



**Royal Berkshire**  
NHS Foundation Trust

# Public Board 25 January 2023

MEETING  
25 January 2023 16:05

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# Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Boardroom, Level 4	25/01/23		16:05

1. Health and Safety Annual Report
2. Watch metrics

**HEALTH & SAFETY**  
**ANNUAL REPORT**  
**For the year ended 31<sup>st</sup> March 2022**

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## **Executive Summary**

The attached report sets out the Health & Safety summary report for the year ended 31st March 2022.

The Trust Board takes very seriously its responsibilities for the health & safety of its staff, patients, contractors and visitors to its sites. Not only is this required by legislation, it is also core to the Trust vision of 'Working together to provide outstanding care to our community' and an enabler to our five strategic objectives. Prioritising health & safety underpins our CARE values of Compassionate, Aspirational, Resourceful and Excellent.

As Chief Finance Officer, I am the Executive lead for Health & Safety, and chair the bi-monthly Health & Safety Committee, which has met throughout the period under review. The Trust Board has a regular dedicated agenda item to hear a health & safety story at public Trust Board.

This report has been produced by a dedicated team of Trust staff from across the governance, risk and health & safety teams, and gives a summary of the wide range of activities undertaken during the last year, as well as a look ahead to future activities. It has also been reviewed and approved by members of the Health & Safety Committee.

I would like to take this opportunity to thank all those involved in producing this report, and also all those who support the Health & Safety work undertaken across the Trust, including colleagues on the Trust Board, members of the Health & Safety Committee and our Health, Safety and Wellbeing champions, who act as focal points across the Trust to communicate and share best practice.

Nicky Lloyd

Chief Finance Officer & Chair of Health & Safety Committee

December 2022

## Executive Summary

The attached report sets out the Health & Safety summary report for the year ended 31st March 2022.

The information and data has been provided by the subject matter experts and Trust leads for the Health & Safety operational areas. The report was disseminated to the Health & Safety Committee in December 2022.

The Trust's Health & Safety Committee continued to meet every two months during 2021/2022, being chaired by the Trust's Chief Finance Officer, who is also the Executive Lead for Health & Safety. The Health & Safety Committee work plan is reviewed annually to ensure adequate representation and reporting from the sub-speciality groups.

The Health & Safety Committee report to the Audit & Risk Committee and in addition Health & Safety updates are also provided to the **Executive Management Committee** (EMC), which meets bi-weekly, and comprises the senior leadership of the Trust.

A review of the assurance and monitoring conducted at the Health & Safety Committee was undertaken during 21/22. As a result a KPI Dashboard paper was implemented in April 2021 and an Assurance Reporting tool is in development using as a reference the NHS Employers & HSE Workplace Health & Safety Standards.

The Trust has seen an increase in reporting of Health & Safety incidents in the reporting year with an increase in incidents of aggression from patients to staff and RIDDOR reportable incidents. This increase in incidents reported across all the types (including the reporting of near-misses) is an indication of the improvement in understanding of the importance of reporting and learning from incidents and in turn, the health and safety culture within the Trust.

The main themes across work environment reported incidents continue to be associated with the age of the Trust estate, including water ingress/leaks and damaged building fabric and climate control.

Training for all areas of Health & Safety including Fire Safety, Manual Handling and Conflict Resolution continue to be provided and compliance monitored at Care Group Performance meetings and the Health & Safety Committee. Blended approaches are provided where possible to enable flexibility and compliance with the legal requirements balanced with the Core Skills Training Framework.

The Trust significantly increased its capacity of fit-testing during 2020/21, with the Health & Safety Department assuming a technical advisory role. In April 2021, stakeholders agreed that its role would evolve to manage operational delivery of respiratory protective equipment (RPE) fit-testing/advisory.

H&S Advisor left in September 2022 and fit-testing provision has continued to be provided by the Trust Vaccination Team until March 2023 and business case is in development in January 2023 to sustain service.

The Trust have appointed a new Non-Executive Director as our Wellbeing Guardian and their role is to provide oversight on the activities being undertaken to support the health and wellbeing of staff.

The Oasis Staff Wellbeing zone opened in Summer 2022 providing access to a staff gym, exercise rooms, quiet rooms and a training/meeting room for dedicated health and wellbeing topics.

A new HWB centre garden has also been established to enable an outdoor space to relax, participate in gardening and enjoy break time, whether alone or with colleagues. A new cycle village has also been established adjacent to the new wellbeing centre and is already open for staff to use and offers parking and shower/changing facilities.

The Trust Employee Assistance Programme has achieved its highest ever utilisation, with it now just above 10%, and has been renewed for another year.

The Trust Health Safety and Wellbeing Champion network has continued to grow and the Staff HWB Operational Lead is now liaising with managers and staff in areas to expand the network with the aim of all departments having a champion in place.

The Staff HWB Operational Lead produces a quarterly HWB care pack, which provide a comprehensive summary of 60+ Health & Wellbeing support services currently available to staff,

## 1. Introduction

Nationally, the Health & Safety Executive (HSE) regulatory activity appears to have resumed pre-pandemic levels, including the pursuit of its pre-pandemic plans to increase workplace inspections and enforcing activities.

Compared to the financial years of 2019/2020 and 2020/21, in 2021/22, the HSE's focus appears to have been directed to other industries; however, 36 improvement notices and one prohibition notice (nursing home) were issued to health and social care service providers – no prosecution cases were found on record.

The HSE reports that in 2021/22, the effects of the coronavirus pandemic were found to be a major contributory factor to work related stress, depression or anxiety and musculoskeletal disorders. The figures reported are statistically significantly higher in health and social care than in all other industries.

## 2. Health & Safety – Performance

### 2.1 Incident Reporting

The Trust Health & Safety Advisor, escalating to the Head of Risk if appropriate, reviewed all Health & Safety incidents. The Health & Safety Advisor investigated all incidents reportable under RIDDOR; with action plans being monitored within existing governance processes (both relevant to the business unit or Health & Safety)

#### 2.1.1. Total Health & Safety Incidents Reported

Total Incidents reported	
2020/21	1,105
2021/22	1,487

The incident reporting uptrend seen in 2020/21 continued throughout 2021/22. The total number of incidents increased by 34% with an average of 120 incidents reported monthly. An increase in reporting of near misses compared to 2019-2021 is noted. The increase in reporting indicates an improvement in the Health & Safety culture across the Trust.

Key themes identified included increased reporting of verbal aggression and near misses across; other topics include needle-stick injuries and exposure to bodily fluids.

Key Learning	➤ Data indicates that the Trust's incident reporting knowledge and culture is improving;	
Key actions 2022/23	➤ Review KPIs (incident type) monitored by the Health & Safety Committee.	
Lead for action and deadline	H&S Advisor (starting in post April 2023)	To be implemented at Health & Safety Committee October 2023

#### 2.1.2 Incidents reported under RIDDOR

Incidents meeting RIDDOR reporting criteria reported	
2020/21	24
2021/22	28

The increase in reporting of reportable dangerous occurrences indicates an improvement in the understanding of the importance of the identification of (or potential) RIDDOR incidents.

As per Trust protocol, all the incidents reported are investigated and submitted for review (prior to reporting) to the Chief and Deputy Chief Nurse and Chief Finance Officer/Executive Lead for Health & Safety.

Key themes of RIDDORs reported included slips/trips incidents (32%), manual handling incidents (25%) and COSHH-related incidents (21%) – with the HSE contacting the organisation regarding one incident (exposure to nitrous oxide in maternity) and sufficient information provided by the Trust.

Key Learning	➤ Delays in the incident’s initial reporting (via DATIX) hinders the ability to report RIDDORs in a timely manner;	
Key actions 2022/23	➤ Monthly RIDDOR review paper to be submitted to EMC; ➤ Review KPIs (incident type) monitored by the Health & Safety Committee;	
Lead for actions and deadline	Head of Risk	Monthly RIDDOR review paper submitted to EMC – completed and submitted.
	H&S Advisor (starting in post April 2023)	Review KPIs - to be implemented at Health & Safety Committee October 2023

## 2.1.2. Violence & Aggression

Violence & Aggression incidents reported	
2020/21	432
2021/22	544

There was a 26% increase in the number of violence and aggression incidents reported in 2021/22 compared to the number of incidents reported in 2020/21. These figures include physical and verbal violence. Verbal violence represented between 40% and 59% of monthly reports.

Recorded violent incidents due to clinical cause, dementia and mental health show an increase year on year with dementia showing a significant increase.

Historically, the majority of violence and aggression incidents has been noted across ED & elderly care wards with an increase in confused patients being aggressive toward staff/other patients). However, within the last 12 months, an

increase in reporting of violence and/or challenging behaviours has also been noted arising from the actions of paediatric patients.

All violent incidents are followed up and staff are consulted with about on-going management and care of patients and a continuous presence of security officers is facilitated when deemed necessary.

There has been an 18% decrease in the recorded number of patient restraints carried out to keep staff and patients safe last year

Police attendance on site to assist with managing challenging behaviour is now being reported on, as well as aggression caused by drug or alcohol abuse.

Some staff attending conflict resolution training courses have reported that they have experienced verbally aggressive behaviour from their work colleagues.

Key Learning	<ul style="list-style-type: none"> <li>➤ Reporting supports the idea of a decrease in staff acceptance that violence and aggression incidents are a “part of the job”;</li> <li>➤ Actions implemented during 2021/22 appear to have produced improvements when dealing with challenging patients;</li> <li>➤ Increasing cases of V&amp;A involving paediatric patients and/or verbal V&amp;A between staff;</li> </ul>	
Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Occupational Health advice and guidance is being included in the Conflict Resolution training course</li> </ul>	
Lead for actions and deadline	Trust Security Advisor	To be implemented by April 2023

### 2.1.3. Work Environment

Work Environment incidents reported	
2020/21	202
2021/22	307

Similar to previous years, the main themes across work environment reported incidents are associated with the age of the Trust estate, including water ingress/leaks and damaged building fabric and climate control (i.e. temperatures within the hospital outside of the temperature comfort range and healthcare, especially Operating Theatre guidance).

Additionally, it is noted that a small number of incidents reported involved noise (generated by ongoing capital infrastructure projects), failure of engineering controls (e.g. exposure to nitrous oxide in maternity, oxygen concentrator,

legionella exposure, etc.) and potential exposure to materials containing asbestos and asbestos fibres. It should also be noted that the peak registered in February 2022 is in part linked with inclement weather (storm Eunice) which caused a number of different work environment incidents.

Management Asbestos Surveys Inspection compliance status for re-inspections standards are at 95.9%. This year's re-inspections program needs to be finalised to maintain this level of compliance.

Through the 2020/2021 capital works program, all plant rooms and all of the undercroft service routes have had Refurbishment and Demolition Asbestos Surveys completed. This is the most significant asbestos inspection and removal programme of works completed in recent years. Through 2021/2022 capital works program the remainder of the plant rooms Refurbishment and Demolition Asbestos Surveys were completed.

Key Learning	<ul style="list-style-type: none"> <li>➤ Despite improvements, and based on other sources regarding the condition of the Estate, it could be argued that current reporting does not reflect the risks currently impacting the Estate.</li> <li>➤ Capital projects planned will address, medium to long term, several of the causes that triggered incidents reported;</li> <li>➤ A short term increase of incidents and near misses reported (from 2022/23 onwards) should be expected as a result of Capital Project implementation, while maintain live operations</li> </ul>	
Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Continued collaboration between Risk (Health &amp; Safety) and Estates (Capital Projects and Operational Estates) teams;</li> </ul>	
Lead for actions and deadline	Head of Risk & Health & Safety Advisor (starting in April 2023)	Ongoing collaboration in place

### 2.1.5 Needlestick Injury / Bodily Fluid exposures

- In total, there were 174 injuries sustained during 2021/22, an increase of 11 year on year from 2020/21, similar to previous years.
- Nurses and Doctors remain the groups sustaining the most injuries, accounting for >60% of all injuries.
- There were zero RIDDOR reported inoculation injuries during 2021/22, this is the first time in many year this has occurred.

- Needlestick injuries accounted for 71% of all injuries whilst the table below highlights that both Butterfly and Sub Cutaneous Needles are most commonly involved in injuries.

The Sharps working group has resumed meetings in 2022 and again focusing on the nature of injuries, devices involved and actions that can be taken to help to reduce injuries occurring.

A new poster campaign will be delivered during June/July 2022 to remind staff to use the temporary closures on sharps bins and also of the ‘Out of Hours risk assessment form’ available to staff should an injury occur when the Occupational Health department is closed.

Key Learning	➤The increase in reporting is indicative of a better understanding of the importance of near miss and exposure to bodily fluids reporting;	
Key actions 2022/23	➤Review KPIs (incident types) monitored by the Health & Safety Committee;	
Lead for action and deadline	H&S Advisor (starting in post April 2023)	To be implemented at Health & Safety Committee October 2023

### 2.1.6 Slips, Trips, Falls

Slips, Trips and Falls incidents reported	
2020/21	54
2021/22	66

A 22% increase in incidents reported is noted with the most prevalent type of incidents involving slip and falls as a result of wet floors due to either infrastructural issues (e.g. leaks) or local practices (e.g. mopping the floor at peak work periods). The majority of incidents reported occurred either around building access/egress points, shower rooms and toilets, and during (or immediately after) mopping in circulation spaces.

It is recognised, however, that slips/trips/falls rarely occur due to a single factor – most likely, these are the result of a combination of factors, in which the injured person plays a significant role in causing and/or mitigating the likelihood and severity of a fall.

This type of incidents, compared to other incidents, represents a small proportion of total amount of Health & Safety incidents. However, it represents 32% of all reported RIDDOR – frequently due to sustaining fractures or soft tissue injuries that compromise the ability of a worker to mobilise/work for a period of seven days

or more. Regarding incidents reported under RIDDOR, special attention should be provided to a patient's fall from height – a patient, allegedly displaying an erratic and violent behaviour, managed to access North Block roof via a poorly secured construction site; while trying to escape the roof, the patient jumped to an exterior staircase and fractured his jaw.

Key Learning	<ul style="list-style-type: none"> <li>➤ Slips/trips/falls are caused by the combination of multiple factors, however, two should be highlighted: personal factors and the presence of liquids on the floor;</li> <li>➤ Extensive actions have been carried out to ensure that the access to construction sites, onsite, remain secure and protected from access by unauthorised persons;</li> <li>➤ Incidents frequently result in reportable and non-reportable absences from work;</li> </ul>	
Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Review KPIs (i.e. incident types) monitored by the Health &amp; Safety Committee;</li> <li>➤ Collaborative work with Estates Operations and Capital Project leads for health and safety;</li> </ul>	
Lead for action and deadline	<p>H&amp;S Advisor (starting in post April 2023)</p> <p>H&amp;S Advisor and Head of Risk</p>	<p>Review of KPIs to be implemented at Health &amp; Safety Committee October 2023</p> <p>Collaborative work ongoing</p>

### 2.1.6. Musculoskeletal / Manual Handling

Musculoskeletal / Manual Handling incidents reported	
2020/21	42
2021/22	62

There was a 47% increase in manual handling incidents reported in 2021/22 compared to 2020/2021. This increase is in part explained by the reporting of near misses and low harm incidents (e.g. patient hoists without a valid LOLER inspection<sup>1</sup>).

Similar to slips, trips and falls, manual handling incidents tend to result in a significant number of RIDDOR incidents involving absences of more than 7 days, frequently impacting worker ability when returning to work. Manual handling of high dependency patients (e.g. bariatric patients, patients with reduced mobility) are a significant predictor of injury – however, in 2021/22 an increase in other causal factors has been noted, including the patient's challenging behaviours.

<sup>1</sup> Note that this represents a material breach of the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 – in 2021/2022, the HSE issued five improvement notices to private healthcare providers operating in similar conditions.

Key Learning	➤ It is believed that the number of incidents reported, despite increasing, does not accurately reflect the number of incidents and near misses experienced within work environment (i.e. reporting focuses only on significant near misses and moderate/high harm incidents);	
Key actions 2022/23	➤ Review KPIs (i.e. incident types) monitored by the Health & Safety Committee; ➤ Collaborative work between Occupational Health and Manual Handling	
Lead for action and deadline	H&S Advisor (starting in post April 2023) & Manual Handling Team	Review of KPIs to be implemented at Health & Safety Committee October 2023
	H&S Advisor (starting in post April 2023) & Manual Handling Team	Ongoing

## Conclusions

The increase in incidents reported across all the types is an indication of the improvement in understanding of the importance of reporting and learning from incidents and in turn, the health and safety culture within the Trust.

## 2.2 Training

### 2.2.1 Health & Safety Training

	End 2020/21	End 2021/22
Training compliance	93.0%	88.0% ▼

The Health & Safety training compliance decreased by 5% by the end of the financial year of 2021/22, coincidentally, this also represents the lowest compliance on record over the last 3 years. It is noted that training has exclusively delivered via e-Learning to all staff since March 2020

Ad-hoc sessions are available for key groups of staff who would struggle to access e-Learning.

Additionally, the Trust should provide Health & Safety training that is adequate for the role of manager/supervisor. Due to limitations in terms of resources, this training programme was not implemented in 2021/22.

Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Ad-hoc sessions to be organised, pending availability, for Catering and Housekeeping departments;</li> <li>➤ Communication package will be implemented (actions to be agreed);</li> <li>➤ Training needs analysis and training programme to be reviewed;</li> <li>➤ Health &amp; Safety training programme for managers to be implemented;</li> </ul>	
Lead for action and deadline	<p>H&amp;S Advisor (starting in post April 2023) &amp; Manual Handling Team</p> <p>Head of Risk</p>	<p>Sessions organised and provided on request and full year programme for 23/24 to be set by April 2023</p> <p>Training needs analysis and training programme review to be completed by September 2023.</p> <p>Communication package and implementation of training programme from October 2023</p>

### 2.2.1. Manual Handling Training

	End 2020/21	End 2021/22	
<b>Inanimate Load - Training compliance</b>	91.6%	88.6%	▼
<b>Clinical Staff (non-Medical) – Training compliance</b>	91.0%	86.5%	▼
<b>Clinical Staff (Medical) – Training compliance</b>	60.1%	56.4%	▼

In 2021/22, there was an increase in the delivery of eLearning, which, due to legal requirements to provide suitable training and competency assessments on practical skills, has led to a more blended approach.

During 2021/22, the Manual Handling team has initiated work to align its training delivery with the Skills for Health framework, however, further work is required throughout 2022/23. Additionally, there is regulatory activity nationally regarding sustaining the quality (contents and delivery) of Manual Handling training, as three NHS Trusts (two of them, subscribers to Skills for Health) received a combined total of 8 improvement notices focusing on Manual Handling training.

Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Email reminders to be sent to non-compliant staff;</li> <li>➤ Review training delivery;</li> <li>➤ Review and explore the possibility of income generation</li> <li>➤ Review of training delivery to achieve alignment with Skills For Health (paper to be sent to Health &amp; Safety Committee in June 2022);</li> </ul>	
Lead for action and deadline	Manual Handling Team & Head of Risk	<p>Monthly e.mail reminders in place</p> <p>Paper presented to Health &amp; Safety Committee in June 2022 following training delivery review.</p> <p>Training provision adapted between June 2022 and December 2022.</p> <p>Re-review of delivery to start from April 2023 when MH team at full capacity</p> <p>Potential income generation identification will start from April 2023 when MH team at full capacity</p>

### Inanimate Load Training

Non-Clinical	No. of sessions	No. of Staff Trained	No. of staff DNA	DNA %	No. of spaces not booked
Induction & Mandatory Update	18	77	18	18.9%	49
Bespoke training Portering (Patients)	8	49	0	0	15
Bespoke training Housekeeping	14	89	0	0	23
Bespoke training Catering	3	19	0	0	5
Bespoke training Drivers	4	18	0	0	54
Bespoke training - others (volunteers, logistics porters)	3	15	0	0	9

E-Learning remains the primary method of training delivery for non-clinical manual handling training. However, staff involved in high-risk tasks (e.g. porters, housekeeping, catering) are trained face to face. Additionally, porters are trained every two years at the request of Portering supervisors.

Note that income-generating activities (i.e. training) were delivered on behalf of NHSP – focusing on the training of Porters.

Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Email reminders to be sent to non-compliant staff;</li> <li>➤ Re-introduce Manual Handling non-clinical training as part of the Trust Core Induction programme;</li> <li>➤ Review and explore the possibility of income generation;</li> </ul>	
Lead for action and deadline	Manual Handling Team & Head of Risk	<p>Monthly e.mail reminders in place</p> <p>Review of non clinical training provision to start from April 2023 when MH team at full capacity</p> <p>Potential income generation identification will start from April 2023 when MH team at full capacity</p>

## Clinical staff (non-Medical) Training

Clinical (Non-Medical)	No. of sessions	No. of Staff Trained	No. of staff DNA	DNA %	No. of spaces not booked
Induction	70	444	104	18.97%	12
Mandatory Update – Nursing & HCAs	104	600	128	17.58%	104
Mandatory Update – Specialist Nursing & Allied Health	29	114	29	61.63%	89

When calculating the number of sessions required during 2021/22, the Manual Handling team took into consideration the following:

- 1) All staff whose competency would expire during the financial year of 2021/22;
- 2) All staff who were non-compliant as of 1<sup>st</sup> of January 2021;
- 3) An excess of 10% spaces required to train staff mentioned in 1) and 2).

Note that, due to sickness and resource limitations within the team, a number of sessions were cancelled. However, the Manual Handling team sought to provide alternatives to all staff affected. Additionally, it should be taken into consideration that some staff may complete the practical assessment without first completing the theory module (eLearning) – thus resulting in partial compliance.

Additionally, the Manual Handling team provided a number of training sessions (income generation) on behalf of the University of Reading – focusing on the Induction training of physician associates.

Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Email reminders to be sent to non-compliant staff;</li> <li>➤ Review training delivery;</li> <li>➤ Review and explore the possibility of income generation;</li> </ul>	
Lead for action and deadline	Manual Handling Team & Head of Risk	<p>Monthly e.mail reminders in place</p> <p>Paper presented to Health &amp; Safety Committee in June 2022 following training delivery review.</p> <p>Training provision adapted between June</p>

		<p>2022 and December 2022.</p> <p>Re-review of delivery to start from April 2023 when MH team at full capacity</p> <p>Potential income generation identification will start from April 2023 when MH team at full capacity</p>
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### Clinical Staff (Medical) Training

Clinical (Medical)	No. of sessions	No. of Staff Trained	No. of staff DNA	DNA %	No. of spaces not booked
F1 Induction	5	41	3	7.3%	0
Induction (February & August intake)	33	81	24	22.9%	159
Induction & Mandatory Update	49	202	77	27.6%	113

For 2021/22, the Manual Handling team conducted a training needs analysis and opened sufficient sessions to improve compliance – this was calculated as follows:

- 1) All staff whose competency would expire during the financial year of 2021/22;
- 2) All staff who were non-compliant as of 1<sup>st</sup> of January 2021;
- 3) An excess of 10% spaces required to train staff mentioned in 1) and 2).

Unfortunately, the number of Did Not Attends (DNAs) and spaces unfilled resulted in low compliance with completed training.

During February and August cycles, sessions for the delivery of manual handling training to medical staff focuses on the delivery of induction training for F1 and junior grade doctors, however, the junior grade doctor sessions are also open to other doctors as a training update.

<p>Key actions 2022/23</p>	<ul style="list-style-type: none"> <li>➤ Email reminders to be sent to non-compliant staff;</li> <li>➤ Review training delivery;</li> </ul>	
<p>Lead for action and deadline</p>	<p>Manual Handling Team &amp; Head of Risk</p>	<p>Monthly e.mail reminders in place</p> <p>Paper presented to Health &amp; Safety Committee in June 2022 following training delivery review.</p> <p>Training provision adapted between June 2022 and December 2022.</p> <p>Re-review of delivery to start from April 2023 when MH team at full capacity</p> <p>Potential income generation identification will start from April 2023 when MH team at full capacity</p>

## Conclusions

The Manual Handling Team continue to provide a blended approach to training to enable flexibility and compliance with the legal requirements balanced with the Core Skills Training Framework.

### 2.2.3 Fire Safety training

	End 2018/19	End 2019/20	End 2020/21	End 21/22
Training compliance	85.0%	81.0% ▼	88.6% ▲	87% ▼

5,236 staff members (of 6,021) completed their MAST fire safety training (all staff members are required to attend the training)

The Trust appointed a temporary Fire Safety Advisor (FSA) in July 2021 and the permanent position was filled in on 18th October 2021.

The FSA has trained 237 people from 30 wards (28 January- 24 March 2022) on Fire Evacuation drills. These are ‘Train the trainer’ sessions. A system needs to be put in place in Learning Matters (online training portal) to keep records of future sessions.

The Trust has trained 261 Fire Marshals (February 2021 to March 2022). Local Emergency Evacuation Plans (LEEPS) have been reviewed with 87% being in date (19 out of 146 not in date, 9 of which in non-clinical areas).

Practical training in the use of fire extinguishers has commenced.

### 2.2.4 Conflict Resolution Training

	End 2020/21	End 2021/22
Training compliance	80.7%	87.5% ▲

The Conflict Resolution training compliance increased by +6.8% by the end of the financial year of 2021/22. However, caution should be exercised when analysing these figures as the criteria used to identify staff who require conflict resolution training requires review – reviewing these may incur in changes (increases or decreases) on the overall Trust’s compliance level with training requirements.

Training courses for new staff (face to face) for the period February to May 2021 inclusive were cancelled because of Covid-19 restrictions and operational pressures. Due to Covid-19 it was not possible to deliver ward based 30 min Q&A sessions, which may have had an impact on conflict resolution training compliance on elderly care wards. These will re-commence early in the 2022/2023 year.

Additionally it is noted that nationally in 2021/22, the HSE issued two improvement notices to NHS Orkney (two material breaches per improvement notice) due to failure to conduct an adequate training needs analysis and training delivery.

Key actions 2022/23	➤ Training compliance review will be conducted, with the support of Risk Department;	
Lead for action and deadline	Trust Security Advisor  H&S Advisor (starting in post April 2023) & Head of Risk	To be completed by September 2023 and presented to Health & Safety Committee in October 2023

## 2.3 Assorted Indicators

### 2.3.1. Litigation

Personal injury claims are time constrained under the Limitation Act 1980 to three years after the accident or ‘discovery’ of the accident, meaning that after this time, the court has the power to refuse the claim <sup>(1)</sup>. The table below outlines the claims made under the Employers’ Liability (EL)/Public Liability (PL) schemes in 2021/22.

	Number
Claims successfully defended and withdrawn	1 EL incident occurred in 2017; Struck by object (claim indemnified by CBRE).  1 EL incident occurred in 2020; exacerbation of asthma due to prolonged exposure of chemicals.  1 PL incident occurred in 2020; slip/trip/fall.  1 PL incident occurred in 2021; abusive/violent patient.
Successfully defended having been listed for trial	0
Claims settled due to early admission	A total of 2 EL incidents: 1 incident occurred in 2020; trapped finger. 1 incident occurred in 2020; slip/trip/fall.
Claims settled where court proceedings issued <sup>(2)</sup>	1 EL incident occurred in 2015; slip/trip/fall. 1 PL incident occurred in 2018; slip/trip/fall.
Payment in court	0

(1) For certain work related health claims the time constraint is 40 years

(2) In EL/PL claims, even if admission was made within the NHSLA portal early on, these will not usually be settled before proceedings are issued.

There are presently 6 claims made against the Trust during this period, which are continuing to be investigated. These relate to 1 portering incident (2020); 4 Slip/Trip/Falls (2021 & 2022); 1 exposure to asbestos (period 1998 – 2001).

### **2.3.2 Corridor Clutter**

During 2021/2022, the Portering service continued to perform nightly patrols of the corridors removing and relocating items.

‘Clear the Clutter’ events were arranged by the Waste Team providing a ‘no fuss’ opportunity for staff to take time to consider their working environment and to dispose of unwanted items from wards and departments.

To support the ongoing “Waste on Line” facility on the Estates and Facilities Management (EFM) Help Desk, additional short-term storage was provided to accommodate unwanted items, providing the opportunity to avoid disposal of otherwise re-usable items.

The Facilities Manager provided regular assurance reports to the H&S Committee

### **2.3.3 Interaction with regulators**

During the year of 2021/22, five interactions with regulatory bodies took place; these five interactions include all forms of interaction with regulators (i.e. assistance with legal interpretation, etc.). These interactions occurred because of the following events:

#### **Dangerous Occurrence RIDDOR (12B128132F)**

- Incident involving the exposure of staff to potentially harmful concentrations of nitrous oxide (Entonox<sup>®</sup>) – two incidents of this nature were reported in 2021/22;
- Health & Safety Executive contacted the Trust’s Health & Safety Advisor to gather additional information on what controls are in place and were being implemented;
- No further communication required, HSE were satisfied that the Trust was actively managing and mitigating the risks identified;

#### **NatPSA/2021/009/NHSPS**

- Patient Safety alert requesting that powered hoods and valved FFP3 masks are not used during invasive procedures;
- Actions implemented via the Health & Safety team to minimise the Trust’s dependency on the usage of powered hoods (valved FFP3 masks are not stocked at the Trust).

Note that, additionally, three other interactions (non-regulatory) with the HSE focusing on particularly on additional guidance on fit testing and technical solutions.

### 2.3.4 Quality & Auditing (Internal)

	End 2020/21	End 2021/22
<b>No. of Internal Audit</b>	2	7 ▲

The Health & Safety standards of all areas where RBFT staff work are included within the Trust’s auditing programme, including third party facilities. Additionally, through the auditing programme, we support similar auditing programmes carried out by Trusts who have staff working in premises under RBFT control.

Due to limited departmental capacity, these audits have been carried out by exception and based on request/need. The areas audited include the Lighthouse laboratory at Berkshire Healthspace (including Unit 8, the rented warehouse facility nearby), Accident & Emergency department and Ear Nose & Throat (ENT) Department (Townlands). Initially, 147 “functional spaces” requiring auditing were identified, however, as a result of COVID-19 and strategic development of the business units several departments have expanded off site – as a result of this, a review of existing functional spaces is required for the continuity of the Trust’s auditing programme.

Additionally, four departmental visits were conducted at the request of managers to assess issues identified by local managers (e.g. flooring issues in Hopkins Ward and Intensive Care Unit (ICU) roof leaks).

Key Learning	<ul style="list-style-type: none"> <li>➤ Communication between Health &amp; Safety/Risk and business units leads are required;</li> <li>➤ Further collaborative work with other NHS Trusts should be considered to advance Health &amp; Safety auditing in areas not owned by RBFT;</li> <li>➤ An in-depth review of the Trust’s auditing programme is required;</li> </ul>	
Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Propose and review options available to increase Health &amp; Safety operational capacity to deliver the Trust’s Health &amp; Safety Auditing programme;</li> </ul>	
Lead for action and deadline	H&S Advisor (starting in post April 2023) & Head of Risk	To be completed by September 2023 and options presented to Health & Safety Committee in October 2023

### 2.3.5 Departmental visits and Advisory

Due to departmental capacity restrictions, departmental visits and advisory work has been provided ad hoc and on a ‘request only’ basis. Pre-COVID, these used to occur bi-weekly, and it is the intention of the department to reintroduce this approach.

Main themes identified during these visits and/or advisory work are: Estates backlog maintenance and support for the health & safety of patients/staff (for example, return to work post-injury).

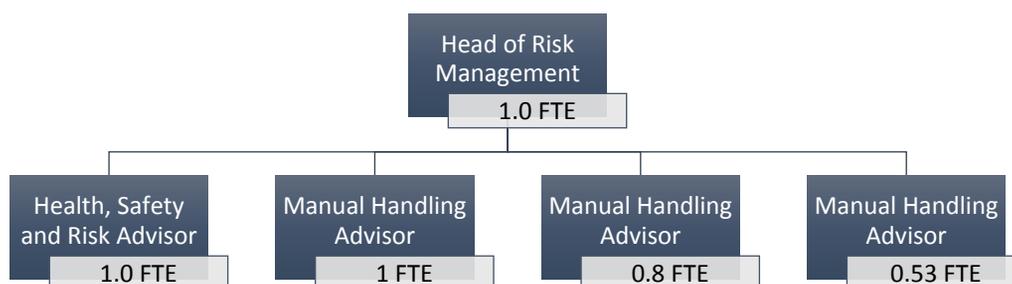
Key actions 2022/23	➤ Reinstate departmental visits during 2022/23;	
Lead for action and deadline	Manual Handling Team & Health & Safety Advisor (starting in April 2023)	Departmental visits to start from April 2023 when MH team at full capacity

### 3 Health & Safety – Team

Topic Lead	<ul style="list-style-type: none"> <li>➤ Dawn Estabrook (Head of Risk)</li> <li>➤ Joao Pedro Silva Matias (Health, Safety and Risk Advisor)</li> <li>➤ Piotr Jalowiec (Manual Handling Advisor);</li> <li>➤ Rebecca Anstee (Manual Handling Advisor);</li> <li>➤ Jackie Bunting (Manual handling Advisor);</li> </ul>
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#### 3.1 The Risk Team

The current structure of the Risk Team is outlined below:



During 2021/2022, the following changes to the department were noted:

- Return to work, from maternity of a Manual Handling Advisor. This staff member reduced her work hours from 37.5h/week to 20 hours/week;
- Employment of a band 6 Manual Handling Advisor (30 hours/week);

#### 3.2 Health & Safety Committee

The Trust’s Health & Safety Committee continued to meet every two months during 2021/2022, being chaired by the Trust’s Chief Finance Officer, who is also the Executive Lead for Health & Safety. The Health & Safety Committee work plan is reviewed annually to ensure adequate representation and reporting from the sub-speciality groups.

## 4 Health & Safety – Workstreams

### 4.1 Health & Safety – Management

#### 4.1.1. Assurance & Monitoring

As part of the work plan for 2021/22, a need to review assurance and monitoring conducted at the Health & Safety Committee was identified. The objective of this review would be two-fold:

- A review of Health & Safety Key Performance Indicator (KPI) monitoring;
- A review of the assurance structures upon which conclusions about compliance are drawn.

The work carried identified the following objectives:

The KPI Dashboard paper was produced in late 2021, with collaboration of the ‘Electronic Staff Record (ESR)’ and ‘Operational Performance and Quality’ teams, and co-implemented in time for formal introduction at the Health & Safety Committee in April 2021.

Parallel to the above, work on the KPI report and Assurance reporting tool also commenced during late 2021 and, by 31<sup>st</sup> of March 2022, it was as follows:

- KPI report: it has been identified that the existing KPI report was a duplication of the KPI Dashboard. Therefore, the focus in late 2021 was to revisit the document with the objective of focusing on qualitative data, focusing on key findings and learning. This report will be produced in collaboration with the Associate Director of Nursing for Safety & Risk;
- Assurance Reporting tool: it was agreed that the tool should be developed, using as a reference the NHS Employers & HSE Workplace Health & Safety Standards. Several conversations have been carried out with relevant topic specialists and by 31<sup>st</sup> of March 2022, the tool was nearly completed – requiring final approval at speciality committees.

Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Review the KPI report;</li> <li>➤ Progress with the introduction of the Assurance Reporting tool;</li> </ul>	
Lead for action and deadline	H&S Advisor (starting in post April 2023) & Head of Risk	To be completed by September 2023 and presented to Health & Safety Committee in October 2023

### 4.1.2. Quality & Auditing (Internal)

Due to its limited capacity, delivering the internal Health & Safety internal audit programme (including repeat audits, when non-conformities are identified) has remained a cause of concern. This is due to the following factors:

- In 2017/18 a total of 147 “functional spaces”<sup>2</sup> requiring auditing were identified;
- Within the last two years, an increase in the number of functional spaces has been recorded, noting that these have not yet been quantified and incorporated as part of the Trust’s auditing programme;
- Average length of time required per audit *versus* resources available<sup>3</sup>;

To address some of these issues, the Health & Safety team introduced a self-assessment audit tool as part of the Ward Accreditation scheme (with the Health & Safety team focussing on audit validation). However, during COVID-19 the Ward Accreditation programme was halted.

In 2021/22, the number of audits has increased however, as noted in 2.3.3, this remains limited (i.e. seven internal audits were carried out). Additionally, and despite limited auditing, work has been carried out to improve the level of assurance provided relevant topic specialists (refer to 4.1.1); providing a degree of assurance regarding compliance with Health & Safety standards.

<p>Key actions 2022/23</p>	<ul style="list-style-type: none"> <li>➤ Discuss and assess the possibility of, at service level, including inclusion of Health &amp; Safety internal auditing on the risk register;</li> <li>➤ Introduce Assurance Reporting tool;</li> <li>➤ Establish current state of Ward Accreditation programme;</li> <li>➤ Review auditing programme – particularly, frequency of initial and repeat audits AND number of areas to be audited;</li> </ul>	
<p>Lead for action and deadline</p>	<p>H&amp;S Advisor (starting in post April 2023) &amp; Head of Risk</p>	<p>To be completed by September 2023 and presented to Health &amp; Safety Committee in October 2023</p>

### 4.1.3. Quality & Auditing (External)

<sup>2</sup> Note that functional spaces were set based on the activities carried out in the area. As a result, different departments may share one functional space and/or one department may be responsible for more than one functional space.

<sup>3</sup> Note that under Health & Safety law a Competent Person (in Health & Safety) must carry out the audit OR a validation of the findings.

External quality auditing usually tends to be linked with either accreditation schemes subscribed by individual services and/or external assurance provision.

The Health & Safety department provided information to an abnormally limited number of external audits conducted solely by CHKS. This may be linked with the fact that 2021/22 represented, for many departments, a “grace period” offered by these accreditation schemes to address issues identified pre-COVID. From a Health & Safety perspective, these audits found no significant outcomes. Additionally, the Risk and Health & Safety teams continued to support the implementation of actions to address the findings of the PwC audit conducted in 2019/20.

Key actions 2022/23	➤ Support departments and the Trust, as part of any upcoming external audits;	
Lead for action and deadline	H&S Advisor (starting in post April 2023) & Head of Risk	To be initiated from April 2023 when H&S Advisor in post.

## 4.2 Health & Safety Culture Staff Survey

Due to departmental capacity restrictions, the Health & Safety Staff Culture survey was not carried out. This initiative started in 2018/2019, being performed at least annually, as a tool to gather insight on the workforces views regarding the Trust’s Health & Safety performance.

Key actions 2022/23	➤ Reinstate Health & Safety culture survey during 2022/23	
Lead for action and deadline	H&S Advisor (starting in post April 2023) & Head of Risk	To be initiated from April 2023 when H&S Advisor in post.

## 4.3 Health & Safety – Equipment Reviews & Implementation

During 2021/22, the Risk Department (Manual Handling and Health & Safety) was asked to participate in two equipment reviews. As follows:

- Bariatric Bed Review – at the request of the Clinical Engineering team, with the objective of addressing the volume of specialist equipment rented;

- Molift® Raiser Pro – review and implementation of a new active sit-to-stand aid.

Key actions 2022/23	➤ Continue to provide support as requested/required;	
Lead for action and deadline	H&S Advisor (starting in post April 2023) & Manual Handling Team	Ongoing when support requested

## 4.4 Health & Safety – Respiratory Protective Equipment

### Brief Background

Historically, the Trust maintained fit-testing services by deploying, as part of flu season response, volunteer RBFT staff trained to fit-test (with ‘train the trainer’ training provided by a supplier). As a result of COVID-19, it became apparent that this approach was insufficient to meet fit-testing needs, not only due to COVID-19, but also against other harmful/potentially harmful biological agents (e.g. meningitis, flu, MERS, etc.).

The Trust significantly increased its capacity of fit-testing during 2020/21, with the Health & Safety Department assuming a technical advisory role. In April 2021, stakeholders agreed that its role would evolve to manage operational delivery of respiratory protective equipment (RPE) fit-testing/advisory.

During the summer of 2021, the DHSC released a number of principles to which each NHS Trust must adhere. These principles reflect HSE and BSIF<sup>4</sup> standards on fit-testing, which have underpinned the changes/improvements implemented since April 2021.

### Provision of Fit-testing & Compliance

	End 2020/21	End 2021/22	
<b>Fit-testing compliance</b>	73.7%	83.5%	▲
<b>No. of Staff fit-tested in one mask</b>	Data not recorded	3469	
<b>No. of Staff fit-tested in &gt;2 masks</b>		680	

During 2021/22, the Health & Safety team sought to improve fit-testing throughput, while aligning fit-testing operations with HSE guidance and standards. This was possible by leveraging human resources provided by Ashfield Healthcare Ltd (at no cost to the Trust via contract with the DHSC). The resources provided by Ashfield Healthcare Ltd expanded from 0.2 FTE (April 2021) to 1.4 FTE by March 2022, a +86% increase.

<sup>4</sup> BSIF – acronym for British Safety Industry Federation

## **Provision of Fit-testing Equipment**

Regarding the purchase of FFP3 masks and qualitative fit-testing kits, the procurement of these remains dependent of national procurement and centralised stocks. Note that the Trust orders its requirements from these stocks at no cost to the organisation.

Additionally, Ashfield Healthcare Ltd provided (on a zero cost loan) a TSI Portacount<sup>®5</sup>. This device began being used at the Trust in October 2021 (resulting in a 32% increase in the number of fit tests conducted). As part of the Trust's efforts to build a more robust service, the Trust purchased two TSI Portacount<sup>®</sup> units, delivered to the Trust on the 31<sup>st</sup> of March 2021.

## **Provision of Fit-tester Training & Training standards compliance**

During the year, the Trust's fit-testing provision was substantially leveraged by Ashfield Healthcare employees. In addition to the fit-testing provided by Ashfield, the Trust has an estimated 142 staff who are trained as fit-testers.

While reviewing the training provided, both internally and externally, prior to April 2021 it was identified that the training did not comply with the revised HSE competency standards<sup>6</sup>. Therefore, the Health & Safety team organised a total of 14 fit-tester training sessions – training a total of 77 RBFT employees and 15 primary care network local colleagues on fit-testing. The training was provided by RPA Ltd, being accredited by the fit2fit accreditation scheme (from BSIF) and meeting HSE standards.

## **Governance & Assurance**

Regarding Governance and assurance, the Health & Safety reports fit-testing data to:

- The Trust's Health & Safety Committee (since June 2021);
- Weekly Vaccination/Testing/Fit-testing meeting (meeting chaired by Chief Nursing Officer, and by other senior stakeholders);
- Participation on RPE regional group (at request of DHSC – platform used by DHSC to update NHS Trust on RPE selection and procurement);

Additionally, in early 2022, the Health & Safety team was notified during a RPE regional group meeting that RPE selection and procurement standards compliance would be monitored as part of EPRR resilience and readiness audits.

Key Learning	<ul style="list-style-type: none"> <li>➤ Ashfield Healthcare Ltd significantly leveraging fit-testing provision. Exposure to DHSC/Ashfield Healthcare contract represents a significant operational risk;</li> <li>➤ Standard used to monitor compliance during 2021/22 proved stricter than that required by DHSC;</li> </ul>
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<sup>5</sup> TSI Portacount<sup>®</sup> - device used for quantitative fit-testing, enabling a higher throughput of tests conducted within a given timeframe.

<sup>6</sup> Competency requirements established by the HSE via the HSE INDG 479

	<ul style="list-style-type: none"> <li>➤ Requirement to fit-test staff is set to remain in place, in alignment with HSE standards; however, staff who will be required to fit-test requires review;</li> <li>➤ Work is required to further align Trust's fit-testing and BSIF/HSE guidance;</li> </ul>	
Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Introduction of a 2 year fit-testing expiry (in line with DHSC/BSIF/HSE standards);</li> <li>➤ Introduce dedicated administrative support and recording via ESR;</li> <li>➤ Benchmark fit-testing with neighbouring organisations (with the objective of accepting testing records);</li> <li>➤ Assurance reporting to EPRR committee to start by the end of June 2021;</li> <li>➤ Review the current in-house provision of fit-testing;</li> </ul>	
Lead for action and deadline	<p>Head of Risk</p> <p>Chief Nursing Officer</p>	<p>H&amp;S Advisor left in September 2022 and fit-testing provision provided by Vaccination Team until March 2023.</p> <p>Business case in development in January 2023 to sustain service.</p>

#### 4.5 Multidisciplinary – Welfare, Wellbeing & Work Environment

The Trust continued to provide 80% of the health and wellbeing (HWB) support services to staff compared to that which was offered during WAVE 1 of the pandemic in March/April 2020.

In the past year, new training has been delivered on REACT Mental health training to help facilitate managers delivering 'Wellbeing Conversations' with staff.

A new Trauma Risk Management (TRiM) network has been established with 2 TRiM managers and a number of TRiM practitioners trained.

The Staff HWB Operational Lead produces a quarterly HWB care pack, which provide a comprehensive summary of 60+ Health & Wellbeing support services currently available to staff, including information on:

- Seasonal HWB topics including Skin care, Mental wellbeing, Asbestos awareness, Tuberculosis awareness, Sun awareness, Cancer awareness
- Employee assistance programme
- Wellbeing matters psychological support hub available within Berkshire
- Trauma Risk Management (TRiM) support
- Wellbeing conversations and decompression sessions
- Health, Safety and Wellbeing Champions

- Financial Health and Wellbeing support
- An extensive range of Health and Wellbeing apps

The Trust Employee Assistance Programme has achieved its highest ever utilisation, with it now just above 10%, and has been renewed for another year.

The Trust Health Safety and Wellbeing Champion network has continued to grow and the Staff HWB Operational Lead is now liaising with managers and staff in areas to expand the network with the aim of all departments having a champion in place.

A staff wellbeing Zone was been in place within the Trust Education Centre canteen supported by Volunteers providing free tea and coffee however this was moved to the 1<sup>st</sup> floor with recliner chairs and a wellbeing kiosk in place, with upgraded provision now in the new staff wellbeing centre, which opened in summer 2022 and provides access to a staff gym, exercise rooms, quiet rooms which can also be used for prayer, a training/meeting room for dedicated HWB topics.

A new HWB centre garden has also been established to enable an outdoor space to relax, participate in gardening and enjoy break time, whether alone or with colleagues.

A new cycle village has also been established adjacent to the new wellbeing centre and is already open for staff to use and offers parking and shower/changing facilities.

The Trust 'Work related stress' policies place responsibility on line manager to carry out individual workplace stress risk assessment when requested to do so by staff, if they identify staff experience workplace stress or where recommended by Occupational Health. This should lead to an action plan being agreed with the manager and staff member to address the workplace issues.

The Trust have appointed a new Non-Executive Director as our Wellbeing Guardian and their role is to provide oversight on the activities being undertaken to support the health and wellbeing of staff.

The Trust's Freedom to Speak Up Guardian changed, with a new person coming in to take up the post. This role provides staff with another avenue to raise concerns if they feel these are not being listened to in their workplace.

## **First Aid**

Clinical areas have wide access to qualified first-aiders<sup>7</sup> and first aid equipment/stocks. However, following an incident in a non-clinical area, the need to improve provision of first-aid training to non-clinical areas was identified. Following discussions with the resuscitation team, it was identified that changing resuscitation training level 1 would enable the training of first aiders in house and

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<sup>7</sup> HSE defines as first aider any staff member who holds a GMC/NMC registration, Paramedics and any other staff member who complete adequate first aid training.

the Health & Safety team is currently working in collaboration with the resuscitation team to initiate training delivery.

The Trust's Occupational Health department provides a statutory health surveillance (for both Skin and Respiratory Health surveillance), reporting key findings to area managers.

Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Promote and support the development of the Health, Safety and Wellbeing Champions network;</li> <li>➤ Support the further development and use of 17a Craven Road;</li> <li>➤ Support the rollout of first aider training during the summer of 2022;</li> </ul>	
Lead for action and deadline	<p>Staff Health &amp; Wellbeing Operational Lead</p> <p>H&amp;S Advisor (starting in April 2023)</p>	<p>Ongoing promotion and support of Health, Safety &amp; Wellbeing Champions network in place</p> <p>Ongoing development and use of 17a Craven Road in place</p> <p>Provision of first aider training secured with Trust Resus Team. Awaiting H&amp;S advisor start to promote and roll-out from April 2023.</p>

#### 4.6 Multidisciplinary – Task & Workstation Design

In 2020/22, the Occupational Health team carried out 65 Display Screen Equipment (DSE) workstation assessments, increased from 22 undertaken during 2020/21.

A total of 31 new DSE chairs were recommended to be purchased during 2021/22

Additionally, the Manual Handling supports Occupational Health by providing training/information focused on preventing the occurrence of musculoskeletal disorders. Throughout 2021/22, Health & Safety also had an unusually active year regarding this subject, by providing support, during project design stage, to the Capital Investment Project team.

Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Continue to support the Capital Investment Project team;</li> </ul>
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Lead for action and deadline	H&S Advisor (starting in April 2023)	Support and collaboration with Capital Investment Project team ongoing by Head of Risk
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## 4.7 Multidisciplinary – Chemical and Biological Hazardous Substances

### Brief Background

Since 2020/21, the Trust has significantly increased its work to improve its management arrangements that seek to protect staff from chemical and biological exposures. As a result, Health & Safety, Infection Control & Prevention and Occupational Health regularly work collaboratively to improve the Trust's Safety Standards.

### Summary of actions carried out

During 2021/22, the focus has been the introduction and widespread adoption of the revised COSHH (Chemical) Assessment form by all Trust's business units. The implementation of these, and the quality of the assessments, has been audited within Operating Theatres (RBH), Maxillofacial Outpatients Department and Maternity. Work on a COSHH (Biological) Assessment form was delayed due to the capacity of relevant stakeholders.

To improve COSHH management further, an options paper was produced for the Health & Safety Committee, focusing on the acquisition of technological resources, which will increase the pace in which COSHH management improvements are implemented at the Trust.

Because of the activities described above, further work has been identified. This work can be divided into the following themes:

- Current incident monitoring processes do not support clear identification of COSHH incidents;
- Strategically and operationally, the lack of a COSHH centralised database hinders assurance processes;
- COSHH incident management and COSHH assessor information and training requires review;
- Potential financial performance gains may be achieved by the implementation of PPE standardisation process.

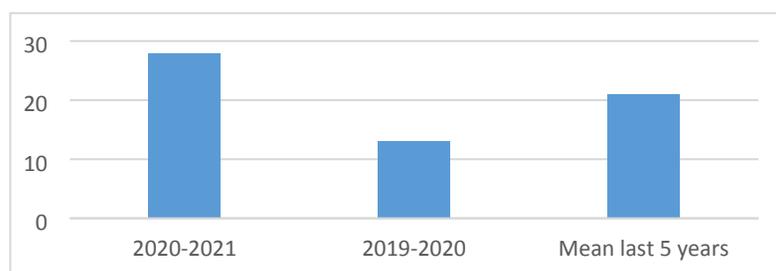
Nationally, a combined 6 improvement notices were issued, targeting 4 NHS Trusts. These improvement notices sought to require these NHS Trusts to improve the COSHH management and monitoring processes (including implementation of effective controls and training).

Key Learning	➤ The current resources available to monitor and manage COSHH management arrangements are at near peak
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	capacity, therefore, further improvements may require acquisition and/or deployment of additional resources; ➤ Current incident monitoring processes may limit the Trust's awareness of COSHH related incidents;	
Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ KPI review to be carried out during 2022/23;</li> <li>➤ Business case for the acquisition of COSHH specialist software to be presented during the summer of 2022/23;</li> <li>➤ Review of departmental capacity;</li> </ul>	
Lead for action and deadline	H&S Advisor (starting in April 2023)	Actions to be completed by September 2023 and presented to H&S Committee in October 2023

## 4.8 Radiation Protection – Radiation Safety

Patient incidents involving radiation are reviewed, in diagnostic and interventional radiology, and patient doses calculated; the value below for 2020/21 (calendar year) is the extrapolated value from June 2021 and falls within the typical range



Each incident is analysed with the radiation dose, and the risk determined, from which advice is provided as to whether to report the incident to the CQC (Care Quality Commission) and to the patient (rarely happens) under the Duty of Candour.

Very few staff incidents involving ionising radiation are reported (there were 2 in 2021, both non-reportable). These are fully investigated with the staff dose determined, from which a decision is made as to whether the incident needs reporting to the HSE.

Serious incidents involving ionising radiation, MR, UV phototherapy and lasers are reported to, and reviewed by, the Radiation Protection Committee

There is a formalised organisational structure of radiation protection management operating in the Trust. The legal requirement is that a Radiation Protection Adviser (RPA) is appointed by the Trust, who in turn, recommends the appointment of a trained Radiation Protection Supervisor (RPS), and a deputy, ideally, to each department using ionising radiation. There is currently 100% compliance for RPA and RPS cover.

There is a similar system with Lasers with Laser Protection Adviser (LPA) and Laser Protection Supervisor (LPS) appointments at 100%.

In 2021 training in safety and legislation was delivered by the Radiation Protection Section to 354 RBFT staff

In 2020/21, there were 13 personal dose ‘over-exposure’ notifications requiring investigation from ~4,000 personal dosimeters issued. These notifications mostly resulted in advice being given for better compliance of how the dosimeter should be worn. One notification did signal a need for a change in working practice and dose reduction advice was given; subsequent measured doses have improved and are below the notification level (this level of dose is set very low to help avoid people receiving doses above the classification level and keeping their risks as low as reasonably practicable).

#### 4.9 Health & Safety – Noise

To the best of the knowledge of all authors and contributors to this document, no noise assessments are regularly carried out or concerns raised (with the exception of disruption caused by capital investment work).

In late 2020/21, a need to review this work stream was identified; however, due to capacity, progress on this subject has been limited.

Key actions 2022/23	<ul style="list-style-type: none"> <li>➤ Collaborative work with the Estates teams to identify potential areas of concern;</li> <li>➤ Produce an options paper to the Health &amp; Safety Committee – for Q2 2022/23;</li> </ul>	
Lead for action and deadline	H&S Advisor (starting in April 2023)	Actions to be completed by September 2023 and presented to H&S Committee in October 2023

#### 4.10 Estates (Health & Safety) – Water Safety

The Water Safety Group (WSG) continues to meet on a bi-weekly basis to monitor and review compliance and results, in accordance with the Trust Water Safety Management Policy (Including Legionella and Pseudomonas Aeruginosa) CG096. The group is satisfied that water treatment is under satisfactory control and governance of our new service provider HydroX and the Trust RP for Water Safety. We continue to removed point of use filters where possible, compliant with the Trust Water Safety Policy.

Legionella and Pseudomonas water sampling demonstrate the current trend of a reduction in overall positive results. A detailed breakdown by ward is reviewed at WSG meetings.

#### 4.11 Estates (Health & Safety) – Temperature & Ventilation

Work environment temperature management remains one of the major topics of concern raised by staff and one of the main triggers for incident reporting. Actions taken include:

South Block: The ICU POD 1, 2 & 3 are in urgent need of ventilation plant in order to comply with regulations standards, where there are insufficient, or no, air changes. This is particularly concerning in areas where highly infectious COVID-19 positive patients are located.

Princes House climate control – The chiller was repaired in 2021, which will improve the working environment during summer. However, all Fan Coil Units (FCUs) Air Handling Plant are life expired and in need of replacement to provide adequate comfort cooling.

### **Maternity environmental conditions:**

A refurbishment of the maternity General North Air Handling Unit (AHU) has taken place in March 2022. This AHU serves corridors and some offices in all floors of Maternity, which will help to regulate the temperature.

A project to replace the maternity building radiators was completed in March 2022.

The Rushey Birthing rooms AHU was recommissioned to provide 10 air changes/hour (ac/h) as per the new HTM 03, and the heater batteries were repaired, which has improved the temperature regulation in the area.

The colposcopy rooms in the Maternity Block were rebalanced to provide 10 ac/h, recommended for the clinical procedures in those rooms.

Some spaces within the Maternity Block continue to be unsuitable for clinical services due to excessive heat/cold in summer/winter, because of the lack of climate control. Significant capital investment is required to control temperatures via BMS zone control, splitting heating and cooling circuits into individual zones.

Roof leaks: works to repair the roofs continued during 2021/22. Funds were diverted from the allocations for North Block to repair the South Block (ICU) roof. The program of works is required to continue in 2022/23 in North Block, Physio East, North Block, TEC/Wolfson where there are significant roof leaks affecting staff welfare and causing ongoing damage to internal spaces.

Staff rooms: lack of space in ICU theatres and Maternity rest rooms.

Space utilisation: Pharmacy has teams with overcrowding in workspaces, with lack of ventilation/windows. A new Space Utilisation Committee was established in November 2021.

## **4.12 Multidisciplinary – Electrical Safety**

### **Electrical Safety – Clarifications**

In accordance with the Electrical Equipment (Safety) Regulations 1994 - regulation 9 – all electrical appliances purchased by the Trust still require CE

Marking. All changes to UK legislation enacted so far, as part of European Union Withdrawal Agreement, have not altered the requirement for equipment to meet CE marking standards.

In addition, there is no clear legal obligation to perform Portable Appliance Testing (i.e. PAT Testing). However, statutory instruments broadly agree on the need to check regularly the functioning of electrical equipment, of which PAT testing is a fundamental part.

### **Electrical Safety – Non-Medical Devices**

Following a number of instances raised during 2021/22, the Health & Safety team conducted an assessment of the governance & assurance processes surrounding the safety of non-medical devices. Improvements, broadly summarised into PAT testing and local initiatives to maintain equipment in a safe operational state, are required, however, limited training/information is available internally.

Additionally, it was identified that the majority of these devices are classified as IT equipment, however, there are a number of catering, load handling and other assorted devices present at the Trust.

## **5. Health & Safety – Assurance**

### **Health & Safety Governance Process**

In addition to the health and safety governance processes, the Board receives assurance on 'health and safety topics' via the following governance routes:

**Audit & Risk Committee** is the Trust Board subcommittee to which the Health & Safety Committee reports. Health & Safety updates are also provided to the **Executive Management Committee (EMC)**, which meets bi-weekly, and comprises the senior leadership of the Trust. There are occasions when there may be particular areas of interest to other committees, and in these circumstances, for example, those that are directly related to the management of staff e.g. work related stress, the working time directive, young workers, pregnant workers, extracts of reports will be made available to the **Workforce Committee**.

The Health & Safety Committee receive monitoring reports regarding compliance on patient and staff safety matters from other groups and committees which meet regularly, such as water management, medical gases etc.

Compliance reporting to the Trust Board continues for health & safety related topics via the monthly Integrated Performance Report.

During Covid-19 the Health & Safety Committee and Policy Approval Group agreed that review dates of Trust policies would be extended by six months to allow for the impact of operational pressures agreed it. Health & Safety policies

were noted at the Health & Safety Committee meetings as current and amended policy tracker dates implemented.

## 6. Health & Safety – 2022/23 and beyond

The impact of the Covid-19 pandemic waves resulted in a 'spotlight' on many health and safety areas of work to be able to respond to the changing demands of both the environment, patient care and staff safety and wellbeing. It resulted in many teams working differently and the Risk, Health & Safety and Manual Handling teams were no exception

It is noted that during 2021/2022, a number of areas of work were not able to be delivered as intended, as a result of the operational pressures and re-focus of priorities and limited capacity of the team. These areas of work include regular auditing of ward areas and ability to be proactive rather than reactive.

In addition, the pandemic introduced further new areas of work required by the team both at the time of the waves of the pandemic and ongoing, including fit-testing and PPE provision, support and monitoring of action plans following incidents (specifically but not exclusively SIs and RIDDOR reporting), monitoring of non clinical devices and provision and support of health surveillance.

Because of the increasing volume, value and complexity of Estates projects, maintenance and new capital projects, there is a need for ongoing and increasing health and safety involvement and monitoring at an early stage of programmes.

Areas of work identified for the health and safety and manual handling teams during 2022/2023 include:

- Review of the training provision of manual handling, health & safety and risk throughout the Trust including the development of a management competency
- Production of short films to bring the Health and Safety policies to life, by short introductions spoken by subject matter experts, available on the intranet alongside the policies themselves

## 7. Conclusion

The Board is asked to **NOTE** the Health & Safety annual report for the year ended 31<sup>st</sup> March 2022.

# Watch Metrics

# Summary of alerting watch metrics

## Introduction:

Across our five strategic objectives we have identified 120 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

Should a metric exceed its process controls we undertake a check to determine whether further investigation is necessary and consider whether a focus should be given to the metric at our performance meetings with teams.

If a metric be significantly elevated for a prolonged period of time we may determine that the appropriate course of action is to include it within the strategic metrics for a period.

## Alerting Metrics December 2022:

In the last month 21 of the 120 metrics exceeded their process controls. This included 12 which missed local targets or standards and 9 which exceeded statistical tolerances. These are set out in the table opposite.

A number of the alerting relate to the operational pressures experienced in the Trust and the focus being given to enhancing flow and addressing diagnostic and cancer performance is expected to have impact on these metrics as well as the strategic metrics covered in the report above, this includes those relating to cancer, stroke and mixed sex accommodation.

Others alerting metrics are aligned to strategic metrics including patient experience, serious incidents and financial performance.

A final set relate to mandatory training and appraisal completion. In addition to the focus on recruitment the Trust has put in place a number of interventions to support improvement action in this area

## Missed local target or standard

- Incomplete 104 day waits for cancer treatment
- Patient safety incidents per 100 admissions
- Friends and Family survey - OP attendance
- Friends and Family survey - maternity
- Sickness absence
- Mandatory and statutory training including
- Conflict resolution training
- Fire safety training
- Doctors manual handling training
- Anaesthetics attendance at maternity specific training
- Appraisal rates
- Agency spend as a% of total staff costs

## Exceeded statistical tolerances

- C.diff cumulative cases
- Mixed sex accommodation breaches
- Ambulatory care NEL admissions
- % of patients seen by a stroke consultant within 14 hours of admission
- % patients with high TIA risk treated within 24 hours
- % patients waiting more than 31 days for radiotherapy
- % OP treated virtually
- Income v plan
- Delivery of the capital programme

# Strategic Objective: Provide the highest quality care for all

## Watch metrics

SROs: Eamonn Sullivan

Will Orr



Royal Berkshire  
NHS Foundation Trust

Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
Never Events				1	1	0	0	0	0	0	2	0	0	0	1
All Serious Incidents (SI)				7	6	10	3	2	2	6	9	2	8	10	9
Patient Safety incidents/100 admissions				10.86%	10.89%	10.35%	10.21%	10.89%	11.06%	11.32%	10.52%	9.95%	10.72%	10.39%	10.99%
Pressure ulcer incidence per 1000 bed days				0.26	0.06	0.05	0.11	0.11	0.05	0.00	0.20	0.10	0.14	0.00	0.09
Category 2 avoidable pressure ulcers				5	1	1	2	2	1	0	4	2	3	0	2
Category 3 or 4 avoidable pressure ulcers (SI)				1	0	3	0	1	1	0	1	0	2	1	0
Patient Falls per 1 000 bed days				4.38	4.59	4.56	4.43	3.59	3.99	4.66	3.89	4.52	3.47	3.96	4.36
Patient falls resulting in harm (SI) avoidable				0	0	1	0	0	0	0	1	1	3	2	1
No. of DOLS applications applied for				19	19	28	14	20	17	23	19	18	17	17	21
No. of detentions under the MH act to RBH				4	4	4	4	3	5	4	2	2	5	7	6
% of staff: Safeguarding children L1 training				89.8%	91.1%	91.1%	91.0%	93.6%	93.9%	94.3%	93.9%	93.0%	93.6%	94.1%	94.7%
No. of child safeguarding concerns by the Trust				146	120	151	138	173	159	128	122	121			
No. of adult safeguarding concerns by the Trust				46	32	41	25	34	45	42	39	35	25	36	24
No. of safeguarding concerns against the Trust				3	0	4	4	2	6	4	4	6	2	6	7
Unborn babies on child protection (CP) / (CIP)				28	31	32	33	39	39	22	41	36	38	31	34
C.Diff (Cummulative)				30	32	36	3	5	11	19	24	28	30	32	33
C.Diff lapses in care				1	1	2	2	2	4	4	2	1	2	0	0
MRSA				0	0	1	0	0	0	1	1	0	0	0	0
Ecoli (trust acquired) infections				11	9	3	5	6	9	11	7	9	18	8	12
MSSA surveillance (trust acquired)				5	3	2	6	3	2	3	5	5	2	4	2
No. of complaints				22	35	50	23	32	29	26	42	34	33	43	22
Response time to complaints				35.00%	56.00%	60.00%	67.00%	63.00%	40.00%	62.00%	68.00%	68.00%	68.00%	72.00%	59.00%
No. of compliments				47	27	38	31	42	44	15	38	18	43	49	23

# Strategic Objective: Provide the highest quality care for all

## Watch metrics

SROs: Eamonn Sullivan

Will Orr



Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22	
	Variation	Assurance														
FFT Satisfaction Rates Inpatients: i.Inpatients				99.32%	99.89%	99.37%	99.20%	99.10%	99.80%	98.72%	98.38%	98.40%	96.40%	99.36%	99.38%	
FFT Satisfaction Rates Inpatients: ii.ED				100.00%	98.15%	100.00%	98.51%	80.43%	73.69%	83.23%	86.02%	83.44%	80.11%	80.91%	80.00%	
FFT Satisfaction Rates Inpatients: iii.OPA				95.25%	94.89%	93.90%	94.54%	94.03%	93.17%	93.36%	94.42%	94.78%	94.49%	94.90%	95.13%	
Mixed sex accommodation - breaches				70	182	97	71	53	87	146	68	89	213	131	410	
Crude mortality				1.8	1.7	1.4	1.4	1.9	1.5	1.5	1.5	1.4	1.7	1.3	Arrears	
HSMR				89.9	89.3	88.2	88.3	89.3	89.8	90.4	88.9	Arrears	Arrears	Arrears	Arrears	
SHMI				1.031	1.021	1.023	1.021	1.025	1.019	1.010	Arrears	Arrears	Arrears	Arrears	Arrears	
SMR				93.4	92.9	92	92.1	92.1	92.2	92.3	90	Arrears	Arrears	Arrears	Arrears	
Door to needle time <60mins				100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	89.00%	75.00%	100.00%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)				93.00%	87.00%	89.00%	86.00%	89.00%	82.00%	91.00%	86.00%	86.00%	80.00%	82.00%	87.00%	
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes				94.11%	100.00%	76.47%	100.00%	93.33%	87.50%	100.00%	100.00%	66.66%	80.00%	90.00%	Arrears	
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes				75.00%	83.33%	66.66%	90.00%	74.99%	85.71%	63.63%	62.50%	100.00%	100.00%	66.66%	Arrears	
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes				93.75%	91.66%	91.66%	100.00%	91.66%	100.00%	81.81%	87.50%	100.00%	100.00%	88.88%	Arrears	
RIDDOR reportable Incidents				3	2	3	0	0	0	0	2	0	0	3	0	
Abuse/V&A (Patient to staff)				57	38	43	46	49	44	34	59	33	85	65	59	
Body fluid exposure/needle stick injury				14	12	8	13	3	12	7	14	15	19	6	14	
Environment Related Incidents				14	26	19	6	13	21	18	9	12	7	10	15	

# Strategic Objective: Provide the highest quality care for all

## Watch metrics

SROs: Eamonn Sullivan

Will Orr

Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
Manual Handling non patient every 3 years				85.20%	87.00%	88.60%	90.50%	91.70%	91.60%	92.80%	92.60%	91.90%	92.10%	92.00%	91.30%
Conflict Resolution				88.10%	88.40%	87.50%	86.10%	88.80%	88.30%	84.00%	84.70%	87.20%	88.10%	87.50%	87.00%
Fire (Annual)				85.1%	85.5%	85.7%	87.1%	89.4%	89.7%	89.2%	89.9%	88.7%	88.6%	88.7%	88.1%
Nursing and AHP Manual handling training every 3 years				86.9%	86.0%	86.5%	85.4%	87.4%	88.8%	88.4%	87.7%	87.4%	86.6%	86.2%	84.8%
Doctors manual handling training every 3 years				56.7%	55.8%	56.4%	59.1%	61.2%	63.4%	61.9%	62.4%	58.7%	56.6%	55.8%	55.0%
Health and Safety Training				90.5%	90.6%	88.0%	87.0%	88.0%	90.4%	91.0%	91.6%	91.0%	91.4%	91.4%	91.5%
Health and Safety inspections/advisory visits				1	1	2	3	1	1	0	0	0	0	0	0

# Strategic Objective: Provide the highest quality care for all

SROs: Eamonn Sullivan

## Maternity Watch metrics

Will Orr



Royal Berkshire  
NHS Foundation Trust

Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
FFT Response Maternity				11.40%	5.00%	5.10%	11.10%	10.00%	5.10%	5.20%	3.10%	7.20%	7.80%	10.60%	6.20%
No. of complaints - Maternity				2	4	9	0	2	1	3	5	3	2	2	3
Complaints - % response in 25 days				0%	33%	100%	50%	67%	N/A	50%	100%	40%	67%	60%	100%
Number of Serious Incidents in the Maternity Service				1	0	2	0	0	0	4	0	1	0	1	0
% bookings with ethnicity documented / recorded							99.60%	99.43%	99.31%	99.64%	99.37%	99.23%	99.56%	99.17%	99.17%
% women with a documented CO result at booking				49.07%	48.65%	62.17%	89.00%	82.00%	68.00%	58.00%	87.00%	77.00%	73.00%	78.00%	81.70%
% women with a documented CO result at 34-36 weeks				29.73%	41.26%	39.08%	72.50%	72.00%	58.00%	77.00%	67.00%	72.00%	77.00%	93.00%	96.90%
% of pre-term (less than 34+0), singleton, live births receiving a full course of antenatal corticosteroids, within seven days of birth				16.67%	33.30%	50.00%	0.00%	60.00%	75.00%	33.00%	40.00%	50.00%	0.00%	43.00%	
Post Partum haemorrhage>1500mls				0.00%	0.00%	0.00%	2.78%	3.11%	3.49%	2.38%	2.81%	3.37%	3.26%	3.91%	3.02%
Number of term babies admitted to SCBU/NNICU unexpected							5.70%	3.80%	6.50%	4.00%	3.92% (17)	6.1% (26)	5.90%	4.30%	5.20%
Number of Perinatal Deaths							0.80%	0.30%	0.32%	0.48%	0.43%	0.39%	0.37%	0.30%	0.38%
Number of occasions MLU service suspended for 4 hours or more				8	4	5	4	5	27	22	22	20	11	6	25
Midwifery staffing vacancy rate				15.60%	7.30%	10.00%	15.4 % Increase in budget	15.90%	14.00%	16.00%	18.50%	18.50%	19.00%	13.70%	14.40%
Midwifery staffing turnover				15.00%	15.60%		16.30%	17.30%	19.10%	19.60%	17.60%	16.30%	15.00%	15.50%	14.10%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring				86.00%	90.00%	88.17%	90.80%	94.00%	94.00%	93.00%	92.00%	91.79%	94.44%	96.55%	95.10%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring				87.00%	91.00%	96.00%	69.80%	88.00%	90.00%	91.00%	55.00%	79.59%	85.41%	100.00%	98.07%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT				82.00%	86.00%	82.60%	71.70%	80.00%	90.00%	92.00%	50.00%	51.02%	66.66%	93.87%	94.54%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT				97.00%	96.00%	98.40%	84.90%	88.00%	91.00%	90.00%	90.00%	92.00%	92.16%	97.12%	97.89%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT				5.26%	5.26%	5.26%	18.42%	18.42%	18.42%	18.42%	18.42%	21.05%	28.94%	95.00%	92.68%

# Strategic Objective: Invest in our people and live out our values

Watch metrics:

SRO: Don Fairley



Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
Ethnicity Progression Disparity Ratio															1:92
Stability rates %				82.55%	83.30%	83.77%	81.83%	81.80%	81.74%	82.51%	81.56%	81.53%	81.20%	81.95%	81.81%
Sickness %				3.61%	3.68%	3.74%	3.88%	4.06%	4.08%	4.09%	4.17%	4.17%	4.17%	4.18%	Arrears
% Fill rate of support worker shifts (CSW)				96.34%	95.57%	96.42%	93.00%	92.85%	91.09%	93.32%	96.35%	98.97%	95.93%	99.75%	96.92%
% Fill rate of registered nurse shifts (RN)				84.15%	83.23%	86.45%	92.24%	90.35%	93.04%	92.31%	99.28%	97.88%	100.21%	95.77%	95.70%
MAST				87.10%	86.93%	86.70%	87.28%	88.31%	89.82%	90.01%	90.75%	89.44%	89.50%	89.16%	89.00%
Appraisals				84.79%	86.46%	84.63%	83.36%	84.90%	86.55%	86.37%	86.19%	83.36%	79.12%	80.03%	78.35
Nurse Staffing Red Flags				83	51	41	53	31	72	56	71	46	32	33	59

# Strategic Objective: Delivering in partnership

Watch metrics

SRO: Dom Hardy



Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
12hr DTA (Trolley Waits)				0	0	0	0	0	0	0	0	0	0	0	0
Percent of Ambulatory Care of Non elective Admissions				17.71%	18.91%	14.84%	14.03%	14.92%	13.91%	15.60%	17.73%	13.64%	13.39%	11.30%	2.34%
Average non-elective length of stay - excluding 0 day LOS (Length of Stay)				5.96	6.11	6.33	6.65	5.98	5.80	5.93	6.39	6.18	6.10	5.88	6.55
Urgent Operations Cancelled 2nd time				0	0	0	0	0	0	0	0	0	0	0	0
62 Day screen Ref				81.50%	57.10%	90.90%	100.00%	83.80%	100.00%	53.80%	69.20%	86.70%	78.60%	70.00%	73.30%
Incomplete 104 day waits				37	49	36	39	29	43	38	46	66	97	78	93
Fractured Neck of Femur: Surg in 36 hours				61.00%	73.68%	50.00%	43.18%	52.27%	57.14%	64.10%	56.52%	80.48%	60.71%		
Seen by Stroke Consultant within 14 hours				73.00%	82.00%	73.00%	71.00%	64.00%	57.00%	72.00%	65.00%	65.00%	62.00%	61.00%	65.00%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival				89.00%	90.00%	68.00%	69.00%	70.00%	63.00%	85.00%	69.00%	61.00%	58.00%	74.00%	63.00%
Proportion of stroke patients scanned within 12 hours of hospital arrival				100.00%	100.00%	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.00%	97.00%	96.00%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)				100.00%	80.00%	100.00%	14.00%	30.00%	25.00%	43.00%	30.00%	34.00%	21.00%	32.00%	30.00%
Average Length of Stay (LOS) from admission to discharge (days)				13	12	14	16	18	9	17	14	19	17	14	14
Door to needle time <60mins				100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	89.00%	75.00%	100.00%
No. of weekend discharges				741	614	502	551	628	520	644	597	555	670	593	541
No. of patients staying >21 days				91	92	97	88	83	87	91	111	110	96	90	64
Cancer 2 week wait: cancer suspected				89.50%	94.60%	91.90%	88.80%	92.50%	85.50%	86.00%	89.70%	82.80%	86.40%	91.80%	92.40%
Cancer 2 week wait: breast patients				84.60%	89.20%	91.40%	96.40%	97.20%	94.70%	95.40%	93.10%	92.60%	100.00%	98.90%	100.00%
Cancer 31 day wait: to first treatment				94.70%	97.50%	92.80%	97.00%	97.80%	96.10%	95.40%	91.00%	91.60%	93.20%	93.60%	92.30%
Cancer 31 day wait: drug treatments				97.30%	98.90%	100.00%	98.40%	97.80%	98.90%	90.00%	92.90%	88.20%	92.60%	100.00%	100.00%

# Strategic Objective: Delivering in partnership

Watch metrics

SRO: Dom Hardy



Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
Cancer 31 day wait: surgery				92.50%	100.00%	100.00%	92.90%	90.00%	92.90%	75.00%	85.70%	87.50%	73.70%	72.00%	90.50%
Cancer 31 day wait: radiotherapy				95.20%	97.60%	89.10%	71.80%	84.10%	85.10%	88.90%	87.30%	79.20%	82.10%	77.00%	79.60%
62 day consultant upgrade: all cancers				55.60%	75.00%	100.00%	100.00%	33.30%	76.90%	100.00%	87.10%	73.90%	65.45%	85.70%	78.10%

# Strategic Objective: Cultivate Innovation and Improvement

## Watch metrics

SRO: Andrew Statham



Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
Cancelled Ops not re-scheduled < 28 days (%)				0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
% OP appointments done virtually				21.40%	20.20%	20.20%	20.10%	19.70%	19.70%	19.80%	18.70%	19.30%	19.20%	18.40%	18.60%
New to follow up ratio				1.8	1.8	1.8	1.8	1.9	1.9	1.9	2.0	1.9	1.8	1.9	1.9
Number of OPPROC				7971	7923	8867	6478	6910	6406	6673	7123	6928	6969	8963	7431
Number of MDT OP															
Clinic room utilisation (esp utilisation at non RBH sites)															
Number of PIs															
Number of active research trials															
Number of projects supported by HIP															

# Strategic Objective: Achieve long-term sustainability

## Watch metrics

SRO: Nicky Lloyd



Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
Pay cost vs Budget				-0.13	0.01	0.16	-1.57	0.04	0.30	-0.73	-0.33	-1.38	-1.34	0.39	-0.53
Non pay cost vs Budget				0.00	0.01	-0.37	0.54	-0.49	0.29	2.93	-2.33	-3.27	-0.31	-0.02	-1.82
Income vs Plan				2.98	4.48	30.55	0.52	0.34	-1.33	-1.89	-0.05	0.63	-0.95	-3.48	0.49
Daycase actual vs Plan				0.03	-0.07	-0.31	-0.19	0.34	-0.30	-0.27	0.07	0.16	0.04	0.19	-0.16
Elective actual vs Plan				-0.07	-0.46	3.33	-0.43	-0.31	-0.60	-0.55	-0.05	-0.02	-0.25	0.02	0.01
Outpatients actual vs Plan				-0.25	0.23	-0.33	-0.36	0.21	-1.26	-0.86	0.36	-0.14	-0.45	0.20	-0.23
Non-elective actual vs plan				0.03	0.36	0.34	0.41	0.91	0.22	0.27	1.52	0.99	1.30	0.17	1.04
A&E actual vs plan				0.09	0.14	0.23	0.54	0.99	0.82	0.41	0.80	0.79	0.61	0.58	0.84
Drugs & devices actual vs plan				0.08	0.61	0.41	0.19	-0.06	0.56	-0.49	-0.27	0.80	0.49	1.12	0.51
Other patient income				-0.13	0.01	0.16	-0.10	0.37	-0.35	0.00	-0.26	0.07	0.12	-0.32	-0.15
Delivery of capital programme				1.76	3.67	21.43	0.00	0.00	1.61	0.76	0.91	-0.97	2.45	1.72	1.32
Cash position				45.43	50.32	60.76	68.59	78.68	61.17	51.01	59.80	56.65	55.35	53.70	43.81
Agency spend % of total staff cost				4.60%	4.50%	3.40%	3.70%	3.80%	3.00%	3.40%	5.20%	4.40%	4.00%	4.60%	4.00%
Creditors				-8.08	-73.35	-88.21	-99.34	-114.30	-95.49	-87.86	-90.79	-79.84	-86.72	-86.32	-74.48
Debtors				9.14	31.53	30.37	30.15	21.96	21.82	24.26	16.58	15.64	17.60	17.70	16.22