

AGENDA ITEM NO:

**UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION
TRUST**

BOARD OF DIRECTORS

THURSDAY 3 JUNE 2010

Title:	ANNUAL OCCUPATIONAL HEALTH & SAFETY REPORT 2009/2010
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Anne Jewell, Deputy Head of Occupational Health & Safety Ext.51433

Purpose:	This report provides an annual overview to the Board of Directors on compliance with Occupational Health and Safety legislation and assurance on how identified non compliance is managed and progressed.
Confidentiality Level & Reason:	None
FOIA:	None
Medium Term Plan Ref:	Aim 1.4.6. maintain the NHSLA level 2 rating for the Trust Aim 5.1.4 Building on the HSE review, develop and implement a stress audit action plan.
Key Issues Summary:	<ul style="list-style-type: none">• Compliance with Health & Safety Legislation• Exposure to blood borne viruses from inoculation injuries
Recommendations:	The Board of Directors is asked to: RECEIVE the report and associated actions.

Signed:	Date: 25 May 2010
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**UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION
TRUST**

BOARD OF DIRECTORS

THURSDAY 3 JUNE 2010

**ANNUAL OCCUPATIONAL HEALTH AND SAFETY
REPORT**

PRESENTED BY THE DIRECTOR OF CORPORATE AFFAIRS

1 Introduction

The purpose of this report is to provide an annual overview to the Board of Directors on compliance with occupational health and safety legislation and assurance on how identified non conformances are being managed and progressed.

2 Executive Summary

2.1 Health & Safety Audit

A programme of internal health and safety audits has been completed using the Royal Society for the Prevention of Accidents approved audit tool. Audit results are published on the Trust intranet and are reported quarterly to the Audit Committee. Managers are supported to develop action plans to address any areas of non compliance identified.

A temporary suspension of audits in March was implemented to support the risk assessment process required both for the move to, and working in, the New Hospital.

2.2 Health & Safety Executive

The Trust has received no visits from the Health and Safety Executive in this twelve month period and no Improvement Notices have been issued.

2.3 Work-related Stress

The action plan to address organisational contributors to work related stress has been revised following the publication of the 2009/10 Staff Survey and remains on track.

2.4 Inoculation Incidents

There has been a 17% reduction in inoculation incidents compared to last year. Just under 5% of these incidents however, involve 'high risk' source patients (i.e. carriers of blood

borne viruses), In order to reduce the risk of members of staff contracting a blood borne virus following inoculation injury from 'high risk' source patients further trials of needle safe devices in clinical areas have been undertaken. Root cause analysis is being considered for all inoculation injuries to staff involving patients with known blood borne viruses.

3 Arrangements for Managing Health and Safety

Managers are responsible for the day to day management of health and safety within their areas and are supported by the health and safety advisory team who work with them to monitor safe working practices, undertake a programme of internal audit, attend the divisional health and safety committees (for specific agenda items) and provide health and safety training to staff. The Trust-wide management of health and safety is reviewed by the Trust Health, Safety and Environment Committee which is chaired by the Director of Corporate Affairs, the nominated Director for Health and Safety. The remit of the Committee is to agree health and safety policy, receive divisional reports on health and safety inspections undertaken by the Directors of Operations, receive an analysis of health and safety incidents and make recommendations for methods of risk reduction.

4 Compliance with Health and Safety Legislation

4.1 Overview

Compliance with health and safety legislation is monitored and measured in a variety of ways, both active and reactive including:

- Scheduled Health and Safety Inspections by the Divisional Directors of Operations (active);
- A rolling programme of internal health and safety audits carried out by the Health and Safety Advisers (active);
- Incident investigation including Root Cause Analysis carried out by managers with the support of the Health and Safety Advisers where this is indicated (reactive).

4.2 Internal Audit

In the last twelve months 66% of the scheduled health and safety audits have been undertaken. A temporary suspension of audit was agreed in March pending the move to the New Hospital to allow the health and safety team and managers to focus on the development of specimen risk assessments to guide the risk assessment process required both for the move and for working in the new environment.

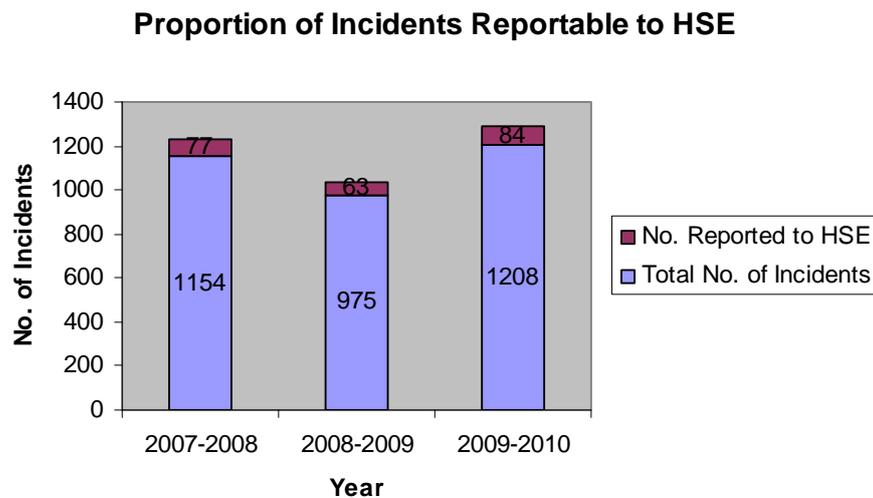
The Health and safety team have worked with managers and staff side to develop specimen risk assessments and have undertaken visits to the New Hospital to identify potential health

and safety risks. An action plan has been drafted to reduce identified risks and this has been sent to the New Hospital project team for their comments/actions.

4.3 Investigation of Incidents

During the financial year 2009/10, 84 incidents were reported to the HSE in compliance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995, (RIDDOR). Graph 1 shows a year on year comparison. It is possible the rise in reportable incidents is related to the raised awareness of managers following the move to on line reporting which has not only made reporting simpler it also ensures incidents are captured in real time. 46% of reportable incidents were classed as Dangerous Occurrences, 11% classed as Major Injuries, 33% classed as 'over 3 days', i.e. where over 3 days absence from work is a direct result of an accident in the workplace and 11% were major injuries. The HSE have undertaken only one site visit in respect of one of these incidents and no further action ensued.

Graph 1



In the 2008/09 Staff Survey, some staff expressed dissatisfaction with the lack of 'feedback' from managers on actions taken following incidents. This has now been addressed by the introduction of the on line reporting systems.

4.4 Dangerous Goods Safety Audit

The continued monitoring of compliance with the handling, storage and transport of dangerous goods is currently under review. The options are to provide training for a Trust manager to gain the skills and knowledge required to undertake this specialist role or to identify an external contractor who is an accredited Dangerous Goods Safety Adviser.

4.5 Stress Audit

Following the audit undertaken by the HSE in 2008 on the Trust's strategy for the prevention and management of work related stress, an action plan was developed to address organisational factors that were identified in the 2007/08 Staff Survey. The results of the last Staff Survey showed an improved response to some organisational stress issues, in particular the number of staff stating they have received health and safety training in the last 12 months. Action is being closely monitored for areas of concern. The Staff Counsellors have undertaken visits to wards and departments to raise staff awareness of the support available to them which has been well received.

5. **Health and Safety Training**

5.1 General Health and Safety Training Courses

A range of courses are provided, including 'Managing Risk', 'Stress Management', 'Conflict Resolution', 'De-fusion and Breakaway' and 'Healthy Working with Computers'. Following the launch and implementation of the E-Learning course for 'Users' of Display Screen Equipment, a 34% increase was noted in staff undertaking training compared to 2008/09. These initiatives facilitate compliance with the NHSLA standards on mandatory training.

5.2 Manual Handling

Table 1

Training activity			
Total places available	2751	Non-utilisation of places (% of places available)	30%
Total attendance	1918	Percentage attendance (%of places booked) (% of places available)	80% 70%
Total non attendance	471	Percentage non attendance (%of places booked)	20%
Medical staff attendance	119		
Medical staff places provided	187		

Overall manual handling training in UHBFT is well established.

The team are currently working to provide training in the ceiling track hoists and bathing systems for staff moving to QEHB in June; 328 places have been created. A dual approach has been adopted with some staff receiving training at QEHB and some staff receiving general sessions onsite at SOH.

6. Policy

A rolling programme of policy review is on schedule to meet the requirements of the NHS Litigation Authority and the Trust's Document Control Policy.

7. Occupational Health

7.1 Reasons for referral

Referrals for mental health conditions have increased back to the 2007/08 level, overturning last years decrease while musculo-skeletal have continued to decline falling by a further 24 to maintain their overall position at around 25% of the total. It has been observed that during this same period there has been a significant rise in referrals to the Staff Physiotherapy Service and there may be an association between these two. Skin problems have nearly returned to their previous levels at just over 5% of the total. (Table 2) [N.B.: where no condition is assigned to a number this usually indicates the appointment was not attended].

Table 2

Reason for Referral	2008/09					2009/10				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
0									1	1
	5	4	6	8	23	5	5	10	7	27
Medical	77	71	95	81	324	77	67	69	61	274
Mental Health	44	58	58	53	213	49	54	59	78	240
Musculo-Skeletal	68	79	87	73	307	63	75	62	76	276
Other	28	24	45	42	139	36	53	3	14	106
Pregnancy	7	5	4	9	25	3	4	1	6	14
Skin	8	14	65	49	136	25	12	5	18	60
Surgical	24	27	26	32	109	28	31	17	27	103
Grand Total	261	282	386	347	1276	286	301	226	288	1101

The percentage whose condition is judged to be work related has fallen back to near previously recorded levels. Following the rise to 32% of referrals in 2008/09 the level has reduced to nearly 26.5% in 2009/10 (Table 3)

Table 3

Work Related	2008/09					2009/10				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
0									6	6
	49	30	16	19	114	32	18	25	41	116
No	158	180	223	197	758	169	196	147	175	687
Yes	54	72	147	131	404	85	87	54	66	292
Grand Total	261	282	386	347	1276	286	301	226	288	1101

Work related mental health conditions have remained roughly the same at around 25% while the percentage of work-related musculo-skeletal conditions declined 5% to 20%. Although the number of skin referrals has fallen significantly, it is concerning that work-related skin problems still account for over three-quarters of skin problems seen. (Table 4)

Skin problems were identified in 2008/09 following the introduction of new hand-hygiene products. The supplier has worked closely with OH and the Infection Prevention and Control team to provide milder products and the problem now appears to be controlled.

Table 4

Reason for Referral	Work Related	2008/09					2009/10				
		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Mental Health		4	7	3	1	15	3	6	6	9	24
	No	26	37	38	29	130	31	33	35	41	140
	Yes	14	14	17	23	68	15	15	18	28	76
Mental Health Total		44	58	58	53	213	49	54	59	78	240
Musculo-Skeletal		0								2	2
	No	11	7	1	6	25	9	3	3	14	29
	Yes	42	45	67	50	204	44	53	45	46	188
Musculo-Skeletal Total		15	27	19	17	78	10	19	14	14	57
Musculo-Skeletal Total		68	79	87	73	307	63	75	62	76	276
Skin		2	3	3	2	10	3		1	2	6
	No	3	2		2	7		4		3	7
	Yes	3	9	62	45	119	22	8	4	13	47
Skin Total		8	14	65	49	136	25	12	5	18	60
Grand Total		120	151	210	175	656	137	141	126	172	576

7.2 Inoculation Injuries (needlestick)

The total number of inoculation injuries has fallen by 17% from last year's total, with Divs 1-3 accounting for over 70% of the total. (Table 5) Although this still represents an average of over five injuries per week it is a significant fall. High risk injuries account for less than 5% of total

Table 5

Directorate	2007/08					2008/09					2009/10				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Corp	2	1			3		1	2	1	4	1	1	5	2	9
Div. 1	28	34	21	28	111	33	24	17	17	91	17	22	19	11	69
Div. 2	34	22	24	13	93	30	17	21	12	80	19	12	16	19	66
Div. 3	15	23	30	12	80	24	16	19	14	73	11	18	21	9	59
Div. 4	7	9	7	7	30	9	13	6	10	38	5	7	10	3	25
Div. 5	5	2	3	4	14	2	6	10	10	28	7	8	10	6	33
Locate	1	2			3	2	3	1	1	7	1			2	3
(blank)									2	2			1	2	3
Grand Total	92	93	85	64	334	100	80	76	67	323	63	68	82	54	267

8. Staff Support

Access to the service continues to be either by referral from Occupational Health or self-referral although these are not necessarily exclusive. Work-related reasons form just under 50% of all referrals although this has fallen 6% from the previous year (Graph 2) it remains an area for improvement. It is accepted that the move to the New Hospital, whilst providing the opportunity to provide first class services in a first class environment nevertheless can cause anxiety in some staff, this is true any major change. A case has been made to increase the support available to staff on a temporary basis for the next 12 months to alleviate these concerns.

