

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>15.0</b>
<b>Date of Meeting:</b>	<b>2 November 2022</b>		

<b>Title of Report:</b>	<b>Health &amp; Safety Annual Report</b>
<b>Status:</b>	<b>For discussion</b>
<b>Board Sponsor:</b>	<b>Brian Johnson, Director of Estates and Facilities</b>
<b>Author:</b>	<b>Corrina Sheridan, Health and Safety Manager</b>
<b>Appendices</b>	<b>App 1. Annual Health and Safety Report 2021/2022 (attached)</b>

<b>1.</b>	<b>Executive Summary of the Report</b>
<p>This is the Annual Health and Safety management report that covers the reporting period from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022.</p> <p>The intention of the report is to outline the Trust's approach to Health and Safety Management, provide information and data to assess the RUH performance with regard to Health and Safety matters and provide a summary of additional key activities carried out during the year.</p> <p>The report states that the Trust continue to actively manage and address risks however the Covid Pandemic continues to have a significant impact resulting in decreased health and Safety auditing and mandatory training compliance</p> <p>However, it is believed that compliance levels will increase in the future as restrictions are lifted enabling increased access to clinical areas and larger class sizes for training.</p> <p>The Health &amp; Safety committee and associated subgroups are performing well, with good levels of governance and risk management practices being applied. The Health and Safety committee have oversight of a number of risks these risks are managed using datix and where possible and appropriate responsibility is devolved to the most appropriate subgroup where the detailed actions and plan can be discussed in greater levels of detail.</p>	

<b>2.</b>	<b>Recommendations (Note, Approve, Discuss)</b>
<p>The report does not make any recommendations - It is requested that BoD note the contents of the report and the verbal update provided.</p>	

<b>3.</b>	<b>Legal / Regulatory Implications</b>
<p>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</p>	

<b>4.</b>	<b>Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)</b>
<p>The Health and Safety Committee has oversight of various risks. These risks are captured on the RUH risk register (datix) and are managed by the most appropriate subgroups.</p> <p>Each risk has a named lead and an associated action plan with timeframes.</p>	
<b>5.</b>	<b>Resources Implications (Financial/staffing)</b>
<p>As outlined in risk 2159, the budget made available due to the Covid Pandemic is being used to support the delivery of the FFT testing service. There will potentially be a shortfall in resources when this budget is withdrawn. This is being managed through the Datix risk management process and subsequent action plan.</p>	
<b>6.</b>	<b>Equality and Diversity</b>
<p>No issue identified</p>	
<b>7.</b>	<b>References to previous reports/Next steps</b>
<p>This report has been to the Non-Clinical Governance Committee.</p>	
<b>8.</b>	<b>Freedom of Information</b>
<p>Public</p>	
<b>9.</b>	<b>Sustainability</b>
<p>N/A</p>	
<b>10.</b>	<b>Digital</b>
<p>N/A</p>	

# Annual Health and Safety Report 2021-22

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

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# Annual Health and Safety Report 2021-22

## 1. Executive Summary

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This annual report has been prepared to inform the Board of Directors (BoD) of the health and safety management activities that occurred from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022. 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 are 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 subcommittees are generally well-attended. They review the risk areas and actions, develop mitigation plans and monitor progress.

Throughout the year, we have seen a decrease in the total number of incidents reported, 531 this year compared to 706 in the previous year. Reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) reportable incidents have decreased from 232 to 26 compared with last year. Both of these decreases are related to reducing ill health-related incidents of staff affected by work acquired Covid 19.

All subject areas illustrate a decline in all areas of compliance in the year for Trust staff completing training.

Moving and handling (level 2), a face-to-face training session has increased to 10 per session per pre-Covid. This is the maximum number that can be trained safely by one trainer. Unfortunately, there are regular non-attendances to the training sessions, possibly due to sickness or staff not being released from clinical duties.

The Trust risk assessment matrix contains approx. One hundred forty departments with a core of 11 risk assessments. The number of risk assessments that each department must have depends on what was identified as being needed in the health & safety risk identification checklist, which all departments have completed. Some departments required all 11 and even some additional assessments for the unique hazards present in the department, whilst some only needed one or two.

The planned approach of starting a three-year rolling programme of health and safety audits from 01/04/20 is continuing with a focus on clinical areas in the first instance as Covid restrictions reduce.

All actions within the HSE Improvement Notice have been completed to comply with the requirements of the Improvement notice. All Covid related issues are now being led by Public Health as the HSE is no longer involved with matters relating to Covid 19.

The Health and Safety team continue to run the Fit testing service with no extra resource, which has impacted health and safety service provision when public health requirements to test additional staff have to be met at short notice. Currently, extra hours provided by our volunteers are paid for using the Covid cost code. When this funding stops, there is no money available in the health and safety budget to cover this extra cost.

Estates & Facilities have been using Datix for the central management of risks for over a year. The process is embedded into each sub-groups and safety committee and is reviewed at least quarterly. Most E&F risks are typically building/engineering, which relates to the high backlog maintenance figure of ~£57m. A summary of each safety committee that reports to the H&S committee are contained within the report.

## 2. Introduction and Background

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### 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 have been prepared with input from the Director of Estates & Facilities, the Interim Head of Estates, the Health and Safety Manager and the Health and Safety team.

### 2.2. Management Responsibilities

This annual report covers the period from 1st April 2021 to 31st March 2022. The report's purpose is to provide key information regarding the Trust's health and safety arrangements to protect its employees, patients, contractors and public members.

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's health and safety activities.

Responsibility for health & safety in the Trust rests with the Board of Directors, specifically with the Director of Estates and Facilities. Trust responsibilities are managed through the Health & 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 a risk management framework to measure and manage health and safety responsibilities.

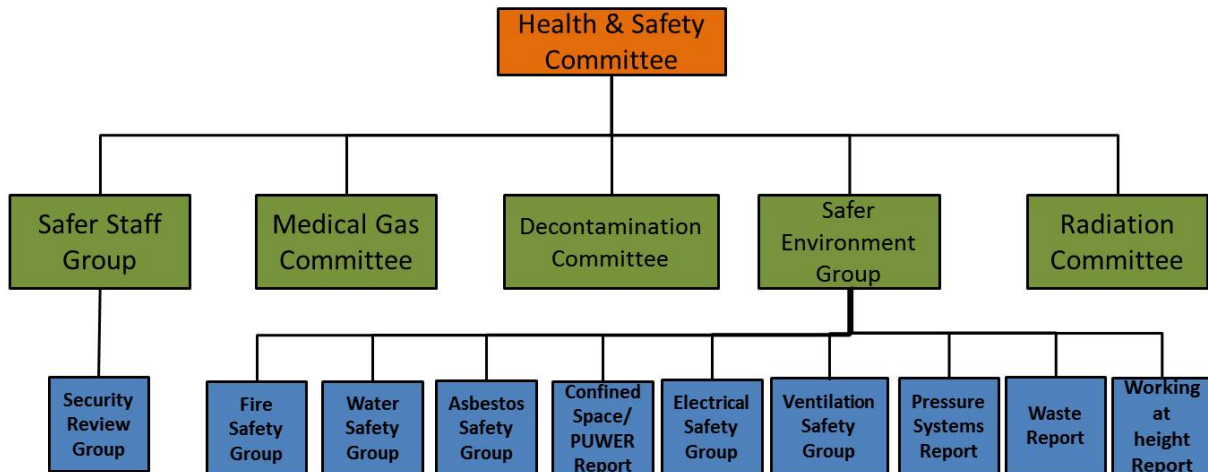
### **2.3. Governance Structure**

The Director of Estates & Facilities chairs the organisation's Health and Safety Committee (HSC), with representation from both the 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.

Two key subgroups (Safer Staff Group and Safer Environment Group) collect and review quarterly reports from all specialist meetings. The sub-groups to the HSC are assigned with the 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 the staff side and management and meets quarterly.

**Health & Safety Committee  
Structure**



### 3. Performance during 2021-22

#### 3.1. Health and Safety Incident Reporting

The table below shows the breakdown of reported incidents from 2016-17 to 2021-22; these are the risk categories and data drawn from Datix.

Category	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Trend
Environment/H&S non-clinical	135	148	158	113	57	85	↑
Fire	62	69	65	86	72	70	↓
Ill Health	13	28	27	11	260	118	↓
Personal Accident/accidental injury	420	389	385	364	315	258	↓
Vehicle	23	13	28	18	2	0	↓
<b>Total</b>	<b>653</b>	<b>647</b>	<b>663</b>	<b>590</b>	<b>706</b>	<b>531</b>	↓

The table documents the total number of Health & Safety incidents reported with positive improvements in fire, personal accidents, ill health and vehicle-related



incidents. The significant decrease in ill health incidents is related to the reduction of staff Covid related illness that was prevalent in 2020. The increase in the environment and H & S non-clinical incidents could be related to more on-site staff as more services return to 'business as usual'.

**Fire:**

The below table summarises the Trust's compliance with mandatory fire training.

Since April 2021, mandatory training compliance has reduced from 82% to 75.5%. The most significant contributor to this is the bank, with 444 staff requiring training. The Trust would need 961 staff to be trained to reach their target compliance of 90%.

Compliance levels are monitored and discussed at the quarterly Fire Safety Committee, where representatives from clinical divisions attend.

With the support of the Authorising Engineer, the Trust Fire Safety Advisor is reviewing the training needs analysis for fire and will share their proposal with the fire safety committee for sign-off. Fully aligning with best practices will likely reduce training for non-clinical staff (three yearly), although training for clinical staff will remain the same (annual).

		Compliance	Eligible Staff	Training Requirement Met	Training Required
	📊	90%			
<b>Trust Compliance Level</b>	🚩	<b>75.5%</b>	<b>6635</b>	<b>5011</b>	<b>1624</b>
427 Bank	🚩	53.2%	949	505	444
427 Capital Summary	🟡	83.3%	18	15	3
427 Charity Summary	🟡	88.2%	17	15	2
427 Corporate Division	🚩	76.1%	539	410	129
427 Facilities Division	🟡	85.1%	469	399	70
427 Family and Specialist	🚩	76.6%	1007	771	236
427 Medical Division	🟡	81.1%	2062	1673	389
427 Non-Paid & Recharge	🚩	31.8%	22	7	15
427 Research &	🟡	81.2%	69	56	13
427 Royal United Hospitals	🚩	0.0%	1		1
427 Surgical Division	🚩	78.0%	1427	1113	314
427 West of England	🟡	85.5%	55	47	8

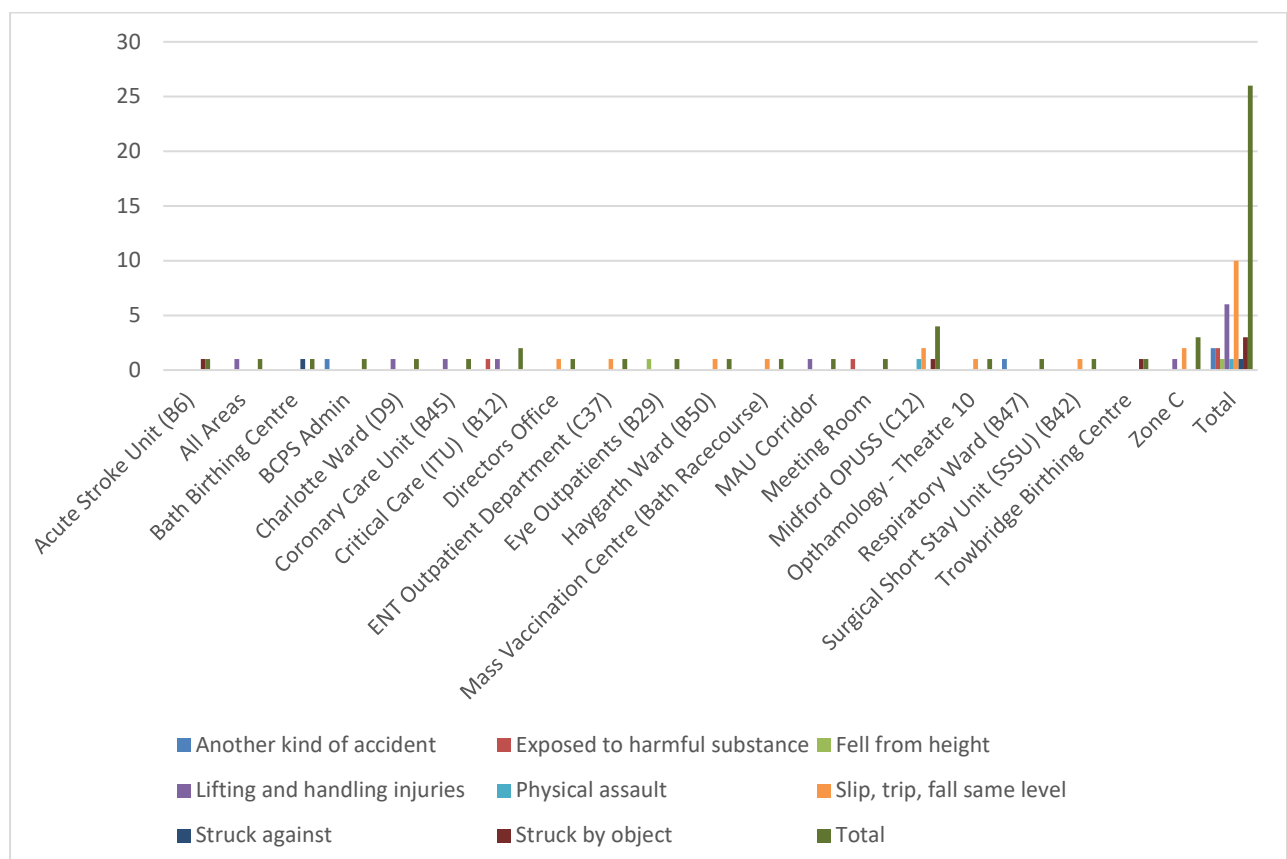
Report as at: 05/04/2022 06:30:03 run by MIS\Matt.Taylor

**3.2. RIDDOR Reporting**

There were 26 RIDDOR reported from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022, as shown in the table below. This decreases by 206 from the 232 incidents reported in 2021-22.

This is due to the reduced exposure to substances hazardous to health biological hazards category previously reported from the Covid outbreaks within clinical areas.

2021-22 RIDDOR Category	Estates & Facilities	Medical Division	Surgical Division	FASS (formerly Women & Children)	Corporate	Total
Exposure to a substance hazardous to health-Biological	1			1		2
Lifting & Handling injuries		3	1	2		6
Physical Assault		1				1
Slip, trip, fall (same level)	2	2	4	1	1	10
Struck against				1		1
Struck by object	1	1		1		3
Fell from height	1					1
Another kind of accident		1	1			2
<b>Total</b>	<b>5</b>	<b>8</b>	<b>6</b>	<b>6</b>		<b>26</b>



### 3.3. 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	2017-18	2018-19	2019-20	2020-21	2021-22	Trend	Target
<b>Conflict Resolution Training</b>	79.5%	81.5%	86.7%	<b>89.1%</b>	87.4%	↓	90%
<b>H &amp; S</b>	90.1%	89.4%	90.0%	<b>87.8%</b>	84.7%	↓	90%
<b>Moving and Handling (Level 1)-Loads</b>	89.4%	90.7%	91.3%	<b>88.8%</b>	85.6%	↓	90%
<b>Moving and Handling (Level 2)-Patients</b>	78.5%	78.6%	93.9%	<b>76.4</b>	71.1%	↓	90%

All subject areas illustrate a decline in all areas of compliance in the year for Trust staff completing training.

Moving and handling (level 2), which is a face-to-face training session, has increased numbers to 10 per session as per pre-Covid. This is the maximum number that can be trained safely by one trainer. Unfortunately, there are regular non-attendances to the training sessions, which could be due to sickness or staff not being released from clinical duties.

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.

### Ergonomics and Working Environment, Including DSE

The Trust is required to undertake risk assessments for ergonomics and the 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.

42 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 members sending photographs of the home workstation.

### **3.4. Moving and Handling Training**

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

Within this year, 38 new Department trainers have completed and passed the train the trainer course provided by the Health and Safety Advisor, and 17 Department trainers have had their refresher training. This allows those 55 Department trainers to give clinical staff within their area a moving and handling update as required. This gives the Trust a total of 115 date department trainers, with only five areas currently without an allocated staff member. The Health and Safety Advisor continues to update these areas when required, along with giving specific advice or support to patients and staff on wards when required. All of the above is totally dependent on the Health & Safety Advisor being on-site; any sickness or annual leave leaves the Trust without a competent person.

### **3.5. 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 workstation assessments, which have enabled staff to stay at work.

The Health and Safety team are working with the Employee Assistance Programme Manager to support required actions to comply with the NHS England health and wellbeing framework.

### 3.6. 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 2022. The water safety plan is currently under review to reflect minor changes in British Standards.

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

All appointments for Designated Person, Authorised Person(s), and Authoring Engineer remain in date.

All active risks on Datix associated with water safety are reviewed at least quarterly and contain an up-to-date action plan for them to achieve their target score. Since the previous annual report, several high-scoring risks have been closed as they have been sufficiently mitigated. These are:

- High counts of legionella within Radiology – resolved through pipework replacement.
- The resilience of the heat source from the CHP (combined heat and power) plant – automatic changeover valves were installed.

There have been recent challenges with the recording of flushing evidence for little-used outlets. The agreed change of process is to tailor cleaning records so that they, more specifically, evidence flushing took place, which mitigates the need to record flooding evidence separately.

There are no concerns to raise regarding water safety.

### 3.7. Asbestos

The Control of Asbestos Policy remains in date and is subject to periodic review. The Asbestos Management Plan, which translates the policy into workable standard operating procedures (SOPs), is currently under review following advice from the recently appointed Authorising Engineer.

The Asbestos Safety Committee (ASC) continues to meet quarterly, with key representation from Estates and Capital Projects.

Since the previous annual report, the Trust has appointed an independent Authorising Engineer for asbestos, and they have conducted their initial audit. Their recommended areas of improvement are:

- 1) **Improve access to the asbestos register.** The asbestos register now resides on the cloud and is accessible to all members of the Estates Department. All Trade staff have a mobile app installed that provides access based on their location. All work orders scheduled within areas known to contain asbestos have a safety notice attached requiring trade staff to confirm they have read and understood the risk register prior to carrying out work.
- 2) **Inconsistent approach to the identification of asbestos prior to building work.** Asbestos Management Plan has been reviewed to consolidate Trust best practice, and training has been provided to each member of the Capital Projects Team. A member of the Capital Projects Team has also been nominated as an Authorised Person.
- 3) **Asbestos Management Plan requires review.** Currently under review with support from Authorising Engineer. Will include changes to the process for risk assessment of asbestos-containing materials and recording of asbestos surveys. Target completion of July 2022.
- 4) **Training records.** A training needs analysis has been carried out to identify additional training needs beyond basic asbestos awareness. This additional training has been provided to Capital Projects, Estates Officers and Senior Estates Officers.

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 for entry. This risk is well documented on Datix, although the project to address this during 21/22 was deferred until 22/23 due to the challenging capital position. Existing control measures remain in place.

### 3.8. Fire Safety

The Fire Safety Policy is in date and subject to annual review through the Fire Safety Committee.

The Fire Safety Committee continue to meet quarterly to discuss all matters of fire safety. Attendance has occasionally been below quorum due to operational pressures on clinical teams, although the progress of actions has been requested outside of committees.

Since the previous annual report, the Trust has appointed a new Authorising Engineer (Fire) to provide external, professional advice for fire safety at the RUH. Their initial audit took place in August 2021 and highlighted the following recommendations:

- 1) **Recording of Maintenance.** Maintenance of fire safety devices is currently recorded on paper records due to the inadequacies of the Trust's bespoke computer-aided facilities management (CAFM) System. The CAFM system is currently being replaced, and planned maintenance is being set up during 2022. To mitigate this, the Trust is using its specialist contractor to carry out 'one-off' maintenance of all devices to bring the system into compliance.
  
- 2) **Fire Risk Assessments.** The Trust Fire Risk Assessments were significantly out of date, and their replacements did not follow the requirements of best practice. The Trust has employed Oakleaf Ltd. to conduct fire risk assessments of all clinical areas. This action will be closed by the summer of 2022.
  
- 3) **Fire Training.** The Authoring Engineer suggested in some cases, staff were over-trained, and in other areas, they were under-trained depending on the responsibilities placed on them in the fire safety policy. A training needs analysis for fire is currently being developed. Training has already begun for areas of under-training, leading to enhanced training for trade staff on compartmentation, fire doors and fire dampers.

The Trust has continued to invest capital into fire safety risks. This has led to the replacement of fire doors, obsolete fire devices and repairs to fire compartmentation. Fire compartmentation remedials remain on the Trust capital program, with an intended £300k dedicated to addressing remaining high and medium risks.

### **3.9. 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.

### **3.10. Site Development Program**

During FY21/22, the Capital Projects Team delivered £22.1 of investment across 53 projects. Some of the most significant projects are listed below:



- Cancer Centre (ongoing)
- ED - Paediatric Upgrade
- Haygarth Ward Upgrade
- Helena Kitchen
- Breast Unit Expansion (Trust & charity funded)
- Apley House Reconfiguration
- HIP2 E9 Mezzanine Fit-out
- HIP2 John Apley Demo & Car Park
- ED Same Day Facility Upgrade 20/21
- Modular CT
- Nasal Endoscopy Room
- B36 Ward Expansion & AHU
- Lift Upgrade
- HV Cable Installation
- South Duct Asbestos enabling
- Pathology MES Enabling
- Sulis MRI (& CT enabling)
- Rolling Replacement of plant and assets
- Contribution to Backlog Maintenance
- Manor House Remedial Works
- Emergency lighting
- Fire Compartmentation
- Diabetes & Endocrinology Roof
- Theatre UPS
- Endoscopy Compartmentation
- Theatre Vacuum plant
- West Duct Lighting
- Nurse Call Upgrade Phase 2
- Atrium Smoke extract system

The Capital Project team continues to undertake 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 the redevelopment board. Risks generally sit separately from the Trust Datix recording system unless a specific risk or issue requires escalation.

The Health and Safety team supports 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.

### 3.11. Medical Gas Committee



The Medical Gas policy is in date and subject to annual review through the Medical Gas Committee.

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

The management and provision of piped oxygen continue to be a focus of NHSE, although there are no local concerns for oxygen resilience at RUH. Maintenance continues to take place as required, and the business continuity plan is regularly exercised during periods of peak demand.

Unfortunately, minimal progress has been made in addressing the provision of designated nursing officer (DNO) training for the senior nursing team due to the impact of covid. A valid risk assessment remains in place with mitigation, although progress is no longer in line with the prescribed action plan.

Progress is now being led by the Trust Head of Estates and recently appointed Associate Chief Nurse.

There are no other concerns to raise.

### **3.12. Decontamination Committee**

The Trust Decontamination Policy is in date and subject to annual review through the Decontamination Committee.

The Decontamination Committee continues to meet quarterly, with key representation from Estates, Sterile Services Department, Microbiology, 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 have retained their ISO 13485:2016 accreditation for quality management. The engineering reports have been updated to include sections on plant availability and downtime to ensure the risks of over-utilisation to support clinical demand are well managed and understood.

All appointments of the Designated Person, Authorised Person and Authorising Engineer remain in date. The Trust is currently re-tendering the provision of Authorising Engineer as the contract is approaching expiry, although this is unlikely to present any challenges.

Two key risks have been closed since the previous annual report. These are the decontamination of the TOE probe and issues with service lifts.

The greatest risk continues to be the decontamination of instruments used in community settings. The Decontamination Committee is sufficiently assured instruments are being decontaminated correctly and that the risk to patients is low; however, the traceability and evidence of decontamination require improvement. There is an action plan and audit schedule in place led by the Trust Decontamination Lead. This risk is being monitored quarterly, with regular updates being provided at the decontamination committee and monthly at the trust infection prevention and control committee.

There are no other concerns to raise.

### 3.13. Radiation Committee

The Radiation Protection Committee (RPC) last met on 6<sup>th</sup> April 2022.

#### External Inspections/Reports

- The RUH was inspected by the 'Office for Nuclear Regulation (ONR) on 16<sup>th</sup> March 2022. The ONR inspection was concerned with the transport of radioactive material. The hospital was found to be in keeping with the legislation. A copy of the ONR report has been sent to the Trust Secretary.
- The annual report to the Environment Agency regarding the inventory of radioactive waste was submitted in February as required by the hospital's EPR permit – the hospital remains within its permit limits.

#### Internal Reports

##### Audits:

- Audits of IRR17 compliance are due shortly.
- The Radiopharmacy is currently underway.

#### Doses

##### Staff Doses:

- A programme for measuring staff radiation doses is in place. Since the last report, Radiopharmacy staff that prepare the radiopharmaceuticals have been designated as classified workers.
- Higher doses were noted for some Radiopharmacy staff shortly after the service opened, but with further experience, these are now coming down.

##### Patient Doses:

- Patient dose audit and Optimisation have been undertaken for the period, and recommendations have been made.
- New 'Local Diagnostic Reference Levels' for a number of procedures were ratified by the Medical Exposures Committee (part of the RPC).

**Environmental monitoring:**

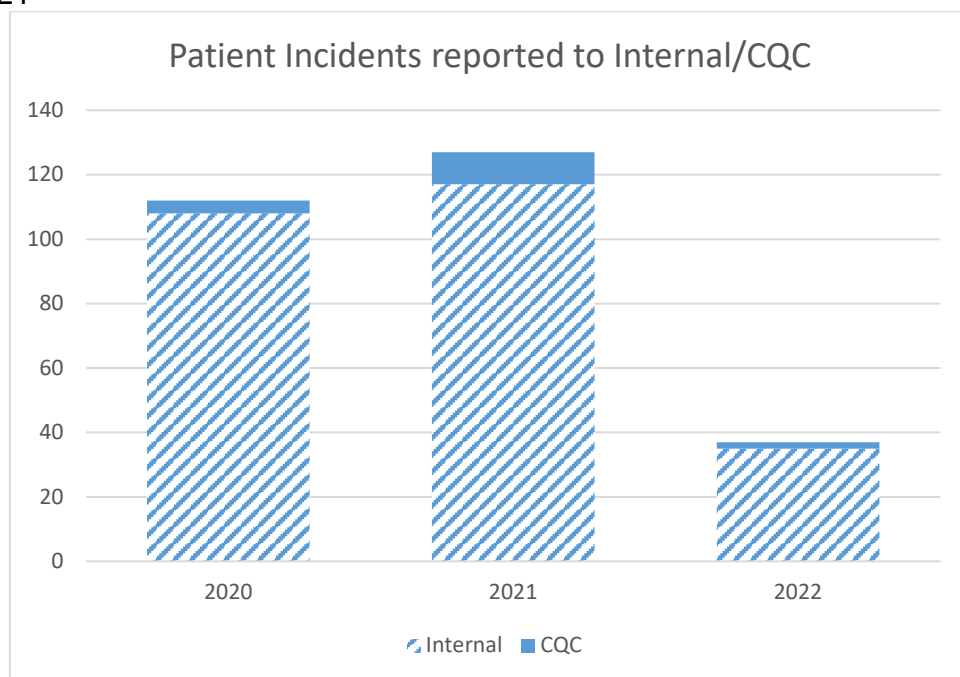
- Environmental dose monitoring has been carried out; most results were satisfactory, but some areas are having the measurement repeated to check the results.
- Radon measurements have been made in all areas that were due for assessment. The Radon detectors have been returned, and the results are now awaited from Public Health England.

**Equipment & Developments**

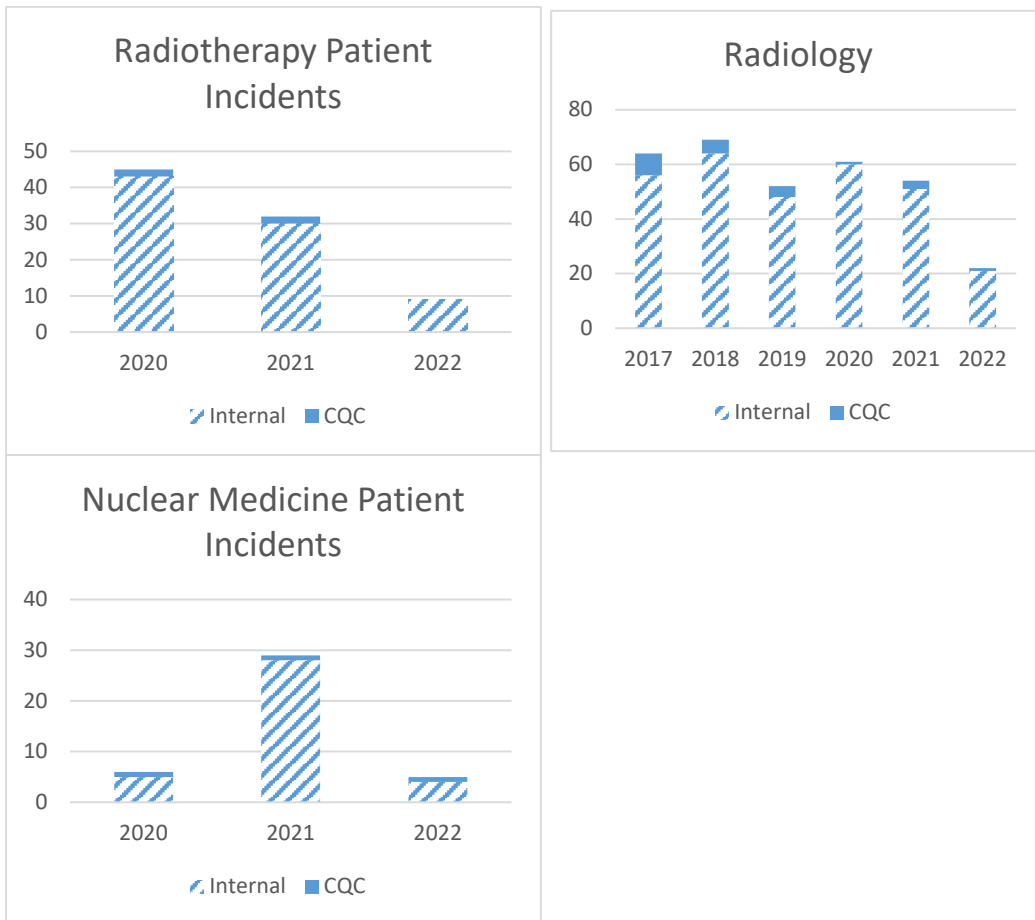
- The on-site Radiopharmacy opened in January 2022. Appropriate legal consent was applied for and received from the HSE in December 2021. The HSE will make an inspection of the site later in the year.
- Work on drains which carry radioactive material was briefly mentioned. How best to identify these drains is ongoing and being discussed with Estates. One suggestion was for a 'Permit to Work' notice on the drain cover itself and a trefoil on the inside wall of the drain.
- Ageing X-ray equipment now has its own risk assessments, e.g. Paulton Hospital (installed 1997) and Emergency Department (installed 1998). A formal assessment of the image quality will be undertaken, and the number of rejected images will be checked to confirm that patients are not receiving repeat exposures. The RUH RPA (Laura Martin) has attended planning meetings to assess equipment and building specifications.
- Building works are underway in Radiotherapy to prepare the LA1 bunker for the new linear accelerator. Expected install date August 2022- clinical January 2023. external RPA has been appointed (Helen Coomber)
- CT scanning service for Radiotherapy is now being undertaken in RUH PET (1 scan per day) and at Genesis Care, Aztec West Bristol, by RUH staff. There are plans to transfer the work done at Genesis Care to Sulis this summer (until the Dyson Cancer Centre is complete in autumn 2023). It was noted that the Shared Employer radiation protection documentation for these other employers is all in hand.
- 'Insourcing' has been set up for the Breast Unit and the Oral and Maxillofacial Surgery Department. Despite the significant challenges and misunderstanding of what was involved at the beginning to set up the services, they have run well due to RUH staff commitment.
- Dyson Cancer Centre – The RUH RPA has provided advice for the radiotherapy CT scanner, DEXA scanner, and the nuclear medicine department.
- Sulis - CT scanner replacement – the current external RPA is appointed until the end of June, at which point the RUH RPA is expected to take on the role (conditional on an SLA being in place).

### Incidents

- IR (ME) R incidents – In 2021, there were a total of 119 radiation incidents involving patients; 9 were reported to the CQC and 110 were reported internally. In the first three months of 2022, there have been 19 radiation incidents involving patients; 2 have been reported to the CQC and 17 were reported internally.
- With regards to the 2 CQC reportable incidents, one was a result of the need to repeat a scaphoid x-ray on two patients due to the same cassette being used. The other was caused by the need to repeat 2 GFRs due to an incorrect standard sample.
- Total CQC and Internal IRMER incidents for the whole of 2020 vs Jan-Apr 2021



### IRMER incidents (internal and CQC) by department



- IRR incidents (Oct 2021 – March 2022) - there have been 14 incidents in total (12 in PETCT and 2 in CT).
  - There were seven occasions in PETCT where manual draws of activity were necessary and five incidents of recorded contamination. Discussions about contamination incidents in PET have resulted in guidance being provided to staff to prevent further spills.
  - There were two instances where CT doors were opened during a CT warm-up, one in CT3 and the other in CT4. Staff will be reminded to lock doors at the top as well as to use the thumbwheel, whilst new installations will be recommended to have a spring-loaded top bolt.
  
- The IRMER and IRR data were reviewed, but no trends of concern were found.

### Documentation/Legislation

- The Radiation Safety Policy and Radioactive Waste Policy which were previously approved by the H&S Committee, have been published on the intranet.

- Staff making up the kits in Radiopharmacy have been designated as classified workers.
- A review of the risk assessment for the Dental Mobile in theatres has identified the requirement for an outside worker and/or Cooperation of Employers' agreement document to cover GWH employees operating the x-ray unit in the presence of RUH employees.
- A number of Risk Assessments have been written and reviewed:
  - RA is in draft for the LA1 Bunker with the pending installation of Varian TrueBeam.
  - The Radiopharmacy RAs were written in March and September 2021, and the second-person verifications are being finalised.
  - RAs for NM & PETCT have been reviewed.
  - Radiology RAs have all been reviewed apart from four (two of which are works in progress)

## 4. Summary of Additional Activities Undertaken During 2021-22

### 4.1. Risk Assessment Dashboard

The Trust risk assessment matrix contains approx. One hundred forty departments with a core of 11 risk assessments. The number of risk assessments that each department is required to have is dependent on what was identified as being needed in the health & safety risk identification checklist, which all departments have completed. Some departments required all 11 and even some additional assessments for the unique hazards present in the department, whilst some only needed one or two.

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%**

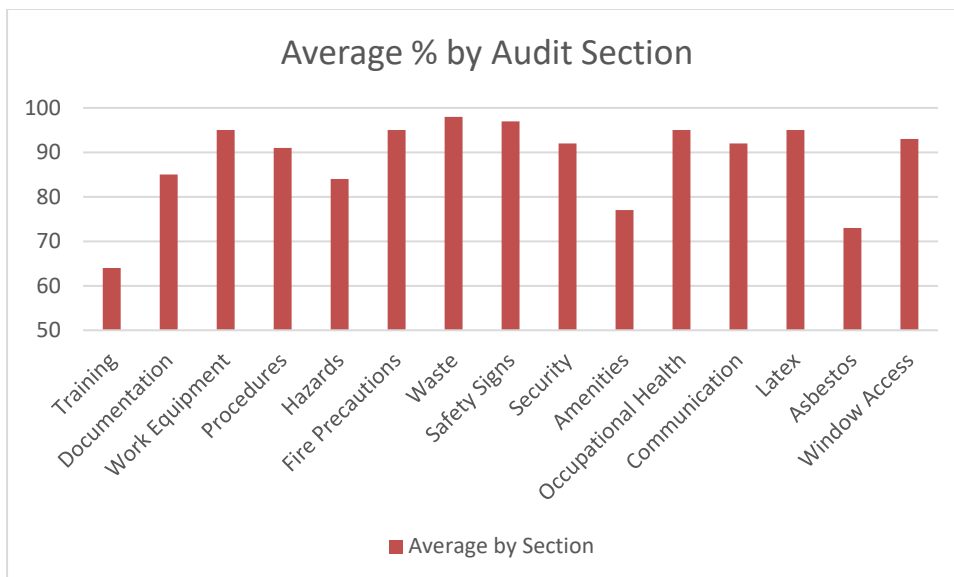


This information is being verified via the health and safety audit process. However, with the audit ongoing, it is now known that many departments across the Trust have not kept up to date with their health and safety documentation, and this has caused the information above to no longer be accurate but is attached for continuity.

All departments have received an Audit self-assessment which is the first step in the audit process. Once completed and returned to the Health and Safety team, the information is then verified along with verifying the department's risk assessments, COSHH controls and general H&S procedures and documentation.

The number of Audit self-assessments currently sent out:	127 out of 132 (or 96%)
The number of Self Assessments returned:	92 (or 72% of those sent out)
The number of audits in progress and undertaking actions under guidance from the H&S team:	51 (or 55% of those returned)
The number of audits where progress has stalled due to lack of response, clinical pressure or management structure changes:	31 (or 24% of departments contacted)
Number of Audits completed:	36 (or 39% of those returned/28% of those audits sent out)

From this information, it is clear that a great many departments across the Trust (69%) are either undertaking actions that arose from the audit, such as generating risk assessments, completing COSHH documentation or similar, or have stalled in the movement for various reasons.



The graph above shows that across the Trust, training levels, staff amenities, documentation knowledge and knowledge of asbestos are lower than desired.



The health and safety team are working with those departments that require assistance to improve these numbers.

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## 4.2. HSE Improvement Notice

All actions within the Improvement Notice have been completed to comply with the requirements of the notice. The Health and Safety team are working closely with the Infection and Prevention Control team to ensure that all relevant control measures are in place in a timely manner, as the HSE are no longer dealing with Covid related issues. These are now being led by Public Health.

## 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 highlight 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 continues to provide the Face Fit testing service with no additional resources. This service will continue to be provided as per health and safety regulations to ensure that all staff that require an FFP3 mask fit test will have access to the service in a timely manner. Ongoing testing will continue 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. Mass vaccination Centre (Bath race course)

The Health and Safety team continue to assist with the safe rollout of the vaccination service provided at Bath Racecourse. This involves ad hoc visits to the 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.

Five of these are slips, trips and falls generally relating to wet weather conditions and external ramps/access egress.

The 1 RIDDOR report from the Mass Vaccination Centre is related to a staff member who slipped on the ramp whilst leaving the marquee.

Four reported incidents are related to sharps which are to be expected when taking into consideration the number of vaccinations carried out over the financial year.

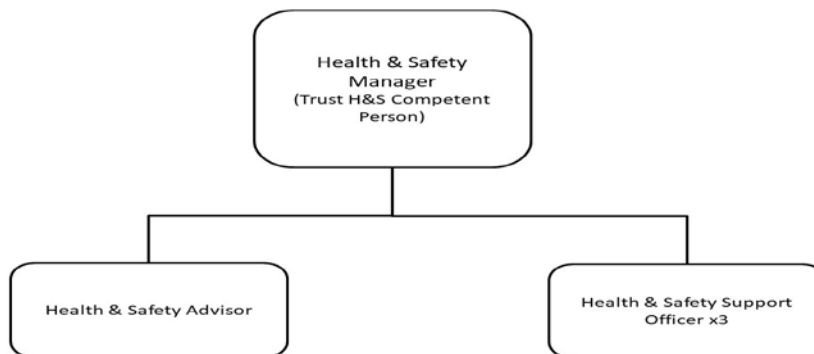
No other trends were identified; the other nine reported incidents are spread across nine different categories.

All Datix incidents are investigated as appropriate

#### 4.7. Health & Safety Service Delivery

The Health and Safety team comprises a Health and Safety Manager, a Health and Safety Advisor and currently, two Health and Safety Support officers. As one

member of the team left the organisation in March 2022, interviews to find a replacement take place in June 2022.



The Health and Safety team continue to run the Fit testing service with no extra resource, which has had an impact on health and safety service provision when public health requirements to test further staff have to be met at short notice. Currently, extra hours provided by our volunteers are paid for using the Covid cost code. When this funding stops, there is no money available in the health and safety budget to cover this extra cost.

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 creating healthier, safer workplaces by targeting risk priorities and implementing effective measuring and monitoring systems.

The Health and Safety team is supporting Departments as 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

#### 4.8. 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 and informally supporting the Health and Safety Advisor at Salisbury Hospital until a permanent Health, and Safety Manager has been appointed there.

### 5. Conclusion

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Note the content of this report as a record of Health and Safety performance for the Trust through 2021-22. The Trust continues to actively manage and address risks, and during the year, the prioritisation due to Covid 19 continued to have 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 clinical work pressures for clinical staff and sickness.

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 concern and inform the health and safety priorities going forward.

Taking into consideration the extra pressure and time constraints caused by managing the needs of the Fit testing service and the resignation of one member of the team, 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 to comply with Public Health requirements.

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