

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 OCTOBER 2016

Title:	ANNUAL HEALTH AND SAFETY REPORT
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Adam Aucutt, Health And Safety Manager x 13662

Purpose:	This report provides evidence of the level of compliance with the management of health and safety for the period 1 st April 2015 to 31 st March 2016
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:	<p>Compliance against key requirements the Trust's Health And Safety Policy remains robust, with all areas covered by a nominated manager and a risk register.</p> <p>The focus for the health and safety team over the reporting period has been:</p> <ul style="list-style-type: none"> ▪ Continued support to operational colleagues in providing health and safety training, advice, inspection and audit; ▪ Preparation for external visits (as required) including HSE inspection; ▪ Ensuring compliance with Trust Health And Safety Policy; ▪ Increased support to investigating managers and handlers in order to improve learning from incidents; ▪ Introduction of the Sharps Action Group to oversee improvements in preventing inoculation injuries; ▪ Provision of a Quarterly Health And Safety Report, enabling Divisions to accurately report compliance with health and safety audit/inspection regimes and to provide learning from incidents which can be shared Trustwide. The reports capture comprehensive health and safety data providing

	increased oversight, transparency and control	
Recommendations:	The Board of Directors is asked to: RECEIVE the report and associated actions.	
Approved by:	David Burbridge, Director of Corporate Affairs	11/10/2016

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS THURSDAY 27 OCTOBER 2016

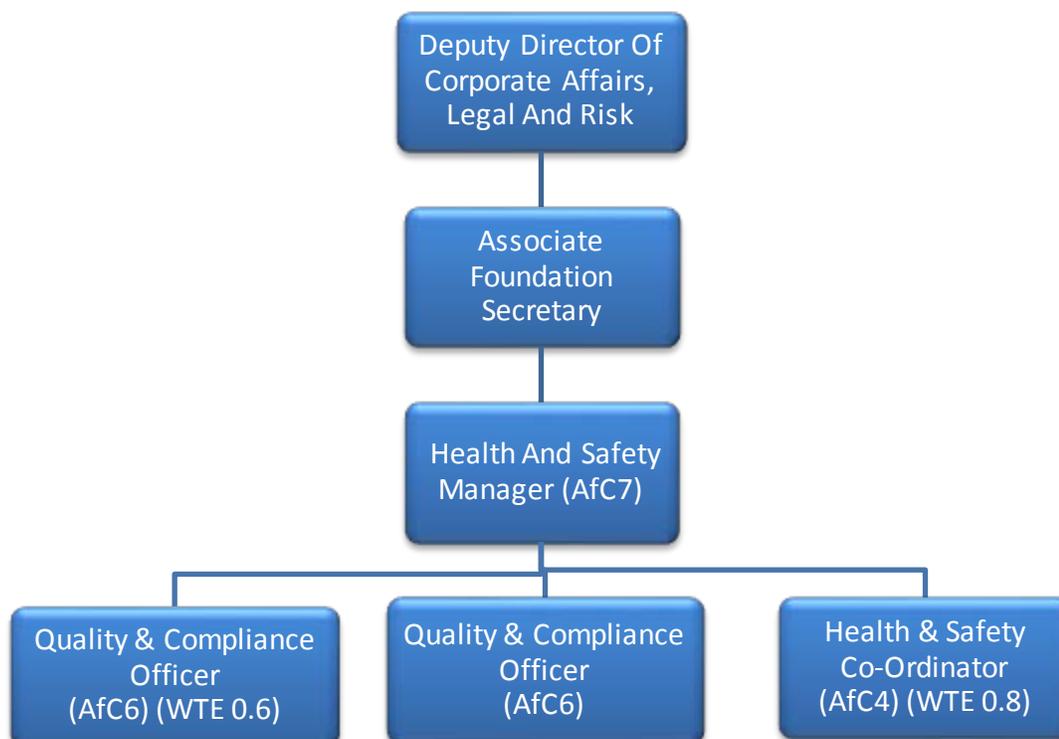
HEALTH AND SAFETY REPORT

PRESENTED BY DIRECTOR OF CORPORATE AFFAIRS

1 Introduction

During the reporting period, a restructuring exercise was completed and the Associate Foundation Secretary now has line management responsibilities for the Health And Safety Team (H&S Team) as shown below. An Interim Health And Safety Manager was appointed in October 2015 and this post was made permanent in May 2016. Recruitment to both the vacant Health And Safety Advisor posts (WTE 1.6) is ongoing. Throughout the period, the H&S Team have continued to utilise the skill-mix and capacity of the team to focus on priority health and safety areas

Oversight has been provided by the Deputy Director of Corporate Affairs, Legal & Risk who, with the Director of Corporate Affairs, continues to monitor RIDDOR incidents and general compliance with internal and statutory requirements



2 Compliance with Health and Safety Policy

2.1 Appointment of Nominated Managers

139 nominated managers have been appointed to manage health and safety compliance within the 161 departments/units/wards identified in the Trust; some nominated managers cover more than one ward/department, ensuring 100% coverage

2.2 Mandatory Managing Risks Course

Completion of the “Managing Risks” course is mandatory for nominated health and safety managers. Of the 139 nominated health and safety managers, 135 have completed the “Managing Risks” course, and training compliance stands at 97%, which is an improvement from the previous year (94%) and the highest compliance level on record

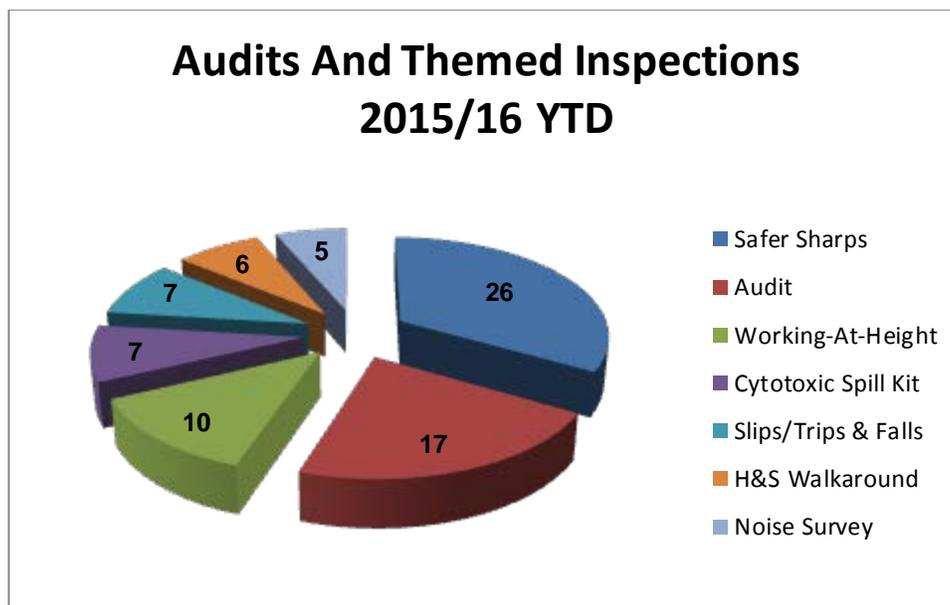
The Managing Risks course is scheduled monthly throughout the year except August and December and is available to all staff with health and safety responsibilities. The H&S Team have undertaken a review of course content and a revised course was available from April 2016, providing an improved training programme compliant with the Trust Health And Safety Policy

2.3 Risk Registers

All 161 identified departments/wards are covered by a local risk register. Risk register status is confirmed by two methods: six-monthly checks carried out by the Risk And Compliance Team and also during workplace health and safety audit visits/inspections on an ad hoc basis

2.4 Health And Safety Audits of Wards/Departments

The H&S Team completed 78 health and safety audits/inspections within the reporting period, which is an increase of 41 on the previous year (2014/15): -



The capacity of the H&S Team was affected by vacancies within the team, both at the commencement of the reporting period (vacant Health And Safety Manager post from April 2015 to September 2015) and at the end of the reporting period (vacant Health And Safety Advisor posts from October 2015 to March 2016). The performance of the H&S Team is expected to continue to improve and no less than 60 audits and 50 themed inspections will be performed throughout 2016/17 consisting of: -

2.4.1 Health and safety audit

Formal health and 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

2.4.2 Divisional inspections

Divisional health and safety audits/inspections are performed by Directors Of Operations (DOps) on a rolling two-year programme. 62 inspections were completed during 2014/16

2.4.3 Themed inspections

Themed inspections focused on preventing inoculation injury. Every ward/area that reported three or more inoculation injuries during 2014/15 was inspected during the reporting period. Other themed inspections included: work-at-height; cytotoxic spill-kits; slips/trips; general walkarounds (hazard spotting) and; noise surveys

2.4.4 Other workplace visits

A range of visits are routinely carried out to support wards/areas including incident investigation, risk assessment reviews and advisory visits and to provide support to nominated managers with specific issues or in response to specific incidents

2.4.5 Staff Side inspections

One workplace health and safety inspection was completed by Staff Side Health And Safety Chair

2.5 Health, Safety and Environment Committee (Committee)

The Committee, chaired by the Deputy Director of Corporate Affairs, Legal and Risk, met on four occasions during the reporting period and each Division provided a quarterly report of health and safety compliance and activity. All Divisions have health and safety as a standing agenda item on their Divisional Consultative Committees (DCCs) and Divisional Clinical Quality Groups (DCQGs) with members of the H&S Team attending these meetings. Regular reports to committee covered security, sharps and Estates. The table below confirms attendance by the Directors of Operations (or Deputy Directors) for all of the Trust's Divisions: -

Operational Attendance	May 2015	September 2015	November 2015	February 2016
Corporate Division	✓	✓	✓	X
Division A	X	✓	✓	✓
Division B	✓	X	✓	✓
Division C	✓	✓	X	✓
Division D	✓	✓	X	✓

3 Incidents

3.1 Reports to Health & Safety Executive (HSE)

The H&S Team have maintained the increased resource put into supporting learning from all health and safety incidents, including RIDDOR-reportable incidents. The Health And Safety Co-Ordinator continues to instigate and support local management investigation/preventive measures on a daily and weekly basis, within the DATIX system

The Trust reported 35 incidents to the Health And Safety Executive (HSE) in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). This compares with 32 RIDDOR incidents in 2014/15, 39 in 2013/2014 and 62 in 2012/2013. 23% of these were inoculation incidents, which is a reduction from 47% in 2014/15 and reflects the priority given to inoculation incidents throughout the reporting period

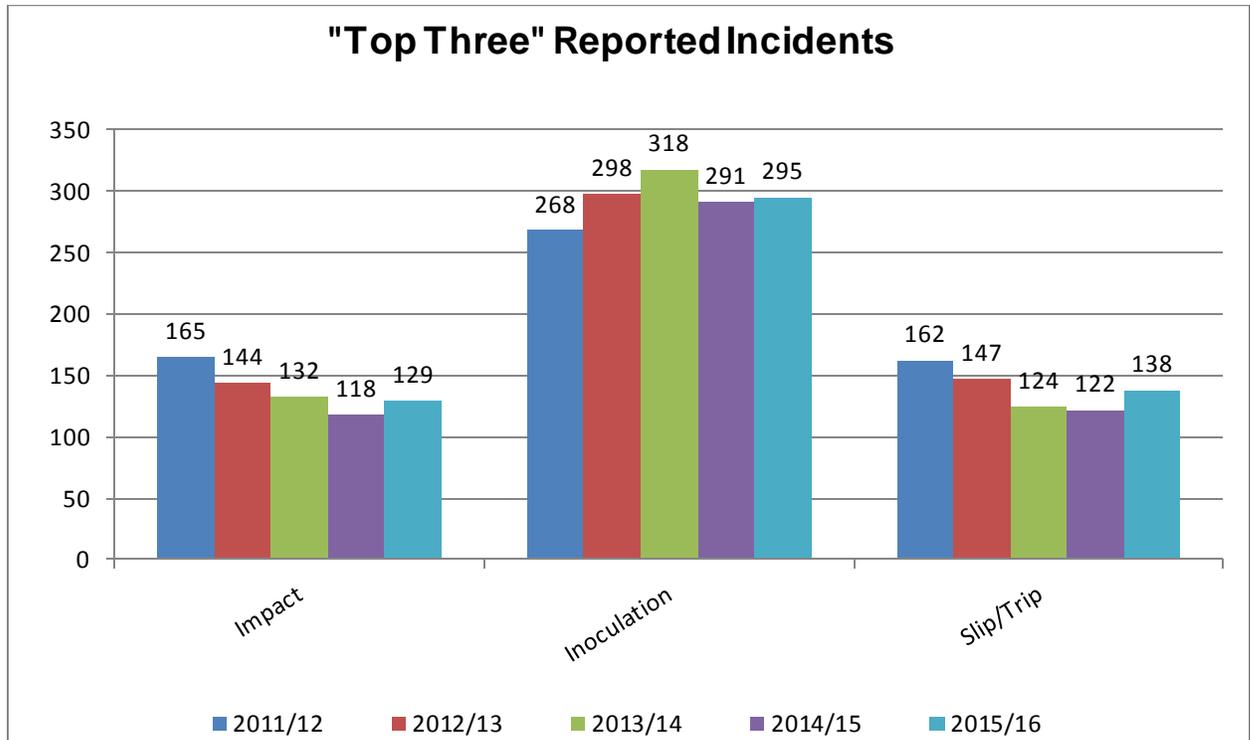
RIDDOR reportable incidents continue to be closely monitored within DATIX and any trends identified for action. All reportable incidents are forwarded to the Director of Corporate Affairs, Deputy Director of Corporate Affairs, Legal and Risk, appropriate Director of Operations and the Chair of the Staff Side Health And Safety Committee. In addition, actions following RIDDOR reportable incidents are also reported in Divisional reports to Committee which monitors compliance

3.2 External Audits/visits by the (HSE)

The HSE made one visit to the Trust during the reporting period, performing an inspection of the Trust on 26th January 2016 to check compliance with the Health And Safety (Sharps Instruments In Healthcare) Regulations 2013. The outcome of the inspection was a notification of contravention due to "not providing hypodermic needles with a safety mechanism" and a Trust action plan was introduced to ensure compliance with the HSE recommendations by 22nd May 2016

3.3 Incidents – Most Reported

The figure below shows that the three most frequently reported health and safety incidents were inoculation injuries, impact incidents and, slips/trips. The number of health and safety incidents reported in each of these categories has generally improved over the last five years whilst during the same period there has been a 9% increase in inpatient activity



3.3.1 Actions: Inoculation

The Sharps Action Group (SAG) was set-up as a short-life, task and finish working group in May 2015 to: monitor and evaluate divisional and local initiatives to reduce the number of inoculation incidents; share best practice; improve data quality; review the information available (via DATIX); implement staff engagement initiatives to benchmark levels of understanding and; review training provision. The SAG also led on compliance with the Health And Safety (Sharps Instruments In Healthcare) Regulations 2013 and the introduction of safer sharps throughout the Trust

The H&S Team continue to prioritise inoculation incidents and have introduced a pilot joint monitoring programme with the Clinical Skills Training Team to determine common/underlying issues which may contribute to inoculation incidents and arrange appropriate training as required

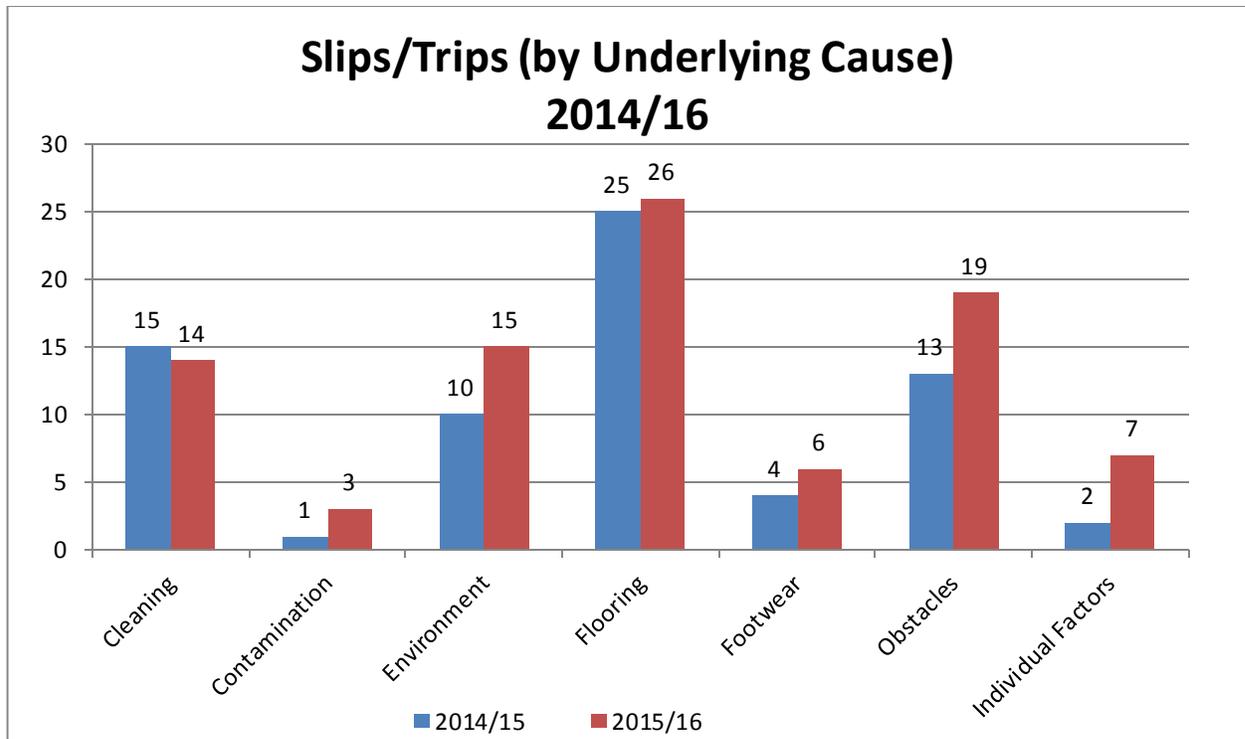
3.3.2 Actions: Impact

Impact incidents include the subcategories; struck against something e.g. furniture, fittings etc; struck by moving/flying object and; struck by moving vehicle. All impact incidents were reviewed by the H&S Team and contact made with the investigating managers/handler regarding investigations where appropriate

3.3.3 Actions: Slips/Trips

During 2013/14, the Trust was assessed as compliant at Level 2 against NHSLA Core Standard 4.3 for Slips/Trips. No recommendations were made by the assessors but DATIX was improved to sub-categorise slips/trips by contributory factors: cleaning; contamination; environment; flooring; footwear; obstacles and; individual human factors.

As this is the second full reporting period of slips/trips by contributory factor, comparisons are available. 65% ($n=90$) of the 138 slips/trips recorded on DATIX were sub-categorised by contributory factor and this is an increase of 7% ($n=20$)



Slips/Trips are considered a priority for the H&S Team throughout 2016/17 and a full schedule of inspections has been arranged

4. **Trust Stress Steering Group**

As agreed as Committee, the Trust Stress Steering Group is now chaired by the Head of Inclusion, Engagement and Wellbeing and continues to advise on and monitor implementation of the stress policy.

5. **Recommendation**

The Board Of Directors is requested to receive this report and associated actions.

David Burbridge
Director of Corporate Affairs