



# **Annual Health and Safety Report**

## **01 April 2011 – 31 March 2012**

**Version 1.0**  
**August 2012**

## **Introduction**

The purpose of this report to provide Trust Board with information relating to performance, key developments and areas of concerns within the Trust in the area of occupational safety and health, during the year ending 31 March 2012.

The Northern Health and Social Services Trust has a general duty under Section 2 of the Health and Safety at Work (Northern Ireland) Order 1978 to ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees.

## **Trust Health and Safety Committee activity**

The Trust's Health and Safety Committee was established in September 2008 and met five times during this reporting period.

The Committee's principal objective is the promotion of co-operation between the Trust and its employees in investigating, developing and carrying out the measures necessary to ensure the health, safety and welfare at work of employees.

The Committee is chaired by the Trust's Corporate Risk Manager with membership being drawn from each Directorate and from Trade Union Side.

*Key areas of business have included:*

- reviewing compliance with the Health and Safety Controls Assurance Standards
- studying accident and notifiable disease statistics and trends
- considering reports and factual information provided by inspectors of enforcing authorities
- monitoring the effectiveness of the safety content of employee training
- monitoring the adequacy of health and safety communication in the workplace
- reviewing policy development needs
- violence and aggression against staff
- fire safety
- backcare issues
- health and wellbeing; and the
- EU Directive on Preventing Sharps Injuries in the Hospital and Healthcare Sector.

Minutes of Committee meetings are posted on Staffnet following Committee agreement with periodic reports to Governance Management Board and Governance Committee as per specialist committee reporting requirements.

## Performance against the Health and Safety Controls Assurance Standard

The Trust exceeded the minimum substantive score of 75 % and achieved a compliance level of 76 % for the 2011/12 assessment period. This compared with a score of 73 % for the previous year.

An action plan has been developed as a result of the assessment to enable the Trust to, as a minimum, maintain the required level of compliance and preferably to achieve an improvement in health and safety performance during the next two assessment periods.

The action plan includes:

- revisions to the Health, Safety and Welfare Policy
- development of Directorate/Service/Departmental Health and Safety Policies
- development of a policy on shared workplaces
- increasing the number of personal reviews being conducted
- development and agreement of a Manual Handling Policy; and
- provision of basic health and safety information in different languages.

## Performance Indicators

A requirement of the Health and Safety Controls Assurance Standards is that the Trust's Board should select those indicators which are considered most informative in assessing whether internal controls are working satisfactorily and that objectives for health and safety management are being met.

Accordingly, together with the incident data detailed below, the following indicators were approved by Trust Board in the previous reporting period.

### *Incidents involving staff*

|                 | <b>Slips, trips and falls</b> | <b>Violence and aggression</b> | <b>Moving and handling</b> | <b>Needlestick/ sharps</b> | <b>RIDDOR reportable</b> |
|-----------------|-------------------------------|--------------------------------|----------------------------|----------------------------|--------------------------|
| <b>2011/12*</b> | 154                           | 1326                           | 99                         | 94                         | 74                       |
| <b>2010/11</b>  | 194                           | 1244                           | 123                        | 128                        | 87                       |
| <b>2009/10</b>  | 185                           | 1291                           | 112                        | 122                        | 76                       |
| <b>2008/9</b>   | 167                           | 1091                           | 129                        | 128                        | 72                       |

\*The figures for 2011/12 are provisional figures

*(RIDDOR reportable injuries are defined as those that result in three or more day's absence from work or a major injury)*

The reduction in RIDDOR reportable injuries is likely to have been due to the reduced number of 'slips, trips and falls' occurring during a Winter which was much milder than in the previous two years.

Four incidents were reported under RIDDOR where the person injured was not a member of Trust staff. Of the 74 RIDDOR reportable injuries to staff reported during 2011/12, 29 were as a result of slip, trip and falls compared with 38 in the previous reporting period. A further 20 were as a result of moving and handling activity and 15 were as a result of acts of physical violence against staff.

Domiciliary care staff accounted for 14 (19 %) of all RIDDOR reportable injuries and Mental Health Acute Hospital Services accounted for 13 (18%) of all RIDDOR reportable injuries, nine of which were as a result of incidents of violence and aggression.

The vast majority of violence and aggression incidents occurring within Mental Health Services due to disturbed behaviour of dementia patients and acutely ill patients. The disturbed behaviour associated with conditions being treated by this service and the acute nature of these conditions are likely to be influencing factors to this situation.

#### *Claims statistics*

The number of new health, safety and welfare related Employer's Liability and Occupiers Liability claims received during the reporting period was 29 and 7 respectively. The amounts paid out as a result of such claims in 2011/12 were £185,530 and £38,359 which compares to £338,464 (39) and £83,755 (16) respectively during 2010/11.

15 new applications for payment of Temporary Injury Benefit were received during this reporting period compared to 12 in 2010/11.

#### *Absence data*

The Trust does not currently have a system which captures absence due to work related incidents. It is hoped that the new HRPTS system will be able to capture this information to facilitate maintenance of this very relevant performance indicator.

#### *2012/13 Performance indicators and targets*

In addition to analysing performance against those performance indicators detailed above the Board are asked to consider approving the following further performance indicators and targets:

- measurement of performance against the Trust's Risk Assessment Procedure for Staff Members who are New and Expectant Mothers between 01 April 2011 and 31 March 2012
- achievement of a score of at least 77% for the 2012/13 Health and Safety Controls Assurance Standards self assessment
- completion of two occupational safety and health related campaigns
- reduction in the number of latex non-sterile medical examination gloves used in comparison with the number used in the 6 months to 31 March 2012

- 25% of 'front line' staff to receive the flu vaccination
- delivery of Individual Client Risk Assessment Training to 200 community based staff
- delivery of Load Handling Risk Assessment to 80 staff
- production and distribution of four Health and Safety Newsletters; and
- completion of the Display Screen Equipment (DSE) e-learning programme by 500 staff.

## **Policy development**

During this reporting period the Trust's Lone Worker Policy was developed by the Governance Department.

Documents which were subject to a review by, or in consultation with the Governance Department included:

- Zero Tolerance Policy (Version 2)
- Safety Representatives Inspection/Investigations Policy
- Smoke-free Workplace Policy
- Mobile Phones and Driving - Information for Managers and staff; and
- Display Screen Equipment (DSE) Eye Care Voucher Scheme.

Other documents currently in development include:

- Community Staff Personal Safety Checklist; and
- Trust Moving and Handling Policy.

## **Health and Wellbeing Activity**

As part of the Trust's Health and Wellbeing Strategy and Action Plan the 'Health Hub' has organised a number of campaigns on Staffnet including managing stress, 'Be Safe In The Sun', Alcohol – Know Your Limits, Sexual Health – The Facts, Health In Retirement, Breast Awareness Month, Keep Well In Winter, Be Heart Aware, Suicide Prevention and Skin Care. All information is copied to the Trust Internet site so that staff can access the information from home.

In addition to the Staffnet campaign the 'Skin Care Week' from 26<sup>th</sup> until 30<sup>th</sup> March was marked by Occupational Health and Governance Department staff manning stands at the Trust's five main hospital sites and distributing skin care leaflets and discussing the matter with staff.

A total of 2941 staff attended the Occupational Health Service for the winter flu vaccination compare to 2669 in the previous reporting period.

## **Contact with enforcing authorities**

The Trust, along with other Health and Social Services organisations, was given warnings by HSENI in relation to safer needle devices and preventing slips, trips and falls during periods of inclement weather.

The Trust was also the subject of visits from HSENI Inspectors in relation to hot and cold water systems and their management to protect against legionella.

Representatives from the Trust also attended a workshop at HSENI Headquarters in Belfast on the management of work related stress in health and social care at which the Trust's Head of Occupational Health delivered a presentation.

Updated guidance on RIDDOR requirements in health and social care is likely to mean an increase in the number of incidents being reported where service users fall. The Trust will comply with these requirements for incidents reported after 01 April 2012. It is highly likely that this will increase demands on Governance Department staff and may have an impact on front line staff as more detailed information about the circumstances of some incidents will be required. Three incidents involving service users were RIDDOR reportable during this reporting period.

It is also highly likely that the length of time that a member of staff is absent following an incident before it is reportable will increase from three to seven days in April 2013 in line with the remainder of the United Kingdom.

The Governance Department has not been notified of any inspections of Trust owned or leased premises conducted by Borough Council Health and Safety Departments.

## **Health, Safety & Well-Being Section, health and safety related activity**

Staffing of the Health, Safety & Well-Being Section of the Governance Department during the reporting period:

- 1 Assistant Risk Manager (Band 7) 0.80 wte;
- 2 Back Care Advisors (Band 7) 1.4 wte
- 1 Health and Safety Advisor (Band 6)
- 1 Complex Paediatric Moving and Handling Advisor (Band 6)
- 2 Moving and Handling Advisors (Band 6) 1.6 wte (1 post vacant for the period)
- 1 General Admin Support (Band 3)

Staff working in the Health, Safety & Well-Being Section of the Governance Department provided support to other departments and services through the completion of assessments relating to moving and handling, the use of Display Screen Equipment, workplace health and safety issues, the use of hazardous substances and following referral to the Occupational Health Department amongst other functions.

Whilst local managers retain the responsibility to undertake investigations following an incident, the Health, Safety & Well-Being Section staff are also required to conduct investigations and prepare reports as part of the claims management process.

The Health and Safety and Back Care Business Areas of Staffnet have been further developed during the reporting period in order to communicate better on health and safety

matters. There are also links between these sections and the Health and wellbeing section.

The Backcare Department have continued to operate on a prioritised basis with priority being given to:

- patient handling training provision
- advice to staff regarding patient moving and handling challenges
- support with client risk assessment where required; and
- strategic advice for the acute patient documentation including moving and handling risk assessment, Community client risk assessment policy development and equipment recommendations.

The role of the Paediatric Moving and Handling Advisor continues to expand. The focus of training has been for acute staff. The priority for this post will continue to be to support those children with complex handling needs and their families. To support their care the provision of staff moving and handling training including the completion of risk assessments continues to be a priority.

Whilst there continues to be an increase in the use of direct payments to provide care packages the support of children, their families and also their carers remains an area lacking clear roles, responsibilities and monitoring arrangements in relation to moving and handling.

### **Areas of work of particular significance**

#### *Difcicl-s*

Difcicl-s replaced existing disinfectants as part of an initial trial period of 12 months from April 2011. The trial has been extended to community facilities following the successful introduction of the product in the acute setting. By 31 March 2012 approximately 2500 staff had received 'face to face' training in the safe preparation and use of the product with further training to be delivered to staff in community settings.

The manufacturer has also begun to train members of Trust staff to deliver training to colleagues within their own services as the need arises. The Trust's Health and Safety Advisor continues to provide support to the project and the managers of staff using the product.

#### *Health and Safety Newsletter*

The Health, Safety & Well-Being Section of the Governance Department continues to produce a quarterly Health and Safety Newsletter for the purpose of communicating with staff on health and safety matters.

The newsletter is also distributed to Health and Safety Committee members and agreement has been reached to have the newsletter distributed amongst staff who do not have regular access to a computer in work including Domiciliary Care staff, Support Services and Estate Services.

Articles which have appeared in the newsletter during this reporting period include 'Incident Reporting', 'DSE Eye Care Voucher Scheme', 'Focus on the Backcare Department', 'Focus on Staff Mental Health', 'Moving and Handling e-learning Programme', 'Gas Safety' and 'Health and Safety Committee.'

### *Glove provision*

In October 2011 a decision was taken to reduce the number of staff exposed to Natural Rubber Latex by switching the majority of staff wearing non-sterile medical examination gloves to a non-latex alternative.

In the six months to 31 March 2012 the average usage rate of latex non-sterile medical examination gloves was 1025 per month which compares to 3000 per month in the six months to 30 September 2011.

It is reasonable to suggest that more staff are still wearing the latex glove than need to be for various reasons including the change not being communicated to all departments and departments needing to use up existing stocks. This area will remain under review.

### *Corporate Health and Safety Risk Register*

A Corporate Health and Safety Risk Register was developed and contains a number of areas of continuing risk which potentially adversely impact on the Trust's achievement of its principal objectives.

Staff working in the Health, Safety & Well-Being Section continue to develop and monitor progress against action plans designed to reduce the level of risk relating to these entries.

### *Equipment Procurement*

The Backcare Department have recently supported the procurement process for a range of electric profiling beds for Antrim Area Hospital. Funding to procure approximately 80 hoists (Loop and Clip), Stand Aids, Sara Stedys and a variety of slings was also identified and distributed as follows:

- the hoists have been used to replace very old stock in acute and community hospitals, homes and day and adult centres. The new hoists have an increased safe working load and have powered patient positioning to reduce the effort required from the carer when positioning the client.
- the stand aids have been located into three Day Centres, the Community Equipment Service and the Backcare Department. Remaining stand aids will be used to replace ageing ones in use in Causeway Hospital following an audit in the summer.
- 'Sara Stedys' have been provided for use in the community, some acute wards and areas and the Backcare Training Rooms.
- a range of amputee slings have been procured for use in the Acute and Community hospitals to be held by Backcare, for distribution as needed. Current procedure will be developed to support this.



## Training Provision

The following training was delivered/facilitated during the reporting period:

### *General Health and Safety Training*

| Course Title                                                       | Course Duration          | Number of Sessions | Number of Attendees (figures for 2010/11 in brackets) |
|--------------------------------------------------------------------|--------------------------|--------------------|-------------------------------------------------------|
| <b>Control of Substances Hazardous to Health (COSHH) Awareness</b> | 45 minutes               | 8                  | <b>123</b><br>(438)                                   |
| <b>Display Screen Equipment (DSE) Awareness</b> (now e-learning)   | Approximately 45 minutes | N/a                | <b>51</b><br>(144)                                    |
| <b>Risk Assessment Principles and Practice</b>                     | 4 hours                  | 13                 | <b>144</b><br>(78)                                    |
| <b>New and Expectant Mothers Risk Assessment</b>                   | 55 minutes               | 0                  | <b>0</b><br>(68)                                      |
| <b>COSHH Assessor</b><br>(delivered by an external provider)       | 1 day                    | 0                  | <b>0</b><br>(34)                                      |
| <b>Emergency First aid at Work</b> (external provider)             | 1 day                    | 11                 | <b>106</b><br>(N/k)                                   |

231 members of staff completed the Corporate Induction e-learning programme during the reporting period. This compares to 83 in the previous reporting period. The programme includes sections on health and safety and back care.

### *Moving and Handling Training*

| Course Title                                       | Course Duration                   | Number of Sessions | Number of Attendees   |
|----------------------------------------------------|-----------------------------------|--------------------|-----------------------|
| <b>Safer Patient Handling - Initial</b>            | 1 day & e-learning theory         | 21                 | <b>206</b><br>(218)   |
| <b>Safer Patient Handling - Refresher</b>          | 0.5 day & e-learning theory       | 85                 | <b>1105</b><br>(8099) |
| <b>Safer Patient Handling - Refresher</b>          | 2 hours & e-learning theory       | 6                  | <b>48</b><br>(N/a)    |
| <b>Safer Patient Handling with Risk Assessment</b> | 1 day & e-learning theory         | 1                  | <b>12</b><br>(N/a)    |
| <b>Load Handling</b>                               | 1.5 - 2 hours & e-learning theory | 0                  | <b>0</b><br>(385)     |

|                                                              |                                |    |                     |
|--------------------------------------------------------------|--------------------------------|----|---------------------|
| <b>Safer Load Handling Refresher</b>                         | 1.25 hours & e-learning theory | 15 | <b>163</b><br>(N/a) |
| <b>Safer Load Handling Risk Assessment</b>                   | 1 day & e-learning theory      | 5  | <b>26</b><br>(12)   |
| <b>Individual Client Risk Assessment for Community Staff</b> | 1 day & e-learning theory      | 14 | <b>155</b><br>(115) |
| <b>Individual Client Risk Assessment Update</b>              | 0.5 day                        | 2  | <b>18</b><br>(N/a)  |
| <b>Back Care Awareness</b>                                   | 1–2 hours                      | 0  | <b>0</b><br>(49)    |
| <b>Safer Paediatric Handling Initial</b>                     | 1 day & e-learning theory      | 1  | <b>5</b><br>(76)    |
| <b>Safer Paediatric Handling (S.A.L.T Scheme)</b>            | 2.5 hours & e-learning theory  | 1  | <b>8</b><br>(N/a)   |
| <b>Safer Paediatric Handling Refresher</b>                   | 0.5 day                        | 5  | <b>34</b><br>(39)   |
| <b>Back Care Awareness for Paediatric Summer Scheme</b>      | 2 hours                        | 6  | <b>20</b>           |

The provision of moving and handling training has continued to be challenging both in terms of location and the provision of sufficient places.

With the closure of Clark House in Antrim the majority of training is currently being delivered in the Route Site, Ballymoney, and Ward 4, Mid Ulster Hospital. This has impacted on the provision of training and the attendance of staff from the Antrim, Larne and Carrickfergus areas.

As a result it is anticipated that travel costs will have increased due to greater travel distance for both course participants attending and for Backcare staff based in Antrim travelling to deliver training. Similarly there are adverse consequences in terms of inefficient use of staff time and financial resources. It is envisaged a training room will be ready for use in Inver 2, Holywell Hospital by September 2012.

Due to the reduced number of trained Backcare staff available for much of 2011/12 the provision of training had to be curtailed. The focus has remained on the provision of training for new staff caring for patients, patient handling refresher training and individual client risk assessment training for community staff.

The requirements from RQIA for provision of annual, or training every eighteen months in some areas has further increased the risk of non-compliance for the Trust. In a recent review of training frequency for staff involved in incidents some staff had not received training in moving and handling for 8 years if at all?

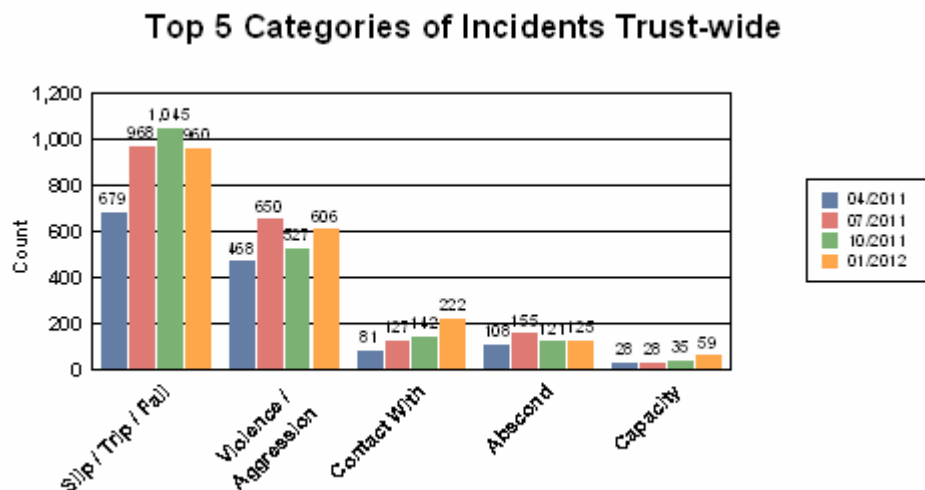
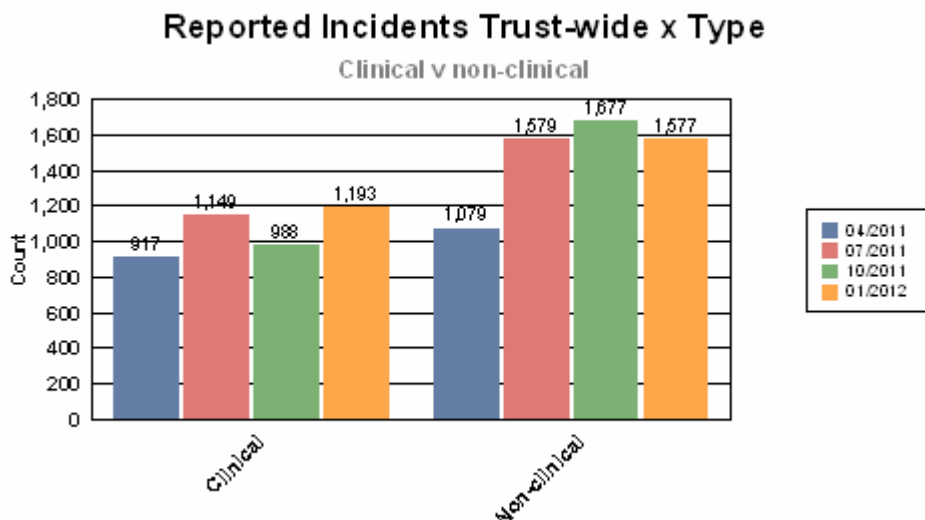
E-learning programmes were introduced for Moving and Handling Theory and DSE Awareness in January 2012 and it is anticipated that personal safety and COSHH Awareness e-learning programmes will be similarly made available before 31 March 2013.

### *Future objectives and plans*

Within the overall objective of improving the health, safety and welfare of staff, service users and other people accessing its services by increased compliance with the Health and Safety Controls Assurance Standards for the period to 31 March 2013, the specific objectives of the staff within the Health, Safety & Well-Being Section of the Governance Department include:

- further development and delivery of Trust-wide training programmes in areas of occupational health and safety
- continue to promote health and safety through the Health and Safety Newsletter and other means
- introduction of a system for distributing learning alerts drawn from prosecutions and enforcement action taken against Health and Social Care organisations across the United Kingdom
- introduction of a self assessment checklist for Display Screen Equipment users
- improve worker involvement within the Trust
- assist the Trust meet its obligations in relation to the forthcoming EU Directive on Preventing Sharps Injuries in the Hospital and Healthcare Sector legislation
- development and approval of health and safety related policies and procedures
- further development of the Health and Safety and Back Care Business Areas of Staffnet
- further development of the Health and Safety and Backcare business areas of staffnet
- involvement in the development of the Acute Nursing Assessment and Plan of Care documentation (including Moving and Handling Risk Assessment)
- support the PCCOPS Community Equipment Stores modernisation programme looking at equipment provision, management and maintenance processes.
- continue with the development of a PCCOPS Moving and Handling Risk Assessment Policy, including the format of an options paper to support this requirement (regardless of care provider)
- complete a staged audit of current training provision/ outstanding moving and handling training requirements trust wide
- development of a cyclical process to provide moving and handling update training to greater numbers of Trust staff
- monitoring of moving and handling incidents within the Trust;
- development of an awareness package for managers which sets out their roles and responsibilities in relation to moving and handling activities.

## Incident data



## Conclusion

The Corporate Health and Safety Risk Register contains risks which can be grouped into the following areas:

- injury to staff, service users and their 'informal' or other non-Trust carer
- loss of and inefficient use of resources because of work related injury and ill health
- prosecution by a statutory body under criminal law; and
- reputational risk by way of 'official' criticism and media reporting.

An outline of actions required to either resolve the individual risks, or to continue to control them to an acceptable level, will be presented to Governance Management Board on a quarterly basis. Health, Wellbeing and Safety staff work with the Occupational Health Service and Line Managers to manage these risks as far as is reasonably possible, within existing resources.

Where additional resources are required to help mitigate the risk, normal planning processes are used to establish priorities for funding.