

Trust Board meeting 20 November 2008

TB2008.79

Subject	Staff Safety Strategy Framework			
Purpose of paper	To present the staff safety strategy for the ORH: this focuses on staff health and safety and complements the patient safety strategy framework agreed in July 2008			
Board lead(s)	Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership			
Background papers (if any)	Patient Safety Strategy Framework (July 2008)			
Action/decision required	The Board is asked to review and agree the framework, to commit to participation in the safety walkabouts, to approve the performance improvement plan and to receive annual update on progress.			
Key purpose	<u>Strategy</u>	Assurance	Policy	Performance
Strategic Goal(s)	To be hospitals of choice (SG1) To be an excellent employer (SG4)			
Strategic Objective(s)	SO10 - To become a strategic, high performing and agile organisation supported by efficient and patient focused clinical processes, modern systems and business processes			
Link to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	Core Standards - safety and governance domain Audit Local Evaluation - Internal control domain			
Also considered by	ORH Health and Safety Group			
Resource and financial impact	Not applicable - individual SAGs will consider resource and financial impact			
Consideration of legal/equality /diversity/engagement issues	Health and safety takes into account legal issues			
Acronyms and abbreviations used	RIDDOR - Reporting of Incidents, Diseases and Dangerous Occurrences Regulations; HSE - Health & Safety Executive; SAG - Safety Action Group			

Staff Safety Strategy Framework

Strategic direction for change

1. Promoting safety for staff will save lives and reduce harm; the challenge for the Trust is to get everyone to believe that it will. The reality is that over 200 people a year lose their lives at work in Britain. In addition, around 150,000 non-fatal injuries are reported each year, and an estimated 2 million suffer from ill health caused or made worse by work.
2. Some believe that these things happen in highly unusual or exceptional circumstances. This is not the case. Some basic thinking and acting beforehand could usually have prevented these things from happening. Safer and more efficient working practices can often save money but, more importantly, they can help to save lives and reduce harm.
3. The framework sets out a programme aimed at becoming amongst the best in providing staff with a safe working and care environment, which is both effective and efficient.

Culture, values and performance

4. To provide the right environment for a safety strategy, it is important to foster and support a just culture where staff are treated consistently and fairly at all levels. This means that the Trust Board and managers openly support staff and see any adverse event, near miss and hazard as an opportunity to learn and improve. A healthy organisation “really” believes that it is better to invest time and energy in learning from the 99% of adverse events that do not require and formal disciplinary action rather than the 1% that might.
5. Evidence shows that people who have suffered adverse events want an apology and reassurance that it won't happen again. To achieve this, it must be the normal response of management and staff to grasp every opportunity to learn from incidents, complaints, different types of feedback, litigation and enforcement action.
6. A safety culture must be supported by visible leadership through 'Executive Walkabouts' and 'Safety Campaign Leads', who will engage staff and identify champions to develop solutions. Each programme will have the support of a Programme Lead and local Safety Champions. This reflects the approach that has been adopted by agreement to the patient safety strategy in July this year.
7. This must also be supported by a dashboard of metrics providing initial benchmarking, monitoring and assurance of performance throughout the Trust. Metrics will be aligned with the Primary Care Trust contract and other external monitoring needs. This information management process must be supported by effective data collection and robust organisational governance arrangements.
8. To deliver the safety agenda, a comprehensive range of coaching and training must be delivered, underpinned by an inclusive risk management system that is integrated into the everyday work of all staff.

9. Staff involvement will be integrated into the work of all programmes so that improvement of safety includes their interpretation of what is important and improves their work experience within the Trust.

Trust Safety Aims

10. The Trust will reduce adverse events and near misses by developing a comprehensive safety programme visibly supported by the Trust Board, the right culture, ownership and effective quality and risk systems. To demonstrate the success of the programme, the Trust will measure the following high level indicators.

- 10.1. To reduce the number of incidents that falls within the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995:

RIDDOR is a nationally used statistical indicator used by the Government and HSE for all types of industries and services. It is a measure that needs to be looked at over a long period to provide evidence of change but can be monitored frequently using data produced annually by the HSE to provide an indication of a changing trend. ORH will monitor performance against this data with a consistently downward trend expected.

- 10.2. To reduce the number of incidents where people suffer avoidable harm:

The use of national and local targets and benchmarking against other NHS trusts provides an easy-to-use method for accurately identifying the rate of incidents over time. And informing if changes being made are improving safety.

- 10.3. To grow a just safety culture:

To improve the ownership and culture of the organisation, the Director of Nursing and Clinical Leadership will establish a programme of 'safety walkabouts' with senior staff. Completion of the walkabout programme and actions taken on the messages and issues received from the workplace will be reported and monitored through to the Trust Board.

Key Responsibilities

11. **The Trust Board** sets the direction for effective Health & Safety management, as an integral part of the Trust's culture, of its values and performance standards. All Board members will take the lead in ensuring the communication of Health & Safety programmes and benefits.
12. **The Chief Executive** is the Accountable Officer for the Trust and has overall responsibility for health & safety. He is accountable for ensuring that the Trust can discharge its legal and moral duty for all aspects of safety each year, and for the health & safety of staff, patients, visitors and contractors in the Trust.
13. **Non-executive Directors** must be assured that health & safety is being addressed and act as scrutinizers, ensuring the process to support Boards facing significant health & safety risks are robust.

14. The **Director of Nursing and Clinical Leadership** is the designated Executive Lead Director with responsibility for Risk Management and Health & Safety, and as such will ensure that robust organisational arrangements are in place that satisfy the legal requirements and minimise and/or adequately control risks to patients, staff and others.
15. **Executive Directors and Directors of Operations** are accountable for the risk and health & safety management activities in their areas of responsibility, and for ensuring that their organisational structure is able to discharge the requirements of health & safety.
16. The **Associate Director of Safety, Quality & Risk**¹ has a particular responsibility for risk management for both clinical and non-clinical (health & safety). The post-holder manages the Risk Management Team which liaise closely with Division and Directorate teams to support their activities. The Associate Director, supported by the Safety Risk Manager will monitor the safety programmes and ensure they are functioning and provide reports on the appropriate metrics.
17. All **managers and staff** are responsible for safety within their immediate environment and for participating in the wider governance, safety, quality and risk management issues within their department. In addition, all staff will have clear objectives set and documented as part of their annual performance reviews.

Safety performance improvement plan

18. To improve safety across the Trust, areas of high risk have been identified so that they can become part of a managed three year rolling plan (see Appendix A attached) to reduce harm for patients, staff, visitors, contractors and property.
19. Each individual programme will establish a three year plan of development, terms of reference and metrics to monitor and measure improvements. The programmes will be monitored by the Trust Health & Safety Committee and assurance provided to the Governance Committee. Each programme will produce six monthly and annual reports for assurance to the Governance Committee. Key operational concerns will be reported to the Executive Board and overall performance to the Trust Board via the Director of Nursing & Clinical Leadership.
20. Each programme, managed by a Safety Action Group (SAG), will be supported by a Programme Manager and a team of Safety Champions. An important facet of improving safety in any organisation is the demonstration of visible Executive leadership. To provide this leadership, each year on a rolling basis and Executive Director will champion one of the SAGs and completely review the effectiveness of the Group, increase its profile and complete specialist walkabouts across the organisation to demonstrate Board level commitment.
21. The key areas of work will include:
 - 21.1. Prevention, reduction and management of latex related illness.
 - 21.2. Prevention, reduction and management of stress related illness.

¹ Vacancy due to be filled by end 2008

- 21.3. Prevention and reduction of needlestick related injuries.
- 21.4. Prevention and reduction of muscular-skeletal and upper limb injuries/disorders.
- 21.5. Prevention and reduction of avoidable slips, trips and falls.
- 21.6. Increased awareness in safety management, prevention, information and learning from adverse incidents.
- 21.7. Development and review of safety policies and procedures.

Meeting National Safety Standards

- 22. In parallel to the safety programmes, the Trust will also aim to meet all relevant national standards and targets. This will be demonstrated by aiming for ROSPA and ISO accreditation and NHSLA Level 3 for General & Maternity Standards over the next three to five years. To effectively implement all health & safety solutions recommended by the HSE and the wider Safety Alert Bulletins, and each year demonstrably build on the Core Standards relevant to safety included within the Annual Health Check.

Summary

- 23. The Trust will aim to become the best at managing safety and reducing harm to people with a comprehensive safety programme led by the Board, with an open and learning culture, engaging staff to develop solutions supported by effective information management.

Recommendations

- 24. The Board is asked:
 - 24.1. to endorse the health and safety strategy framework;
 - 24.2. to take part as Board members in the safety walkabouts;
 - 24.3. to agree the performance improvement plan for the safety action groups to take forward; and
 - 24.4. to agree to receive annual reports on progress in delivering the plan.

Jim Roy
Safety Risk Manager

Appendix A - Three Year Health & Safety Performance Improvement Plan

This rolling three year Health & Safety Management Plan has been developed to demonstrate how the Trust will implement the requirements of the Health & Safety Strategy, ensuring the continual improvement in health & safety performance. It should be noted that throughout the three-year period the plan may be revised to include specific initiatives in response to central or local needs.

Objective	2008/09	2009/10	2010/11	Comment/Status
Achieve accreditation for the Trust Health & Safety Management System for external organisations	Ascertain the process and requirements for ROSPA Awards & ISO accreditation Register for ISO accreditation Achieve ROSPA Bronze Award	Achieve ROSPA Silver Award Compile evidence for ISO accreditation	Achieve ROSPA Gold Award Obtain ISO accreditation	
Develop & fully integrate the 'AC2E Performance Management/Sustainability Tool' into the Trusts overall performance & assurance framework	Develop 'Tool' for Directorates, Divisions & Trust Carry out a consultation process with Managers Pilot 'Tool' in a number of areas	Roll-out 'Tool' and provide appropriate training Integrate into the Trust overall performance & assurance framework	Audit 'Tool' to determine its effectiveness	
Develop & implement a 'Critical Safety Audit Toolkit' for Wards and Departments	Develop 'Toolkit' for In-patient areas Consultation exercise with Matrons Pilot 'Toolkit' in each of the clinical specialties	Undertake an audit to check that in-patient areas have carried out the audit. Sample 25% of completed audits for assurance purposes.	Undertake an audit to check that all areas have carried out the audit. Sample 25% of completed audits for assurance purposes.	
Develop & implement a 'Critical Safety Audit Toolkit' for Wards and Departments (<i>Cont'd</i>)	Roll-out 'Toolkit' to all in-patient areas.	Provide an overall report on in-patient compliance rating Develop 'Toolkit' for all	Provide a Trust report on overall compliance rating.	

Oxford Radcliffe Hospitals

Objective	2008/09	2009/10	2010/11	Comment/Status
	Provide training as necessary	other areas, including consultation Roll-out 'Toolkits' and provide training as necessary		
Achieve national incident reduction targets sets by the Department of Health	Ascertain baseline statistics to demonstrate if targets are being achieved	10% overall reduction in RIDDOR Major Injuries 20% overall reduction in RIDDOR 'Over 3-day absence incidents' 20% overall reduction in work-related ill health incidents	If new targets are net set by the DoH, develop local ones to demonstrate continual improvement	
Achieve local incident reduction targets of 8%	All staff incidents Slips, trips & falls Needlestick injuries Violence & aggression Manual handling	To be set by H&SC in August 2008	To be set by H&SC in August 2009	
Utilise 'Benchmarking' to test incident performance against Trusts similar to ORH.	Identify benchmarking resources Test against statistics produced by the HSE	Incorporate Benchmarking findings into Annual Report	Incorporate Benchmarking findings into Annual Report	
Provide and deliver a corporate health & safety training programme	Undertake a training needs analysis. Produce and agree the training matrix Develop & deliver the training	Develop & deliver the training programme	Develop & deliver the training programme	

Oxford Radcliffe Hospitals

Objective	2008/09	2009/10	2010/11	Comment/Status
	programme			
Integrate the costing of incidents into statistical reports	Continue to work with Human Resources & legal Services to identify means of providing the trust business costs of incidents Develop a project plan for implementation during year 2009/10	Implement project plan	Costing including in statistical reports	
Put in place 'Safety Action Groups (SAGs)' that will identify improvement programmes for high risk areas	Agree SAGs required Agree membership and terms of reference for SAGs SAGs to produce their own 3-year programme	SAGs to produce six-monthly and annual performance reports for assurance Executive Directors to champion SAGs & review effectiveness of the Group, & complete specialist walkabouts to demonstrate Board level commitment.		