

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
25 JULY 2013

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 for the period April 2012 – March 2013	
Confidentiality Level & Reason:	None	
Medium Term Plan Ref:	5.1.4 Monitor compliance with the Trust Health and Safety Policy	
Key Issues Summary:	<p>The focus for health and safety over the reporting period has been on:</p> <ul style="list-style-type: none"> ▪ Increased monitoring activity and follow up action; formal audit visits to wards and departments doubled from 30 during the previous year to 61 this year. ▪ Preparation for the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 	
Recommendations:	The Board is asked to RECEIVE the report.	
Signed	D Burbridge	17 July 2013

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ANNUAL HEALTH & SAFETY REPORT

1 Introduction

1.1 This report is to provide the Board of Directors to provide an overview of Health and Safety compliance and performance of for the period April 2012 – March 2013. The focus of the Health and Safety team over the reporting period has been to:

- 1.1.1 increase monitoring activity and follow up action; through formal audit visits to wards and departments. Visits doubled from 30 during the previous year to 61 this year.
- 1.1.2 prepare for the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, which requires avoiding unnecessary use of sharps, implementing safer sharps devices, safe use and disposal of sharps and robust arrangements for reporting and reducing sharps injuries.

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 159 departments/units/wards identified within the Trust. This makes a total of 133 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 areas.

2.2 Managing Risks Course

Of the 133 Nominated Managers, 119 have completed the Managing Risks course, a compliance rate of 90%. 6 managers have booked to attend the course; 8 nominated managers have yet to book a place. Learning and Development are following up non attendance with individuals.

2.3 Risk Registers

Risk registers are in place for all areas.

2.4 Health and Safety performance audits of wards and departments (April 2012 to March 2013)

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

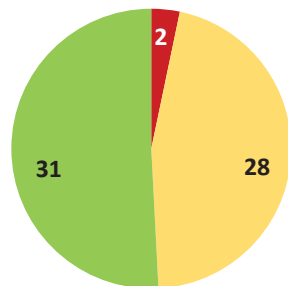


Figure 1:
Ward and Departments H & S Audit Outcomes 1st April 2012 to 31st March 2013

2.4.3 Departments assessed as being in the “red zone” are re-audited within a month. In the year 2012-13, 5 departments were assessed as being in the red. Following re-visit, each carried out work to improve their score; two departments remain red, further visits will support the improvement in these areas in 2013.

2.5 Health, Safety and Environment Committee

The Health, Safety and Environment Committee met on three occasions during the reporting period. Each Division provides a regular report of Health & Safety compliance and activity. Divisions A-D had Health & Safety as a standing agenda item on their monthly Divisional Consultative Committees (DCCs). Corporate Division had a monthly DCC; a report summarising compliance and actions was taken to the committee. The regular reports covered security, sharps, workplace stress and a report from the Estates Health and Safety group which liaises with Balfour Beatty Workplace.

3 Incidents

3.1 Reports to Health & Safety Executive (HSE)

The Trust reported 62 incidents to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). This compares with 85 RIDDOR incidents in the previous year. 19% of these were inoculation incidents.

3.2 External Audits/visits by the (HSE)

The Trust received three visits from the HSE in this twelve month period, as follows:

3.2.1 In relation to a staff environmental exposure to xylene. The HSE was satisfied with the work that had been carried out following the incident and also with additional planned improvements. No action was taken against the Trust.

3.2.2 To assess how the organisation consults with Employee Representatives as required by the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996 and to learn how the Trust communicates, cooperates and shares information with BBW in relation to health & safety matters as required by the Management of Health & Safety at Work Regulations 1999.

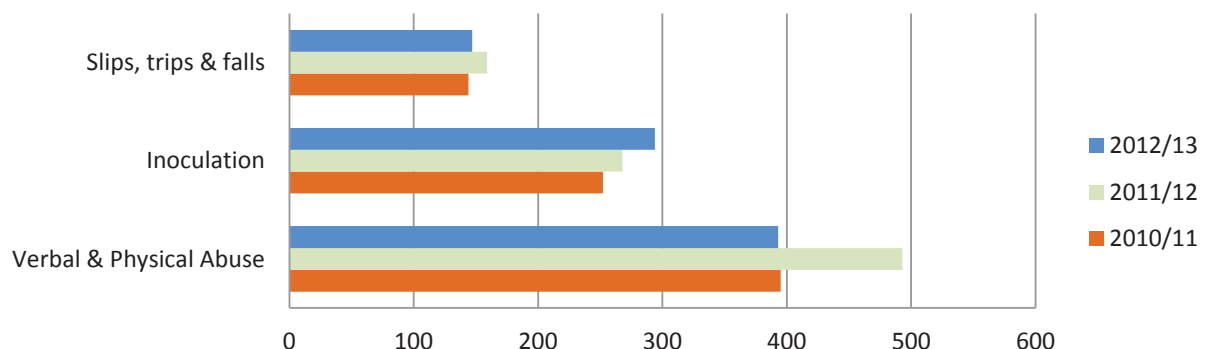
The HSE was satisfied with current arrangements for consultation and suggested that the Trust consider utilising staff representatives in joint incident investigations and that training be provided to them. Staffside were agreeable to this proposal. With regard to liaison between the Trust and BBW, the HSE did not consider that any formal action was necessary, but recommended that existing arrangements be reviewed in order to make them more robust.

3.2.3 In relation to two incidents that potentially exposed staff to TB and Neisseria Meningitidis in the microbiology laboratory. The HSE visited the category 3 laboratory; whilst no enforcement action was considered necessary, some actions were suggested. The Trust has completed the actions and the HSE have confirmed that it is satisfied and has closed its investigation.

3.3 Three most frequently occurring incidents:

The top three types of health and safety incident are as follows:

Three most frequently occurring incidents in the last 3 years



3.3.1 Actions: Physical and Verbal Abuse

The Trust has implemented 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 offender(s); the security team are pro-active in looking for vulnerable property and run a “virtually stolen” scheme to let staff know that the items left out, could have been stolen. Violence & aggression risk assessments are checked at audit and suitability of controls assessed, e.g. physical environment and lone worker protocols.’

Conflict Resolution training has been reviewed and the programme amended to be more relevant to issues faced by staff: the compliance rate for attendance for the training is currently 89% having risen from 63% last year.

3.3.2 Actions: Inoculation

The Sharps Advisory Group leads and oversees the implementation of the Trust’s Inoculation Injury Prevention Strategy. Recent measures include:

- Daniels Healthcare conducted an audit of sharps boxes in the Trust, and areas of concern have been prioritized for action;
- Introduction of a new phlebotomy trolley with improved sharps safety features to ensure that a sharps box is available at the point of use, and in turn reduce the incidence of inoculation incidents;
- An ongoing evaluation of sharps use across the Trust and further product trials are planned, with the following devices prioritized: blood collection, Insulin Syringes & Pen Caps, Hypodermic syringes devices and Blood Gas syringes devices.
- The passive Greiner blood culture collection set, which was successfully trialled last year, has since been embedded into practice in all clinical areas of the Trust. Areas which have a housekeeper have dedicated blood culture packs containing all associated equipment in order to reduce human error.

3.3.3 Actions: Slips Trips and Falls

Scientific tests (Pendulum test) of “slipperiness” have been carried out on a sample of installed flooring within the new hospital and the results reported in May show how the flooring performs under various conditions; this information supports the ongoing strategy for falls prevention and the Trust plans to repeat the exercise every 2 years.

Work on preventing slips trips and falls has targeted significant contributory factors including safer footwear, containment (e.g. drip trays) and improving work design.

Of particular note was the work of Housekeeping Services staff and Volunteers in keeping entrances to the hospital safe for patients and staff; for example more than 50 spot checks of the main atrium area confirmed 100% compliance in a very busy and rapidly changing environment: for example dry

floor maintained during snowy or wet weather and mats removed during dry weather to prevent trips.

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

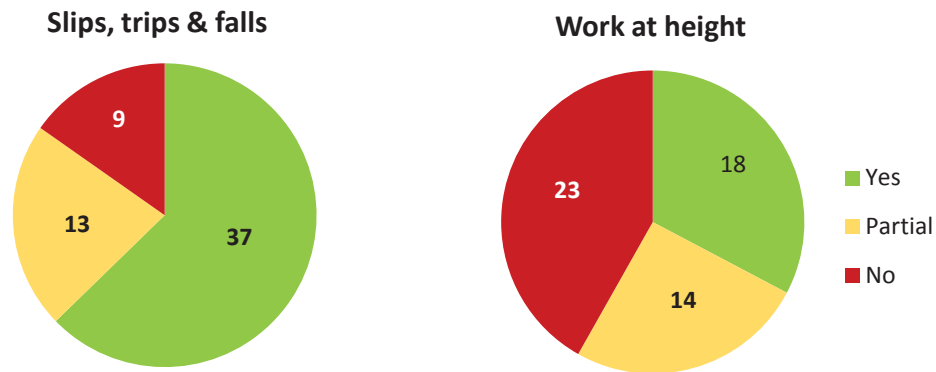


Figure 3: Risk assessments undertaken by wards and department in 2012–13

Work at height continues to be poorly understood. A targeted information and inspection campaign will be undertaken during May-July 2013.

A risk assessment of common areas has been undertaken by relevant managers.

3.4 Trust Stress Steering Group

- 3.4.1 The Trust Stress Steering Group advises and monitors implementation of the stress policy; the group receives regular reports for:
- review of information provided to staff;
 - “Staff Support” data and
 - Completion of stress risk assessment.
- 3.4.2 An analysis of 100 Staff Support work-related referrals listed the top three reasons for attending Staff Support as workload, work conditions and bullying & harassment.
- 3.4.3 From the National Staff Survey results, 29% of UHB staff respondents indicated that they had suffered work-related stress within the last 12 months as compared to 37% national average for acute trusts.
- 3.4.4 A sample of 69 individual stress risk assessments from across the Trust were reviewed and summary findings identified “demands” as the primary stressor reported by staff and “control” being the second most frequently cited stressor.

3.4.5 Compliance data for completion of stress risk assessments 2012-13



Figure 2: Stress Risk assessments undertaken by wards and department in 2012-13

3.4.6 Recent actions in implementing the stress policy includes:

- A new Me@QEHB Health and Wellbeing Resource includes information and signposting to internal and external stress resources. Content has been uploaded and the resource is due to go live soon;
- Stress risk assessment is now included within three Trust Training courses: Time Management, Stress Management and Managing Risk;
- At a national level, IOSH (Institute of Occupational Safety & Health) have adopted the Trust risk assessment model as an exemplar template and praised the approach.

4 Health and Safety Awareness

4.1 Staff and other stakeholders are informed about Health and Safety matters through various means, including:

- 4.1.1 Regular monthly drop-in sessions, providing a source of support and contact for all levels of staff;
- 4.1.2 Awareness campaigns, including “See it, Sort it”, Stress, sharps safety;
- 4.1.3 A monthly brief for senior managers offering a snapshot of Health and Safety compliance within their division; and
- 4.1.4 Attendance at Divisional and specialist Health and Safety meetings, in order to promote new initiatives and support ongoing risk management.

5 Recommendation

The Board of Directors is requested to receive this report.

David Burbridge
Director of Corporate Affairs