTM 05) 21
- Water safety (HTM 04)
- Electrical Safety (HTM 06)
- Temperature and Ventilation (HTM 03)

All HTM have sub-groups and have the appropriate Authorising Engineer and work plans to support safe working practices and management of risk. Estates and Facilities manage other health and safety risks on behalf of the Trust such as:

- Workplace Transport
- Control of Noise
- Contractors and Sub-contractors
- Asbestos
- Security and Violence.

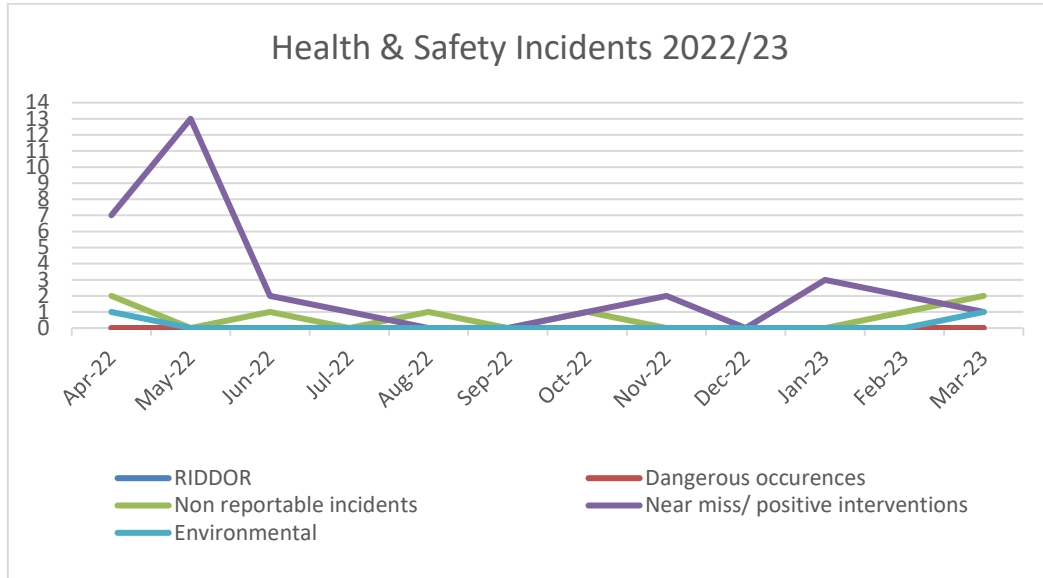
Health and Safety incidents experienced by the OCS and Skanska Teams are reported to the Trust on a monthly basis via the monthly report received from Project Co. This is a contractual requirement between the organisations. Any immediate issues are escalated to the Trust Estates and Facilities Team for information, communication, and escalation as required.

This information is reported to the Health and Safety Group on a monthly basis, alongside any Health and Safety issues to be raised by the Trust team, for governance purposes and to ensure oversight from a Risk Management perspective.

From a provider perspective PFI parties provided detail in relation to Health and Safety risk for 2022/23 as per graph 12 below.

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Graph 12



Peak numbers of interventions early within the year were a result of positive interventions made and recorded rather than near misses. This includes activity such as removing items which could cause slips, trips and falls, closing fire doors, and reminding colleagues of interventions such as wearing of PPE.

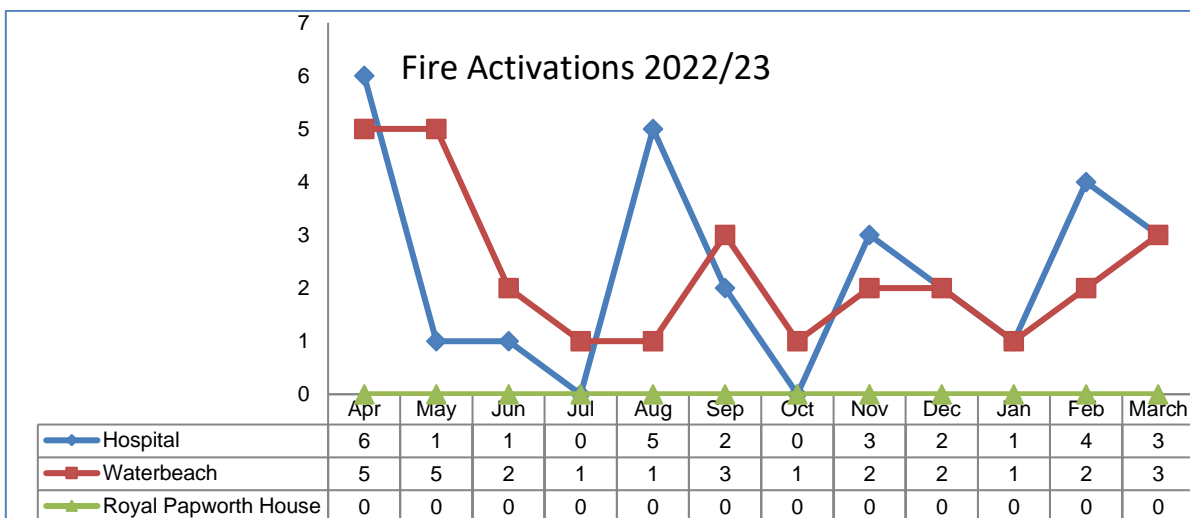
Provider services did not experience any incidents across the year from a dangerous occurrence or RIDDOR perspective.

Fire activations across all three sites are highlighted in graph 13 below. The Royal Papworth House site saw no activations across the year, with fluctuations in activation numbers for the main Hospital and Waterbeach sites.

Due to the number of accidental activations the Trust have highlighted the potential for additional signage to prevent ongoing future reoccurrences.

Waterbeach activations were mainly related to kitchen issues.

Graph 13

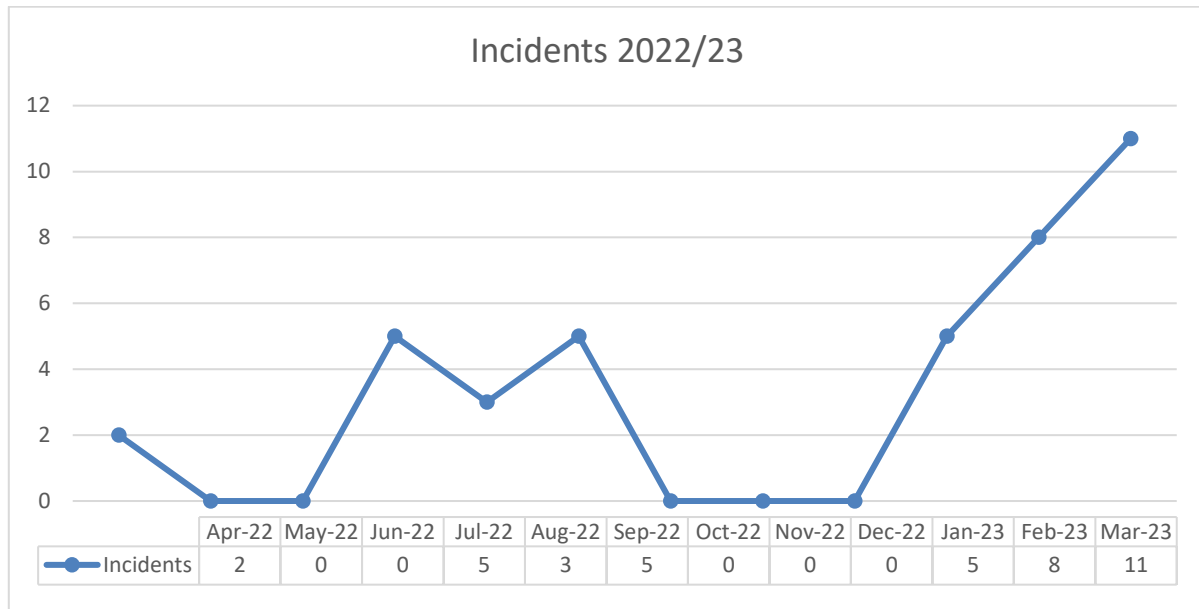


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Incidents experienced by provider services saw a marked increase in the final quarter of 2022/23, and a joint review will take place in the forthcoming year to ensure any learning and/or preventative actions are identified for future implementation.

The increase in the final quarter was largely attributed to patient or visitor incidents, incidents of theft, and accidental fire alarm activation.

Graph 14 Fire alarm activations by provider services



Key Areas for Improvement

- Review of signage to clarify and highlight fire alarm break glass and green door release buttons to patients and visitors.
- Review of learning in light of increased incidents during the final quarter of 2022/23, particularly from a security perspective, and further communication work to highlight requirements to lock personal items away when on site.

11. Health and Safety objectives 2023/24.

The gap analysis against the 'Workplace Health and Safety Standards as described by the Health Safety and Wellbeing Partnership Group (Revised July 2013)' has identified improvements required to overall governance and structure of Health and Safety governance. Key areas of focus will include:

- Roles and responsibilities from ward to Board in respect to Health and Safety at work.
- Review governance and terms of reference for the Health and Safety Committee.
- Re-establish robust audit programme and monitoring of workplace Health and Safety.
- Refresher masterclasses for Health and Safety representatives in accordance with training needs analysis.
- Increase awareness of organisational learning across all aspects of Health and Safety at Work. Oversee subgroup key areas for improvement with timely escalation as required.

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12. Recommendations

The Board is asked to note:

- Activity in respect to Health and Safety at work at RPH for period 2022/23.
- Key areas of improvement for the Health and Safety Committee and subgroups.