

Health and Safety Report

For: Review and discussion

Summary: This paper provides the Board of Directors with an update on Health and Safety Accountabilities and responsibilities following reorganization of Executive Director portfolios. It informs on the Health and Safety Executive inspections and actions to address the recommendations they made following inspection.

The paper proposes that the Trust Board receives its assurance through regular submission of outcome measures to the Quality and safety Committee.

Action: Review and decision

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Notes:

Trust objective:	Please list number and statement this paper relates to. All objectives
Legal:	What are the legal considerations and implications linked to this item? Please name relevant act Trust Board requirements to deliver financial balance and quality services.
Regulation:	What aspect of regulation applies and what are the outcome implications? This applies to <u>any</u> regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission CQC

Health and Safety Report

Date	March 2011
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Department	Integrated Governance and Quality
Audience	Trust Board of Directors

Introduction

The Health & Safety and Manual Handling central functions of the Trust have been within the Workforce Directorate until December 2010. They moved to the Nursing Directorate under the Head of Integrated Governance and Quality to align them with the central risk function to support the 'enterprise risk management' approach approved by the Trust Board in its Risk Management Policy.

This paper provides the Trust Board with an interim report on Health and Safety at Surrey and Sussex Healthcare NHS Trust prior to the Board receiving its annual Health and Safety Report in summer 2011. In the annual report the Trust Board will receive all the required information, local outcome measures and the planned developments for 2011/2012.

This paper provides the Board of Directors with an overview of the Trust's response to the Health and Safety Executive (HSE) inspections in June and August 2010/2011. The inspections reviewed the Trust arrangements for meeting its legal requirements under the Health and Safety at Work Act, 1974. This paper does not report on the HSE visit in December 2010 where the security arrangements at the Trust were reviewed. This is reported by the Director of Informatics and Environment.

External Regulator Inspections

June 2010

The Trust was inspected by the HSE in June 2010. As a result of their investigation findings they made recommendations for improvements in the management arrangements in place for health and safety as well as the effectiveness of the arrangements to protect the staff and meet the requirements set out in the relevant Act.

The recommendations were managed in two ways

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1. The most serious concerns, which the HSE viewed, put the Trust in breach of Regulation 7 of the Management of Health and Safety at Work Regulations 1999 were addressed by the Trust being served with an Improvement Notice.
 2. The other recommendations for improvement were detailed in their report received in July 2010.
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Together the recommendations represent significant work to be delivered over a relatively short period of time. The recommendations are dependant on creating a Trust wide infrastructure to manage health and safety in local areas, through trained individuals who have the time and skills to undertake the necessary actions locally.

The lack of standardised H and S infrastructure at the time of inspection within the Divisions combined with an under resourced central Health and Safety, Manual Handling and Occupational Health Teams was concluded by the HSE to be preventing the competent persons employed by the Trust from developing the strategic direction to provide a safe place of work to all staff.

The action plans for both the Improvement Notice and to address the wider recommendations identified in the full inspection report have been approved by the Management Board for Quality and Risk and the Health and Safety Executive. The action plans are subject to regular updating and quarterly reporting to the Management Board for Quality and Risk internally and periodic review by the Health and Safety Executive.

Proposal

There is scheduled reporting to the Quality and Safety Committee of the Trust Board on progress with the action plan to supplement the Health and Safety outcome measures reported within the Integrated Quality and Performance Dashboard at the Trust Board meeting.

July 2010

The Trust reported to the HSE under the RIDDOR procedures two sonographers diagnosed with RSI musculoskeletal injuries to their upper limbs. These were the first RIDDOR's reported in relation to this issue to the HSE. Since they visited the East Surrey Hospital site in July to review the arrangements in place they have interrogated the local incident reporting system and identified a number of incidents related to upper limb injury and strain amongst radiographers and sonographers.

The HSE identified a number of causative factors related to demand, capacity, task design and equipment within the Trust for completing ultrasounds. They further identified a lack of local risk assessments or actions in relation to maintaining Occupational Health services to deal with musculoskeletal disorders both in the individual cases and more systematically. They recorded that timely response to and proactive Occupational Health management following initial symptoms could have minimised or averted the sickness absence that resulted.

The HSE served a second improvement notice in February 2011 on the Trust in relation to its arrangements for managing occupational musculo skeletal disorders, assessments, interventions with follow up monitoring and Occupational Health arrangements. They linked this to the HSE improvement notice served in July 2010 as there are substantial links between the causes found at both inspections.

Health and Safety Corporate Arrangements

Executive Accountabilities

On December 1st 2010 the Executive day to day accountability, delegated from the Chief Executive Officer as the responsible person, moved from the Director of Workforce to the Chief Nurse.

Operationally the line management arrangements have changed in response and are

Health and Safety Manager – Integrated Governance Team

Manual Handling and Back care advisor – Integrated Governance Team

**Occupational Health – Workforce Team
Security – Environment and Facilities Team**

The Health and Safety agenda therefore spans the portfolio of three executive directors who will work together to embed good Health and Safety Management.

Divisional Responsibilities

The Divisional Management team; Chief of the Division, Divisional Nurse and Associate Divisional Director have the responsibility for

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1. ensuring that the managerial duties under the Health and Safety at Work Act are embedded through the line management structures in all areas of the Trust
 2. The appropriate number and quality of risk assessments are in place in all areas / services provided by them to meet the regulatory requirements
 3. having an infrastructure of trained risk assessors in every area / service at all levels to ensure they can be sufficiently aware of risks to their staff and the people using their services. This infrastructure needs to be readily accessible to all staff on the intranet
 4. The Divisional risk register is appropriately populated with risk assessments as set out in the Risk Management Policy
 5. That they deliver on all Health and Safety key performance indicators as set out corporately to assure the Trust Board that it is discharging its H and S responsibilities.
 6. That H and S will be a standing item in the Divisional Board meetings with a local tracking system to ensure they can evidence closure and follow up on actions identified.
 7. They develop the safety culture within the Division / Directorate to encourage timely reporting and full investigation of incidents.
 8. Their clinical audit programme includes Health and Safety based audits relevant to their services
 9. Incidents resulting in RIDDOR to be notified within 24hrs
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The above have been agreed at the Management Board for quality and risk.

Implementation Actions

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1. Increased resources in place in Health and Safety Department with recruitment underway in Manual Handling
 2. Risk assessment training for staff has been redesigned and is delivered at least monthly to provide an infrastructure of trained risk assessors within all areas of the Trust to support and facilitate local risk identification, assessment, management and reporting.
 3. Risk Register implementation continues through embedding a structure of trained 'designated persons' at all management levels up to the Executive to enable risk management within the Divisions and to enable managers to meet their legal responsibilities in relation to duty of care.
 4. Actions to address the issues in Ultrasound (2nd Improvement Notice) are being finalised for approval at Management Board.
 5. Risk Register will be used to capture local risk assessments to enable the Trust to improve its management of its risk profile
 6. The Integrated Quality and Performance Dashboard informs the Trust Board at every meeting of the management of Health and Safety and Manual Handling key performance indicators. These are subject to review.
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7. Action plans are monitored at the Health and Safety Committee and Management Board for Quality and Risk.

Appendix 1 Accountabilities and Responsibilities – HSE Inspection July 2010

Executive	Recommendation	Corporate Manager supporting	Division/ Directorate Responsible
Chief Nurse	H and S Policy review and updates	H and S Manager	Nursing
	Manual handling policy review and updates	Manual handling advisor	
	Slips Trips and Falls Policy updates and revision	H and S Manager	
	Risk Assessment Policy	Integrated Risk Lead and H and S Manager	
	Aggregation and escalation of risks from divisional sources to corporate risk register	Integrated Risk Lead and H and S Manager	
	Sufficient levels of competent persons to deliver strategic, training and advisory roles	Head of Integrated Governance and Quality (H and S and Manual Handling)	
	Comprehensive training needs analysis of H and S training required to meet Trusts responsibilities under the H and S Act – includes non clinical and specialty focused manual handling training	Integrated Risk Lead and H and S Manager, Manual Handling advisor	
Director of Workforce	Dermatitis Policy update and revision	Occupational Health Manager	Workforce
	Latex Policy updates and revision	Occupational Health Manager	
	Generic latex and dermatitis risk and sharps injuries	Occupational Health Manager	

	assessments to be completed – corporate steer		
	Sharps Policy and safety alert bulleting in relation to not re-sheathing needles	Occupational Health Manager	
	Work related dermatitis identified referred to H and S as a RIDDOR	Occupational Health Manager	
	Health Surveillance Policy and updates	Occupational Health Manager	
	Occupational Health resources to be reassessed as inadequate to meet the needs of the organisation.	Occupational Health Manager	
	Robust system in place for confirming all agency staff have appropriate statutory and mandatory training	Director of Workforce	
	Provision of sufficient resources from training e.g. rooms, number of courses to ensure the Trust has adequately trained staff to meet statutory requirements in line with training needs analysis	Head of Education and Training	
Chief Operating Officer	H and S performance at divisional levels – KPI achievement	Chiefs of Division	Clinical Services All
	Managerial objectives for H and S	Chiefs of Division / Divisional Chief Nurse / Divisional Director	
	Trained Risk assessor infrastructure with comprehensive quality risk assessments in all areas that reflect	Chiefs of Division / Divisional Chief Nurse / Divisional	

	the risks and inform the Divisional Management Team		
	Divisional Quality and Risk meeting encompasses H and S as a standing item	Chiefs of Division / Divisional Chief Nurse / Divisional Director	
	Manual Handling risk assessments must be completed on the correct form in all areas of the Trust	Chiefs of Division / Divisional Chief Nurse / Divisional Director	
	Process for sharing non confidential information with managers where it relates to occupational health and injury	Chiefs of Division / Divisional Chief Nurse / Divisional Director	
	Work related dermatitis to be reported as a RIDDOR	Chiefs of Division / Divisional Chief Nurse / Divisional Director	
	Remedial works identified at inspection to be completed	Chiefs of Division / Divisional Chief Nurse / Divisional Director – CSS and Medicine	Clinical Services Mortuary – Pathology Services Manager MAU – Matron Newdigate, Leigh and Abinger – Matrons
	Medical Records environment is not suitable or sufficient for staff in the team Manual handling risk assessment of movement of patient records	Chiefs of Division / Divisional Chief Nurse / Divisional Director – Surgery	Clinical Services Head of Outpatients and Medical Records
Director of Communications	Communications infrastructure to support comprehensive messaging of all	Director of Communications	Communications

	staff in relation to H and S issues		
	Approval of funding required to undertake remedial works identified to address H and S risks once any bids received	Head of Estates	
	Remedial works identified at inspection to be completed Risk assessment of flooring in main kitchen Risk assessment of repetitive tasks using ART tool from HSE Flooring outside domestics store replaced Trust has outgrown the current kitchen facilities and arrangements – review underway – short term measures to manage risk put in place	Head of Facilities	Environment and Facilities Main Kitchen – Catering Services Manager
	Training of porters in conflict resolution and managing violence and aggression (as they are often used to back up security)	Deputy Head of Estates	Environment and Facilities Portering Service Manager
	Lack of planned preventative maintenance programme for food trolleys , linen cages and medical records trolleys Insufficient number of trolley cages to	Head of Estates	Environment and Facilities Head of Estates

	allow a proactive planned preventative maintenance programme which minimises disruption		
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