

# Board of Directors

## 14 July 2022

<b>Paper title:</b>	Health, Safety and Security Annual Report	<b>Agenda item  24</b>
<b>Presented by:</b>	Mike Woodhead, Director of Finance, Contracting & Estates	
<b>Prepared by:</b>	David Gibson, Compliance & Governance Manager	

Purpose of the report		
The Health, Safety and Security Annual Report provides assurance to the Board of Directors on achievements within health, safety and security throughout 2021-22 and a summary of trends and themes relating to health and safety and security management incidents reported in the Trust throughout 2021-22.	For approval	<b>X</b>
	For discussion	
	For information	

Executive summary
<p>Key actions and improvements achieved during 2021-22 include:</p> <ul style="list-style-type: none"> <li>• The health, safety &amp; security team received their year two audit of ISO 45001:2018 certification of health and safety management systems in February 2022. The certification was awarded with an unqualified pass (the top grade available) with no observations or remedial actions.</li> <li>• The health, safety and security team are recipients of the RoSPA Gold Medal (in Occupational Safety and Health) for achieving eight consecutive Gold Awards.</li> <li>• Annual review of MVA risk assessments within inpatient areas and development of MVA (lone working) risk assessments across all community Ops teams in response to HSE Improvement Notice</li> <li>• Continued management of personal safety devices across high risk community teams, and continued support to community teams with dynamic personal safety risks with the short-term provision of personal safety devices to risks associated with lone working</li> <li>• Delivery of 4-year objectives as detailed within the health, safety and security strategy including             <ul style="list-style-type: none"> <li>○ All health, safety and security site inspections and ligature risk assessments complete and in date with services supported with the completion of actions.</li> <li>○ Development of App for the completion of ligature risk assessments, the health &amp; safety team played a key role in development and implementation of the LRA App</li> <li>○ Continued professional development of the team in line with health, safety and security team development pathways, including IOSH membership of team members and commencement of IOSH Managing Safely training delivered in house by the health, safety &amp; security team.</li> </ul> </li> </ul> <p>Incident reporting summary:</p> <ul style="list-style-type: none"> <li>• RIDDOR reportable incidents totaled 6 during the year, 2 of which related to violence &amp; aggression incidents on inpatient wards.</li> <li>• The Trust has seen a reduction in the number of health and safety incidents in 2021/22. The total number of incidents (612) comprises a 10% decrease from 2020/21 data.</li> <li>• There has been a 4% increase in the number of reported physical assault incidents in the past 12 months, 96% of physical assault incidents take place on our ward areas. Incidents on the</li> </ul>

Assessment and Treatment Unit account for 21% of all physical assault incidents with an average of 36 incidents per commissioned bed on this ward.

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.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

Recommendation
The Trust Board of Directors is asked to review and <b>approve</b> the Health, Safety and Security Annual Report for 2021-22.

<b>Strategic vision</b>				
Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
X	X			X

<b>Care Quality Commission domains</b>				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
X				X

<b>Relationship to the Board Assurance Framework (BAF)</b>	The work contained with this report links to the following strategic risk(s) as identified in the BAF: <ul style="list-style-type: none"> <li>• none</li> </ul>
<b>Links to the Corporate Risk Register (CRR)</b>	The work contained with this report links to the following corporate risk(s) as identified in the CRR: <ul style="list-style-type: none"> <li>• No risks on the Corporate Risk Register</li> </ul>
<b>Compliance and regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> <li>• Regulatory requirements of Health and Safety Executive (HSE)</li> </ul>

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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:

**- ISO 45001:2018 Health and Safety Management Standard.**

The health, safety and security team received their year two audit of ISO 45001:2018 certification of health and safety management systems in February 2022. The certification was awarded with an unqualified pass (the top grade available) with no observations or remedial actions due to ongoing management and review of systems and processes throughout 2020-2021.

The ISO 45001 standard itself is split into ten clauses designed to provide a clear and defined structure and set of requirements that must be met when applied to the occupational health and safety management system.



**- 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 these standards remain best practice as there continues to be no alternative best practice initiated by either NHS England or the National Association for Healthcare Security.

## 2. Governance and Processes

### Health and Safety General Policy 2022

A review of the Trust’s Health and Safety General Policy was completed during the third quarter of 2021-2022. The Policy was:

- approved by the Health and Safety Group on 14 December 2021,
- ratified by Senior Leadership Team on 2 February 2022; and
- presented for assurance of the governance process at the Finance, Business and Investment Committee on 24 March 2022.

### Health, Safety and Security Strategy 2018-2023

The health, safety and security team have been progressing objectives outlined within the 2018-2023 Strategy throughout 2021-22. The Strategy was reviewed in May 2021 to align to the 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 15 June 2021, 21 September 2021, 14 December 2021 and 9 March 2022. All meetings took place remotely via Teams.

December 2021 meeting did not have the required number of Operational Service representatives to achieve quoracy. This issue was escalated to Compliance and Risk Group to ensure quoracy was achieved at the subsequent meeting. 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 of the meeting. Issues that cannot be resolved through Health and Safety Group are highlighted for escalation to Compliance and Risk Group.

#### Health and Safety Working Sub-Group

The Working Sub-Group met eight times during the year to support the Health and Safety Group in addressing specific working topics, trends and concerns delegated to it. The Group implement actions to mitigate any issues raised and reports back to the main Health and Safety Group.

Lone working risks continue to remain a focus of the Working Group. The meetings on 11 May 2021, 18 August 2021, 10 November 2021 and 16 February 2022 were focused on lone working issues: lone working personal safety devices across high-risk community teams, personal safety training for staff and the review of MVA (lone working) risk assessments.

#### ISO 45001:2018 certification



In March 2020 the health, safety & security team achieved ISO45001:2018 certification of its health and safety management systems. This certification provides assurance that systems in place within the team are in line with industry-leading best practice. The report from the auditor CQS stated that we 'have established adequate controls that contribute to an effective OH&S Management System, and that, with the implementation of any agreed modifications, will fully meet the requirements of ISO 45001:2018'. The auditor CQS carried out a year two audit of the certification in February 2022 and awarded the Trust with an unqualified pass (the highest grade) with no non-conformances which required zero rectifications.



### **RoSPA Award for Occupational Safety and Health for 2022**

In April 2022 the Trust was awarded a RoSPA Gold Medal for occupational health and safety performance in recognition for receiving an eighth consecutive Gold Award. The receipt of this medal provides important independent assurance on the Trust's health and safety systems and controls.



## **4. Improvement, Innovation and Growth in 2021-22**

The current staffing establishment in the health, safety and security team is 1.0 WTE Health, Safety and Security Advisor and 3.0 WTE Health, Safety & Security Co-ordinators. One of the Trust Health, Safety and Security Advisors secured a new position with Airedale NHS Foundation Trust in February 2022. The team recruited to a Health, Safety and Security Co-ordinator position to replace this staff member. There is a continued commitment to support the team to develop knowledge, skills and experience in order to best support staff, patients and visitors in the management of health, safety and security risks.

**Headline improvement, innovation and growth initiatives are detailed below.**

### **LRA App Development**

To achieve objectives within the health, safety and security strategy around the provision of a safe and secure environment for service users and around improvements to ligature risk management processes the health, safety & security worked in partnership with KPO and Informatics in the development of the LRA (Ligature Risk Assessment) App in 2021-2022. The solution that has been developed has drawn significant benefits around standardisation of the ligature risk assessment process and efficiencies in the management of actions arising from assessments. The App was showcased in the conference program at the Design in Mental Health Conference in June 2022: [The Ligature Risk Assessment App at BDCFT - Design in Mental Health](#)

### **Institute of Occupational Health (IOSH)**

The Trust Health, Safety and Security Advisor is a GradIOSH member of IOSH and the team of Coordinators is working to achieve AIOSH and TechIOSH membership. The benefits of this level of membership are that they are in a position to deliver IOSH 'Managing Safely' and 'Working Safely' training courses, and to network and horizon scan around health and safety systems and management.



The team commenced the delivery of IOSH managing safely training in 2021-2022, and there will be continued provision of this training offering throughout 2022-2023. For further information see [IOSH Training \(sharepoint.com\)](#)

The benefits of this training are exemplified within the below testimonial:

*"I am a line manager within BDCFT, I attended the IOSH training and found it to be really beneficial. The learning was really valuable in reminding me about the purpose of a risk assessment and how to complete a meaningful risk assessment. It helped to highlight my responsibilities with regards to health and safety as a line manager ensuring staff and patients are safe. There is a lot of learning, but there is also a lot of discussion, which made the course meaningful and informative. I feel this course would be really beneficial for all line managers to help reinforce their role in relation to health and safety."*

Dental Services, Clinical Support Manager

## Health, Safety and Security Site Inspections

As a result of a fully established team, combined with proactive planning of inspections through a weekly workplan meeting, the team has ensured that all health, safety and security inspections are completed in line with Policy requirements.

Assessment forms are used to record inspections, actions relevant to issues identified at the point of assessment are assigned to relevant team leaders to complete. 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

In addition to the aforementioned IOSH Managing Safely training the health, safety and security team also support with the following training offerings to Trust staff.



Emergency First Aid at Work training delivered in-house resumed in 2021-2022 following a period of training being on hold the previous year during the COVID pandemic. For further information see [First Aid \(sharepoint.com\)](#).

Towards the end of 2021-2022 the team resumed the delivery of Personal Safety training, developed in partnership with Suzy Lamplugh Trust as a training offering to support community teams with minimisation of risks associated with lone working and working in the community. See [Personal Safety & Lone Working \(sharepoint.com\)](#)



## Health, Safety and Wellbeing Training

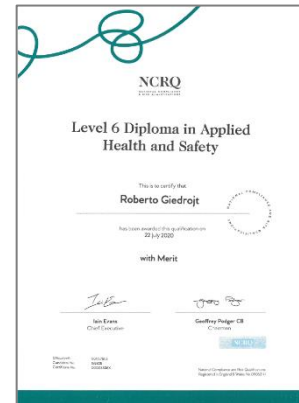
This training is a requirement for all Trust staff to complete every 3 years. Trust compliance as of end of March 2022 was 93.9%, significantly above the mandatory requirement of 80%.

## 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, with learning passed on through reviewed working practices to benefit the Trust more widely.

All members of the team take part in learning and development pathways to ensure a competent and knowledgeable team. Training pathways are plans in place to support team members achieve the following qualifications, where appropriate to their role:

- IOSH Managing Safety
- L4 Award in Security & Risk Management
- Professional trainers' certificate
- NEBOSH General Certificate in Occupational Health and Safety
- L6 Diploma in Health and Safety (NEBOSH or NCRQ)



## Medical Devices

Medical Device Working Group (MDWG) meetings took place on 10 June 2021, 7 September 2021, 7 December 2021 and 21 March 2022. This meeting reports into Compliance and Risk Group.

The Medical Devices Policy remains in date, following ratification by Senior Leadership Team on 26 February 2020; the Medical Devices Training Policy remains in date, it was ratified by Senior Leadership Team on 25 March 2020

Leeds Teaching Hospitals Trust and Mid Yorkshire NHS Trust provide assurance through performance reporting to the Medical Devices Safety Officer of monthly activity. An assurance report and inventory update are provided at each quarterly Medical Device Working Group (MDWG) and compliance exceptions along with remedial actions are reported to Compliance and Risk Group.



The health and safety team maintain an up to date Medical Device Safety Connect page which includes the latest medical device inventory, medical device safety communication and the schedule of planned maintenance visits for the year across all inpatient and community teams, see [Medical Device Safety \(sharepoint.com\)](#).

## 5. Incident Reporting Data

The tables in section 5 provide a year-on-year comparison of incident reporting data; additional incident reporting charts are included in **Appendix C and D** providing an overview of number of incidents by incident type and actual impact.

### 5.1 Health and Safety Incidents

Category	2021/22	2020/21	2019/20	Change 19/20 to 21/22	
Total number of health & safety incidents	612	672	920	-308	-33%
RIDDOR Incidents	6	12	8	-2	-25%
Total number of incidents: Impact of incident: Moderate-3 or more severe	31	24	29	+2	+6%
Number of Near-Miss incidents	26	23	42	-16	-38%
Number of Accident/Injury incidents	197	186	256	-59	-23%



Number of Slips, Trips and Falls incidents	284	284	455	-171	-37%
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A further breakdown of health and safety incident types, graded by impact of the incident is shown in the table below:

Category	Actual Impact					Total
	0 Near Miss (Action Prevented Harm)	1 None (No Harm)	2 Minor (Minimal Harm Requiring Minor Treatment)	3 Moderate (Significant But Not Permanent Harm)	4 Major (Permanent/ Extensive Harm)	
Accident/ Injury (Not Slips, Trips & Falls)	6	19	163	9	0	<b>197</b>
Environment	0	65	6	0	0	<b>71</b>
Manual Handling	0	0	22	2	0	<b>24</b>
Slips, Trips And Falls	18	120	128	16	2	<b>284</b>
Vehicle Incident/ Road Traffic Accident	2	23	9	1	1	<b>36</b>

The table above summarises all health and safety incident types graded by actual impact of incident. There has been a reduction of 33% compared with previous years. This decrease may be attributed to a reduction in staff working across the BDCFT estate following a shift to Smarter Working arrangements as a result of organisational learning from the COVID-19 pandemic.

The number of moderate or more significant incidents has remained relatively consistent year to year.

The number of RIDDOR-reportable incidents has also decreased from previous years. A summary of RIDDOR incidents are reported via dashboard reporting to Compliance and Risk Group 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.

### 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 however these incidents have seen a decrease since 2020/2021. Of the 284 slips, trips and falls incidents, 88% (252 incidents) affected service users and are attributable to clinical rather than environmental factors. The below table shows numbers of slips, trips and falls incidents by service area, the top 9 areas, account for 75% of reported slips, trips and falls incidents are:

Daisy Hill Dementia Assessment Unit	79
ACMH Ward: Heather	46
ACMH Ward: Bracken	37
LMH Ward: Maplebeck	9
Assessment & Treatment Ward	9
LMH Ward: Oakburn	8
ACMH Ward: Fern	8

LMH Ward: Ashbrook	8
The Step Forward Centre	7

A summary of slips, trips and falls incidents is presented at each Health and Safety Group to ensure Ops management feedback on reasons, learning and actions following such incidents, and that even where incidents are as a result of 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 15% from 2019/20.

2 of the 6 RIDDOR reportable incidents in 2021-22 were as a result of to physical assault incidents (see **Appendix B**).

Incident Type	2021-22	2020-21	2019-20	Change 19-20 to 21-22	
Assaults against staff – all incidents	1013	970	880	+133	+ 15%

Assaults against staff categorised by impact to staff member	2021-22	2020-21	2019-20	Change 19-20 to 20-21	
1 None (No Harm)	400 (39.4%)	456 (47.01%)	394 (45%)	+6	+ 1.5%
2 Minor (Minimal Harm Requiring Minor Treatment)	593 (58.4)	498 (51.3%)	480 (54.4%)	+113	+ 23%
3 Moderate (Significant but Not Permanent Harm)	20 (1.9%)	16 (1.6%)	6 (0.6%)	+14	+233%
<b>Total</b>	<b>1013</b>	<b>970</b>	<b>880</b>		

### Location of Physical Assault incidents

96% of assaults against staff took place in the Trust's inpatient ward environments. A year-on-year comparison of the number of physical assaults by service areas is shown in the table below. The reporting of physical assault against staff incidents are consistent with acuity challenges which have resulted from the COVID-19 pandemic and reported through daily lean management reporting structures.

Assessment and Treatment Unit continues to show the highest prevalence of reported assaults against staff. Meeting increased and changing service user risk levels on the Assessment & Treatment Unit involves having flexible staffing levels but these continue to be challenging, including the challenge in finding temporary staff with the required levels of competence in dealing with the specific needs of service users.

The Trust has invested significant capital in the development of a specialised assessment and treatment centre of excellence unit on Lynfield Mount Hospital site. This unit opening to service users in July 2022 includes a dedicated seclusion unit including seclusion garden and place specific-isolation areas which should support in managing violence & aggression risk. The managing violence and aggression (MVA) risk assessment for this ward

documents current working arrangements to manage the specific violence and aggression risks on the unit.

To assist in managing the risks to staff from violence and aggression, staffing levels are increased where there are specific acuity challenges within the ward in line with safe staffing ratios. All appropriate controls for managing violence and aggression risks are detailed within comprehensive ward MVA risk assessments, available in all ward areas and on Connect; [MVA Risk Assessments \(sharepoint.com\)](https://sharepoint.com).

Service area	Beds	2021-22		2020-19	2019-20	Change 19-20 to 21-22	
		IR-e's	IR-e's per commissioned bed				
ACMH Wards (Fern, Heather, Bracken, S136)	56	157	2.8	153	85	+72	+84%
Assessment and Treatment Unit	6	220	36.7	230	212	+8	+3%
Dementia Assessment Unit	12	224	18.6	86	231	-7	-3%
LMH Wards (Ashbrook, Maplebeck, Oakburn, S136)	67	188	2.8	198	156	+32	+20%
LMH Clover	10	139	13.9	163	121	+18	+14%
MV Low Secure Wards (Baildon, Ilkley, Thornton)	33	45	1.2	78	31	+14	+45%
All other areas across Trust services	n/a	41	N/A	62	44	-3	-6%
<b>Total</b>	<b>-</b>	<b>1014</b>	<b>-</b>	<b>970</b>	<b>880</b>		

Lessons learned from incidents will continue to be shared by service leads through the Trust Quality and Learning Network and through daily lean management.

### 5.3 Security Incidents

Incident Type	2021-22	2020-21	2019-20	Change 19-20 to 21-22
Burglary	2	3	6	-4
Vandalism	99	114	97	2
Intruder/trespasser	5	13	19	-14
Unlocked door/cabinet	40	67	59	-19
Theft – Trust Property	5	4	17	-12
Theft – Staff Property	12	14	4	8
Theft service user property	8	16	19	-11
Theft – other persons property (e.g. public)	0	1	1	-1
In Possession Of Offensive Weapon (In Community)	3	5	4	-1
In Possession Of Restricted Item(S)	124	111	139	-15
Inappropriate Use Of IT Equipment/Device	11	6	11	0
Other Security Incident	44	39	75	-31
<b>Total number of security incidents</b>	<b>353</b>	<b>393</b>	<b>451</b>	<b>-98</b> <b>-21%</b>

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

No security incidents in 2021-22 were graded as moderate or more severe.

To improve security awareness with Trust staff, information bulletins are communicated regularly through eUpdate, such as key communication on personal safety risks on a seasonal basis and tailgating risks which are advertised at Trust entrance and egress routes and through the health & safety connect page and news feed, and then promoted via Yammer; see [Security Vigilance Guidance \(sharepoint.com\)](#).



## 6. Risk Implications

The following risks relating to health, safety and security management that have been managed in 2021-22 are below:

Risk #	Issue	Actions
2342  MEDIUM RISK	Impact on patient care due to malfunctioning medical device, based on the device not having received planned maintenance at the appropriate frequency.  There is a risk that a number of the devices listed as 'archived' in the inventory are still in use and are not in date for planned maintenance and calibration. If devices are not maintained or calibrated at the appropriate frequency there is an increased risk of failure which can impact on diagnosis or patient care.	Improving processes across Ops services to ensure that data cleanse is done as part of day to day working and not once every 12 months – implementation of local asset inventory system within Hornbill scoped and solution developed in 2021-2022. Final testing taking place in March-April 2022 for wider rollout and implementation across all Trust services through 2022-2023– ONGOING

## 7. Recommendations

The Board of Directors is asked to **approve** the Health, Safety and Security Annual Report for 2021-22.

### 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 2021-22 and tips for services shown in **Appendix F** will be circulated via Trust Communications channels (e-Update, Health and Safety Connect page, Newsletters, Screensaver, Yammer). 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; [Health and Safety - Home \(sharepoint.com\)](#).

**END**

## Appendix A: Health, Safety and Security Strategy 2018-2023 [July 2021 v1.3]



Health Safety  
Security Strategy 20

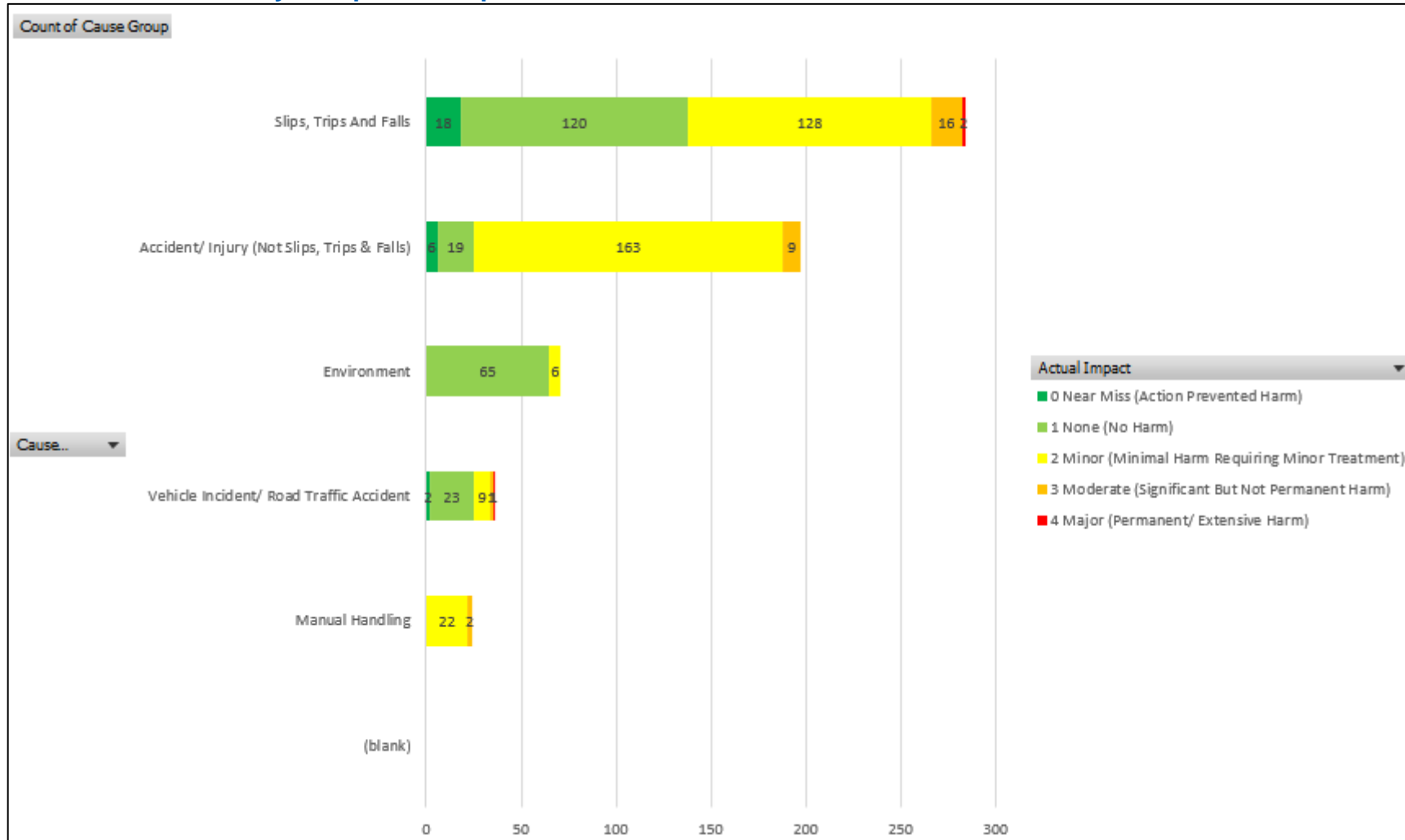


## Appendix B: Health and Safety reporting

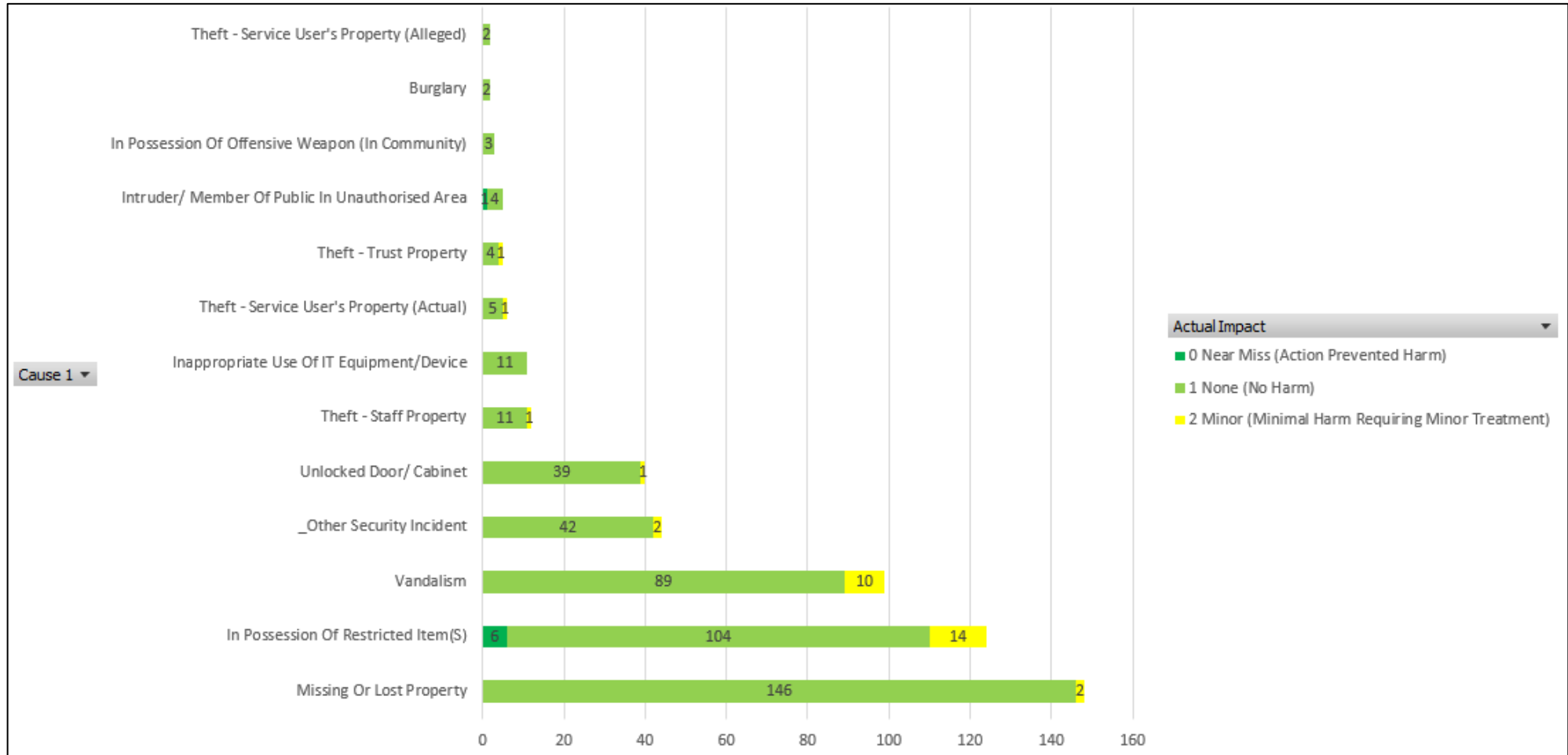
### RIDDOR reportable incidents 2021-22

Date	IR-e No.	Dept.	Incident details	Action taken
30/06/2021	197594	Early Intervention In Psychosis Team (District)	Staff member tripped on internal steps and injured hand when attempting to steady himself. Subsequent X Rays revealed bone in little finger to be broken. Staff member raised concerns regarding lighting levels within stairwell where trip occurred.	Although not a specified injury, staff member was not able to carry out his normal work routine as a result of this injury and in excess of 7 days and therefore RIDDOR completed. H&S Team attended site to review lighting levels in area which were normal, however following discussions with supervisor of staff member there are still concerns regarding the environment so a further review is to take place in company with staff members and supervisor.
01/08/2021	198917	LMH 136 Suite	Staff member injured during full physical intervention of SU in 136 Suite, suffering a broken bone in little finger and was escorted to A&E as a result.	Support offered to staff member. Risk Assessments and care plans updated Again, although not a specified injury, staff member has been absent in excess of 7 days as a result of this incident.
18/08/2021	199669	Assessment & Treatment Ward	Staff member injured during full physical intervention of SU on the ward, suffering concussion and bruising.	Staff member off work in excess of 7 days as a result of this incident. H&S team in ongoing contact with ATU ward manager regarding MVA type incidents on ATU.
04/11/2021	203012	Food Services	Staff member (Student intern) suffered burns when hot water 'splashed back' when being poured down the sink	First aid received (Cold compress). 7 Day absence as a result of this incident. Local learning and adjustment in procedures (Staff awareness when moving hot liquids).
3/2/2022	206835	DN out of hours team	Staff member tripped on step when visiting patients home address. Area was dark and glasses had steamed up due to PPE. Sustained fracture to left wrist.	First aid provided-wounds dressed.
14/2/2022	207305	DN Hilltop Team	Whilst straightening a bed sheet there was a loud crack when staff member sustained torn tendon in finger.	First aid provided – splint applied at hospital. Occupational Health informed.

**Appendix C: Health and Safety IR-e profile 1 Apr 21 – 31 Mar 23**



**Appendix D: Security incidents summary, 1 April 202 to 31 March 2022**



Appendix E: Health and Safety Annual Stats – 2021-22 for circulation to staff

HEALTH, SAFETY AND SECURITY AT BDCFT  
**Vital Statistics 2021-2022**

**612** Health & safety incidents

**5%** of incidents had an impact of moderate or more severe

**26** Near Misses

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

**6** 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

**197** accidents and injuries

**9** incidents with a moderate or more severe impact

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

**284** slips, trips, and falls

**88%** of these incidents affected service users and related to clinical factors

**1,014** physical assaults against staff



**20** incidents with a moderate or more severe impact

Ensure you have a documented risk assessment to demonstrate how physical assault risks are controlled in your team. Application of Managing Aggression & Violence training is important to ensure the impact of any physical assault incident is minimised.