

Agenda item 3.iv

Report to:	Trust Board of Directors	Date: 07 November 2024
Report from:	Maura Sreaton - Chief Nurse, Director of Infection Prevention and Control and Executive Lead for Health and Safety	
Report prepared by	Terri-Louise Smith – Health and Safety Risk Manager Louise Palmer – Deputy Director for Quality and Risk	
Principal Objective/ Strategy and Title	Health and Safety Annual Report for the period of April 2023-March 2024. To provide the Board of Directors with an annual report in respect to Health and Safety at Work Act for 2023/2024 and to highlight key priorities that are underway for the Health and Safety Committee and its subgroups for 2024/25	
Regulatory Requirement	Regulatory Requirements – CQC (All CQC Domains) Health and Safety at Work Act 1974	
Equality Considerations	Equality has been considered. Where required if non-compliance occurs this will be highlighted in report.	
Key Risks	Non – compliance with regulatory standards monitored by the Health and Safety Executive CQC Domains	
For:	For approval	

1. Executive Summary

The purpose of the report is to provide the Trust Board with a summary of principal activity and outcomes relating to the management of health and safety at work within Royal Papworth Hospital NHS Foundation Trust (RPH) during the financial year 2023/24. The report also highlights current key priorities for the Health & Safety Committee and its sub-groups that are underway for 2024/25.

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 for 2023/2024:

- During the financial year there have been 888 incidents that relate to Health and Safety. This represents an 11% increase when compared to the year 22/23 in which 793 incidents were reported. Over half of 23/24 incidents were graded as near miss, no/low harm (52%) with low harm incidents representing 47%. The remaining 1% related to ten moderate harms incidents (9 relating to Staff RIDDORS and 1 patient incident from a fall resulting in fracture).
- Nine RIDDOR incidents were reported in 2023/24 compared to 10 in the previous financial year (2022/23).
- The number of total reported Moving and Handling Incidents has increased by 13% this year to a total of 33 incidents. Last year 2022/23 there were 29 incidents.
- There was 1 Ionising Radiation (Medical Exposure) Regulations (IRMER) incident reported to the CQC in 2023/24. Previous year for 2022/23 there were 2 requiring reporting to CQC.
- Compliance with face fit testing has improved this year with 78.35% of staff fit tested to one mask and 73.99% to 2 masks as required by legislation. Trust target currently sits at 80%.

Health and Safety Annual Report 2023/24

- There were 45 staff referred to Occupational Health for reported sharp injuries in 2023/24. This remains stable with the number reported in 2022/23 also being 45. Of the 33 incidents captured on Datix® in 2023/24, the main reported type related to contact with dirty needles (27) and of these there were 26 low harms and 1 near miss incident. We are unable to compare with incidents reported on Datix in 2022/23 as they were reported in a different way.

2. Introduction

This report provides analysis of standards of Health and Safety (H&S) management throughout the Trust for the time, April 2023 to March 2024. The Health and Safety at Work Act 1974, provides a legislative framework to promote, stimulate and encourage excellent H&S 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.

As part of the Committee's oversight, H&S incidents or related matters experienced by the OCS (provider of Housekeeping/catering services) and Skanska Teams (PFI Building Owner) 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.

The Trust's Health & Safety Committee at Royal Papworth Hospital NHS Foundation Trust is Chaired by the Chief Nurse as Executive Lead. The Health and Safety Committee meets Quarterly and reports into the Quality and Risk Committee, with escalation to the Trust Board.

The Health & Safety Committee is tasked with monitoring the development, implementation, audit and delivery of health and safety organisational management throughout the Trust. The committee has two formal sub-committees which report into H&S committee as listed below:

- Radiology protection Committee
- Medical Gases Committee

Further key quarterly reports are also received from the following areas:

- Estates and Facilities Management Report (including fire and security updates)
- Moving and Handling updates (including incident reviewed and training compliance)
- Occupational Health for staff (including skin surveillance)
- Infection Prevention and Control for staff and patients- relating to H&S (including Fit testing)
- Health and Wellbeing report from Workforce
- H&S Quality Report from Clinical Governance (for staff and patient) related to; incidents (including RIDDORS's), H&S risk assessments (open/closed in quarter), Training of staff on H&S related subjects. Overview of H&S representatives who have been nominated and their training compliance for all areas of the Trust (both at the hospital and other offsite facilities).
- Relevant updates from Project Co, Skanska and OCS from their link representatives for H&S related matters for the building and maintenance. This may be in person at committee

Health and Safety Annual Report 2023/24

meetings or via the Trusts Estates reports as required. This information is received on a monthly basis, alongside any H&S issues to be raised by the Trust team, for governance purposes and to ensure oversight from a Risk Management perspective.

3. Health and Safety Training and Risk Management

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 the responsibility to ensure staff are suitably monitored and supervised with respect to health and safety.

At RPH the Risk Manager who was in post during this data period (April 2023-March 2024) had achieved a NEBOSH Diploma in Occupational Health and Safety and was a member of the Institute of Occupational Safety and Health (IOSH). They provided local training to health and safety professionals across the Trust. This post holder has since left the Trust and from July 2024, the Trust now has a new Health, Safety and Risk Manager (new role title) who has achieved a NEBOSH Certificate in Occupational Health and Safety and is a member of the Institute of Occupational Safety and Health (IOSH). They will be completing the NEBOSH Diploma in Occupational Health and Safety between Sept 2024 and July 2025.

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 are supplemented by specific job and site training as necessary to ensure competence in safe working practices and compliance with legal requirements. Table 1 shows compliance with the mandatory elements of Health and Safety at work for 2023/24.

Table 1 – Compliance with Health and Safety mandatory training for each 6-month period.

	Apr 22 - Sept 22	Oct 22 - Mar 23	Apr 23 – Sep 23	Oct 23 – Mar 24
Fire	83.42%	84.86%	88.78%	83.42%
Conflict Resolution	90.04%	88.47%	92.81%	91.69%
Health Safety and Welfare	88.67%	87.63%	93.93%	93.10%
Infection Control L1	87.8%	84.95%	94.49%	93.19%
Infection Control L2	75.44%	73.35%	87.70%	81.15%

In addition, following on from last year's area for improvement the health and safety representatives for wards and departments training requirements has now been mapped in the Trust. We have been working with all the nominated representatives for all clinical and non-clinical areas on the representatives completing the following in house awareness courses offered through the previous Risk Manager. This program will be ongoing by the newly appointed H&S Risk Manager from October 2024.

The inhouse training covers the following areas and is captured on central Health and Safety records stored within the Clinical Governance Team (Incident and Risk Team), below is the current compliance for each training course provided for the H&S representatives:

- The role of the local Health and Safety representative 17/49 35%
- How to undertake a Health and Safety Inspection 15/49 31%
- Display Screen Equipment awareness and how to complete an assessment 11/49 22%
- Control of Substances Hazardous to Health (COSHH) 4/49 8%
- How to undertake a Health and Safety Risk Assessment 3/49 6%

Health and Safety Annual Report 2023/24

Training status is now reported to the H&S Committee on a quarterly basis to monitor the oversight of all current and new representatives being trained, with this inhouse awareness courses. Due to low compliance levels the method of training delivery is under review. Currently sessions are delivered separately. We are currently scoping if a one-day training event could be offered to our H&S Reps to cover the above topics, which could be followed up with regular drop-in session with the Trusts H&S Risk Manager to continue to embed learning.

3.1 Risk Management in the Trust

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

- Staff wellbeing and reducing stress in the workplace (part of managing staff workforce issues (ID2247-Workforce – Risk 8), (ID2486-STA – CCA – Risk 9), and (ID2057-Pharmacy Staffing – Risk 16).
- Biological hazards and hospital wide infections to patients (ID675-BAF Risk-16)
- Musculoskeletal risks to staff when moving and handling of patients and inanimate objects (ID928- Trust wide staffing Risk 10).
- Violence and aggression from patients and others (ID779-Trust Wide-Risk 9), (ID204-STA-CCA Risk 9)
- Staff Injury from sharps (ID1827-Trust Wide-Risk 6)
- Fire Safety (ID3480-Ward Doors Risk 12), (ID3501-Evuacation Strategy-Risk 10), ID3558-Sleep pod room position-Risk 8)

Alongside corporate risks being captured on the Trusts Datix® system, Health and Safety risk assessment are also captured and stored on Datix®. All assessments that have been completed, have review dates in addition to whom will complete this. During 23/24 all risks on the Datix system (excluding Board Assurance Framework (BAF) Risks) were stored in various electronic folders on Datix. These have now been divided into three main categories: BAF risks, Corporate Risks, Health & Safety Risk Assessment / Risks.

The open Health and Safety risk assessments / Risks are now monitored by the Health and Safety Committee on a quarterly basis to aid overall compliance and assurance. There are currently 170 open health and safety risk assessments/risks and of these 61 (36%) are currently overdue for review. No previous data has been reported on for this compliance area, so we are unable to compare on overdue risks. These risk records are now under evaluation, as it is recognised that some maybe corporate risks as opposed to formal risk assessments. The monitoring of this completion of this full data cleanse, will be reported into the H&S Committee to assure this work is completed.

Key areas for improvement for Training and Health and Safety Risk Management

- To continue to provide education training and refresher training courses for all H and S representatives.
- To benchmark Health and Safety training provision with other healthcare providers.
- All Health and Safety Risk assessments to be cleansed and any corporate risks within this folder to be moved across to the corporate risk register and updated where required.

4. Health and Safety Incident Reporting

All Incidents (including H&S incidents) are reported on the RPH reporting Datix® system. Table 2 outlines the number of health and safety incidents for April 2023 to March 2024 affecting staff, patients and others. During the financial year there have been 888 incidents that relate to Health and Safety, there was an 11% (95) increase in the number of incidents reported in 23/24 when compared to 793 incidents that were reported in 22/23. The increase of additional incidents was across all areas and no particular theme on the slight increase of number.

Health and Safety Annual Report 2023/24

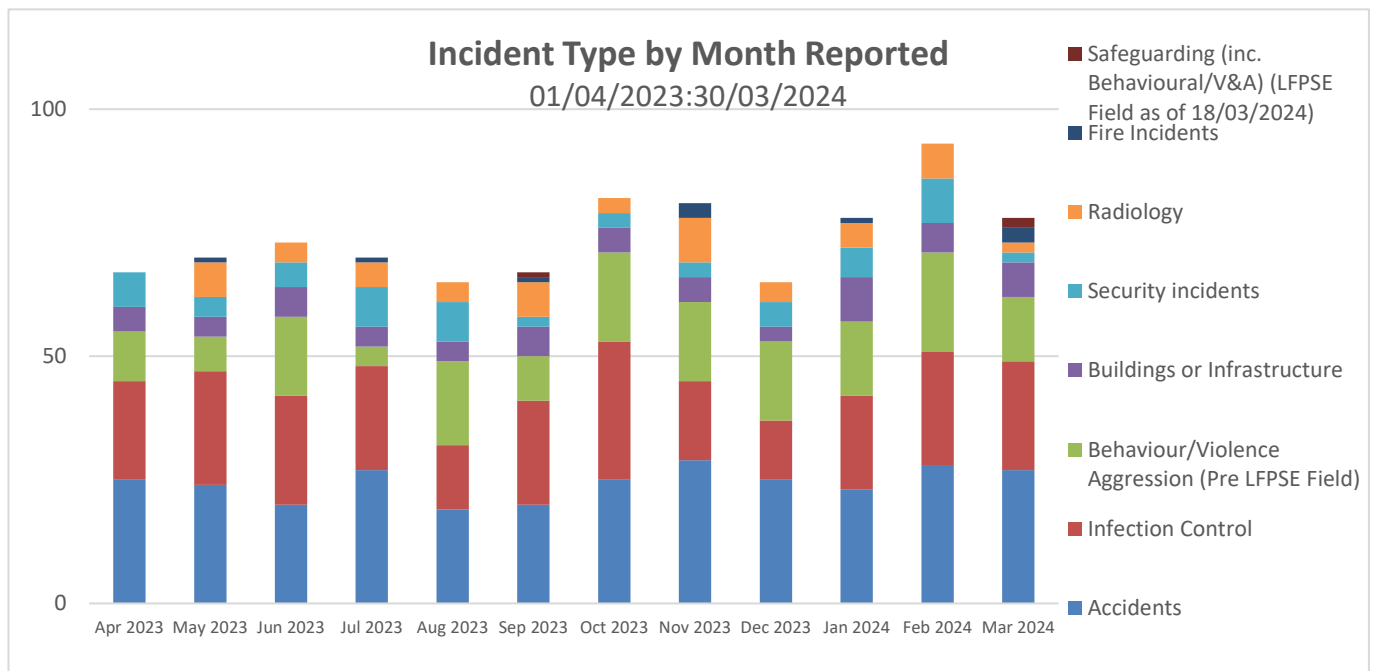
Majority of incidents were graded as near miss, no harm, low harm 99% (878). The remaining 1% (10) related to moderate harm (9 staff and 1 patient related). The harm levels of incidents are comparable to 22/23 with the majority graded as near miss, no/low harm at 98% with the remaining 2% relating to incidents of moderate/severe harm. There was one Serious Incident (SUI) reported in 2022/23 relating to Health and Safety. For the data period 2023/2024 there were no Health and Safety associated Serious Incidents reported.

Table 2- Health and Safety incidents for April 2023 to March 2024

All Incident Types	Near Miss	No harm	Low harm	Moderate harm	Severe harm	Fatal - Death caused by the incident	Total	Percentage of incidents
Accidents	21	126	135	10	0	0	292	33%
Infection Control	25	138	77	0	0	0	240	27%
Behaviour/Violence Aggression (Pre LFPSE field).	0	66	95	0	0	0	161	19%
*Safeguarding (inc. Behavioural/V&A) (LFPSE Field as of 18/03/2024)	0	1	2	0	0	0	3 (Total 164)	
Buildings or Infrastructure	1	25	38	0	0	0	64	7%
Security incidents	2	18	42	0	0	0	62	7%
Radiology (All)– inc IR(ME)R	1	31	24	0	0	0	57	6%
Fire Incidents	3	4	3	0	0	0	10	1%
Total/ Percentage of incidents linked to harm/near miss	53 6%	409 46%	416 47%	10 1%	0	0	888	100%

Data Extracted from Datix® 16/08/2024.

Graph 1a shows the Number and category of incidents reported each month in the year 2023/24:



Health and Safety Annual Report 2023/24

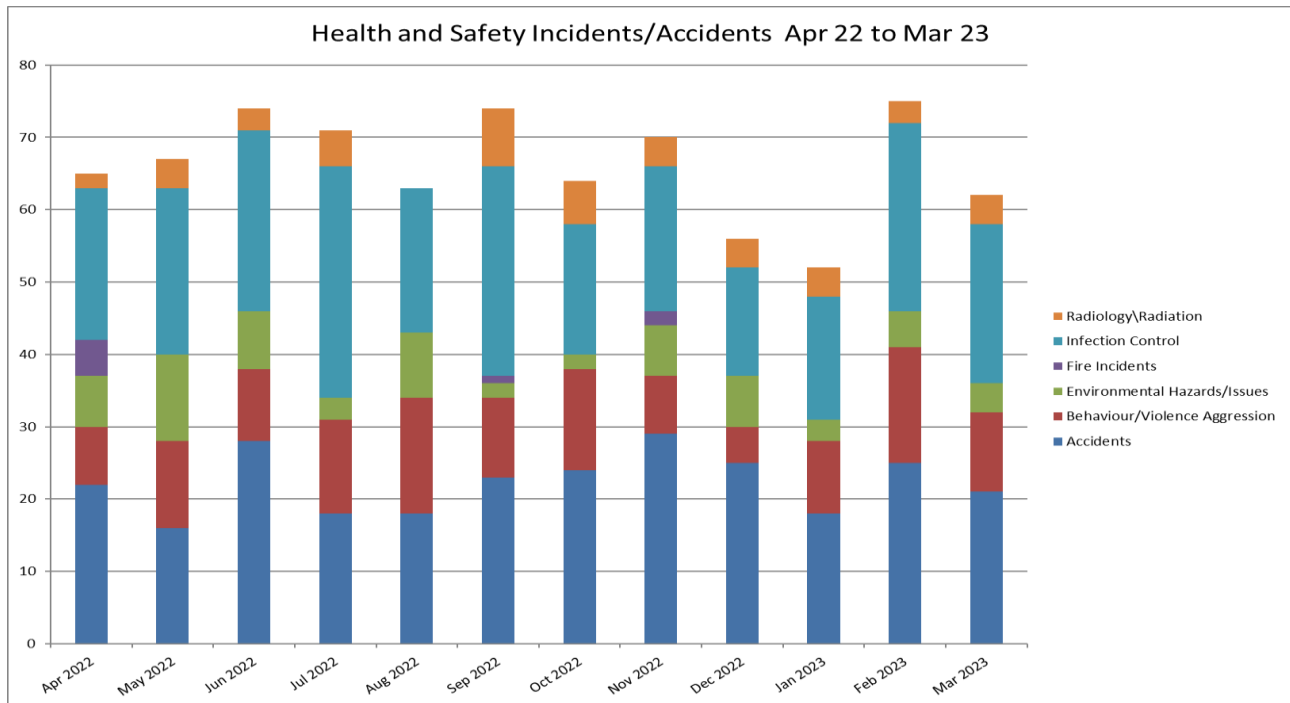
As seen in the data Table 1 and within graph 1a above the main three incident types reported for patients and staff were:

- 1) Accidents (292) = 33% of incidents reported in 2023/24
- 2) Infection Control (240) = 27% of incidents reported in 2023/24
- 3) Behaviour / Violence Aggression (164) = 19% of incidents reported in 2023/24

With the following other areas reported in year having similar incidents numbers to make up three of the final four categories; Buildings or infrastructure (64), Security Incidents (62), Radiology (57). The category of fire related incidents demonstrated the smallest number of reported incidents (10).

The top three categories remain the same against the incidents reported in the same data period as for 2022/23 and the breakdown of incidents reported was also comparable. This is shown in Graph 1b (Accidents, 267= 34%, Infection control 268 = 34% and Behaviour/violence Aggression 135 =17% in 2022/23). The other category types for 2023/24 data period also continue to remain similar to those in 2022/23.

Graph 1b shows the Number and category of incidents reported each month in the year 2022/23:



Graph 1b Data extracted from Datix 19/04/2023

5. Accident Incidents for staff and other workforce working in the Trust

Accidents by sub-categories for Workforce, involving Staff / Contractor / Student / Volunteer are shown in Table 3 below. There were 78 accidents recorded in year with 63 reported as low harm, 9 reported as moderate harm (all RIDDOR reportable) and 6 near miss accidents.

Health and Safety Annual Report 2023/24

Table 3 – Accident sub-categories – Staff, Contractor, Student (Apprentice) and Volunteers

Accident sub-categories - Staff / Contractor / Student / Volunteer	Near Miss	No harm	Low harm	Moderate harm	Total
Collision with fixtures/fittings/equipment	0	3	16	0	19
Contact with hot or cold sources	0	0	1	0	1
Electrocution	1	0	0	0	1
Exposure to hazardous substance (inc. chemical, dust, asbestos)	0	0	1	0	1
Moving & handling - inanimate loads	0	0	4	2	6
Moving & handling - patients	0	2	12	4	18
Other type of accident	3	4	5	0	12
Road Traffic Accident	0	1	0	0	1
Slip/trip/fall - mobilising independently	0	2	3	1	6
Slip/trip/fall - same level	1	0	3	2	6
Slip/trip/fall – while standing/sitting	0	2	3	0	5
Slip/trip/fall - Unwitnessed	0	0	1	0	1
Slip/trip/fall from Height	1	0	0	0	1
Total	6	14	49	9	78

Data Extracted from Datix® 16/08/2024

To note, the total of all incidents across patient and visitor and staff etc is higher than that displayed in table above as some incidents involved multiple groups therefore are being captured across both tables (tables 3&4).

Staff, contractor, student and volunteers' accidents, collision with fixtures and fittings (19) was the highest number of accidents reported in the year. The second highest was accidents related to moving and handing of patients with 18 reported (4 of these required RIDDOR reporting).

One of the 6 near miss incidents reported under the sub-category for electrocution (WEB50716) in year, related to a staff member who was commencing a transplant on a patient who they thought had a deactivated implantable cardioverter-defibrillator (ICD) in situ. However, the ICD was not deactivated and delivered an electric shock to the patient (as the device is intended to do), the staff member felt this during the procedure whilst they had direct contact with the patient. Direct electrocution to staff did not take place, this was therefore classed as a near miss incident.

There was one exposure to hazardous substances which caused an allergic asthmatic reaction whilst a staff member was using the Tristel Cleaning product as per local protocol (WEB47327), this was reviewed and agreed to be a low harm incident. Member of staff supported and recovered.

5.1. Accident Incidents for Patients and public (visitors)

In relation to patients / visitors as seen in Table 4 below, over 67% (147/218) of these accidents related to slips / trips / falls across a variety of areas and the highest proportion of these occurred during independent mobilisation.

One fall resulted in a fractured neck of femur and therefore was graded as moderate harm (WEB48960). Patient falls are reviewed within the Falls Prevention and Management Group with oversight from the Harm Free Care Panel and Quality Risk Management Group.

The rest of the accidents reported for patients and public (visitors) were low, no harm and near miss events, as seen below in Table 4.

Health and Safety Annual Report 2023/24

Table 4 – Accident Sub-categories – Patient and public (Visitors)

	Near Miss	No harm	Low harm	Moderate harm	Total
Became unwell/first aid given to patient/visitor etc	0	3	0	0	3
Collision with fixtures/fittings/equipment	0	1	10	0	11
Moving & handling - patients	0	4	4	0	8
Other type of accident	1	6	8	0	15
Slip/trip/fall - mobilising independently	0	36	24	1	61
Slip/trip/fall – bathing/showering	0	4	4	0	8
Slip/trip/fall - same level	0	2	1	0	3
Slip/trip/fall – using toilet/commode	0	19	10	0	29
Slip/trip/fall – while standing/sitting	0	22	15	0	37
Slip/trip/fall - Unwitnessed	0	1	6	0	7
Slip/trip/fall - Witnessed	0	1	1	0	2
Patient lowered to the floor (near miss)	14	15	2	0	31
Slip/trip/fall from Height	0	1	2	0	3
Total	15	115	87	1	218

Data Extracted from Datix® 16/08/2024

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

RIDDOR is the law that requires employers, and other people in charge of work premises to report and keep records of all: work-related fatalities, work-related injuries, diagnosed cases of reportable occupational diseases and certain dangerous occurrences (incidents with the potential to cause significant harm). The purpose of RIDDOR is to inform the relevant enforcing authority that a work-related accident or incident has happened. This allows the Health and Safety Executive (HSE) or local authority to respond to ensure compliance with health and safety law.

Within the financial year (2023/24), as mentioned above, the Trust reported 9 RIDDOR incidents (Table 5) compared to 10 in the previous financial year (2022/23). Overall RIDDOR reportable incidents continue to decline (Graph 2). Across the two financial year period the most common type of incident relates to staff moving and handling incidents (Graph 3) all resulting in staff being signed off work for 14 or more days. Of the nine reported, three RIDDOR reports were linked to back pain (WEB58942, WEB57341, WEB57302) and three reports were linked to shoulder pain (WEB56736, WEB58195, WEB58192) all occurred as a result of manual handling. Three incidents related to Slips, Trips and Falls.

Table 5 - Shows the RIDDOR reported incidents in the financial year 2023/24, by area.

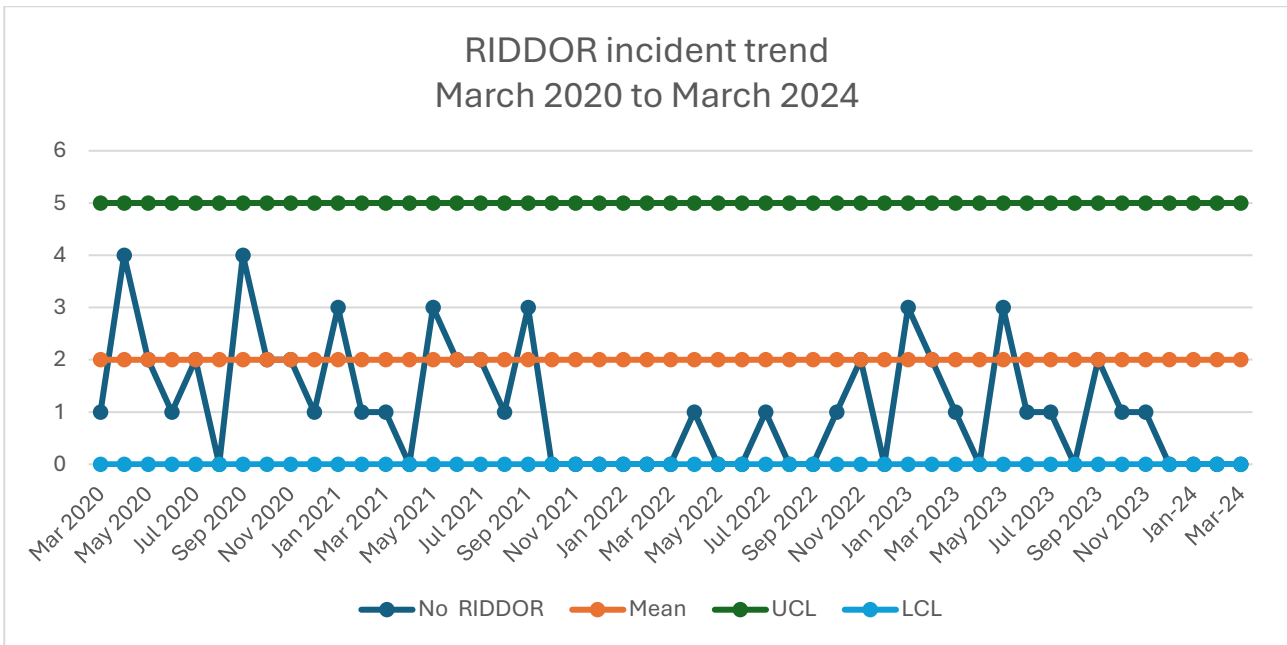
	Clinical Administration	Estates	Pharmacy	Surgical	Theatres, Critical Care and Anaesthesia	Thoracic	Total	% Total Of all RIDDORS
Moving and handling	0	0	1	1	1	3	6	67%
Slip, Trip or Fall	1	1	0	0	0	1	3	33%
Total	1	1	1	1	1	4	9	100%

Data extracted from Datix® 16/08/2023.

In the Graph 2 below shows total RIDDOR reportable incidents by month over the last four years, where it can be seen that the overall incidents have declined during the last few years.

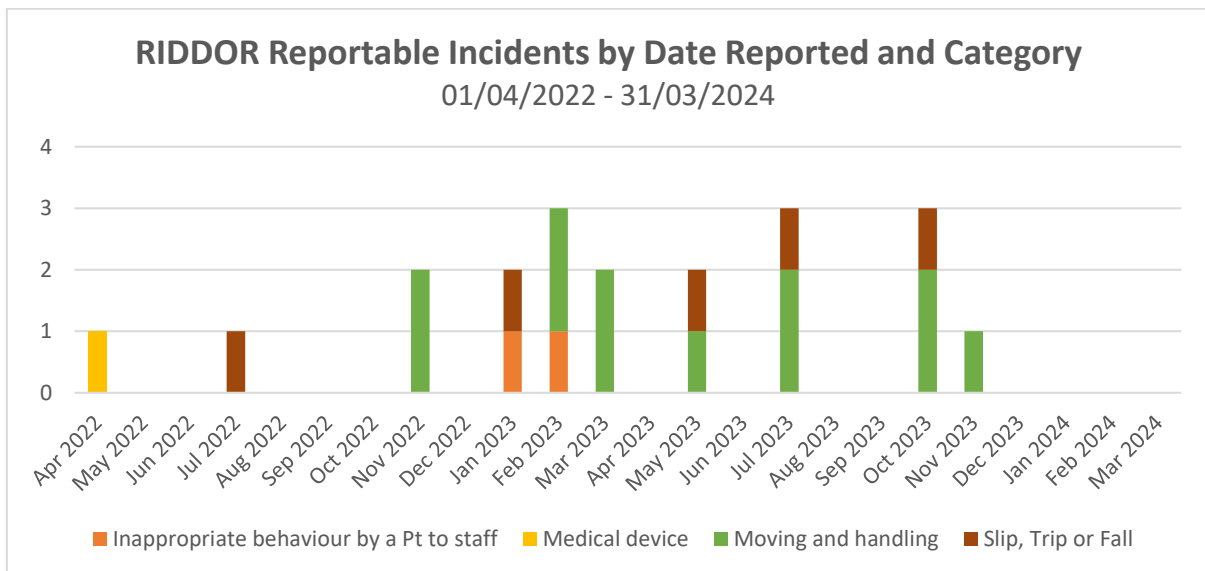
Health and Safety Annual Report 2023/24

Graph 2 - Shows Total RIDDOR reportable incidents by month for the past 4 years.



Data extracted from Datix® 16/08/2023.

Graph 3 - Shows RIDDOR reportable incidents reported by month and Category for the past two years (01/04/2022-31/03/2024).



Data extracted from Datix® 16/08/2024.

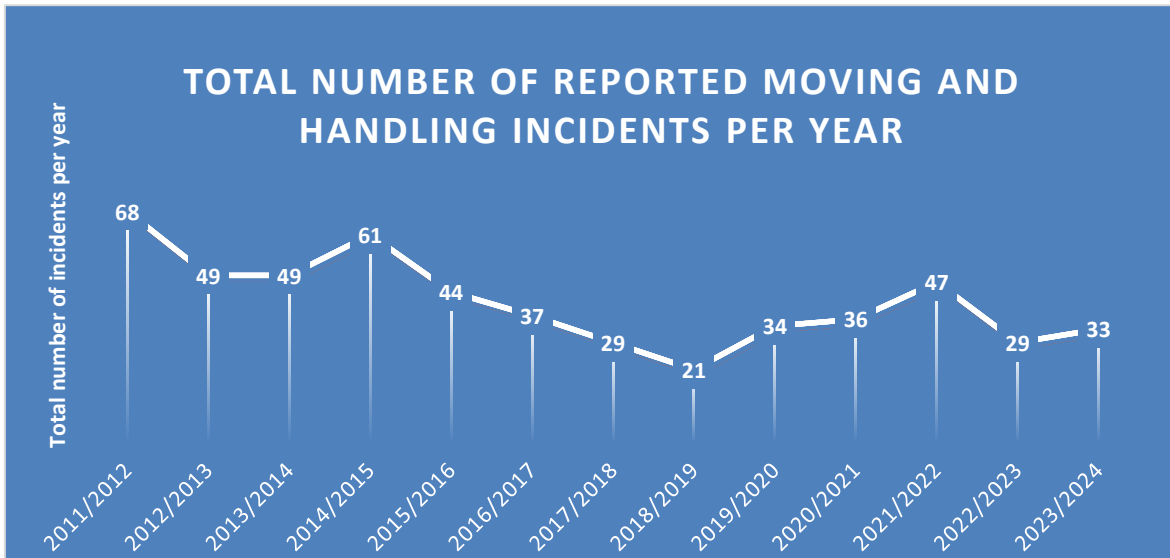
Health and Safety Annual Report 2023/24

5.3 Moving and Handling

The number of total reported Moving and Handling Incidents has increased by 13% this year. Out of 33 total moving and handling incidents reported 6 were RIDDOR reportable. Graph 4 shows the trend of moving and handling total incident by year from 2011/12 to 2023/24.

Critical Care Area (CCA) remains the area with the highest number of incidents 16 of 33 (48%) of these, 2 were RIDDOR reportable which demonstrated a reduction of 4 from last year.

Graph 4 - shows the trend of moving and handling incidents by year since 2011/2012



5.4 Moving and handling Training

Table 6 demonstrates the moving and handling training compliance for level 1 and level 2, by month over the last year 2023/24. There is a slight variation in month, but this has not reached the Trust target of 95% for both L1 and L2.

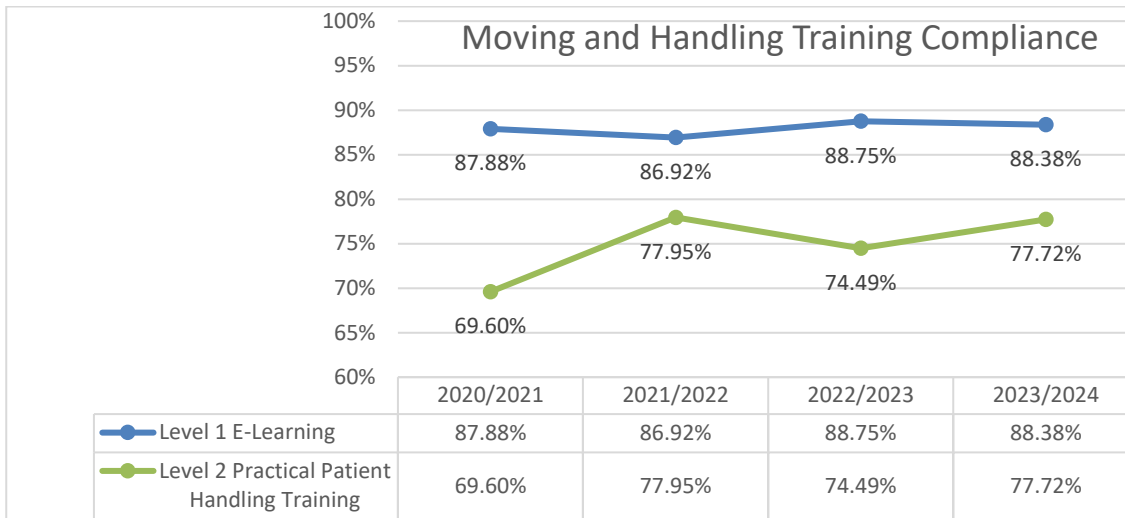
Table 6 - Moving and handling training compliance for 2023/24

% Compliance for training												
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
L1	87.19%	88.53%	89.51%	89.26%	89.67%	89.39%	89.50%	88.49%	88.59%	89.08%	88.70%	88.38%
L2	77.12%	76.11%	75.58%	76.45%	77.51%	77.80%	76.63%	78.58%	77.15%	77.12%	78.18%	77.72%

Level 1 Compliance rates remain consistent from the previous 3 years. Level 2 compliance rates have improved slightly by 3% this year (Graph 5). There is still a significant number not attending booked sessions (DNA) and cancelling training sessions last-minute. Each session is consistently fully booked but rarely fully attended. Common verbal feedback for this is staff shortages.

Health and Safety Annual Report 2023/24

Graph 5- Shows the moving and handling training compliance for level 1/2 over the last 4 years.



For this year the moving and handler trainer has started collecting accurate data on L2 Mandatory (face to face) training update attendance, DNA and late cancellations. Table 7 demonstrates that, out of the 609 update training spaces available, 24% did not turn up or cancelled last minute. 61 staff members turned up ad hoc for training over the year which aided them being trained and helped to fill some of the DNA spaces.

Table 7 – Shows moving and handling cancellation rates and reasons for cancellation.

Year	2023/2024	% of total
Booked Training Spaces	609 Booked	
Attended in Total	521	85%
Not booked attendance (included in total)	61	12%
DNA Rate	104	17%
Late Cancellation Rate	41	7%
Total DNA Rate	145	24%

As part of the Moving and Handling training needs analysis it was established that over 100 moving and handling training sessions were required for the year 23/24. This provided opportunities for training of 2000 members of staff, representing 125% of training need for the trust.

Key Areas for improvement for manual handling for 2024/25

- Continued focus work will be carried out to increase the compliance with level 1 and 2 mandatory training requirements for staff.
- We will be refreshing our work-based instructor (WBI) programme to reflect the different roles staff that WBI now support in their areas. This additional local resource supports local knowledge of moving and handling for staff at a local level. They will also be a key resource to encourage mandatory training compliance.
- Working alongside the Emergency preparedness, resilience and response (EPRR) lead and Fire Safety Manager there will be a trial and recommendations for vertical fire evacuation equipment and a plan produced for training and management of the equipment.

Health and Safety Annual Report 2023/24

6. Infection Prevention and Control Incidents

Currently Infection Prevention and Control (IPC) reported incidents are not able to split on the Trust Datix reporting system by just those effecting H&S related matters and those relating to clinical practice, therefore the Health and Safety Committee receives the full list of IPC related incidents.

A total of 240 Infection Control Incidents were reported (Table 8) and these were graded as near miss (25), no harm (138) or low harm (77).

Table 8 – IPC Incidents be Severity for the year 2023/24

IPC incidents by severity	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Total
Near Miss	0	0	0	1	0	0	1	5	5	1	3	7	2	25
No harm	1	17	10	19	17	12	10	13	7	9	7	4	12	138
Low harm	1	6	8	4	4	3	6	11	5	3	9	10	7	77
Total	2	23	18	24	21	15	17	29	17	13	19	21	21	240

Data extracted from Datix® 16/08/2024.

The Control of Substances Hazardous to Health (2002) covers micro-organisms and is defined as any micro-organism, cell culture, prion or human endoparasite whether genetically modified which may cause infection, allergy, toxicity or otherwise create a hazard to human health. Incidents relating to infection control may lead to exposure to biological hazards and therefore overseen by the Health and Safety Committee. Particular attention is paid to sharps injuries, fit-testing and skin surveillance for staff as discussed further within the report.

All IPC incidents have been broken down further into sub-categories (Table 9). As seen below there is no particular theme for IPC reported incidents and they spread over several sub-categories

Table 9 – IPC incidents by sub-categories for 2023/24

IPC incidents by sub-category	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Cleaning/hygiene processes not followed	1	3	4	5	5	3	2	5	2	1	4	2	2
Contact with potentially infectious materials – blood/bodily fluids	0	2	1	0	0	1	1	1	2	1	2	1	3
Contact with sharps – clean needlestick	0	0	0	0	0	0	0	0	0	0	0	1	1
Contact with sharps – dirty needlestick	0	3	5	2	0	2	3	2	0	3	3	3	1
Hand hygiene procedure not followed	0	1	0	0	1	0	0	0	0	0	0	0	0
Indwelling Device	0	3	0	0	0	1	1	3	0	0	0	0	1
Infection diagnosis delay	0	0	0	0	0	0	1	0	0	1	0	0	0
Infection diagnosis failure	0	0	0	0	0	0	0	0	0	0	0	1	0
Infection source – C diff. positive result	1	2	1	1	2	0	1	0	2	2	0	2	3
Infection source – cross infection	0	0	1	0	0	0	1	0	1	2	1	1	0
Infection source – MRSA bacteraemia result received	0	0	1	0	1	0	0	0	0	0	0	0	0
Infection source - Surgical wound/site infection	0	0	0	0	0	1	0	1	1	1	0	0	2

Health and Safety Annual Report 2023/24

Isolation process for immunocompromised patients not followed	0	0	0	0	0	0	0	0	0	0	0	0	1
Isolation process for infected patients not followed	0	1	0	0	4	1	1	3	2	0	0	1	2
Other healthcare associated infection incident	0	4	2	13	7	4	3	9	2	2	4	3	5
Safe injections/sharps disposal not followed	0	1	0	1	0	0	0	0	1	0	1	0	0
Sterilisation procedure not followed	0	3	3	2	1	2	3	5	4	0	4	6	0
Total	2	23	18	24	21	15	17	29	17	13	19	21	21

Data extracted from Datix® 16/08/2024.

6.1. 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. This includes 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'.

The main data for RPH sharp's injuries is captured through Occupational Health (OH) via staff referral numbers (Table 10). Below is the Quarterly and annual Data for the data period 2023/24, where there were 45 referrals in total. This is then broken down further by Directorate and team in Table 11.

Table 10 - sharp injury data is captured through Occupational Health via referral by Year/Quarter

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
2020/21	5	5	9	8	27
2021/22	9	8	11	22	52
2022/23	10	5	10	12	37
2023/24	14	8	9	14	45

Data provided by OH 16/08/2024.

Table 11 – Sharps injuries broken down by Directorate/Teams for each Quarter for 2023/24

Directorate/Team	Qtr1	Qtr2	Qtr3	Qtr4	Grand Total
Cardiology RPH	2	0	2	2	6
Clinical Support Services RPH	2	0	0	0	2
Medical RPH	0	0	0	1	1
Surgery RPH	0	0	0	1	1
Ward/Others	10	8	7	10	35
Grand Total	14	8	9	14	45

Data provided by OH 16/08/2024.

The Occupational Health team have reported that there was a slight increase in sharps injuries reported from previous year, there were 45 in 2023/24, compared to 37 for 2022/2023. However, this is still lower than rates recorded in 2021/22, which were 52. The slight increase for the year is felt to be related to the improved documentation on sharps, splash and needlestick injuries (SSNI) and seeking guidance when they occur over the reporting period.

Health and Safety Annual Report 2023/24

In Table 12 below, the staff groups that have reported that they have sustained a sharps injury during this period, is broken down by staff groups. Due to the low numbers these are only able to be reported by medical (doctors), nursing and then all other staff groups are as a group.

Table 12 – Sharps injuries broken down by Staff Group by Quarter for 2023/24

Year 2023/24	Doctors	Nurses	Other clinical / non-clinical staff
Quarter 1	7	4	3
Quarter 2	3	4	1
Quarter 3	1	2	6
Quarter 4	3	5	6

When a needle stick injury occurs staff should complete a Datix® Incident report following being reviewed by the OH service for their needlestick injury, as detailed in Policy DN180 Needlestick Sharp and Splash Incidents. Data captured from our OH service demonstrates a higher number of incidents in year (45) than those recorded onto Datix® which represented 33 incidents reported. As OH currently has no access to RPH Datix® system this is reliant on individual staff members completing all areas of paperwork comprehensively following being reviewed in person or after OH consultation.

Of the 33 incidents captured on Datix® (Table 13) the main reported type related to contact with sharps, dirty needles (27) and of these there were 26 low harms and 1 near miss incidents.

Table 13 - Sharps injury for 23-24 RPH incidents (as reported on Datix®):

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Total
Sharps injury incidents 23-24													
Contact with sharps – clean needlestick	0	0	0	0	0	0	0	0	0	0	1	1	2
Contact with sharps – dirty needlestick	3	5	2	0	2	3	2	0	3	3	3	1	27
Safe injections/sharps disposal not followed	1	0	1	0	0	0	0	1	0	1	0	0	4
Total	4	5	3	0	2	3	2	1	3	4	4	2	33

Data extracted from Datix® 16/08/2024.

A review of the themes of needlestick injuries and why they occurred is a focus piece of work that is currently underway by our OH department and this will be reported to the H&S committee at future meetings. The aim of this review is to look at how improvement work could be undertaken to aid further reductions in sharp related injuries for our staff.

6.2. 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’s fit testers have all been trained by a member from Full Support Healthcare who are Fit2Fit accredited by the British Safety Industry Federation (on behalf of the HSE).

Health and Safety Annual Report 2023/24

At RPH, fit testing compliance is reported and monitored at the Infection Prevention and Control Committee and the Health & Safety committee. Table 14 below shows the compliance with fit mask testing to both 1 and 2 masks. Legislation requirement states 1 mask is mandatory, and 2 masks are recommended. The ICPC committee has established a compliance rate of over 80% to provide sufficient resilience for the Trust. Fit testing is shown on an individual's ESR and monitored by the fit testing team. For the year 2023/24 there was an increase of 6% compliance compared to 2022/23.

Table 14 – Fit Test compliance with fit mask testing to both 1 and 2 masks

	No. Required (Head Count)	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 or Hood - In Date
Total	1857	1455	78.35%	1374	73.99%

Data provided by ESR staff data

The medical teams demonstrate the greatest area of concern for fit testing levels and compliance the compliance level for the staff group has consistently remained at 80%. A potential improvement for compliance that is currently being explored is to include this into individual performance reviews as a mandatory field.

Overall, individuals that do not attend pre-booked appointments continues to be an issue. Reasons include need to cover clinical shifts, sickness and forgetting of appointments. Work is underway with clinical teams to improve this.

6.3. Staff Skin Surveillance

Staff skin surveillance is an area which is overseen in the Trust by Workforce / Occupational Health. Previously regular reviews of staff hands were carried out during the winter vaccination clinics before the Covid pandemic. This involved review and assessment of frontline staff hands by the vaccinator and allowed for a high-level review of individual skin status to be assessed. It was, however, realised that as vaccination levels across the trust often only cover about approx. 50% of staff being vaccinated, this was not sufficient as a catch all. There is currently work underway with the OH doctor, members of workforce team and the Health and Safety Risk Manager to develop a robust system for skin surveillance for all Trust staff. Further updates and monitoring of this progress will be updated to the H&S Committee throughout the year which reports into Quality and Risk Committee and highlights also shared with Workforce committee.

6.4. Hospital Acquired potential *Mycobacterium abscessus* (related to water safety)

Other areas overseen by IPC related to water safety, which reports into the IPC group. In year there were two cases of potential related cases to the hospital water for the year of 2023/24. It is possible that these samples may have been contamination during the testing process offsite. For these two patients (WEB49124 and WEB49126), the clinical teams will continue to monitor in the normal way. These cases have currently not been added to our overall outbreak figures and will continue to be reviewed. All *M.abscessus* cases are captured onto the Datix® system as a way of monitoring these potential hospital acquired infections in relation to the outbreak.

Key areas for improvement for all IPC related H&S Issues:

Sharps:

- Continue to review departmental sharps risk assessments as part of local Health and Safety inspections to support a reduction in sharps injuries.

Health and Safety Annual Report 2023/24

- Completion of the focus piece of work that is currently underway by our OH department, to be completed and areas identified to be reported to the H&S committee

Fit Testing:

- Continued work with temporary staffing to cleanse the data of their fit test compliance.
- Review required with workforce on staff who have dual roles, to gain further accurate data.
- To continue to review medical compliance for fit testing and how this can be monitored, reviewing if that can be part of annual reviews for local oversight.

Skin Surveillance:

- Continue to develop robust way to monitor and be able to report on skin surveillance across the trust.

7. Behaviour / Violence Aggression

Under the Health and Safety at Work Act etc 1974 the Trust is required to mitigate situations arising from behaviours/violence and aggression between staff members but also between patients and visitors in order to keep all persons safe at work. This includes providing patients with safe healthcare premises when vulnerable or suicidal.

Incidents relating to behaviours/violence was the third most reported in 2023/24. A detailed breakdown of these incidents by category and division is detailed in Table 15 below. In the financial year 2023/24 there were a total of 166 incidents, and all were graded no harm/low harm on Datix®. This compares to 133 reported in 2022/23, an increase of 33 incidents.

Table 15 - Behaviour / Violence Aggression broken down by sub-category

Category of Incident	CARDIOLOGY DIVISION	CLINICAL ADMIN TEAM	ESTATES TEAM	NURSING CORPORATE	SURGERY TRANSPLANT ANAESTHETICS DIVISION	THORACIC/ AMBULATORY CARE DIVISION	WORKFORCE DIVISION	Total
Patient Affected Incidents								
Inappropriate behaviour by a Pt to a Pt	0	0	0	1	1	1	0	3
Inappropriate behaviour by a staff to a Pt	2	0	1	0	3	2	0	8
Inappropriate behaviour by a visitor to a Pt	0	0	1	0	0	0	0	1
Missing Person/Absconded	1	0	0	0	1	1	0	3
Other behavioural issue	1	1	0	1	4	0	0	7
Self-harming behaviour	0	0	0	0	0	1	0	1
Self-Neglect	0	0	0	0	0	1	0	1
Use/possession of prohibited goods	2	0	0	0	3	0	0	5
Staff (Workforce) Affected Incidents								
Inappropriate behaviour by a Pt to staff	15	2	0	1	23	13	0	54

Health and Safety Annual Report 2023/24

Inappropriate behaviour by staff to staff	5	0	2	0	42	4	1	54
Inappropriate behaviour by visitor to staff	2	0	0	1	2	1	0	6
Other behavioural issue	2	0	1	1	6	1	0	11
Physical outburst by patient	0	0	0	0	3	1	0	4
Other Affected Incidents								
Other behavioural issue	2	0	1	1	3	1	0	8
TOTAL	32	3	6	6	91	27	1	166

Data extracted from Datix® 16/08/2024.

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, sickness absence and retention levels.

The two highest areas reported in year were inappropriate behaviour by a patient to staff and inappropriate behaviour by staff to staff. These have been broken down further and are detailed below in Tables 16 and 17.

Table 16 - Patient to Staff Incidents by Subcategory and Unit

Incidents by Sub category and Unit	CARDIOLOGY DIVISION	CLINICAL ADMIN Team	NURSING CORPORATE	SURGERY, TRANSPLANT ANAESTHETICS	/AMBULATORY CARE DIVISION	Total
by patient to staff – physical	4	0	0	7	1	12
by patient to staff – psychological/bullying	0	0	1	0	2	3
by patient to staff - racial	1	0	0	1	0	2
by patient to staff – sexual	0	0	0	0	1	1
by patient to staff – verbal	10	2	0	4	6	22
by patient to staff on CCA due to delirium (CCA MM)	0	0	0	8	0	8
By patient to staff- other	0	0	0	3	3	6
Total	15	2	1	23	13	54

Data extracted from Datix® 16/08/2024.

The most reported type of incident were verbal incidents from patient to staff (Table 15). All of the incidents have been reviewed and appropriate investigations have taken place. No further break down has been made in this report due to the small numbers and patient confidentiality.

From the previous year's annual report, the ability to capture the number of patient to staff incidents, in relation to delirium and challenging behaviour, has now been implemented on the Datix® system. This improvement has been made and as seen in the data of those reported. It is recognised that not all events may have been capture during this year and this will continue to be an area of focus for improvement; however, there were 8 related incidents recorded and fully investigated.

Health and Safety Annual Report 2023/24

Table 17- Staff to Staff Incidents by Subcategory and Unit

Incidents by Sub category	CARDIOLOGY DIVISION	SURGERY TRANSPLANT ANAESTHETICS DIVISION	THORACIC /AMBULATORY CARE DIVISION	ESTATES	WORKFORCE TEAMS	Total
staff to staff - bullying	0	10	3	0	0	13
staff to staff – psychological/emotional	1	7	0	0	1	9
staff to staff – verbal	3	23	1	2	0	29
staff to staff- other	1	2	0	0	0	3
Total	5	42	4	2	1	54

Data extracted from Datix® 16/08/2024.

The highest reported staff to staff sub-category (Table 16) was verbal incidents, followed by bullying.

Those incidents listed as other behavioural issues in both table 15 and 16 encompassed a wide range of topics and it is difficult to attribute these to any common themes or trends. Two related (WEB49678 and WEB49692) incidents were recorded in relation to RPH staff being verbally inappropriate to external contractors for the car parking due to a lack of available spaces. Reallocation of car park resources is underway, with more car parking spaces now available in car park 2 and it is anticipated that this should alleviate these types of incidents.

During 2023/2024 the workforce team, with support from other teams and in response to staff feedback, have reviewed and significantly improved the Trusts procedure for DN090 Abuse, Violence and Aggression Procedure. There is also a dedicated intranet page for staff which highlights the key areas of this updated procedure. Further to this there have been a series of master classes on the updated DN090 and the new areas. The updated procedure and work involved in supporting the master classes is an excellent example of collaborative working between multi-disciplinary staff groups and departments, there were contributions from clinical teams, matrons, communication team, digital team, estates team, staff networks, freedom to speak up guardian, Head of Equality Diversity and Inclusion and workforce teams.

The main focus of the updated procedure DN090 along with the master classes, was to highlight that the Trust's commitment to create an environment for staff that is free from abuse, violence, and aggression from patients and/ or visitors. If staff experience unacceptable behaviour, they are encouraged to report and to not suffer in silence and how this will be dealt with has been updated in the procedure. There are also updated resources, processes and clear steps for exclusion of patients/visitors if behaviour is found to be unacceptable.

Key areas for improvement for Behaviour/Violence and Aggression Incidents

- Continue to encourage all significant delirium events to be reported on Datix®, to capture how staff are/may be affected from these events and for themes to be reviewed.
- Continue with the work required, to review the above data with other related data, such as information from workforce, patient experience (FFT/complaints) and patient safety incidents.

8. Radiation protection

Radiation protection Committee, compliance with IRMER

The Committee continued to meet in 23/24 following its relaunch in 2022. Work continues to improve reporting through this Committee which reports directly into the Trust Health & Safety Committee. Actions are monitored monthly via the Radiology Business Unit meeting and those arising from the CQC visit in 2022 were completed in 2023/24.

Radiation protection update training has been implemented in the radiology and Cath Labs (cardiology team) teams for radiographers. This is delivered by our Radiation Protection Advisors (RPAs) at EARRPS (East Anglian Regional Radiation Protection Service). This training is now recorded on MAPS to allow easy review of who requires training. All Radiation Protection Supervisors are up to date with their EARRPS mandatory training.

A dose management system (OpenREM) has been fully implemented within the organisation and all doses from imaging equipment producing x-rays are transmitted to this system in real time. Our RPAs can remotely access this data for dose monitoring and diagnostic reference level setting purposes. A project is underway in CT to use this data to optimise the doses, so they are as low as reasonably practical.

Policies and procedures have undergone review and update during 2023/24 with improved compliance on the intranet. Majority of the Trust radiation protection policies are owned by Diagnostic Radiology and cross both specialities (Radiology and Cath Labs/Cardiology).

8.1 Radiation protection incidents and number IRMER reportable

All radiation protection incidents are reported through the Datix® reporting system. For ease of reporting all radiology incidents are overseen the Radiation Protection Committee reporting which feeds into the H&S committee on a quarterly basis.

Ionising Radiations Regulations 2017 (IRR17), made under the Health and Safety at Work etc Act 1974 and administered by the Health and Safety Executive (HSE), provides regulations that govern the general safety aspects for all types of ionising radiation usage and are principally concerned with minimising radiation doses to staff and members of the public. To ensure that these regulations are adhered to all incidents (Table 18) are reviewed by the Health and Safety committee. A particular focus falls on those where there has been an unintended dose (for patients and staff), as detailed in DN006 Ionising Radiation Safety Policy, and those relating to high radiation exposure due to prolonged Cath Lab procedures, as detailed in DN878 Skin Dose Policy.

Table 18 - All Radiology incidents reported in year

	Near Miss	No harm	Low harm	Severe harm	Total
Radiology/Radiation Other	1	15	12	0	28
Radiology - Interpretation of investigation not completed/incorrect	0	2	2	***1	5
Radiology - Investigation incorrect	1	1	0	0	2
Radiology - Investigation not performed/delayed	0	10	1	0	11
Radiology - Preparation of patient for investigation insufficient /incorrect/incomplete	0	2	3	0	5
Radiology - Unintended dose	0	1	5	0	6
Total	2	31	23	1	57

Data extracted from Datix® 16/08/2024.

Health and Safety Annual Report 2023/24

All incidents were graded as near miss, no/or low harm incidents except one severe harm. As previously discussed earlier in this report the Severe harm*** (for radiology - SUI-WEB49498) related to incomplete investigation (Radiology - Interpretation of investigation not completed/incorrect) and this is not directly a Health and Safety related matter. For ease of reporting all radiology incidents are included in this report.

There were 6 unintended doses in the year reported, 5 for patients and 1 for a staff member. The five relating to patients have all been investigated and reviewed and of these 1 met the threshold for IRMER reporting to the CQC (WEB47833). This incident related to an unnecessary/ accidental exposure as the patient received a scan and radiology were informed post scan that this was not required. This was reported to CQC who have reviewed the investigation and associated planned action plan and have since closed this case. Trust action plan completed, and evidence of learning has been evidence for this incident.

The staff related intended dose incident (WEB48544) involved a nuclear medicine incident within the radiology department where a nuclear radiation dose needle fell onto the staff members lap (no visual spill seen) after the patient had been treated. A review of the area was undertaken and there was evidence of small nuclear radiation spill. This was further assessed, and dose calculation completed, and the outcome demonstrated a dose that was sufficiently low to not require HSE Reporting. This incident was not CQC reportable and local learning has occurred.

Within the Cardiology department there were 7 skin dose exposure incidents reported (these are captured under 'radiation- other' in Table 18. This captures patients who received higher than planned radiation exposure, due to prolonged or complication of procedures. In all cases, these were investigated, and the Skin dose policy was followed and patients informed.

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, during the year while the CQC action plan was open until completion.

9. 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)
- Water safety (HTM 04)
- Electrical Safety (HTM 06)
- Temperature and Ventilation (HTM 03)

All HTM have sub-groups with 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.

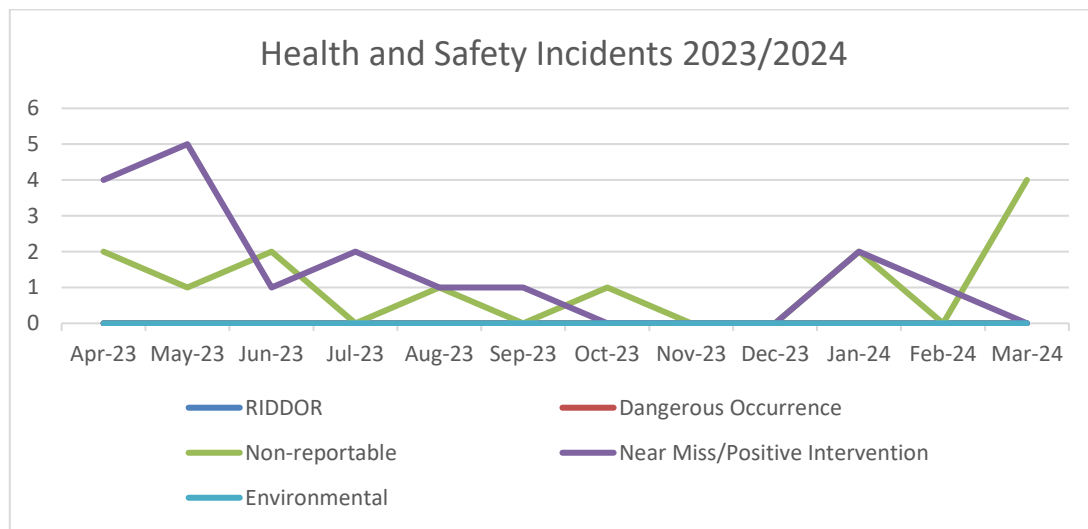
Health and Safety Annual Report 2023/24

9.1 Health and Safety incidents experienced by the OCS and Skanska

Health and Safety incidents experienced by the OCS and Skanska Teams are reported to the Trust Estates team 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 (as required), 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 2023/24 as per graph 8 below. Provider services did not experience any incidents across the year from a dangerous occurrence, environmental or RIDDOR perspective.

Graph 8 - PFI parties provided detail in relation to Health and Safety risks/events



Data provided by PFI Parties August 2024

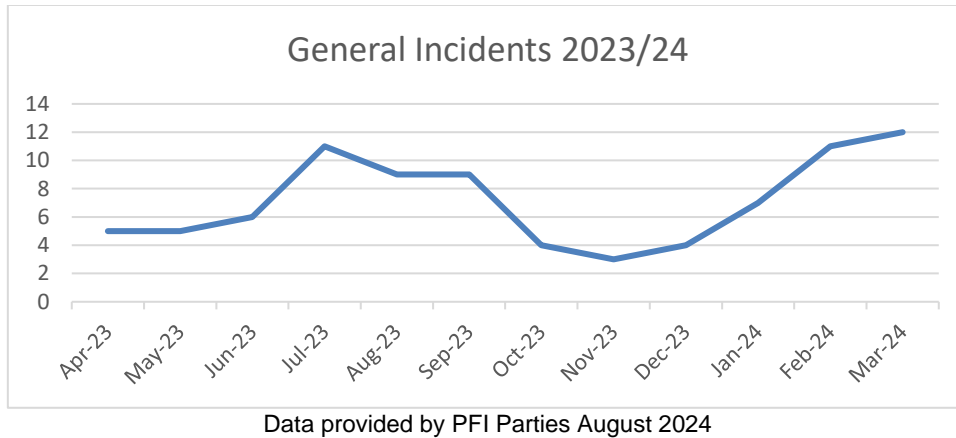
Peak numbers of interventions early within the year were a result of positive interventions made and recorded rather than near misses. This includes activity such as removing items which could cause slips, trips and falls, discussing safe moving and handling techniques, and moving items blocking fire routes, or those which could cause damage.

Incidents experienced by provider services saw a marked increase on the previous year (39 in 22/23 vs 86 in 23/24- see Graph 9) and work is underway to review security on the site, including additional CCTV and introducing access control in some areas where it is not currently present. The Estates and Facilities Team are working with partners to review the current Security Team provision on site to see where this can be increased also.

Whilst several incidents can be attributed to improved reporting for areas such as incidents where intervention is required in the case of patient or visitor care, a high proportion of these incidents can be attributed to issues such as damage, theft and attempted theft, and inappropriate access to some areas of the site by unauthorised persons.

Health and Safety Annual Report 2023/24

Graph 9- General incidents by number by month for PFI Parties



9.2 Trust reported Buildings or infrastructure Incidents

At RPH the maintenance of the building is primarily maintained by Skanska however, incidents are regularly recorded on the Datix® Incident module in order for the Trust to also monitor issues experienced.

A total of 64 incidents were reported onto the Datix® system with 21 of these incidents relating to poor ventilation (heating, air conditioning). Over 70% of these incidents related to the temperature in the rehabilitation gym being too high. A current risk (ID2233) is present capturing the recognised issues and demonstrates that a continuous temperature gauge has been installed for monitoring of temperatures in this area. In addition, staff have been advised to record incidents via the Datix® system if patients feel unwell during their session. Previous free standing air conditioning and fans were removed due to the COVID outbreak. Estates are monitoring the situation.

There were 3 incidents relating to building or infrastructure which were reported under exposure to materials (e.g. asbestos), one was related to stair steps which had the trim removed forming a trip hazard (WEB49434) This incident was resolved on the same day and the stairs repaired. No harm was experienced. The other two related to Vernagel stored against COSHH guidelines (WEB47283), this was discussed at the Surgical Morbidity and Mortality meeting and in addition, training for staff was provided in line with correct chemical storage. However, a second incident was later reported within critical care side rooms. Where again COSHH storage advice was not being followed 3 months after the initial incident (WEB48275). Following this it was agreed by the division that the CCA matron would monitor COSHH storage on their daily rounds. No other incidents have been reported.

There were 7 reported exposures to biological hazards, four were related to sharps bins, on level five, that were full but unable to be locked securely. Upon investigation it was established that these incidents related mainly to reusable bins that are designed to be reopened once full to allow them to be emptied. The issue was confirmed with the company and shared learning conducted throughout the team to prevent further incidents occurring.

9.3 Security incidents

In total 62 incidents were reported via the Datix® system in relation to security. Of these 34 related to loss of property, 18 of these from patients, 9 from staff and 7 of trust property. There was one incident (WEB51178) recorded as vandalism and related to two fire extinguishers that had been removed from their wall brackets, the situation is being monitored by the Trust Fire Safety Manager. No other incidents report in the year.

Key Areas for Improvement for Security

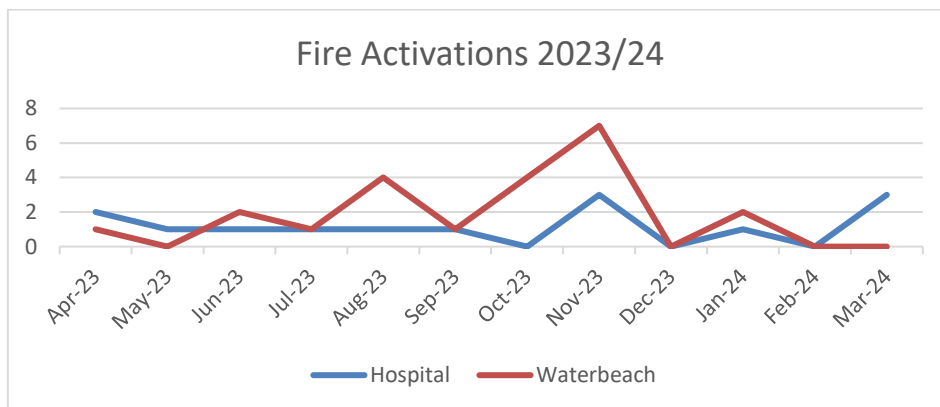
- The Trust Estates lead will be working our security providers to review the progression in relation to increased security support, both from a technological and personnel perspective. Variations for improvements will be presented for consideration and investment during the current year, with installation and increased training and security presence to follow.

9.4 Fire safety

During 23/24 fire training was conducted via an e-learning package. As of 31/04/2024 there was a compliance rate of 83.4% with 1716 out of 2057 members of staff having successfully completed the competency. Further work during 23/24 is planned to introduce co-ordinated evacuation training into high-risk areas and the potential re-introduction of face-to-face mandatory training. The fire policies and risk assessments are due for review during the next financial year and work is underway to establish a robust way of conducting this.

Fire activations across the hospital and Waterbeach sites are highlighted in Graph 8 below, with fluctuations in activation numbers for the main hospital and Waterbeach sites. Intervention activity took place in December 2023 on the Waterbeach site due to the high number of activations. These were found to be due to burning food, excessive heat within the rooms, steam, dust in a smoke detector, or activations with no cause found. Due to the number of accidental activations a communication was circulated to all residents to advise on ways to reduce occurrence. On site (hospital) activations are mainly related to accidental activation, and mistaken panel identification which is places close to the fire alarm points.

Graph 9 – Fire Activation Alarms for 2023/24



Key Areas for Improvement for Fire Safety

- Review of fire training to be completed and if face to face training is required for this to be established and set up for staff to attend these sessions.
- To re-introduce co-ordinated evacuation training into high-risk areas
- Continue to monitor reasons for fire alarm activation, including on the RPH staff members accommodation at the Waterbeach, and encourage ways to reduce alarm activation including communicating advice to support prevention.

10. Medical Gases Committee

The medical gas committee meets three times per year. The membership is as recommended in the Medical Gases Health Technical Memorandum 02-01 and includes the Chief Pharmacist (chair), authorised person, authorised engineer as well as representatives from education, Skanska and OCS. The medical gas committee oversees the policies and procedures surrounding medical gas pipelines and cylinders within RPH (excluding the Heart Lung Research Institute).

During the year April 2023 – March 2024 an external authorised engineer was appointed to advise on the trusts medical gas policy.

There have been 11 reported incidents related to medical gases in year. These can be categorised into three broad themes, as detailed below:

1. Lack of access to cylinders – there were two incidents reporting a lack of full cylinders. This was due to difficulties with stock piling of cylinders on wards and a failure to return empty cylinders for replacement by the supplier. Two further incidents related to a lack of suitable cylinders by ambulance crews attending to transfer patients to RPH. In these circumstances RPH loaned cylinders to enable the transfers to take place.
2. Faulty equipment – of particular note a fault with the manifold (back up oxygen supply) was discovered and a subsequent delay in completing the remedial works was reported. There was a report of an oxygen outlet leaking in radiology. A leak was also reported in the HLRI which required the replacement of the manifold cylinders for that facility.
3. Patient related – there were two incidents of patient falls linked with the removal a face mask providing oxygen. It is unclear whether the removal of oxygen by the patient resulted in the fall or whether the fall resulted in the removal of the face mask. A further incident whereby oxygen was found not to be flowing, due to an unopened valve, was also reported. No long term harm was reported from any incident.

Storage and maintenance of medical gases and equipment

The committee also has oversight of two main areas in relation medical gases and equipment and significant work has been undertaken in these areas during the year 2023/24 in order to mitigate and reduce currently recorded risks.

The medical gas store on level 1 was closed in January 2024 for failing to conform to the health and safety standards required for the storage of medical gases. All cylinders have been relocated to the main gas store in the basement and a new process for ordering cylinders to level one as required has been implemented.

Work is ongoing, in collaboration with Skanska, OCS and Trust estates to replace the O-rings on wall mounted oxygen outlets across the hospital. Work has been delayed by discussions surrounding the quality control requirements for this work, however an agreement has now been reached to enable works to commence during 24/25.

Risks in relation to medical gases

As of March 2024, there are 7 risks related to medical gases on the risk register. Of these 5 are moderate risks and the other 2 are low risks. One moderate risk (ID 2694) is due to be closed in relation to the level one gas storage area.

Health and Safety Annual Report 2023/24

11. Trust wide improvement plan for Health and Safety Governance:

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 (Table 19), and gaps identified at the time, and our improvements as of March 2024 one year following this review.

Table 19 - Improvement plan for H & Safety Governance and updates completed in 2024

Legislation	Compliance measure	Identified Gap March 2023	Improvements update 2024
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.	Health and Safety committee now held 4 times a year. Updated ToR in place. All Roles and responsibilities are now clarification from ward to Board. Sub-committees to H&S are now Radiation protection and Medical Gases Attendance to Committee has improved and is monitored. Completed
Management of Health & Safety at Work Regulations 1999	Annual H&S Audit programme Annual H&S Work plan Training for Risk Management and RSPH Level 3 for Divisions	Re-establish robust identification of and monitoring of workplace audit programme Perform training needs analysis for identified Health and Safety reps.	Training Needs analysis completed for H&S reps and re-established of training was in place in 2023/24. New programme to start in Oct 24. Audit programme still to be established
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	RIDDOR processes in place and reduction in number of RIDDOR's reported. Shared learning in place through H&S Committee, QRMG and with workplace Reps as part of training Completed
Health & Safety Information for Employees Regulations (Amendment) 2009	Terms of reference have been reviewed for the H&S Committee RPH.	Lack of trade union H&S representation and attendance at Health and Safety Committee	This is still to be established
Health & Safety Consultation with Employees Regulations 1996	H&S Policy has been updated H&S Trade union H&S Reps in place and attendance at H and S committee.	Incomplete oversight of ward and department H and S reps and training.	Training Needs analysis completed for H&S reps and re-established of training was in place in 2023/24. New programme to start in Oct 24. This is monitored through H&S Committee now. Completed
Safety Representatives and Safety Committees Regulations 1977	Reports on Audits, Action Plan progress, KPIs and Risk Register Acts as consultative committee for H&S policies.	Inconsistent audit plan for Health and Safety, including follow up and closure of action plans	Audit programme still to be established

Health and Safety Annual Report 2023/24

Control of Substances Hazardous to Health 2002	Regulations are monitored by the RPH Health and Safety Committee and managed through meetings of the specialist groups.	Review reporting as part of Trust Health and Safety Committee review	There is more robust reporting now in place to the H&S Committee.
Electricity at Work Regulations 1989	Authorising Engineers are in place to advise on subject matters.		Reporting through Project Co to estates and project Co are also a core member of the H&S group now.
Workplace (Health Safety & Welfare) Regulations 1992	Health and Safety advisors attend the subject matter groups to monitor compliance.		Authorising Engineers are in place to advise on subject matters.
Provision and Use of Work Equipment Regulations 1998	Reporting through Project Co and Estates and Facilities.		Reporting structure now clearly in place through estates reporting.
Personal Protective Equipment at Work Regulations 1992			Completed
Ionising Radiations Regulations 2017 (IRR17)	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)	Embed governance processes following recent CQC review	Embed IR(ME)R governance processes now in place following the CQC review.
The Ionising Radiation (Medical Exposures) Regulations 2017	Medical Physics experts available to advise on the detail when required		IR(ME)R action plan completed
			Regular reporting is now in place to H&S Committee on a quarterly basis.
			Good robust working relations with East Anglian Regional Radiation Protection Service (EARRPS). Completed

12. Health and Safety Committee Objectives 2024/25.

The gap analysis against the 'Workplace Health and Safety Standards as described by the Health Safety and Wellbeing Partnership Group (Revised July 2013)' has helped the Health and Safety Committee to identify improvements required to overall governance in addition to the structure of Health and Safety governance. As detailed above many of the areas have been completed and strengthened within the last year and the following areas will become the focus for 2024/25.

Key areas of focus will include:

- Re-establish robust audit programme and monitoring of workplace Health and Safety.
- Continue to 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.
- With the new Health, Safety and Risk manager now in post, continue to offer refresher masterclasses for Health and Safety representatives in accordance with training needs analysis.
- Continue to build on the Health and Safety representation and attendance at Health and Safety Committee meetings from trade union representatives
- Key area sections for improvement throughout this report include:
 - > Training and management of Health and Safety Risks
 - > Oversight of IPC related Health and Safety Issues
 - > Improvement for Behaviour/Violence and Aggression Incidents
 - > Improvement for Fire Safety and Security

Health and Safety Annual Report 2023/24

13. Recommendations

Quality and Risk Committee was asked to note:

- Activity in respect to Health and Safety at work at RPH for period 2023/24.
- The key areas of improvement completed and strengthened from the Health and Safety Committee and subgroups oversight.
- The Health and Safety Committee Objectives 2024/25.

And:

- Recommend this report to the Board of Directors.

End of report