

Health and Safety Management Annual Report 2020/21

Risk Management Committee

1 April 2021

Presented for:	Monitoring and Evaluation
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Previous Committees	Not applicable

Trust Goals	
The best place for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	
Seamless integrated care across organisational boundaries	
Financial sustainability	✓
Key Points	
<p>1. This report provides a summary of the activity related to Health and safety in 2020/21, including the results of Active and Reactive Monitoring activities and Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) related to Covid-19. This report continues to show a declining trend in the number of serious Health and Safety incidents involving Trust employees.</p>	Assurance
<p>2. This report includes an overview of the actions that have been implemented Trust wide in relation to the HSE intervention in relation to Occupational Dermatitis.</p>	Assurance
<p>3. A summary of next year's activities</p>	Approval

Introduction

This is the seventh Health and Safety Annual Report to be presented to the Risk Management Committee and Trust Board. The report provides a reflective review of the previous financial year and a summary of the developments planned for the next year (2021/22). A half yearly update is provided in October to the Risk Management Committee.

Further information relating to the Trust's arrangements, roles and responsibilities for identifying, assessing and controlling Health and Safety risks can be found in the Health and Safety Policy.

As outlined in the half-yearly Health and Safety Report in October 2020, the coronavirus pandemic continues to present challenges to all of our workforce, including the Health and Safety team who have worked throughout this period to support staff and work collaboratively with Clinical Support Units (CSUs), Human Resources (HR), Infection Prevention and Control (IPC), Occupational Health and staff side union representatives and we have still maintained our usual Health and safety core activities, which includes the annual Health and Safety Controls Assurance process, which once again achieved a 100% participation rate for over 600 areas that make up the entire Trust. We are extremely grateful to our operational colleagues for this outstanding achievement in these unprecedented and challenging times.

The Health and Safety Executive (HSE) conducted a programme of national HSE Covid-19 spot checks on 17 acute hospitals, in 13 NHS Trusts in England and 2 NHS health boards in Scotland and Wales during December 2020 and January 2021. Leeds Teaching Hospitals NHS Trust was not included in this sample, however the HSE have produced a helpful report and summary of their findings that will be examined as part of the Trust 'Social Distancing Group' activities to see where the learning from this exercise can be implemented locally

RIDDOR and Covid-19

RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

RIDDOR places duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).

Reporting under RIDDOR

The process for making a report under RIDDOR is fairly straightforward and the responsible person/line manager will be responsible for the gathering of information and liaising with the Trust's Health and Safety team.

There are specific scenarios that the HSE has outlined where a report will need to be made under RIDDOR with regard to employees carrying out work related activities and Covid-19. This has been subject to debate at local, regional and national level and has resulted in revisions to the guidance during the course of the pandemic.

In Leeds Teaching Hospitals NHS Trust it is the Health and Safety team that submit the RIDDOR report to the HSE. The management role is to obtain the required information from the staff member and make contact with the Health and Safety team if they believe from the information gathered from the employee and their own knowledge that a RIDDOR report may be applicable.

Cases of Occupational disease: Exposure to a Biological Agent: SARS-CoV-2, Covid 19.

The circumstance that requires a report under RIDDOR would be a diagnosis of Covid-19 in a staff member attributed to an occupational exposure to a biological agent, as set out in the RIDDOR guidance that was published during the early stages of the pandemic and subsequent revisions.

The debate related to RIDDOR reporting has centred on the identification of workplace exposure with certainty, within the context of a global pandemic where community prevalence is high. For example, an employee who has a history of residing in the same household as a confirmed case of Covid-19 or contact outside of work with a confirmed case and they have been within 2 metres of that contact 14 days before developing their own symptoms would not require reporting. An employee who has travelled abroad to an identified country/area that requires quarantine on return and develops symptoms during the quarantine period would also not require RIDDOR reporting.

It can be very difficult to establish whether an exposure occurred within work, particularly when the disease is so prevalent within the general population. Some of the factors that need to be considered when determining whether a report is necessary will include:

- Whether the employee's work activities increased their risk to exposure
- Whether or not the person was given the necessary personal protective equipment and
- Whether other control measures in line with national and local guidance were in place to keep employees safe.

The HSE are looking for evidence of the person's work activities increasing the risk of them becoming exposed to coronavirus, as opposed to someone not in the workplace and general societal exposure. This includes whether or not the person's work brought them directly into contact with positive Covid-19 patients without effective control measures. If this is not the case then a RIDDOR report is not required.

For an incident to be reportable there must be a clear and reasonable evidence to confirm the link between the exposure and the work-related activity. It would not be enough, for instance, for a person to simply be exposed to Covid-19 whilst at work. Rather, there must be a specific work-related activity that results directly in infection.

If a staff member receives a positive test result for Covid-19 then the Trust Test and Trace team will follow their standard operating procedure (SOP) which will assist with obtaining the required information to determine whether the member of staff is required to self-isolate, liaising with the IPC team and Occupational Health department who will carry out a more detailed risk assessment process with the staff member.

There have been no cases to date of occupational disease being submitted by Leeds Teaching Hospitals Trust to the HSE, which is consistent with a number of partner organisations following communication through regional network health and safety leads.

A paper was presented by the Director of Human Resources and Organisational Development to the Executive team, which gave an overview of the current position in relation to RIDDOR reporting. A report was presented to Quality Management Group which included an update on RIDDOR reporting as part of the governance assurance process in November 2020. The subject has also been discussed with WYAAT Trusts and other local organisations to understand RIDDOR reporting profiles during the course of the pandemic. It has been discussed with the Trust's CQC Engagement Lead and commissioners at NHS Leeds CCG, noting that the criteria for reporting has been

discussed at regional and national level, to establish a consistent approach to reporting that is proportionate during the pandemic.

A Dangerous Occurrence

An accident or incident at work that causes or could cause the release of SARS-CoV-2, COVID 19 must be reported as a Dangerous Occurrence. This will only be applicable if a specific event led to exposure or the possible exposure of Covid-19. Employers must make a reasonable judgement as to whether the specific circumstances of the event gave rise to such a risk.

An example of a reportable Dangerous Occurrence might be a sample from a patient who has tested positive for Covid-19 breaking in transit leading to spillage or a laboratory worker accidentally smashes a vial containing coronavirus on the floor (i.e. outside of a microbiological safety cabinet), leading to people being exposed. There have been no reported cases of an incident of this nature in LTHT to date.

Work related deaths

The death of an employee as a result of occupational exposure to a biological agent is reportable under RIDDOR.

For a death to be reportable there must be reasonable evidence that the death was caused by an occupational exposure to Covid-19. Not only must the person have had Covid-19 at the time of their death, but it must have also been a significant cause of death, e.g. listed on line 1 or 2 on the death certificate. RIDDOR reporting only applies to employees rather than patients or service users. There have been no cases to date of a work-related death involving LTHT employees that meet the criteria for reporting to HSE via RIDDOR.

A review of the data related to COVID-19 in the workplace will be undertaken by HR in conjunction with occupational health, to identify themes and trends emerging from this to support learning, reporting to Quality and Safety Assurance Group in May 2021.

Reactive Monitoring of Health and Safety Performance Quarterly Data Report

The Health and Safety Executive (HSE) and Royal Society for the Prevention of Accidents (RoSPA) provide guidance on current best practice for the [Measuring of Occupational Safety & Health Performance](#), this guidance recommends the development of active monitoring (Proactive) rather than solely focussing on the number of times that harm occurs (Reactive).

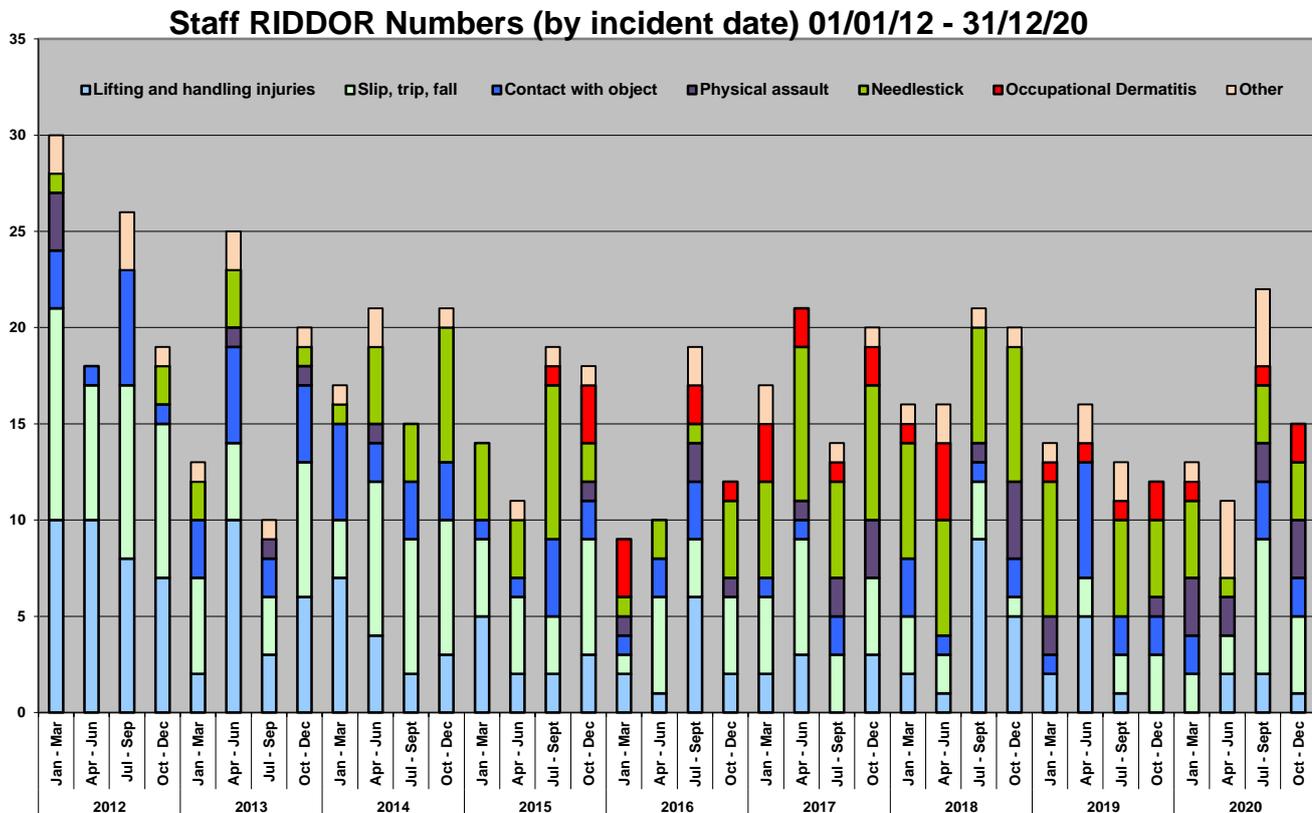
Reactive monitoring of incidents is one way of evaluating the success of the Trust's Health and Safety Management System (SMS). It gives an indication of the most commonly occurring causes of harm.

Numbers and types of RIDDOR Incidents are shown in the chart below.

Caution is required when interpreting reactive incident data; those services with a positive and mature safety culture can appear high risk because they are more likely to report all incidents and near misses. It is advisable to consider the entirety of the incident data, in particular the ratio of Datix reports and serious incidents (RIDDOR).

It has been widely reported that high incident reporting organisations with a low number of serious incidents are demonstrating a positive safety culture.

More detailed monitoring data is provided to the Health and Safety Consultation Committee at each quarterly meeting.



Reactive Health and Safety Data Review (Quarter 4 20/21 data to be added at year end)

Cause of RIDDOR	2019 / 2020				2020 / 2021		
	Q1	Q1	Q1	Q1	Q1	Q2	Q3
Slip, Trip, Fall	2	2	3	2	2	7	4
Lifting & Handling	5	1	0	0	2	2	1
Contact With Object	6	2	2	2	0	3	2
Needle stick (Dangerous Occurrence)	0	5	4	4	1	3	3
Needle stick (Occupational Disease)	0	0	0	0	0	0	0
Dermatitis Occupational Disease	1	1	2	1	0	1	2
Physical Abuse	0	0	1	3	2	2	3
Other	2	2	0	1	4	4	0
Total	16	13	12	13	11	22	15

See Appendix 1 - Incidence rates for each CSU/Corporate Service for RIDDOR and Datix reports involving employees Jan - Dec 2020

Slips, Trips and Falls

The causes of slip, trip and fall type incidents are varied and no specific trends have been identified. Some of the common causes of these types of incidents are spillages of liquids/liquid residues after cleaning, defective equipment e.g., chairs, stepping up to a higher level to reach objects and falling as a result, stumbling on loose objects on the floor. We continue to closely examine the causes of slips, trips and falls and suggest corrective actions where possible.

Blood & bodily fluid contamination via inoculation injuries

The Health and Safety team continue to support those responsible for the completion of RCAs with the aim of understanding how incidents are occurring and implementation of any remedial actions as a result. The findings of the RCAs continue to be an agenda item at the Trust Inoculation Injury and Safer Sharps Group meeting (II&SS) and also at the Infection Prevention and Control Committee meeting (IPCC). These types of injuries have decreased during the pandemic, which is possibly attributed to reduced ED attendances and reduced elective surgeries where these types of injuries would typically be sustained.

No HIV, Hepatitis B or Hepatitis C infections have been reported by those staff sustaining high risk inoculation injuries

Moving & Handling Injuries

These types of injuries arise when staff members are involved in activities which have the potential for significant risk e.g., assisting patients to mobilise or interactions which involve unpredictable patient behaviours e.g. post anaesthetic recovery, medical conditions.

Completion of a level 1 investigation facilitates improved understanding of the circumstances involved in the incident and what can be learned from incidents to prevent further occurrences. This process involves the relevant Specialist Advisors, as appropriate, working collaboratively with the Health & Safety team and the relevant CSU. These types of injuries have reduced over time assisted by technological advances in lifting aids and increases in their use.

RoSPA Gold Award 2020 Occupational Health and Safety

The Trust holds the RoSPA Gold Medal Award 2020 for the fifth consecutive year and an on-going programme of work is in place to ensure that this is consistently improved over time. Our application for 2021 will be submitted.

Leeds Teaching Hospitals is one of a small number of NHS Trusts to be awarded this prestigious international recognition of successful Health and Safety Management arrangements and is a measure of external, independent assurance.

HSE investigations and enforcement

Type of HSE Enforcement Action	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Prosecution																
Prohibition Notice																
Improvement Notice																
Fee for Intervention																

Year	HSE Improvement Notice Summary
2006	Skin Health Surveillance not in place
2009	Control of Biological Agents - No patient self-phlebotomy procedure
2011	Risk of Falls - fatal fall of a patient from a window (Chancellor Wing)
2012	Radiation Safety - lack of a contingency plan if a CT scan fails to complete
2019	Occupational Disease (Dermatitis) - lack of a risk assessment for 'wet working'

It was previously reported in the Health and Safety 6 Monthly Report to Risk Management Committee (RMC) in October 2020 that the Trust had received a Notice of Contravention from the HSE in relation to Occupational Dermatitis.

As a result of this an E-learning training module has been made available to managers as 'Local Compulsory Training' so that they are aware of their responsibilities as the 'Responsible Person'; in addition, resources have been made available for managers to use to document such checks for due diligence purposes. These were made available alongside the required communications during February 2021. Assurances from managers that these actions have been implemented will be requested as part of the Health and Safety Controls Assurance process 2021/22.

Health & Safety Controls Assurance Process (Active Monitoring)

The 2020 H&S Controls Assurance process was launched during September 20 with a completion deadline of December 20. It is really encouraging to report that 100% of the areas involved participated in this process which is excellent. This process reported an overall self-assessed 95% compliance rate (unvalidated) **Appendix 2**.

The 'validation' of the self-assessed data provided is being subject to quality checking by the various Specialist Advisors and the validated scores will be available for publishing to CSUs during April 21.

Each of the areas participating in the process will receive feedback on their validated results along with an action plan for improvement which is managed by the relevant CSU as part of their governance arrangements. The Specialist Advisors have each provided a summary of their planned priority activities for 2021/22.

Appendix 1 - Incidence rates per 1000 whole time equivalent staff (WTE) within each CSU allow a clearer picture of where harm and the frequency of harm occur

Appendix 2 - *Unvalidated results from the 2020 Health and Safety Controls Assurance process*

Appendix 3 - *Specialist Advisor work plans for the next 12 months*

Appendix 1 - Incidence rates for each CSU/Corporate Service for RIDDOR and Datix reports involving employees April 2020 - March 2021 (Quarter 4 20/21 data to be updated at year end)

CSU	Datix Incidence Rate (n)		RIDDOR Incidence Rate (n)	
Adult Critical Care	397	(188)	4	(2)
Emergency & Speciality Medicine	514	(554)	12	(13)
Theatres & Anaesthesia	169	(157)	8	(7)
Adult Therapies	63	(37)	0	(0)
Cardio-Respiratory	246	(160)	6	(4)
Chapel Allerton Hospital	106	(41)	5	(2)
Abdominal Medicine & Surgery	176	(193)	2	(2)
Head & Neck	159	(36)	4	(1)
Oncology	118	(142)	2	(2)
Leeds Dental Institute	280	(83)	3	(1)
Medicines Management	115	(66)	2	(1)
Centre for Neurosciences	274	(114)	0	(0)
Outpatients	66	(31)	0	(0)
Pathology	113	(77)	1	(1)
Radiology	176	(119)	0	(0)
Trauma & Related Services	287	(118)	0	(0)
Children's	117	(136)	5	(6)
Women's	104	(74)	3	(2)
Estates & Facilities	201	(324)	9	(15)
Corporate Services	30	(67)	0	(0)

0 or Lowest 20%				Highest 20%
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Appendix 2 - Self Declared results from the 2020 Health and Safety Controls Assurance process

There are 3 CSUs/Business Units that have self-assessed Standard 10 Work Related Stress as Red however these are anticipated to be administration errors by the area rather than actual concerns and will be addressed and corrected with the specific areas as part of the validation process which is currently in progress.

Appendix 3 - Health and Safety Management - Risk Specific Objectives

Each Trust Policy and Procedure which supports the following risks defines the specific governance arrangements to ensure the risk specific objectives are met. The information below has been provided to the Head of Health and Safety by the various Trust Specialist Advisors

	Objective	Specific Actions	Evidence of completion
Prevention of Slips Trips and Falls	Objective 1 Completion of the annual Health & Safety Controls Assurance process, Health & Safety General Risk Assessment and Quarterly Workplace Inspections.	LTHT H&S Controls Assurance Process: Compliance with Standard 1.1 (General Risk Assessment) i.e., The ward/Department has completed a General Health and Safety Risk Assessment within the last 2 years. Compliance with Standard 1.2 (Quarterly Workplace Inspections) i.e., At least 4 completed Workplace Inspections will be completed every year. Compliance with Standard 1.5 (Slip, Trip and Falls) i.e., The Slips, Trips and Falls section of the Health & Safety Controls Assurance Checklist will be completed every year.	Current assurance data is based on 2020 self-assessment. Following the completion of the current Controls Assurance cycle a review and analysis (validation) is underway. Local Action Plans will be developed if self-assessed compliance less than 100%, H&S team undertaking desk top assessments to validate the data. This will be completed before the next cycle of the Controls Assurance which is anticipated to commence in August 2021.
	Objective 2 All internal and external common circulation areas within LTHT premises are inspected by Estates Department (at least annually)	Estates colleagues coordinate a programme of planned, preventative inspections to main hospital and peripheral sites at LTHT in order to identify defects which present slip, trip or fall hazards. This is carried out at least annually and includes external and internal common circulation areas used by staff, patients, visitors, members of the public and contractors.	A documented process for the 'Circulation Areas Condition Report' is used across all LTHT

COSHH	<p>Objective 1</p> <p>To continue to support the Health and Safety team in the delivery of the Health and Safety Controls Assurance</p>	<p>Update the COSHH standard for the Health and Safety Controls Assurance 2021</p> <p>To promote understanding of and compliance with COSHH within LTHT</p> <p>Provide up to date information for staff:</p> <ul style="list-style-type: none"> • Increase information on Workplace Exposure Limits (WELs) • Update COSHH Risk Assessments so further information on WELs is included and forms the basis on whether exposure monitoring needs to be carried out 	<ul style="list-style-type: none"> • Health and Safety Controls Assurance published with up to date standard. • COSHH queries answered as they arise. • Information and guidance for the COSHH standard can be used • More detailed information on WELs within the COSHH risk assessments
	<p>Objective 2</p> <p>To continue to support Pathology in improving labelling of hazardous specimens they received without 'danger of infection' indicated via OrderComms or label.</p>	<p>To continue with the publicity campaigns re the importance of labelling hazardous specimens correctly e.g. screensavers, in touch</p> <p>Pathology to datix when they receive a blood culture not labelled correctly</p>	<p>The publicity campaigns are run and a better % of specimens are received being correctly identified as 'danger of Infection'</p> <p>Datix are reviewed and CSU's informed</p>
	<p>Objective 3</p> <p>To oversee that management teams throughout the Trust understand the requirements needed to carry out skin surveillance on staff they manage.</p>	<p>Management teams completing the E-learning resource on the 'training Interface'.</p> <p>Management teams using the associate documents found in the E-learning package to record their actions</p> <p>Staff being referred to Occupational health if required.</p>	<p>Staff referred to Occupational Health</p> <p>A reduction in RIDDOR's</p>
	<p>Objective 4</p> <p>To respond to any Work Place Exposure limit failures or COSHH related</p>	<p>WEL failures: Escalate results to CSU's and Risk Management Committee, and Trust Board where necessary and carry out any remedial work.</p>	<p>Re-monitor</p>

	RIDDOR's	RIDDOR: A task and finish group to respond to any HSE actions.	Mandate actions from HSE when communication is received
Asbestos	<p>Objective 1</p> <p>A Review of all Trust Asbestos procedures to ensure there are no gaps in compliance with legislation. The Senior Asbestos Manager and Asbestos Manager are to attend the necessary training within the next calendar year to keep knowledge base up to date and to enable internal review of asbestos management plan in future.</p> <p>To work closely with Estates to ensure compliance with all asbestos legislation by ensuring procedures are followed in relation to asbestos. Spot checks on works going on across site to ensure asbestos information has been provided. Colour coding systems implemented for asbestos risk areas after asbestos works have been undertaken.</p>	<p>Regular audit and review with an Audit programme underway to include regular post works checks carried out. Recent surveys carried out by the Asbestos Surveying Consultant have been audited internally and feedback provided. Recent asbestos removal works have also been audited and immediate improvement highlighted with feedback provided to the contractor.</p> <p>Colour coding systems for plant rooms and corridors implemented and contractor handbook and Estates staff informed. This is a uniform approach across any plant room or corridor.</p>	<p>The 'On-Call' procedure has been updated. This includes a revised shortened process for the on call member of staff and an updated emergency procedure for all staff. Estates staff procedures still to be reviewed. Information shared with Estates and Capital teams in relation to the implementation of the colour coding system and handbooks updated accordingly.</p>
	<p>Objective 2</p> <p>Continue to re-assess all high risk Asbestos areas.</p> <p>This work has commenced and some necessary Asbestos removal works are to take place to make these areas safe. The remainder of the high risk areas will be assessed over the course of 2021 in order of risk.</p>	<p>Continue to prioritise areas with change of use or that have been decommissioned.</p> <p>Prioritise Estates maintenance/PPM areas where asbestos is limiting their ability to work. BtLW has taken priority with large scale removal work being undertaken currently.</p> <p>Proactive asbestos removal works have been undertaken to Brotherton Wing at the LGI addressing historical issues to corridors at low level. Asbestos removals in relation to Covid within Block 6 were undertaken to allow for the installation of the necessary oxygen pipework. A</p>	<p>Annual re-inspections of all Asbestos containing materials are up to date</p> <p>Progress has been made on the adoption of a new asbestos database for all Trust sites. This will have a staggered roll out to ensure any operational issues are addressed before the larger sites come online.</p> <p>Identify areas of regular maintenance and PPM. High risk Asbestos contaminated areas will be tendered for removal if capital funding and access is made available.</p> <p>Annual re-inspections completed with the</p>

		<p>number of proactive asbestos removal/remediation is currently planned in for Feb/March due to the findings of the annual asbestos reinspections. The removal within Block 23 of asbestos insulation to pipework within the ceiling void is a good example of this.</p> <p>Monitoring Asbestos containing materials and removal if deemed necessary due to risk of deterioration or due to negative impact on a capital scheme.</p>	<p>exception of sealed areas. The BtLW budget has allowed a number of high risk areas to be addressed i.e., LGI Block 15, 16, 18, 37 and 35 are on-going. Blocks 36, 38, 39, 40 and 41 are to be done within the next 6 months. This includes the removal of all asbestos content prior to demolition.</p> <p>New asbestos surveys continue to be undertaken to those buildings that are yet to be captured as part of the new asbestos survey database.</p>
	<p>Objective 3</p> <p>The commencement of the migration of information and roll out to site at Seacroft and Chapel Allerton has commenced, Acorn are currently devising a schedule for the installation of the QR codes to all doors for Estates staff to be able to access Asbestos data from their handheld devices. Commence migration from the outdated Asbestos Register system (MICAD) onto an up to date IT software platform.</p> <p>The decision has been taken to migrate to 'Alpha Tracker' due to time delays for K2 to become available for use.</p>	<p>New Asbestos Management Survey information to be stored within the new system.</p> <p>Acorn has been approached to supply a cost for completing surveys to the LGI and St James's. This is to ensure we have fully input data for all sites to the new system ensure each site has the same process for accessing asbestos data.</p>	<p>Adoption of a new Asbestos Management Survey information system which is easy to access via LTHT IT systems and with the ability to run detailed reports to pass to contractors or other interested parties as required.</p> <p>The aim is to have the information readily available on handheld devices for all necessary staff. This is to be rolled out at CAH and SEA in March/April 2021</p>
	<p>Objective 4</p> <p>Oversee the asbestos removal works to the BtLW scheme across the LGI "Old Site" ensuring works are carried out to the necessary standards.</p>	<p>On site audit programme to be implemented and information shared with all parties to aid improvement and continued learning. Attend site meetings with external consultant and provide feedback on progress on site.</p>	<p>Comprehensive on site audits undertaken and numerous site visits to ensure works are progressing as planned and to target.</p>

Prevention of Inoculation Incidents	<p>Objective 1</p> <p>Ensure that the use of sharp safety devices in LTHT is in line with current legislation</p>	<p>Bring any new legislation to the quarterly (Inoculation and Incident Safer Sharp Group) IISSG meeting.</p> <p>Add new legislation as a standing item on the agenda at the IISSG meeting.</p>	<p>Quarterly minutes from IISSG meeting</p>
	<p>Objective 2</p> <p>Ensure that clinical areas have introduced sharp safety devices into practice. If they are not suitable for safety reasons that an exemption form has been completed</p>	<p>Procurement are aware of all new sharp safety devices that are available and these are introduced into practice with training for staff. Where patient safety is compromised by use of safe sharp devices an assessment is carried out and an exemption form completed appropriately. The clinical area must review annually whether new appropriate devices are available and if not submit a new exemption form.</p>	<p>The exemption form is required as evidence within the annual Health and Safety Controls Assurance process.</p> <p>The clinical area review annually and submit a form via the IISSG for sign off.</p>
	<p>Objective 3</p> <p>RCA investigations are carried out for high risk (RIDDOR reportable) sharps injuries by the relevant CSU with assistance from the H&S team and any 'lessons learned' will be shared with the wider staff group as part of the CSUs communication forums. Lessons learned are shared with the wider Trust in order to raise awareness relating to sharp safety and reduce injuries overall</p>	<p>Ensure that a current document is available for clinical teams to use and that RCAs are completed in a timely manner. The RCA will be signed off by either the CSU CD or HoN.</p> <p>Input by Inoculation Injury & Safer Sharps Group (IISSG) members into Trust-wide Lessons Learned Group.</p> <p>Submission of relevant material to bulletins/communications Trust-wide or more restricted if only appropriate to defined groups of staff.</p>	<p>Attendance at relevant CSU IPC or QAG meetings (H&S representative &/or IPN &/or Microbiologist) & presentation / discussion of relevant findings & actions etc.</p> <p>Trust-wide sharing of lessons learned from outcomes of incidents via the Lessons Learned bulletin/Quality and Safety Matters</p>
	<p>Objective 4</p> <p>Introduction of re-usable sharps bins Trust wide and ensure their use is compliant with legislation</p>	<p>Re-usable sharps bins in place Trust wide.</p> <p>Contractor to carry out monthly audits in designated areas to check contents on bins and appropriate segregation.</p> <p>Trust waste compliance officer will audit clinical teams on sharps segregation in clinical areas and waste hold.</p> <p>ISSL will carry out an annual Trust pre acceptance</p>	<p>Reports are produced for individual CSUs and LTHT as a whole, highlighting any areas for improvement</p> <p>Reports submitted to Health and Safety and Infection Prevention Committees.</p>

		audit for the Environment Agency	
Prevention of Musculoskeletal Disorders	<p>Objective 1</p> <p>Maintain the number of Musculoskeletal Health Champions, until such time as the critical mass can be increased.</p> <p>These Champions support local staff and managers to prioritise musculoskeletal health & wellbeing and decrease risk.</p>	Champions will be supported digitally and personally as necessary to continue undertaking their important role.	The number of Musculoskeletal Health Champions will be maintained so far as is reasonably practicable as Champions are lost through natural wastage.
	<p>Objective 2</p> <p>Continued work to decrease upper limb disorders.</p>	<p>It is predicted that work related upper limb disorders are likely to increase as a result of increased homeworking, laptop and device usage and poor home and base ergonomics secondary to the Pandemic.</p> <p>Continued work towards increasing staff awareness & safety regarding home and agile working, mobile and fixed Display Screen Equipment (DSE) and ergonomics.</p> <p>Improve awareness of local management responsibility to thoroughly assess DSE risks, act on the results and implement change.</p>	<p>DSE risk assessment tools for home and office based staff are current and available on LTHT moving & handling intranet pages.</p> <p>Education and awareness for staff and local managers about DSE intelligence and ergonomic changes.</p> <p>Local advisory intervention to assist staff and local managers to achieve better working practices.</p>
	<p>Objective 3</p> <p>Improve awareness and use of additional risk assessment tools (Assessment of Repetitive Tasks (ART) and Risk Assessment Pushing & Pulling (RAPP))</p>	<p>The tools are available on LTHT Health & Safety Intranet Risk Assessment Pages</p> <p>The use of these tools is incorporated into teaching and local support is provided to utilise the tools.</p>	<p>The tools are available on LTHT Health & Safety Risk Assessment intranet pages</p> <p>The use of tools will be evidenced within the Annual H&S Controls Assurance process.</p>

Ionising and Non-Ionising Radiation	Objective 1 To support LTHT in demonstrating that work with Ionising and Non-Ionising Radiation is carried out in a safe and effective manner and in accordance with the requirements of the relevant legislation.	Respond to CSU queries on the requirements of the legislation and where necessary attend/provide updates to appropriate meetings e.g. QAG meetings to provide advice and assistance to aid with compliance. Monitor compliance with policies, procedures and processes through the Radiation Governance Group (RSG). Carry out audit visits to a sample of departments including those that scored red in the most recent Health & Safety Controls Assurance process for the Radiation standards.	Up to date policies and procedures authorised and in place. Annual Laser Protection Advisor (LPA) and Radiation Protection Advisor (RPA) reports and other reports identifying level of compliance with legislation including areas of non-compliance and recommendations for improvement. Documented assessment of level of compliance with regulatory requirements.
	Objective 2 Assess the requirements and support for Ionising and Non-Ionising Radiation Safety Training programmes including delivery where appropriate.	Identify which staff groups require priority training in Ionising and Non-Ionising Radiation Safety. Where appropriate and if resources allow, with the support of Organisational Learning, develop and deliver appropriate levels of training to relevant Trust staff.	Advice and training materials available. Training programmes and records of training available on request.
Work Related Stress	Objective 1 Update the Work Related Stress section of the Intranet, including Manager's guide to stress risk assessment.	Ensure stress risk assessment process is embedded in the organisation.	Reduction in mental health sickness absence
	Objective 2 Mental health sub group to co-ordinate activity to ensure effective prevention of poor mental health and support is in place when staff need it.	Identify priority areas for action to support and promote mental health. Work with stakeholders to understand organisational need. Develop robust data monitoring mechanisms.	Reduction in mental health sickness absence Increased uptake of support interventions.

Conflict Resolution	Objective 1 Review plans to ensure there is a risk based training programme that delivers training commensurate with the risks staff are facing with regards to conflict resolution and de-escalation.	Review training needs analysis (TNA). Agree training programmes with stakeholders. Implement with Wards/Dept. areas.	Increased numbers at training, training is delivered that is appropriate and reflective to CSU's with risk.
	Objective 2 Improve standards of investigations of Conflict Resolution (CR) related DATIX incidents. Visit the victims and offer support to staff that have been subject to incidents. Underpinning this will be the re-assertion of 'Zero Tolerance'.	Review DATIX process. Provide one central address for DATIX in Security so initial investigations are consistent. Provide additional training capacity within existing whole time equivalent staff.	LTHT will demonstrate that support is offered to those staff involved in CR incidents and staff will be reassured that their safety is a priority
Fire Safety	Objective 1 Review the fire safety management across LTHT; this includes delivery of fire training, PPM, fire safety advice information and fire risk assessment programme.	Provide report detailing any changes required. Agree gap analysis plan. Annotate each fire risk assessment to ensure information within is suitable and sufficient.	This review started in January 2021 and will continue with a full report out in April 2021. The findings will underpin the Department work plan for 2021/22.
	Objective 2 Review all operational site responses to fire incidents	Review fire box contents and locations, Review peripheral fire response, especially Seacroft. Continue with CSU table top exercises. Continue with live WYFRS exercise. Complete a major LTHT/WYFRS exercise.	Review completed documented review on each operational risk document. Exercises debrief reports and supporting action plans in place.