

Annual Health and Safety Report

Introduction

This report summarises the main health and safety issues for 2012/13 and incorporates all aspects of Health and Safety relating to University Hospitals Bristol NHS Foundation Trust including Manual Handling. It also outlines the priorities in 2013/14 with information received from the enforcing authority regarding their priorities. There is also a separate Annual Security Report and Annual Fire Safety Report.

Revitalising Health and Safety – Health and Safety Executive targets

We continue working with the Health and Safety Executive and Occupational Health and Safety standards guidance from the NHS council. This is subject to further review to align with Health and Safety Guidance (65) ‘Successful Health and Safety Management’ in the coming year.

The work plan for the Health and Safety Executive 2012/13 covered:

4 specific consultation topics

- Work Related Stress at an organisational level, individual cases should be captured within the Human Resources area not Health and Safety. Musculo skeletal disorders have been linked with stress related absence, both of which continue to increase and are the main reason for sickness absence in UHBristol. Referrals in these two categories to Occupational Health are also monitored quarterly at Health and Safety/ Fire Safety Committee.
- Sharps and Needle stick – European directive consultation process concluded in April 2013. In 2012 we launched a sharps risk assessment tool but were non-compliant with immunisation status of several new and existing staff and as such this is on the Trust Services Risk Register.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 consultation led to a change in the law following work related injury. As of 6 April 2012, the reporting requirement for over-three-day injuries has changed. The trigger point has increased from over three days’ to over seven days’ incapacitation (not counting the day on which the accident happened). Incapacitation means that the worker is absent or is unable to do work that they would reasonably be expected to do as part of their normal work. The deadline by which the over-seven-day injury must be reported has also relaxed to 15 days from the day of the accident rather than 10 days. This has naturally impacted on the trust compliance which justifies the significant improvement.
- Fee for intervention was introduced in October 2012 to date we have not been subjected to intervention since this came into force. In 2012 zero Health and Safety Executive inspection visits occurred as opposed to six visits in the previous year.

Legislative changes in 2013/14

- New Sharps directive in Healthcare came into force in May 2013
- Revision to the First Aid at Work Regulations underway
- Revision to the Workplace Regulations underway
- Revision to the Regulatory Reform (Fire Safety) Order completed

- Revised publication ‘*Managing for health and safety*’ replacing HSG 65 in late 2013

4 specific priority topics in 2013/14

- Display Screen Equipment
- Lone working and site visits
- Work related road risk
- Work related stress continues to be a high risk area for this trust.

NHS Litigation Authority/ Care Quality Commission

In addition to statute we are required to meet requirements under NHS Litigation Authority standards, we are currently at Level 2. We are intending as a trust to achieve Level 3 in 2014 which is recognised by other agencies including Care Quality Commission who have a similar requirement within Outcome 10: Safety & suitability of premises and the Health and Safety Executive.

In April 2012 the NHSLA introduced a 95% compliance target for some elements of training. Where this was not the case during the evidence period we are required to show how we are working towards this target. For Health and Safety related training (Table 1), this included slips, trips, falls – staff/ others, manual handling, violence and aggression, hand hygiene and inoculation incident training. These topics are all delivered within corporate induction and updates or via eLearning packages. There are difficulties experienced by managers in releasing staff to attend training. Therefore 26% of places have not been filled in 2012/13 although there was the capacity to deliver to the required compliance rates.

Management of risks – ‘Health and Safety Guidance (65) – Successful health and safety management’ is the model used by the trust in achieving the requirements of the Management of Health and Safety at Work Regulations 1992/99. The Risk Management Training Plan (2010-13) has been extended until June 2013. This will then transfer to Teaching and Learning who are developing a training plan to cover all training.

Training continues to be the subject of the Willis annual audit in 2012/13 which demands an 80% compliance rate in all training topics. Each area of high risk has a policy and also procedures, standards and guidelines to assist implementation of each policy.

Table 1: Training topic	April -12	Sept-12	Mar-13
Violence and Aggression	89%	88%	86%
Infection Control (hand hygiene/ inoculation incidents)	88%	87%	86%
Manual Handling	75%	70%	71%
Fire Safety Training	58%	52%	47%
Health and Safety (slips, trips, falls – staff/ others)	91%	94%	86%
Key			
under 60%			
60% to 79%			
above 80% to 89%			
above 90%			

To note fire safety is currently an annual requirement whereas formerly it was 2 yearly hence the significant decrease in compliance this year.

Independent Audits that covers Health and Safety Guidance (65) – Successful health and safety management’

Safety Management Systems are subject to annual audit which is validated by Willis the Trust insurers. Willis has permitted self-assessment for the last 3 years with validation by them. For the last 2 years, a revised model was utilised as the trust had reached a plateau. The generic issues identified have been incorporated into the overall priorities for the Trust such as risk assessment and inspection programme rather than risk assessment on an ad hoc basis. Notably this year we were able to capture the compliance of risk assessment coverage in each Division through department audits (table 2)

Table 2 Subject	Percentage completion of risk assessment trust wide
COSHH risk assessments	84%
Latex risk assessments	75%
Medical gas risk assessments	79%
Stress Risk Assessments	54%
Manual Handling Risk Assessments	82%
Fire Risk Assessments	82%
Slips, trips, falls Risk Assessments	75%
Violence and aggression risk assessments	68%
Security Risk Assessments	77%

Key	
	under 60%
	60% to 79%
	above 80% to 89%

Service / Division	Diagnostics and Therapies	Facilities and Estates	I,MandT	Medicine	Specialised Services	Surgery, Head and Neck	THQ/ Trust Services	Women's and Children's
2011 Total score	515	867	594	768	892	703	455	672
Percentage	48%	77%	64%	71%	83%	65%	63%	62%
2012 Total score	829	1046	672	746	872	746	564	816
Percentage	82%	86%	72%	72%	86%	72%	63%	80%
Achieved 5% increase	Achieved	Achieved	Achieved	Not achieved	3% but into blue category	Achieved	Not achieved	Achieved

Key

	Fully complies/ better than the standard guidelines, where applicable and required to sustain
	Does not comply with the standards/ guidelines and requires minor alterations/ improvement
	Does not comply with the standards and requires substantial improvement

To assist momentum on achieving further compliance this is now a section within the Divisional operating plans and their quarterly performance review monitors progress as does the Health and Safety/ Fire Safety Committee.

Metrics have been in place and developed further to include:

Metrics	Trust wide metric	Divisional metric
Proactive (Positive) scorers		
Compliance with Willis audit	Increase 5% annually	Increase 5% annually
No. of dept. audit returns	100%	100%
Actions added to action plan	5 priorities on corporate plan annually	5 priorities on Divisional Operational plan annually
Actions completed on action plan	Operational plan/ Corporate Risk register review	Divisional Risk register review
Training completed	95%	95%
Safety meetings held	75%	75%
Reactive (Negative) scorers		
Number of incidents under RIDDOR	5% less annually	
Number of lost time accidents	5% less annually	
Number of statutory notifications	0	
No. of incidents/ near misses	5% less annually	
Risk Assessment overdue	Less than 20%	
Actions overdue	Less than 20%	

Health and Safety Capital Work programme

The ongoing Health and Safety work programme continues with progress, against an agreed list of priorities being produced with investment from the capital budget as allocated.

In 2012/13 the following investment was made to reduce identified high risk activities:

- We continue to use the on line chemical management system at a cost of £4,200 per annum – Sypol which standardises the quality of assessments whilst providing a pictorial safety assessment as well as written;
- We continue to use the eLearning training methods from Cardinus which have been customised to UHBristol requirements £10233.90 which equates to £5 training cost per licence/ per person;
- We continue to deliver training courses in First Aid, Health and Safety for senior executives which we complete in partnership with North Bristol Trust so that the cost for external training providers is shared. Health and Safety for department managers/ supervisors, eLearning in safe handling of liquid nitrogen, and medical gas training to ensure legislative compliance is also delivered as per risk management matrix but at zero cost as delivered in house or via the NHS core learning units.

- We have invested in a bariatric suit for training simulation in the patient handling training sessions at a cost of £1100.
- We have invested in an Air pal lateral transfer device and 2 Stryker motorised patient trollies (suitable for the heavier patient and able to negotiate gradients safely) at a total cost of £15,000 in order to reduce risk to staff of injury and improve patient experience.
- Reinstatement of the Whitsun St entrance into the courtyard, Old BRI to reduce public access via the Maudlin St entrance to improve segregation of vehicles and pedestrian access at a cost of £5181.
- We have managed the risk of delivery to the Bristol Haematology and Oncology Centre with the temporary closure of Terrell St with a banks man until Terrell St reopened and handrail and two gates to prevent falls from height of £2420.
- We have installed an emergency contact phone in King Edward building's foyer following collapse of a member of the public and the realisation that the nearest phone was on a floor two levels above.
- Eye test reimbursement to staff equated to £2306.60 which is a reduction from 2011's expenditure by £232.80.
- Business case regarding more resource to meet guidelines regarding 1 manual handling adviser: 1000 employees has been approved which ensures delivery of bespoke training can increase to mitigate the cuts in corporate training time. This takes the trust to 60% compliance with the guidelines.

Health and Safety and Manual Handling – Progress in 2012/13

- Substantial increase in advisory visits to clinical and other work areas with much success. Particularly with patient handling guidance and advice but also general advice in a variety of other settings (i.e. office, diagnostic facilities, external (mobile) services, etc). Of particular note (due to the unusual nature of situation), advice and assistance given on removal of an explosive substance piric acid.
- Use of the HSE stress process and management standards which has an increased need identified through Occupational Health, Employee Services, heads of services and department managers.
- Continue to provide examination and written advisory reports for specific situations, problems and environments in order to improve staff and patient experience, reduce incident and increase statutory compliance.
- Increased instances of observation, advice and reporting for return to work situations, in the main requested by and in partnership with Occupational Health Service.
- Programme of 'in-loco' and tailored / targeted Manual Handling training continues most notably, bespoke courses devised for Porters, Theatre Staff, Vascular Studies, Occupational Health, NICU and a limited exposure on BHI wards (as space, resources and workload allow). This will continue with the aim to move away from the 'blanket' generic, classroom training where appropriate and possible, in order to make training more significant and streamlined for staff with more specific moving and handling needs.
- Researching a greater number of external events in order to investigate and potentially introduce new / improved practice to the Trust. Also, literature search / research via usual methods for continued improvement to practice

and knowledge base e.g. Manual handling bespoke training in operating theatres.

- Promotion of Bariatric interest group with a view to creating a multi-disciplinary approach to the improvement in care of the larger framed patient and safety of those providing care.

Health and Safety incident reports

A 5 year comparison summary of reported health and safety incidents/ near misses is illustrated below:

Chart 1 Health and Safety incident/ near miss - total per annum which have decreased by 6% so met the internally set key performance indicator and Chart 2 - incidents reported under Reporting of Injuries Diseases and Dangerous Occurrences Regulations have decreased by 38% in the last year which is 33% above the target set by the Health and Safety Executive of 5% reduction year on year due in the main to the change in the law.

- Chart 3 Health and Safety incident by the type
- Chart 4 and 5 Health and safety incident total reported in cause group comparing the last 5 years

Chart 1

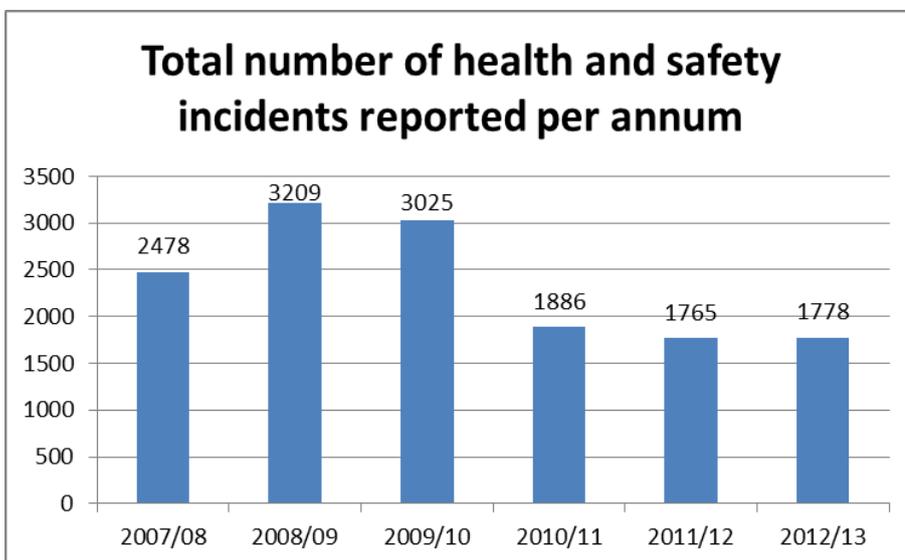
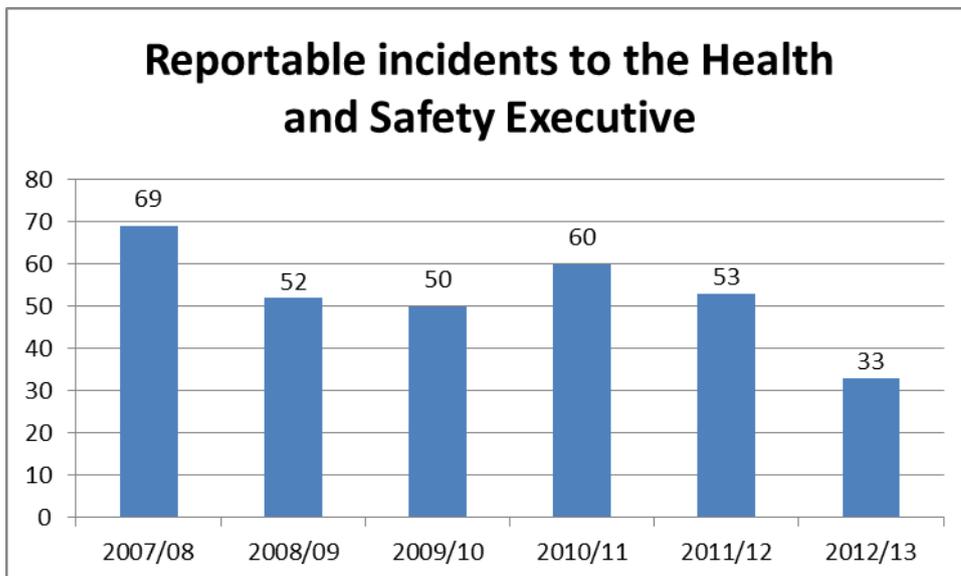


Chart 2



The Safety department instigate all Reporting of Injuries Diseases and Dangerous Occurrences Regulations follow up investigations. Reporting of incidents and near misses have increased slightly as we have raised awareness by instigating fortnightly induction and update training plus specific accident investigation training. A separate annual report on the detail of those reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 is also available on the [Incident Reporting page](#) and we have implemented 'learning from incidents' section on this web page as a result of feedback from the NHS Litigation Authority.

Chart 3 Type of incident by cause group

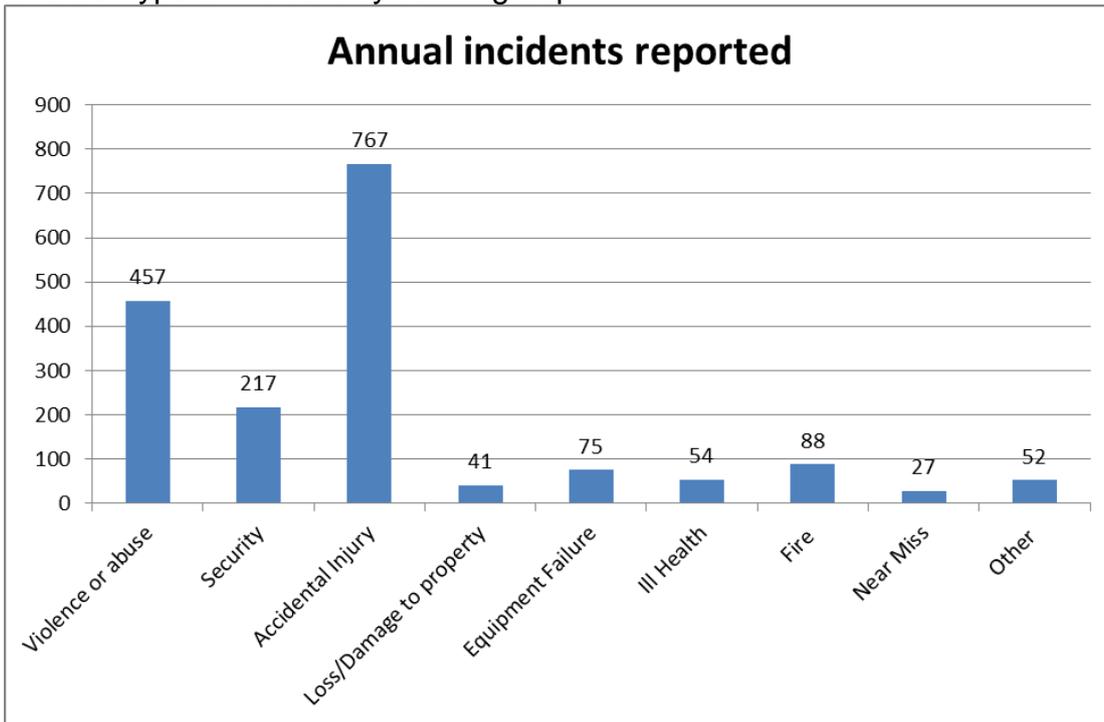
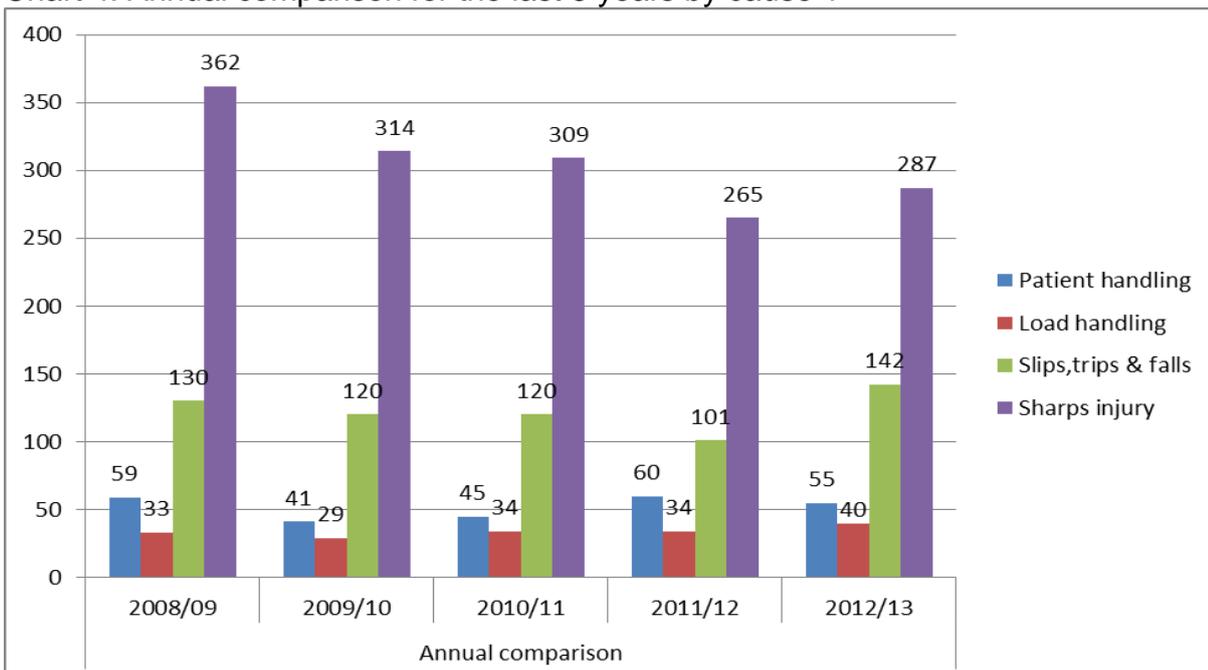
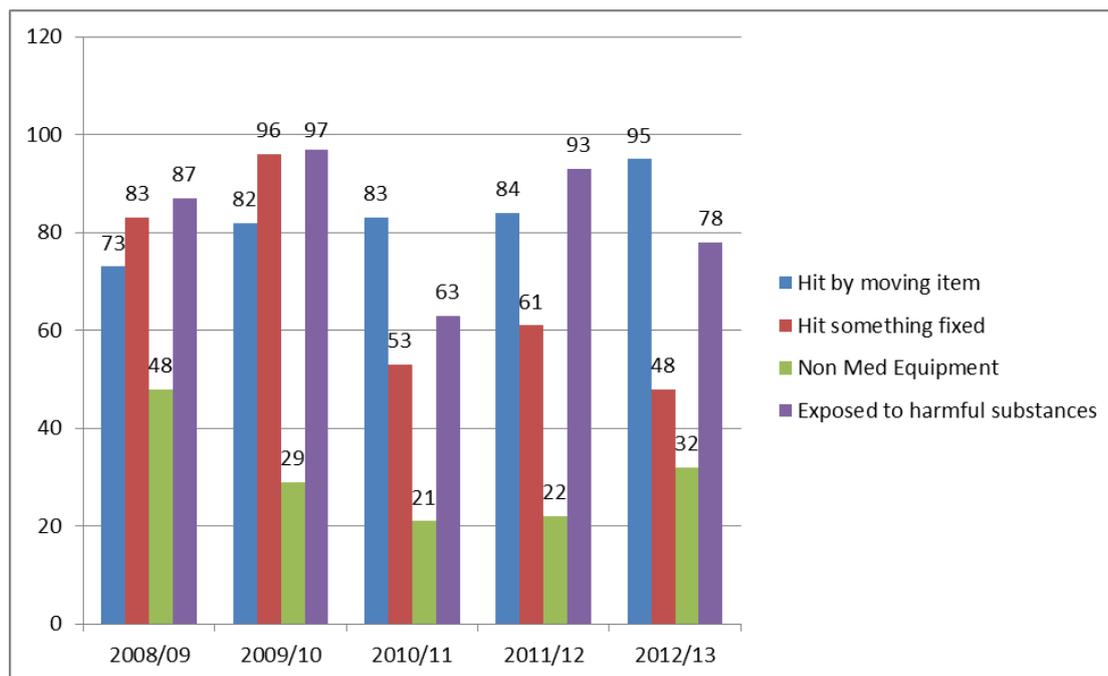


Chart 4: Annual comparison for the last 5 years by cause 1



Contact with clinical sharps remains as one of the highest causes of incidents within the trust, a working group is set up to address the implementation of the Sharps Directive. There is on-going Procurement involvement to identify a range of safer sharps devices, setting up trials of equipment and recording evaluations. There is a need to understand the cause of sharps injuries rather than an acceptance of the risk and widespread implementation of safer devices. Incidents reviewed at meetings identify a large number of issues surrounding disposal/use that indicate a widespread training need which is being addressed.

Chart 5: Annual comparison for the last 5 years by cause 1



The Control of Substances Hazardous to Health Working Party meet on a quarterly basis. For incidents reported within 2012/13, 18 are attributed to chemicals. These mostly relate to cleaning product splashes to eyes/skin. Confirmation is given that Support Service staff receive local training in the safe preparation and use of all products used. The cleaning agents in use are mainly low risk detergent based products. The main concern for exposure type incidents reported within this period is body fluid splashes to face/eyes and hand irritation which account for 66% of all exposure incidents. Skin issues receive further attention from Avon Partnership Occupational Health Services and are referred to Dermatology where necessary. Gloves, paper towels and alcohol based hand gels being the main causes. Universal Precautions in place for the wearing of eye protection where body fluid splashes are deemed likely is the most concerning issue as this does not appear to happen in most cases. Further trends analysis and analysis will be completed in 2013/14.

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 05/06/2013