

TRUST BOARD

25 JULY 2019

Paper Title:	Health, Safety and Security Annual Report 2018/19
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Agenda Item:	17
Presented For:	Information

Executive Summary:

The Health, Safety and Security Annual Report provides assurance on achievements within health, safety and security throughout 2018/19 and a summary of themes relating to Health and Safety and Security Management incidents reported in the Trust throughout 2018/19.

Key actions and improvements achieved during 2018/19 include:

- The health, safety and security team are recipients of the RoSPA Gold Medal (in Occupational Safety and Health) for achieving five consecutive Gold Awards.
- The health, safety and security team have been shortlisted for a You're a Star Award in the non-clinical star's category due to the pro-active approach they have taken in the past year to support clinical services with improvements.
- Delivery of 1-year objectives as detailed within the health, safety and security Strategy including
 - Ongoing 100% compliance of health, safety and security risk assessments with services supported with the completion of actions
 - Commencement of in-house delivered First Aid training and Personal Safety training to improve the knowledge, confidence and skills of Trust staff.
 - Review of Trust risk assessment procedures and processes (e.g. Risk assessment documentation)
 - Continued professional development of the team in line with health, safety and security team development pathways
- All are delivering improved competence, procedures and levels of compliance within respective services and functions.

Incident reporting summary:

- RIDDOR reportable incidents totalled 4 during the year; a 20% reduction from 2017/18, and a 63% reduction from 2016/17. This is within the target outlined in the Strategy.
- The Trust has seen a small increase in the number of health and safety incidents (excluding smoking incidents) in 2018/19. The total number of incidents (1,326) comprises a very small increase of 4 incidents on 2017/18 data. The total number

of incidents does however demonstrate a positive incident reporting culture within BDCFT.

- There has been a 28% increase in the number of physical assaults in the past 12 months, 97% of physical assault incidents take place on our ward areas. Incidents on the Dementia Assessment Unit and Assessment and Treatment Unit account for 54% of all physical assault incidents.
- The total amount of incident reporting, and the small proportion of incidents which are of moderate impact or more severe demonstrates a positive incident reporting culture within BDCFT.

Recommendations:

The Finance, Business and Investment Committee approved the Health, Safety and Security Annual Report for 2018/19 at the 17th June 2019 meeting. The Trust Board is receiving this update for assurance.

Subsequent to the Committee meeting, the Trust was one of 20 NHS organisations nationally (in year two of these arrangements) to receive a Health and Safety Executive inspection of the Inpatient staffing workplace with a specific focus on musculoskeletal / moving and handling and managing aggression and violence. The Trust received no absolutely no recommendations for the former, but inspectors have required improvements in relation to workforce-related arrangements for the latter, initially at the Airedale Centre for Mental Health and thereafter across Trust services. Inspectors provided balance feedback with extremely positive feedback about staff, related mandatory training, safety huddles, service user engagement and multi-disciplinary team approaches.

An action plan is being developed to implement the required Airedale Centre improvements by the end of October.

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):

Audit Committee		Quality and Safety Committee		Remuneration Committee		Finance, Business and Investment Committee	
Senior Leadership Group		Council of Governors		Chair of Committee Meetings		Mental Health Legislation Committee	

This report supports the achievement of the following strategic aims of the Trust:

Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	X
Integration and Partnerships: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP	
Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities	

This report supports the achievement of the following Regulatory Requirements:

Safe: People who use our services are protected from abuse and avoidable harm	X
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	
Responsive: Services are organised to meet the needs of people who use our services	
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	X
NHSI Single Oversight Framework	

Equality Impact Assessment:
Not applicable

Health, Safety and Security Annual Report, 2018/2019

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1. Background

This report describes the continued improvement in health, safety and security standards within the Trust. The Trust follows the requirements of:

- **HSG 65, Successful Health and Safety Management**, which identifies key actions in a cycle of:

Plan: determining Health and Safety Policy and planning for its implementation

Do: identifying and assessing risks and implementing control measures

Check and Act: measuring and reviewing performance and learning lessons

- **Legacy NHS Protect Security Management standards**- despite NHS Protect relinquishing control over security management standards in March 2017 these standards remain best practice as there continues to be no alternative best practice initiated by either NHS England nor the National Association for Healthcare Security.

In 2019/20 the health, safety and security team will undertake a self-assessment against BSI standard PD CENB/TS 16850:2015 *Guidance for managing security in healthcare facilities*.

2. Governance and Processes

Health and Safety General Policy 2019

A review of the Trust's Health and Safety General Policy was completed during the third quarter of 2018/2019. The Policy was:

- approved by the Health and Safety Group on 19 December 2018;
- ratified by Senior Leadership Group on 23 January 2019; and
- presented for assurance of the governance process at the Finance, Business and Investment Committee on 25 March 2019.

Security Management Policy

The Trust Security Management Policy remains current, last ratified 27 June 2017 with review date June 2020.

Health, Safety and Security Strategy 2018-2023

The health, safety and security team have been progressing objectives outlined within the 2018-2023 Strategy throughout 2018/19. The Strategy has been reviewed in April 2019 to align to the recently launched Trust Strategic Framework, goals, purpose, vision and values.

The purpose of the Strategy is to:

- continuously improve the culture of health, safety, security and staff wellbeing across all Trust services;

- describe the team’s approach to supporting an improved Health and Safety culture specifically through regular health, safety and security property assessments to ensure:
 - staff awareness and application of high levels of health, safety and security
 - the premises that we provide Trust services from support and benefit staff and service user health, safety, security and wellbeing.

The strategy describes the Trust’s plans to continue to **improve** health, safety and security performance over the course of this strategy, by developing and implementing **innovative** new ways of working and securing additional **growth** by seeking and securing new business opportunities. High level objectives are detailed below:

Improvement	Innovation	Growth
Safe and secure environment for service users Safe and secure environment for staff – focussing on health and wellbeing Ligature risk awareness Stakeholder focussed approach In line with national / best practice standards	Health and wellbeing joint working Patient experience and involvement Lone working and personal safety improvements Advisory service for new builds and refurbishments External partnerships	New business opportunities Continuous professional development Right first time Accreditation and certification Horizon scanning

3. Assurances in Place

Health and Safety Group

The Health and Safety Group (HSG) held its quarterly meetings on 20 June 2018, 19 September 2018, 19 December 2018 and 20 March 2019. All meetings were quorate.

Quoracy was achieved following full representation from operational services and support functions. To support continued attendance and quoracy of meetings the team issue pre-meeting reminders to members to help ensure either representatives or their informed deputies attend.

Action/decision minutes are completed and made available within 14 days. Issues that cannot be resolved through Health and Safety Group are highlighted for escalation to the Deputy Directors Meeting, in the absence of the Deputy Director of Estates and Facilities any issues have been escalated via the Deputy Director of Finance.

Health and Safety Working Sub-Group

The Working Sub-Group met seven times during the year to support the Health and Safety Group in addressing specific working topics, trends and concerns delegated to it, implementing actions to mitigate them and reporting back to the main Group.

Lone working risks and links to the development of a Withdrawing Care Policy remain a focus of the Working Group. The meetings on 11 April 2018, 18 July 2018, 17 October 2018 and 16 January 2019 were focused on current lone working issues, and review of Trust lone worker Policy and safe work procedures across Trust community services.

Quality and Safety Committee and Board Reporting

Health and Safety KPI's are reported on a monthly basis to Quality and Safety Committee. An example of the QSC dashboard which shows health & safety incident reporting data and RIDDOR reportable incidents is included in **Appendix B**.

On a quarterly basis the team report to Trust Board on health and safety incident reporting and property assessment compliance and exception arrears through the Board Integrated Performance Report (BIPR). As a result of recent CQC feedback to the Trust, reporting through Committees and Board is now being reviewed as part of the Trust over-arching Integrated Assurance Framework mapping.

Internal Audit Assurance

The quality of processes and level of support is underpinned by a 2018 Internal Audit report by Audit Yorkshire which provided 'Significant Assurance'. The review determined that *"the Trust has effective systems and processes in place in relation to Health and Safety. The process of managing and monitoring health and safety Environmental Risk Assessment action plans is well established and embedded within the Estates Health and Safety Team"*:

Significant	The review has found that the Trust has effective systems and processes in place in relation to Health and Safety. The Trust's Health, Safety and Security Strategy 2018-2023 is aligned to the Trust's aims and objectives. The Health and Safety KPI's are reported on a monthly basis to the Quality & Safety Committee. On a quarterly basis the Board Integrated Performance Report provides performance data in relation to a number of H&S processes. The process of managing and monitoring health and safety Environmental Risk Assessment action plans is well established and embedded within the Estates Health and Safety Team. A small number of improvements in relation to lone workers have been recommended.
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RoSPA Award for Occupational Safety and Health for 2019

In 2019 the Trust was awarded a RoSPA Gold Medal its occupational health and safety performance in recognition for receiving a fifth consecutive Gold Award. The receipt of this Medal provides important independent assurance on the Trust's health and safety systems and controls. The presentation ceremony for the award is taking place on the 6th June 2019.



Health and Safety Executive

No enforcement, prohibition or improvement notices were served on the Trust during 2018/19.

4. Improvement, Innovation and Growth in 2018/19

Internal recruitment of two members of staff to the health, safety and security team in March 2018 brought the team to full establishment and allowed for a proactive and innovative workplan to be delivered throughout 2018/19. Headline improvement, innovation and growth is detailed below.

Health, Safety and Security Property Assessments

As a result of a fully established team, combined with proactive planning of assessments through a weekly workplan meeting the team has retained 100% compliance of health, safety and security assessments.

Assessment forms are used to record assessments and associated action plans with specific actions relevant to issues identified at the point of assessment. Within high risk areas (e.g. inpatient wards) team members ensure regular repeat visits to support clinical colleagues with progression or escalation of any action exceptions.

Training and Development of Trust Staff

Other proactive developments led by the team have focused on schemes to improve the knowledge and competence of fellow staff in the Trust relating to First Aid and Personal Safety. Monthly Quallsafe-certified First Aid training courses commenced in December 2018. Monthly Personal Safety training courses developed in partnership with the Suzy Lamplugh Trust commenced in March 2019, personal safety training is aligned to the training competence for Conflict Resolution training. These courses will save the Trust money by delivering in-house training at a fraction of the cost of a course delivered by a private-sector organisation and will also be used to target additional income from external organisations from 2019/20 onwards.



Personal Safety and Lone Working

The health, safety and security team have supported with ongoing concerns from our community-based staff relating to lone working risks. The H&S (lone working) sub-group has worked together to develop the Continuation of Care and Staff Safety Policy, the review of lone worker risk assessments and supported to jointly develop standardised procedures such as the District Nursing Lone Working Standard, all using best practice guidance from the team's partnership working with the Suzy Lamplugh Trust.

Most recently the team have led on the trial of pool SoloProtect lone worker devices across a selection of community services. Device usage was monitored, and staff involved in the trial took part in a survey to help inform a recommended way forward. The results from this trial and proposed way forward were presented for further consultation at the May H&S (lone-working) sub-group, and we are targeting presentation at July Senior Leadership Group to confirm an appropriate way forward before feeding back to FBIC.

Communication and staff engagement

For the health, safety and security team to be able to communicate with the large number of staff in our organisation across such a variety of roles and locations they need to communicate in a number of different formats.

In October 2018 the team arranged Health, Safety and Security roadshow dates across Bradford, Airedale and Wakefield to engage with members of staff from all operational services across key locations in Bradford, Airedale, Craven and Wakefield. The team also proactively attend local quality and safety meetings and multi-disciplinary team meetings to investigate any issues that may be impacting on good levels of health and safety.



Messages relayed by the team need to be consistent across all Trust staff, such messages have been shared through the Staff Forum, Trust screensaver and eUpdate. Detailed below are a selection of the colourful, eye-catching designs developed by (and in the case of the Tailgating Poster modelled by) team members to engage in issues highlighted from incidents and risks – such as tailgating, inappropriate car parking, seasonal slips trips and falls, risks and near-miss reporting.

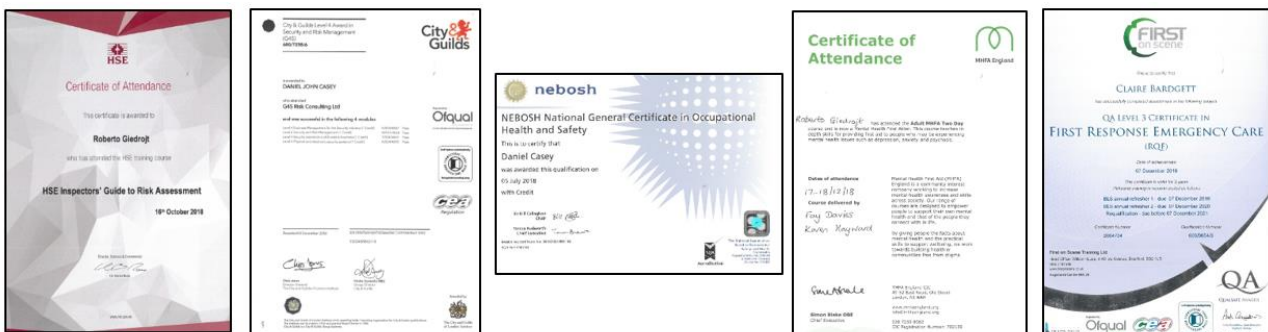


Continuous Professional Development

Team members in the health, safety and security team are keen to learn and develop both themselves and the quality of service provided through embedded team development training pathways. Team members are keen to pass on this knowledge to support in developments within other teams.

In the past year members of the team have completed the following training (a selection of training certificates attained in 2018 is below):

- NEBOSH General Certificate,
- IOSH Managing Safely,
- G4S accredited course in Security and Risk Management,
- Health and Safety Executive course on proactive risk management,
- Mental Health First Aid training,
- Advanced First Aid Training,
- Qualsafe Accredited Internal Quality Assurance,
- Suzy Lamplugh Trust Personal Safety Train the Trainer,
- Ongoing support in MAV Training for the PTU.



Ligature Risk Assessments

The CQC inspection of Trust Services in Q4 2018/19 highlighted that significant improvements were required to processes around ligature risk assessment specifically around the following focus areas:

- Consistency of approach to assessing ligature risks, i.e. around bedroom doors;
- Quality of operational / clinical response to ligature risks; and
- Learning from incident, near misses and SI's and how this is picked up through the ligature risk assessment process.

In April 2019 the health, safety and security team were involved in a Rapid Improvement Week and subsequent prioritised work to make the ligature risk assessment process more robust through a review of the methodology. The team led on development of a new Ligature Risk Assessment Policy and Standard Operating procedures, collaborating closely with the Head of Nursing Mental Health, Ward Managers and Estates colleagues to agree and test the new ligature risk assessment process.

The team were involved in improvements to make the ligature risk assessment process more robust, with a joint review of the ligature risk assessment methodology in line with the Manchester Ligature Audit Tool (sign-posted by the CQC as good practice) and to ensure that all areas of the ward are assessed in a systematic manner.

All inpatient wards were re-assessed in line with the new methodology and all inpatient acute ward assessments have received senior leadership sign-off as per Policy requirements. The new methodology includes more specific documentation of operational actions to manage clinical risk dynamically at a service level. This reflects the true partnership approach through which Estates & Facilities support environmental improvements and Operational services are able to respond in an informed way to residual risks as they consider and manage individual clinical presentations.

In May 2019 the team have led on the development of a ligature risk awareness training package to increase ward staff awareness of ligature environmental risks and appropriate risk mitigation actions documented through the ligature risk assessment process.

Medical Devices

Medical Device Working Group meetings took place on 6 June 2018, 13 September 2018, 6 December 2018 and 14 March 2019. This meeting reports into Health and Safety Group.

Leeds Teaching Hospitals Trust and Mid Yorkshire NHS Trust provide assurance through performance reporting to the Medical Device Safety Officer of monthly activity. An assurance report and inventory update are provided at each quarterly Medical Device Working Group (MDWG) to demonstrate ongoing planned and reactive maintenance against the asset inventory.

The quarterly inventory update is provided to all operational service medical device leads and is available on the Connect Medical Devices pages for services review against their locally held inventories. An improvement initiative is to ensure that exception arrears are shared by maintenance providers to MDWG leads on a monthly, rather than quarterly basis. Ultimately it is a service responsibility to ensure that devices receive 12-monthly planned

maintenance, so proactive monitoring of exceptions will support services to contact the maintenance provider to ensure planned maintenance takes place, e.g. where devices were not presented for testing at scheduled visits. This will help to ensure that all devices receive annual planned maintenance and calibration in line with Medical Devices Policy.

Radon Risk Assessment

The health, safety and security team in partnership with estate maintenance have led on radon risk assessments across the Trust estate in 2018/19. The Ionising Radiation Regulations 2017 (IRR17) apply to work with natural radiation, including work in which people are exposed to naturally occurring radon gas and its decay products (radon-222). To ensure compliance with IRR17 BDCFT commenced a process of radon risk assessment.

- An interactive map available from Public Health England <http://www.ukradon.org/> was used to identify indicative radon gas levels across the Trust estate.
- BDCFT ordered 41 radon monitors from PHE to be placed in situ from September 2018 to November 2018 for monitoring occupied and used rooms at ground and basement level based on 1 monitor per 100m².
- Results were received from the monitor placement in December 2018 indicating that all sites except for Waddiloves basement had acceptable radon concentration levels with annual activity concentration in the air less than 300 bq/m³.
- Action was required under the IRR17 to reduce employee exposure and reduce radon levels within Waddiloves basement through additional ventilation which was installed in March 2019 in line with actions identified against Trust risk #2187.
- Access to Waddiloves basement was already restricted. Following installation of additional ventilation, further 3-month monitoring of radon levels is taking place from April – June 2019. Results from PHE radon monitors will inform whether works have been successful in reducing radon levels to a level less than 300 bq/m³.

NB. access to Waddiloves basement is access control restricted, it is only accessed by Estate Maintenance team members for planned and reactive maintenance. IRR17 states that if the area is occupied for less than 644 hours per calendar year the Trust could opt to control access rather than reduce the radon level. Following liaison with a Radiational Protection Advisor in January 2019 the Trust confirmed works would take place in addition to access control.

5. Incident Reporting Data

The tables in section 5 provide a year to year comparison of incidents reporting data, SPC charts are also presented in **Appendix D** to provide an ongoing summary of incident reporting data for Health and Safety incidents and Slips, Trips and Falls.

5.1 Health and Safety Incidents

Category	2018/19	2017/18	2016/17	Change 17/18 to 18/19	
Environment / Trust property affected	276	3094	5360	-2818	-91.1%
Environment (minus smoking-related incidents)	195	169	172	26	15.4%
Service user affected	645	668	761	-23	-3.4%
Staff affected	390	386	365	4	1.0%
Member of Public/Family affected	8	13	17	-5	-38.5%
Total Number of incidents (including smoking incidents)	1407	4247	6591	-2840	-66.9%

Smoking incidents reported under health and safety causation factors	81	2925	5188	-2844	-97.2%
Total Number of incidents (Excluding smoking incidents)	1326	1322	1403	+4	+0.3%

The table in **Appendix C** summarises all Health and Safety incident types graded by actual impact of incident.

There has been a significant decrease in the reported number of smoking-related incidents. This suggests that there has been significant under-reporting as anecdotal evidence suggested continued high levels of smoking within undesignated areas. This was discussed as part of the Rapid Improvement Week at the start of April and resulted in new e-Cigarettes being permitted through a Smoke Free policy amendment which targets increased Vaping use with the benefit of decreasing levels of smoking in undesignated areas.

With all smoking incidents discounted from annual figures, the total number of health and safety incidents remained broadly consistent from 2017/18 to 2018/19 with an increase of only 4 incidents.

The number of moderate or more significant incidents has increased, yet the number of RIDDOR incidents has seen a minor decrease from 2017/18 to 2018/19. RIDDOR incidents continue to be reported on a monthly basis through Quality & Safety Committee as per the report in **Appendix B**.

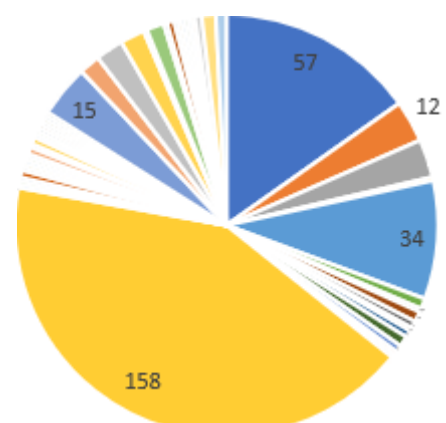
All incidents with an impact of 3-Moderate or more severe are followed up for a review of actions and any further support to be recommended by the health, safety and security team.

Category	2018/19	2017/18	2016/17	Change 17/18 to 18/19	
Total number of incidents (excluding smoking incidents)	1326	1322	1403	+4	+0.3%
RIDDOR Incidents	4	5	8	-1	-25%
Total number of incidents: Impact of incident: Moderate-3 or more severe	57	39	45	+16	+41%
Number of Near-Miss incidents	30	56	86	+19	+33.9%
Number of Slips, Trips and Falls incidents	375	446	504	-83	-18%
Number of needle – stick injuries	22	24	30	-2	-8%

Slips, Trips and Falls

As shown within the bar chart in **Appendix C** slips, trips and falls remains the highest incident category for health and safety related IR-e's. Of the 375 slips, trips and falls incidents, 87% affected service users. The adjacent pie chart shows numbers of slips, trips and falls incidents by service area. The top 5 areas, accounting for 74% of reported slips, trips and falls incidents are:

- 158 incidents on Dementia Assessment Unit;
- 57 incidents on Bracken Ward
- 34 incidents on Assessment & Treatment Unit
- 15 incidents on Ashbrook Ward
- 12 incidents on Fern Ward



A summary of slips, trips and falls incidents is presented at each Health and Safety Group to ensure Service management feedback on reasons, learning and actions following such incidents, and that even where incidents are down to clinical rather than environmental factors learning is taken forward.

5.2 Assaults against staff

Assaults against staff are reported separately from Health & Safety IR-e's, i.e. they are not included in the figures in section 5.1 above. The number of assaults against staff has increased by 28% from 2017/18 to 2018/19. However, the severity of incidents has reduced as a proportion of total incidents.

Two out of the four RIDDOR reportable incidents in 2018/19 were due to physical assault incidents (see **Appendix B**).

Incident Type	2018-19	2017-18	2016-17	Change 17-18 to 18-19	
Assaults against staff – all incidents	1,254	973	692	+281	+28%

Assaults against staff categorised by impact to staff member	2018-19	2017-18	2016-17	Change 17-18 to 18-19	
1 None (No Harm)	596 (47.5%)	482 (49.6%)	366 (52.8%)	+114	+23%
2 Minor (Minimal Harm Requiring Minor Treatment)	645 (51.4%)	479 (49.2%)	309 (44.7%)	+166	+34%
3 Moderate (Significant but Not Permanent Harm)	12 (0.9%)	12 (1.2%)	17 (2.5%)	No change	No change
Total	1254	973	692		

Location of Physical Assault incidents

97% of assaults against staff took place in the Trusts inpatient ward environments. A year to year comparison of the number of physical assaults by service areas is shown in the table below. This shows a further significant increase in the number of physical assaults reported on Assessment and Treatment Unit (ATU) and Dementia Assessment Unit (DAU). The increases are consistent with acuity challenges which continue to be reported by the ATU and DAU and consequentially elevated levels of special observations.

Service area	Beds	2018-19		2017-18	2016-17	Change 17-18 to 18-19	
		IR-e's	IR-e's per commissioned bed				
ACMH Wards (Fern, Heather, Bracken)	56	158	2.8	111	65	+47	+42%
Assessment and Treatment Unit	10	288	28.8	234	69	+54	+23%
Dementia Assessment Unit	22	395	17.9	237	95	+158	+66%
LMH Wards (Ashbrook, Maplebeck, Oakburn)	67	199	3.0	170	237	+29	+17%
LMH Clover	10	120	12.0	121	115	-1	-0.8%
MV Low Secure Wards (Baildon, Ilkley, Thornton)	33	57	1.7	48	65	+9	+18%
All other areas across Trust services	n/a	37	n/a	52	46	-15	-28%
Total	-	1254	-	973	692		

Ongoing actions that have contributed to the decreasing severity in physical assaults have included:

- Installation of CCTV within all inpatient wards;
- Conflict resolution and Breakaway training of all ward-based Trust staff; and
- Safety huddles, which have promoted safety and a focus on the highest reported incidents of which physical assaults is one.

In BDCFT there were 12 incidents where a physical assault occurred resulting in a moderate impact to staff member (Impact-3: Moderate). A summary of the incident locations and underlying causes behind the incidents is summarised in the table below:

Physical Assaults with Impact-3: Moderate

Incident Location	No. of incidents	Underlying causes of incidents identified on IR-e
ACMH – Bracken Ward	1	Staff injured during restraint of service user
ACMH - Fern	1	Resentment from earlier physical restraint
Assessment and Treatment Unit	1	Clinical factors, unprovoked attack
MHA Assessment at BRI Ward 27 (LD Health facilitation)	1	Clinical factors, unprovoked attack
Dementia Assessment Unit	3	3 x Dementia
MV – Thornton Ward	1	In transport to Medium Secure facility, service user didn't want to be transferred
LMH – Clover	3	Behavioural difficulties Staff preventing service user access to communal ward area Clinical factors
LMH - Maplebeck	1	Clinical factors
Total	12	

Lessons learned from incidents will continue to be shared by service leads through the Trust Quality and Learning Network to support the Trust's Safer Wards schemes.

Throughout 2019/20 monthly summary incidents reports following moderate and more severe graded assault incidents will be taken forward for review at acute inpatient and specialist inpatient quality and safety meetings. These incidents will continue to be raised on a quarterly basis at the Trust Health and Safety Group for action monitoring via this multi-disciplinary group.

5.3 Security Incidents

Incident Type	2018-19	2017-18	2016-17	Change 17-18 to 18-19	
Burglary	1	4	6	-3	-75%
Vandalism	91	64	104	+27	+42%
Intruder/trespasser	20	10	5	+10	+100%
Unlocked door/cabinet	85	63	38	+22	+34%
Theft – Trust Property	13	12	16	+1	+8%
Theft – Staff Property	11	13	12	-2	-15%
Theft service user property	17	6	10	+11	+183%
Theft – other persons property (e.g. public)	2	0	3	+2	+200%
Total number of security incidents	240	172	194	+68	+39%

A table providing additional descriptions along with impact of incidents can be found in **Appendix E**.

Only 1 out of these 240 incidents had an impact graded as moderate or more severe. This incident related to significant vandalism through an individual attacking and damaging approximately 150 number of windows at Lynfield Mount Hospital in July 2018.

To improve security awareness with Trust staff, information bulletins are communicated regularly through Staff Forum and eUpdate. For example, a specific bulletin highlighting tailgating risks was shared in 2018 and publicised at all access routes following incidents of tailgating that were recorded at Trust properties.

6. Risk Implications

The following risks relating to health, safety and security management that have been managed in 2018/19 are below:

Risk #	Issue	Actions
1792 MEDIUM RISK	CCTV system at Lynfield Mount Hospital requires upgrade, system not holding footage for up to 28 days, time stamp failing frequently and cameras dropping out. New planned maintenance contract cannot be sourced due to age and issues with system therefore new system required.	New lease and purchase costs sourced from Open View - NHS Procured framework contractor. - COMPLETE Commence implementation of new system – DUE Q3 2019/20
2187 MEDIUM RISK	Risk to Estate Maintenance staff posed from prolonged exposure to Radon-222 levels >300 BQm3. However, it should be noted that the IRR17 state that if the area is occupied for less than 644 hours per calendar year the organisation may opt to control access rather than reduce the radon level.	Progress radon risk assessment with suitable RPA to ensure plans are suitable and sufficient to reduce and eliminate risk - COMPLETE Estate maintenance works to improve ventilation within basement area to reduce radon levels COMPLETE Monitor radon levels for 3 months to test effectiveness of works – DUE JUL 2019

7. Recommendations

Finance, Business and Investment Committee is asked to **approve** the Health, Safety and Security Annual Report for 2018/19.

Communication of Annual Report to Trust Staff

Following approval of the Annual Report, the summary easy-read poster relating to Health, Safety and Security incidents in 2018/19 and tips for services shown in **Appendix F** will be circulated via Trust Communications channels (e-Update, Staff Forum, Newsletters, Screensaver). This will be shared as a summary easy-read Annual Report, in addition to the full Annual Report which will be available on the Health and Safety Connect page.

END

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Appendix A: Health, Safety and Security Strategy 2018-2023 [May 2019 v2.0]



Health Safety
Security Strategy 2018-2023

Appendix B: Health and Safety reporting to Quality & Safety Committee

Health & Safety Monthly Comparison Report – as at 31 March 2019

Number and target	Key Performance Indicator	Incident Totals for year 2017/2018	Actual to date: 1 April 2018 to 31 Mar 2019	Relevant comparison data: 1 April 2017 to 31 Mar 2018	Items to report
1 (<10)	Number of RIDDOR reportable incidents recorded	5	4 (Mar 19 total: 0)	5 (Mar 18 total: 0)	No change in number of RIDDOR incidents compared with the same period in 2017/18.
2 (<1250)	Number of IR-e incidents recorded with a health and safety causation factor	1346	1, 409 (Mar 19 total: 98)	1, 346 (Mar 18 total: 93)	5.2% decrease in IR-e incidents compared with the same period in 2017/18.
3 (>100)	Number of health and safety near miss IR-e incidents recorded	84	52 (Mar 19 total: 6)	84 (Mar 18 total: 10)	40% decrease in IR-e near miss reporting compared with the same period in 2017/18.
4 (<450)	Number of Slips, Trips and Falls IR-e incidents recorded	428	328 (Mar 19 total: 30)	428 (Mar 18 total: 19)	57% increase in number of reported slips, trips and falls compared with the same period in 2017/18. 28 of the 30 falls incidents in March 2019 involved service users and the causes related to clinical rather than environmental factors. Incident summaries of all slips, trips and falls will be presented at Health & Safety Group for review.

5 (Zero incidents)	Control of Sharps – number of IR-e reports of needle stick injuries with the use of new safety needles	24 (no incident involved a safety needle)	22 (Mar 19 total: 1)	24 (Mar 18 total:4)	75% decrease in number of reported needle-stick incidents compared with the same period in 2017/18.
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Riddor information

IR-E Number	Incident Date	Sent Riddor?	Site (Where Occurred)	Department (Where Occurred)	Location (Where Occurred)	Details Of Incident	Immediate Actions
153926	05 June 18	Y	ACMH	Estates Maintenance	ACMH - Heather Ward	<p>whilst repairing the tumble dryer extract duct there was a lot of lint/dust at the rear of the tumble dryer, it was not clear at the time but MK reported later that he had a sore/irritable eye he wears prescription glasses but not safety glasses, he thought it could be hay fever, he was referred to hospital by myself on Friday as his Eye was still red, we escorted him to hospital and he was diagnosed with left eye trauma and abrasion, he has a fit for work form that runs until 18/6/18. We still do not know how or were the incident that caused this happened but MK says it was whilst doing this work.</p>	<p>Staff Member referred to hospital.</p>

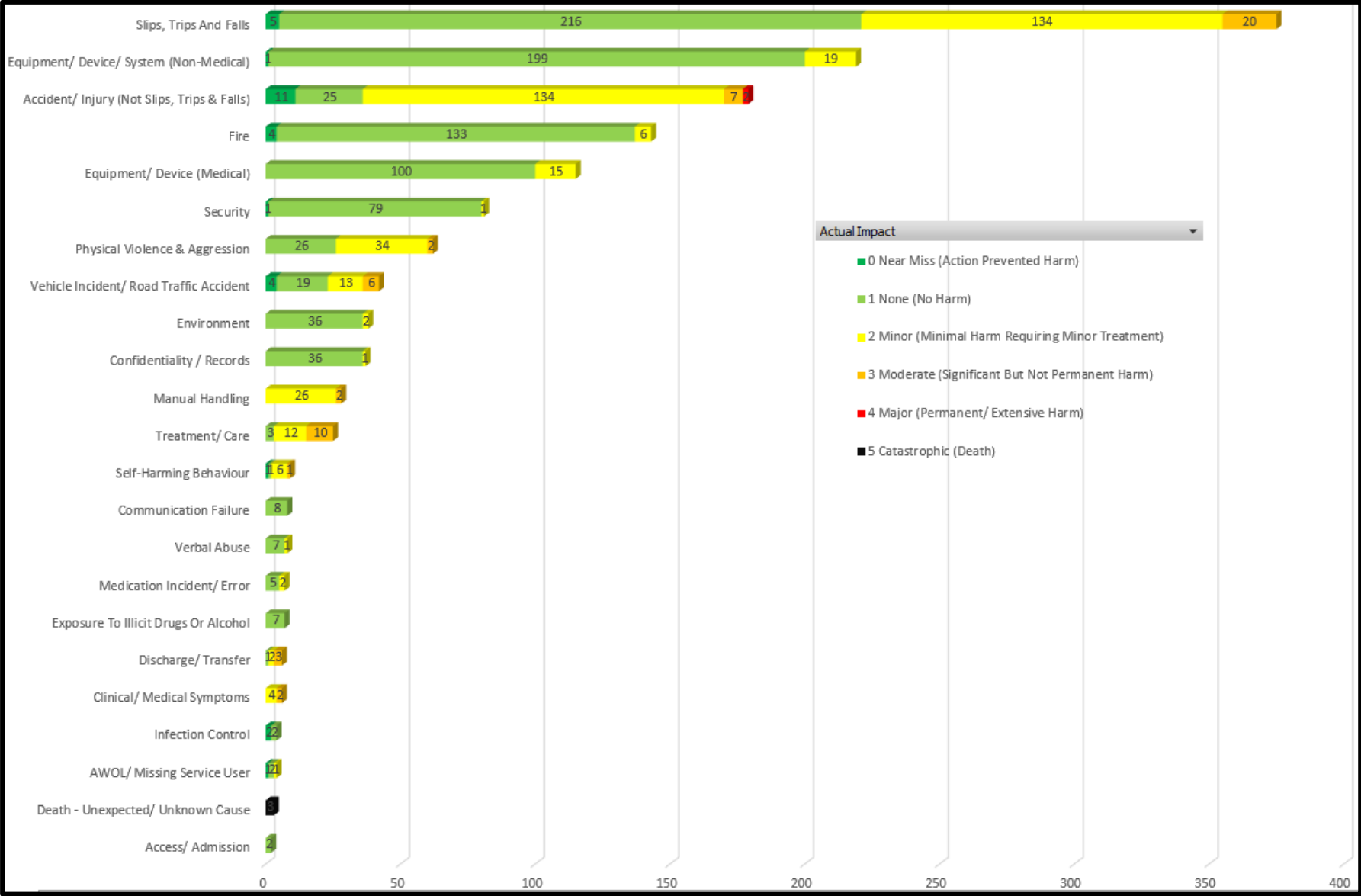
IR-E Number	Incident Date	Sent Riddor?	Site (Where Occurred)	Department (Where Occurred)	Location (Where Occurred)	Details Of Incident	Immediate Actions
160733	31 Dec 2018	Y	ACMH	Fern Ward	ACMH Fern Ward/Main Admin Corridor	<p>HCSW BM was leaving the ward at 05:00 to go on his break. Service User WR followed him off the ward (locked doors were in place for this service user). WR followed BM coming up behind him as he attempted to enter the family room. WR punched BM in the face, mouth and head approx. 6 times, saying " You're trying to bully me" "you tried to restrain me" (referring to incident on Friday 28th December when BM was involved in physical interventions), "Fight me man to man".</p> <p>BM activated his alarm and staff attended. BM was visibly shakes and was bleeding from the mouth. WR was in highly agitated state, shouting at BM, saying "you punched me in the face". WR had no injuries to the face however some injuries to the knuckles.</p> <p>Verbal de-escalation utilised. WR was asked to return to the ward. PRN 1mg Lorazepam administered and accepted</p>	<p>HCSW BM pushed WR away</p> <p>HCSW BM activated alarm</p> <p>Staff intervened and asked HCSW BM to leave the area</p> <p>Verbal de-escalation utilized</p> <p>WR returned to the ward</p> <p>PRN 1mg Lorazepam administered and accepted</p> <p>Police contacted Log No. 229</p> <p>Crime reference 13180652854</p> <p>HCSW BM attended A&E</p>
161311	16 Jan 2019	Y	Highfield Unit	ATU	ATU	<p>PO came back from school and he was unsettled, he also declined to take his coat off. PO then jumped up and down and kicked the TV with his foot. These are early warning signs for PO that his mood was becoming escalated. AH and KM who were observing verbally redirected PO to his jigsaws and tried to engage him. PO started to rip his jigsaws. JS attended and crouched down to verbally re-direct PO. PO kicked out at JS with his foot with considerable force and she flew back a couple of</p>	<p>JS went to A and E for a review and has informed NIC that she may have broken her collar bone - she has self certified for a week. Staff have been de-briefed by NIC. Room has been moved to keep PO</p>

					<p>feet. PO was placed into holds to prevent further injury to staff or himself and taken in holds to his bedroom to de-escalate as this was a quieter environment. LH gave PO lorazepam at 1425 to assist him to calm.</p> <p>The situation continued and PO was still trying to kick out at staff so was taken to the floor - face up - with KM and AH on the arms, and JC, SM and MT at different times on the legs as PO is very strong. MW was on the head. PO's left arm changed to NA relieving KM. PO was not calming himself and he was still trying to kick out and hit staff members. PO accepted 0.5mg risperidone at 1435. This was after LH had had a conversation with pharmacy to find out the interval of giving the lorazepam and risperidone - staff could give them together if required.</p> <p>LH took over the head from MW but it was still a small space and it was not easy to hold PO on the floor. MT took over the legs from SM as it did not appear that she was doing the correct hold. MT took both the legs. PO was breathing freely and this was monitored throughout the holds on the floor after another 7 minutes PO had calmed sufficiently and was saying , sleep, sleep. PO was allowed to curl up on his mattress with staff monitoring from a distance.</p> <p>After PO got up at around 1800 he requested some food from staff which was given. PO was then sat in the lounge and he started bouncing up and down and vocalising - these were early warning signs that PO was becoming elated. NIC and co nurse</p>	<p>safe. NIC attempted to report the damage to the shower room but was informed to call in the morning and report it them - emails have been sent alerting management. NIC got PO's as required medication increased to 2 mg risperidone rather than one and NIC can give the lorazepam and risperidone together. Observations were taken and were within range Duty doctor is aware.</p>
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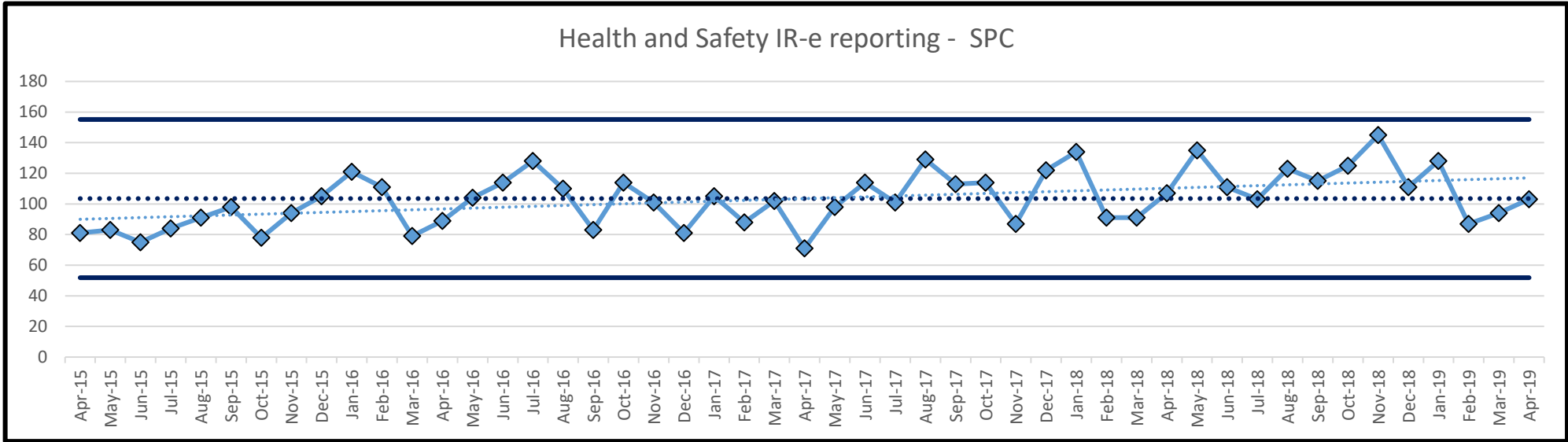
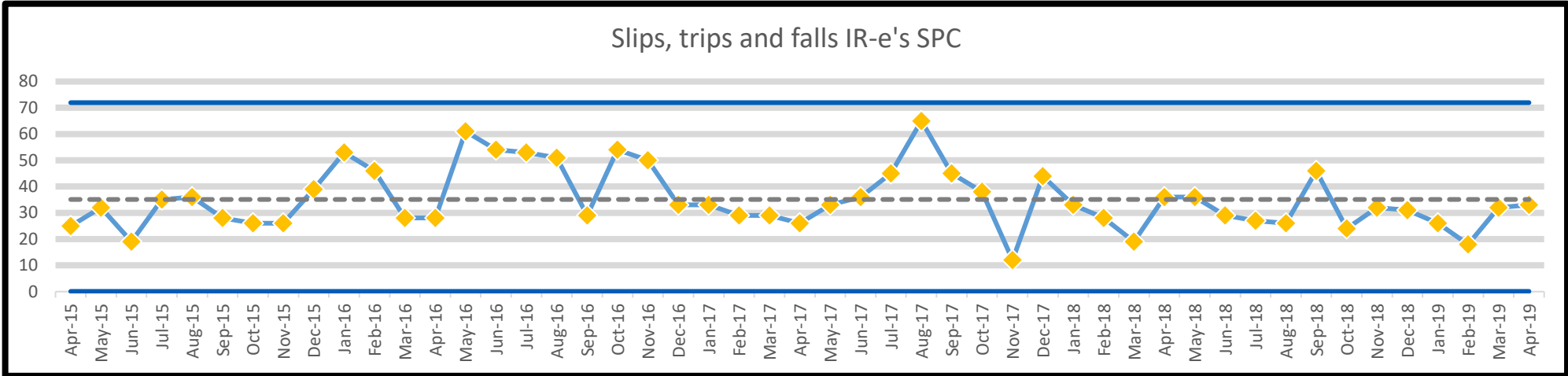
						<p>conferred and PO was administered lorazepam and risperidone together again to reduce his agitation. After about 10 to 15 minutes PO did not appear particularly calmer but jumped up and ran to his shower room. Staff were trying to redirect him to have a bath as the hatch was now down in his shower room above the shower. PO - who is 6'3 in height pulled the pipe in the hatch above the shower and broke it. PO was then redirected to his bedroom and indicated that he would like some private time. The water had been turned off earlier in the day - but LH took the decision to move PO's bedroom to the bottom bedroom and then this would shut the broken shower room off completely to PO. PO then got up again and requested some more food which was given. Then PO said shower, and was redirected to the bathroom where he successfully had a bath with staff observing him</p>	
162903	27/02/2019	Y	Somerset House	CMHT - Adult (Bradford North)	Reception	<p>Admin supervisor received email from Clinical Team Leader at Somerset House to report that Receptionist had a fall in the reception area and has banged her head and possibly hurt her knee.</p>	<p>Clinical team manager contacted Admin Supervisor via email to inform Clinical team advised for receptionist to be checked out medically and offered taxi to transport her to A&E. Admin Supervisor contacted receptionist and was confirmed she was waiting for the taxi. EH at this stage</p>

								advised she was not sure how it all happened.
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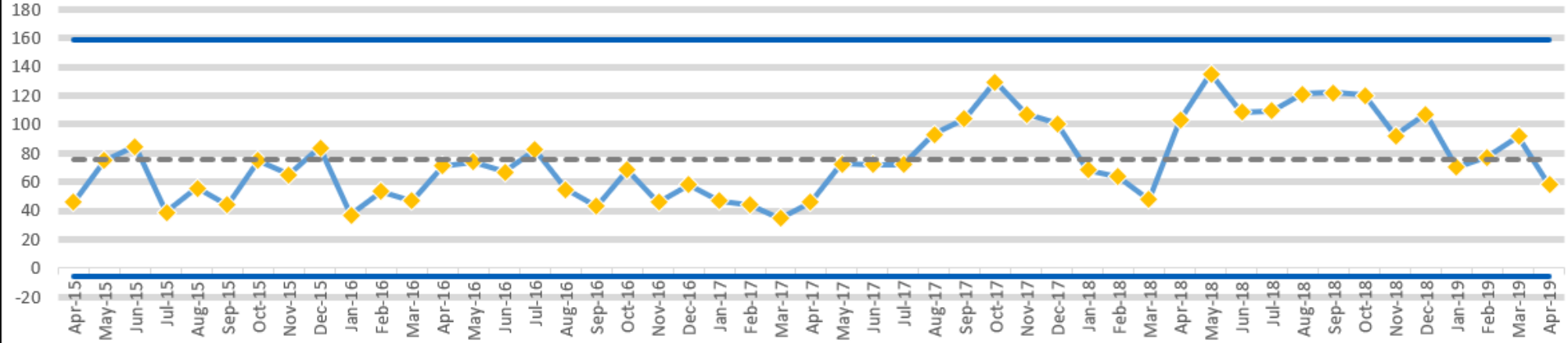
Appendix C: Health and Safety IR-e profile, 1.4.18 to 31.3.19



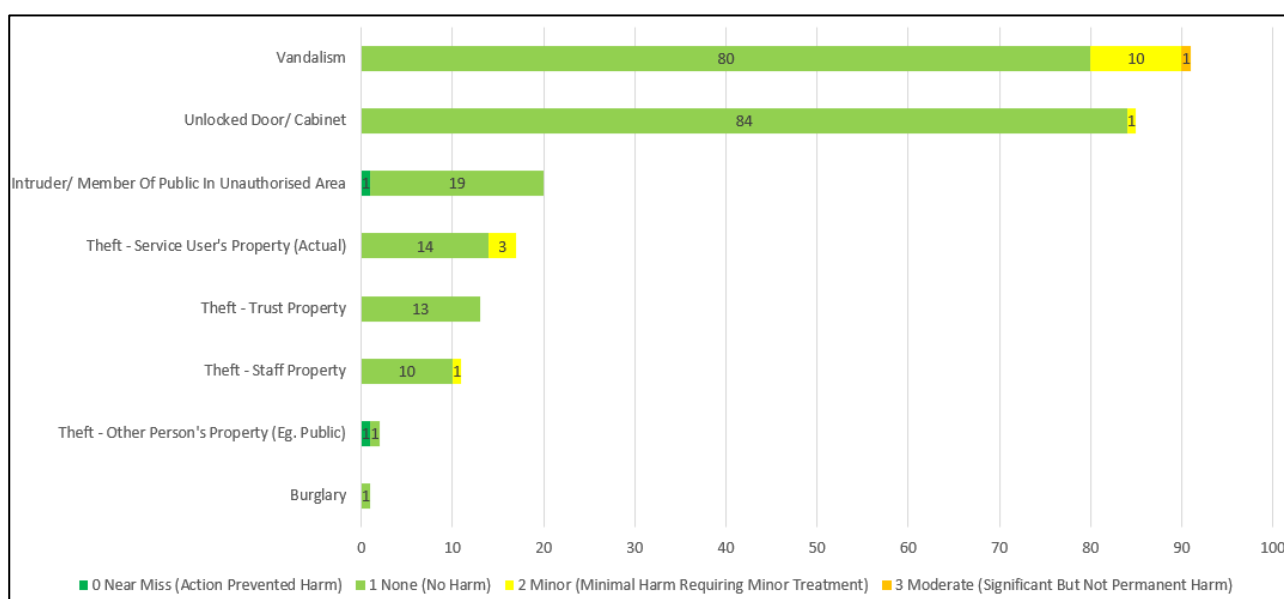
Appendix D: Statistical Process Control (SPC) Charts (1 April 2015 – 30 April 2019)



Physical Assaults on staff IR-E Reporting



Appendix E: Security incidents summary



Security Incidents			
Incident Type	2017-2018	2018-2019	Change
Burglary	4	1	-3
Vandalism	64	91	+27
Intruder/Trespasser	10	20	+10
Unlocked Door/Cabinet	63	85	+22
Theft – Trust Property	12	13	+1
Theft – Staff Property	13	11	-2
Theft – Service User Property	6	17	+11
Theft – other persons property i.e. public	0	2	+2
Total	172	240	+68

Examples of incidents affecting the Trust	
Burglary	One incident refers to an attempted entry at Heaton Lodge.
Vandalism	This included damage to the fabric of the building including fixtures i.e. Tv's, and furniture, flooding of bathrooms on a few occasions. Extensive damage was also caused to windows at Lynfield Mount by a man with a hammer.
Intruder/Trespasser	Including an unknown male within the car park at Fieldhead, issues at Hillside Bridge with drug abuse, and an incident of 'tailgating' at New Mill.
Unlocked Door/Cabinet	A majority (54) refer to Moorlands and were found as part of routine security checks. Faulty secure doors and failure of access control at Craven Centre.
Theft – Trust Property	This included burglaries at staff members homes or from their vehicles where Trust items such as laptops were taken. A theft of gardening equipment on an SLA site in Cullingworth and theft of a wheelchair from dental also occurred.

Theft – Staff Property	These ranged from milk taken from a fridge to a mobile phone being taken through the open window of a car.
Theft – Service User Property	Phones, laptop and cash have been taken and a service user gave another service user their bank card and pin number resulting in the theft of monies.
Theft – other persons property i.e. public	Includes the theft of a TV within the community.
Provision of physical support	
<p>The team performed this function on many occasions throughout the year, which is not part of the normal roles and responsibilities and included;</p> <ul style="list-style-type: none"> • 10-16 St Martins – supported on site following reports of a male harassing female workers. • Supporting team at Wakefield following threats made to staff via a family. • Supporting at the Ingrow Centre (on two occasions) with a service user who was due to be delivered bad news, who has a history of aggression. <p>Supporting on three consecutive weeks a team at Wrose following an incident with aggressive patient</p> <p><i>Hi David</i></p> <p><i>I just wanted to express my gratitude on behalf of the HV service, to Roberto for his support with a really challenging situation recently.</i></p> <p><i>The HV team found themselves in a threatening and abusive situation following a miscommunication from other health care professionals. This is really stressful for staff when they are trying to provide a good service to families and children. Roberto has helped them to identify an appropriate plan of action and response to the family. After the event there has been an anxiety with staff that the situation may be repeated. They were particularly grateful that Roberto attended the clinic where the incident took place and has arranged for a colleague to attend next week.</i></p> <p><i>I have expressed my thanks to Roberto in person, but just wanted you to be aware too</i></p> <p><i>Kind Regards</i></p> <p><i>Alex</i></p>	

Appendix F: Health and Safety Annual Stats – 2018/19 for circulation to staff

HEALTH, SAFETY AND SECURITY AT BDCFT
Vital Statistics 2018-2019

1,326 Health & Safety Incidents

4% of incidents had an impact of moderate or more severe

30 Near Misses

It is important to report near misses to learn lessons and help reduce the likelihood of future incidents.

4 RIDDOR reportable incidents

What is RIDDOR?

Requirements under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

The trigger point for reporting a member of staff work related injury to the Health and Safety Executive is over 7 days incapacitation

375 Slips, Trips and Falls

87% of these incidents affected service users

179 accidents and injuries

9 incidents with a moderate or more severe impact

Important to ensure Safe Work Procedures are in place and staff trained in line with safe work procedures



1,254 Physical Assaults Against Staff

12 incidents with a moderate or more severe impact

Application of Managing Aggression & Violence training is important to ensure the impact of any physical assault incident is minimised.