

The Royal Wolverhampton NHS Trust	
Trust Board Report	
<b>Meeting Date:</b>	29 <sup>th</sup> October, 2012
<b>Title:</b>	Health and Safety Annual Report April 2011 – March 2012
<b>Executive Summary:</b>	<p>Report informs the committee of the activities undertaken in relation to Health &amp; Safety during the period of 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012. These activities were based upon achieving implementation of the Trust health and safety strategy and the actions required to achieve integration of Community Services. The report covers:</p> <ul style="list-style-type: none"> <li>• Incident monitoring</li> <li>• RIDDOR reporting</li> <li>• Compliance via Audit</li> <li>• Moving forward</li> </ul>
<b>Action Requested:</b>	For information
<b>Report of:</b>	Health Safety & Improvement Coordinator
<b>Author: Contact Details:</b>	Margaret Simcock Tel: 01902 695114 Email: margaret.simcock@nhs.net
<b>Resource Implications:</b>	N/a
<b>Public or Private: (with reasons if private)</b>	Public Session
<b>References: (eg from/to other committees)</b>	Patient Safety, CQC Registration, NHSLA, Health & Safety
<b>Appendices/ References/ Background Reading</b>	1) Annual Report
<b>NHS Constitution: (How it impacts on any decision-making)</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>✦ Equality of treatment and access to services</li> <li>✦ High standards of excellence and professionalism</li> <li>✦ Service user preferences</li> <li>✦ Cross community working</li> <li>✦ Best Value</li> <li>✦ Accountability through local influence and scrutiny</li> </ul>
Background Details	
1	The Annual Report on the progress of the health and safety across the Trust for 2011/12 is attached in Appendix 1. This report provides a review against the Trust's health and safety strategy 2011-2014.

The areas to highlight from the report are as follows:

- Annual health and safety audit tool provides qualitative assurance of compliance with obligations under Health and Safety at Work Act
- Trust becomes First Aid Training Centre
- Health and safety incident increases correlate with transfer of Community Services
- Policy harmonisation is complete
- A baseline assessment of all community areas has been completed
- Transfer of risks to RWT risk assessment form is ongoing and are being re-graded from PCT risk matrix to RWT matrix
- Health and safety steering group on target to complete actions against work plan

# HEALTH & SAFETY ANNUAL REPORT 2011-12

## Health & Safety Annual Report 2011/12

1. The Health and Safety at Work Act 1974 provides a legislative framework to promote, stimulate and encourage high standards of health and safety at work.

In particular it requires organisations to:

- a) Provide a health and safety policy
- b) Provide safe and secure working environment
- c) Provide safe and suitable work equipment
- d) Provide information, instruction, training and supervision
- e) Provide adequate welfare facilities

The legislation is enforced by the Health and Safety Executive (HSE) who have far reaching powers which include:

- Access to work premises at any reasonable hour
- Freedom to interview staff and visitors, contractors or patients
- Confiscation of equipment and applicable documents
- Take statements, photographs, measurements and samples
- Issue notices (Improvement and Prohibition) requiring respectively improvements within a certain timeframe or stopping work until improvements are made also within a timeframe.
- Initiating criminal court proceedings for alleged

## 2. Introduction

2.1 It has been an extremely challenging year April 2011 – March 2012 seeing the integration of our Primary Care Community Services (Community) with the Acute Trust. Health and safety in primary care was always undertaken and managed by the risk and safety management team which had a completely different approach to RWT health and safety policy. Following integration RWT policies were reviewed to incorporate the Community services.

2.2 The health and safety team consists of :

Band 7 - Health Safety & Improvement Coordinator

Band 5 - 2 x wte Health and Safety Officers

Band 5 - 1 x wte Health & Safety Officer awaiting accreditation

2.3 The team is responsible for advising managers, safety representatives and staff on health and safety at work, maintaining a safe working environment and the development, delivery and coordination of health and safety training along with the implementation of health and safety policies and procedures to improve the management of health and safety across the Trust.

- 2.4 The health and safety team have assisted departments throughout the year with the management of departmental health and safety issues and concerns supporting them with safety related decisions.
- 2.5 The team are responsible for the implementation of the Trust health and safety strategy and the report reflects the progress made during the financial year 2011/12.

### **3.0 Health and Safety Steering Group (HSSG)**

3.1 The Health and safety steering group (HSSG) is the Trust health and safety communication forum. The terms of reference require the group to:

1. To act as a communication and consultation forum for health and safety issues across the trust.
2. To assist in the development, update, monitoring and review of Trust health and safety policies, protocols, objectives and work plans.
3. To receive regular internal reports and recommended actions that are provided by:
  - The specialist members (rotational reports according to work plan)
  - Operational Divisions
4. To receive external reports and recommend actions to implement the findings of enforcing authorities and other agencies
5. To review (on a quarterly basis) compliance/status reports and recommend/monitor corrective measures through:
  - Incident trends;
  - Risk assessment;
  - Workplace inspections/audit.
6. To review trust wide risk assessments that have been drawn up by the group.
7. To review (monthly) all RIDDOR reportable incidents occurring within the trust
8. To monitor (quarterly) and follow up compliance with safety alert notices.
9. To review (quarterly) Security Review Group activity.
10. To provide a quarterly report to the Quality and Safety Committee on steering group activity and provide assurance on steering group activity.
11. To monitor and provide evidence of compliance for NHSLA and CQC.

The HSSG has an annual work plan to achieve the above which is used to generate the meeting agenda. (Appendix 1)

### **3.0 Policy Documentation**

3.1 Health and safety policies are reviewed in line with Trust Policy OP1. All policies were reviewed to integrate Community Services following TCS. HS01 is the main health and safety management policy and provides information on

the health and safety management system and risk assessment process used across the Trust. The Trust (HSSG) review the health and safety policies.

3.2 HS01 was approved in November 2011, implementation included Community Services, this was a change in the way health and safety was managed in the community. Previously the PCT Risk Team had been responsible for undertaking and reviewing risk assessments, carrying out workplace inspections and fire checks. HS01 implementation saw this responsibility transferred to department Managers supported by safety representatives. The roll out has been received with positive response and enthusiasm.

3.1 Compliance with health and safety policy is monitored through the HSSG quarterly on a rolling programme via the Trust health and safety audit process. Appendix 1 provides a progress report of health and safety audit outcomes as at March 2012. The audit programme continues to provide assurance that trust policy is being complied with.

#### **4.0 Health and Safety responsibilities**

Health and safety is the responsibility of all staff, as shown in Appendix 2, however to support implementation of our systems each department has a lead for health and safety, usually the Department Manager and most departments have a health and safety representative, usually a staff member who has volunteered or been nominated to represent the department.

The Trust has a health and safety steering group for the management of health and safety including monitoring of incidents, approval of Trust risk assessments, compliance with policy implementation of the Trust Strategy and the escalation of health and safety issues when appropriate.

There is a safety representatives' health and safety forum held on a quarterly basis these are used to keep safety representatives up to date with health and safety issues, legislative changes and policy reviews, they are also used as a training forum. To date these have always been well attended.

#### **5.0 Hazard identification**

HS01 is the policy for assisting managers to identify hazards and how to undertake risk assessments to manage /remove them. Quarterly workplace inspections should be undertaken by each department highlighting issues for action. This is monitored through the health and safety audit process.

Health and safety work closely with Estates Management undertaking bi-monthly inspections of the estates footpaths and entrances, as a result of the outcomes of these inspections Estates managed to secure funding to improve a large area of the Trust pavements, roads and car parks.

## 5.1 Risk Assessments

The health and safety team provide support and advice to departments on undertaking risk assessments for their department. Through the HSSG Trust wide risk assessments are developed and implemented on mandatory topics:

Mandatory trust wide risk assessments for 2011-12:  
Management of Health and Safety  
Manual Handling  
Slips, trips and falls  
Ligature points  
COSHH  
Low level working at heights  
Display Screen Equipment  
Door hinge plates

Compliance with the above is monitored through the annual health & safety audit tool with a progress report provided on a quarterly basis to health & safety steering group.

The annual audit tool is a more in-depth look at our systems and processes to provide assurance that we meet legislative requirements. Although this is an annual report action plans will be developed to identify gaps and these are being monitored through local governance meetings.

The annual audit first round will be completed by November 2012 for NHSLA. Priority is being given to the New Cross site and West Park in preparation for this visit.

Annual audits undertaken to date are showing an improvement on compliance compared with the last quarterly audit undertaken, hopefully this will continue for the outstanding audits.

## 6.0 Training

The Induction & Mandatory Training Policy (OP41) outlines the Trust mandated health & safety training requirements for all staff.

The health and safety team participate in the delivery of manual handling inanimate objects training, providing induction and mandatory training sessions along with additional department specific sessions working towards improving compliance.

A specific programme is available for safety representatives and managers.

One of the requirements of the Health & Safety at Work Act is to provide regular information, supervision and training for staff on health & safety. Although these sessions are not mandated by the Trust they are provided by the Health & Safety team. Training sessions are always well attended.

In March 2012 the health and safety team successfully secured a license to deliver First Aid Training in-house. Funding has been secured for a 3 year training programme which will enable the Trust to improve compliance with

First Aid Legislation requirements. Training commenced on the 20<sup>th</sup> April 2012.

## 7.0 Incident Monitoring

This has been undertaken by the HSSG. There are no significant identified trends within departments however, where there has been a high number of incidents reported by a directorate/department the health & safety representative for that area will support that area to review controls and actions.

The targeted work that we have undertaken during 2011/12 was with the following areas:

Department	Topic
Facilities	Contact injuries
Critical Care	Hazardous substances
Paediatrics	Sharps
Critical Care	Sharps
Maternity	Slips Trips
Obs Gynae	Slips Trips

Concern was raised when there was an increase in the number of incidents involving an office chair in maternity services, this was following refurbishment work and a change to vinyl flooring, casters were changed to locking wheels and awareness of how to use the chair raised with staff. There have been no further incidents.

Health & Safety Incidents - Type	2010/11	2011/12
Contact injuries	132	137
Slips, trips & falls	135	153
Manual Handling	96	94
Sharps	150	199
Violence & Aggression	347	399
Hazardous substances	68	81
Totals	928	969

The Trust shows an increase in the number of incidents reported, however we feel this is as a result of TCS and increased awareness of the incident reporting system.



For a breakdown of areas and the number of incidents reported for 2011/12 please see table below :

Incidents by Directorate and Category															
	Contact	road	subst	ernal	transp	sp	handling	upational	hes	sharps	injury	pos, trips & fa	urrounding	nce & aggre	Total
Community Adult Services	4	3	0	6	1	7	12	1	24	58					
Community Rehabilitation Services	4	2	0	3	0	2	4	0	16	31					
Acute Medicine	7	1	0	4	1	11	5	0	27	56					
Accident & Emergency Services	2	0	0	2	1	9	5	0	23	42					
Audiology	1	0	0	0	0	0	0	0	1	2					
Oncology / Haematology	8	5	0	5	1	10	6	0	8	43					
Cardiac	6	5	0	4	0	12	3	0	12	42					
Commercial	2	4	0	0	0	1	2	0	4	13					
Critical Care	9	15	0	10	5	22	12	1	19	93					
Dentistry	0	0	0	0	0	1	0	0	0	1					
Dermatology	0	0	0	0	0	0	2	0	2	4					
Diabetes	1	0	0	2	0	6	2	0	14	25					
Elderly Medicine	5	6	0	4	0	8	0	0	69	92					
Estates Management	11	2	0	0	0	0	9	0	0	22					
Estates PCT	1	0	0	0	0	0	0	0	0	1					
Estates Development	1	0	0	0	0	0	2	7	0	10					
Trust Executive / Administration	0	0	0	0	0	0	0	0	1	1					
Facilities	33	1	0	9	0	2	20	0	0	65					
Finance & Information	5	0	1	0	0	0	2	0	0	8					
Gastroenterology	1	0	0	2	0	5	4	0	15	27					
General Medicine	0	0	0	0	0	0	0	0	5	5					
General Surgery	7	4	0	2	0	14	2	0	23	52					
GU Medicine	0	1	0	1	0	1	1	0	2	6					
Head and Neck	0	3	0	5	1	4	3	0	5	21					
Human Resources	0	2	0	1	2	0	2	1	1	9					
IM&T Services	3	0	0	2	0	0	3	0	0	8					
Medical Director	1	0	0	0	0	0	0	0	0	1					
Medical Physics	1	1	0	0	0	1	2	0	0	5					
Neurology	1	0	0	0	0	0	1	0	0	2					
Nursing & Quality	1	0	1	0	0	0	4	1	5	12					
Obstetrics & Gynaecology	4	4	0	11	1	18	14	1	15	68					
Ophthalmology	2	0	0	0	0	9	6	1	2	20					
Paediatrics	2	0	0	6	1	14	10	1	11	45					
Pathology Services	1	9	0	2	0	6	2	0	0	20					
Pharmacy Services	2	6	0	1	0	1	0	0	0	10					
Patient Services	1	0	0	0	0	0	0	0	0	1					
Radiology Services	4	2	0	1	0	3	2	0	3	15					
Renal	2	1	0	2	0	9	2	1	54	71					
Respiratory	0	1	0	3	0	9	4	0	10	27					
Rheumatology	0	0	0	0	0	0	0	0	1	1					
Speech and Lanaguage Therapy	0	1	0	0	0	0	0	0	1	2					
Therapy Services	2	1	0	2	1	0	1	0	7	14					
Trauma & Orthopaedics	2	1	0	3	0	13	3	0	16	38					
Urology	0	0	0	1	0	1	1	0	3	6					
Totals:	137	81	2	94	15	199	153	15	399	1095					

There were no particular trends identified other than the fall from the chair in maternity.

### RIDDOR Reporting

Incidents decreased in the 12 month period 1/4/12 to 31/3/12 with 50 RIDDOR reportable incidents against 54 in the previous year.

RIDDOR - Type of Incident	2010/11	2011/12
Contact	7	6
Slips, trips & falls	21	19
Manual Handling	14	17
Surroundings	0	1
Sharps	3	5
Violence & Aggression	6	2
Hazardous substances	2	0
Internal transport	1	0
Totals	54	50

For a breakdown of areas and the number of incidents reported for 2011/12 please see table below, no trends were identified.

RIDDOR Incidents by Directorate and Category - April 11 - March 12							
	Contact	Manual handling activity	Sharps injury	Slips, trips & falls	Surroundings	Violence & aggression	Total
Community Adult Services	0	1	0	1	1	0	3
Acute Medicine	1	1	1	0	0	0	3
Accident & Emergency Services	0	0	0	2	0	0	2
Oncology / Haematology	1	0	0	1	0	0	2
Cardiac	1	3	1	0	0	0	5
Critical Care	0	4	0	3	0	0	7
Diabetes	0	0	0	0	0	1	1
Estates Management	2	0	0	2	0	0	4
Facilities	1	3	0	4	0	0	8
Gastroenterology	0	0	0	2	0	0	2
General Surgery	0	0	1	0	0	0	1
Head and Neck	0	0	0	1	0	0	1
Human Resources	0	1	0	0	0	0	1
IM&T Services	0	1	0	0	0	0	1
Obstetrics & Gynaecology	0	1	2	3	0	0	6
Paediatrics	0	2	0	0	0	0	2
Trauma & Orthopaedics	0	0	0	0	0	1	1
Totals:	6	17	5	19	1	2	50

## 8.0 Health and safety audit

For the period of 2008 to 2010 the health and safety audit was undertaken on a quarterly basis, this tool assured the Board that departments had risk assessments in place however, following analysis of the audit the gap identified was a qualitative check of the risk assessments was not included.

It was agreed by the Quality & Safety Committee that the audit tool be reviewed in conjunction with health and safety legislation and a tool was developed to ensure it provided assurance that risk assessments met compliance with HSE legislation.

It was agreed that the new audit tool would become an annual audit due to the in depth review that would now be undertaken in each area. The annual audit was implemented November 2011 and the first round will be completed by November 2012.

In April 2011 Community Services (TCS) joined the Trust and to establish a baseline position it was agreed that following the harmonisation of health safety policies across all services a quarterly audit be undertaken. The table below provides the results of the baseline assessment.

Community Audit Scores		
Directorate	Ward / Department	q1
Audiology	West Park	82.6%
	Gem Centre - 1st floor	
	New Cross	
Foot Health	Landport Road	75.3%
	Alfred Squire HC	
	Bilston HC	
	Mayfields MC	
	Pendeford HC	
	Phoenix HC	
	Warstones	
Occupational Therapy	West Park	77.3%
	Gem Centre - 2nd floor	
Physiotherapy	West Park	74.0%
	Bilston HC	
	Phoenix HC	
	Warstones HC	
	Warstones RC	
	Bradley RC	
	Woden RC	
	Gem Centre - 2nd floor	
Speech & Language Therapy	Gem Centre - 1st floor	81.3%
	Bilston HC	
	Pendeford HC	
	Phoenix HC	
	Primrose Lane HC	
Health Visiting	Whitmore Reans	0.0%
	Alfred Squire HC	
	Ashmore Park HC	
	Bushbury HC	
	Heath Town HC	
	Mayfields MC	
	Pendeford HC	
	Warstones HC	
School Nursing	Whitmore Reans HC	86.7%
	Ashmore Park HC	
	Bilston HC	
	Bushbury HC	
	Pendeford HC	
Youth offending Team	Beckminster House	86.7%
	Snow Hill	
CASH	Bilston HC	65.3%
Directorate	Ward / Department	q1
GEM Centre	Gem Centre - CCN (Community Childrens Nursing)	82.6%
	Gem Centre - 2nd floor - Child Health Records	85.3%
	Gem Centre - Directorate Management	88.6%
	Gem Centre - 2nd floor? - Paediatrics	72.6%
	Gem Centre - 2nd floor - Safeguarding	79.3%
Dental, admin & clinical staff	Gem Centre - 2nd floor - Medical Secretaries	72.6%
	Alfred Squire HC	82.6%
	Ashmore Park HC	
	Bilston HC	
	Heath Town HC	
	Mobile Dental Unit	
	Pendeford HC	
	Pennfields HC	
	Phoenix HC	
	Primrose Lane HC	
Whitmore Reans HC		
HealthTec	Pond Lane	77.3%
	Access Clinic	73.3%
Community	Receptionists	76.6%
	Anti-Coagulation	77.3%
	Community Matrons	77.3%
	Continence	73.3%
	District Nurses (NE Locality)	80.0%
	District Nurses (SE Locality)	76.0%
	District Nurses (SW Locality)	74.6%
	EOLC / Palliative Care	78.0%
	Hospital at Home	74.0%
	Hospital Liaison	75.3%
	Phlebotomy	79.3%
	Nurse Led Beds	46.0%
	Tissue Viability	76.0%
	CPTs	0.0%
	Foot Health *	75.3%
	Healthy Lifestyles*	75.3%
	Rehab	Ward 1
Ward 2		76.6%
Ward 3		86.6%
Neuro Rehab		80.6%
Outpatients		82.6%
CICT		75.3%
CNRT		0.0%
Emergency Services	Medical Secs/Admin	78.6%
	Jessie Fowkes	78.6%
	Wheelchair & Limb Fitting	62.6%
	Walk in Centre	68.6%
	WUCTAS	78.6%

The 0 scoring areas had not been audited at the point the report was completed. These areas along with any other reds and ambers have been prioritised for the next audit cycle.

Results of audits are fed back to each department along with a suggested action plan for monitoring at through local governance processes.

The annual audit progress is monitored quarterly at HSSG any department scoring Amber or Red is revisited within 3 months and 2 months respectively with close communication to improve their health and safety systems.

## **9.0 External Visits**

There were no visits from the Health and Safety Executive during the year, however the CQC did visit the Acute Trust and Nurse Led Beds, there were no issues raised relating to health and safety in the Acute Trust but gaps were identified with risk assessments at nurse led beds. We have worked closely with the team to address these issues and improve compliance an internal audit is due this month.

A Provider Quality Inspection was undertaken at Primrose Lane, no health and safety related issues were raised

## **10.0 Taking health and safety forward**

The team work towards completion of the annual audit plan to provide assurance that the Trust is meeting its obligations for Health & Safety.

We strive to improve our audit tool and process and plan to evaluate the tool at the end of the 12 month period making any amendments required to improve the information collated.

Areas of low compliance are revisited within a 3 month period and liaised with to support them in improving their compliance.

Results to date are shown below.

We are developing a health and safety scorecard to provide further assurance of compliance with health and safety legislation.

We are going to develop an improved web page to increase awareness of health and safety requirements.

Training packages will be reviewed over the winter months to ensure they meet statutory requirements.

Following NHSLA the audit tool will be revisited along with HS01 to harmonise these ensuring the correct information is being collated and used in the best possible way to assure the Board of compliance with NHSLA, CQC and HSE criteria.

We will also revisit the health and safety training programme, review the content and attendance with a view to taking this through Education Board for approval of Mandatory status.

Health & Safety Audit Scores					
Surgical Division			Corporate		
Directorate	Ward / Department	Q1	Directorate	Ward / Department	Q1
Cardiothoracic	Cardiac Investigations	0%	Estates & Facilities	Developments	0%
	Cardiac Admin Offices	0%		Estates & Facilities (Admin / Services)	0%
	Cardiac Rehab & OPD	94%		Electrical	69%
	Cardiac Theatres	82%		Mechanical	0%
	Cardiology Ward	81%		Buildings & Estates	0%
	Cardiothoracic Ward	0%		Industrial	54%
Critical Care	Catheter Suite	0%		Medical Physics	0%
	Appleby Suite	0%		Accommodation	69%
	Beynon – Ambulatory Wards	84%		Catering	0%
	Beynon - Theatres	89%		Hotel Services (Admin)	87%
General Surgery	ICCU	88%	West Park Housekeeping	54%	
	Nucleus Theatres – General	80%	West Park Kitchens	88%	
	D1	0%	Housekeeping	0%	
	D2	0%	Portering	72%	
Head & Neck	Vascular Ward	0%	Estates & Facilities - Hotel Services	Sewing Room	88%
	D3	86%	Transport	91%	
	C6	62%	Finance	Finance	81%
D4	95%	Health Records C&B		91%	
Max Fax Lab	87%	Health Records Library		85%	
Ophthalmology	Eye Casualty & OPD	0%		IT Services 1st Floor	74%
	Mary Jones Ward	88%		Supplies	64%
	Orthoptics	0%	Procurement	84%	
	Theatres	0%	HR	Education & Training	0%
	Cannock Eye	0%		Human Resources - Hollybush House	76%
Pathology	Clinical Chemistry	88%		Health Tec	81%
	Haematology	81%		Occupational Health	85%
	Histopathology	87%	Medical Director	Medical Illustration	81%
	Microbiology	85%	R&D	0%	
	Phlebotomy	85%	Nursing & Midwifery	Governance & Legal Services	0%
Patient Access	OPD1	0%		Groundfloor Hollybush House	0%
Radiology	A&E and Orthopaedics	77%		Information Centre / Chaplains	0%
	Main Level 1	0%	The Chesnuts / IP / Ward Projects	78%	
	Breast Imaging & Ultrasound	0%			
	CT, MRI & Nuclear Imaging	0%			
	2nd Floor	0%			
Urology	Urology OPD	0%			
Gynaecology	Ward A4	88%			
	Gynae OPD	83%			
Maternity	Antenatal Clinic/Fetal & Community Midwives	86%			
	Ward A5	0%			
	Ward A6	83%			
	Delivery Suite	83%			
	Maternity Ultrasound	0%			
Trauma & Orthopaedics	D5	0%			
	D6	88%			
	Orthotics	78%			
	Fracture Clinic	0%			

EMCS Division			Directorate	Ward / Department	Q1	
Directorate	Ward / Department	Q1	Rehab & Ambulatory	West Park – Ward 1	0%	
Acute Medicine	A&E	0%		Ward 2	0%	
	EAU	84%		Ward 3	0%	
	ESS	0%		Neuro Rehab	0%	
	Therapy Services	Therapy Services		0%	Outpatients	0%
Cancer Services	CHU	0%		CICT	0%	
	Deanesly Ward	0%		CNRT	0%	
	Durnall Ward	84%		Medical Secs/Admin	0%	
	Radiotherapy	0%		Jessie Fowkes	0%	
	Snowdrop	0%		Wheelchair & Limb Fitting	0%	
Capacity Mgmt	Discharge	0%		CASH – Snow Hill & Bilston	0%	
Dermatology	Dermatology OPD	60%		GU Medicine (SW)	0%	
Diabetes	D16	0%		Medical Emergency Services	Walk in Centre – Phoenix	0%
	Diabetes Centre	0%	WUCTAS - Phoenix	83%		
Elderly Medicine	D8	0%	Foothealth	Landport Road	64%	
	D22	86%		Alfred Squire	0%	
	Stroke Unit	0%		Bilston	0%	
Gastroenterology	D18	77%		Mayfields	0%	
	Endoscopy	0%		Pendeford	0%	
	Dietetics	0%		Warstones	0%	
GU Medicine	GU Medicine	96%		Whitmore Reans	0%	
Neurology	Neurology	0%		Healthy Lifestyles – West Park	Healthy Lifestyles – West Park	0%
Paediatrics	C1/C2	85%		Adult Community Services	Access Clinic – Phoenix	0%
	Children's OPD	85%	Anti Coagulation – Pendeford		95%	
	Neonatal Unit	0%	Community Matrons – Primrose/ WP/Bilston		0%	
Pharmacy	Sheldon Block	0%	Continence – Pendeford		0%	
	Stores	0%	EOLC/Palliative Care – Primrose Lane		0%	
	Aseptics	0%	Hospital at Home – WP		0%	
Renal	Renal Unit	0%	Hospital Liaison – Primrose Lane		0%	
	CAPD	0%	Nurse led beds – Warstones		0%	
	CKD	0%	Tissue viability – Phoenix		0%	
	Cannock Renal Unit	0%	Tissue Viability – New Cross		0%	
	Pond Lane Renal Unit	0%	CPT's - Warstones		0%	
	D15	97%	HC Receptionists City wide		0%	

Respiratory	D19	84%	Community Childrens Nursing	Child Health Records – Gem 2 <sup>nd</sup> Floor	0%
	D20	87%		Paediatrics Gem Centre	0%
	Respiratory Centre	94%		Safeguarding – Gem Centre	0%
Rheumatology	Rheumatology	97%		School Nursing	0%
Occupational Therapy	West Park	0%		Ashmore Park	0%
	Gem Centre	0%		Bilston	0%
Therapy Services Com	West Park	0%		Bushbury	0%
	Bilston	91%		Pendeford	0%
	Phoenix	0%		Phoenix	0%
	Warstones HC	0%		Whitmore Reans	0%
	Warstones RC	0%		Health Visiting	0%
	Bradley RC	0%		Alfred Squire Road	0%
	Woden RC	0%		Ashmore Park	0%
	Gem Centre – 2 <sup>nd</sup> floor	0%		Bushbury	0%
	Penn Hall School	0%		Health Town	0%
	Green Park School	0%		Mayfields	0%
				Medical Secretaries – Gem Centre 2nd floor	0%
				Youth Offending Team - Beckminster House	0%

Score rating:

80 - 100% - Green

70 - >80% - Yellow

60 - >70% - Amber

> 60% - Red

0% - audit not undertaken at  
this time.

Health & Safety Steering Group  
Work Plan & Agenda Planner 2012/13

Reports Required	Frequency	Report Lead	MAY 12	JUL 12	SEP T 12	NOV 12	JAN 13	MAR 13
RIDDOR incidents notified in month	M	MSimcock	✓	✓	✓	✓	✓	✓
Safety alerts progress	Q	MSimcock		✓		✓		✓
H&S Management audit	Q	M Simcock(MS) R Morey S Meaney P Douglas	✓		✓		✓	
H&S incident stats	Q	MS	✓		✓		✓	
H&S KPI evaluation(new)	Q	MS	n/a	n/a	n/a	n/a	✓	
Review Trust Risk Assessments	[as required]	MS	✓	✓	✓	✓	✓	✓
H&S training compliance	6 mthly	MS			✓			✓
Litigation/claims report	Q	S Thomas	✓		✓		✓	
Review of H&S Policies and procedures	[as required]	MS/author	✓	✓	✓	✓	✓	✓
H&S compliance NHSLA/CQC	Q	MS MGibbs G Wilde S Hickman	✓		✓		✓	
Divisional Progress reports	Q	MGibbs G Wilde S Hickman	✓		✓		✓	
Estates building (incl building and grounds maintenance exception report, compliance checks with standards and regulation e.g. legionella, asbestos, risk identified for management & solutions)	Q	PRowley		✓		✓		✓
Fire (inc compliance with regulations/policy and incident reporting)	Q	AKeen KMassen	✓		✓		✓	
Security (inc compliance with regulations/policy and incident reporting and Security review group)	Q	PSmith		✓		✓		✓
Medical Physics (inc incident reporting, risks and equipment)	Q	KKapoor		✓		✓		✓



<b>management &amp; medical devices group)</b>								
<b>Facilities</b> (PEAT, risk identified and management e.g. STF)	<b>Q</b>	<b>SRoberts</b>	✓		✓		✓	
<b>Occupational Health</b> (sharps injuries treated, conversions, surveillance, adequacy of risk assessments, other work related conditions, stress management )	<b>Q</b>	<b>MBrassington JSharp</b>	✓		✓		✓	
<b>Infection Prevention</b> (sharps safe working practices, PPE programme, audits)	<b>Q</b>	<b>V Whatley</b>		✓		✓		✓
<b>Waste Management</b> (environment agency visits, AP, Policy implementation risks identified and management)	<b>Q</b>	<b>PGibbons</b>		✓		✓		✓
<b>Incident Management</b>	<b>[as required]</b>	<b>[source lead]</b>						
<b>Risk assessment escalated</b>	<b>[as required]</b>	<b>[source lead]</b>						
<b>Unplanned visits/inspections</b> (action plan monitoring)	<b>[as required]</b>	<b>MS</b>						