

Trust Health & Safety Annual Report 2010/2011



Subject: Health and Safety Annual Report 2010/11
Purpose: The purpose of this report is to provide the Trust with an update on: <ul style="list-style-type: none">• the activities and progress made by the various health and safety departments in line with the implementation of the Trust's Health and Safety Policy statement and other related health and safety policies;• identify gaps, and• set objectives for 2011/12
Aim: To provide assurances to the Board and the wider Trust community on health and safety compliance, successes and identification of gaps, with actions required or implemented to address these issues.
Summary: This annual report highlights the progress made in relation Health and Safety arrangements across the Trust in 2010/11. The key subjects covered are: <ul style="list-style-type: none">• Health and Safety Audits• Health and Safety Key Performance indicators• Policies• Training• Incident reporting and investigation• HSE Inspection and Enforcement
Key Recommendations: <ul style="list-style-type: none">• To note the contents and to approve the format of the annual Health and Safety report for Surrey and Sussex Healthcare NHS Trust.• To note the activities and progress made with implementing the Health & Safety arrangements.
Review Date: April 2012
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Introduction

This Health and Safety Annual Report summarises the position and progress made in implementing health and safety policies and procedures by various departments in the Trust. This report reflects the Trust's compliance with the Board of Directors approved 'Statement of Intent' and Health & Safety Policy Statement. This requires those responsible for health and safety within the Trust premises and during Trust activities to:

- Comply with health and safety legislation;
- Implement health and safety arrangements;
- Comply with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies;
- Develop partnership working and consultation throughout the Trust to ensure health and safety arrangements are maintained for all.

The Trust monitors health and safety arrangements by various channels, including:

- Health and Safety Committee (Quarterly – then 2 monthly from 2011) – consultation committee
- Management Board for Quality and Risk (every month) – management committee
- Quality and Safety Committee (April 11 onwards)
- Trust Board - KPIs

1. Health and Safety Audits

67 areas were required to audit their health and safety arrangements during 10/11. This number is likely to increase in the next financial year as other areas are identified.

At the end of the financial year, only 60 areas had completed their audits. The other 7 areas did not return their self assessment sheet within the agreed timescales.

The audit contains the following subject headings:

- General H&S Arrangements
- Control of Substances Hazardous to Health
- Slips, trips and falls
- Display Screen Equipment
- CAS (SBAS)
- Waste Management
- Fire
- First Aid
- Training
- Lone Working
- Stress
- General Issues

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The compliance scores were distributed to the wards and departments and the overall average scores for each Directorate / Division are detailed below:

Division / Directorate	Average Score (%)
Nursing	N/A (Not Audits undertaken)
Facilities & Environment	72% (F) & 0% (E) - none completed
Finance	59%
Human Resources	66%
Medical	65%
Clinical Support Services	73%
Surgical	68%
Women & Children's Health	77%

Each area audited, were sent an individual action plan detailing the necessary actions required to address their gaps within specified timescales.

Audit sections which have consistently statistically the worst compliance rates across the board are:

- **Stress** 30%
- **Central Alert System (SABS)** 54% (local arrangements within the area)
- **Lone working** 60%
- **First Aid** 62%
- **Display Screen equipment** 63%

There has been no formal audit of manual handling within the Trust in this financial year. It is planned for 11/12 as additional resources identified by HSE is being recruited to.

Objective for 2011/12

- **The Environmental Safety Department will undertake all future audits, - ensuring that quarterly reviews of action plans are scheduled and that actions are implemented by the ward/department managers.**
- **The areas identified as lowest compliance will be targeted in various ways, i.e. training, awareness sessions, bulletins, etc., throughout 11/12 to improve compliance rates.**
- **The audit sections identified as lowest compliance will be targeted as above also.**
- **The 6 areas not audited in 10/11 will be included in the first tranche of 11/12 audits.**
- **Identify any other areas which are not already included in the Audit programme.**
- **Monitoring of progress will take place at Health & Safety Committee.**
- **Implement the Manual Handling audit program to enable action plans be developed to meet identified gaps.**
- **Key areas for the audit have been identified as; equipment, risk assessment, implementation of safe practice and musculoskeletal injury survey.**

2. Environmental Safety KPI's

During 2010/11 the Environmental Safety Department reported the following KPI's on the Quality Dashboard on a monthly basis:

- Health and Safety incidents resulting in injury or illness
- Health and Safety training statistics for induction and refresher
- RIDDOR reporting within timescales

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The Back Care Advisory service has been reporting on the following KPI's:

- Manual handling attendance compliance on training for refresher and Induction
- Patient hoists maintained and LOLER checked in year

The Health and Safety KPI Dashboard for Year 2010/2011 is attached as Appendix A.

There were no KPIs for Fire or OH during 2010/2011.

Objective 2011/12

- **Environmental Safety and Back Care service to continue to provide monthly KPIs and identify others as necessary.**
- **Areas of health and safety where assurance is not currently provided must be addressed to provide the Board of Directors with full sight.**

3. Risk Assessment

Significant work has occurred since June 2010 to deliver Risk Assessment training to staff in the Trust. The training has a competency element added to deal with the issues highlighted in the HSE Inspection visit in June. All areas will have at least one trained Risk Assessor who will also undergo training Stage 2 training for have access to the Risk Register to enable them to add and update their risks. Risk Assessment training was initiated in June 2010 and to date 94 members of staff have been trained across the Divisions.

Manual handling: The format for the both the individual patient handling assessments and the general handling risk assessments has been reviewed and streamlined.

Objective 2011/12

- **Continue to deliver training across the Trust and compile full list of trained assessors.**
- **Roll out the new MH risk assessment form to all relevant areas and provide training on their use.**
- **Develop an RSI screening tool and guidance to proactively identify staff at risk.**

4. Incident reporting

Current levels of reporting show that we under report near miss and non injury type incidents. National statistics generally show that rates should be around 1:10 resulting in harm. Statistics at SASH show a ratio of 2:3.

Frequent feedback from both training and the Staff Survey suggest that 'staff receiving no feedback on actions taken' is a frequent frustration and one of the most likely reasons for under reporting. Information can be found at Appendix C.

There were 832 recorded incidents on Datix across the various Health and Safety category codes. Statistics for 2010/2011 can be found at Appendix B.

Objective 2011/12 -

- **The roll out of DatixWeb for Incidents will greatly improve the speed and efficiency of reporting.**
- **Encourage reporting during training sessions to improve the statistics.**

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- **Target communications to address the issue of under reporting including through SASH Window as detailed in the Wellbeing/Staff Survey Action Plan.**

5. Reporting of Injuries Diseases & Dangerous Occurrences Regulations (RIDDOR)

The table below details the type of RIDDOR incidents reported in the year 2010/2011 and the originating Division.

	Facilities & Environment	Medical	Surgery	Support Services	Corporate	Women & Child Health	Total
Ill Health / disease	0	0	0	4	0	0	4
Manual Handling - Inanimate	2	0	1	4	0	0	7
Manual Handling - Patient	0	5	6	0	0	0	11
Personal Injury	4	0	2	2	0	0	8
Sharps / Splash injury	0	1	0	0	0	0	1
Slip Trip or Fall	0	5	0	3	0	2	10
Physical Abuse	0	0	1	0	0	0	1
Total	6	11	10	13	0	2	42

Of the 42 RIDDORs reported, only **37%** of those were actually reported within the 10 day timeline. A Board reported KPI has been introduced to compliance - details of which can be seen at Appendix A. The HSE raised issues with the Trust's internal reporting systems during their June 2010 inspection visit, particularly in relation to reporting RIDDOR incidents. Although targeted communications have been sent to all wards and depts. and the matter is included in training sessions, this remains an issue.

In an effort to cost the Trust's 'lost time' work related absences it was decided to collect this data for the 36 relevant RIDDORS. Six of the RIDDORS were not salary affected so were not counted. Below is a breakdown of the Divisions costs.

CSS	£10.6K
Medical	£4.7K
Surgical	£4K
E&F	£2.8K
WACH	£0.25K
Total	£22.5K

The above figures are based solely on staff working days lost x mid range pay scale of the employee. The estimate **does not** include any back fill, OH service or any NHS services for example, ED treatment/Physio/GP.

These costs are referred to as 'hidden', however they often generate more obvious local costs such as bank or agency back fill cover. There are many other associated costs, hidden or otherwise, to the Trust, our patients and never forgetting the member of staff and their family.

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It is worth noting that based on this very limited lost time costing exercise, it equates to approximately 1 x Band 5 post.

Objective for 2011/12

- **Improve awareness of RIDDOR reportable incidents across the organisation to improve timely reporting. The introduction of Datix Web for Incidents will greatly assist with this.**
- **Identify the financial costs of RIDDOR 'lost time' incidents, including the backfill element.**
- **In future years it is envisaged that all 'lost time' incidents will be costed and will include OH service time, GP and any other NHS service provision.**
- **Await possible changes to RIDDOR legislation from +3 days to +7 days absence – Autumn 2011.**

6. Policies

In 2010/2011 there were 5 existing policies requiring update. All 5 were updated within the required timescale. Details of these policies can be found in Appendix D.

Objective for 2011/12

- **Ensure all Trust policies found in Appendix D are reviewed and updated within their review deadline.**
- **Review of the Bariatric Patients Policy to be more inclusive of all factors to be considered rather than just handling equipment related.**

7. Training

The Health and Safety training portfolio incorporates a number of elements which are delivered by the; Environmental Safety team, Back Care Advisor, Fire Safety Advisor and Occupational Health Advisor. The courses delivered include:

- Health & Safety Induction for all new staff and volunteers
- Health & Safety Refresher for all staff and volunteers
- Risk Assessment
- Health & Safety Coordinator
- Manual Handling for various staff groups at induction and refresher
- Fire Safety Induction and refresher
- Occupational Health awareness on Induction

Summary of training achievements

All training offered remains under continuous review and therefore subject to regular update. Training compliance for Health & Safety and Risk Assessment are shown at Appendix A. H&S Induction training for new starters is flagged as a risk at only 65% compliance. H&S training/instruction for new staff is a statutory requirement under the Health and Safety at Work etc Act 1974. The Trust is breaching its legal duties and potentially CQC regulations. Health and Safety Department deliver training on every available course. The scheduling of new starters programme is under review by Training and Education Department.

Objective for 2011/12

- **Review the statutory and mandatory training programmes by undertaking a full Training Needs Analysis to ensure that course content meets the needs of the various staff groups.**

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- **Improve attendance at training through targeted communications.**
- **T&E Department to identify mechanisms for improving attendance at Induction training.**
- **Develop E-Learning training packages.**
- **Review the format and delivery of all manual handling training sessions to enhance and improve manual handling practice within the Trust.**

8. Enforcement

The HSE carried out an Inspection Visit in June which resulted in an Improvement Notice being issued as well as an overall inspection report. The Notice required the Trust to identify additional resources to support the Trust's Competent Persons in the delivery of the organisation's strategic health and safety arrangements. The Report has resulted in a Trust wide Action Plan.

Major refurbishment works have resulted from the Action Plan, including:

- Replacement flooring in numerous areas throughout the Trust in line with HTM61
- Replacement equipment in the main hospital Kitchen
- Modification of the Mortuary clean/dirty area
- Installation of kitchen/wash area within Medical Records at ESH

The Improvement Notice has resulted in a Health and Safety Officer taking up post in January and the identification of 2 x Manual Handling Trainer posts.

A further Improvement Notice was issued in February 2011 for repeated RSI RIDDOR incidents in Sonography. An Action Plan has been written to address the numerous issues involved. The Trust is working closely with the HSE and its PCT partners to identify measures to reduce the likelihood of injury recurrence.

There was separate HSE activity relating to Security arrangements following a complaint to the HSE. Meetings have taken place with the HSE and assurance given regarding the issues raised.

The Action Plan for all three activities have been merged into one overall document.

Objective for 2011/12

- **Update the actions on Risk Register for the action plan and review monthly at MBQR and H&S Committee and provide regular updates to the HSE.**
- **Provide HSE with regular updates in relation to the various activities undertaken.**
- **Senior Backcare Advisor, to write the Trust-wide Management and Prevention of RSI and MSDs Policy.**
- **Implement a system for postural analysis assessments.**
- **Recruit to the posts of Manual handling Trainer.**

9. Fire Safety

9.1 Fires

There were three fires on the site during 2010/11. One involved a car parked in the staff car park whilst the other two were within the building. The first was caused by broken wires at the back of a diathermy machine in theatres. The other incident was within a fluorescent light in Maple House. Both of these were minor and rapidly dealt with

Objective 2011/12

- **Continue to proactively manage fire safety and deliver relevant fire safety training with the aim of keeping fire as low as reasonably possible.**

9.2 Unwanted Fire Calls

The target for 2010/11 was to reduce unwanted fire calls to <56. The end of year figure was 75 calls. Of these 25 calls were the result of human actions and therefore could have been avoided. Toast, steam cleaning and the use of aerosols are the main areas of concern.

Objective 2010/11

- **Continue to train staff in prevention measures as well as emergency routines and to investigate all calls with the overall aim of reducing unwanted calls to <56.**
- **In order to reduce 'avoidable calls' closer liaison with the cleaning teams will continue to ensure fire alarms are isolated as and when necessary.**
- **Other matters will continue to be emphasised during routine training sessions.**

9.3 Training

Fire training courses are provided throughout the year for all members of staff and volunteers. The Trust has duty to ensure all workers on site have a clear understanding of fire safety and of the fire emergency actions. This includes P.C.T. and Bank staff.

The number of staff who received training was 2000. However, the target was 2640 - which represents 80% of substantive staff. In order to meet the target a sufficient number of training sessions were planned and advertised. However, lack of take-up by staff resulted in a number of courses being cancelled and many less than 50% full.

Objective 2011/12

- **Continue to provide sufficient courses to meet training needs and to review the frequency of training in the light of recent guidance on e-learning and fire training frequency.**
- **Consider better methods of communicating course dates and times and implement necessary changes.**

9.4 Fire Risk Assessments

A rolling programme of fire risk assessments is in place and three areas are planned for assessment or review each month. Although considerable effort has been made in this area a greater priority needs to be placed on meeting this target. 22 Risk Assessments were completed by the S.A.S.H Fire Safety Assessors. The ability to keep to the programme was seriously hindered by the retirement of the Fire Adviser in August and the resulting 50% drop in staffing. All departments at Crawley did undergo fire safety reviews and following an audit by West Sussex Fire & Rescue Service the P.C.T has been informed that fire management is considered to be satisfactory.

Objective 2011/12

- **Three fire safety risk assessments or annual reviews to be completed each month and the fire plans updated as necessary.**
- **Routine walk rounds to monitor day to day fire management.**
- **Maximise the new staffing arrangements in order to meet the target.**

10. Management of the Bariatric person

Effective management of the bariatric person is inconsistent throughout the Trust as is currently only triggered by the need for specialist equipment. Demographically the number of

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these patients within the catchment area is increasing and the Trust is consequently experiencing greater numbers of the bariatric person requiring the use the Trust services.

Objective for 2011/12

- **Develop and implement improved systems for the care and management of the bariatric person, inclusive of access to equipment and services in line with the HSE recommendations.**

11. Manual Handling equipment

The changing face of the workforce and the patient care, in conjunction with the changes in health care delivery and service provision within the NHS has meant there is a need to ensure that the risks posed to staff and patients alike a identified and managed effectively. Ensuring that there is adequate access to handling equipment that is fit for purpose is essential to the delivery of high quality and safe care. In 2010/11 the Trust started the process to ensure that staff and patients had access to the equipment needed, by purchasing enough slings. In addition the concept of manual handling equipment cupboard for certain items of equipment has been agreed.

Objective 2011/12

Identify the gaps in current equipment provision.

12. Occupational Health

During 2010/2011 the Occupational Health service has reviewed its resources in response to the HSE Inspection in June 2010 and produced a business case for additional resources. Based on the Occupational Health needs of the Trust.

Objective 2011/2012

- **OH will assess current service provision against the Safe Effective Quality Occupational Health Service (SEQHS) standards and develop a proposal to provide accredited services at SASH.**

12.1 Enforcement

The HSE Improvement Notice required additional resources for the Occupational Health Service to meet the needs of the Trust. An Occupational Health Needs assessment has been put forward. To date no additional staffing resource has been allocated. A number of issues raised in the HSE report have been difficult to meet, such as awareness raising and working towards the strategic prevention and management of dermatitis.

Objective 2011/2012

- **Policies to be written and updated include Operational Occupational Health and Hepatitis B.**
- **When adequate staffing levels are achieved, the dept will be able to achieve all the actions required by the HSE. Staffing levels are still below required standard for the timely provision of occupational health services.**

12.2 Infection Control

In Q4, there have been 9 different infection control contact tracing exercises. 4 x measles, 2 x chicken pox, 1 x TB and 1 x mumps. 406 staff members were reviewed through the service. An MRSA outbreak in April 2011 required screening questionnaires to be sent to 136 staff members. This is reflective of the recurrence of infection incidence OH deals with on yearly

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basis. The ability of the Occupational Health Service to respond to fluctuating and unplanned infection control tracing and management of cases is impacted by the current resourcing within the department. A business case has been written, based on the Occupational Health Needs of the Trust to address these issues.

Immunisations

In accordance with the current policy and Department of Health guidelines the Occupational Health Service has undertaken 2200 blood screenings and 1041 vaccinations (MMR, chicken pox, Hep B and BCG. Hepatitis B vaccinations are given to all staff whose work involves exposure to body fluid both at pre-employment and during employment. This will be reviewed in the light of revisions to the Hepatitis B policy (see above) and appropriate changes will be made. Issues of non compliance with being immunised results from staff failing to attend their appointment. Occupational Health contacts all managers for follow up action and re-referral but is aware that not all staff re-books.

Objective 2011/2012

**Review compliance with immunisations as a result of revision to Hepatitis B policy.
Introduce a KPI and monitor compliance at IPCAS**

12.3 Accidental Exposure to Body Borne Viruses – Sharps exposure

Accidental exposure to body fluids are monitored and managed by Occupational Health. Occupational Health dealt with 101 cases of accidental exposure to body fluids from 04/10 – 03/11. The sharps exposure injuries in 2010/2011 have predominantly arisen amongst medical and nursing staff groups. They have occurred when these staff is disposing of needles they have used and the issues relate to their personal practice.

During 2011/12 the Trust will move to Safety engineered devices in line with EU Directive on the prevention of injuries and infections to healthcare workers from sharp objects such as needlesticks and the Occupational Health Service will need to ensure that its policy on accidental exposure to body fluids is amended to take this into account.

Safety cannulas have been rolled out in all areas of the Trust except Redwood Theatres who still felt there was a clinical need to keep the original devices at present. Following information received on the number of sharps injuries this decision has now been revisited and will form an objective for 2011/12. Other areas, including ITU have been trialling blunt-fill needles for drawing injections.

Objective 2011/2012

Assess implications of EU Directive and provide update reports to the Health and Safety Committee

Review continued use of needles in Redwood Theatres aiming to bring in line with the rest of the Trust

KPI for sharps injuries for monitoring at H and S committee

12.4 Health Surveillance

Skin surveillance is in place for all staff using latex gloves.

Phlebotomy has been identified as a high risk area for dermatitis associated with repetitive hand washing.

Objective 2011/2012

- **To identify all the other high risk areas.**

- **To have a more robust dermatitis surveillance programme in place for all staff at risk.**
- **To set key performance indicators for the monitoring of dermatitis within the Trust.**

12.5 Sonography

The action plan requires more support from Occupational Health, to support with physiotherapy referrals, guidance on managing Return to Work absences and regular meetings with managers to discuss ongoing health trends and further OH support.

Objective 2011/2012

- **To support the Sonography team, in implementing a strategy for the reduction of musculoskeletal disorders.**
- **Provide input to the Management and Prevention of RSI and MSD Policy.**

13 Quality and Risk Governance Meetings

Meetings have been established in every Directorate and have health and safety as a standard agenda item.

Objective 2011/2012

- **Continue to provide statistical reports to the groups with trend analysis.**
- **Provide the meetings with H&S Audit data relevant to their areas, including % compliance data.**
- **A representative from Environmental Safety department to attend Divisional Q&R meetings.**

Conclusion

Although improvements have taken place in respect of Health and Safety, the Trust continues to require more active participation from all its employees to make improvements in the future.

The reporting of incidents and near misses is fundamental to the Trust being able to identify and trend its high risk areas and this cannot happen without the involvement of staff. Investigation by managers into incidents and the provision of feedback to staff on progress, are important factors in making these improvements.

The Staff Survey showed that of the seven occupational groups that reported witnessing incidents or near misses, only four of these groups actually reported the incident. Interestingly, only four of the seven Directorates reported the incidents also. The survey also identified a decrease in the reporting of incidents generally. Feedback by staff confirms that a lack of information from managers on progress of the reported incidents leads them to believe that nothing is being done and as such reporting does not achieve anything!

The objectives for 2011/12 highlighted within this report, document some of the key pieces of work required to maintain and improve on identified issues. The objectives will become the 2011/12 workplan for the various departments within the Trust. Progress against these objectives will be reviewed at both the Trust's Health and Safety Committee and MBQR.

It is envisaged that the work being undertaken within Sonography will flagship the Trust as a leader in the field of the management of musculoskeletal disorders (MSD), not only in that department, but for MSDs across the organisation.

It is worth noting that whilst training is shown as low compliance on the Staff Survey, this is based on the question asking about receiving annual training. There is no requirement for general H&S training to be annual and it is currently being delivered three yearly as identified on the Training Matrix. The question does not make reference to receiving other, more specific H&S training such as Infection Control, Risk Assessment, Fire, etc. If this were the case, it is highly likely that the scoring against this question would be greatly improved, as staff receive various elements of 'H&S' type training throughout the year. As the KPI for training shows at Appendix A, the Trust compliance for attendance at three yearly training H&S Awareness training, is at 96%.

Appendix A - SASH Health and Safety Key Performance Indicators Dashboard - 2010/11

Ref	Indicator	Strategy	Secondary Objective	Key Driver 1	Key Driver 2	Does not meet goal	Meets Goal	Exceeds Goal	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
									2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010
OBJECTIVE : SAFE, HIGH QUALITY CO-ORDINATED CARE																					
\$1	Statutory Induction H&S training for all new staff	Environmental Safety	An Effective Organization	HSE	NHSLA	<85%	85-95%	>95%	87%	70%	87%	100%	80%	56%	40%	85%	0%	44%	62%	65%	65%
\$2	3 Yearly Refresher H&S training for all existing staff - 86 staff to be trained each month	Environmental Safety	An Effective Organization	HSE	NHSLA	<85%	85-95%	>95%	41%	64%	83%	100.02%	27%	100.09%	115%	87%	20%	114%	124%	276%	36%
\$3	competent in Risk Assessment per ward/dept. = 11 people per month	Environmental Safety	An Effective Organization	HSE	NHSLA	<95%	95-100%	N/A				30%	100%	54%	54%	154%	31%	82%	31%	30%	83%
\$4	Workplace injury rates compared to incidents reported	Environmental Safety	An Effective Organization	HSE	NHSLA	>70%	50-70%	<50%	64%	50%	63%	77%	63%	61%	68%	72%	71%	56%	66%	47%	63%
\$5	Compliance with staff receiving manual handling training on induction	Risk Management	An Effective Organization	HSE	NHSLA	<85%	85%	>85%								56%	66%	0%	110%	140%	75%
\$6	Compliance with staff receiving manual handling training updates	Risk Management	An Effective Organization	HSE	NHSLA	<80%	80%	>80%									36%	4%	43%	46%	33%
\$7	Manual handling equipment maintained and LOLER tested in year	Risk Management	An Effective Organization	HSE	NHSLA	<100%	100%	N/A	100%	80%	80%	80%	80%	80%	75%	75%	65%	65%	65%	65%	76%
OBJECTIVE: REVITALISING OUR ENVIRONMENT																					
R1	Annual H&S audit undertaken - 6 per month = 67	Environmental Safety	Safe, High Quality Coordinated Care	HSE	NHSLA	<6	6	>6	3	14	11	7	1	1	0	13	1	0	7	2	60
OBJECTIVE: AN EFFECTIVE ORGANISATION																					
Eo1	RIDDOR incidents reported to HSE within 10 days	Environmental Safety	Safe, High Quality Coordinated Care	HSE	NHSLA	<50%	50-70%	>70%	N/A	0%	50%	50%	33%	0%	50%	25%	50%	33%	57%	100%	31%
Eo	Total RIDDORs reported to HSE	Environmental Safety	Safe, High Quality Coordinated Care	HSE	NHSLA				0	1	2	4	3	3	2	8	4	3	7	5	42
	Late RIDDORs - Surgical	Environmental Safety	Safe, High Quality Coordinated Care								1	2	1		1						5
	Late RIDDORs - Medical	Environmental Safety	Safe, High Quality Coordinated Care							1	1			1	1	2					6
	Late RIDDORs - Clinical Support	Environmental Safety	Safe, High Quality Coordinated Care											1	1	2	2	1			7
	Late RIDDORs - WACH	Environmental Safety	Safe, High Quality Coordinated Care								1										1
	Late RIDDORs - F&E	Environmental Safety	Safe, High Quality Coordinated Care													1			2		3

Appendix B – SASH H&S Incident Rates for 2010/2011

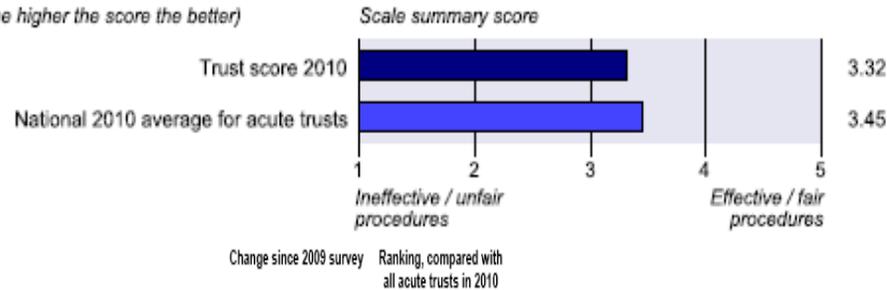
Incidents by Directorate and Category																											
	Abuse of Patient by Staff	Abuse etc of Patient by Patient	Abuse of Staff by Patient	Abuse of Staff by other Staff	Abuse - other	Abuse of Staff by Visitor	Dangerous Occurrence	Environmental incident	Equipment incident	Patient environmental fall	Public falls	Staff Falls	Fire	Food hygiene	Hygiene issues	Ill health/disease	Trust Infrastructure	Manual Handling Objects	Manual Handling - People	Personal injury	Plant	Breach of Security	Sharps	Vehicle incident	Waste incident	Workplace Environment	Total
Business Intelligence & IT	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Clinical Services Dir's Office	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2
Clinical Support Services	1	0	6	5	0	1	3	1	4	1	1	9	4	0	6	6	0	16	4	21	0	20	7	1	0	5	122
Environment & Facilities	0	0	2	12	0	1	0	0	2	0	1	4	8	0	0	1	4	8	2	22	0	13	3	4	2	4	93
Finance & Contracting	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Human Resources	0	0	0	1	1	0	0	0	0	0	1	1	3	0	0	0	1	1	0	5	1	4	0	1	0	1	21
Medical	6	7	77	4	8	9	10	1	3	1	3	15	30	3	2	1	2	3	12	9	0	42	21	1	0	4	274
Medical Director's Office	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Nursing and Org. Development	0	0	0	0	1	0	0	0	1	0	0	2	0	0	0	1	0	0	0	1	0	3	0	0	0	1	10
PCT/Other NHS Trust	0	0	1	0	0	0	0	0	3	0	0	0	2	0	0	0	0	0	2	0	0	2	0	0	1	0	11
Surgical	3	1	32	4	4	2	5	2	1	2	1	4	14	1	0	3	4	4	18	27	0	13	24	0	4	14	187
Women & Children's	0	0	10	4	1	6	6	1	3	1	1	7	17	0	4	2	7	2	2	3	0	6	19	1	0	5	108
Totals:	10	8	128	30	15	19	24	5	17	5	8	44	79	4	12	14	18	35	40	90	1	103	74	8	7	34	832

Appendix C – Staff Survey

Bottom Ranking Score – 1 of 4

! KF22. Fairness and effectiveness of incident reporting procedures

(the higher the score the better)



Where Staff Experience has Improved – 1 of 4

✓ KF28. Impact of health and well-being on ability to perform work or daily activities

(the lower the score the better)



STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Occupational health and safety

KF16. % receiving health and safety training in last 12 mths	• No change	! Lowest (worst) 20%
* KF17. % suffering work-related injury in last 12 mths	• No change	! Above (worse than) average
* KF18. % suffering work-related stress in last 12 mths	• No change	! Above (worse than) average

Infection control and hygiene

KF19. % saying hand washing materials are always available	• No change	+ Average
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Errors and incidents

* KF20. % witnessing potentially harmful errors, near misses or incidents in last mth	• No change	! Above (worse than) average
KF21. % reporting errors, near misses or incidents witnessed in the last mth	• No change	! Below (worse than) average
KF22. Fairness and effectiveness of incident reporting procedures	• No change	! Lowest (worst) 20%

Violence and harassment

* KF23. % experiencing physical violence from patients, relatives or the public in last 12 mths	--	! Above (worse than) average
* KF24. % experiencing physical violence from staff in last 12 mths	--	! Highest (worst) 20%
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	--	✓ Below (better than) average
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	--	✓ Below (better than) average
KF27. Perceptions of effective action from employer towards violence and harassment	• No change	! Lowest (worst) 20%

Appendix D - SASH Health and Safety Policies - 2010/11

Updated Policies in 2010/2011

Policy Name	Author
New, Expectant or Nursing Mothers Policy	OH Manager
Display Screen Equipment Policy (DSE)	H&S Manager
Young Persons at Work Policy	H&S Manager
Health and Safety Consultation in the Workplace Policy	H&S Manager
Latex Gloves Policy	OH Manager

New Policies for 2011/2012

Policy Name	Author
Night Workers Policy	OH Manager
Noise at Work policy	H&S Manager
Management of RSI and MSD Policy	BCA
Therapeutic Handling Policy	BCA
Personal Protective Equipment Policy	H&S Manager

Policies to be updated

Policy Name	Author
Health & Safety General Statement	H&S Manager
Slips, Trips and Falls	H&S Manager
COSHH	H&S Manager
Lone Workers	Security Manager
First Aid	H&S Manager
Stress Management	OH Manager
Management of the Bariatric person	BCA
Management of Violence & Aggression Against Staff Policy	Security Manager
Manual Handling	BCA