

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 JULY 2014

Title:	ANNUAL HEALTH & SAFETY REPORT
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Margo Campbell, Senior Manager Health & Safety, x13673

Purpose:	To present an update to the Board
Confidentiality Level & Reason:	None
Annual Plan Ref:	2.4.b. Identify regulatory requirements and undertake a gap analysis of reporting. 2.4.c. Develop and implement plans to ensure that all regulatory and compliance requirements are accounted for within the Trust's governance framework.
Key Issues Summary:	The focus for health and safety over the reporting period has been: <ul style="list-style-type: none"> ▪ NHSLA level 2 Compliance; ▪ Compliance with the Trust's Health and Safety policy; ▪ Increased support to investigating managers and handlers in order to improve learning from incidents; ▪ Improved standards in preventing inoculation injuries; ▪ Introduction of an improved Quarterly Health & Safety report format, enabling executive directors from all areas of the organisation to report compliance; the reports capture a wider range of data than before, to provide increased oversight, transparency and control.
Recommendations:	The Board is asked to receive the report.
Approved by:	David Burbridge
	16 July 2014

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

**BOARD OF DIRECTORS
THURSDAY 24 JULY 2014**

HEALTH & SAFETY REPORT

PRESENTED BY DIRECTOR OF CORPORATE AFFAIRS

1 Introduction

During the reporting period, two advisors left the Health & Safety Team (H&S Team); a restructuring exercise was completed and recruitment is now near completion to recruit into post 1.6 WTE (Band 6) to provide additional advisory, audit and inspection support to the wider Trust. The H&S Team have continued to utilise the skill-mix and capacity of the team to focus on priority Health & Safety areas.

1.1 This report is to provide the Board of Directors an overview of Health & Safety compliance and performance for the period April 2013 – March 2014. The focus of the Health & Safety Team over the reporting period has been:

- 1.1.1 Preparation for NHSLA level 2 Compliance;
- 1.1.2 Compliance with key requirements of the Trust's Health and safety policy: by ensuring that all areas of the Trust are covered by trained nominated Manager and risk register and by monitoring and reporting compliance.
- 1.1.3 To improve learning from incidents by providing more support for investigating managers/handlers;
- 1.1.4 Improving standards for preventing inoculation injuries;
- 1.1.5 Introduction of an improved Quarterly Health & Safety report format, enabling executive directors from all areas of the organisation to report compliance; the reports capture a wider range of data than previously, to provide increased oversight, transparency and control.

2 Compliance with Health and Safety Policy

2.1 Appointment of Nominated Managers

135 nominated managers have been appointed to manage Health & Safety compliance within the 162 departments/units/wards identified in the Trust; some nominated managers cover more than one ward/department, ensuring 100% coverage.

2.2 Managing Risks Course

Completion of the “Managing Risks” course is mandatory for Nominated Managers. Out of 135 Nominated Health & Safety Managers, 119 have completed the “Managing Risks” course, and training compliance stands at 88%. The most recent course was run in September 2013, and subsequent courses were cancelled because of staff shortage; the course content is currently being revised and will recommence in July 2014.

2.3 Risk Registers

All 162 identified departments/wards are covered by a local risk register; risk register status is confirmed by 2 methods: 6-monthly checks carried out by the Risk & Compliance teams and also during workplace Health & Safety audit visits by the Health & Safety Team.

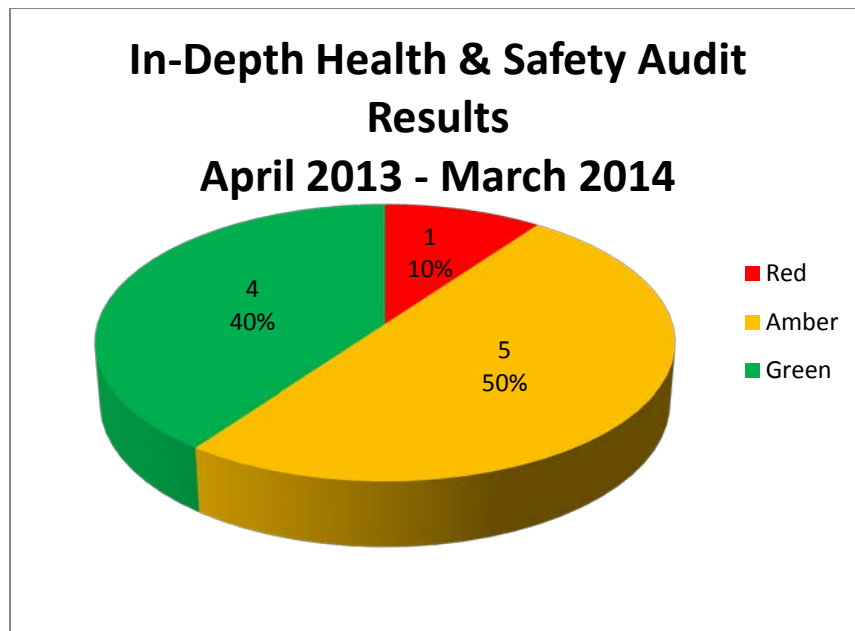
2.4 Health & Safety Audits of Wards/Departments

2.4.1 “In-Depth” audit

In-Depth Health & Safety audits are conducted with the Nominated Manager and review:

- a) Proactive risk management, such as completion of legally required risk assessments and maintenance of Risk Registers;
- b) Reactive risk management, such as learning from incidents;
- c) Local management systems such as communication, competency, supervision, training and information; administration; degree of integration of risk management into operations and processes for escalation of risk,
- d) Implementation of controls, assessed by sample staff interview, inspection and observation.

Audit recommendations are categorised according to priority and RAG rated (Red, Amber, and Green) to link with the Trust action plan format. Audit reports are reviewed with the Nominated Manager and issued to the appropriate Directors of Operations and/or ADN for discussion, sharing and action. Progress against audit recommendations is reported by divisions to the Trust Health, Safety and Environment Committee.



N.B. The single department initially assessed as “red” is now in “amber” zone

Most departments visited had satisfactory/good arrangements for managing health & safety, with only one department being assessed as “in the red” – this department was newly formed from an amalgamation of 2 departments – a revisit within a month confirmed marked improvements in risk management infrastructure and general working conditions, taking it into the “amber zone”; and subsequent visits to this department confirmed a continued upward trend.

2.4.2 Themed audits

The team carried out 7 themed audits covering 16 wards, around the themes of preventing inoculation injury, work at height and medical gas safety.

2.4.3 NHSLA compliance audits

The team carried out 46 NHSLA compliance audits, assessing compliance against key NHSLA Standards such as medical devices training; falls prevention, manual handling and stress. The Trust were subsequently assessed as compliant at Level 2 against these core standards.

2.4.4 Other workplace visits

A range of visits are routinely carried out to support, for example, incident investigation, risk assessment or advisory visits. The H&S Team also assisted the annual Dangerous Goods Safety Advisor (DGSA) audits across 9 departments across the organisation during January 2014.

2.4.5 Health, Safety and Environment Committee

The Health, Safety and Environment Committee, chaired by the Director of Corporate Affairs, met on four occasions during the reporting period and each Division provided a quarterly report of Health & Safety compliance and

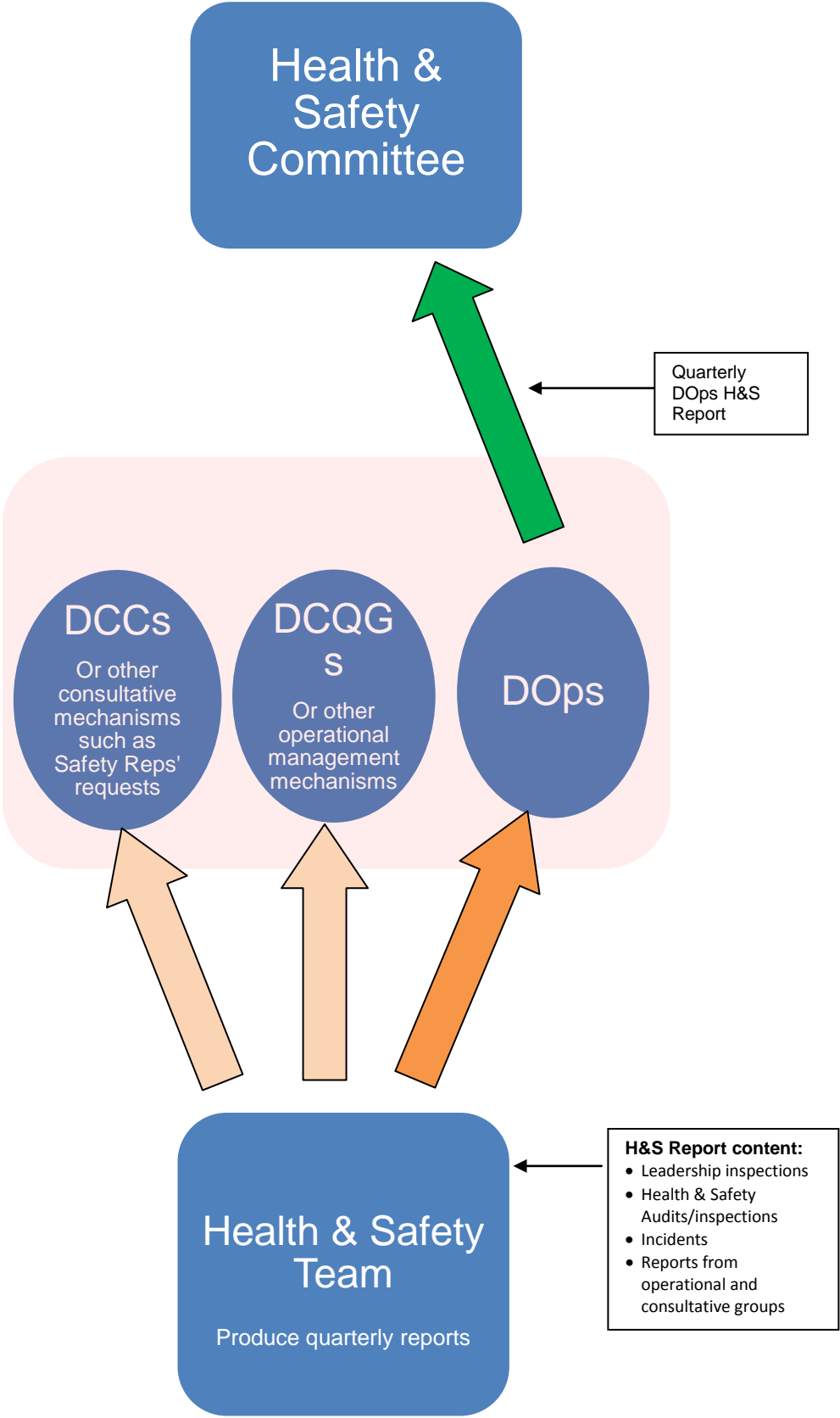
activity to the committee. All Divisions had Health & Safety as a standing agenda item on their Divisional Consultative Committees (DCCs) and Divisional Clinical Quality Groups (DCQGs). Regular reports to committee covered security, sharps, workplace stress and Estates.

The table below confirms healthy attendance by the executive Directors of Operations for all of the Trust's divisions:

Operational Attendance	April 2013	July 2013	October 2013	February 2014
Corporate Division	✓	✓	✓	✓
Division A	✓	✓	✓	✓
Division B	✓	✓	✓	✓
Division C	✓	✓	✓	✓
Division D	✓	✓	X	✓

The Committee approved an improved Quarterly Health & Safety report format (below) enabling directors from all areas of the organisation to provide assurance to the Committee; the recently introduced reports capture a wider range of data than previously, and the report cycle enables increased oversight, transparency and control.

Quarterly Reporting Cycle for Health & Safety



3 Incidents

3.1 Reports to Health & Safety Executive (HSE)

The Trust reported 39 incidents to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). This compares with 62 RIDDOR incidents in the previous year. 19% of these were inoculation incidents which is the same percentage as in 2012/13.

3.2 External Audits/visits by the (HSE)

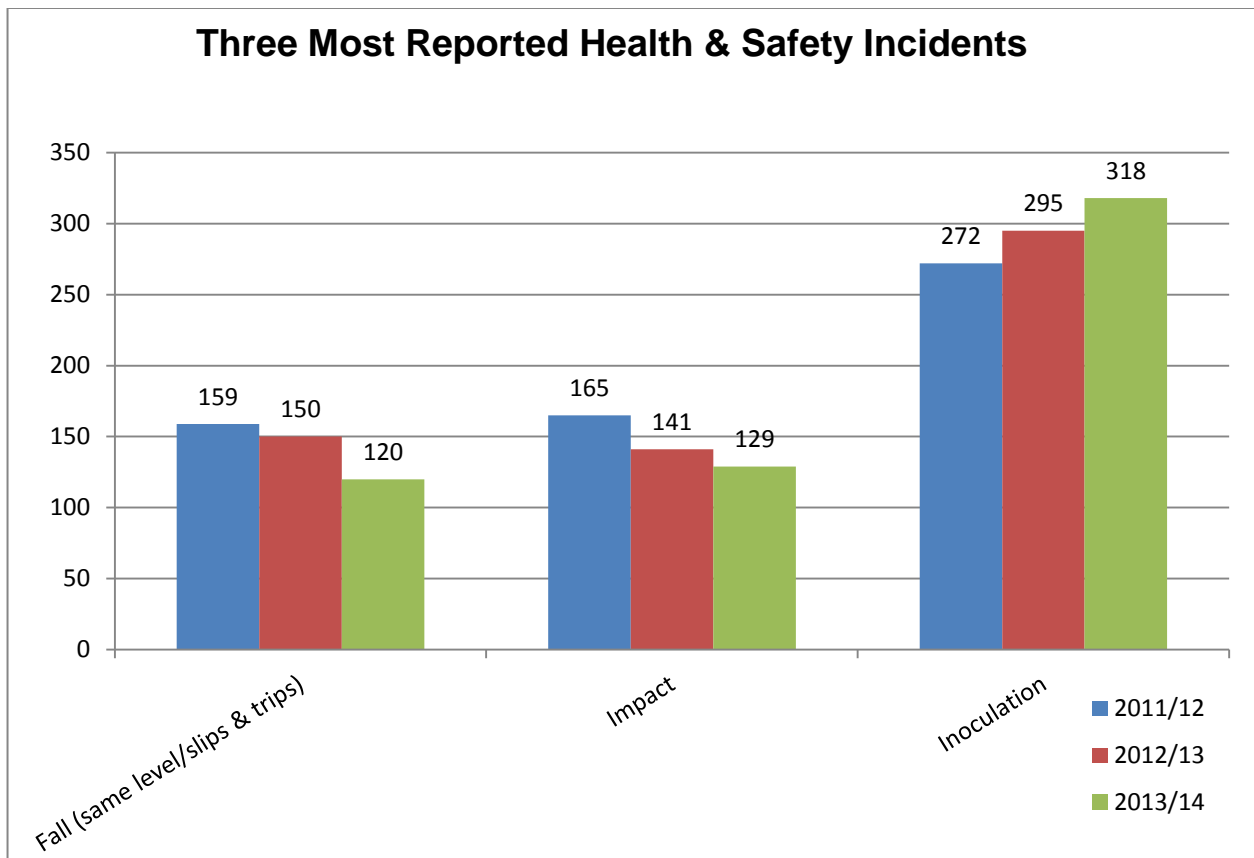
HSE visited the Trust twice during this twelve month period, as follows:

3.2.1 The first visit was to investigate an inoculation splash incident, which occurred on 7th October 2013. A member of nursing staff suffered a splash to the eye with liquid from a hose disconnected from ventilation equipment that may have been contaminated with Hepatitis C virus. HSE sent a "Notification of Contravention" (NOC) letter and Philip Norman (Executive Chief Nurse) led a local and Trust-wide action plan; the HSE Medical Inspector revisited the Trust on 29th April 2014 to assess progress against points raised, and confirmed that she was happy with the positive response by the Trust. No enforcement action was taken as a consequence of the proactive work of both the Health & Safety team and Division.

3.2.2 The second visit was to investigate a personal radiation film badge which was lost for a period of months and found in February 2014 in a non-radiation area, and which exhibited a high dose attributed to MV X-rays. Subsequent investigations including a blood test established with a good degree of confidence that the individual concerned had not experienced an over-exposure. HSE sent a Notification of Contravention (NOC) letter and Graham Chalmers (Consultant Clinical Scientist, Head of Radiotherapy Physics) led an action plan to improve processes for tracking issue of film badges to staff. No enforcement action was taken as a consequence of the proactive work of both the Health & Safety team and Division.

3.3 Incidents – Most Reported

The figure below shows the three most frequently reported Health & Safety incidents were inoculation injuries, impact incidents and slips, trips & falls. Reporting of inoculation injuries has risen steadily over the last three years – this coincided with measures to raise staff awareness around inoculation injuries. We believe this reflects an improving reporting culture. The Sharps Steering Group continues to meet regularly to review practices and procedures as well as consideration of equipment procurement (see below).



3.3.1 Actions: Inoculation

The Sharps Advisory Group (SAG) leads and oversees the implementation of Trust Inoculation Injury Prevention Strategy in line with UK and European legal requirements: -

Following the introduction of safer cannulas last year (phase 1 of Safer Sharps programme), safer devices for collecting blood samples were introduced during 2013 (phase 2) and the Trust is now partway through the final phase of the Safer Sharps programme, the review and introduction of new safety blood collection systems. Product trials and on-going evaluation and implementation of safer sharps continues across the Trust, with 75% of scheduled safer devices in use across the Trust at January 2014.

The Trust introduced other measures for preventing inoculation injury, for example mandating the use of face protection for some clinical tasks identified as higher risk of inoculation injury from splashes with body fluids; this and other preventive measures have been supported by increased monitoring of practice, with Directors of Operations, Senior Nursing staff and Health & Safety team carrying out both planned and unannounced inspections in wards and departments around the Trust.

In addition to existing training provision by the Occupational Health Department, Infection Control and Health & Safety Team, recent staff wide guidance has been updated and issued.

3.3.1 Actions: Impact

Impact incidents include subcategories - “struck against something” e.g. furniture, fittings etc. or “Struck by moving/flying object” or “Struck by moving vehicle”. All incidents were viewed and e-mails sent out to request investigations by local management within the DATIX system where appropriate.

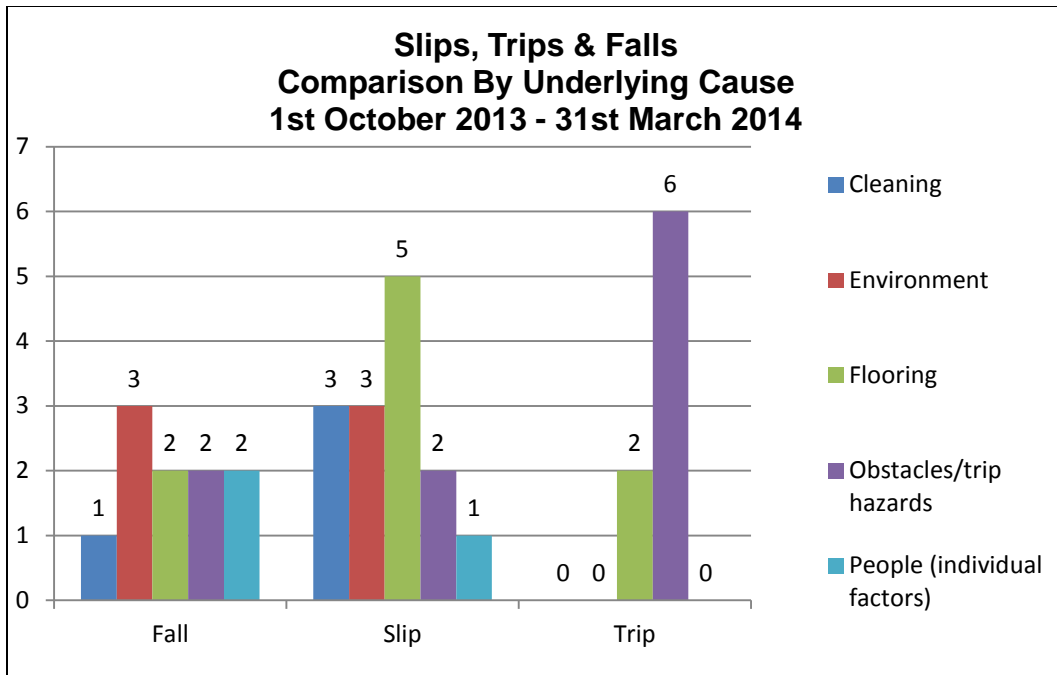
3.3.2 Actions: Slips Trips and Falls

During the reporting period, the Trust was assessed as compliant at Level 2 against NHSLA Core Standard 4.3 for Slips, Trips and Falls. No recommendations for further action were made by the assessors.

DATIX was improved to categorise Slips, Trips and Falls by contributory factors (cleaning, contamination, environment, flooring, footwear, obstacles and individual human factors (Screenshot 1): -

Screenshot

As the improvements were made part way through the reporting period (September 2013), annual data cannot be provided but the last six months data shows that 32 Slips, Trips & Falls incidents were recorded on DATIX with the contributory factor completed as shown in the breakdown:



The Trustwide Falls Meeting is planning to look more closely at these contributory factors as part of its work plan for 2014-5.

4. Trust Stress Steering Group

The Trust Stress Steering Group advises on and monitors implementation of the stress policy; the group receives regular reports for information provided to staff, “Staff Support” data and completion of stress risk assessments.

In addition to its regular business, the Steering Group continues to investigate ways of preventing and reducing work-related stress and increasing staff wellbeing – pilot wellbeing interventions in wards during 2013-14 included the “CARES” programme in the Clinical Decision Unit (CDU) and an innovative Mindfulness-Based Intervention in Ward 621, which was later presented at an applied psychology conference to much interest, with some other NHS organisations now seeking to replicate the work.

5. Recommendation

The Board of Directors is requested to receive this report.

David Burbridge
Director of Corporate Affairs