

**Health and Safety Annual Report
Public Board
26 May 2022**

Presented for:	Assurance and Information
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Previous Committees:	Risk Management Committee, 7 April 2022

Trust Goals:	
The best 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	✓

Trust Risks (Type & Category)				
Level 1 Risk	(✓)	Level 2 Risks	Risk Appetite	Risk
Workforce Risk				
Operational Risk	✓	<ul style="list-style-type: none"> Health and Safety We will protect the health and wellbeing of our patients and workforce by delivering services in line with or in excess of minimum health and safety laws and guidelines. 	Minimal	↔ (same)
Clinical Risk				
Financial Risk				
External Risk	✓	<ul style="list-style-type: none"> Regulatory risk We will comply with or exceed all regulations, retain CQC registration and always operate within the law. 	Averse	↔ (same)

Key points	
1. This report provides a summary of the activity related to Health and safety in 2021/22, including the results of Active and Reactive Monitoring activities and Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDDOR) related to Covid-19	Assurance
2. The annual report was received and reviewed at the RMC on 7 April 2022	Assurance

Introduction

This is the eighth 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 (2022/23). 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 which is currently undergoing a review via a consultation process involving relevant stakeholders.

As outlined in previous Health and Safety Reports, the coronavirus pandemic continues to present challenges to our entire workforce alongside the requirement for colleagues to return to the routine work of treating our patients. The Health and Safety team have worked throughout 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 maintained our usual Health and Safety core activities.

The Health and Safety Team have worked collaboratively as part of the Trust 'Social Distancing Group'. One of the key outputs of this group was the document which supports the Infection Prevention and Control Board Assurance Framework document (IPC BAF) and is known as the 'Working Safely with Covid-19 Assessment'. This document was developed for use in those non-clinical areas of the Trust where IPC controls were also essential.

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 conclude 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.

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.

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

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 continues to be 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 continues to be no cases to date of a work-related death involving LTHT employees that meet the criteria for reporting to HSE via RIDDOR.

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.

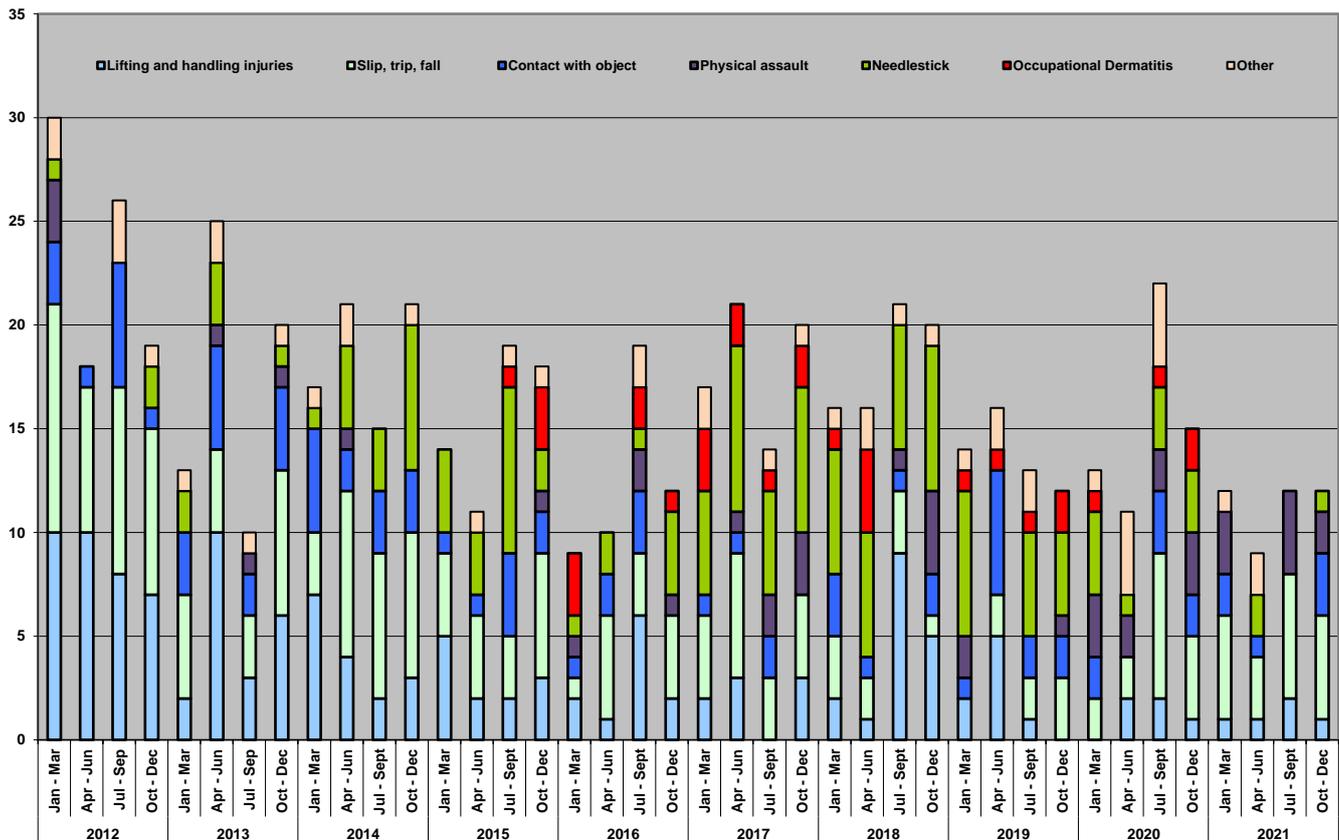
Numbers and types of RIDDOR Incidents are shown in the chart below.

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 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 meeting.

Staff RIDDOR Numbers (by incident date) 01/01/12 - 31/12/21



Reactive Health and Safety Data Review (Quarter 4 21/22 data to be added at year end)

Cause of RIDDOR	2020 / 2021				2021 / 2022		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Slip, Trip, Fall	2	7	4	5	1	2	5
Moving & Handling	2	2	1	1	3	6	1
Contact With Object	0	3	2	2	1	0	3
Needle stick (Dangerous Occurrence)	1	3	3	0	2	0	1
Needle stick (Occupational Disease)	0	0	0	0	0	0	0
Dermatitis Occupational Disease	0	1	2	0	0	0	0
Physical Abuse	2	2	3	3	0	4	2
Other	4	4	0	1	2	0	0
Total	11	22	15	12	9	12	12

Slips, Trips and Falls (non-patient)

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). These types of injuries have markedly decreased during the pandemic, which is possibly attributed to reduced ED attendances and reduced elective procedures 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 Medal Award 2021 Occupational Health and Safety

The Trust holds the RoSPA Gold Medal Award 2021 for the sixth consecutive year and an on-going programme of work is in place to ensure that this is consistently improved over time. Our application for 2022 will be submitted before the deadline in June.

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	2021
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 has been previously reported to the Risk Management Committee (RMC) that the Trust was in receipt of a Notice of Contravention from the HSE in relation to Occupational Dermatitis.

The subsequent actions as a result of this are that assurances are being sought via the Health and Safety Controls Assurance process that a programme of proactive skin health surveillance has been implemented (where a risk assessment has identified a risk).

There have been no further HSE actions in relation to this matter.

Health & Safety Controls Assurance Process (Active Monitoring)

The 2021 H&S Controls Assurance process was launched during August 21 with a completion deadline of October 2021. It is once again really encouraging to report that 100% of the areas involved (approx. 600) participated in this process. This process reported an overall self-assessed 97% compliance rate **Appendix 1**.

The 'validation' of the self-assessed data provided is being subject to quality checking by the Health and Safety Team and the various Specialist Advisors with the validated scores being made available for publishing to CSUs/Corporate Departments during April 2022.

Each of the areas participating in the process will receive feedback on their validated results along with an action plan for improvement which is then managed by the relevant CSU/Corporate Department as part of their own governance arrangements. The Specialist

Advisors have each provided a summary of their planned priority activities for 2022/23
Appendix 2.

Appendix 1 - *Self-assessed results from the 2021 Health and Safety Controls Assurance process*

Appendix 2 - *Specialist Advisor work plans for the next 12 months*

Appendix 1 - Self Declared results from the 2021 Health and Safety Controls Assurance process

Health and Safety Controls Assurance Self-Assessed Results

CSU/Business Unit	Standards										Score
	1 H&S Governance	2 Fire Safety	3 Security & Conflict Resolution	4 MSD Prevention	5 COSHH	6 Safe Use of Sharps	7 Ionising Radiation	8 Laser Safety	9 Medical Devices	10 Work Related Stress	
Abdominal Medicine and Surgery	98	98	95	97	98	100	N/A	N/A	88	100	97
Adult Critical Care	95	98	96	100	100	100	N/A	N/A	89	N/A	97
Adult Therapies	97	98	96	100	100	100	N/A	N/A	79	100	96
Cardio-Respiratory	98	99	96	100	98	100	100	100	87	100	97
Centre for Neurosciences	95	98	98	100	100	100	N/A	N/A	92	100	97
Chapel Allerton	100	99	99	100	93	89	N/A	100	91	100	98
Chief Operating Team	97	99	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	99
Children's	89	97	95	100	99	96	N/A	N/A	87	90	93
Communications	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100
Elland Road Vaccination Centre	100	95	97	N/A	N/A	100	N/A	N/A	N/A	N/A	98
Estates & Facilities	98	99	99	100	97	100	100	N/A	N/A	100	98
Executive Support	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100
Finance	94	100	100	100	N/A	N/A	N/A	N/A	N/A	N/A	98
Head & Neck	86	97	97	100	100	100	N/A	100	79	86	92
Human Resources	89	99	98	N/A	100	100	N/A	N/A	92	N/A	96
Informatics	99	99	99	100	100	100	N/A	N/A	N/A	100	99
Leeds Dental Institute	98	98	99	100	98	100	100	N/A	91	100	98
Medical Directorate	98	100	100	100	100	N/A	N/A	N/A	N/A	N/A	99
MMPS	93	96	94	100	93	100	86	N/A	N/A	100	95
Nursing Directorate	100	99	100	N/A	100	N/A	N/A	N/A	N/A	100	100
Oncology	95	99	98	100	97	100	85	100	93	97	97
Outpatients	95	98	97	100	100	100	N/A	65	68	100	96
Pathology	97	99	97	100	92	100	100	N/A	100	100	97
Planning & Capital Estates	100	100	99	N/A	N/A	N/A	N/A	N/A	N/A	100	100
Radiology	99	97	96	100	94	100	96	95	80	100	96
Research & Innovation	89	92	90	100	90	100	0	N/A	84	100	93
Specialty & Integrated Medicine	96	99	94	100	97	100	N/A	N/A	83	100	96
Theatres & Anaesthesia	99	99	99	100	99	100	81	90	91	100	97
Trauma & Related Services	92	98	93	100	100	100	N/A	N/A	79	100	95
Urgent Care	94	100	98	100	100	100	N/A	N/A	97	100	98
Women's	98	100	99	100	92	100	N/A	N/A	93	100	97

CSU's Completing Standard:	31	31	31	24	25	24	9	7	20	23	
Average Score:	96	98	97	100	98	99	83	93	87	99	97
Lowest Score:	86	92	90	97	90	89	0	65	68	86	92
Highest Score:	100	100	100	100	100	100	100	100	100	100	100

Trust Compliance with Health & Safety Controls:

97 %

Rag Rating	Score Range
Green	95 - 100
Yellow	60 - 94
Red	0 - 59

Appendix 2 - 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 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 2021 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 2022.
	Objective 2 All internal and external common circulation areas within LTHT premises are inspected by Estates Department (at least annually)	Estates colleagues' co-ordinate 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	A documented process for the 'Circulation Areas Condition Report' is used across all LTHT

		public and contractors.	
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 2022</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 receive 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., Operational Update Bulletin etc</p> <p>Pathology to DATIX when they receive a blood culture not labelled correctly</p>	<p>The publicity campaigns are active and a better % of specimens are received being correctly identified as 'danger of Infection'</p> <p>DATIX are reviewed and liaison with relevant CSUs</p>
	<p>Objective 3</p> <p>To oversee that management teams throughout the Trust understand the requirements to carry out proactive skin health surveillance on staff that they manage.</p>	<p>Management teams complete the E-learning resource on the 'Training Interface'.</p> <p>Management teams use the associated resources alongside the E-learning package to record their actions</p> <p>Staff referred to Occupational health where required.</p>	<p>Staff referred to Occupational Health</p> <p>A reduction in RIDDOR reports relating to this hazard</p>

	<p>Objective 4</p> <p>To respond to any WEL limits exceeded or COSHH related RIDDORs</p>	<p>WEL failures: Escalate results to CSUs and Risk Management Committee, and Trust Board where necessary and carry out any remedial work.</p> <p>RIDDOR: A task and finish group to respond to any HSE actions.</p>	<p>Re-monitor</p> <p>Mandate actions from HSE when communication is received</p>
Asbestos	<p>Objective 1</p> <p>The commencement of the migration of asbestos information into Alphatracker, the new Trust asbestos database and the roll out to site at SJUH and the LGI. The Trust asbestos team and Acorn will devise a schedule for the surveying of the remaining blocks that have yet to be input into Alphatracker. Following from this will be the installation of the QR codes to all doors for Estates staff to be able to access Asbestos data from their handheld devices. This will complete the migration from the outdated Asbestos Register system (MICAD) onto an up to date IT software platform.</p>	<p>New Asbestos Management Survey information to be stored within the new system.</p> <p>Acorn will be approached to supply a cost for completing surveys to the LGI and St James'. 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. Installation of QR codes has been undertaken at CAH and Seacroft and training for the use of the system is to be rolled out imminently.</p>
	<p>Objective 2</p> <p>Re-survey all plant rooms to the Trust Estate and to re-assess the colour coding system that is displayed to each plant room entrance doorway</p>	<p>A list of plant rooms has been devised and a quote obtained for the re-surveying of all areas. This is to be paid for from the 21/22 budget.</p> <p>Areas are to be surveyed and the risk scores of each plant room assessed and updated accordingly. Any areas that require immediate attention will be made safe with the removal works taking place as soon as practicable. Priorities will be assessed along with all necessary parties should numerous ACM's be found.</p>	<p>All plant rooms will have been surveyed and new signage will adorn each door into the plant rooms where necessary. Clear points of contact in relation to asbestos are to be included within each notice to make the team more visible to those with queries, however minor they may feel they are.</p>

	<p>Objective 3</p> <p>Devise a bespoke training programme for members of Estates staff alongside Acorn. Class room based training with an over view of specific areas of concern within the Trust, what processes apply to specific roles and what info staff can expect to receive for particular tasks.</p>	<p>Develop a PowerPoint presentation to cover all relevant sections and seek feedback from staff on what they feel helps them deliver their works and helps instil a safety culture from the Senior team down to the works delivered on site.</p>	<p>The training will have been developed and rolled out to all relevant staff whose attendance will be logged. Over time this could be delivered internally by the Asbestos team.</p>
	<p>Objective 4</p> <p>Oversee the final stages of the BtLW asbestos removal works. All buildings with the exception of the Old Boiler House have now been completed at eh LGI. The remaining area of works involves a challenging methodology that is yet to be devised with all the necessary parties. This is to be devised as the original proposed methodology by the contractor was deemed insufficient from a risk perspective for the Trust.</p>	<p>Continuation of on-site audit programme with results of audits shared with all relevant parties. New methodology to be shared with all parties within Trust who have shared concerns over the original proposed methodology. 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>
	<p>Objective 5</p> <p>Continue to re-assess all high risk Asbestos areas.</p> <p>This work is an on-going rolling task where necessary Asbestos removal works are to take place to make areas safe. Any remaining high risk areas will be assessed over the course of 2022 in order of risk.</p> <p>Continue with a robust audit programme of all works undertaken to the Trust estate to ensure the standards that are expected are met.</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.</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>On site audit programme to continue with 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>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 now needs to be populated and rolled out to the LGI and SJUH.</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>Comprehensive on site audits undertaken and numerous site visits to ensure works are carried out safely and to the correct standard. Any poor working practices or standards of works are shared with the contractor to allow them the</p>

			opportunity to correct them and to learn from them to ensure they are not repeated. A robust auditing programme will be implemented to ensure the issue is not re-occurring.
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>	Quarterly minutes from IISSG meeting
	<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 QSAG 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. Contractor to carry out monthly audits in designated areas to check contents on bins and appropriate segregation. Trust waste compliance officer will audit clinical teams on sharps segregation in clinical areas and waste hold. ISSL will carry out an annual Trust pre-acceptance audit for the Environment Agency</p>	<p>Reports are produced for individual CSUs and LTHT as a whole, highlighting any areas for improvement Reports submitted to Health and Safety and Infection Prevention Committees.</p>
<p>Prevention of Musculoskeletal Disorders</p>	<p>Objective 1</p> <p>Maintain the number of Musculoskeletal Health Champions, until such time as the numbers can be increased.</p> <p>These Champions support local staff and managers to prioritise musculoskeletal health & wellbeing and decrease risk.</p>	<p>Champions will be supported digitally and personally as necessary to continue undertaking their important role.</p>	<p>The number of Musculoskeletal Health Champions will be maintained so far as is reasonably practicable as Champions are lost thorough natural wastage.</p>
	<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>
<p>Ionising and Non-Ionising Radiation</p>	<p>Objective 1</p> <p>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.</p>	<p>Undertake a review of the personnel monitoring requirements for LTHT staff working with ionising radiation to ensure that all LTHT staff are appropriately monitored and to provide assurance that radiation doses are restricted to levels which are as low as reasonably practicable.</p> <p>Ensure that the designation of all LTHT staff is correct particularly those working with unsealed radioactive sources</p> <p>Ensure that the Trust is aware of and is prepared for the changes in the HSE's requirements with regard to granting consents</p> <p>Specialist advisers (RPA's, RWA, LPA, MRSE and DGSA) to undertake compliance audits</p>	<p>Review completed with recommended actions</p> <p>Ensure that all radiation risk assessments are up to date for staff working with unsealed radioactive sources particularly with respect to foreseeable accident scenarios and if on the basis of these assessments staff are required to be designated as classified radiation workers ensure that steps are taken to classify these staff. In addition, ensure that regular rehearsals of contingency arrangements for foreseeable accident scenarios are regularly rehearsed.</p> <p>Report on new requirements submitted to the Radiation Governance Group.</p> <p>Specialist Advisor reports produced identifying level of compliance with legislation including areas of non-compliance and recommendations for improvement.</p>

	<p>Objective 2</p> <p>Assess the requirements and support for Ionising and Non-Ionising Radiation Safety Training programmes including delivery where appropriate.</p>	<p>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.</p>	<p>Training materials developed and delivered.</p> <p>With support from Organisation Learning, ensure the training undertaken is appropriately recorded to allow audit of compliance.</p>
Work Related Stress	<p>Objective 1</p> <p>Integrate stress risk assessments into absence management and Occupational Health processes.</p>	<p>Ensure stress risk assessment process is embedded in the organisation.</p>	<p>Reduction in mental health sickness absence Better support for staff suffering poor mental health.</p>
	<p>Objective 2</p> <p>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.</p>	<p>Identify priority areas for action to support and promote mental health. Work with stakeholders to understand organisational need. Develop robust data monitoring mechanisms.</p>	<p>Reduction in mental health sickness absence Increased uptake of support interventions.</p>
Conflict Resolution	<p>Objective 1</p> <p>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.</p>	<p>Review training needs analysis (TNA). Agree training programmes with stakeholders. Implement with Wards/Dept. areas.</p>	<p>Increased numbers at training, training is delivered that is appropriate and reflective to CSU's with risk.</p>

	<p>Objective 2</p> <p>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'.</p>	<p>Review DATIX process.</p> <p>Provide one central address for DATIX in Security so initial investigations are consistent.</p> <p>Provide additional training capacity within existing whole time equivalent staff.</p>	<p>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</p>
Fire Safety	<p>Objective 1</p> <p>Review the fire safety management across LTHT; this includes delivery of fire training, PPM, fire safety advice information and fire risk assessment programme.</p>	<p>Provide report detailing any changes required.</p> <p>Agree gap analysis plan.</p> <p>Annotate each fire risk assessment to ensure information within is suitable and sufficient.</p>	<p>This review started in January 2021 and findings will underpin the on-going department work plans.</p>
	<p>Objective 2</p> <p>Review all operational site responses to fire incidents</p>	<p>Review fire box contents and locations, Review peripheral fire response, especially Seacroft.</p> <p>Continue with CSU table top exercises.</p> <p>Continue with live WYFRS exercise.</p> <p>Complete a major LTHT/WYFRS exercise.</p>	<p>Review completed documented review on each operational risk document.</p> <p>Exercises debrief reports and supporting action plans in place.</p>