

Report to:	Public Board of Directors	Agenda item:	18
Date of Meeting:	1 September 2021		

Title of Report:	Health & Safety Annual Report
Status:	For Discussion
Board Sponsor:	Brian Johnson, Director of Estates and Facilities
Author:	Corrina Sheridan, Health and Safety Manager
Appendices	Appendix 1: Annual Health and Safety Report 2020/2021

1.	Executive Summary of the Report
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This annual report has been prepared to inform the Board of Directors of the health and safety management activities that have occurred during the period 1st April 2020 to 31st March 2021. These activities are based upon the Trust management responsibilities and governance defined herein and aligned with the Health and Safety Executive (HSE) key health and safety issues relating to healthcare provision. The Trust approach and framework is intended to give visibility and assurance that the Trust has measures in place to limit the impact of health and safety issues on patients, employees and members of the public.

The Health and Safety committee and its sub committees are in place and generally well attended. They review the risk areas, actions, develop mitigation plans and monitor progress.

Through the year we have seen an increase in the total number of incidents reported, 706 this year compared to 590 in the previous year. RIDDOR reportable incidents have increased to 232 from 38 in the previous year. Both of these increases are related to the ill health related incidents which is due to the number of staff affected by work acquired Covid 19.

Apart from Conflict Resolution Training (CRT) all subject areas relating to health and safety illustrate a decline in all areas of compliance in year for Trust staff completing training. Covid 19 restrictions have had an impact on moving and handling (level 2) training which as a face to face training session has to reduce numbers to 6 delegates per session.

The Trust risk assessment matrix contains 158 departments with 11 individual risk assessments. All risk identification checklists have been received back from every Department Trust wide; this information is informing the 3 year health and safety rolling programme. The number of risk assessments that each department is required to have is dependent on what is identified as being needed in the Health & Safety Risk Identification Checklist.

The planned approach of starting a 3 year rolling programme of health and safety audits from 01/04/20 is now underway focusing on non-clinical areas in the first instance due to Covid restrictions.

The Face Fit testing Service was transferred from IPCC to Business Development team and again to the Health and Safety team to Manage, in August 2020; since that time over 8000 tests have been undertaken including retests to give assurance that all

staff identified as needing an appropriate mask have been tested and trained how to use masks safely

E&F have now been using Datix for the central management of risks for over a year. The process is embedded into each of the sub-groups and safety committees and is reviewed at least quarterly. The majority of E&F risks are typically building/engineering, which relates to the high backlog maintenance figure of ~£59m. A summary of each safety committee that report into the H&S committee is contained within the report

2. Recommendations (Note, Approve, Discuss)

The report does not make any recommendations. It is requested that the Board of Directors note the contents of the report and the verbal update provided.

3. Legal / Regulatory Implications

Health and Safety at Work Act 1974
Health and Social Care Act 2008

Workplace (Health, Safety and Welfare Regulations) 1992
CQC regulations 2009

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

Risk 2159 – Impact of Managing the FFT Service on other Health and Safety Duties

Associated Actions: Action 23427 & Action 23428

5. Resources Implications (Financial / staffing)

As outlined in risk 2159 the budget made available as a result of the Covid Pandemic is being used to support delivery of the FFT testing service. There will potentially be a shortfall in resource when this budget is withdrawn.

This is being managed through the Datix risk management process and subsequent action plan

6. Equality and Diversity

Not applicable

7. References to previous reports

Not applicable

8. Freedom of Information

Public

Annual Health and Safety Report 2020-21

Reference Number:	
Author & Title:	Matt Taylor, Interim Head of estates and Facilities and Corrina Sheridan, Health and Safety Manager
Sponsor:	Brian Johnson, Director of Estates & Facilities
Action required:	For Information

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Annual Health and Safety Report 2020-21

1. Executive Summary

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2. Introduction and Background

2.1. Introduction

This annual health and safety report has been compiled to follow the format and style of previous annual reports. The data and content has been prepared with input from the Director of Estates & Facilities, Interim Head of Estates and Facilities, the Health and Safety Manager and the Health and Safety team.

2.2. Management Responsibilities

This annual report covers the period from 1 April 2020 to 31 March 2021. The purpose of the report is to provide key information regarding the Trust's health and safety arrangements to protect its employees, patients, contractors and members of the public.

The Trust's health and safety framework is based on the 1997 Health and Safety Executive publication titled 'Successful health and safety management' (HSG 65) which follows the plan, do, check, act approach.

The Health and Safety Executive (HSE) set out key health and safety issues relating to healthcare provision and the Trust has measures in place to limit the impact of these on patients, employees and members of the public.

From the HSE guidance, *health* topics include:-

- Ergonomics and working environment (including DSE)
- Health and wellbeing
- Water safety
- Asbestos
- Stress management

From the HSE guidance, *safety* topics include:-

- Slips and trips and falls
- Violence and aggression
- Lone Working
- Moving and handling
- Safe use of Bed rails and profiling beds
- Fire Safety
- H&S audit Program
- Site development program

The Trust adopts the HSE guidance and uses the topics as a framework to structure the regular and annual reporting, providing transparency and assurance of the Trust health and safety activities.

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Responsibility for health & safety in the Trust rests with the Board of Directors and specifically with the Director of Estates and Facilities and Trust responsibilities are managed through the Health and Safety Committee (HSC) and the Trust Health and Safety Policy.

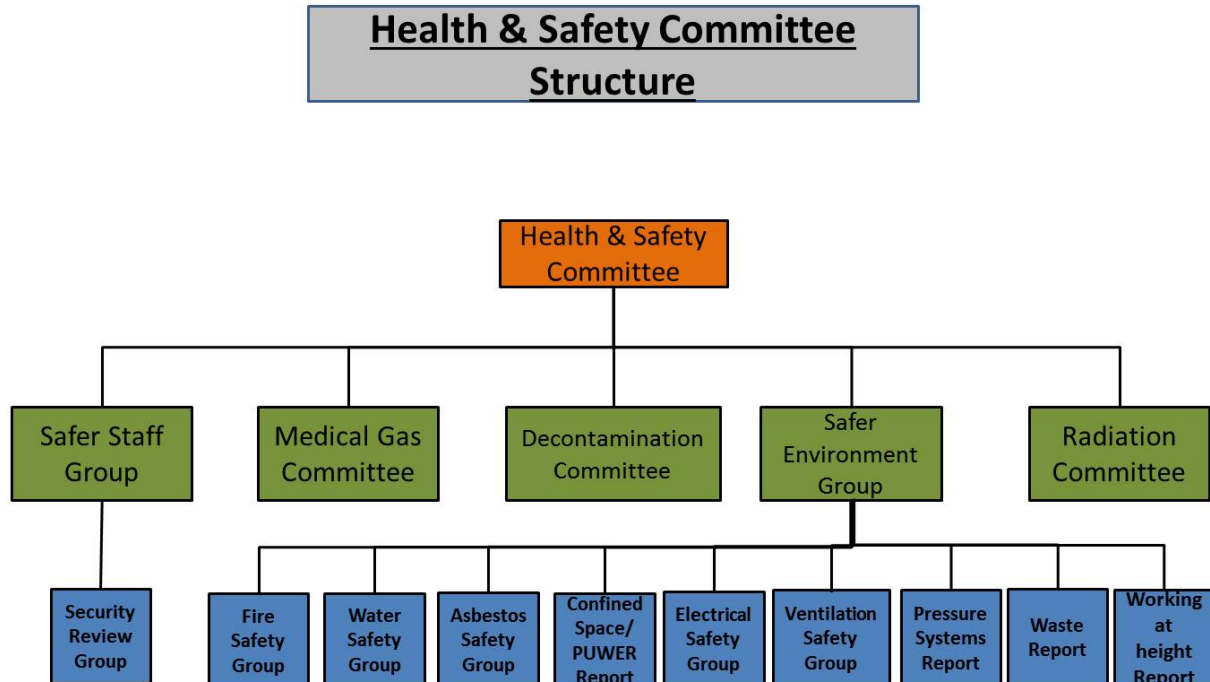
Staff at all levels throughout the Trust have devolved responsibilities for health & safety and the Trust has in place a risk management framework to measure and manage health and safety responsibilities.

2.3. Governance Structure

The Director of Estates & Facilities chairs the organisation’s Health and Safety Committee (HSC), with representation from both staff side and management across a wide range of departments, the committee meets quarterly.

The HSC upwardly reports to the Non-Clinical Governance Committee (NCGC), which reviews the minutes of the quarterly meetings.

There are sub groups to the HSC that are assigned with operational assurance of specific areas or aspects as demonstrated by the structure diagram below. Each sub group is chaired by a relevant expert, has representation from staff side and management and meets on a quarterly basis. Two key sub groups (Safer Staff Group, Safer Environment Group) collect and review quarterly reports from all specialist meetings.



3. Performance during 2020-21

3.1. Health and Safety Incident Reporting

The table below shows the breakdown of reported incidents from 2015-16 to 2020-21; these are the risk categories and data drawn from Datix.

Category	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	Trend
Environment/H&S non-clinical	177	135	148	158	113	57	↓
Fire	52	62	69	65	86	72	↓
Ill Health	17	13	28	27	11	260	↑
Personal Accident/accidental injury	471	420	389	385	364	315	↓
Vehicle	20	23	13	28	18	2	↓
Total	737	653	647	663	590	706	↑

The table indicates an increase in the total number of Health & Safety incidents in the year that have been reported with positive improvements in environment, fire personal accidents and vehicle related incidents. There has been an increase in ill health related incidents which is due to the number of staff affected by work acquired Covid 19. Reductions in the other areas reported could be due to less staff being on site during Covid restrictions.

Fire:

The below table summarises the Trusts compliance with mandatory training for fire.

Since Feb 2021, there has been a steady increase in the compliance levels, most likely as a result of the Trust beginning to return to a new normal.

Compliance levels are monitored monthly by the Estates team and discussed quarterly at the Fire Safety Committee where representatives from clinical divisions

		Compliance	Eligible Staff	Training Requirement Met	Training Required
	☐	90%			
Trust Compliance Level	◆	82.0%	6395	5243	1152
427 Bank	▲	62.9%	806	507	299
427 Capital Summary	▲	80.0%	20	16	4
427 Charity Summary	◆	87.5%	16	14	2
427 Corporate Division	◆	83.2%	546	454	92
427 Facilities Division	◆	89.0%	510	454	56
427 Medical Division	◆	84.2%	1966	1655	311
427 Non-Paid & Recharge	▲	46.7%	15	7	8
427 Research &	★	92.4%	66	61	5
427 Surgical Division	◆	82.9%	1411	1170	241
427 West of England	▲	71.4%	56	40	16
427 Women and Children's	◆	88.0%	983	865	118

Taken 26th May 2021

Violence, Abuse, Harassment and security incidents:

The data has been reviewed and is reported in the separate security report.

3.2. RIDDOR Reporting

There were 232 RIDDORs reported from 1st April 2020 to 31st March 2021 as shown in the table below. This is an increase of 194 from the 38 incidents reported in 2019-20. The largest number of RIDDORs reported this financial year is within the exposure to substance hazardous to health biological hazards category which relates to the Covid outbreaks within clinical areas.

2020-21 RIDDOR Category	Estates & Facilities	Medical Division	Surgical Division	Women & Children	Total
Exposure to substance hazardous to health-Biological		152	47	11	210
Lifting & Handling injuries	3	2	2	1	8
Physical Assault	1				1
Slip, trip, fall (same level)	3	2	1	2	8
Struck against		1	1		2
Struck by object					
Another kind of accident		1	2		3
Total	7	158	53	14	232

Incidents by RIDDOR Accident Types and Type 2020-21

	Employee	Patient
Another kind of accident	3	0
Exposed to harmful substance	210	0
Lifting and handling injuries	8	0
Physical assault	1	0
Slip, trip, fall same level	7	1
Struck against	1	0
Struck by object	1	0
Total	231	1

Year	No. RIDDORS
2014-15	33
2015-16	43
2016-17	28
2017-18	43
2018-19	34
2019-20	38
2020-21	234

All RIDDORs are investigated and appropriate actions applied.

Occupational Disease-Covid 19 Non-fatal:

The criteria for reporting Covid 19 related incidents via RIDDOR are as follows:

- An unintended incident at work has led to someone's possible or actual exposure to coronavirus. This must be reported as a dangerous occurrence.
- A worker has been diagnosed as having COVID 19 and there is reasonable evidence that it was caused by exposure at work. This must be reported as a case of disease.
- A worker dies as a result of occupational exposure to coronavirus

All incidents reported fit the required criteria.

All RIDDORs reported are investigated by the Health and Safety Team with input from the department involved before reporting to the HSE.

3.1. Health and Safety Training

Health and safety training relates to the areas shown in the table below. The training compliance figures and annual trajectory for the reporting year are shown.

Subject	2016-17	2017-18	2018-19	2019-20	2020-21	Trend	Target
Conflict Resolution Training	81.39%	79.5%	81.5%	86.7%	89.1%	↑	90%
Fire	80.16%	80.6%	82%	85.1%	81.75	↓	90%
H & S	92.79%	90.1%	89.4%	90.0%	87.8%	↓	90%
Moving and Handling (Level 1)-Loads	91.31%	89.4%	90.7%	91.3%	88.8%	↓	90%
Moving and Handling (Level 2)-Patients	91.31%	78.5%	78.6%	93.9%	76.4	↓	90%

Apart from Conflict Resolution Training all subject areas illustrate a decline in all areas of compliance in year for Trust staff completing training.

Due to Covid 19 restrictions moving and handling (level 2) which is a face to face training session has to reduce numbers to 6 delegates per session. The trainers within the team are putting on extra sessions to try to catch up but this is entirely dependent on having the appropriate space to train in; the room usually used for this training had been used for many months for staff vaccinations so during that time sessions were reduced.

Target compliance figures above are determined by the Education team, with input from the Health and Safety team.

The divisional speciality managers have been sent the health and safety training information separately so that they can see at a glance which areas need to be encouraged to carry out training urgently.

The Health and Safety team will deliver monthly risk assessment training sessions; when all face to face training returns Trust wide. Where requested departments are supported with completing risk assessments.

3.2. Ergonomics and Working Environment, Including DSE

The Trust are required to undertake risk assessments for ergonomics and working environment and this is achieved via the Trust template assessment for display screen equipment (DSE). The responsibility for preparing a DSE assessment sits with individual employees and line managers are responsible for ensuring these are produced and mitigations implemented that may arise from the assessments. DSE assessments need to be undertaken by staff and reviewed/updated where any changes to ergonomics or working environment change (i.e. staff member moves, new desk or equipment etc.).

In order to assist with the process of undertaking DSE assessments across the Trust the Health and Safety Advisor who is the subject matter expert has worked with the IT department to streamline the ordering process for specialist DSE equipment to reduce waiting time and keep staff in work.

50 DSE assessments have been supported by the Health and Safety team this year which in some cases has had to be completed via teams meeting or staff member sending photographs of home work station.

3.3. Moving and Handling Training

The Health and Safety team has resource of a Health & Safety Advisor and a Health and Safety Support Officer who are competent to provide moving and handling training across the Trust.

Within this year 18 new Department trainers have completed and passed the train the trainer course provided by the Health and Safety Advisor and 26 Department trainers have had their refresher training. This allows those 44 Department trainers to give clinical staff within their area a moving and handling update as required.

The Health and Safety Support Officer has recently attained the IOSH moving and handling train the trainer qualification which will enable more Department trainers to be trained in future and has removed the single point of failure.

3.4. Health & Wellbeing

The Health and Safety Manager is an active member of the Trust Health and Wellbeing group. As part of this work stream, areas of risk or concern relating to sickness levels and RIDDOR reports are being supported with guidance to prepare suitable risk assessments, implementation (by divisions) of suitable documentation and – where necessary – bespoke training from the Health and Safety team, to reduce and manage risks appropriately.

The Health and Safety Manager is continuing to support individuals and teams with stress risk assessments.

The Health and Safety team work in partnership with Occupational Health to carry out more complex work station assessments which has enabled staff to stay in work.

3.5. Water Safety

All controlled documents associated with water safety remain in date, with a review of the water safety policy being due for renewal in November 2021. There are minor amendments to be made due to changes in best practice, although the actions of these changes have already been put in place.

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The Water Safety Group (WSG) continue to meet quarterly with good representation from each member. This includes attendance from external subject matter experts such as the Authorising Engineer (Water) and Consultant Microbiologist.

All water associated risks on datix are reviewed at least quarterly, and contain an up to date action plan for them to achieve their target score.

Recent areas of challenge have been the multidisciplined reporting of positive pseudomonas samples, and this process has been reviewed to ensure a more timely risk assessment and cascade of information to appropriate parties.

There are no concerns to raise.

3.6. Asbestos

The Trust have recently appointed a new Authorising Engineer (Asbestos) to provide external, professional advice for the safe and appropriate management of asbestos at the RUH. They are due to conduct their initial audit during June and July 2021, and a prioritised action plan will be produced to demonstrate progress for any non-conformities observed.

The Asbestos Safety Committee (ASC) continues to meet quarterly, with key representation from Estates, Capital Projects and IT. This membership will be extended to the new AE (A).

The greatest asbestos risk on site remains the heavily contaminated South Duct beneath the hospital. The duct contains loose asbestos fibres and is considered a 'controlled space', requiring a permit to work and dedicated breathing apparatus. This risk is well documented on Datix, and there is a project planned to clean and remove/encapsulate asbestos so the area can be accessed safely for routine maintenance (project was due to be undertaken in 2020-21 but due to re-prioritisation of the Capital Plan this has had to be deferred to 2021-2022, E&F will continue to monitor and mitigate the ongoing risks).

3.7. Fire Safety

The Trust has recently appointed a new Authorising Engineer (Fire) to provide external, professional advice for fire safety at the RUH. They are due to conduct their initial audit during June and July 2021, and a prioritised action plan will be produced to demonstrate progress for any non-conformities observed. This report is overdue as the previous AE (F) had a change of personnel and were no longer able to provide this service. In the absence of an AE audit, the RUH fire team reviewed all actions from the previous report and captured any progress or mitigations in place.

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The Fire Safety Committee (FSC) continues to meet quarterly, with key representation from Estates, Capital Projects, IT and the Clinical Divisions. This membership has been extended to the new AE (F) to provide an additional layer of challenge and assurance.

During the past 12 months, the Trust has developed a fire safety dashboard to coordinate all key 'fire safety' performance metrics. This is discussed fortnightly with key stakeholders, and tasks assigned to progress key actions. Surveys are currently underway, such as a fire compartmentation survey to identify any breaches in fire compartmentation and a review of the site wide fire risk assessments. Actions from these surveys will be prioritised with support from the new AE (F), and progress will be reported through the Fire Safety Committee.

Several infrastructure risks have either been eradicated, or significantly reduced. Examples of these risks are; smoke vents in the atrium, obsolete (but functional) fire devices, emergency lighting.

3.8. Safe Use of Bed Rails and Profiling Beds

All beds have been replaced Trust wide and comply with Gov.UK guidance. Bed rails: management and safe use, which specifies the requirements for safe use.

There have been no reported incidents in 2020-21.

3.9. Site Development Program

During FY20/21-20 the Capital Projects Team delivered £19.5M of investment across 59 projects. Some of the most significant projects are listed below:

- RUH North Demolition
- Demolition of John Apley
- Manor House Remedial Works
- Red Resus extension to ED
- MAU SDAT Refurbishment
- TAU Extension
- Modular CT
- Additional Endoscopy Room
- Laminar Flow Installation
- Asbestos Remediation
- Significant Roof Upgrade Programme
- High Voltage cable diversion
- Lift 14 Replacement
- Road and Paths Upgrade Programme
- Theatre Chiller Replacement
- Backlog Reduction Programme
- Rolling Replacement programme

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The Capital Project team undertakes individual risk identification for each capital project, via a risk matrix; these are compiled at the outset of projects and reviewed on a regular basis.

Capital projects and their risks are reviewed at project boards and upwardly reported to redevelopment board. Risks generally sit separate to the Trust Datix recording system, unless a specific risk or issue requires escalation.

The Health and Safety team support capital projects with ad hoc visits to areas of construction on the Trust site to ensure safe working practices are being employed by all involved.

In the FY20/21 Financial Year there have been no RIDDOR Reportable incidents related to construction activity on site.

3.10. Medical Gas Committee

The Medical Gas Committee (MGC) continues to meet quarterly, with key representation from Estates, Capital Projects, MEMS, Pharmacy and Clinical Divisions.

The past 12 months have been particularly challenging with the increased risk regarding the resilience of oxygen supplies. The management of this risk was led by the Estates Department. This led to the creation of a Covid specific 'RUH Oxygen Business Continuity Plan' and site wide re-modelling of the oxygen networks. This risk was coordinated through the membership of the MGC, and escalated through Silver/Gold as required.

All controlled documents associated with medical gas pipelines remain in date, and the medical gas policy was reviewed in January 2021.

A key risk being worked on by the MGC is the provision of designated nursing officer (DNO) training for the senior nursing team. A valid risk assessment remains in place with progress being monitored at the MGC.

There are no concerns to raise.

3.11. Decontamination Committee

The Decontamination Committee continues to meet quarterly, with key representation from Estates, SSD, Capital Projects, and the Surgery Division.

Both the production and quality reports received from the SSD team are well presented, with no issues and within the past 12 months the SSD team has been audited and retained their ISO 13485:2016 accreditation for quality management.

Relevant to note that all minor non-compliances from the 2019 audit had been

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addressed, no observations or actions recorded and high praise received from our external auditor.

A risk being reviewed by the decontamination committee is the decontamination of instruments used in community settings. Instruments are being decontaminated correctly, but the traceability and evidencing of decontamination requires improvement. This risk is being monitored quarterly with regular updates being provided at the decontamination committee.

There are no other concerns to raise.

3.12. Radiation Committee

External Inspections

- No new external inspections since last report.

Reports;

- **Internal Audits:**

Annual audits of NM, PETCT, and Radiotherapy have taken place to ensure compliance with the Ionising Radiations Regulations. They were found to have some remedial actions required.

- **Staff Doses:**

A programme of measuring staff radiation doses is in place. It was found that staff doses were below any relevant action level for the year.

- **Patient Doses:**

Patient radiation dose audit and image optimisation has been undertaken for the period and recommendations made. New 'Local Diagnostic Reference Levels' were presented and further information will be discussed with relevant clinicians to justify examinations with high radiation doses so that they can be ratified by Medical Exposures Committee (part of the RPC).

- **Environmental monitoring:**

Environmental dose monitoring has been carried out; all results were satisfactory, confirming correct radiation area designation.

Equipment & Developments:

- The opening of the on-site Radio pharmacy continues to be delayed.
- Due to capacity issues, a Radiation Protection Adviser from Bristol has been appointed to advise on the shielding design and building for a replacement linear accelerator, planned for installation in 2022.
- A Veriton SPECT CT Gamma Camera was installed in the Clinical Measurement and Imaging Department in October 2020 and is in clinical use.

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- The RUH RPA has provided radiation shielding recommendations for building works housing the new CT scanner, areas of ED where mobile x-ray will be used, and the new trauma and orthopaedic area where a mini x-ray machine will be used.

Incidents:

- IR (ME) R incidents - There were a total of 116 radiation incidents involving patients reported at the RUH during 2020. 5 of these were reported to the CQC. In the first 3 months of 2021, there have been 36 patient radiation incidents, 3 of which were reported to the CQC because they affected more than one patient, although the dose and risk for 2 of the incidents was very low. All reported incidents have been investigated and closed by the CQC.
- IRR incidents – in the first 3 months of 2021, there have been 10 incidents where staff were unintentionally irradiated. 7 of these were due to manual dispensing in PETCT (other centres would not include this as an incident; changes have been made to the radioisotope supply to minimise future incidents). 3 were due to staff entering theatres when x-rays were in use so theatre managers have been involved with the investigations. No other trends were noted.

Millennium:

- There are still some items to resolve around correct requesting by Non-Medical Referrers.

Documentation/Legislation:

- The RPC Performance Dashboard (excel spreadsheet) is up to date.
- Risk assessments in PET/CT and Radiopharmacy have been reviewed and demonstrate the possibility of staff breaching a radiation dose classification limit in certain accident scenarios. Dr Fiona Bigwood (RUH Occupational Health) is now approved by the HSE as an appointed Doctor for classified radiation workers, so relevant staff will be referred for a health assessment before becoming classified in accordance with the Ionising Radiations Regulations.

During 2020/2021, co-operation of employers agreements, under the Ionising Radiation (Medical Exposures) Regulations, have been in place between the RUH / Circle Bath and the RUH / Bath Clinic. These formally record areas of responsibility for patient radiation exposures that have been carried out at the private provider site due to the covid-19 response

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4. Summary of Additional Activities Undertaken During 2019-20

4.1. Risk Assessment Dashboard

The Trust risk assessment matrix contains 158 departments with 11 individual risk assessments. The number of risk assessments that each department is required to have is dependent on what is identified as being needed in the health & safety risk identification checklist. Risk assessments will be checked via the health and safety audit verification process.

The number of health and safety checklists received is 100%

The table below shows the risk assessments and their current % of completion. Currently the total percentage of completed health and safety risk assessments across the whole Trust is 90.73%

Name of Risk Assessment	Number outstanding	% of completed RA's	Status
H&S Risk Identification checklist completed	0	100%	↔
Slips ,Trips & Falls (STF)	12	92%	↑
Control of substances hazardous to health (COSHH)	7	94%	↔
First aid	17	89%	↑
Manual Handling (non-patient)	20	87%	↑
Bariatric patient management	5	92%	↔
Hoist and sling	3	94%	↔
Interdepartmental transfers	0	100%	↔
Lateral transfer	3	95%	↔
Lead Aprons, the wearing of	3	80%	↔
Standing transfer (Sit to stand transfer)	8	89%	↔
Sharps	6	88%	↔

Total number of Risk Assessments across the trust

90.73%



4.2. HSE Improvement Notice

The Trust had received enforcement letters from the Health and Safety Executive (HSE) following their visit to site on 12/1/2021. One letter related to material breaches of machinery safety in the Estates E9 engineering work shop and included an Improvement Notice. The second letter was a notice of contravention related to breaches in Covid-19 arrangements. Formal responses were required by 26th February and 1st March respectively.

Following the HSE visit, the Trust assembled a comprehensive improvement plan to address all points and compile associated evidence for submission to the HSE. The combined content of the HSE letters comprised three key areas and a summary of Trust actions is as follows:

- 1) Improvement notice received for Estates workshop regarding unguarded machines. Locks were immediately used to secure equipment and prevent further use. Appropriate machine guards were ordered and fitted. Tool-box talks to Estates staff were modified to highlight and record the importance of machine guards (and will be maintained on an ongoing basis).

- 2) Window restrictors – During the visit a window in Estates E9 building was identified as having no restrictor fitted. A window restrictor has been fitted and the risk assessment for E9 Estates has been updated.

As a result of the above, the team also undertook a full review of the Trust wide window survey, associated window risk assessments and inspection of all windows to ensure compliance. Adjustments to the annual planned preventative maintenance (PPM) for windows has been updated to ensure ongoing compliance.

- 3) Social distancing measures – Non-compliances regarding social distancing identified particularly related to communal areas such as staff rooms, rest rooms, kitchens etc.

A significant volume of work was undertaken to visit many areas across the Trust, to highlight issues to all staff, managers and senior leaders. Comms messages were issued, additional information posters prepared, Covid-19 risk assessments checked, furniture removed or notices placed (so as not to use), provision of Clinell wipes and bins, new IPCC/Covid-19 training module added and training video shared via Workplace, regular reminders to all staff to maintain Government advice (Hands-Space-Face).

The Trusts HSE Improvement Plan has been 100% completed, with documented evidence delivered to the HSE on time.

We have received acknowledgement from the HSE. A notification of compliance with the Improvement Notice was received from the HSE on 11/03/21 (the first HSE letter with points 1 and 2 above).

We received subsequent acknowledgement from the HSE regarding social distancing (point 3 above) via email 28.4.21.

The HSE then raised a further query regarding fit testing and commonality between Re-usable Protective Equipment (RPE). RUH has provided evidence information from the RPE manufacturer specific to FFP3 masks and HSE are pursuing their queries directly with the manufacturer.

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Monthly meetings continue with key colleagues from H&S to review and monitor the status of our compliance against the HSE actions. The H&S team undertake spot check audits of departments across the Trust and the Executive team review as part of their Go & See visits (advising H&S team of any outcomes).

4.3. First Aid Arrangements

The Health and Safety (First Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work.

The Health and Safety team has prepared a first aid resource pack, which is available for all departments to use via the intranet. A risk assessment will inform each department what is required to ensure compliance with the above regulations and this risk assessment forms part of the suite of assessments that are included in the compliance dashboard.

The health and safety checklists are highlighting the need for divisions or departments to complete the risk assessments. Currently 89% of the Trust has returned risk assessments to the Health and Safety team for First Aid.

4.4. Delivery of IOSH Managing Safely

All line managers are required to manage health and safety as part of their responsibilities and all staff have responsibility for working safely and following health and safety arrangements. The Director of Estates and Facilities and the Head of Estates are currently undertaking their IOSH Managing Safely course online due to Covid 19 restrictions.

4.5. Face Fit testing

The Health and Safety team took over the Face Fit testing servicing in August 2020. This service will continue to be provided as per health and safety regulations to ensure that all staff that require a *FFP3 mask fit test will have access to the service in a timely manner. A rolling programme of re-testing will commence from June 2021 to ensure compliance with Trust infection control guidelines and the HSE Guidance on respiratory protective equipment fit testing.

* FFP3 face masks are used to provide protection from viruses, bacteria, and solid or liquid toxic aerosols. These masks are commonly used by those working in the healthcare industry as personal protective equipment (PPE)

4.6. IOSH South West Regional Benchmarking

Not attended in 2020/21 due to Covid restrictions.

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4.7. Mass vaccination Centre (Bath race course)

The Health and Safety team have been working with the BSW CCG to assist with the safe roll out of the vaccination service provided at Bath Race course. This involves ad hoc visits to site, providing the slips, trips and falls risk assessment for the whole site and working with staff and partners to give health and safety advice as required.

There have been 20 reported Datix in relation to the mass vaccination centre since its inception.

15 of these were affecting patients, generally due to issues relating to vaccination issues. I.e. issues with vaccine storage

1 was classed as affecting the Organisation. Fire risk due to smell of burning in Marque.

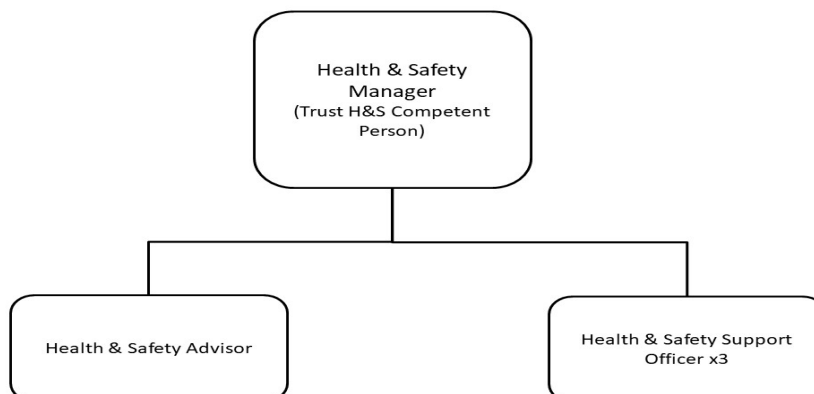
3 were classed as affecting staff. 2 of these involved verbal abuse from members of the public, 1 was a minor injury to a volunteer whilst cleaning.

1 affecting a contractor, the Security guard was verbally abused by member of the public.

All of the reported incidents have been investigated and dealt with by the appropriate departments.

4.8. Health & Safety Service Delivery

The Health and Safety team comprises a Health and Safety Manager, a Health and Safety Advisor and three Health and Safety Support officers.



The Health and Safety team took over the running of the Fit testing service and have over the financial year carried out over 8000 tests (including re-tests) for staff and external partners as requested by the BSW CCG. The service has been run with no extra resource, depending on staff volunteers and members of the Health and Safety team to run it. For 3 months a 7 day a week service was run from 6am to 8pm. The core service is run from the bespoke Fit testing room in E9. The Fit testing team won the team of the year working differently award from the New Year's honours awards 2020.

The health and safety annual plan sets out key actions, which focus the Trust's attention on encouraging strong leadership through active management and collective ownership, and to create healthier, safer workplaces by targeting risk priorities and implementing effective measuring and monitoring systems.

Monthly risk assessment training sessions, whilst currently on pause due to restricted face to face training will commence as soon as possible; Meanwhile the Health and Safety team is supporting Departments when requested with completing risk assessments. Generic risk assessment templates are available on the health and safety page on the intranet for Departments to amend and use.

Key themes from the annual health and safety action plan:

- Providing strong leadership;
- Actively managing health and safety;
- Promoting and developing a strong health and safety culture across the Trust;
- Monitoring reports of accidents, ill health and near misses;

Risk priorities:

- Moving and handling
- Slips, trips and falls,
- Safer Sharps
- Stress management

4.9. IOSH Peer Reviews

There has been no formal peer review however the Health and Safety Manager has a network of health and safety professionals to engage with to enable shared learning to be disseminated. The Health and Safety Manager has been working closely with other Trusts health and safety teams to particularly share learning outcomes from the Pandemic as it has resulted in different ways of working.

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5. Conclusion

Note the content of this report as a record of Health and Safety performance for the Trust through 2020-21. The Trust continues to actively manage and address risks and during the year the prioritisation due to Covid 19 had a significant impact, continued work is planned through the coming year.

There has been a decrease in health and safety training compliance, possibly due to Covid work pressures for clinical staff and the number of staff working at home, but also the availability of face to face training and external courses.

The health and safety audit is now underway in areas where access has not been restricted and will continue to gather pace as local restrictions reduce. The outcomes of the health and safety audit action plans will identify any areas of concerns and inform the health and safety priorities going forward.

Taking into consideration the extra pressure and time constraints caused by managing the hundreds of extra RIDDORs, taking on the Fit testing service and the input needed for the mass vaccination centre; the Health and Safety work streams Trust wide are on track as per the annual health and safety plan.

Learning outcomes from the HSE inspection and subsequent improvement action plan will be applied and reviewed on a regular basis to ensure that standards are maintained.

The Health & Safety committee and associated sub groups are performing well, with good levels of governance, evidence and compliance across all areas.

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