

HEALTH & SAFETY REPORT TO HEALTH & SAFETY COMMITTEE

COVER SHEET

Clinical Service Centre/Committee		Medicine
Author and designation	Marilyn Chambers - Assistant Service Manager Cardiology, Respiratory & Diabetes & Sarah Courtney – Head of Nursing Medicine CSC	
Presented by	Marilyn Chambers Code A	
Health & Safety Committee Date	11/1/12	

Key Points for Committee members to note:

First report in new format.

Full CSC QAH site H+S walkround completed in November 2011. H+S plan developed from the findings of this. Immediate actions highlighted to Heads of Departments.

Essential Training compliance target remains a challenge. All Senior staff reminded of their responsibilities monitoring their teams' compliance with this. Detailed plan being implemented (see full details in report).

Sharps events have been cross checked between AIR and Occupational Health data to ensure accurate reporting. Good reporting culture.

All Heads of Departments keen to engage with the new fire officer to ensure departments have designated leads and staff knowledgeable about specific evacuation plans.

Actions/decisions required and by when:

H&S report on CSC Jan CG committee

Links to other relevant frameworks (NHSLA, CQC etc):

CQC Outcomes 8, 10, 11, 13 and 14

Consideration of legal Issues:

HEALTH & SAFETY REPORT TO HEALTH & SAFETY COMMITTEE**Progress made since last report: Starting from new report**

- Developing equipment log to ensure clarity of maintenance arrangements, cleaning and replacement
- Regular programme of CSC level inspection of H&S compliance in all areas – linked to CQC mock inspections
- Patients with risks such as falls, IC, nutrition etc., are identified on admission and highlighted on patient status at a glance boards
- Space issues in dermatology department, especially waiting areas, identified as a concern by patients and will be addressed as part of redevelopment of the service.
- Opening of G5 endoscopy to assist with waiting list pressures and overcrowding has assisted with privacy, dignity and safety. Future redevelopment of service on D Level planned and will incorporate these issues.
- Whole CSC H+S walkround completed for QAH site. Health and Safety Plans developed for each speciality. Immediate actions fed back to Governance leads. (i.e. - additional shelving in the Respiratory Centre ordered to cease storage on floors)
- DSE assessment register being developed to ensure all 'users' in date for workstation use. New chairs / support ordered for staff requiring support.

Health & Safety Risks to note/raised from local Risk Registers:

- Fire doors on the wards – agreement that doors can be wedged open if there is a patient in the room, this is required for safety reasons. When door closed can't hear if patients called for help and visibility of patients is restricted.
- Temperature control in Cath Labs – has been problematic since opening
- Outlying of patients is a risk and has been escalated formally as part of the bed rebalancing work stream. New footprint agreed, but will not eliminate outlying.
- New build toilet door accessibility

External Health & Safety visits / audits / inspections (outcomes/recommendations):

- CQC visit May 2011- report received and action plan being implemented
- Cardiology IRMER – Each Cath Lab is equipped with Local Rules. To comply with recommendations following HPC inspection 2010, Cardiology IRMER Group was established to ensure co operation between Local RPS and management.
- External QA visit for BCS – visit and report received July 2011, plan being implemented
- Planning underway for JAG accreditation visit in Endoscopy in 2012

Essential Training Compliance (What is the current level and what actions are being taken if any)

- Latest report shows 67.9% compliance. CSC detailed action plan developed in October and being implemented.
- Target 85% plan to improve performance- all line managers have had formal reminders of their responsibilities to ensure their staff are in date.
- All staff now have to have 100% compliance with essential training before they will be allowed to undertake any other form of training. ESR certificates are required to be submitted as evidence with any application for training.
- Cards to assist with ESR training have been circulated to all departments
- Review for every single post what training is essential to ensure the standards are correct – for completion end Dec 2011, This will provide new baseline. 2nd draft complete.

Dermatitis and Latex Allergy Control Measures:

- Senior Governance leads for each speciality assess their own areas for latex use.
- All interventional areas have risk assessments in place.

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- No clinical area routinely uses latex products.
- If Dermatitis identified in staff member, individual risk assessment complete and member of staff referred to OH by line manager.

Sharps Incidents Control Measures: 29/11/12 – Aspects on IPR = reduced sharp injuries.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
C5	1	1	0	0	0	0	1	1	0	4
C6	0	0	0	0	1	0	1	0	0	2
C7	1	1	0	0	0	0	0	0	0	2
CIU	0	0	0	0	0	0	0	1	0	1
Dermatology	1	0	0	0	0	0	0	2	0	3
E6	1	0	1	0	0	0	0	0	0	2
E7	1	1	0	0	0	0	0	0	0	2
E8	0	0	0	0	1	1	0	0	0	2
Endoscopy	0	0	1	0	1	0	0	0	0	2
Totals:	5	3	2	0	3	1	2	4	0	20

AIR's reported	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
C5	1	1					1			3
C6					1		1			2
C7	1	1								2
CIU										0
Dermatology	1									1
E6	1		1							2
E7		1								1
E8					1	1				2
Endoscopy					1					1
Totals:	4	3	1	0	3	1	2	0	0	14

- Adverse incidents from Sharp injuries has been checked against Occupational Health statistics. Good reporting culture – 2 Incidents not reported on AIR. Higher incidence areas being targeted.
- Monitoring through CSC governance meeting
- IC link nurses in place in all wards/depts. - one of their responsibilities is to check sharp boxes are not overfull as this is a major cause of injury

Key messages for Committee / planned activities for next financial year:

- Improved communication for H&S newsletter required, CSC plan
- Continued effort to achieve 85% compliance with essential skills via action plan
- Validation and review of risk register at monthly clinical governance committee
- Proactive engagement with new fire team to improve uptake of training
- COSHH assessments and other H&S issues to be included in speciality clinical governance reports to CSC CG committee
- Review of training requirements for H&S e.g. IOSH, identify key leaders who need to undertake this in next year and set target.

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Management and Administration of Safety	YES	NO	
All staff are aware of their responsibility under the Trust Health & Safety Policy?	√	<input type="checkbox"/>	Developing check list for appraisal to include H&S awareness.
The Health & Safety policy is brought to the attention of all staff annually?	√	<input type="checkbox"/>	
All managers are aware of their responsibility for the health and safety of staff under their control?	√	<input type="checkbox"/>	
The Clinical Service Centre has a populated risk register that would incorporate health and safety risks?	√	<input type="checkbox"/>	Plan to identify ISOH lead for each speciality
Health and safety accident targets are discussed and implemented during IPR?	<input type="checkbox"/>	√	Reviewing local policies
Does the Clinical Service Centre employ any additional Health and Safety Policies?	<input type="checkbox"/>	√	
If yes state what these are and are they brought to the attention of staff?	YES	NO	If no what action is being taken?
1. Cardiology IRMER	√	<input type="checkbox"/>	
Comments: Respiratory Centre has a diathermy machine that is rarely used. In date for servicing.			

Health & Safety Arrangements	YES	NO		
The Clinical Service Centre has a nominated lead for coordinating health and safety?	√	<input type="checkbox"/>	Name: Marilyn Chambers	
The Clinical Service Centre is represented at the Health and Safety Operational Group?	√	<input type="checkbox"/>	Name: Marilyn Chambers	
A register of health and safety leads is provided to the health and safety dept?	<input type="checkbox"/>	x	If no what actions are being taken? Identified leads are being contacted and their training requirements and core tasks are being reviewed. Aim for IOSH management course completion for Speciality Leads	
Safety Reps and staff with safety responsibility are given time off to undertake their role?	√	<input type="checkbox"/>		
The Clinical Service Centre has a system in place to react to Safety Action Bulletins?	√	<input type="checkbox"/>		
Does the Clinical Service Centre have enough trained general risk assessors to cover all areas?	<input type="checkbox"/>	x		
The Clinical Service Centre has a system in place to react to SUI issues?	√	<input type="checkbox"/>		
Action				Lead
1. Specialities to identify their nominated H+S leads to CSC H+S coordinator				Clinical Directors
2. Leads to attend IOSH Risk and Safety Management Course in 2012			H+S Coordinator	
3. Encourage risk assessor training			Heads of Dept	
			Timescale	
			Dec 11	
			Dates tbc	
			Dates tbc	

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Comments:

Health & Safety Training	YES	NO		
Has the Clinical Service Centre reached 85% compliance for essential training of its staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If No what actions are being taken?	
Action			Lead	Timescale
1. Action Plan developed and being implemented			Heads of Dept	March 12
Comments:				

Workplace Safety	YES	NO	Comments
All passages and thoroughfares are kept clear of articles or substances that can cause slips, trips or falls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On occasions stock deliveries are held in corridors overnight. This does not obstruct the thoroughfare.
All patient bedsides are kept free from obstructions or substances likely to cause slips or trips?	<input checked="" type="checkbox"/>		
Slip trip and fall risk assessments undertaken at least annually?	<input checked="" type="checkbox"/>		Patient falls risk assessments are completed for all patients identified as 'at risk' of falling during their admission. H+S walk rounds throughout 2012 will encompass slips and trips falls assessments for staff.
All hot water is adequately controlled (through thermostatic valves in patient areas) or hot water stickers are displayed near the source in kitchens and other areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Work Equipment	YES	NO	Comments
Machinery guards are fitted and used where provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Testing and maintenance of equipment is carried out as required? (pressure vessels, portable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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electricians etc)			
Lifting equipment is subjected to LOLER inspections?	√	<input type="checkbox"/>	
Equipment maintenance register is held by department?	<input type="checkbox"/>	√	CSC level register under development, with speciality logs and will be completed by January 2012
Safe systems of work are in place for energy releasing devices?	√	<input type="checkbox"/>	Respiratory Centre diathermy machine, cath lab rotablation machine – all in date for servicing

Dermatitis and Latex Allergy Risks	YES	NO	
Non Latex gloves are the glove of choice for PPE for clinical activities, Therefore;			
A written risk assessment exists for those areas still using latex gloves has been undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	Not used
A copy of the above risk assessment has been sent to Occupational Health & Safety Department?	<input type="checkbox"/>	<input type="checkbox"/>	Not used
Dermatitis questionnaires are completed by all staff annually and positives reported to OH?	√	<input type="checkbox"/>	
Managers keep a copy of all positive questionnaires?	√	<input type="checkbox"/>	
Action			<u>Lead</u> <u>Timescale</u>
Comments:			

Management of Needle stick Injuries & Contamination Incidents	YES	NO	
All sharps bins are correctly assembled and signed and sealed on end of use?	√	<input type="checkbox"/>	If No what actions are being taken?
All sharps incidents are investigated to identify the root cause of the incident?	√	<input type="checkbox"/>	
All sharps incidents from known positive patients are reported to the Occupational Health? (Riddor)	√	<input type="checkbox"/>	
Safe sharps are used for High risk activities i.e. IV Canulation	√	<input type="checkbox"/>	
All staff know what to do in the event of a sharps incident?	√	<input type="checkbox"/>	
Sharps containers should be taken to the point of use?	√	<input type="checkbox"/>	
All staff should risk assess the task and for potential hazards and take the necessary precautions?	√	<input type="checkbox"/>	
Action			<u>Lead</u> <u>Timescale</u>

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1. Higher incidence areas – deeper data analysis did not identify any trends. Awareness to be raised within specific areas.		
Comments: Good reporting culture. Safe Sharps practice		

Control of substances hazardous to health	YES	NO	
All departments have an inventory of hazardous substances used?	Yes	<input type="checkbox"/>	If No what actions are being taken?
Coshh risk assessments have been completed for those substances?	Yes	<input type="checkbox"/>	
<u>Action</u>			<u>Lead</u>
			Timescale
Comments:			

Display screen equipment	YES	NO	
Does each department have a register of DSE users?	<input type="checkbox"/>	√	If No what actions are being taken? Clerical staff have assessments on starting. Any particular needs are addressed . Walkround identified that existing workers had not completed DSE assessments since moving into the new build. All 'users' completing DSE self assessment and CSC register being set up. Individual issues have been addressed.
Have risk assessments been conducted for the users?	<input type="checkbox"/>	No	
Are users aware of the trusts policy and how to access free eyesight tests?	<input type="checkbox"/>	No	

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Action			Lead
1. DSE self assessments to be completed for every 'user' 2. CSC DSE user register under development			Admin Managers H+S co-ordinator
Timescale			Jan 12
Comments:			

Stress in the workplace	YES	NO	If No what actions are being taken?
All managers and staff are aware of the stress and wellbeing policy?	Yes	<input type="checkbox"/>	
Have departmental risk assessments been conducted where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Actions in place			Lead
1. Debriefing sessions are routinely set up for any particular stressful situations – i.e. patient suicide 2. Continual assessment & support 3. Mentoring and Clinical Supervision in place for some individuals 4. Time Management / Handling difficult conversations / Change Management (etc) courses encouraged in individual cases			Timescale
Comments:			
Lone worker safety	YES	NO	Comments
Does the Clinical Service Centre employ staff that are considered lone workers?	Yes	<input type="checkbox"/>	Heart Failure RN – reports to the inpatient area out of hours
Has a lone worker risk assessment been carried out for those staff?	√	<input type="checkbox"/>	
Have suitable safe systems of work or other systems (mobile/radio communications) been implemented as necessary?	√	<input type="checkbox"/>	

Violence and Aggression	YES	NO	Comments
Workplaces have been assessed in relation to this risk?	√	<input type="checkbox"/>	C5 identified as area of high risk due to the Mental Health issues of the patient group. All nursing staff carry personal alarms. Extensive education for staff in place. Close liaison with security

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			dept.
Have physical controls or safe systems of work been introduced as a result of the assessment?	√	<input type="checkbox"/>	See above
Have staff received appropriate training? (recognition of violence as a minimum)	√	<input type="checkbox"/>	See above

Seasonal Flu	YES	NO	Comments
Are all staff encouraged to take up seasonal flu vaccination?	√	<input type="checkbox"/>	50.6% uptake (reported deck 11) All staff are encouraged to have the vaccine.

First Aid Arrangements	YES	NO	Comments
Has this policy been brought to the attention of all staff?	√	<input type="checkbox"/>	
Have departments undertaken the risk assessments required to identify the cover needed?	<input type="checkbox"/>	√	
Are there nominated and trained first aiders or appointed persons in place?	<input type="checkbox"/>	No	
Is there a first aid kit or similar available in every workplace			Needs to be assessed – Jan 12
Has a list of first aiders been sent to the health & Safety Department?	<input type="checkbox"/>	√	

Fire & Emergency Procedures and Planning	YES	NO	Comments
Fire risk assessments have been undertaken?	√	<input type="checkbox"/>	Informally, however limited formal documentation in place
Each area has a nominated and trained department fire manager, fire scene managers and fire wardens?	<input type="checkbox"/>	√	Will engage with new Fire officer. Heads of Departments keen to commence this urgent work
A fire response and evacuation procedure is in place and tested as necessary?	√	<input type="checkbox"/>	Not tested in all clinical areas since moving to the new hospital
All flammable substances and significant quantities of combustibles are stored correctly and are included on the fire risk assessment?	√	<input type="checkbox"/>	Oxygen holders now in place
All fire evacuation routes are kept clear of obstructions?	√	<input type="checkbox"/>	
Fire doors are not wedged open without a suitable risk assessment?	√	<input type="checkbox"/>	

Environmental	YES	NO	Comments
All waste is correctly segregated, stored and disposed of correctly?	√	<input type="checkbox"/>	
No areas are subjected to excessive heat or cold?	√	<input type="checkbox"/>	Cardiac Cath Labs have outstanding Carillion issue

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			regarding unstable temperatures
Lighting in all areas is suitable and sufficient for the tasks being undertaken?	√	<input type="checkbox"/>	

Accidents/Incidents	YES	NO	Comments
All accidents are recorded and submitted within a reasonable time?	√	<input type="checkbox"/>	
The management action indicates the actions taken to reduce the risk not the action to the injured person?	√	<input type="checkbox"/>	
Riddor reports are identified from these accidents and reported to the H&S Department?	√	<input type="checkbox"/>	
What actions are the clinical service centres taking to reduce accidents locally?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	H&S training included in team talks & Handover + ensure the H&S newsletter available to all staff. Fall safe project + involved in falls alarms monitors project.

Moving and handling	YES	NO	Comments
Risk assessments of hazardous inanimate load handling is undertaken?	√	<input type="checkbox"/>	
Risk assessments and care plans are in place for patient handling?	√	<input type="checkbox"/>	
Patient handling equipment is LOLER Checked 100% compliance? (cable tie and date on hoist)	Yes	<input type="checkbox"/>	
Before use inspections are carried out on all patient slings and hoists by users?	√	<input type="checkbox"/>	

Medicine CSC General Managers Signature: G Dewey
 Head of Nursing Signature: Code A
 H+S Co-ordinator Signature: M Chambers

Date: 28-12-11
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Review Date: June 2012

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