

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
5 JULY 2012**

Title:	ANNUAL HEALTH & SAFETY REPORT	
Responsible Director:	David Burbridge, Director of Corporate Affairs	
Contact:	Margo Campbell, Senior Health & Safety Adviser	
Purpose:	To provide the Board with an overview of Health and Safety compliance and performance of for the period April 2011 – March 2012	
Confidentiality Level & Reason:	None	
Medium Term Plan Ref:	Aim 5.1.4 Monitor compliance with the Trust Health and Safety Policy Aim 1.4.6 Maintain the NHSLA level 1 rating and work towards level 2 for core standards 3.10 Stress and 4.3 Slips, Trips & Falls – Staff & Others	
Key Issues Summary:	<p>The focus for health and safety over the reporting period has been on:</p> <p>ensuring risk assessments and procedures have been undertaken following moves into the new hospital; and</p> <p>implementation of the changes introduced in the revised Health and Safety policy.</p> <p>Work has also been undertaken to address the most prevalent risks to staff health and safety.</p> <p>Compliance with policy has improved. Additional focus on risk assessments for working at height is planned for the current year.</p>	
Recommendations:	The Board is asked to RECEIVE the report.	
Signed		June 2012

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BOARD OF DIRECTORS
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ANNUAL HEALTH & SAFETY REPORT

1 Introduction

- 1.1 The objective of this report is to provide the Board of Directors with an overview of Health and Safety compliance and performance of for the period April 2011 – March 2012. The focus for health and safety over the reporting period has been on:
- 1.1.1 ensuring risk assessments and procedures have been undertaken following moves into the new hospital; and
 - 1.1.2 following approval of a revised health and safety policy by the Board of Directors at the end of 2010, implementation of the changes introduced in that policy.
- 1.2 Work has also been undertaken to address the most prevalent risks to staff health and safety.

2 Compliance with Health and Safety Policy

2.1 Appointment of Nominated Managers

Nominated Managers have been appointed to manage health and safety compliance in all of the 202 departments/units/wards identified within the Trust. This makes a total of 131 Nominated Managers; in many cases, the nominated manager is the ward or department manager, and in other cases, one Nominated Manager may oversee compliance for a group of departments.

2.2 Managing Risks Course

2.2.1 Completion of the “Managing Risks” course (e-learning and a one day workshop) is mandatory for Nominated Managers. The Health and Safety team ran 4 extra Managing Risks courses in quarter 4 to increase training capacity and, out of the 131 Nominated Managers, 110 have completed the Managing Risks course. Of the 21 managers who still need to undertake the course, 16 have booked to attend the course; 5 nominated managers have yet to book a place.

2.2.2 Training compliance stands at 84% at 21st June 2012.

2.3 Risk Registers

Risk register compliance is currently at 100%. Risk register revision is prompted 6 monthly and copies kept within Clinical Governance.

2.4 Health and Safety performance audits of wards and departments (April 2011 to March 2012)

2.4.1 In summary, health and safety audit, conducted with the nominated manager, looks at:

- a) Proactive risk management, such as completion of legally required risk assessments;
- 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.

2.4.2 Audit reports are agreed and issued to the Directors of Operations for discussion, sharing and action.

Table 1: Audit outcomes 2011/12

Health and Safety Audits March 2011 – April 2012	
Red	8
Amber	18
Green	6

2.4.3 From April 2012, those departments assessed as being in the “red zone” will be allocated urgent remedial actions, to be completed within a week, and progress will be assessed by 2 additional workplace visits: one a week later and one a month later.

2.4.4 In addition to the increase in *repeat* audit visits described in 2.4.3, the target number of scheduled audit visits has been doubled to 60 per year.

2.4.5 Future audit recommendations will be explicitly categorised according to priority and RAG rated to key in with the Trust action plan format.

2.5 Health, Safety and Environment Committee

The Health, Safety and Environment Committee met on four occasions during the reporting period. Attendance has improved over the year, particularly that of divisional representatives. Each division now provides a regular report regarding health and safety compliance and activity and liaison with staff side health and safety representatives through Divisional Consultation Committees has been re-energised. The Committee also

receives reports regarding security, workplace stress and a report from the Estates health and safety group which liaises with Consort over health and safety matters.

3 Manual Handling

- 3.1 Additional training for manual handling has been provided this year, with an improvement in uptake, especially during the last 2 quarters:

Table 2: Manual handling training data 2010 to 2012

	2010-2011	2011-2012
Total places available:	2,197	3,036
Places booked:	1,817	2,819
Total attendance:	1,491 68% of places available	2,220 73% of places available
Total non attendance:	326 18% of places booked	490 17% of places booked

- 3.2 Much of the increased demand and update of training is as a result of the higher profile given to mandatory and statutory training and the streamlined approach to providing education for new clinical staff in the Healthcare Practitioner Induction Programme.

4 Transport of Dangerous Goods Safety

- 4.1 The Trust appointed a consultant Dangerous Goods Safety Adviser (DGSA) who visited the Trust in May to monitor the compliance with the Carriage of Dangerous Goods Regulations. Visits were made to RRPPS, Nuclear Medicine, Laboratories, Transport, Pharmacy and Service Yard waste compounds. As a result of the assessment, the Trust was found to be fully compliant. The consultant felt the procedures and record keeping for waste management on the site are exemplary.

5 Incidents

5.1 Reports to Health & Safety Executive (HSE)

5.1.1 The Trust reported 85 incidents to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) . This compares with 66 in the previous year. A large number of these concerned inoculation incidents and information on actions being taken with regard to this type of incident is set out below.

5.1.2 RIDDOR reportable incidents continue to be closely monitored and any trends identified for action.

5.2 External Audits/visits by the (HSE)

5.2.1 The Trust has received three visits from the HSE in this twelve month period: the first was in relation to a potential Brucella exposure in the microbiology laboratory. No action was taken against the Trust. A national safety alert was issued by the HSE based on the lessons learned, relating to interdepartmental communication about biological specimens.

5.2.2 The second visit was in response to an incident involving a visiting contractor); again no action was taken.

5.2.3 The third visit was in relation to a Road Traffic Accident on the Whittle Street Clinic access road bordering the Dental Hospital. No formal recommendations were made to the Trust, However, formal recommendations made to the landowners included improved communication and co-operation between all parties about the use of the access road and clear responsibility for control of access to be determined. No further action was taken.

5.3 Three most frequently occurring incidents:

Date Range	Physical and Verbal Abuse	Inoculation	Impacts
2010 - 2011	395	252	166
2011 - 2012	493	268	163

5.4 Actions: Physical and Verbal Abuse

The Trust Security Management Specialist and the Health & Safety Team support a range of measures including: identifying hot spots and putting in place controls such as extra security measures, extra patrols, conflict resolution or other staff training, signage and advice to affected staff. In relation to theft offences access control records and CCTV are used to try and identify the offender(s); violence & aggression risk assessments are checked at audit and suitability of controls assessed, e.g. physical environment and lone worker protocols.

5.5 Actions: Inoculation

5.5.1 Product trials of safety cannula devices have been undertaken and final product selection (B Braun) rolled out in the high risk areas of the Trust (Theatres/ED/Renal). Roll out will be extended Trust wide as existing stock decreases. Further product trials are planned for the near future including a safety insulin administration device.

5.5.2 A specific risk assessment protocol has been developed to assist managers to reduce inoculation incidents; there have been a number of improvements in clinical and operational practice as a result. Suitability of inoculation injury prevention risk assessments are checked at audit.

5.6 Actions: Impacts

All incidents are viewed and e-mails sent out to request investigations by local management, serious incidents are investigated (e.g. a visiting contractor driver unloaded a pallet in windy conditions which went flying, causing a serious head injury, HSE visited and were satisfied with the investigation).

6 Health and Safety Awareness

- 6.1 The Director of Corporate Affairs and the Head of Governance have attended a one day Corporate Health and Safety Briefing, which covers the syllabus of IOSH Directing Safely and provides IOSH Directing Safely accreditation.
- 6.2 Staff are informed about health and safety matters through various means, including:
- 6.2.1 regular monthly drop-in sessions, providing a source of support and contact for all levels of staff: visitors range from surgeons, contractors, cleaning staff, researchers and trainees, volunteers, managers and patients; and
 - 6.2.2 a monthly brief for senior managers offering a snapshot of health and safety compliance within their division.

7 NHSLA

7.1 NHSLA risk management standard 3.10 Stress

- 7.1.1 The Trust's revised Policy and Procedure for Prevention and Management of Stress at Work was issued in January 2012.
- 7.1.2 The Trust Stress Steering Group has been reopened in order to advise on implementing the policy; the group, chaired by the Director of Corporate Affairs, met for the first time in May 2012. The Trust's Stress at Work policy has been reviewed and is being overseen by the Stress Steering Group. Flu vaccination was made available to all frontline staff as close to their place of work as possible to reduce any disruption to services.

7.2 NHSLA risk management standard 4.3 Slips, Trips & Falls – Staff & Others (including falls from height)

- 7.2.1 Completion and quality of risk assessments is assessed during H&S audit visits: data extracted from the last 12 months results:

Slips and trips risk assessment:	Yes – 37%	Partial – 43%	No – 20%
Work at height risk assessment:	Yes – 29%	Partial – 7%	No – 64%

- 7.2.2 The low compliance level for work at height risk assessments is considered to be due to a lack of awareness amongst managers that work from height now covers all situations where staff are "off the floor", e.g. using a footstool to access high storage, having previously been legally defined as being work at a height in excess of 2 metres. Work is being undertaken to ensure the necessary risk assessments are undertaken as soon as possible.
- 7.2.3 As part of a new initiative, the Falls Team and Health & Safety Team are offering targeted support to Wards and Departments in the form of joint on-site visits, covering both Health & Safety and Clinical risk assessment of slips trips and falls/work at height and completion of required risk assessments.

8 Recommendation

The Board of Directors is requested to receive this report.

David Burbridge
Director of Corporate Affairs