

1.0 Introduction

Following the introduction of the Health and Safety at Work Act (1974) various Approved Codes of Practice (ACOP), guidance and regulations have been introduced to compliment the Act.

'Successful health and safety management' (HSG65) was first prepared by the Health and Safety Executive (HSE) accident advisory unit (now operations unit) in 1991 as a practical guide for directors, managers, health and safety professionals and employee representatives who want to improve H&S in their organisations.

The Regulatory Reform (Fire Safety) Order 2005 came into effect in October 2006 and consolidated all fire safety legislation for non-domestic premises into a single Order. Whilst it abolished the requirement for healthcare premises to hold a fire certificate, under the Order, NHS Trusts are required to actively pursue and maintain fire safety and take responsibility for staff and others visiting their premises.

Health and safety, fire and NHS Protect (now disbanded) guidance also cites that as 'good practice' health and safety should appear regularly on the agenda for board meetings. It recommends that the Chief Executive can appoint a Health and Safety 'champion' to represent the board and act as a scrutiniser to ensure processes to support H&S are robust, delivered, monitored and reviewed effectively.

2.0 Background

The Trust has a statutory duty under the HASAWA (1974) to (in particular):

- **Section 2** General duties of employers to employees
- **Section 2(3)** To provide a H&S Policy
- **Section 2(4) to (7)** Functions of safety representatives and the H&S committee
- **Section 3** Duties to other persons other than employees
- **Section 7** General duties of employees at work
- **Section 37** Offences by bodies corporate

Additionally, the Trust has a statutory duty under the management of Health and Safety at Work Regulations 1999 to (in particular):

- **Regulation 3** Provide suitable and sufficient risk assessments
- **Regulation 5** Provide health and safety arrangements
- **Regulation 10** Provision of information to employees
- **Regulation 13** Assurance of the employees' capabilities and provide training

Furthermore, the Trust has a duty under the Regulatory Reform (Fire Safety) Order 2005 to focus on risk reduction and fire prevention. The instrument to fulfil this responsibility are mandatory detailed Fire Risk assessments for all Trust premises which are duly submitted to the local Fire Authority.

The Department for Communities and Local Government (CLG) provides additional guidance in order to assist with the preparation of fire risk assessments in specific premises – including healthcare (Department of Health).

3.0 The Health, Safety and Security Team

The Chief Nurse is the Executive Director who is responsible for H&S and Security activity. The H&S and Security team sits within the Governance and Risk department and consists of two staff members - currently the Trust's Health, Safety, Security and Emergency Planning Manager and Health, Safety and Security Advisor.

Within the Estates, Facilities and Capital Development Directorate are three Fire Officers who are responsible for carrying out Fire Risk Assessments, fire investigations, training of staff, in addition to advising on a wide range of matters relating to fire safety across the Trust.

4.0 The Quality Committee

The Quality Committee, chaired by the Chief Nurse, meets on a monthly basis. An exception report is presented to the Committee by the Health, Safety and Security Team every quarter providing H&S updates and proposals for action.

5.0 The Health, Safety and Security Committee

In addition, a Trust wide Health and Safety Committee, chaired by the Chief Nurse has been established and is attended by staff side representatives, Chief Operating Officer, Director of People and Culture, estates and facilities and the Health and Safety Lead for the Trust. This group discusses and promotes trust wide health and safety issues which remain unresolved at directorate level. This group also promotes a culture of understanding and co-operation across the Trust to ensure the health, safety and welfare of all staff, patients and visitors. Feedback from this committee is highlighted at the Quality Committee.

To further strengthen arrangements the Health, Safety and Security Committee is now being held on a monthly basis – previously bi-monthly - with a strong attendance by staff side.

6.0 Health & Safety Policy

Within the H&S policy and in line with H&S guidance it is recommended that each service area has a risk officer and each directorate has a risk facilitator who oversees each directorate's H&S issues.

The H&S policy was reviewed in February 2021, in line with HSE guidance, and ratified by the Quality Committee. This periodic review also included the inclusion of the workplace risk assessment template.

7.0 Security Policy

The Security policy was reviewed in May 2020 in line with relevant guidance and ratified by the Quality Committee. This periodic review included removing the CCTV appendix so it would become a stand-alone policy.

8.0 Incident Reporting and Follow Up

The Trust electronic incident reporting database (Datix) pertaining to health and safety related incidents includes the following mandatory fields which require a yes or no answer:

- Likelihood and severity of reoccurrence
- Is the incident RIDDOR reportable? ('over seven days' incapacitation - not counting the day on which the accident happened or specified injuries).
- Has the incident been reported to the police?
- Were the police contacted to attend in the event of an emergency?

The Trust monitors every incident of actual or potential violent acts which are reported via the Datix system and act as a trigger, at the time of the incident, for the H&S and security team to consider appropriate follow up.

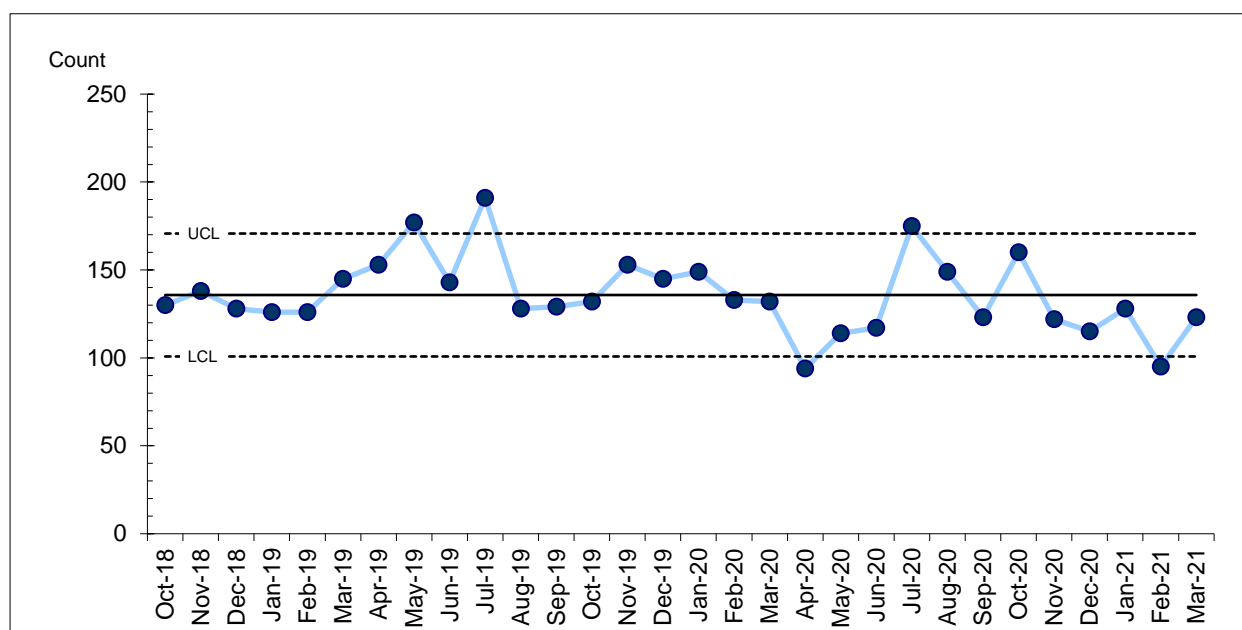
In addition, the H&S and Security Team is automatically notified of all H&S and security incidents so that they can be followed up to ensure that appropriate action is being taken to implement assessments and control measures to minimise future reoccurrence of similar situations.

Highlighted below is a summary of the year for:

- Health, safety and security incidents by month and directorate (involving staff and patients)
- Smoking in an unauthorised area by month and directorate
- Fire incidents by month and directorate
- Non-clinical slips, trips and falls by month and directorate
- RIDDOR incidents by directorate (involving staff and patients)
- Security incidents by month and directorate (involving staff and patients)
- All incidents of violence and aggression by month and directorate (involving staff and patients)
- Physical violence towards staff by month and directorate

Health, Safety and Security incidents

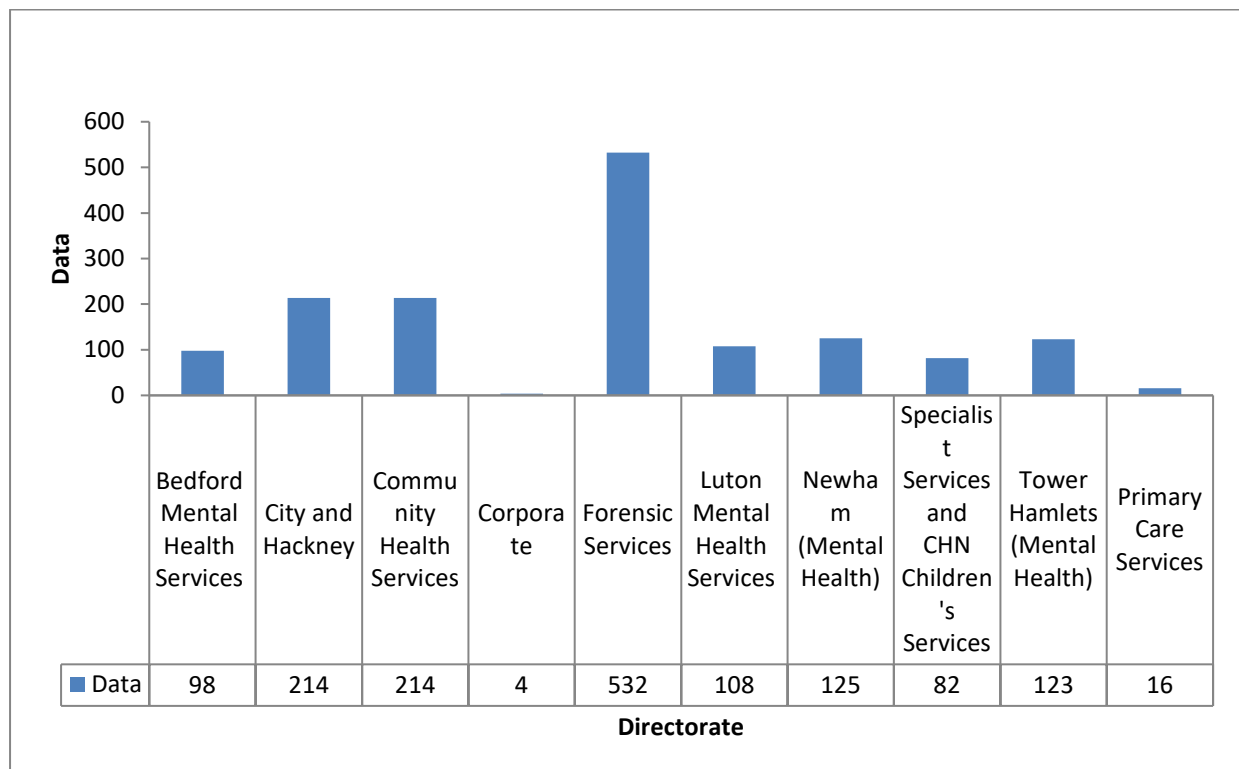
All reported Health, Safety and Security incidents – Trust wide:



A total of 1517 Health, Safety & Security incidents were reported for 2020/21. This has dropped in comparison with the 1762 reported incidents in 2019/20.

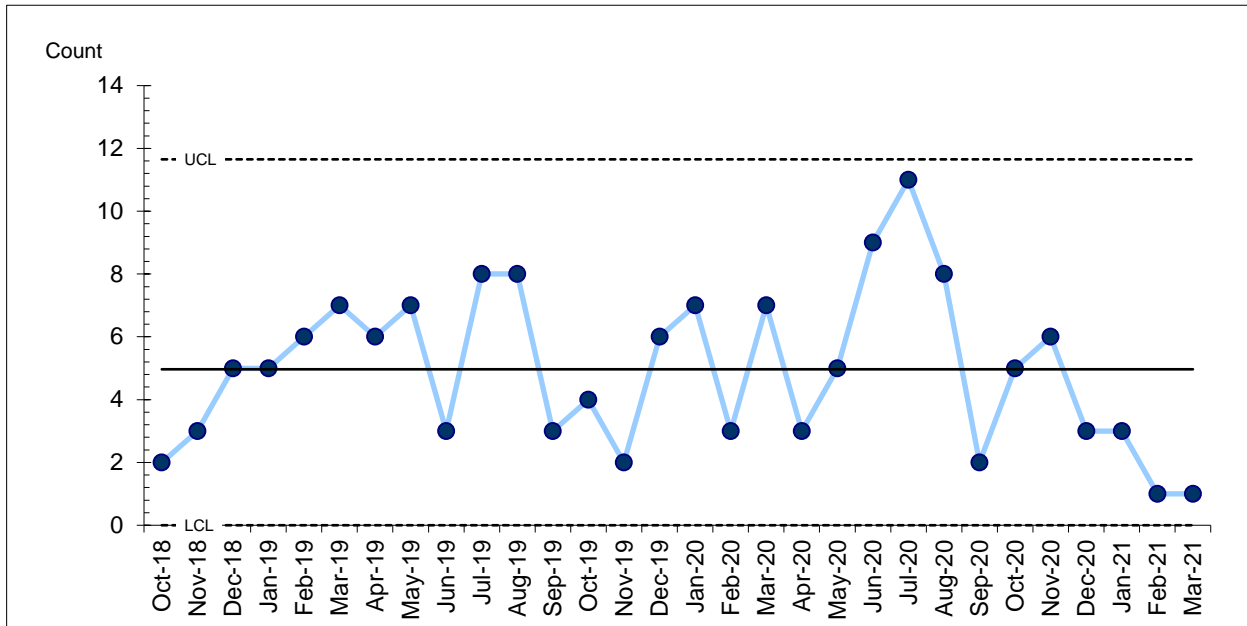
There was no obvious trend for site for the peaks in July and October 2020. But there are a larger proportion of incidents of contrabands/illicit drugs being found during both these two months than for the other months during this period 2020-21.

All reported Health, Safety and Security incidents by Directorate April 20- March 21



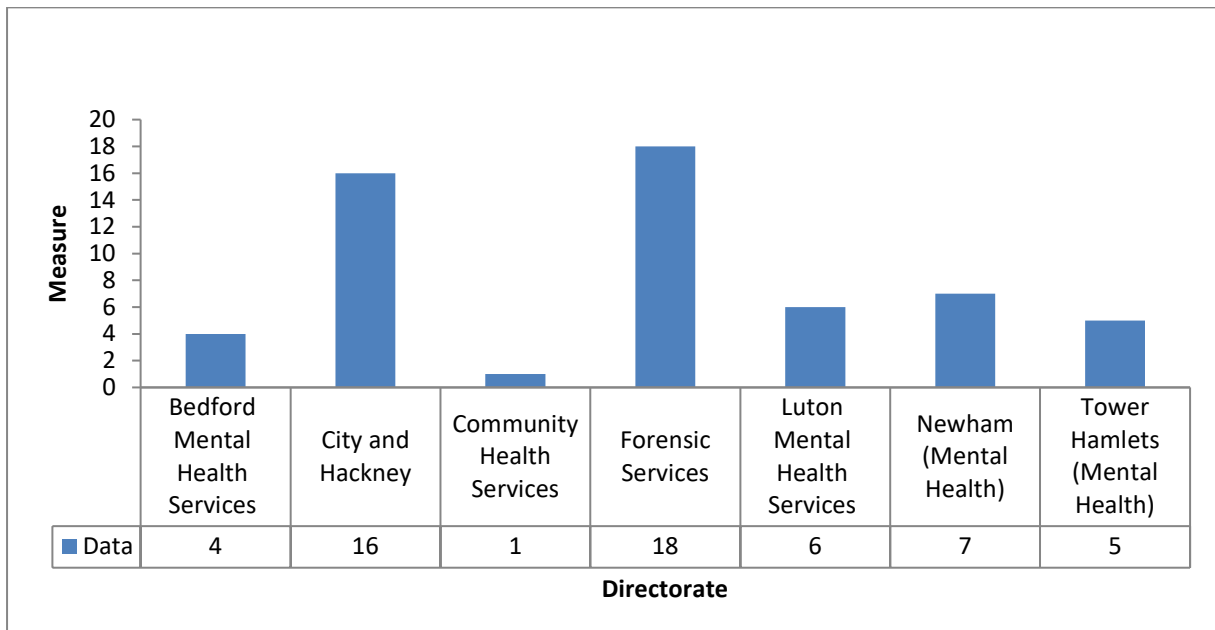
The significantly larger number of incidents within forensic services reflect security breaches such as reports of finding prohibited items as well as other breaches such as doors being left unlocked and associated housekeeping. The comparatively large number of these incidents within forensic services is not unusual due to the acuity of the patients/services users and the larger number of wards in that service. Of the 532 incidents, only one was categorized as moderate harm.

Smoking in an unauthorised area Trust-wide



There was no obvious trend of site for the peak in July 2020.

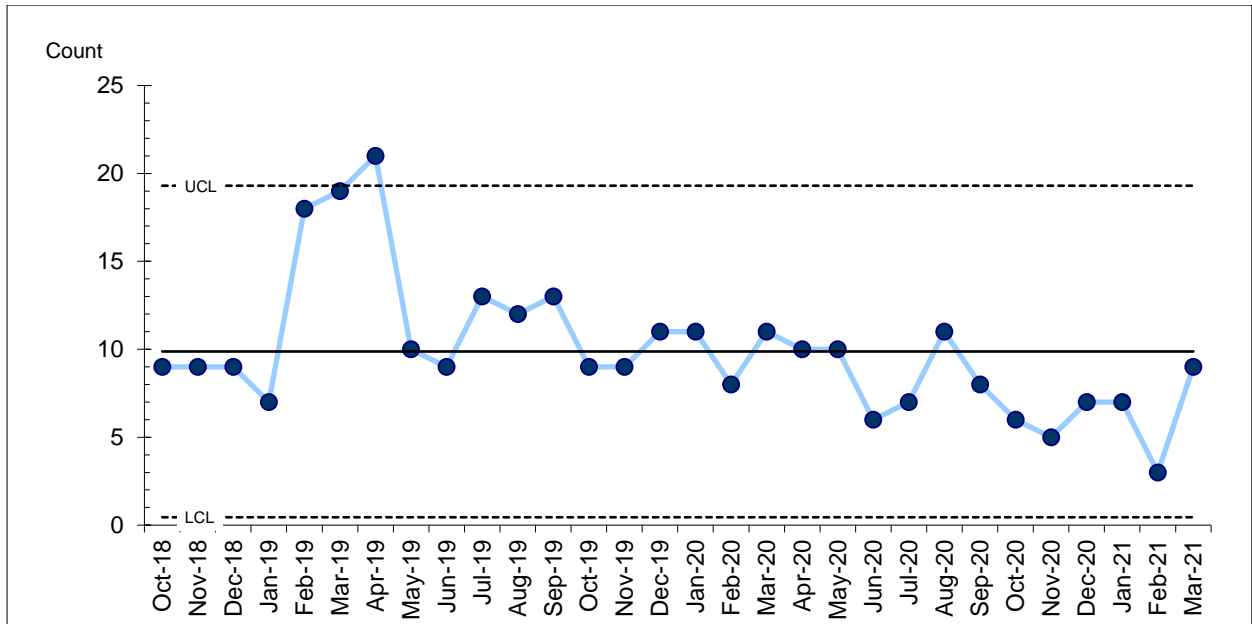
Smoking in an unauthorised area by Directorate April 20- March 21



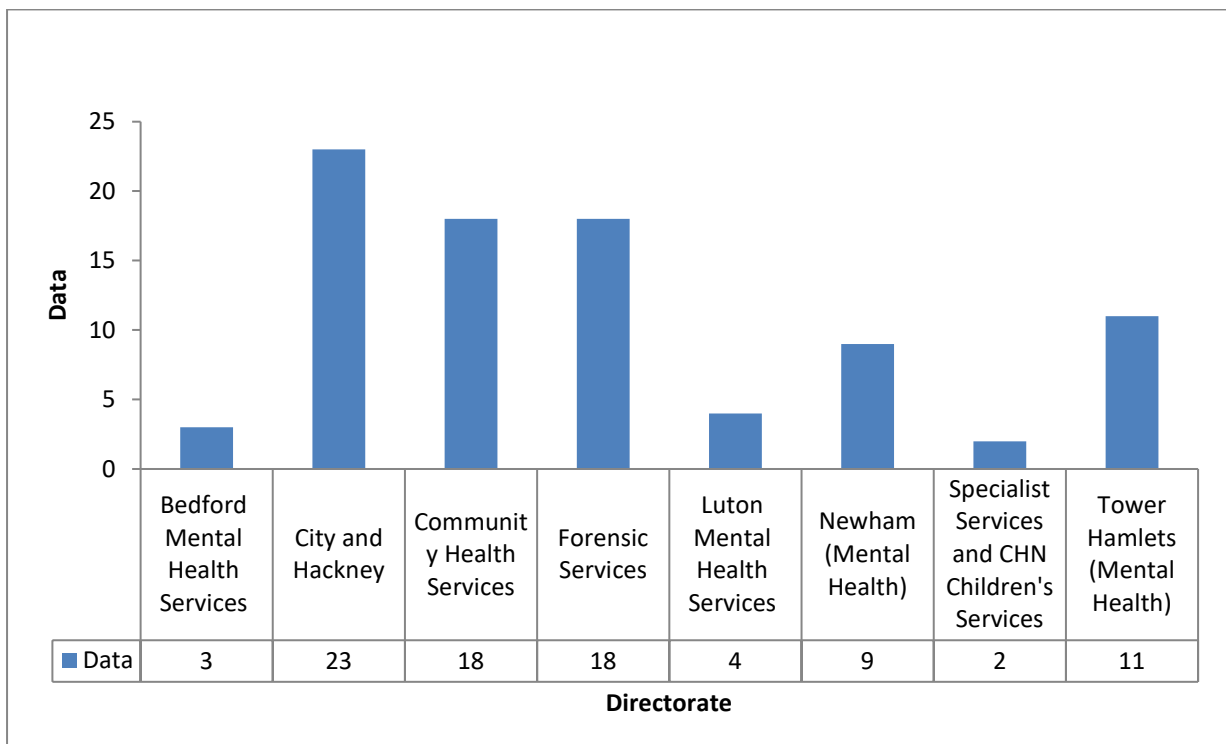
The vast majority of incidents of smoking in an unauthorised area tend to occur in the forensic directorate predominantly due to the nature of the service and its patient population, though City & Hackney experienced 16 occasions of unauthorised smoking. Since 2016, the Trust has moved to a no-smoking environment on all sites.

Fire incidents - All fire incidents reported

All fire incidents (including false alarms) reported Trust-wide:

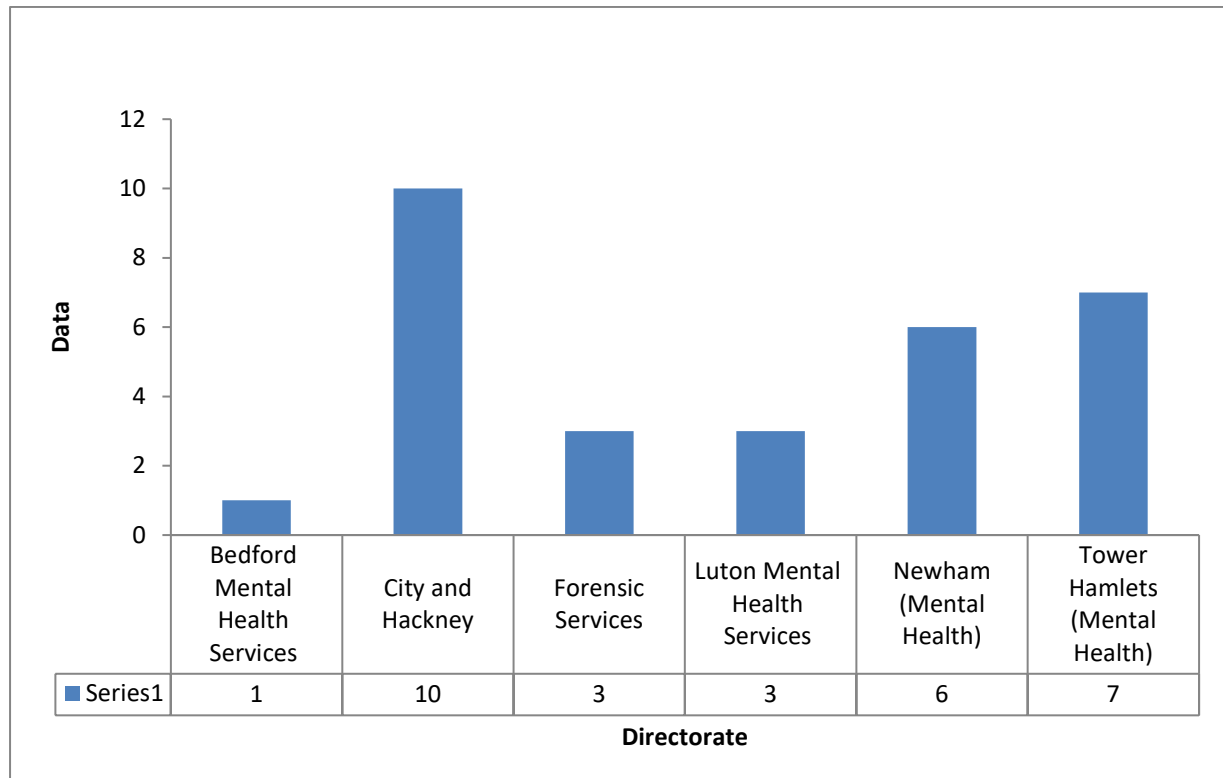


All reported fire incidents (including false alarms) by Directorate April 20- March 21



The majority of fire incidents relate to 'false alarms' such as a smoke detector being activated by covert smoking in bed areas or set off from steam from ensuite shower rooms.

All reported actual fires by Directorate April 20- March 21:



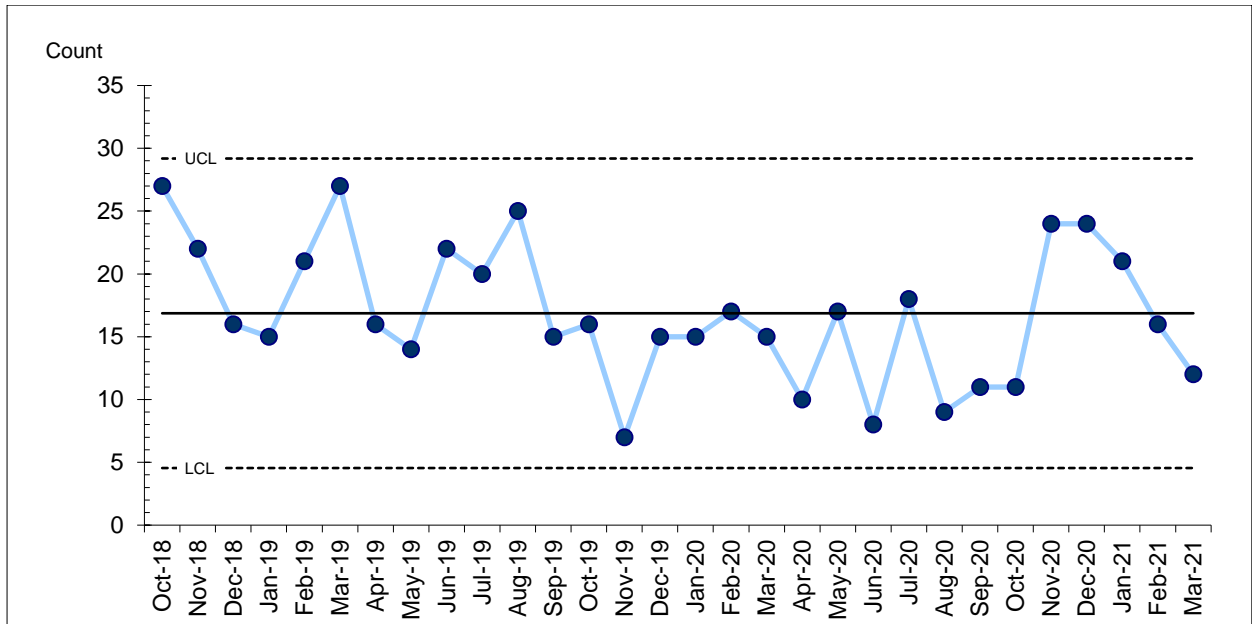
All fire incidents reported are reviewed by the Trust Fire Safety Advisors and, where deemed appropriate, a fire investigation is carried out with a report detailing the details of the occurrence, the cause and any issues relating to building or staff performance. From this, recommendations may arise.

Whilst the number of fires in City & Hackney are in excess of elsewhere in the organisation there is no attributable cause. The number of actual fires in each Directorate varies in subsequent years and can sometimes be accounted for by repeated incidences involving a small number of individual patients.

Whilst there were numerous fire incidents during this reporting period, ten of those were initiated by patients on wards across directorates. There were no incidents within the category of a 'serious nature' (i.e. with patient or staff injury).

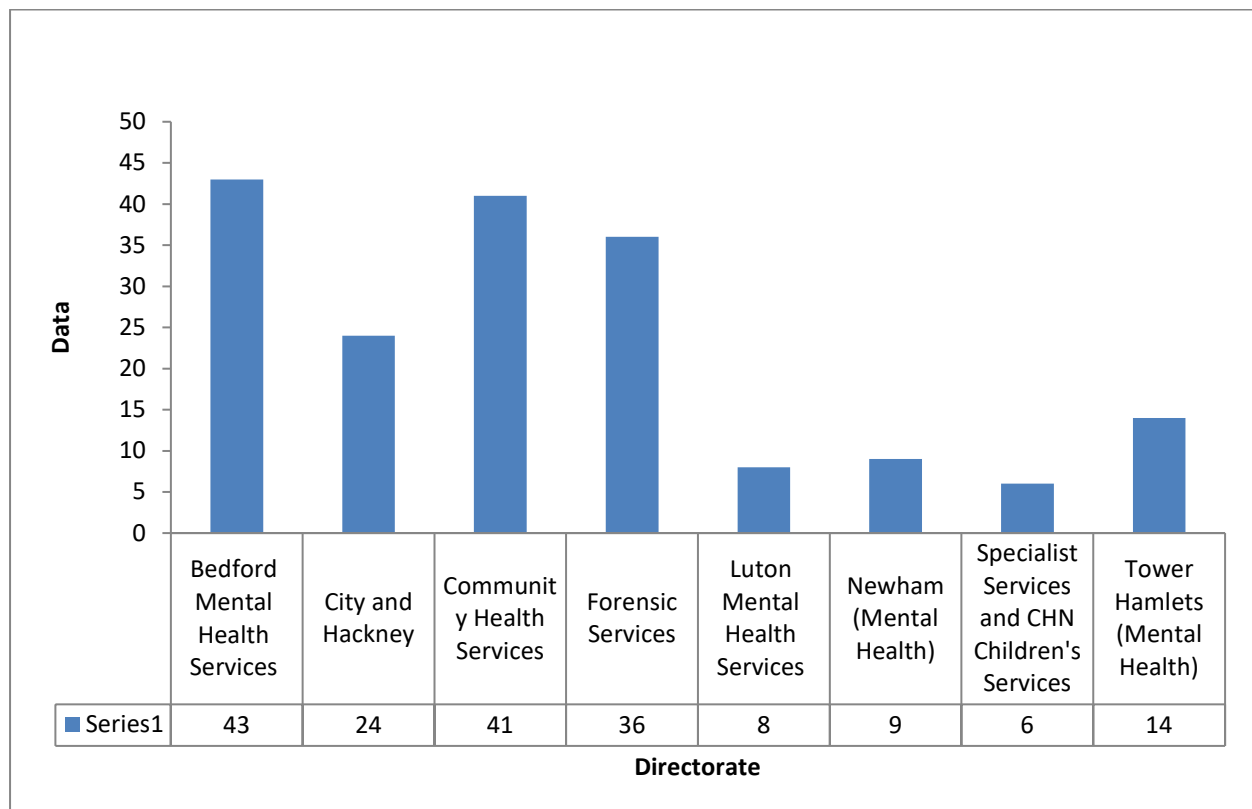
Slips, trips and falls – non-clinical (as a result of accident or hazard)

All reported non-clinical slips, trips and falls – Trust-wide:



There is no obvious trend of site or reason for the peaks in November and December.

All reported non-clinical slips, trips and falls by directorate April 20- March 21:



As regards the higher number of incidents in Community Health Services, Bedford Mental Health Services and Forensic Services, there is no obvious trend of team location or causation of slip or trip.

The statutory health and safety duties of the Trust include an absolute duty to provide floor surfaces and working environments that are safe and without slip and trip hazards.

Staff are encouraged to report all slips, trips and falls to enable the H&S leads locally and corporately to conduct an investigation, where practicable and helpful, to look at ways to prevent reoccurrence of such incidents.

RIDDOR

Directorate	2018/19	2019/20	2020/21
Bedfordshire Community Health Services	4	7	5
CAMHS	4	0	4
City & Hackney	10	13	9
Community Health Newham	1	6	3
Corporate	3	3	0
Forensic Services	42	22	23
Luton & Beds (Mental Health)	12	10	11
Newham (Mental Health)	15	8	14
Specialist Services	0	0	0
Tower Hamlets (Mental Health)	13	7	6
Tower Hamlets Community Health Services	0	1	2
Primary Care	-	-	0
Total	104	77	77

The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) require the reporting of work-related accidents, diseases and dangerous occurrences to the Health and Safety Executive (HSE). RIDDOR puts duties on employers, the self-employed and people in control of work premises to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences

Each RIDDOR report that is submitted to the HSE is categorised by type. Physical assaults on staff are the most widely reported H & S related incident and this is reflected by the number of RIDDOR reports for assaults submitted to HSE.

Assaults accounted for 69% (53) of all RIDDOR reports in 2020/21 - of these, 21 were reported from Forensic Services. This is not unusual due to the nature of the service and client group. The second most common type of H & S related incident reported within the Trust were slips, trips and falls which accounted for 17% (13) of all RIDDOR reports submitted to HSE. The remaining incidents were lifting/handling and being struck by object which accounted for 20% (11). The total number of RIDDOR reports for the period were 77.

RIDDOR Report of COVID-19

The Health and safety Executive (HSE) has published guidance which states that these are only reported under RIDDOR if a person at work has been diagnosed as having COVID-19 and it can be attributed to an occupational exposure to coronavirus. When

deciding if a report is required, a judgement has to be made as to whether or not there is reasonable evidence that a work-related exposure is the likely cause of the disease.

The Health and Safety Executive (HSE) accepts that these are not easy criteria to apply in the unusual circumstances presented by the coronavirus (COVID-19) outbreak. When deciding if a report is required, the responsible person must make a judgement, based on the information available, as to whether or not a confirmed diagnosis of COVID-19 is likely to have been caused by an occupational exposure, i.e. whether or not there is **reasonable evidence** that a work-related exposure is the likely cause of the disease.

For a death or confirmed staff covid case to be reportable under RIDDOR to HSE, there must be reasonable evidence that this was caused by occupational exposure to coronavirus. Factors to take into account include:

- Whether or not the nature of the person's work activities increased the risk of them becoming exposed to coronavirus?
- Any identifiable incident that led to an increase of exposure.
- whether or not the person's work directly brought them into contact with a known coronavirus hazard without effective control measures, as set out in the relevant PHE guidance, such as personal protective equipment (PPE) or social distancing

Additionally, for an occupational exposure to be judged as the **likely** cause of the disease, it should be more likely than not that the person's work was the source of exposure to coronavirus as opposed to general societal exposure. Such cases may not be easy to identify when COVID-19 is prevalent in the general population.

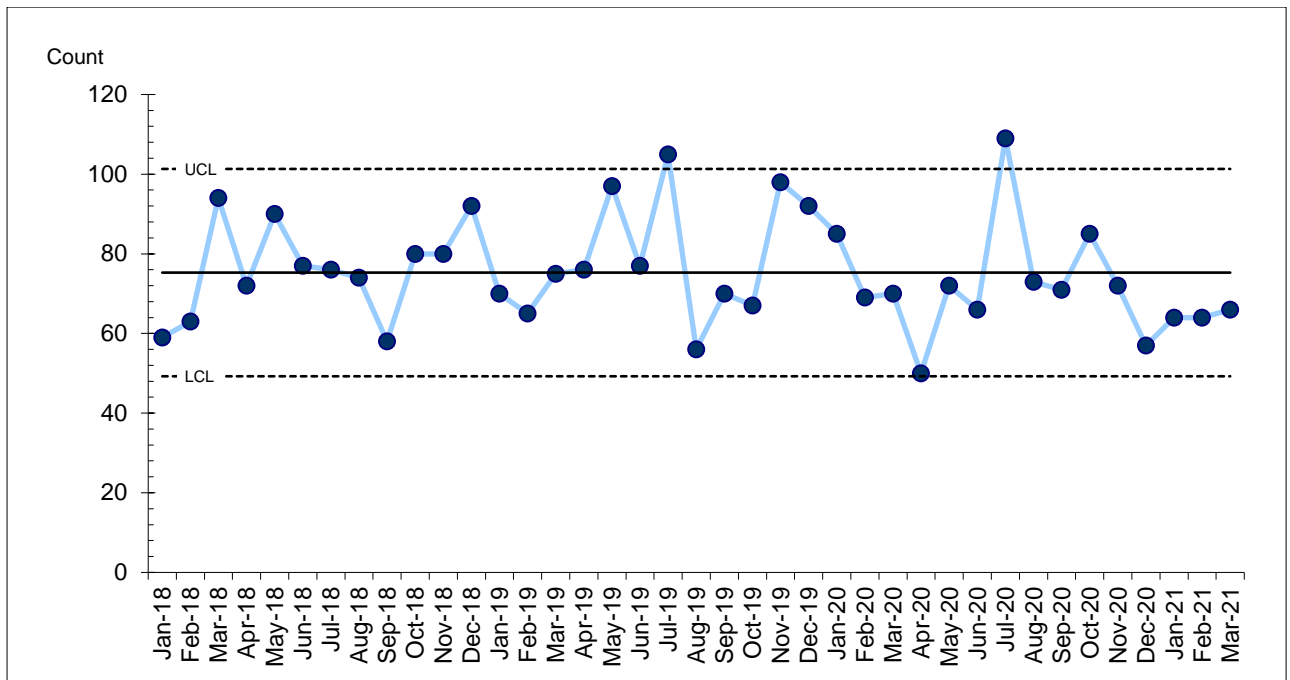
HSE have confirmed that responsible person does not need to conduct extensive enquiries in seeking to determine whether a COVID-19 infection is work-related. The judgement should be made on the basis of the information available.

Furthermore, the latest communication from HSE stated: "HSE do not anticipate many cases of RIDDOR reportable incidents, as such cases will not be easy to identify, and are anticipated to be rare, especially as prevalence of COVID-19 increases in the general population."

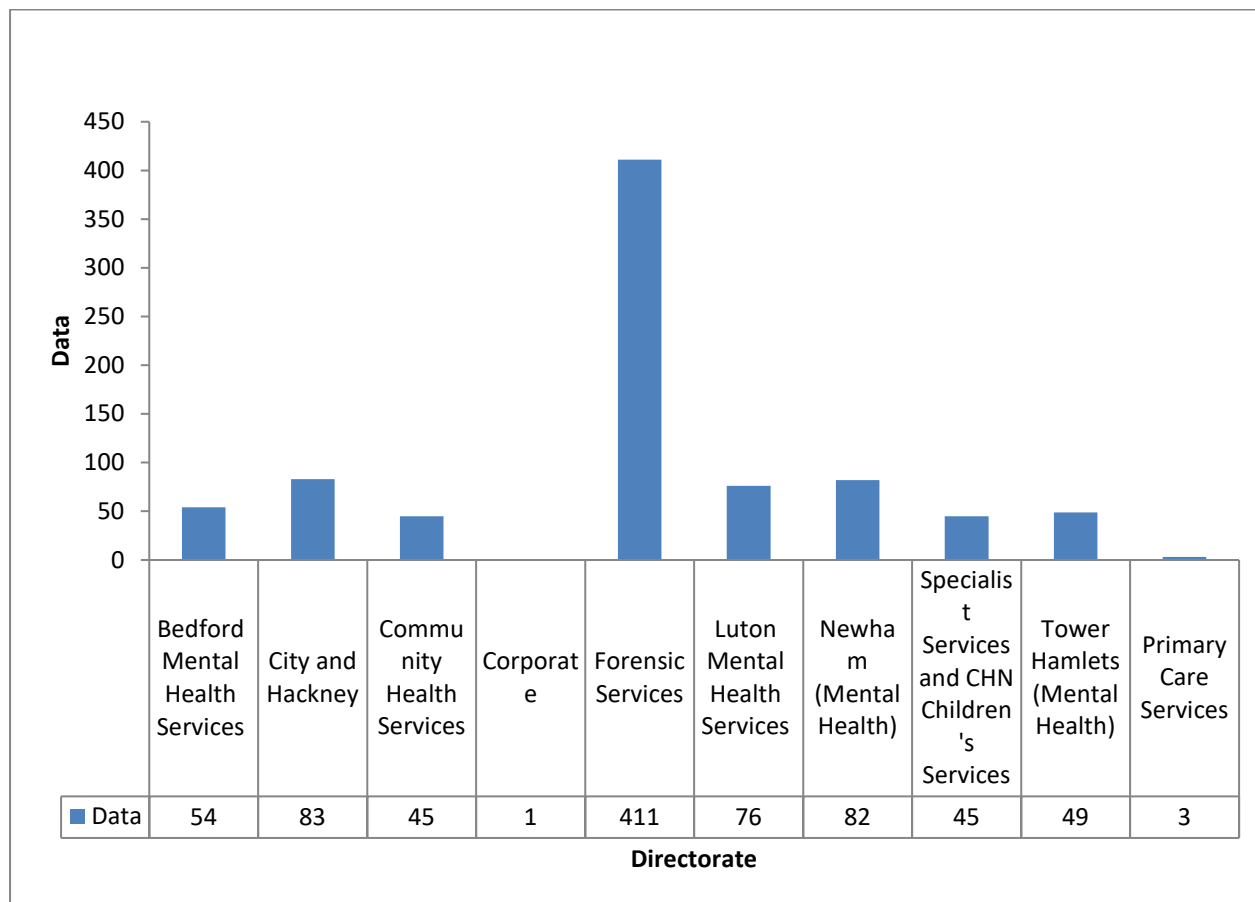
In response to this, the H&S team established a process to investigate each staff member diagnosis of COVID-19 to ascertain if there is reasonable evidence that it had been due to exposure whilst at work resulting in serious illness or death. To date no cases have been identified which would meet the HSE criteria for reporting under RIDDOR requirements.

Security Incidents

All reported security incidents – Trust-wide:



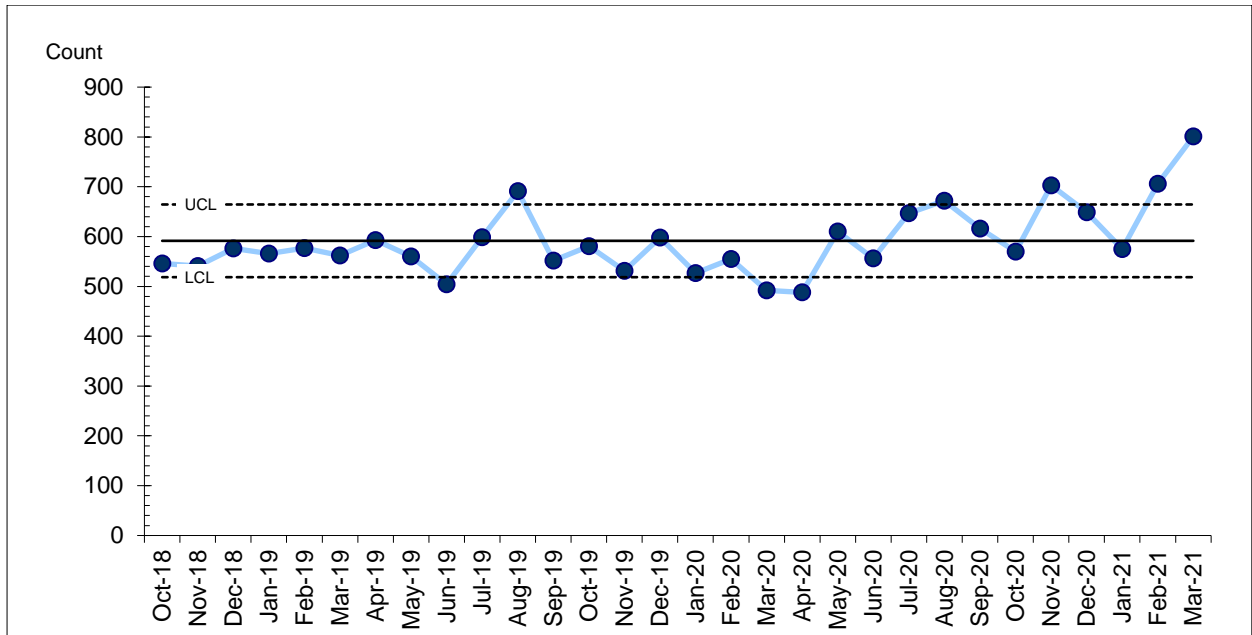
All reported security incidents by directorate April 20- March 21:



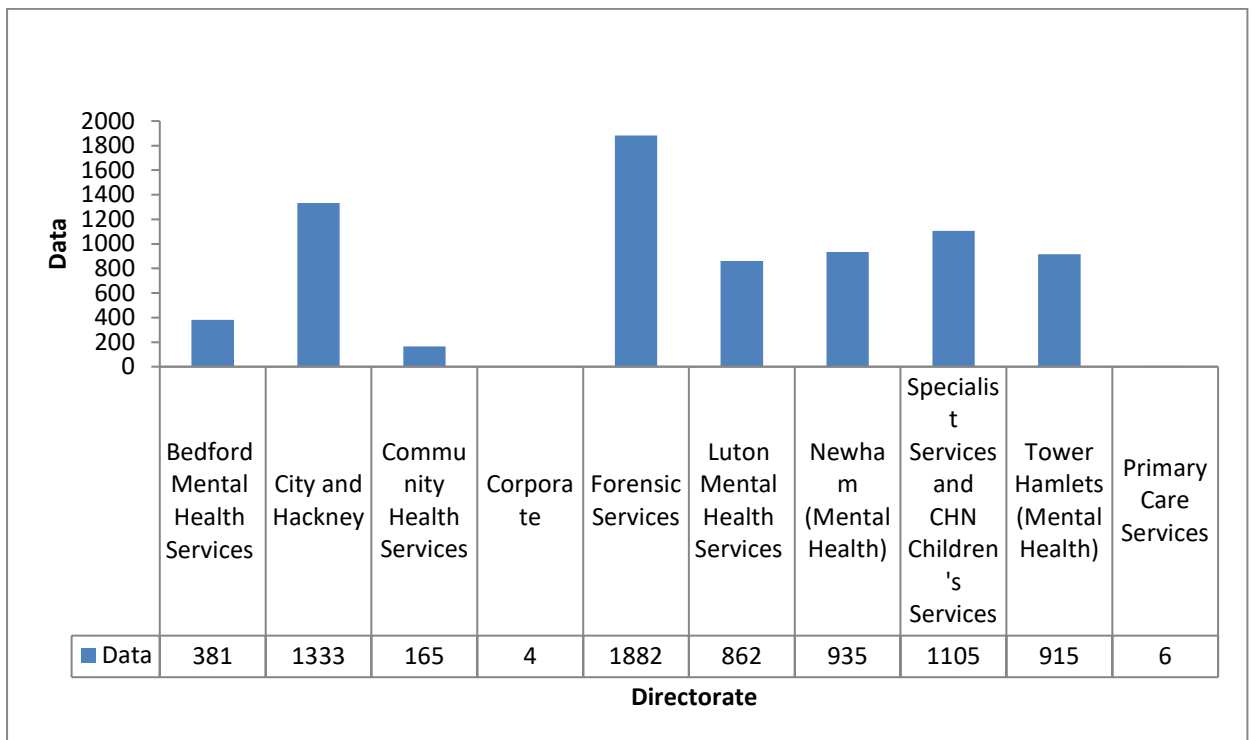
The higher numbers in forensic services reflect security breaches such as reports of the finding of prohibited items, such as lighters and tobacco, during both random searches, in line with medium and low security safety procedures and as part of risk management initiatives. Other breaches include internal doors being left unlocked in buildings and associated general housekeeping. There are two fully staffed security teams – located both at the John Howard Centre and at Wolfson House who review and investigate all reported security incidents.

Violence and Aggression

All reported violence and aggression – Trust-wide:



All reported violence and aggression incidents by directorate April 20- March 21



All Violence and Aggression Incidents comparison

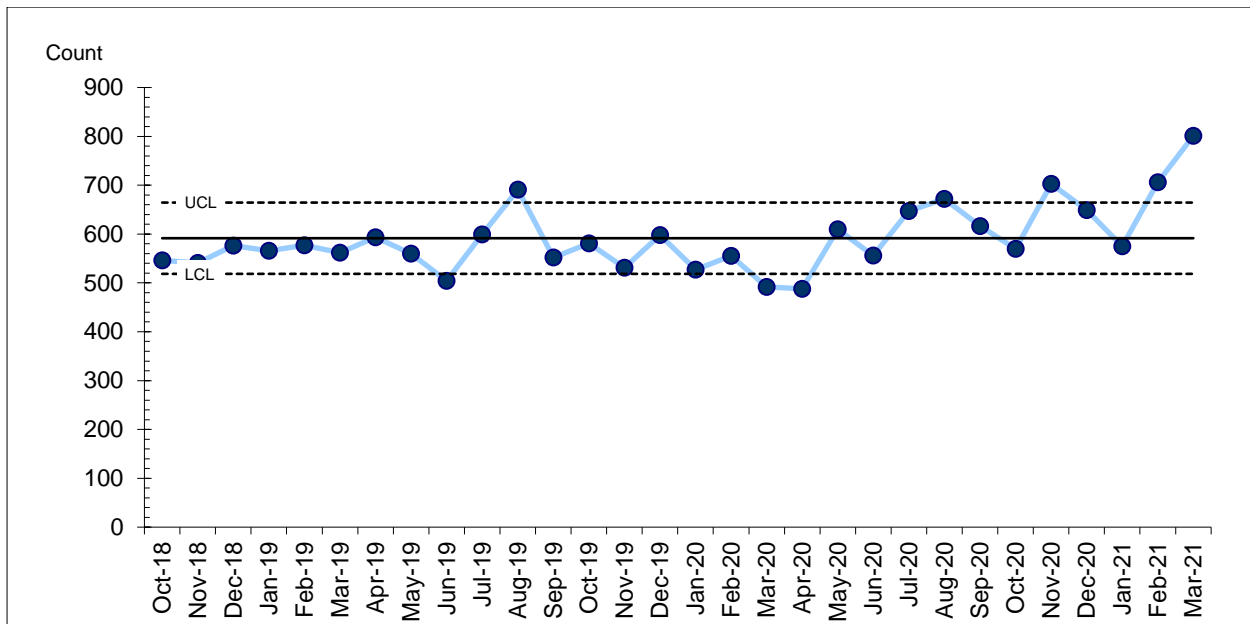
Directorate	Incidents Reported 2018/19	Incidents Reported 2019/20	Incidents Reported 2020/21
Bedfordshire Community Health Services	33	43	36
Bedford (MH)	476	456	381
City & Hackney	926	1174	1333
Community Health Newham	119	115	106
Corporate	3	0	4
Forensic Services	1801	1636	1882
Luton (MH)	534	693	862
Newham (Mental Health)	784	943	935
Tower Hamlets (Mental Health)	1080	1125	915
Tower Hamlets Community Health Services	21	48	23
Specialist Services and CHN Children	554	543	1105
Primary Care Services	-	-	6
Total	6331	6776	7588

Directorates actively report criminal damage and non-physical incidents, such as threatening and verbally abusive behaviours as well as racial aggression. Furthermore, staff are actively encouraged to report all incidents where they, a colleague or a service user has felt threatened or intimidated.

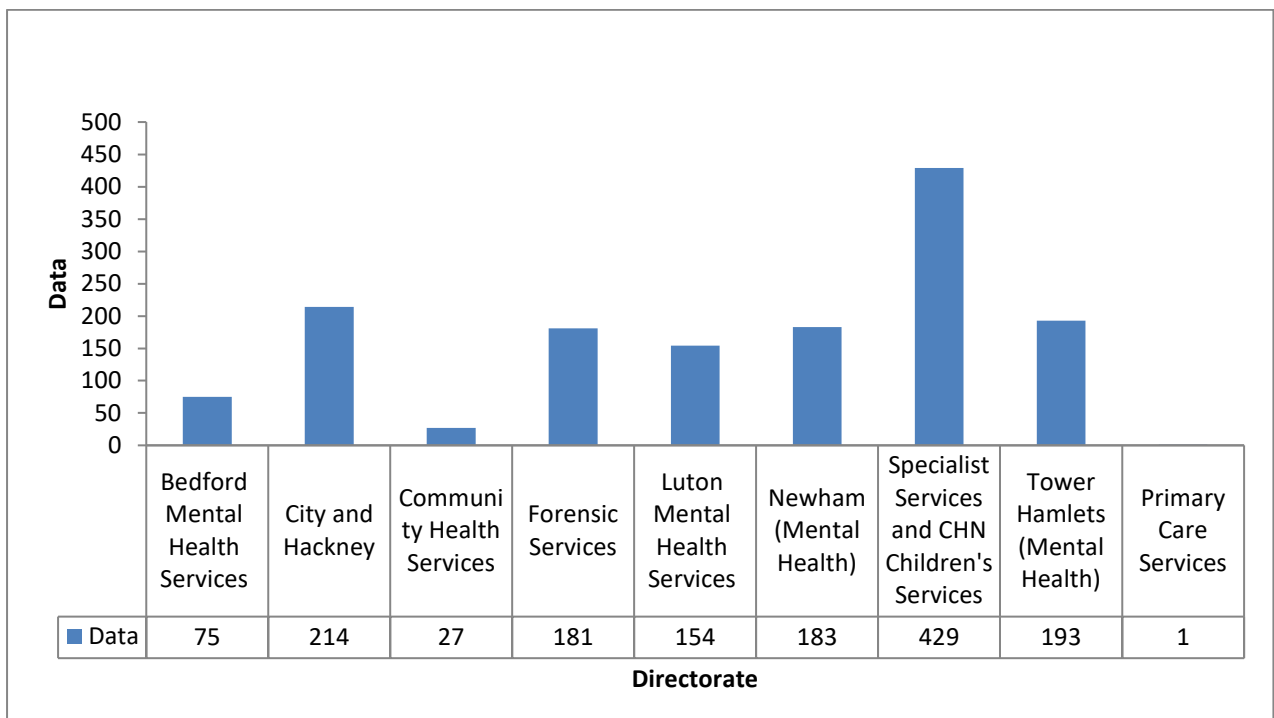
This can account for the increase in numbers in a number of directorates.

Violence and Aggression - Physical Violence towards staff

All reported physical violence incidents – Trust-wide:



All Physical Violence towards staff incidents by directorate April 20- March 21:



The peaks in both August and November 2020 are really focussed mainly on Coborn and services in Luton & Bedfordshire – London mental health services did see some increase but not as stark as those services.

Throughout the pandemic, there were reports of increases in general levels of anxiety and frustration – resulting in a rise in acuity of illness. Furthermore, outbreaks of COVID-19 on wards and higher prevalence of coronavirus in the community have resulted in higher levels of staff absenteeism.

From July onwards, a combination of factors has also resulted in increases in aggression at the Coborn Unit - Galaxy PICU has seen the highest increases in violence over this period – and in general since the beginning of the pandemic. Staffing over the course of the pandemic has been stretched within this service more than most. There are additional measures in place to tackle some of the staffing challenges as well as additional senior support from Directors of Nursing and CAMHS senior leadership to address this sustainably.

As a result of the increase in incidents, the Risk and Governance team, in conjunction with the Coborn Unit, are currently conducting a thematic review to ascertain the contributory factors.

Also, with a view to reduce violence across our inpatient wards, the following measures are being put in place:

- Restart training workshops for local leaders on Trauma Informed Care and Human Rights Based Mental Health Care to continue and broaden their reach.
- Continue to use the Time To Think Groups to showcase learning from incidents and to offer support to all involved and to use data well to understand the patterns that can emerge in wards.
- Redesign of debrief process and learning to inform care plans using both Collaborative Safety Plans and the RAID approach.
- Develop a suite of alternatives strategies that avoid using restriction and manualize these to train future staff and local leaders.
- Development of a reporting form on RiO for Use of Force and Restrictions to capture patient level data systematically. This will also help us understand how restriction is used with BAME service users and other protected characteristics.

9.0 Police Liaison

9.1 Police liaison for ELFT

This falls under the role of the Trust's Health, Safety, Security and Emergency Planning Manager, previously the Trust's Police Liaison Advisor. The post holder is both a qualified mental health nurse and ex-police officer from the Metropolitan Police Service – his last post there being Mental Health Liaison officer for Hackney Police.

The post holder is also the Trust's Local Security Management Specialist (LSMS) and sits within the Risk and Governance Department.

Since the appointment of the Trust's Security and Police Liaison Advisor (now called Health, Safety, Security and Emergency Planning Manager) there continues to be a marked increase in reporting of incidents to the police.

For the period of 2020-21, 596 incidents of violence and aggression were reported to the police for further investigation – this was an increase from 462 for 2019-20. The Health & Safety team continues to monitor the progression of these police investigations to ensure they are proportionately investigated and are not closed inappropriately. Furthermore, there continues to be an improvement in the support available to staff and patients who are victims of assault. This has ranged from support when reporting incidents to police right up to and including support whilst giving evidence at court.

9.2 Metropolitan Police Mental Health Liaison Teams

The Trust continues to maintain and develop very close collaborative working relationships with the relevant London policing boroughs.

Hackney and Tower Hamlets policing Boroughs have now merged to form the Central East Basic Command Unit (C.E. BCU) whilst Newham and Waltham Forest Police Forces merged to form The North East Basic Command Unit (N.E. BCU).

Each BCU attends a bi-monthly police liaison meeting held in each borough where a range of topics are discussed, issues raised and lessons learnt – this would range from section 136 (police) detentions, presentations at A&E, section 135 MHA Assessments and incidents on our inpatient wards. These meetings provide a forum with which to ensure that any collaborative work between ELFT and MPS supports both staff and service users.

Currently C.E. BCU consists of a sergeant and two police officers for incidents occurring in Forensics, City & Hackney and Tower Hamlets. They do not investigate any of the crimes but will generally facilitate a response. The investigations would be carried out by the initial response officers – unlike previously when they would have been carried out by a dedicated team of investigators. Additionally, there is a single supervising point of contact for all crimes reported within mental health services in City & Hackney and Tower Hamlets. Below is the current work stream to further develop ELFT's collaborative work with C.E. BCU.

- Escalation process is now in place to assist in the investigation of crimes.
- Creation of impact statements to assist in progressing cases to CPS.
- Monthly crime management meetings now take place at JHC, Tower Hamlets Centre for Mental Health and at the East Wing, City and Hackney to discuss crimes, investigations of cases, anti-social behaviour, AWOLs, and illicit drugs.
- Police attendance at professional meetings to offer guidance and support.

N.E. BCU currently has one MH liaison officer who is part of their safeguarding. He has recently been appointed to the post and has established monthly crime management meetings with senior staff at Newham Centre for Mental Health.

There has been an emerging issue of individuals who have committed a serious offence (eg. GBH) whilst acutely unwell and the police are either not arresting and simply detaining on Section 136 Mental health Act or initially arresting for the serious offence but then de-arresting on arrival at the police custody suite – subsequently no police

investigation is being carried out. There have been two such recent incidents which have resulted on the individuals being admitted to our forensic services. Such circumstances places our staff and others in a high risk situation. In addition, involving the criminal justice system in such circumstances, has clear advantages in the future management of risk.

This has been escalated to senior officers at the Metropolitan Police though it has been a significant challenge to set a date for a joint learning lessons event. Our concerns have also been raised to the Met's Central Mental Health Project Team who have agreed to facilitate such an event with an aim to agree an escalation process for such cases and a process to ensure that all risk information is communicated in a timely manner.

9.3 Operation Cavell

Following a three-month pilot, the NHS, MPS and Crown Prosecution Service (CPS) launched Operation Cavell on 31st March 2021 with the aim to protect NHS staff from risks of both physical and verbal aggression. As well as senior police officer involvement in reviewing all assaults, senior NHS staff will be included to help those who have been a victim of such crimes.

The pilot scheme took place across five London boroughs (Lambeth, Southwark, Bromley, Croydon and Sutton) between October 2020 and January 2021. The pilot looked at 63 investigations and had a 26.45% charge rate. Before Operation Cavell,

over a three-month period, 30 NHS and London Ambulance Service (LAS) assaults were recorded of which only 6.6% resulted in a charge.

Notably, prior to the pilot, 50% of NHS staff in London who were assaulted would not support an investigation being conducted - in the last three months that number has dropped to 25% - this illustrates how positively this project has impacted on NHS staff. Going forward, this process will ensure all crimes are dealt with by specialised and dedicated police investigators.

This multi-agency response to ensure safety and security for both our staff and service users will further build on our current relationship with the MPS. We are currently in the process of establishing a local implementation plan together with our police mental health liaison teams to embed this into the Trust.

9.4 Bedfordshire Police

In July 2019, the Bedfordshire Police Mental Health Hub was formed. This Hub was born from an already excellent relationship between Bedfordshire Police and ELFT who had formed the Mental Health Street Triage Team and Liaison and Diversion services. Bedfordshire's Police and Crime Commissioner supported the Hub with funding to make this happen. The vision was to bring together all mental health practices linked to Police and Mental Health Services under one team to support vulnerable members of our community. The aim was that a more collaborative approach would ultimately result in a better outcome for service users.

The Hub connects a range of services including the Street Triage Team, a mental health nurse in the Force Contact Centre who provides advice to officers attending mental health incidents, the SIM (Serenity Integrated Mentoring) Project Team and a Mental Health Crime Investigation Officer.

The SIM Project is an approach of service users working with mental health services and Police to improve their safety plan. There have been concerns expressed regarding this approach from service users through social media platforms. There have been no concerns received from our service users or clinicians involved in the service.

Due to the concerns, ELFT have put a pause on any further developments within our sites as well as also working across the NHS Digital Care Identity Service (CIS) to review the model and consider a way forward. This review will involve our People Participation department and ensure that services users are part of the review.

Covering Luton and Bedfordshire, there is a joint police and health-led monthly Mental Health Operational Deliver Group and also a quarterly Mental Health Strategic Group with service user, third sector, commissioner, ambulance service and emergency department representation. These in turn feed into the Crisis Care Concordat Strategic Group meetings.

9.5 Mental Health Crime Investigation Officer

Bedfordshire Police has its own Mental Health Investigator who has been in the role since February 2020. He forms part of the Bedfordshire Police Mental Health Hub and works directly with the Trust's inpatient sites across the county, providing direct support to mental health inpatient staff and service users.

The aim was for him to work collaboratively with ELFT to ensuring that staff can work, and patients recover, in a safe and secure environment. His role has been to provide a visible police presence to staff and service users, provide a single point of contact for mental health inpatient teams and to investigate any incidents of anti-social or criminal behaviour.

He follows through investigations – including any racially aggravated incidents affecting staff or patients – and helps with education and awareness.

The methodology used is to create a uniformed community policing type presence on the wards where both staff and service users can have equal access to him and thus building professional relationships and rapport. Service users soon became used to seeing an officer on the wards, with an overwhelming positive reaction from service users who saw the officer as independent from ELFT and who they could reach out to for advice on almost any topic. He also attends service user community meetings with the service users' consent.

Between February 2020 (when the role was established) and December 2020 ELFT staff have made a total of 335 reports for assault from across all the mental health units in Bedfordshire and Luton - this represents a 127% increase in reporting from the previous year. This should be seen in a very positive light as this significant increase in

the reporting of incidents by staff and patients is due to the increased confidence in the process. This was one of the key aspirations for introducing the role.

With the increase in reporting, this police role has provided 90 outcomes, which comparatively is related to 26% of all reported incidents. In contrast, The Trust only received one outcome from police investigations for the entire calendar year of 2019 – the increase in outcomes has risen from 4% to 26% of investigations carried out – this is against a national average of 9%. This approach has meant that only four people have re-offended over a period of seven and a half months (post interview under caution). This is especially significant in the context that reporting has increased by 127% compared to the previous two years. Our service users' reoffending rate post police intervention currently stands at 5% against a national average of 40%.

9.6 Joint Mental Health Training (Bedfordshire Police)

ELFT currently support Bedfordshire Police with their two-day mental health training for the Initial Police Learning Development Programme for police recruits. Day one is trainer led with representation from collaborative work streams – Mental Health Street Triage, SIM (Serenity Integrated Mentoring), mental health nurses in the Force Control Centre and Police MH Investigator in mental health settings.

Day two concentrates on improving understanding of those with mental health disorders and how to engage with them as police officers. Bedfordshire and Luton Recovery College support Bedfordshire Police providing an insight into mental health disorders, how to recognise signs and how to open conversations. As we begin to move out of restrictions the People Participation Team at ELFT will be invited to share their lived experiences of mental health with the officers.

ELFT staff within the Bedfordshire Police Mental Health Hub have also supported the police with a number of bespoke training days for response officers and the Force Contact Centre.

10.0 Lone Working

There has been a drive to improve Lone Worker safety at ELFT, with the development of new safety initiatives and encouragement of improved protocols and practice. Part of this drive has included the dissemination of 1600 Peoplesafe Lone Worker Apps across our services which have replaced our previous lone worker devices.

This new app with the latest GPS technology tracks the whereabouts of staff and includes an alarm system to support safe working with patients out in the community. Any alarm calls are sent to controllers at an incident management centre who can use the device to have a two-way conversation with the user or listen to what is happening. They can then decide a course of action, for example calling the emergency services. The application can also be used in conjunction with a Bluetooth Smart Button accessory for an even easier, more discreet personal protection.

Staff identified as a lone worker have been provided with the app and have received the relevant training by the Health & Safety Team in both their use and administration. The chart below shows the current percentage compliance by directorate for 2021

Due to the pandemic, there was a delay in rolling the apps out trust wide, however to increase the usage of the lone worker app, the H&S team put in place the following measures to increase compliance:

- Drop-in roadshows being held trust wide showcasing the app. These have been very well attended with very positive feedback from staff.
- There has been an extensive campaign via the communications department on the intranet, Trust bulletin and Trusttalk highlighting the importance of staff safety and the measures which are being put in place.
- Purchase of 400 mobile phones to enable community staff have access to the apps
- Virtual training sessions held for staff to attend in assisting them to download the apps as well given training.

To date, Trust-wide compliance for the Lone Worker App is at 67% which is a marked increase from the previous device of between 30-40%.

11.0 Safety Workshops for Community Staff

In response to staff training concerns around safety in the community, a programme of staff safety workshops has been introduced for community staff with the following objectives:

- Raising awareness of safety in the community.
- Overview of dynamic risk assessments.
- Roles and responsibilities of staff.
- De-escalation techniques and safety do's and don'ts.
- Escalation process and importance of reporting to police where appropriate.

These workshops were the postponed due to the COVID-19 outbreak but will continue to be provided to community staff via a series of webinars.

12.0 Health, Safety and Security Inspections

Each area/ward/department is required to undertake an annual health, safety and security inspection, usually being carried out by each risk officer. The risk officer

training has been revised to ensure it meets current legislation and requirements. Currently, the findings are reported both locally and at corporate Committees. This provides a framework for actions to be undertaken to maximise the delivery of a safe workplace.

The common concerns raised are:

- Across directorates, a small number of teams have been identified as having no identified risk officers in place or with a requirement for refresher training – risk officers will be confirmed for each site and training provided by the Health & Safety Team as part of the workplan for 2021-22.
- A small number of teams across the Trust have requested up to date HSE law, LSMS or Trust anti-violence posters for their sites – the H&S team are distributing Trust posters to sites for completion by August 2021.

13.0 Workplace Risk Assessments

Workplace risk assessments must be carried out under Regulation 3 of Management of Health and Safety Work Regulations 1999. There is a legal requirement for every employer to make an assessment of health & safety risks arising out of their work and these must be recorded.

These have been completed for sites in the Trust and have now been reviewed in light of the additional risks from the COVID-19 pandemic. Where services and sites were closed due to the pandemic, the Health & Safety team are now supporting teams in reviewing their risk assessments to ensure that their workplace is safe, especially in relation to covid. Further training will be provided to the health and safety risk officers to ensure these are continually reviewed as central guidance changes.

Concerns in relation to the provision of PPE could be raised through different mediums including the Trust's Freedom to Speak Up Guardian and health and safety incident reporting. The Freedom to Speak Up Guardian linked with the health & safety team to raise those issues with services or infection control team as appropriate.

14.0 Remote working/Display Screen Equipment

As an employer, we have the same health and safety responsibilities for home workers as for any other workers. To assist our staff who worked from home during the pandemic, the remote working guidance was created in collaboration with People & Culture and the H&S team.

Staff were encouraged to complete the Display Screen Equipment (DSE) Assessment training package on OLM as well as conducting a self-assessment of their home workspace. Any identified equipment required could then be ordered through the agreed Trust process.

15.0 Training

15.1 Health & Safety/Security awareness

The Trust provides a number of e-learning courses for this area. The courses will be determined by the roles the individual staff member carries out and are pre-agreed by their line manager and the Training and Development Team.

The following table outlines the current training compliance for the mandatory courses in relation to Health & Safety.

Current training compliance		TRUST TOTAL (ELFT)			
Total Number of staff		6,155			
Course Title	Frequency	Target Audience	Compliant	Outstanding	PCT of Compliance
Fire Safety	Yearly	4,763	3,805	958	80%
Fire Course (ward based)	Yearly	1,275	1,086	189	85%
Health, Safety & Welfare	3 Yearly	6,148	5,469	815	89%
Moving & Handling	3 Yearly	4,746	4,085	1980	86%

The Trust Fire Officer is currently working closely with managers to increase and improve all areas of fire training compliance.

15.2 Fire training

There are two alternative pathways for fire training dependent on staff responsibilities, namely:

Non-ward-based staff:

- Annual Fire Awareness Training: the mandatory requirement for compliance is fulfilled by individuals completing an E-learning programme. Alternatively, face-to-face sessions may be arranged locally, should sufficient numbers of staff require training in one premises.
- Fire Warden (Generic) Course: the provision for those key personnel within each premises that are designated to take on additional responsibilities relating to fire procedures in their workplace. A regime of regular courses is in place across the organisation. These are currently being facilitated by Fire Safety Advisors via Microsoft Teams owing on the COVID-19 Pandemic.

Clinical ward-based staff:

The structure of training is as follows:

Fire Training	Structure	Content
Fire Course (ward staff) Carried out by Trust Fire Advisor	<ul style="list-style-type: none"> - All ward based clinical staff (including OTs) - Annual - Site specific course (currently delivered via Microsoft Teams) 	<ul style="list-style-type: none"> - General fire awareness - Local fire procedures - Fire extinguisher training (practical – when able) - On-site Fire Evacuation (practical - when able)
Fire Competency Assessment (FCA) Carried out locally by line manager	<ul style="list-style-type: none"> - All Ward based clinical staff - 6 monthly assessment 	Q&A on all aspects of fire duties in relation to ward environment on site of employment, including: <ul style="list-style-type: none"> - Fire alarm system. - Staff response. - Evacuation strategy. - Fire extinguishers etc.

Those with direct responsibilities for patient welfare and safety, undergo a higher standard of training in response to the high-risk environment of mental health in-patient facilities. All courses for ward-based staff are site specific and are currently organised locally according to need.

16.0 Progress against Work plan 2020/21

KEY ACTION	STATUS AS AT 31/03/2021
Review all policies relating to health & safety to ensure they reflect current guidance and legislation.	Completed
Quarterly/exception reports to Quality Committee	Completed
RIDDOR reports submitted to timescale	Completed
Risk facilitators and officers in place	Carried forward
Risk officer training needs analysis completed and training completed	Carried forward
Ensure completion of all annual h&s environmental inspection forms	Carried forward
Ensure review of all workplace risk assessments in light of COVID-19.	Completed
Full implementation of PeopleSafe Smartphone App alarm	Completed

Delivery of PeopleSafe smartphone app training and webinars	Completed
Delivery of staff safety workshops to community staff	Carried forward

16.1 Key Achievements

- Trust-wide implementation of Peoplesafe lone working smartphone app.
- Delivering a full health & safety service despite enhanced work of the emergency planning manager during the covid pandemic.
- Health, Safety & Security adviser attaining National Examination Board in Occupational Health and Safety qualification. This will further enable the Trust to meet its obligations under The Health and Safety at Work Act 1974.
- Providing increased support to services who have seen a rise in violence and aggression.

Note: Due to the pandemic, there was a delay in achieving 100% uptake of the Peoplesafe smartphone app. However, there is an action plan in place to address this.

17.0 Key Priorities to be taken forward during 2021-22

Key Action	Outcome measure	TCD	Lead
Review all policies relating to health & safety to ensure they reflect current guidance and legislation.	Approved Trust wide policies in place.	December 2021	H&S Manager
Quarterly/exception reports to Quality Committee	Submission of reports	Ongoing	H&S Manager
RIDDOR reports submitted to timescale	Submitted to HSE to timescale	Ongoing	H&S Manager
Risk facilitators and officers in place	All officers in place for the sites	July 2021	H&S Manager
Risk officer training review and delivered	Training delivered and attendance recorded	July 2021	H&S Manager
Ensure completion of all annual h&s environmental inspection forms	Completion of all annual h&s inspection forms	July 2021	H&S Manager
Ensure review of all workplace risk assessments in light of COVID-19.	Completion of review of all workplace risk assessments	August 2021	H&S Manager
Full implementation of Peoplesafe Smartphone App alarm	Trust wide implementation completed.	September 2021	H&S Manager / IT

Delivery of Peoplesafe training Webinar	Delivery of webinar	September 2021	H&S Manager
Delivery of staff safety workshops to community staff	Workshops delivered and attendance recorded	August 2021	H&S Manager

- 17.1 During 2020/21 the Health and Safety advisor will undertake QI training and will lead on a QI project for the team.
- 17.2 In order to deliver our forthcoming plan the Health & Safety team will engage with Staff side, Clinical services, Estates, Infection Control Team and People & Culture throughout the year and formally at the Health, Safety & Security Committee.