HSC Business Services Organisation

Directorate of Legal Services
PRACTITIONERS IN LAW TO THE HEALTH & SOCIAL CARE SECTOR

2 Franklin Street, Belfast, BT2 8DQ
DX 2842 NR Belfast 3

Your Ref:	Our Ref:	Date:
BC-0063-11	HYP B4/01	22.12.11

Ms Bernie Conlon
Secretary to the Inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB

Dear Madam,

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

I refer to the above and your letter which we received on 2nd November 2011.

I now enclose the following Health and Safety Reports in response to question 2a(f) of your aforementioned letter: -

1) 1995 – 1996
2) 1996 – 1997
3) 1998 – 1999
4) 1999 – 2000
5) 2000 – 2001
6) 2001 – 2002
7) 2002 – 2003
8) 2003 – 2004
9) 2004 – 2005
10) 2005 – 2006
11) 2006 – 2007
12) 2008 – 2009
13) 2009 – 2010
14) 2010 – 2011

Unfortunately the Health and Safety Report for 1997 – 1998 cannot be located.

Yours faithfully,

Joanna Bolton
Solicitor Consultant
Email: [redacted]
Tel: [redacted]

The **ROYAL**
HOSPITALS

ANNUAL HEALTH & SAFETY REPORT

1.4.95 - 31.3.96

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Appendices

1 Executive Summary

This report presents data describing the health and safety performance of the Trust during the year 1995/96. Improved reporting and recording systems for accidents, untoward events and liability claims have allowed the detail in this report to be prepared. During the year 751 incident report forms were received by Occupational Health Services. Of these, 547 (73%) involved accidental injury. The majority (421) of accidental injuries occurred to staff. This compares with 398 recorded accidental injuries to staff during the previous financial year. It is important to note that violence represents an increasing proportion of reported untoward incidents. Sixty-five staff were involved in an episode of verbal abuse or physical violence. Attention must also be drawn to the number of students or trainees (27) who suffered accidental injury during the year. Incidents involving sharp clinical instruments, including needles, continue to be an important source of injury. Ninety-nine such injuries were reported and data is presented indicating that this is likely to be an underestimate. In particular doctors are likely to under-report sharps injuries. Non-clinical staff continue to report injury with contaminated clinical instruments (10 facilities staff reported sharps injuries during the year).

A total of 66 injuries (16% of all accidental injuries) were reportable to the health and safety inspectorate under the RIDDOR regulations. This appears to be an underestimate when compared with published UK rates for the healthcare sector.

A detailed analysis of patient handling accidents during the year is presented in the report. Twenty-eight such accidents were reported, 8 of which resulted in sickness absence, totalling 699 days. To date 4 personal injury liability claims have been received by the Trust as a consequence. Despite the substantial costs, both personal and financial, associated with individual injuries, the overall rate of patient manual handling injuries in the Royal Hospitals Trust appears low when compared with information available from other trusts.

The King's Fund Organisational Audit included important health and safety criteria. The need for effective organisational mechanisms, to ensure health and safety policies and control measures are consistently implemented and monitored, were identified as needing further attention. The audit also identified a need to review more general risk management procedures and within this context more effective health and safety management is being considered.

The work of key committees contributing to health and safety is summarised in the report, emphasising the important contribution being made by a committed and varied group of staff.

Details of occupiers and employers liability claims resulting from accidents during 1995/96 are described. At the date of publication a total outstanding reserve of £271,000 has been set for 51 accidents arising during the year. This gives an important [redacted]f the costs and potential savings that depend on the effectiveness of our health and safety risk management.

This report will be a valuable tool in improving the health and safety performance of the Trust. Near misses or "no loss incidents" are not yet being systematically reported and it seems likely that reportable injuries are not consistently identified

This knowledge in itself is useful and an action plan to ensure more efficient reporting of all untoward events will be developed as part of our Risk Management Strategy.

2 Contributors

Mrs H Chambers
Dr P Coyle
Miss M Kerr
Mrs S McComb
Dr B McDermott
Dr G Murnaghan
Mr J Orchin
Dr A B Stevens

Acknowledgements

The Personnel Directorate provided information necessary for the production of data presented in this report.

All staff who contribute to committees, undertake risk assessments, provide training or otherwise assist in the management of health and safety are recognised for the important contribution they make.

[redacted] painstakingly prepared the manuscript and [redacted] prepared data on accidents and incidents.

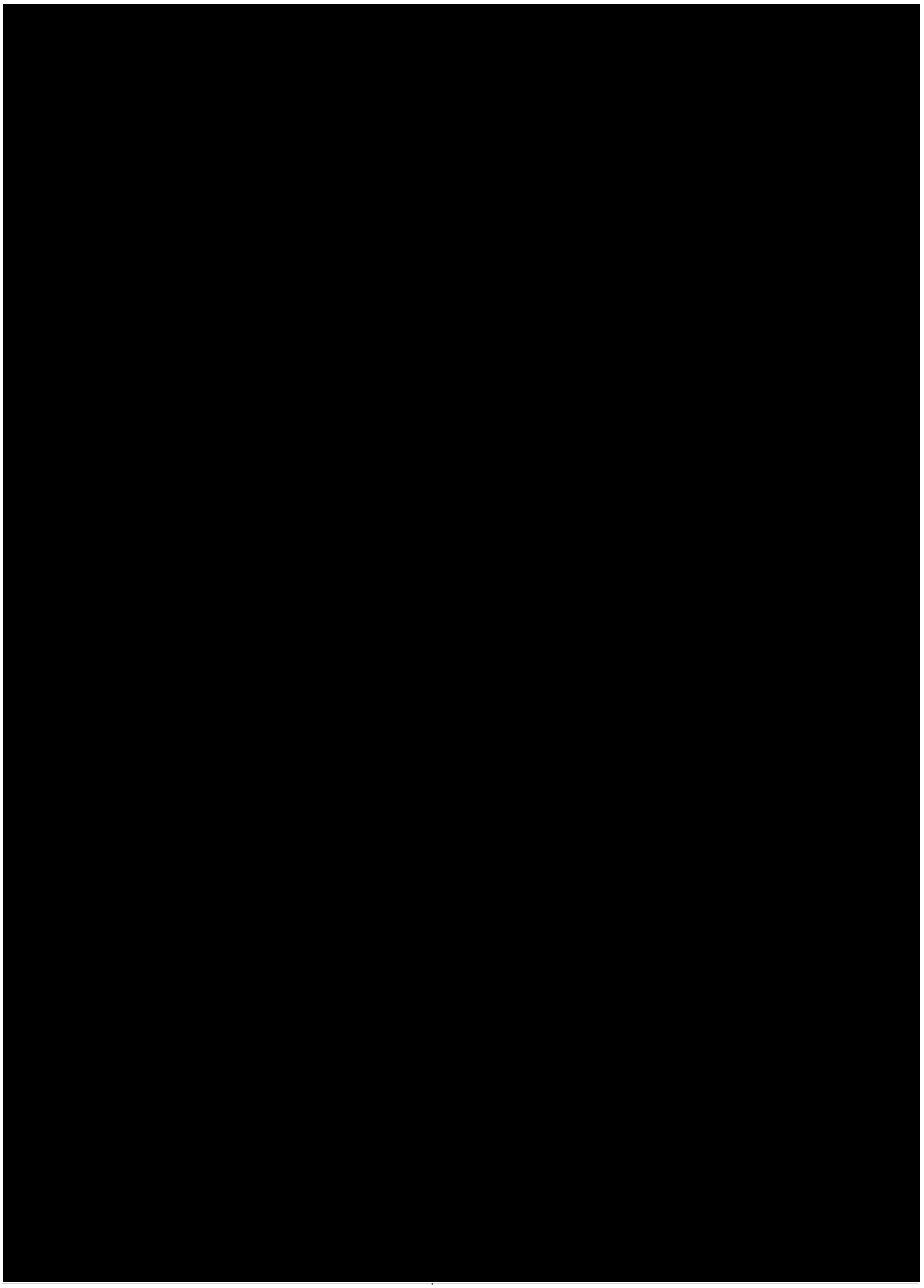
3 INTRODUCTION

This report covers the year April 1995 - March 1996. It deals with all aspects of health and safety risk management and should form the basis for monitoring the Trust's performance in future years. It is the first such report presented to the Trust and has been made possible by significant advances in the collection, storage and analysis of information on accidents, untoward incidents and personal injury claims. The Directorates of Occupational Health Services and Medical Administration have developed new computer systems to facilitate this process and are co-operating in the use of available information for more effective risk management.

The report has necessarily been edited and more detailed information about specific incidents or issues, relevant to particular directorates, can be obtained from Dr Stevens or Dr Murnaghan.

4 Accident and Incident Report 1995/96

A new accident and incident reporting procedure, ratified by Hospital Council, was introduced at the beginning of the year. This was supported by the installation of a computer software system (SHE - Safety Health and Environment) and revised accident reporting form (Incident Report or IR1 form). IR1 forms should be completed for any untoward incident involving staff, patients, students, contractors or visitors and returned to the Trust's Health and Safety Officer for collation and if necessary investigation. The outcome from these measures, for the first full year of their implementation, is presented below.



[redacted]

Risk Management. Effective risk management requires that all untoward incidents are reported, irrespective of whether injury or loss occurred. During the year, 67 near misses (9% of total reports) were recorded. Current knowledge regarding near miss / accident ratios would suggest our findings are an underestimate. A 13 week study in an NHS hospital employing 700 people demonstrated that for each accident that led to injury requiring 3 or more days off work, there were 10 minor accidental injuries and 195 non-injury accidents. The authors commented that these were likely to be underestimates. One of the reasons given was that some doctors were reluctant to participate fully *(Reference: Health & Safety Executive. The Costs of Accidents at Work HS(G)96, HMSO 1993).* More efficient reporting of incidents will be a training issue in the next year.

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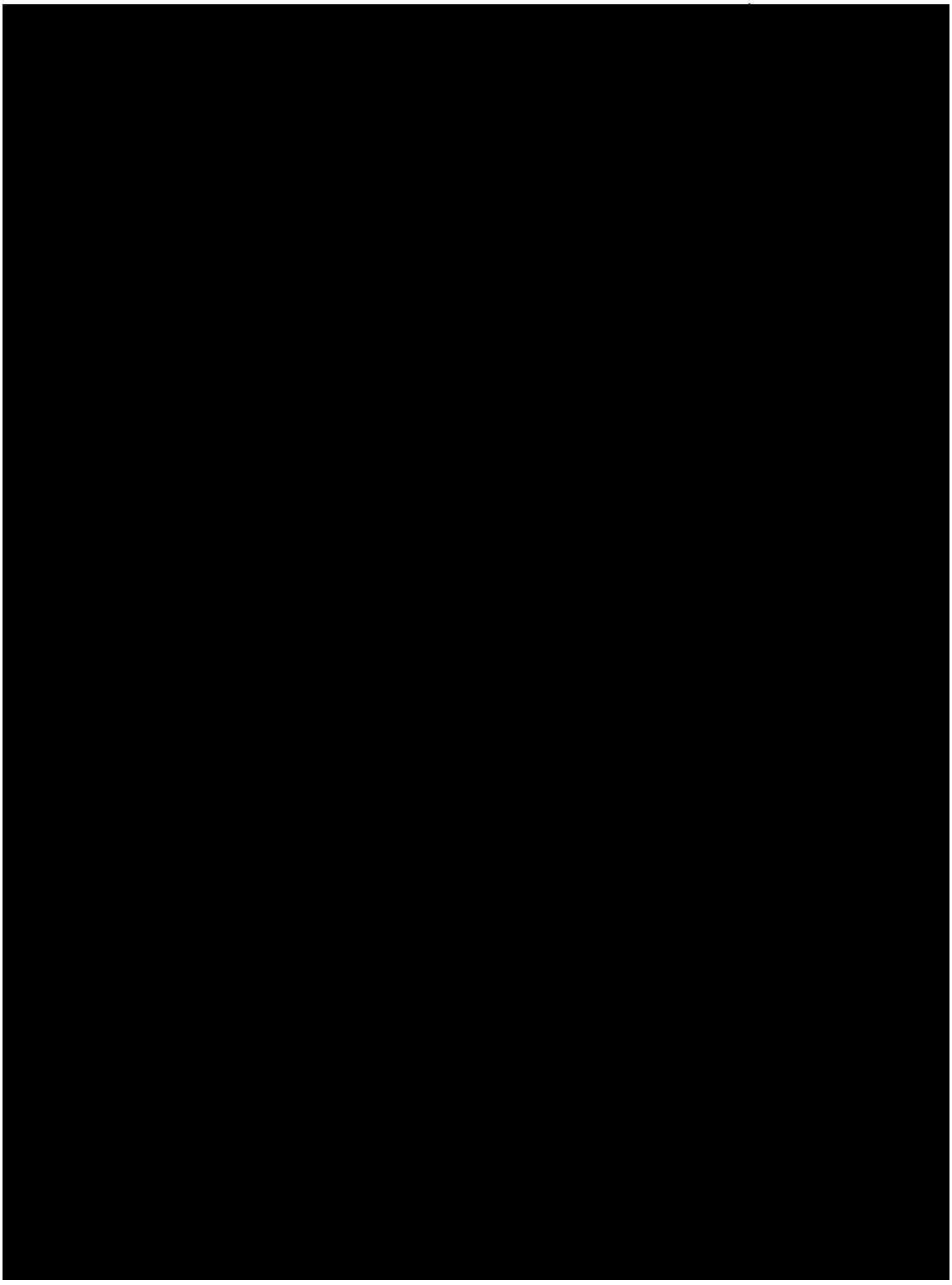


5 Injuries reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1995 (RIDDOR)

A total of 66 injuries (16% of all accidental injuries) were reportable to the Health & Safety Inspectorate, 58 because they resulted in absence of over 3 days, 7 which were defined as major injuries and one was a fatality. Details are given in Tables 4 and 5.

The reportable injury rate is 1152 per 100,000 staff per year. This compares with Health and Safety Executive estimates of 3,000 per 100,000 staff per year, for the healthcare sector in Great Britain [redacted] The Trust's figures suggest under reporting and / or failure of ascertainment. This will be the subject of investigation and further action during the forthcoming year.

In November 1995 a fatality was recorded of a patient within the Medical Directorate. A full internal investigation has been carried out together with investigation by the RUC and Health & Safety Inspectorate. These reports have been forwarded to the Coroner.

Table 4 - **RIDDOR Reportable Injuries - Injuries causing over 3 days absence**

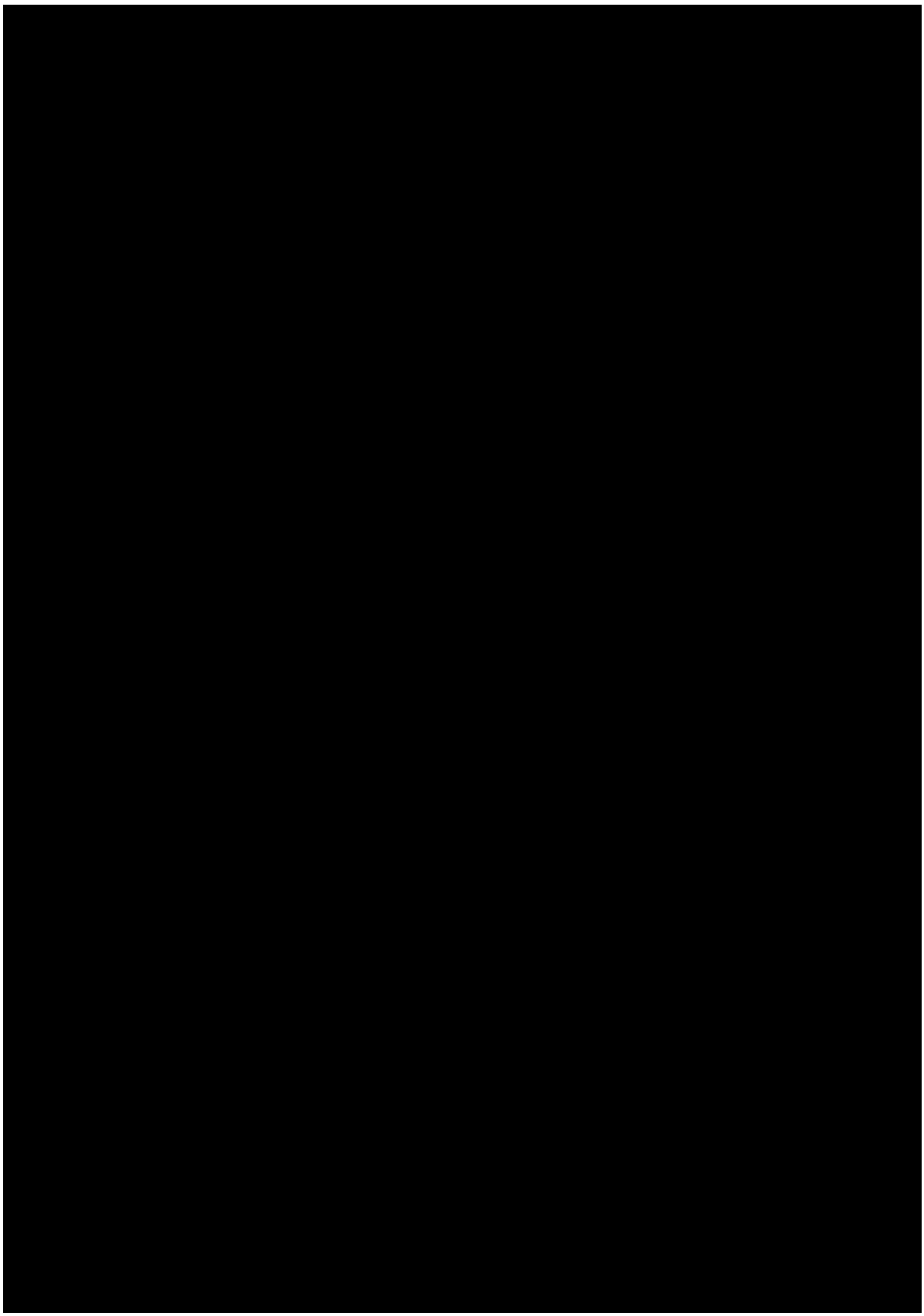
Cause	Number
Cut with material/object	6
Hot/cold contact	2
Patient Lifting/Handling	8
Manual Lifting/Handling	9
Slip/Trip/Fall	16
Contact with substance	1
Contact with Equipment	2
Person to Person Assault	5
Struck by object	2
Struck against something	4
Other	2
Struck by vehicle	1
TOTAL	**58**

Table 5: **RIDDOR Reportable Injuries - Major injuries**

Injury	Number	Occupation	Directorate
Fracture	1	Nurse/Manager	Surgical
Fracture	1	Clerical Officer	Finance
Fracture	1	Medical Student	Paediatrics
Fracture	1	Patient, Ward 34	Medical
24 Hours Hospital	1	Cook	Facilities
24 Hours Hospital	1	Domestic Supervisor	Facilities
Fracture	1	Personal Secretary	Medical
Fatality	1	Patient	Medical
TOTAL	**8**		

6 [redacted]

[redacted]



7 Kings Fund Organisational Audit - Outcomes for Health & Safety

This audit included criticism of aspects of health and safety management. The criticism is reflected in the Kings Fund criteria for which further action is required in order that we may obtain full accreditation. A summary of the essential (A) criteria and the surveyors' comments and recommendations are contained in appendix 2.

In acknowledgement of the recommendations received, the Medical Director is leading a review of risk management arrangements within the Trust. This includes current arrangements for health and safety. The Trust had already recognised a need to "close the loop" in risk management, ensuring that policies and procedures for health and safety are effectively implemented at directorate and departmental level. This requires mechanisms for communication, audit and monitoring and a commitment to training.

To meet some of the problems highlighted by Kings Fund, Occupational Health Services have established a link person for each directorate. This individual will meet with the Directorate Manager initially on a monthly basis but then as required. The link person will also attend Directorate Health and Safety Group meetings.

The role of the link person is to follow-up on incidents and accidents at work, ensuring that risks to health are identified and dealt with. The link person will assist in identifying training needs and with the risk assessment process. The link person will also provide a route by which the directorate can get more specialist advice on health and safety matters.

8 RVH Redevelopment Project

9 Trust Health & Safety Group Report

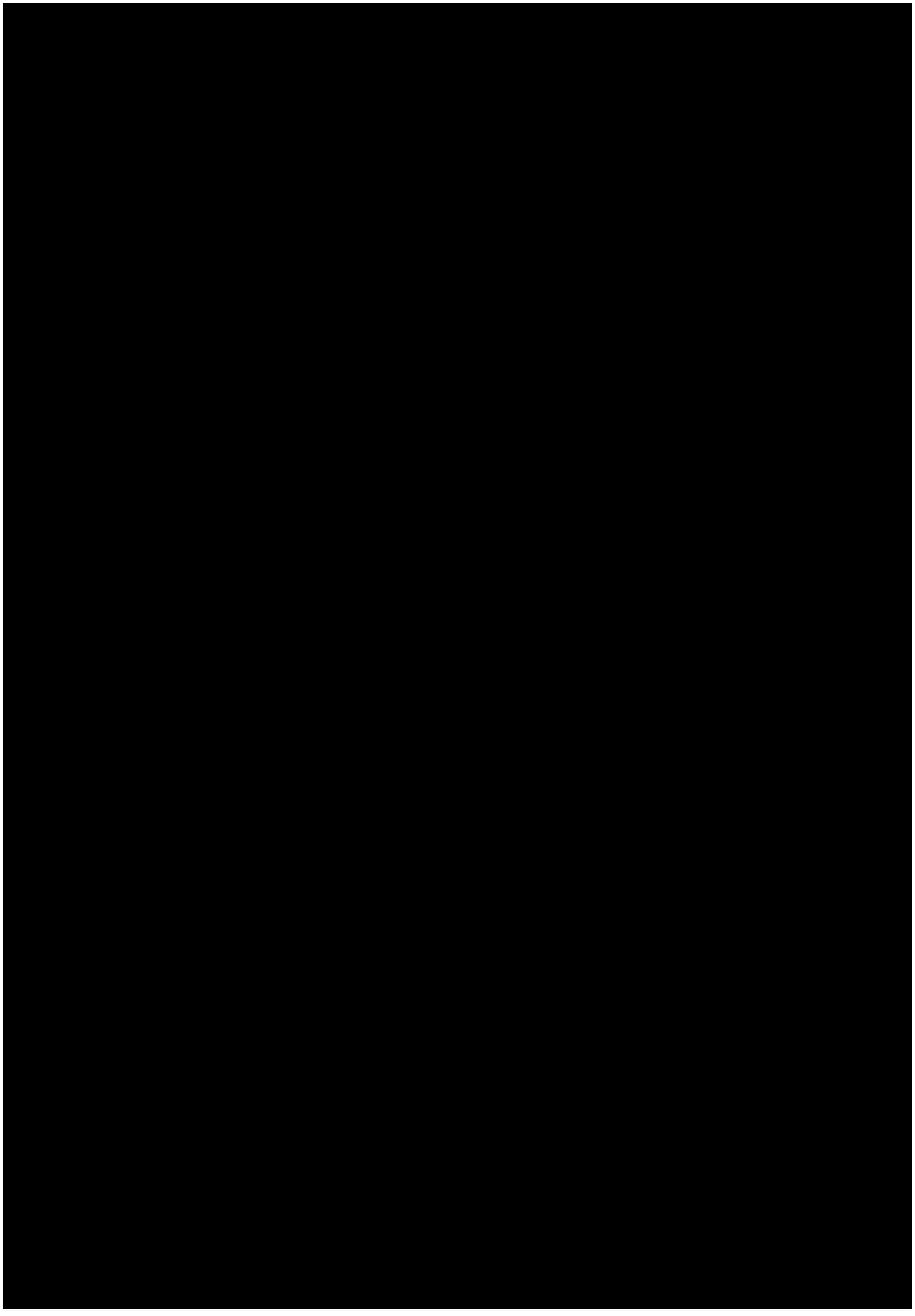
This group met 4 times during the year under the chairmanship of Dr Stevens. The membership has been chosen to be as representative as possible of all disciplines within the Trust, providing a forum for informed debate. It reports to and advises the Risk Management Steering Group. The group's current role, which has evolved over the last 2 years, has been to review the activities of the key committees within the Trust which have a health and safety function. It also scrutinises quarterly accident/incident statistics.

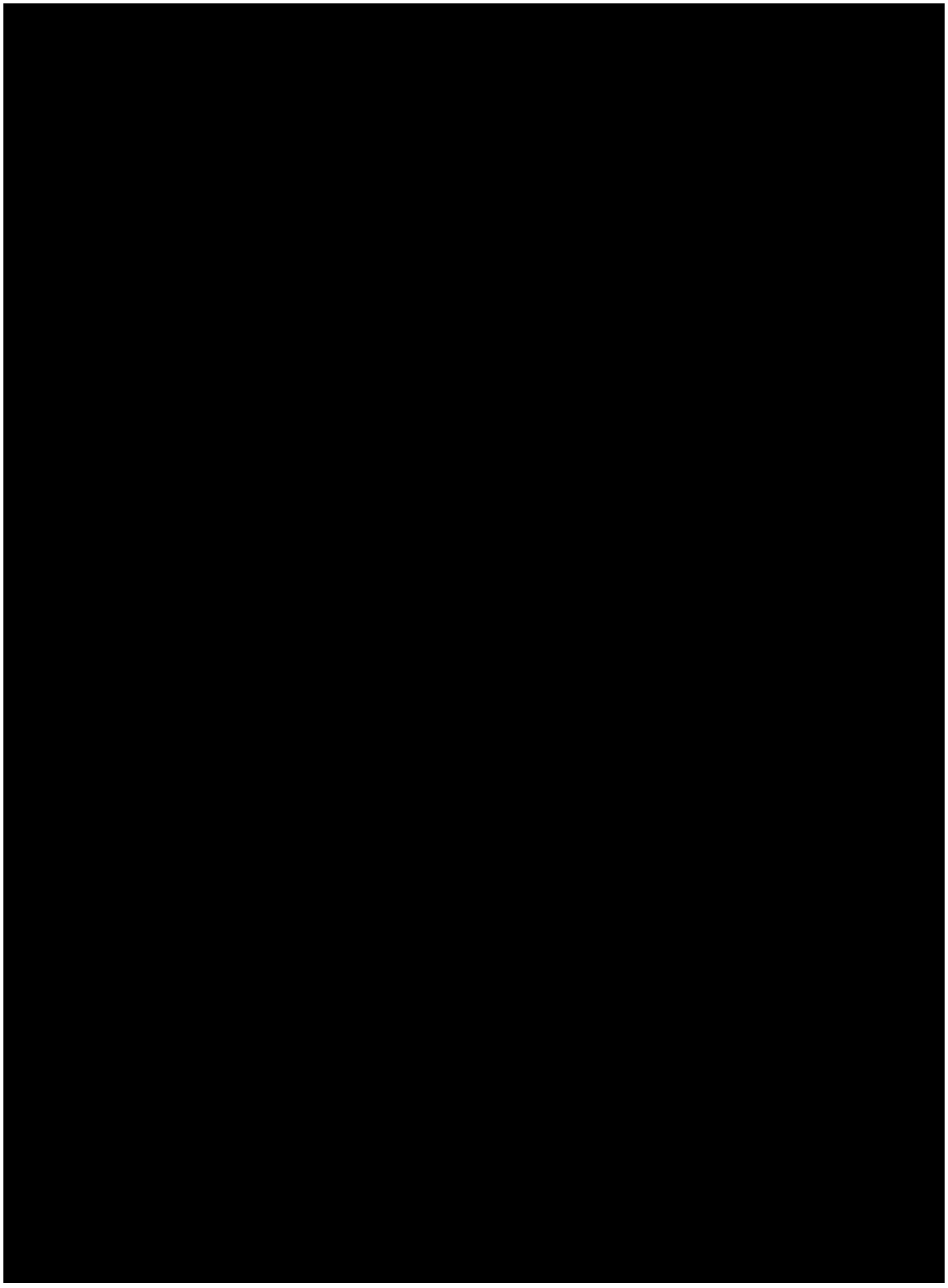
The role of the group is now under review, as part of the wider reorganisation of risk management being undertaken by the Medical Director and Risk Management Steering Group.

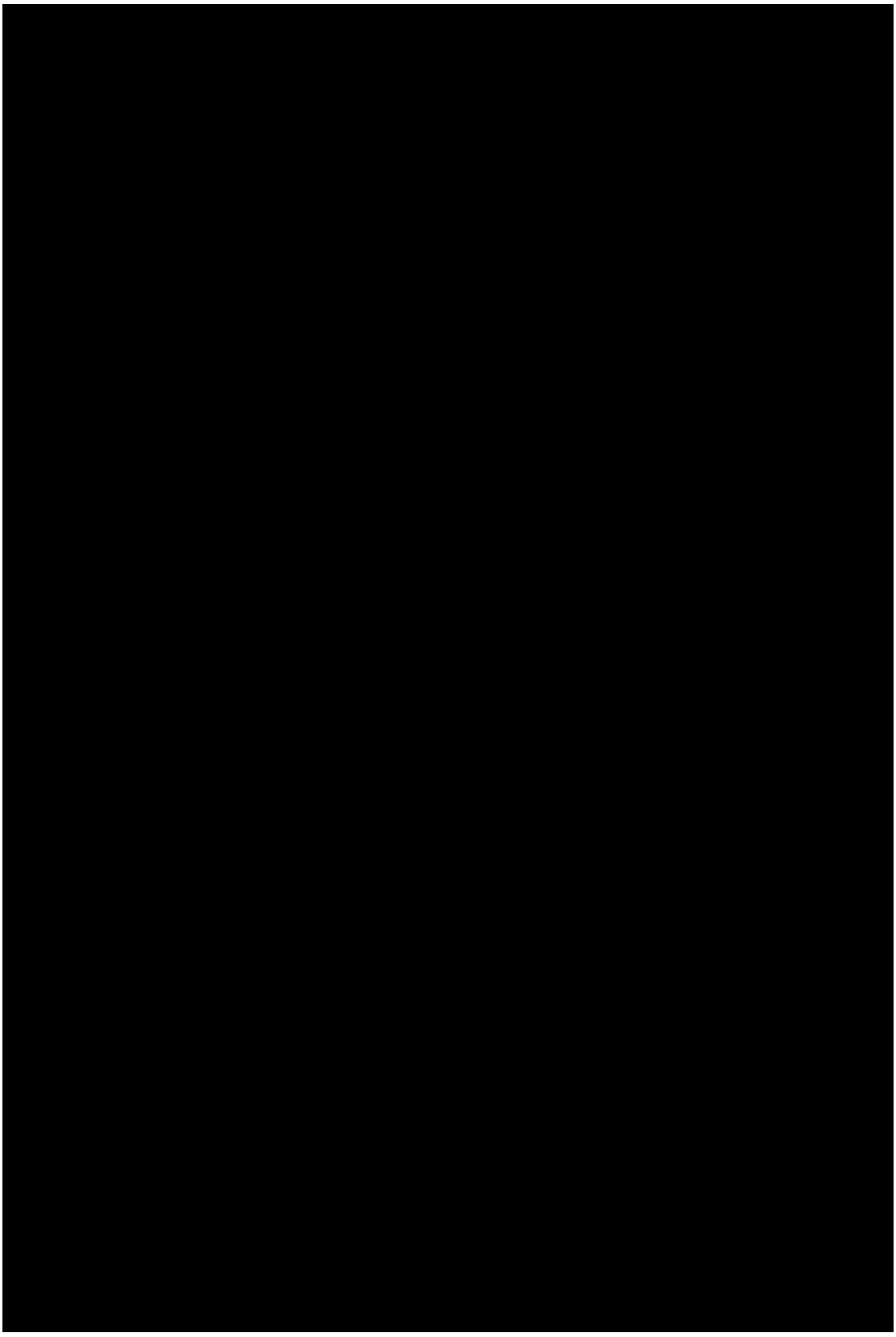
The current membership is:

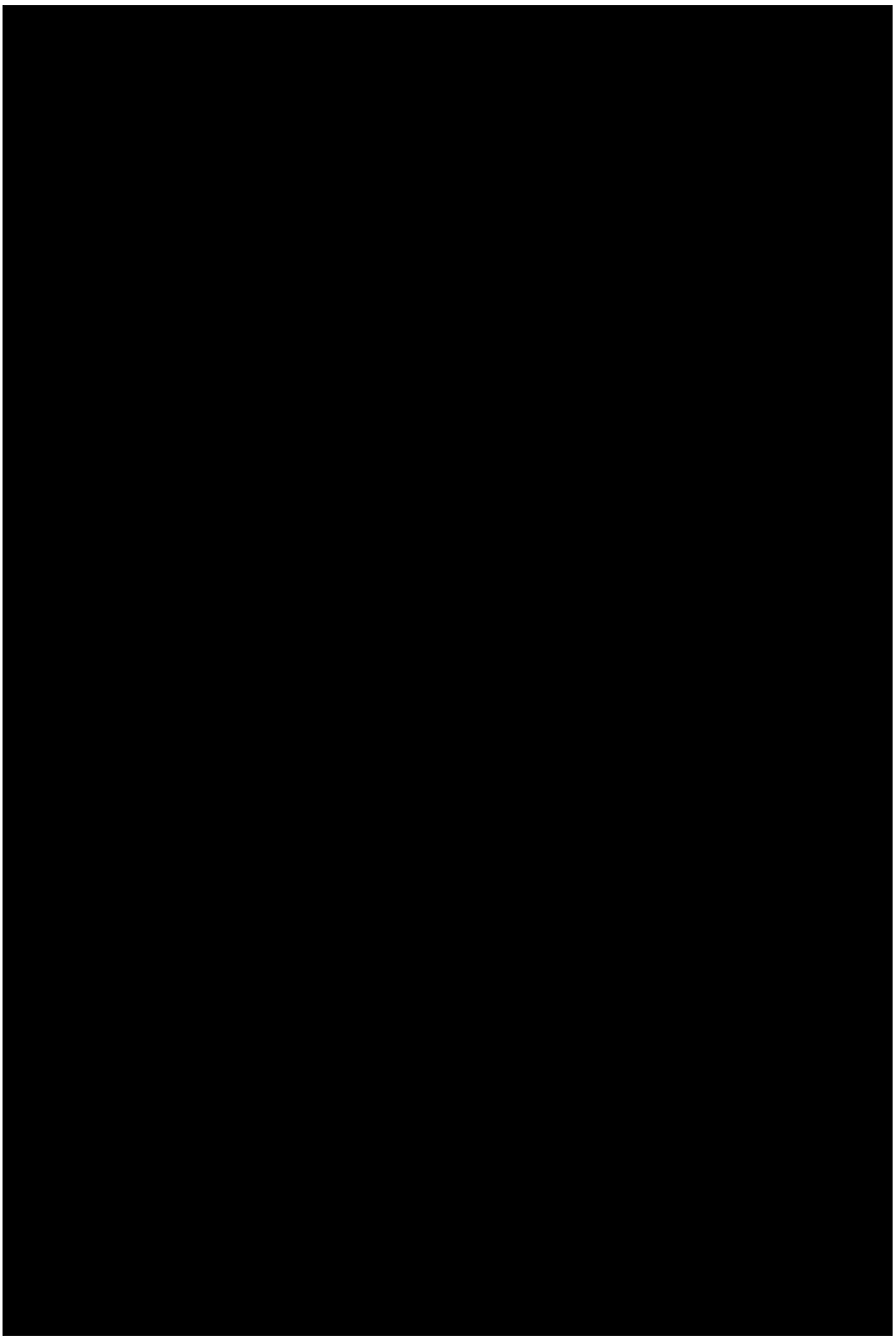
[redacted]	Group Engineer, Estates
Ms C Burns	Facilities Director
[redacted]	Management Accounts
[redacted]	Consultant Virologist
[redacted]	Medical Physics
[redacted]	Director of Personnel
[redacted]	Bed Manager
[redacted]	Radiology Directorate (staff representative)
Dr G Murnaghan	Director of Medical Administration
[redacted]	Consultant Pathologist (QUB representative)
Dr S O'Hare	Director of Pharmaceutical Services
[redacted]	Health & Safety Officer
[redacted]	Consultant Bacteriologist
Dr A B Stevens	Director of Occupational Health & Safety
[redacted]	Nursing Services Manager, Cardiology
[redacted]	Laboratories Directorate (staff representative)

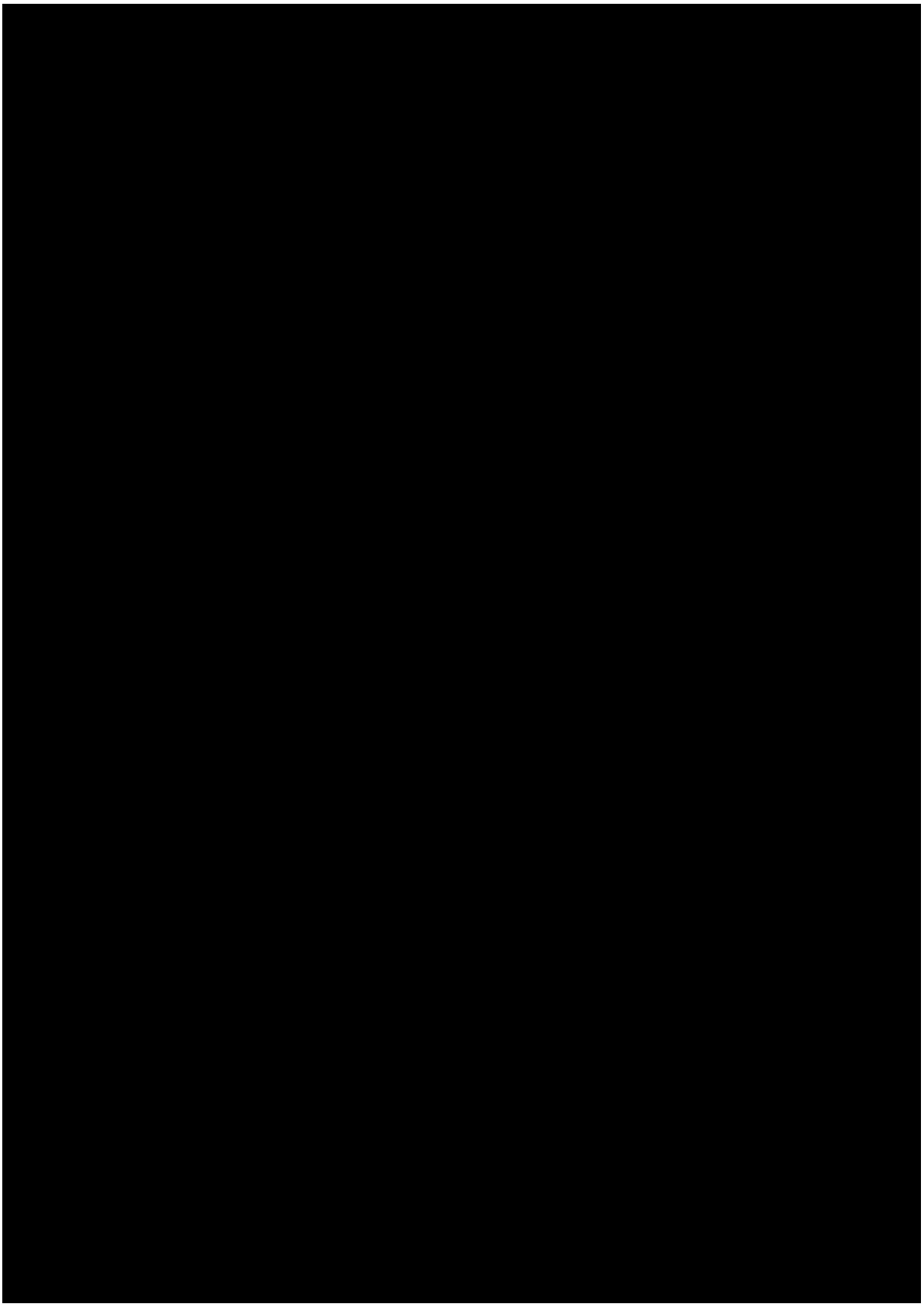
[redacted]



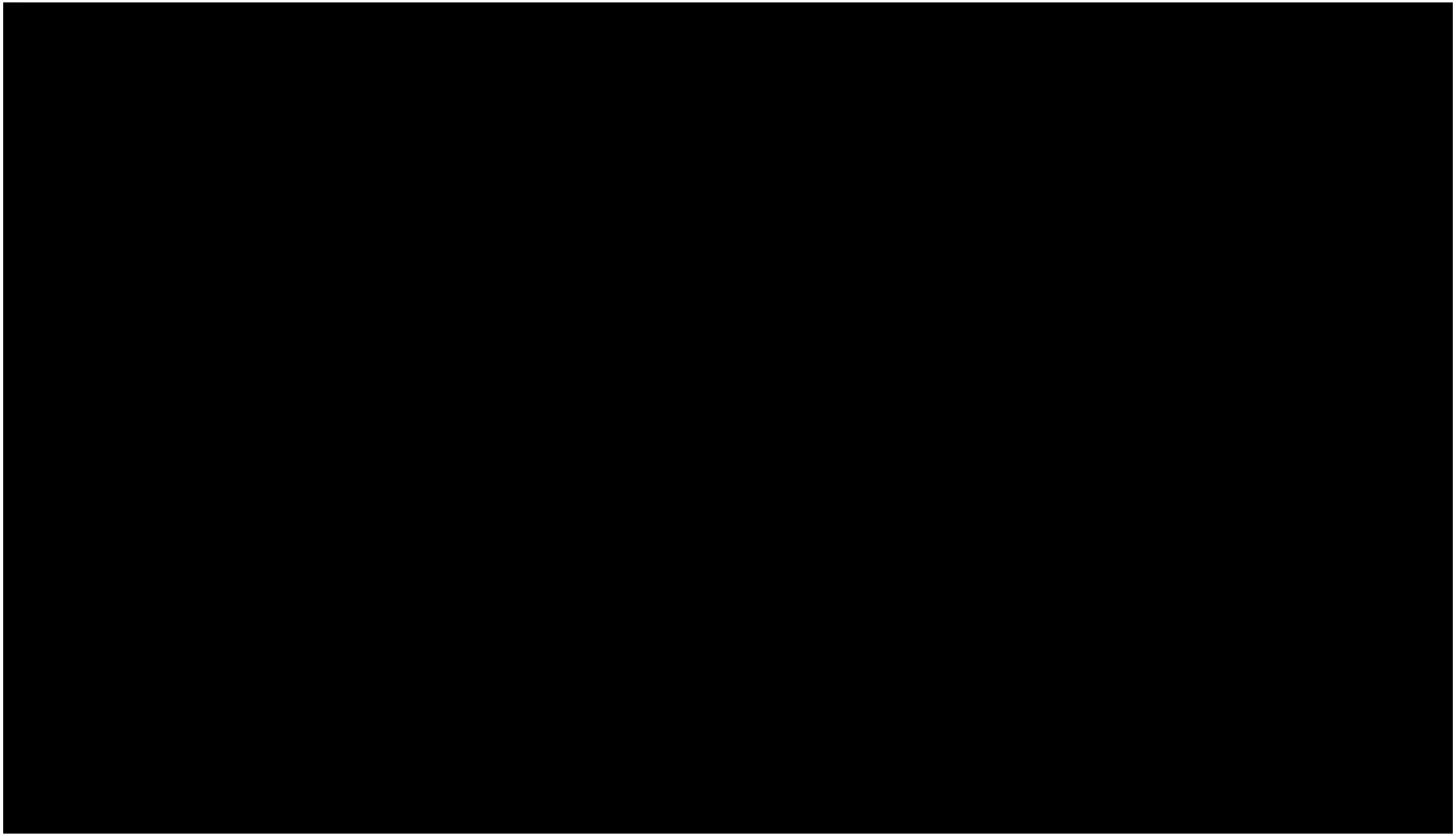








Appendix 1 (contd.)



* Indicates Litigation Against RGHT

Appendix 1 (contd.)

Appendix 2

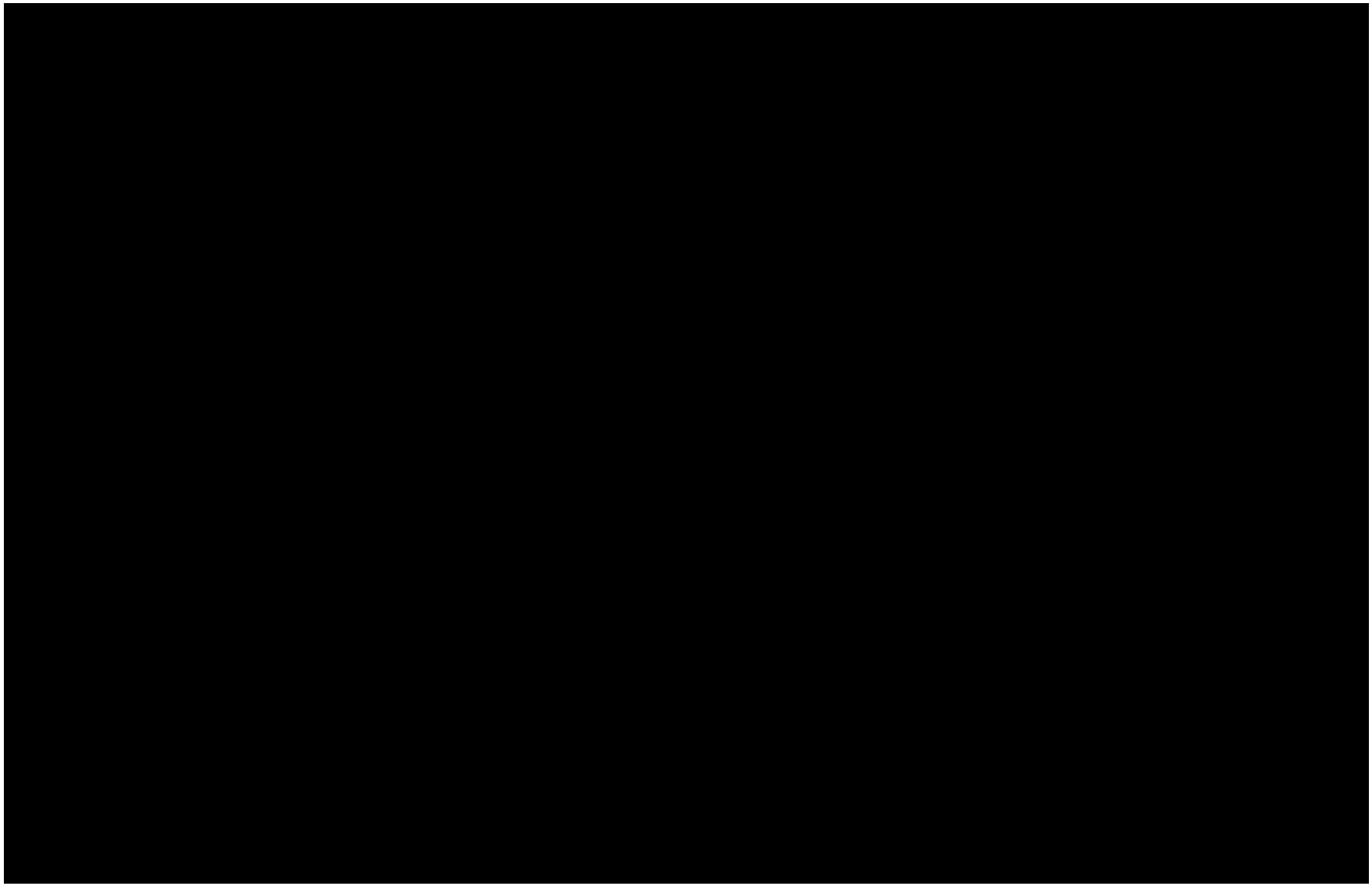
King's Fund Organisational Audit - Health & Safety Management & Related Topics
- Summary of essential criteria requiring further action

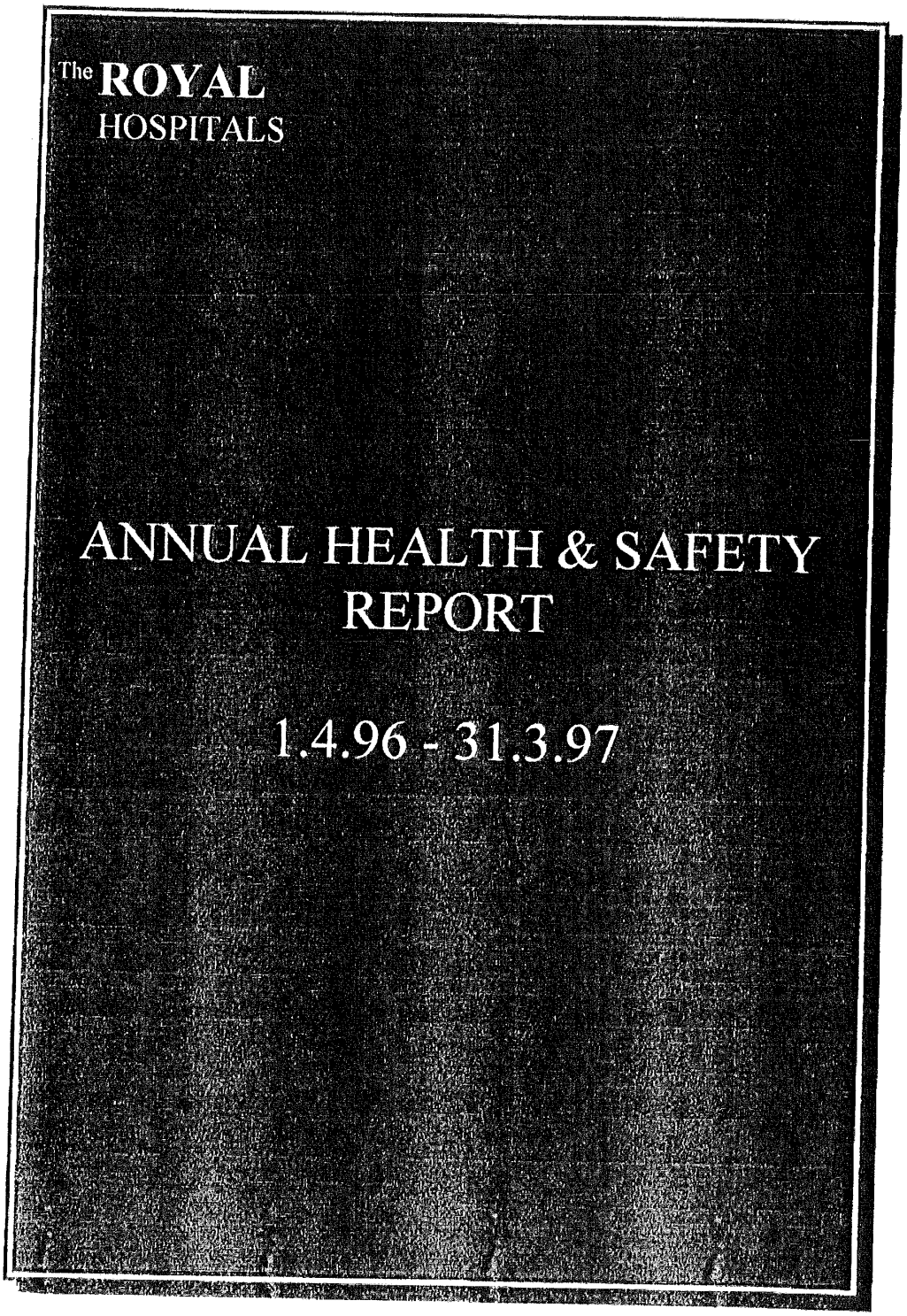
Manual Section & criteria no.	Surveyor's comment/recommendation
Policies & Procedures	
8.15 The hospital/Trust has an external major incident, all-hazards plan (it is recognised that not all units will have a role in external major incident response) (see also Accident and Emergency Service chapter, criterion 2.13).	There is currently a plan for the Royal Victoria Hospital (RVH) dated 1989 and a plan for the Royal Children's Hospital dated 1993. There are no plans for any role to be played by the Royal Maternity Hospital or the dental hospital. A revised RVH plan is in draft form. It needs to be revisited to test for clarity.
8.17 All departments/services having a role in an external major incident prepare an action plan (see also Core Standards for Non-Clinical Services chapter, criterion 4.9 and Core Standards for Clinical Services chapter, criterion 4.9). Interpretation ◆ the action plan ensures that all staff are aware of their individual responsibilities in the event of a major incident.	Some departments and services have done this, but not all. Current plans will need to be checked in relation to the new disaster plan.
The hospital/Trust develops internal incident plans.	It is believed that these are covered by the disaster plan, but in fact they are not covered in any detail.
Facilities & Equipment	
9.6 There is a system in place to ensure that all equipment and facilities conform to existing statutory health and safety requirements (see also The Patient's Rights and Special Needs chapter, The Patient's Special Needs standard, criterion 1.7).	There is insufficient monitoring to ensure this at present and there can be no assurance of corporate compliance. One example is wheelchairs. There is no comprehensive system to identify these, so it is impossible to check them reliably.

King's Fund Organisational Audit

Manual Section & criteria no.	Surveyor's comment/recommendation
Risk Management	
10.2 There is a risk management strategy which is endorsed by the hospital manager/Trust board and details aims, objectives and individual responsibilities.	This needs completing as a matter of urgency.
10.4 There is a structure in place to ensure that risks are identified, control measures prioritised and necessary action taken (see also Health and Safety Management standard, criterion 11.18).	There is an interim structure in place but this needs review in light of the new strategy when complete.
10.9 Potential categories of disaster (for example, environmental, accidental systems failure, fraud, strikes) are assessed and contingency plans drawn up if necessary (see also Information Services standard, criterion 7.8)	There are some contingency plans in estates, but there has been no comprehensive assessment of potential disasters.
Health and Safety Management	
11.17 There is an up-to-date management plan which identifies health and safety objectives, targets and timescales and is developed in consultation with staff.	There is currently no central plan and no assurance that there are documented plans in all directorates.
11.20 Where necessary, preventative and protective measures (control measures) are implemented.	This is not managed centrally at present, and there is no documentary evidence of implementation in many directorates
11.21 Following assessment, all identified control measures are recorded to ensure consistent implementation across the hospital/Trust site.	See above.

Appendix 2 (contd.)

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Appendices

ANNUAL HEALTH AND SAFETY REPORT

1 Executive Summary

The report covers the year April 1996 to March 1997. This represents a period of consolidation of our health and safety arrangements with a commitment to training of staff at all grades. A review of the report will confirm that the number of untoward events was similar to the previous year. While further experience and developments of health and safety management would be expected to lead to a reduction in accidents, the same management improvements are likely to lead to better reporting of accidents. Importantly however the Trust appears to be performing well when compared with external reports.

In November 1996 the National Audit Office produced a paper entitled 'Health and Safety in NHS Acute Hospital Trusts in England'. This document described an investigation of health and safety performance in 30 acute hospitals. It reported an average rate of recorded staff accidents (including accidental injury and physical violence) of 16 accidents per year per 100 whole time equivalent (wte) staff per year. (The results ranged from 4 to 30 accidents). The Royal Hospitals Trust rate was 10 accidents per 100 wte staff per year. This clearly indicates that the Trust is above average when compared with similar organisations in England. Our performance however may actually have been better than represented by these figures. The authors of the report indicated that many trusts did not have an adequate reporting system and therefore a relatively low accident rate may reflect under reporting rather than good management. The Royal Hospitals Trust has a well developed reporting system which has been in place for 3 full years. During this period we have had a number of initiatives to improve reporting but our accident rate has remained consistent throughout this period. In particular we have been reassured during the last year that our RIDDOR reportable events are reliably captured.

The report highlights a problem with increasing physical violence to staff. At present it is too early to determine whether or not this is a true increase in violence or improved reporting but the trend will be monitored closely in future years. We are taking a proactive approach to managing the risk from violence in order to deal with violence to staff.

One of our continuing problems is to improve near miss reporting. Despite a major initiative during the year, near misses are under represented in our total figures. Similarly it seems likely that our needlestick or sharps injury rate is unrealistically low. As identified in the previous year this is as a consequence of doctors not reporting events.

During the year the Trust has run an extensive programme of accident reporting and risk management awareness seminars presented jointly with Sedgewick Northern Ireland. We have continued to provide first aid training to a range of staff working in non-clinical areas. An improved accident recording system was introduced to identify more serious (RIDDOR reportable) accidents. With the support of the Medical Director Occupational Health Services has been able to make significant progress with screening and vaccination for Hepatitis B amongst staff involved in exposure prone procedures. The Trust has also used its experience over the last 3 years to reorganise risk management and develop coherent organisational arrangements for health and safety.

2 Contributors to this report.

Dr A B Stevens
Dr B McDermott
Mr J Orchin
Dr Murnaghan
Ms M Kerr
Dr P Coyle

The assistance of the following should be acknowledged:

[redacted] for providing information on staff numbers;
[redacted] for preparing the manuscript;
[redacted] for preparing data on risk management and litigation;
[redacted] for preparing raw data and tables.

3 Introduction

This is the second annual report prepared by the Trust. It covers the period April 1996 to March 1997 inclusive. The main part of the report focuses on accident and incident statistics for the year. In addition the report reviews the main areas of activity by the Trust, in the field of health and safety management.

If more detailed information is required this can be obtained from Dr Stevens, Director of Occupational Health Services or Dr Murnaghan, Director of Risk and Litigation Management.

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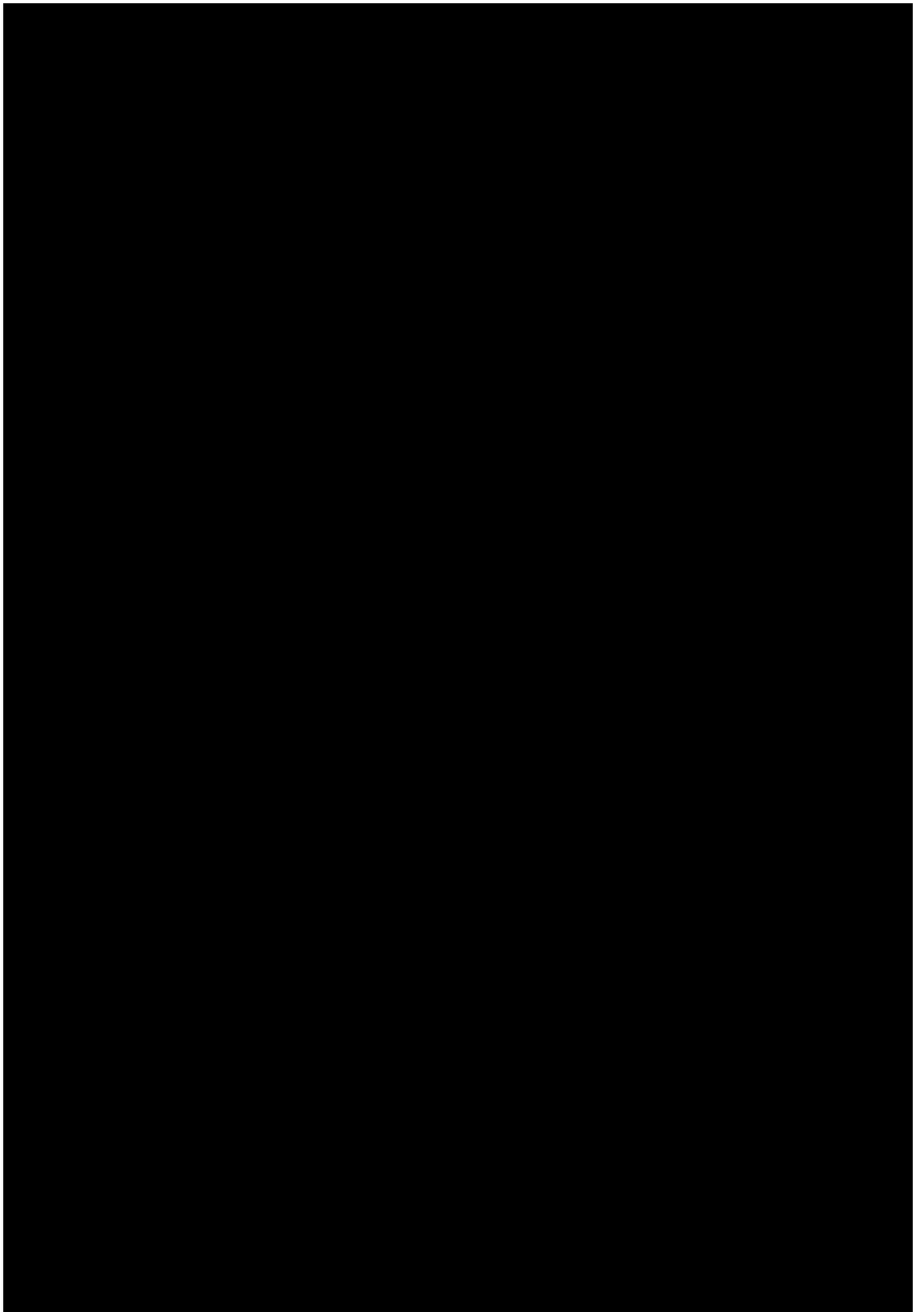
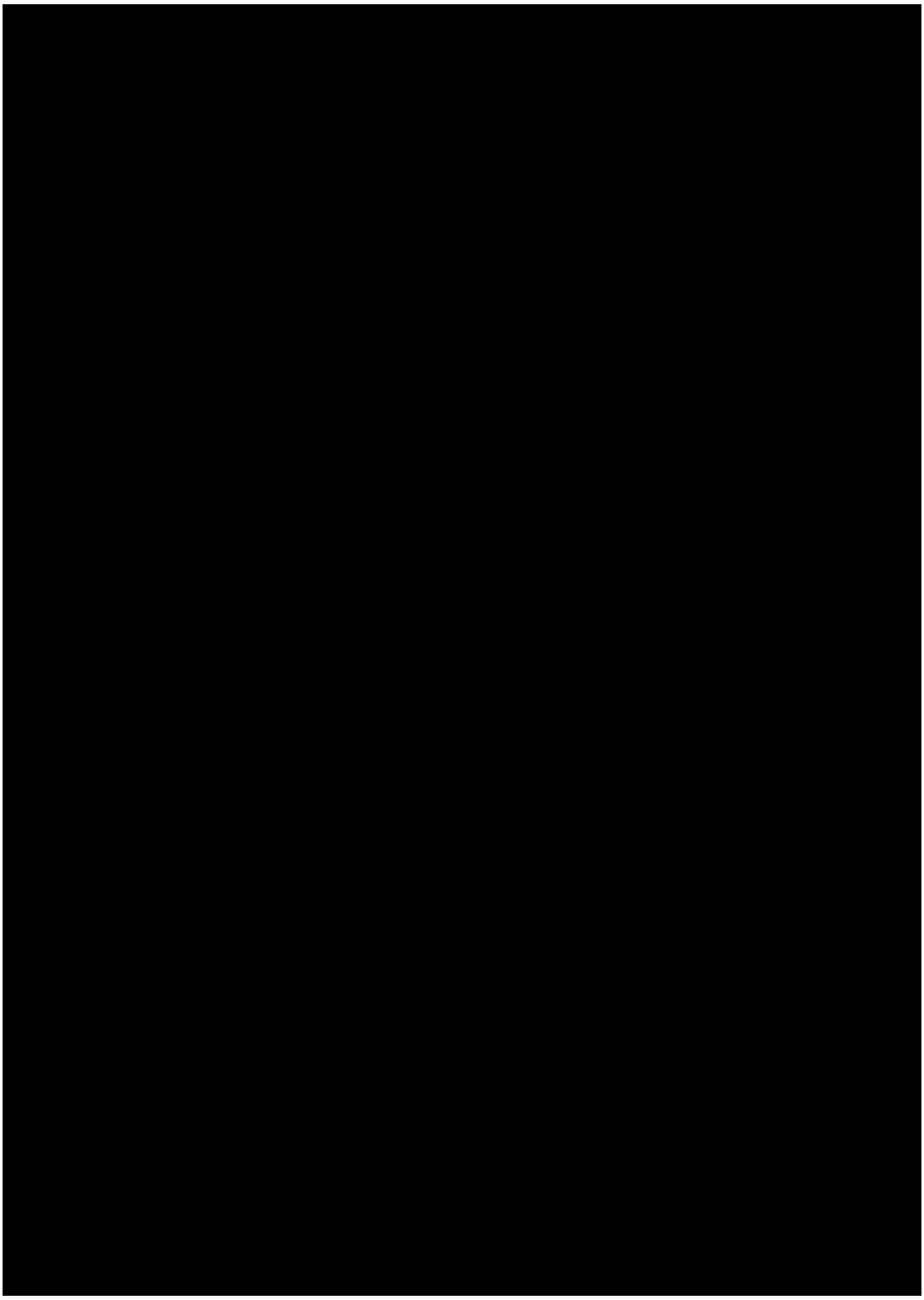


4.1 Near miss Reporting

One of the objectives identified from last year's report was to increase the number of near miss incident reports. To meet this objective a rolling programme of risk management seminars presented by Mr John Orchin, the Trust's Health and Safety Officer and Mr David Irvine of Sedgewick Northern Ireland was instituted. The number of near miss reports in 1995-96 was 67 (9% of total reports) and 1996-97 was 85 (11% of total reports). This represents a modest return for the investment of time and resources in training. Near miss reporting will remain an important objective of the Trust and the means of improving our performance in this area will be the subject of further review. The benefits of near miss reporting are greater awareness of hazards among staff and a more proactive approach to accident prevention.



5 Injuries Reportable Under Reporting Of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1986 (RIDDOR)

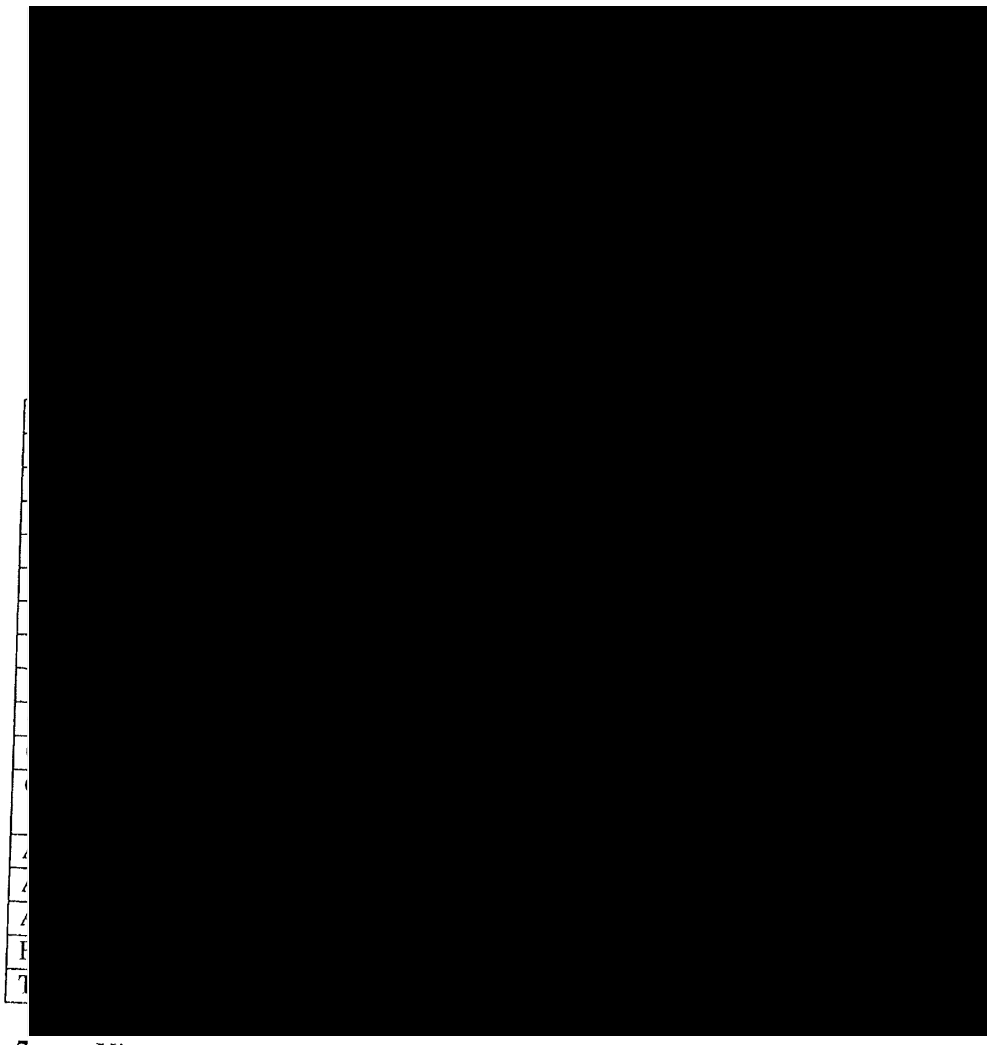
A key objective for this year was to ensure reliable reporting of RIDDOR reportable injuries. During 1995-96 a total of 66 such injuries were reported. This appeared to underestimate the true rate of reportable injuries when compared with Health and Safety Executive estimates. There was concern that the Trust's reporting system missed so called "3 day accidents". These are accidents that result in more than 3 days off work and are reportable under RIDDOR. In April 1996 the Occupational Health and Safety Directorate introduced a check system to ensure that all sick leave attributed to an accident at work was identified and logged. A total of 69 reportable accidents were identified in 1996/97. Of these 63 were "3 day accidents" and 6 were major injuries (Tables 5 & 6). It had been expected that an increase in 3 day accidents would be observed. This has not been the case, suggesting that the Trust is performing well, with a reportable accident rate below national estimates for the health care sector. (Please see the Annual Health and Safety Report 1995/96 for source information).

***Table 5*: RIDDOR Reportable Injuries - Injuries causing over 3 day absence 1996/97**

	1995/96	1996/97
Cause	**Number**	**Number**
Cut with material/object	6	1
Hot/cold contact	2	0
Patient Lifting/Handling	8	11
Manual Lifting/Handling	9	12
Slip/Trip/Fall	16	14
Contact with substance	1	1
Contact with Equipment	2	0
Person to Person Assault	5	8
Struck by object	2	7
Struck against something	4	1
Other	2	2
Struck by vehicle	1	3
Total	**58**	**63**

***Table 6*: RIDDOR Reportable Injuries - Major Injuries 1996/97**

Injury	Accident Type	Occupation	Directorate
Fracture	Slip/Trip/Fall	Patient	Medical
Fracture	Slip/Trip/Fall	Domestic Assistant	Facilities
Fracture	Slip/Trip/Fall	Security Officer	Facilities
Fracture	Fall from height	Domestic	Facilities
Fracture	Slip/Trip/Fall	Domestic	Facilities
Fracture	Slip/Trip/Fall	Visitor	Cardiology



7 Kings Fund Organisational Audit - Outcome for Health and Safety

The King's Fund Surveyors indicated that the organisational arrangements for managing health and safety lacked a central focus and the means of monitoring performance. To overcome this potential problem each directorate was allocated a link person from the Directorate of Occupational Health and Safety. This person was tasked with attending directorate health and safety meetings, ensuring follow up of accidents and providing technical advice. This arrangement has helped to close the loop between untoward incidents, event reporting and preventative/remedial action.

Health and safety management was only one part of the King's Fund Audit, but the efforts of staff at all levels to complete risk assessments, institute controls and report events helped to ensure that the Trust received accreditation when resurveyed.

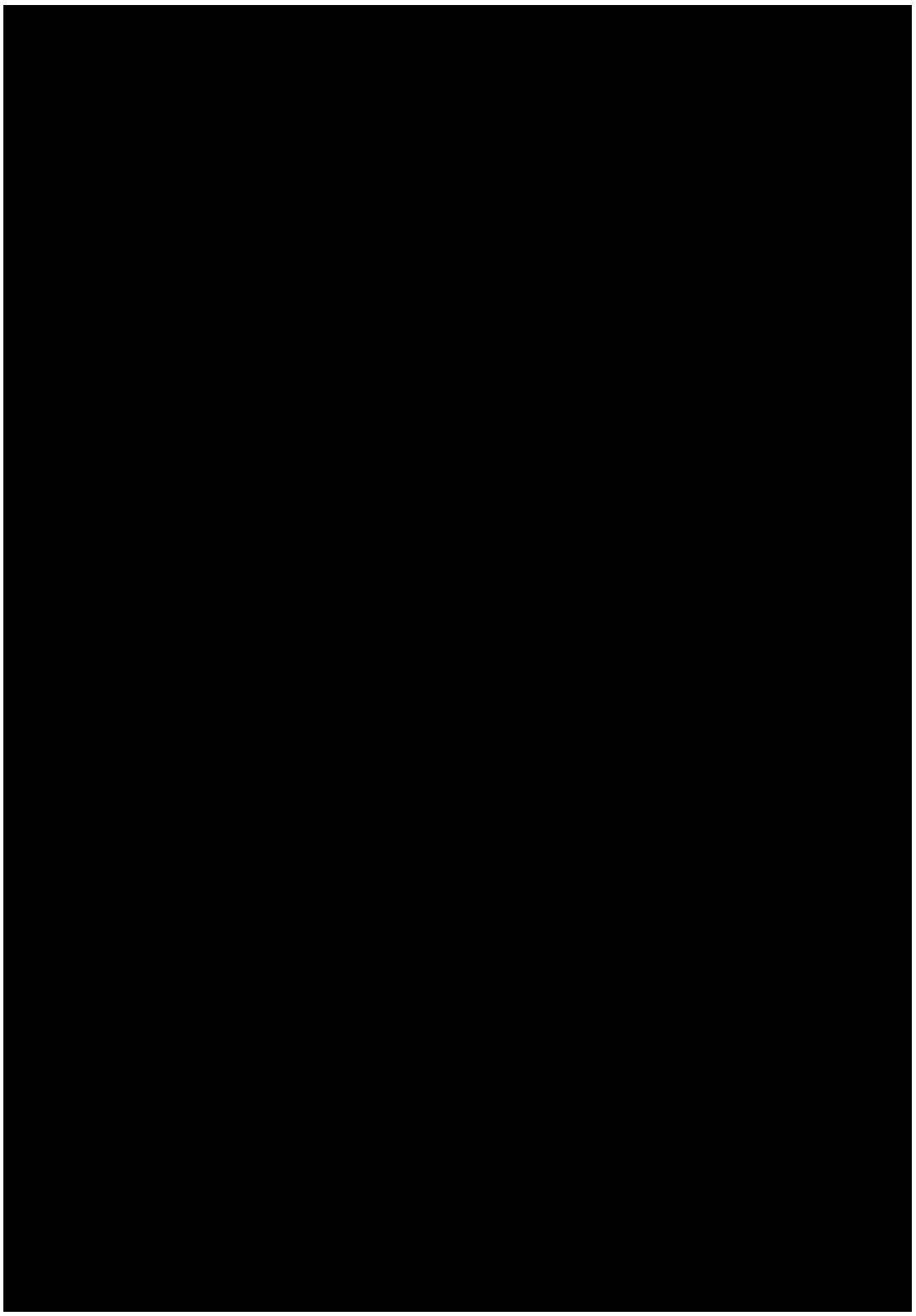
[redacted]

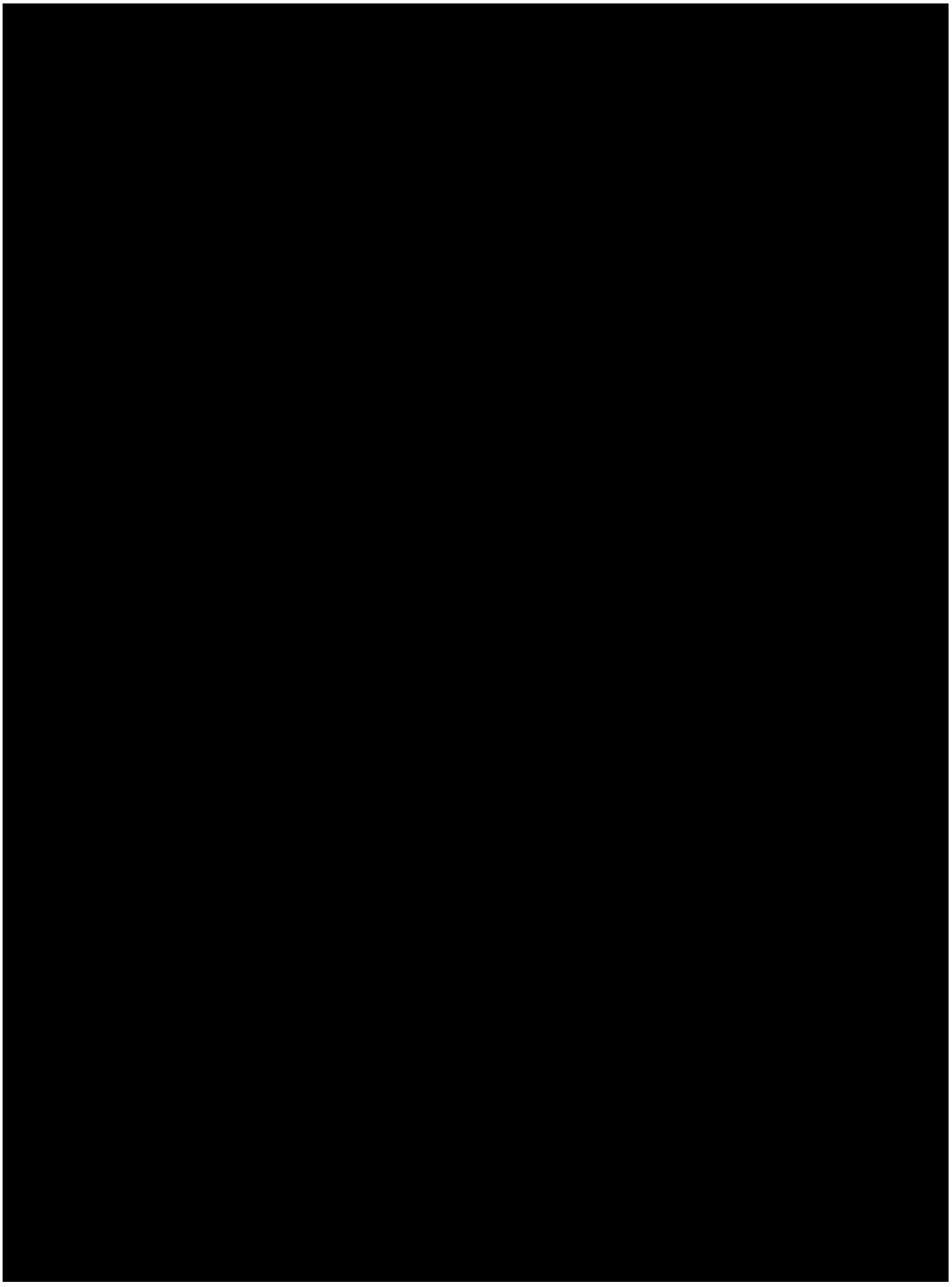
9 Trust Health and Safety Group Report

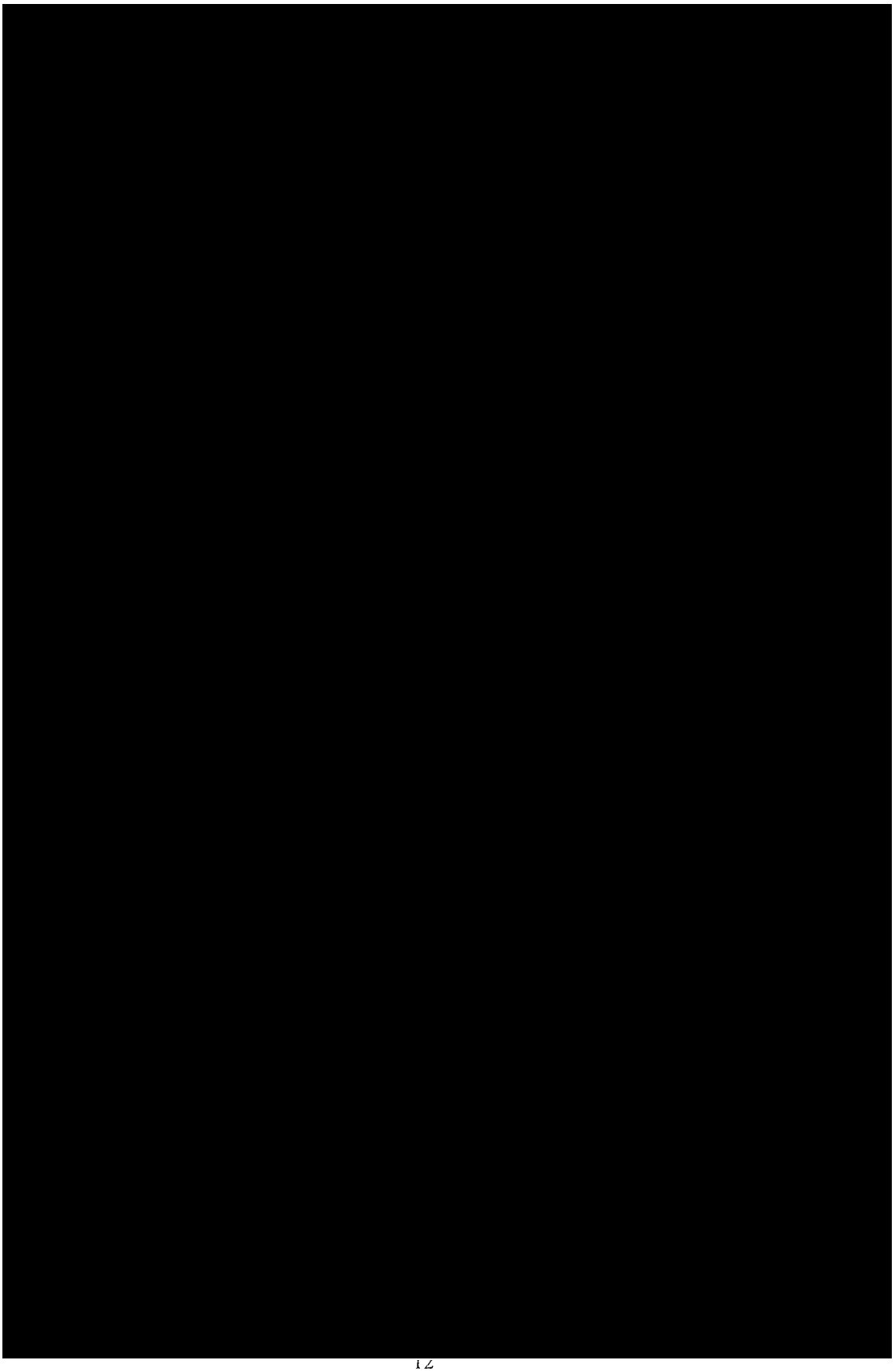
This group continued to meet on a quarterly basis. The membership of the group was unchanged since the last report.

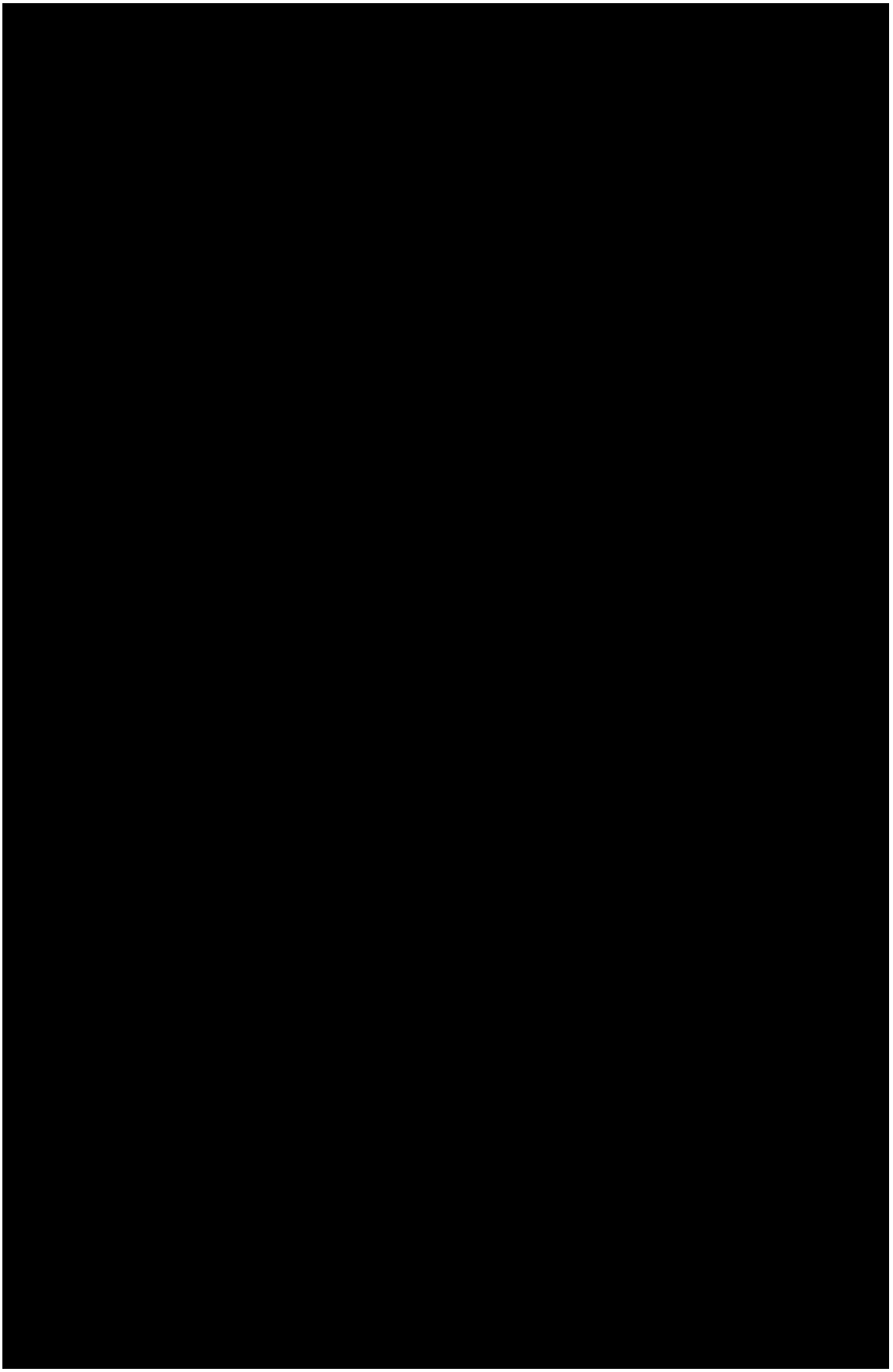
[redacted]

At the end of the year Dr Stevens stood down as Chair of the Group. In line with his recommendations that a director with executive responsibilities should be chairperson Ms Christine Burns, assumed the Chair and will in future report to Trust Board and Operational Group on health and safety management.









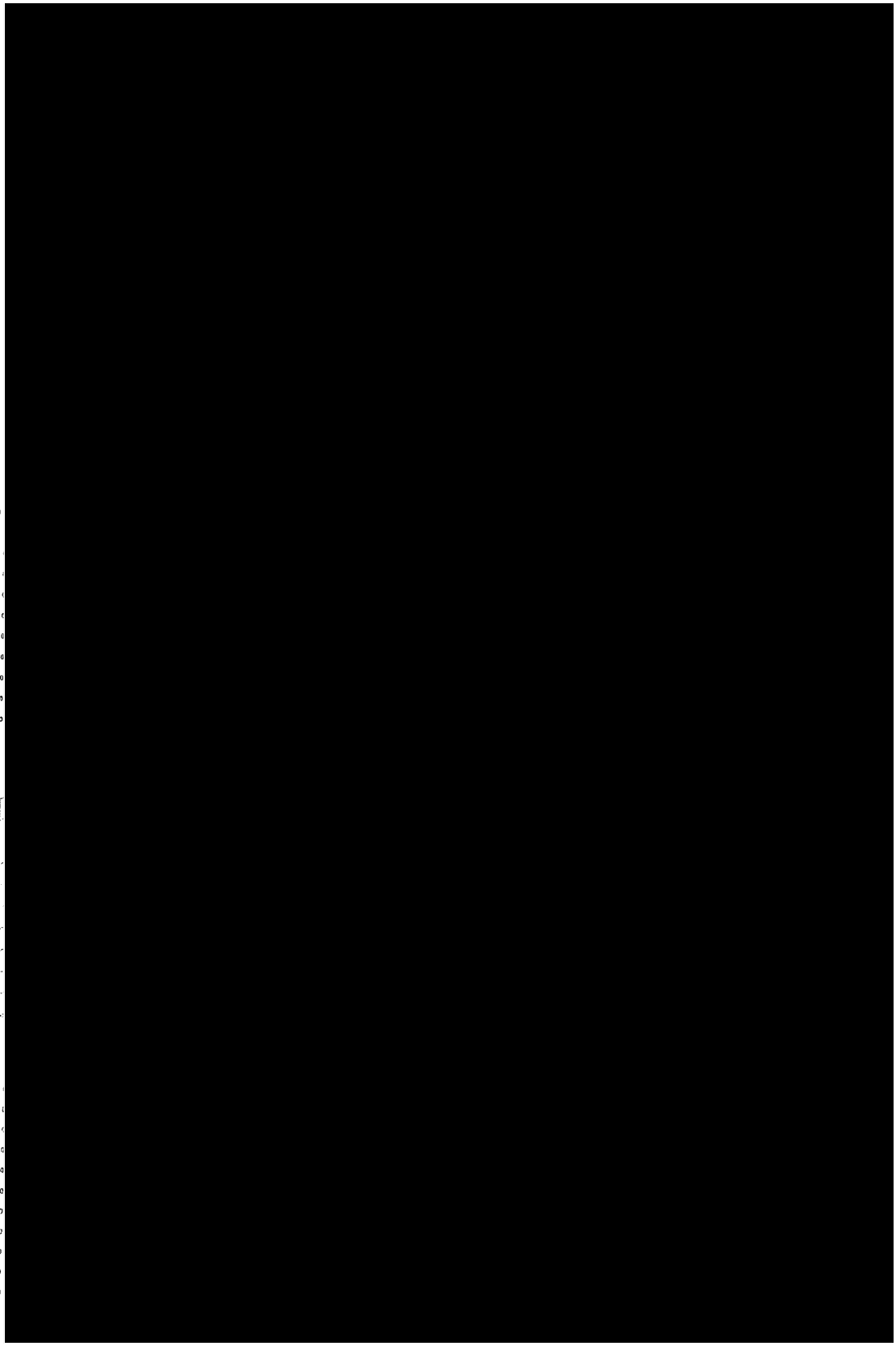
16 Risk Management

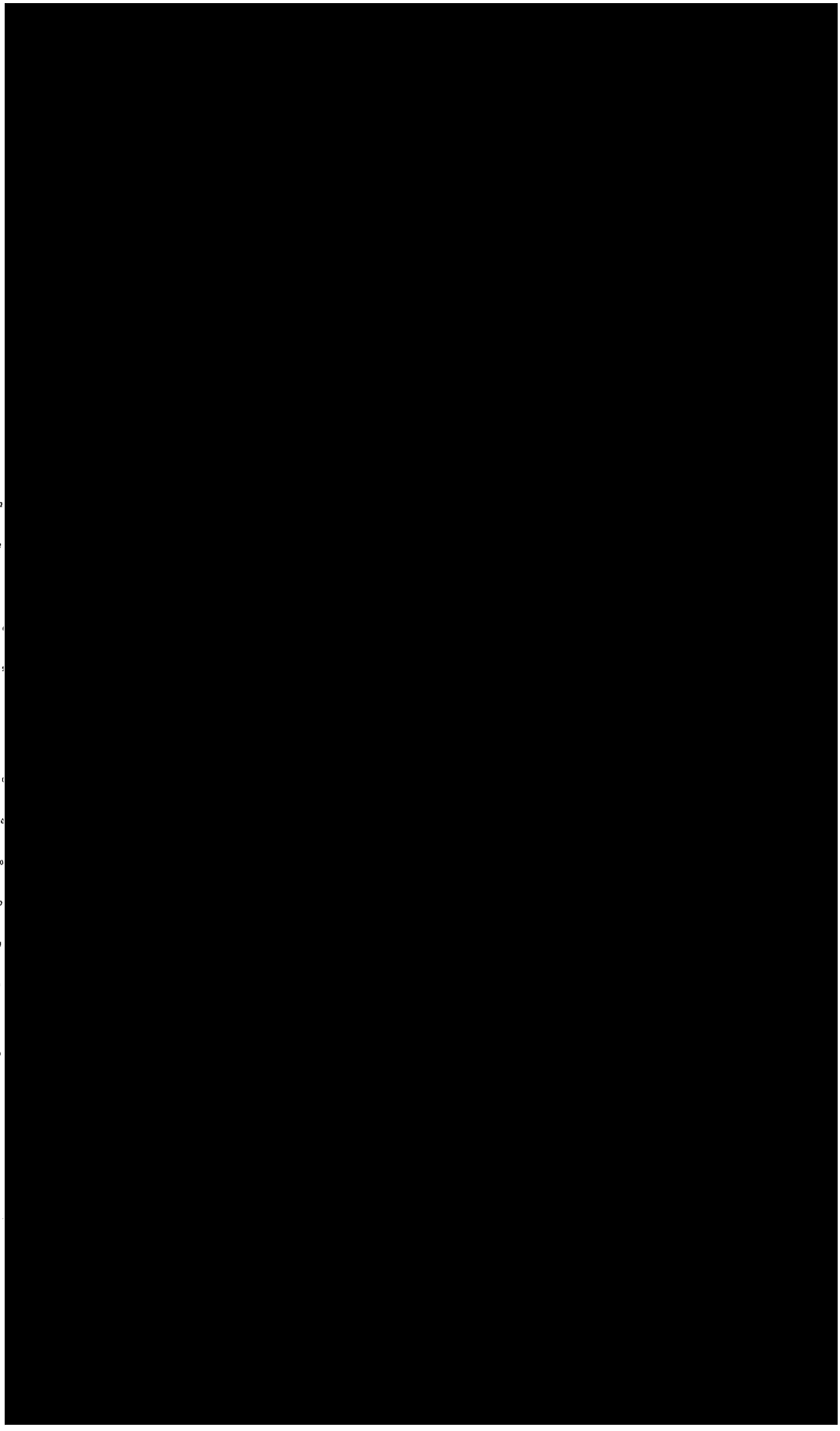
The Trust has consolidated risk management, both clinical and non clinical and joined this with litigation services. This will be provided under the direction of the Director of Risk and Litigation Management, previously, Medical Administration. A Risk Management Strategy has been developed and accepted by Trust Board and Hospital Council, - this will be implemented by ensuring the co-operation of directorates, sub-directorates and other groups within the Trust.

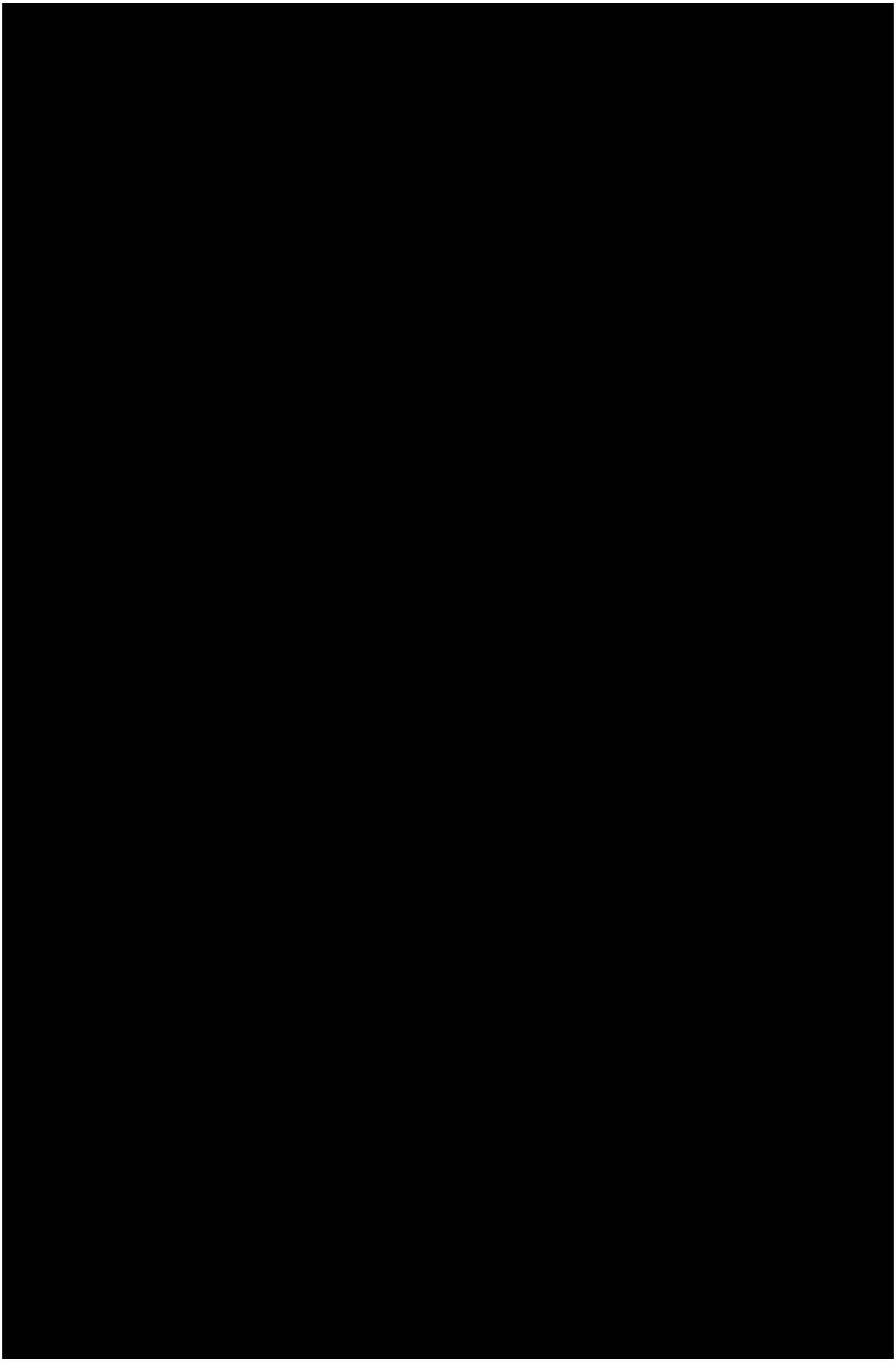
A series of introductory awareness seminars are being provided. Introduction of a unified untoward incident/accident/near miss reporting system is being progressed - this element is perhaps the most significant of all and will ensure that risk is identified and thereafter, processes will be established to ensure that this is, in so far as possible, contained. A result of these processes are to minimise the liability to the Trust arising from such incidents. As the first step, the Trust's Health and Safety Officer has transferred to the new directorate and later in the present year, it is planned to recruit a Clinical Risk Manager to enhance the process.

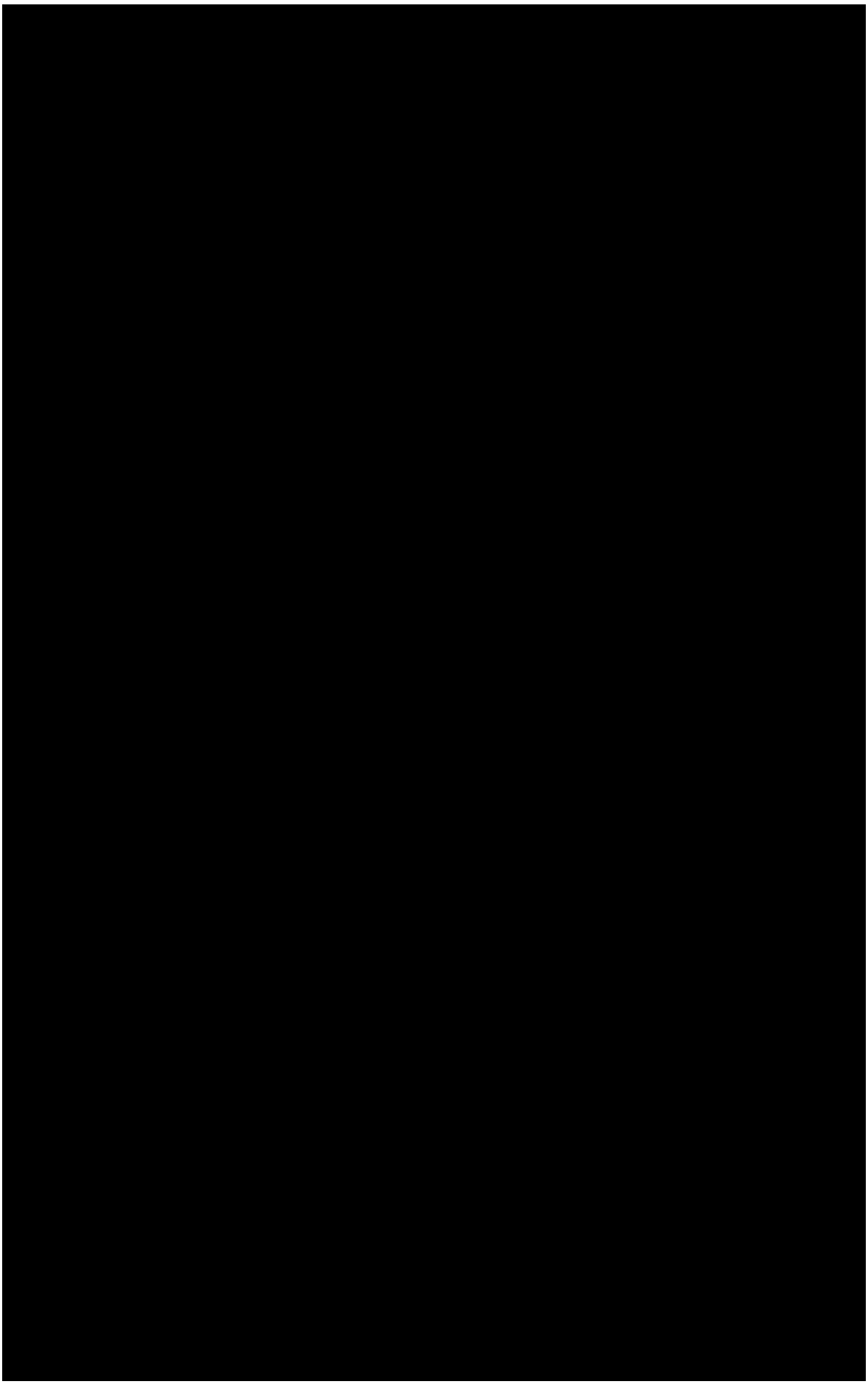
The old directorate of Occupational Health and Safety is being reformed as Occupational and Environmental Health Services and will continue to provide a range of specialist consultancy services that will support the Trust in general and the Risk and Litigation Management Directorate in particular.

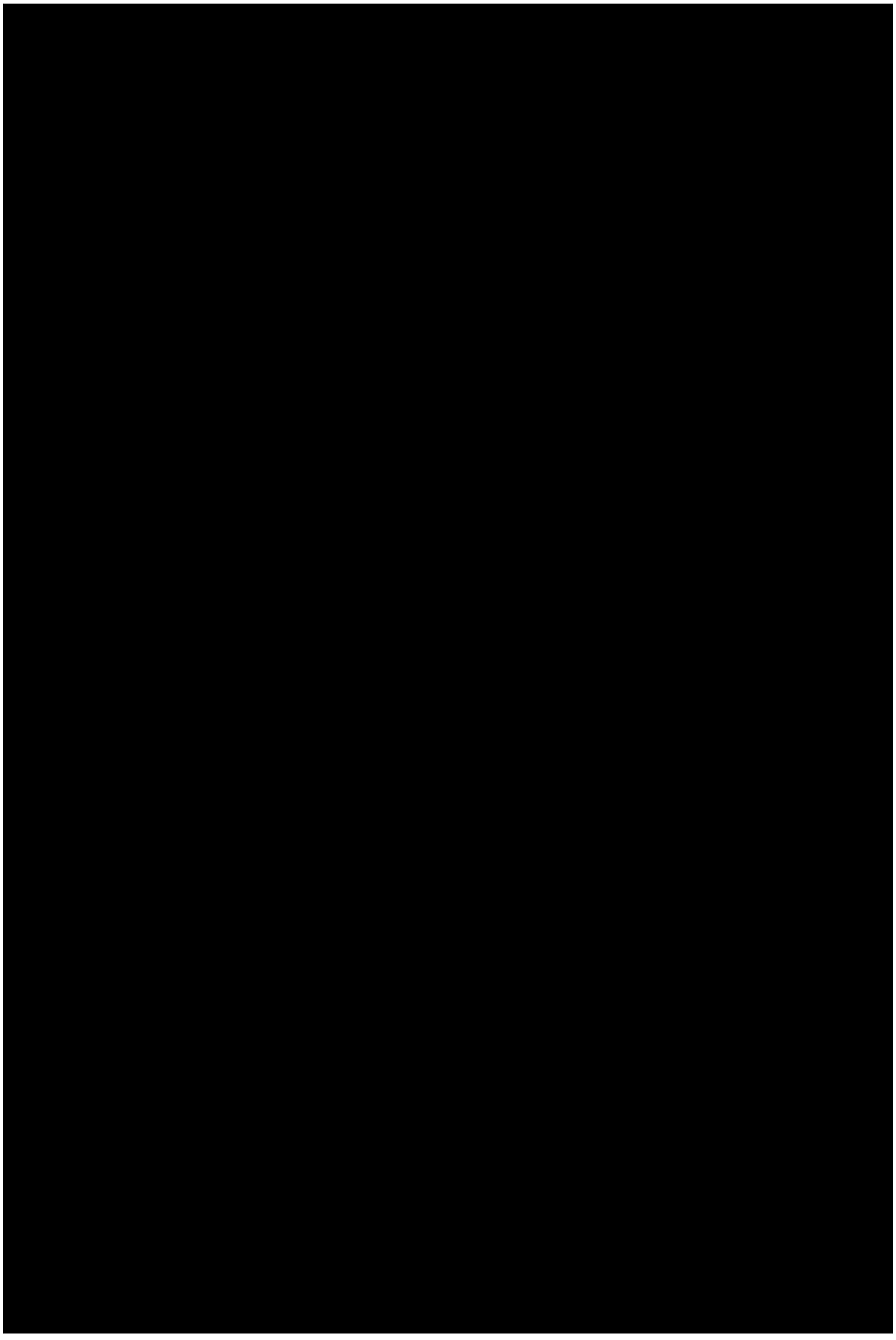
The management of risk must be accepted by all Trust managers as one of their key responsibilities. By being proactive in their approach they will bring significant benefits to patient care, staff requirements and the Trust as a whole. Risk management reduces unnecessary costs and minimises losses from material damage, professional negligence and injuries or ill health to staff, patients and visitors.

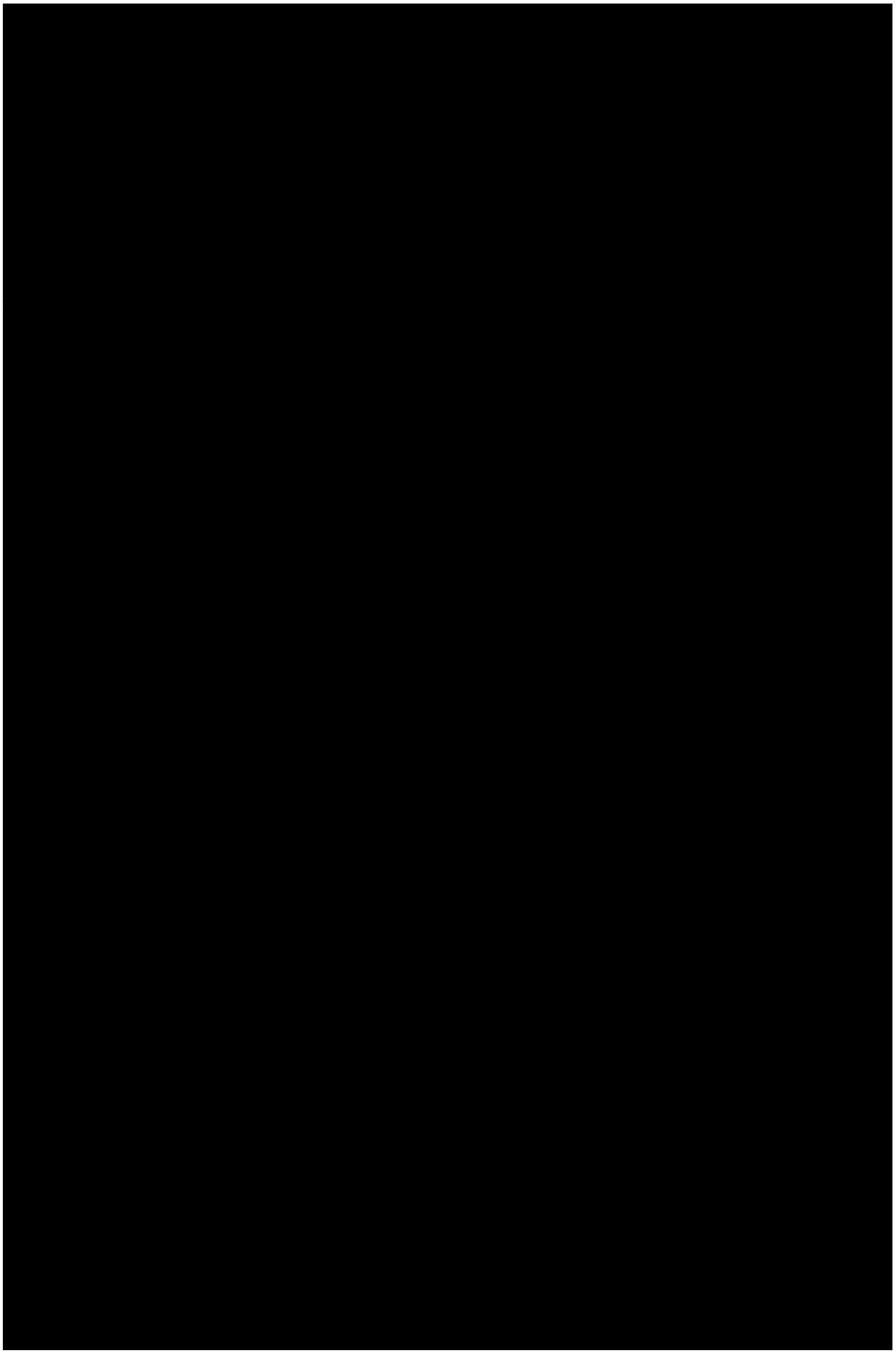












The ROYAL HOSPITALS

health & safety

Annual Health & Safety Report

1 April 1998 - 31 March 1999

Contents

1. Executive Summary

1 The year covered by this report saw a substantial change in the Trust's arrangements for managing health and safety and clinical risk. Both facets of risk were combined within a new directorate incorporating Risk Management, Occupational Health and Health promotion, under the directorship of Dr A.B. Stevens. Litigation Management was incorporated into the brief of Mr. A.P. Walby, Associate Medical Director, who is also responsible for clinical performance. These changes were necessitated by the need to develop structures for Clinical Governance, of which health and safety is an important part. These new arrangements are detailed elsewhere (Executive Summary on Clinical Governance - Dr Ian Carson).

2 While the Chief Executive remains accountable for the effective management of Health and Safety/Risk Management and compliance with legislation, responsibility cascades down through the line management structure to Directors, Directorate Managers and Heads of Department who are in turn supported by their Directorate and Departmental Health and Safety Committees. Specialist advice is provided by the Risk Management, Occupational Health, Estates, and Infection Control Departments. The Director of Risk and Occupational Health is responsible for co-ordinating the Trusts management of Health and Safety.

3 The cost of accidents[1], as highlighted by the National Audit Office report session 1996/97 – 22 November 1996, continues to cause concern nationally and has encouraged increased interest from commissioners and the Department of Health and Social Services. The Royal Hospitals Trust has continued to closely audit its performance in this area, and now has reliable information gathered over several years, with which to monitor trends and determine the effectiveness of interventions. This is well illustrated by the review of sharps injuries (items 4.2 and 17, tables 7 & 8).

4 During the year 760 I.R. 1 forms (see appendix 1, figures 1 – 5c) were received in the Risk and Occupational Health Services Directorate. This was a decrease of 138 (15.3%) on the previous year 1997/1998 (889).

5 Of these 760 reported incidents, 437 (57.5%) involved accidental injury. The majority (312 see appendix 1, figure 1) of accidental injuries occurred to staff. This compares with 377 accidental injuries to staff during the previous financial year.

Physical violence (178) and verbal abuse (349) represent a large and increasing proportion of reports made by staff, primarily in Facilities (Security), Surgical (A&E, Medical and Nursing) and Paediatrics (Medical and Nursing) Directorates.

6 In response to the recognition of the increasing risk from violence, the Trust has taken a pro-active management approach which includes: (i) carrying out risk assessments which indicated additional control measures - c.c.t.v.,

13 The Trust's infrastructure for the management of Health and Safety/Risk Management is based on specialist committees within an organisational framework. The contributions of these committees are summarised in this report. This infrastructure will change due to the requirements of clinical risk management and clinical governance.

14 In maintaining the standards of the Trust in Health and Safety/Risk Management, and to comply with the King's Fund Organisational Audit in order to retain accreditation, staff from the Health and Safety/Risk Management Directorate liaised with other Directorates of the Trust, giving advice and guidance.

15 The Trust's training programme in Health and Safety/Risk Management has been continuous throughout the year. Initial objectives were achieved and the strategy will be continuous.

3. Introduction

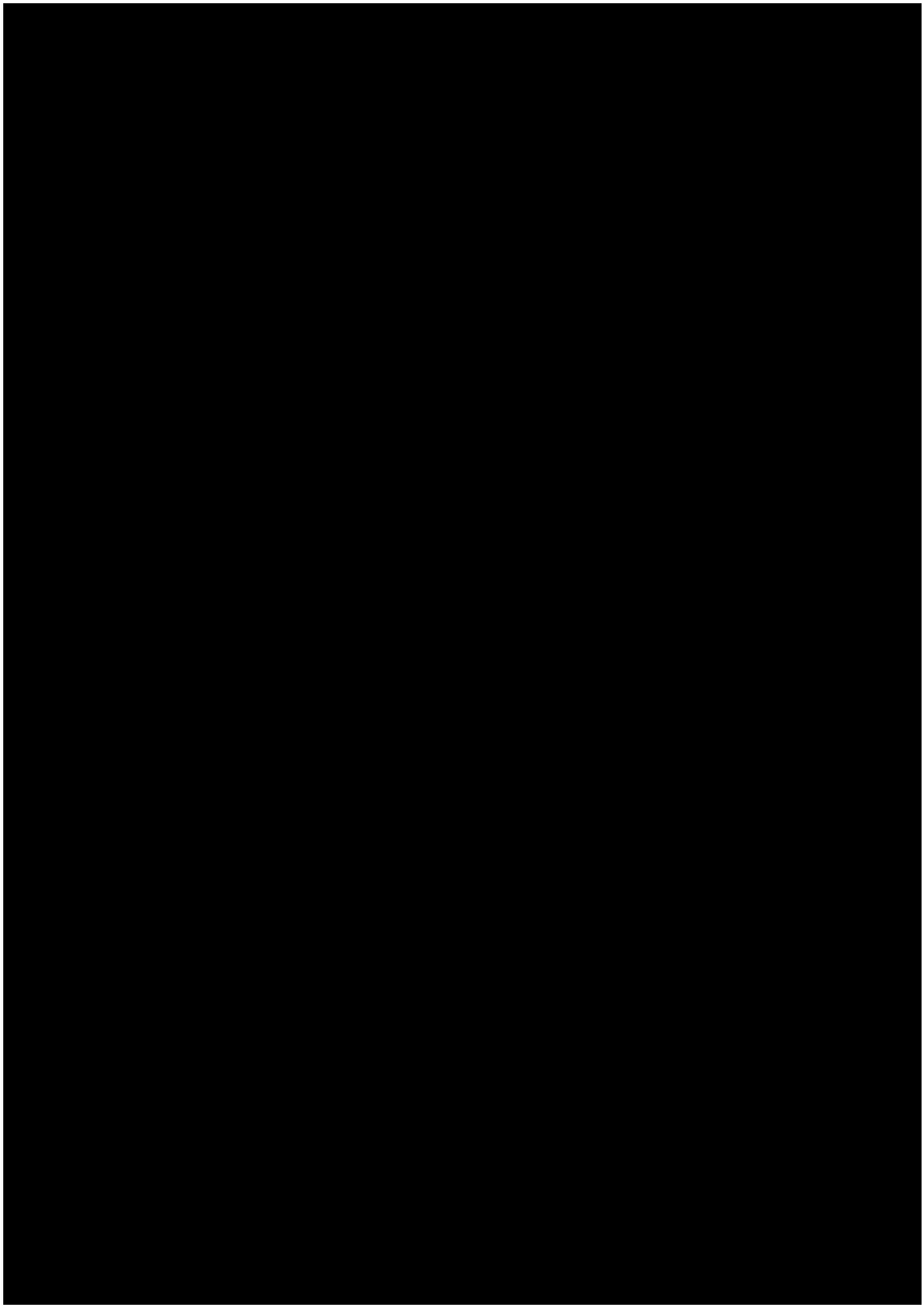
3.1 This is the 4th Annual Report prepared for the Trust, it covers the period April 1998 – March 1999 inclusive. It reviews the Trust's performance in the management of Health and Safety/Risk Management through its active monitoring systems (achievement of objectives and extent of compliance of standards i.e. legal and best practice) and reactive monitoring systems which respond to injuries, ill health and other loss events e.g. damage to property, fire and also reports of 'near misses' which have the potential to cause injury, ill health or loss.

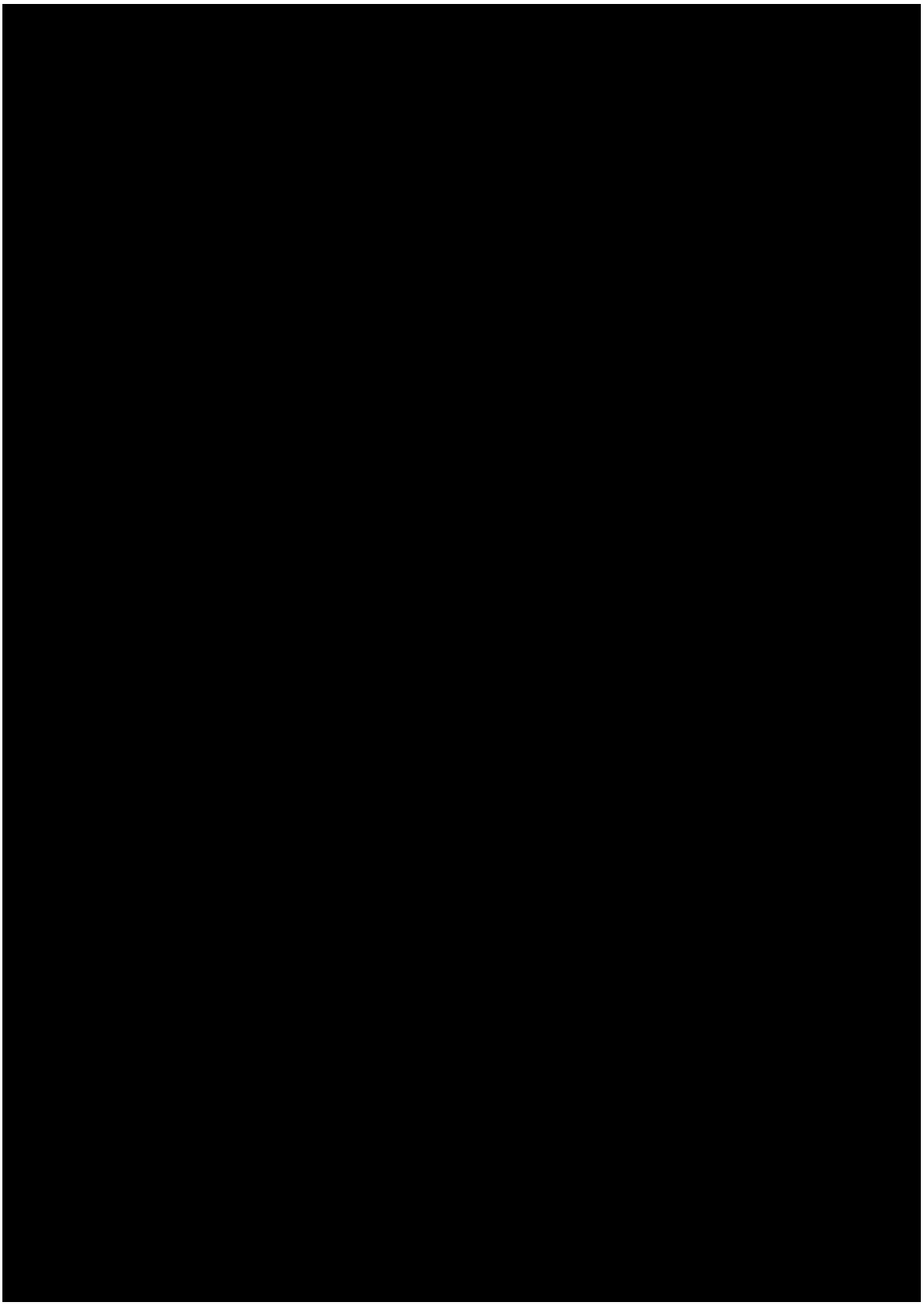
3.2 The main part of the report focuses on accident statistics for the year. In addition the report reviews the main areas of activity of its standing Health and Safety/Risk Management Committees which forms the infrastructure of the Organisation arrangements for the management of Health and Safety/Risk Management.

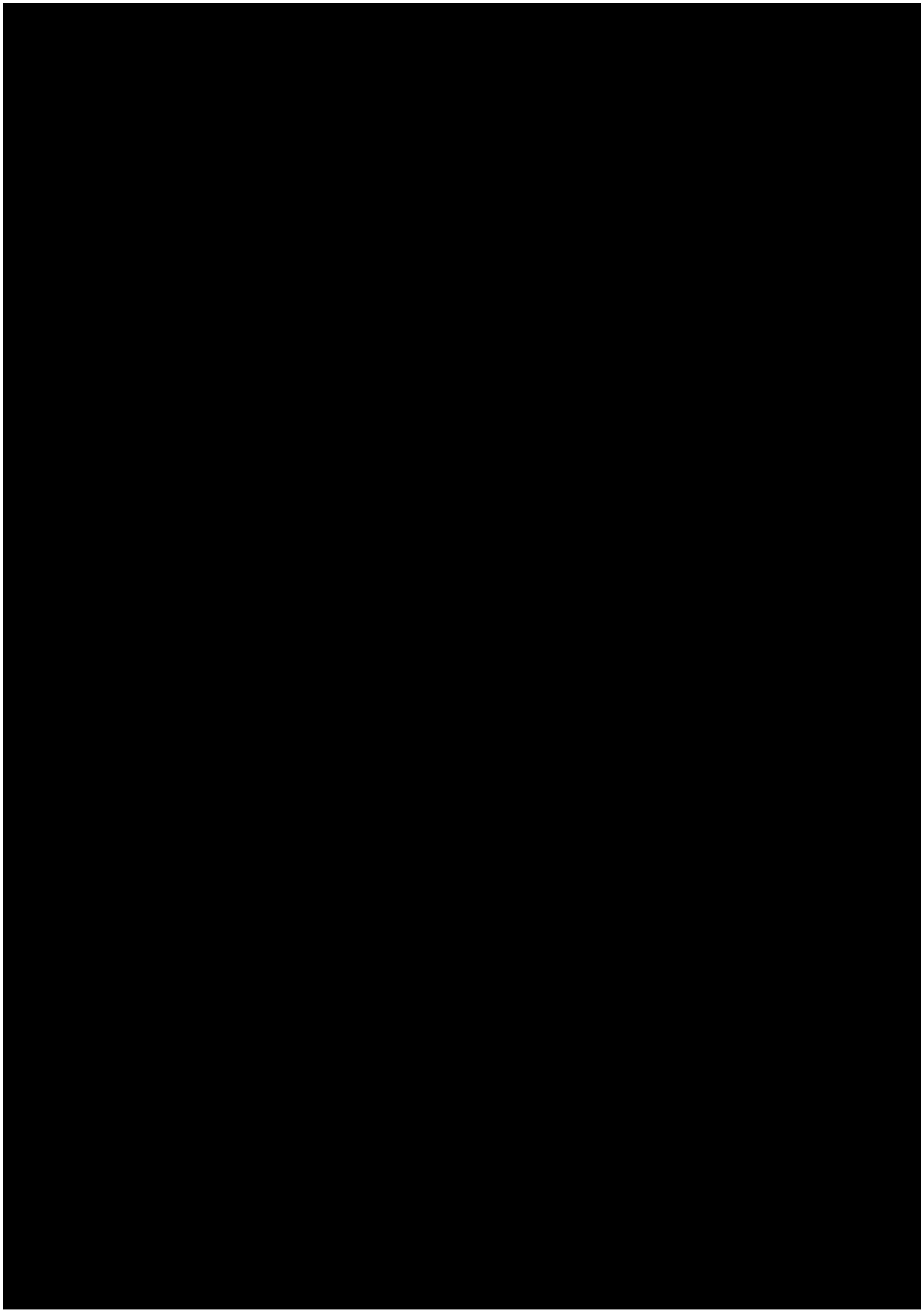
3.3 

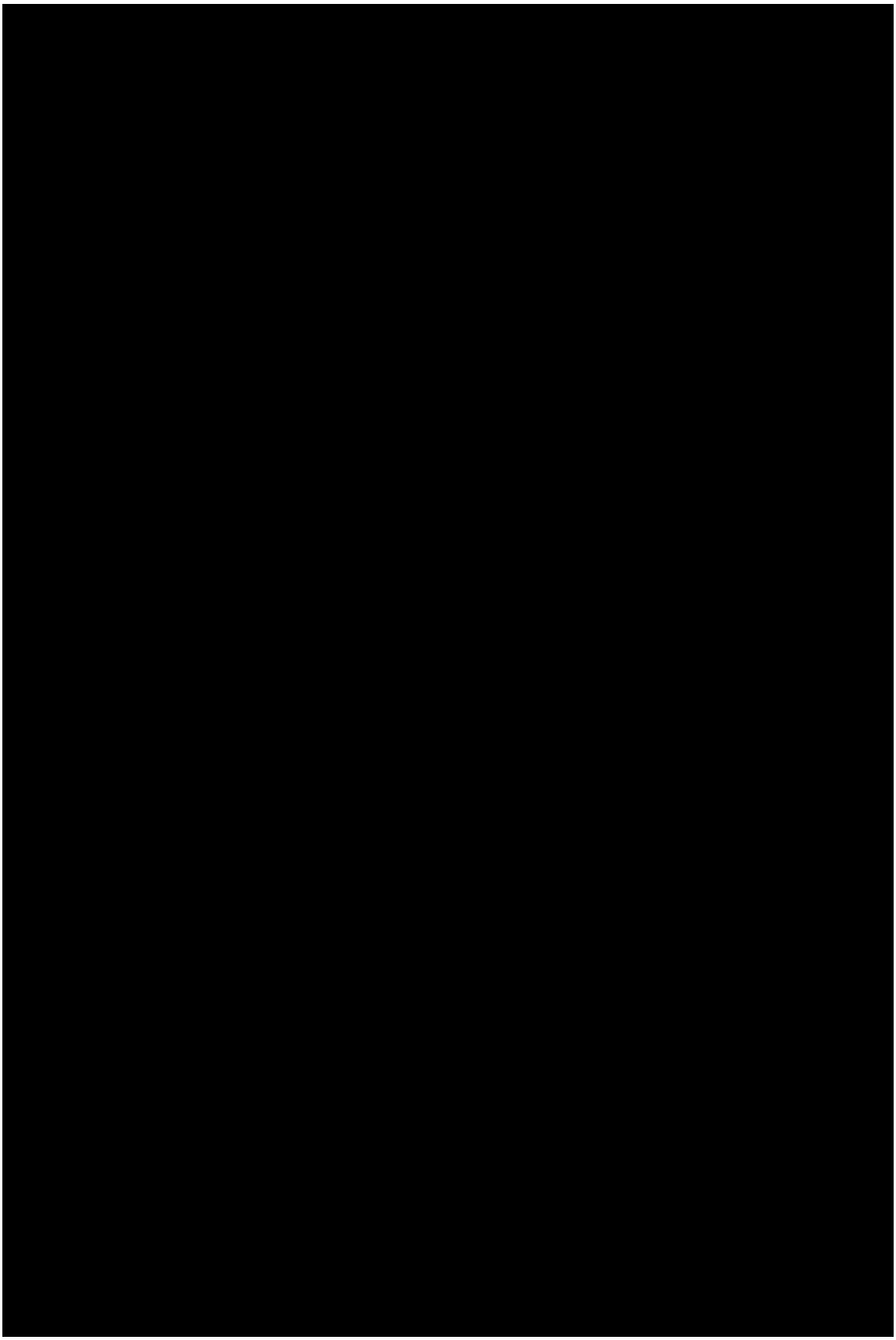
3.4 It was a planned objective for the early part of 1998 to further develop the 'Carekey' software package in order to store both clinical and non-clinical accident/incident reports. This was to be in conjunction with the recruitment of the Clinical Risk Manager. The departure of the Director of Risk and Litigation Management and the delay in recruiting the Clinical Risk Manager has put this on hold. However, this is part of the objectives and management plan of the Directorate for 99/2000 and a review of existing software packages will be carried out to establish, if possible, one dominant 'package' which can be used for the recording of all 'incidents' that occur within the Trust.

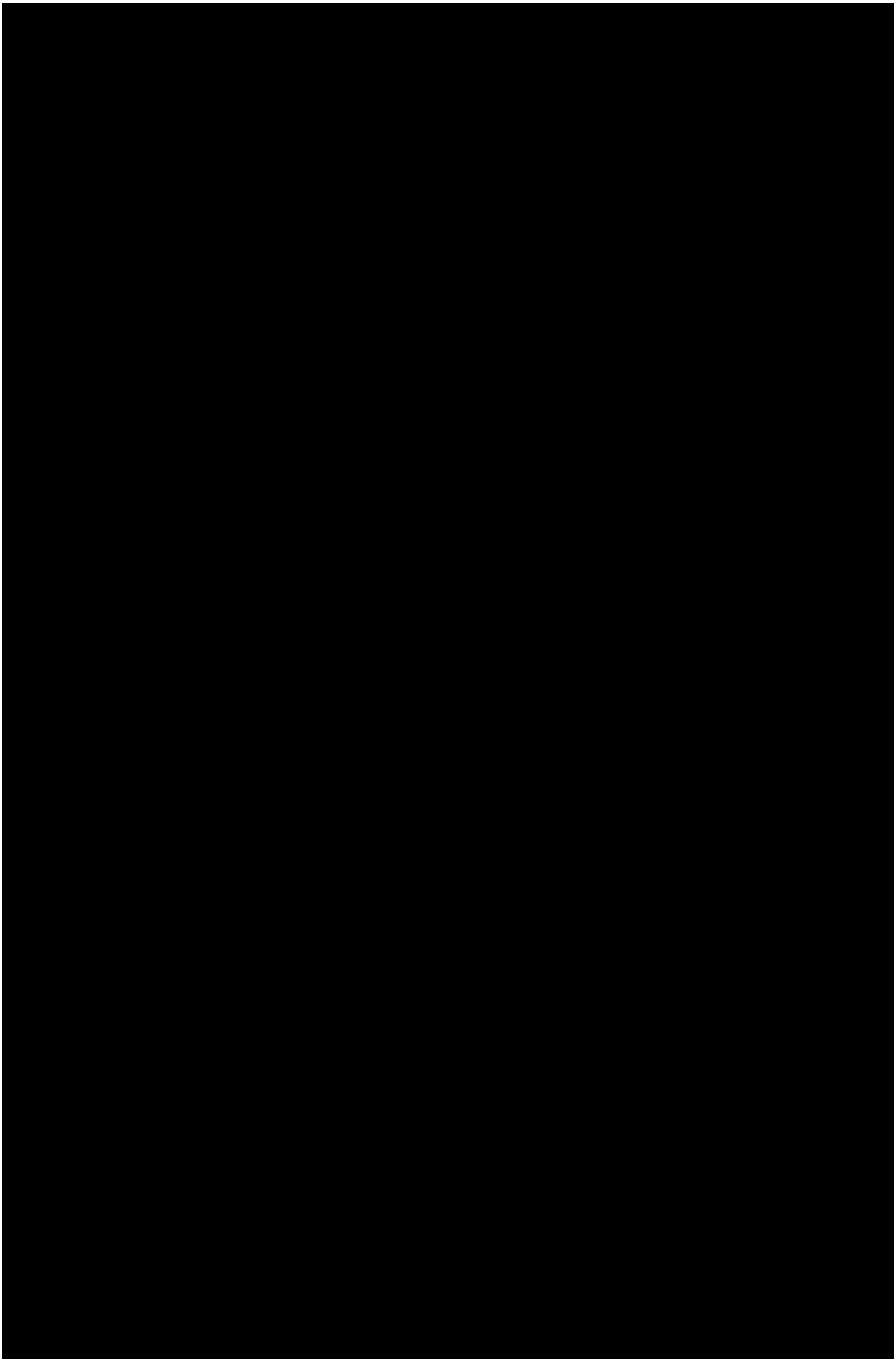
3.5 





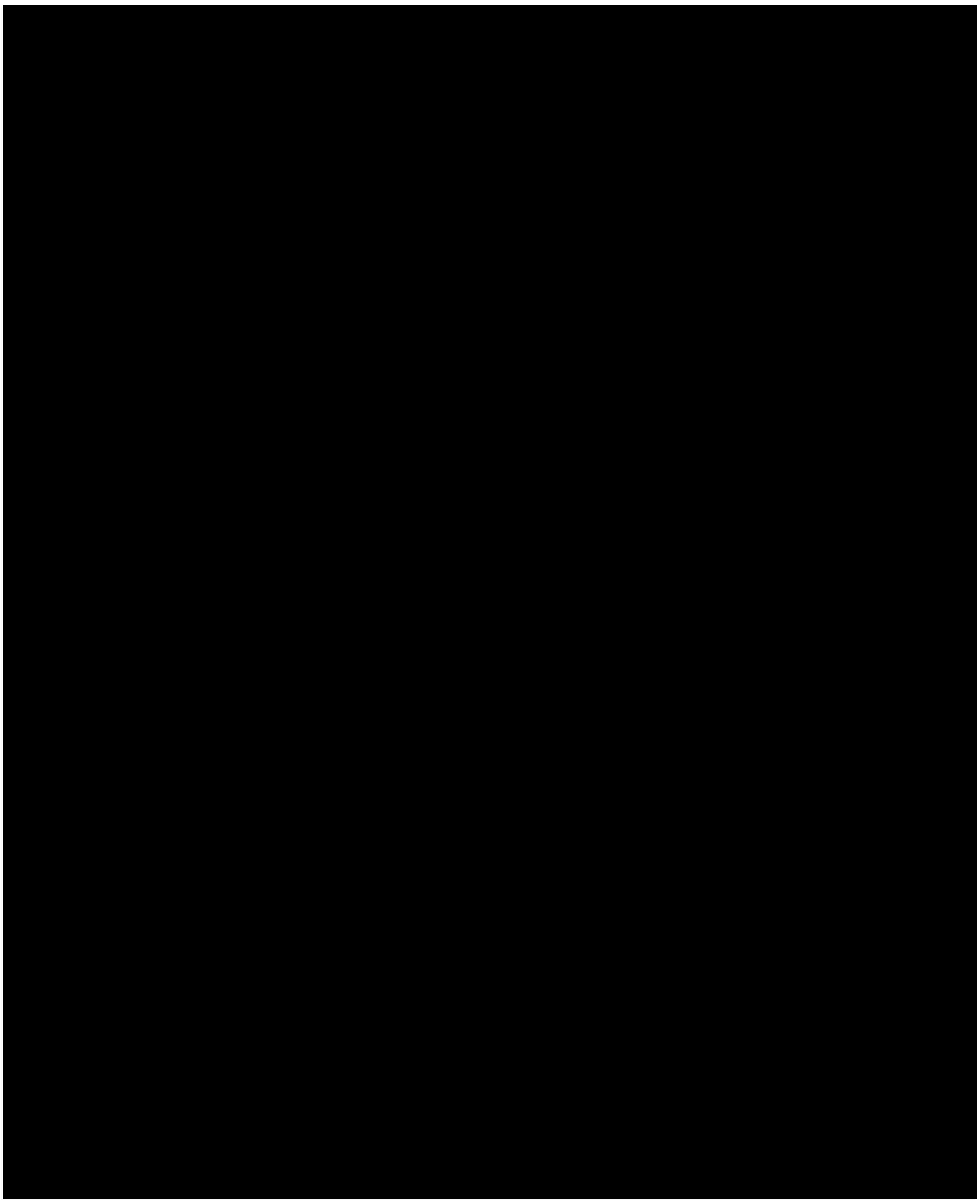


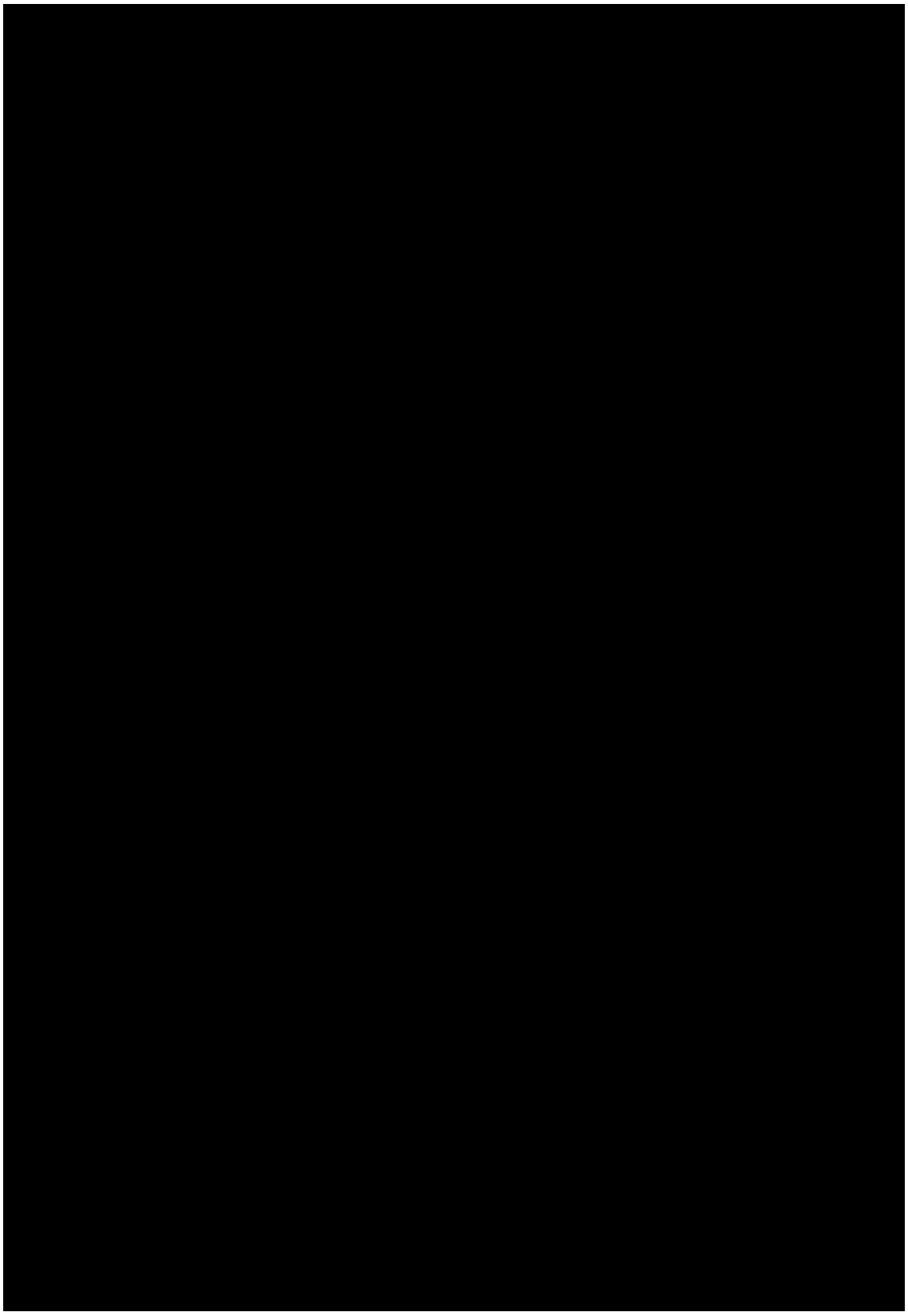




7. King's Fund Organisational Audit

To assist individual Directorate in maintaining standards for the King's Fund Organisational Audit accreditation in Health and Safety and Risk Management, the Trust's Health and Safety Manager gave advice and guidance to Directorate Managers/Heads of Department in all aspects if the core criteria of accident prevention through risk assessment, control measures, monitoring, inspections, accident investigation and training requirements.





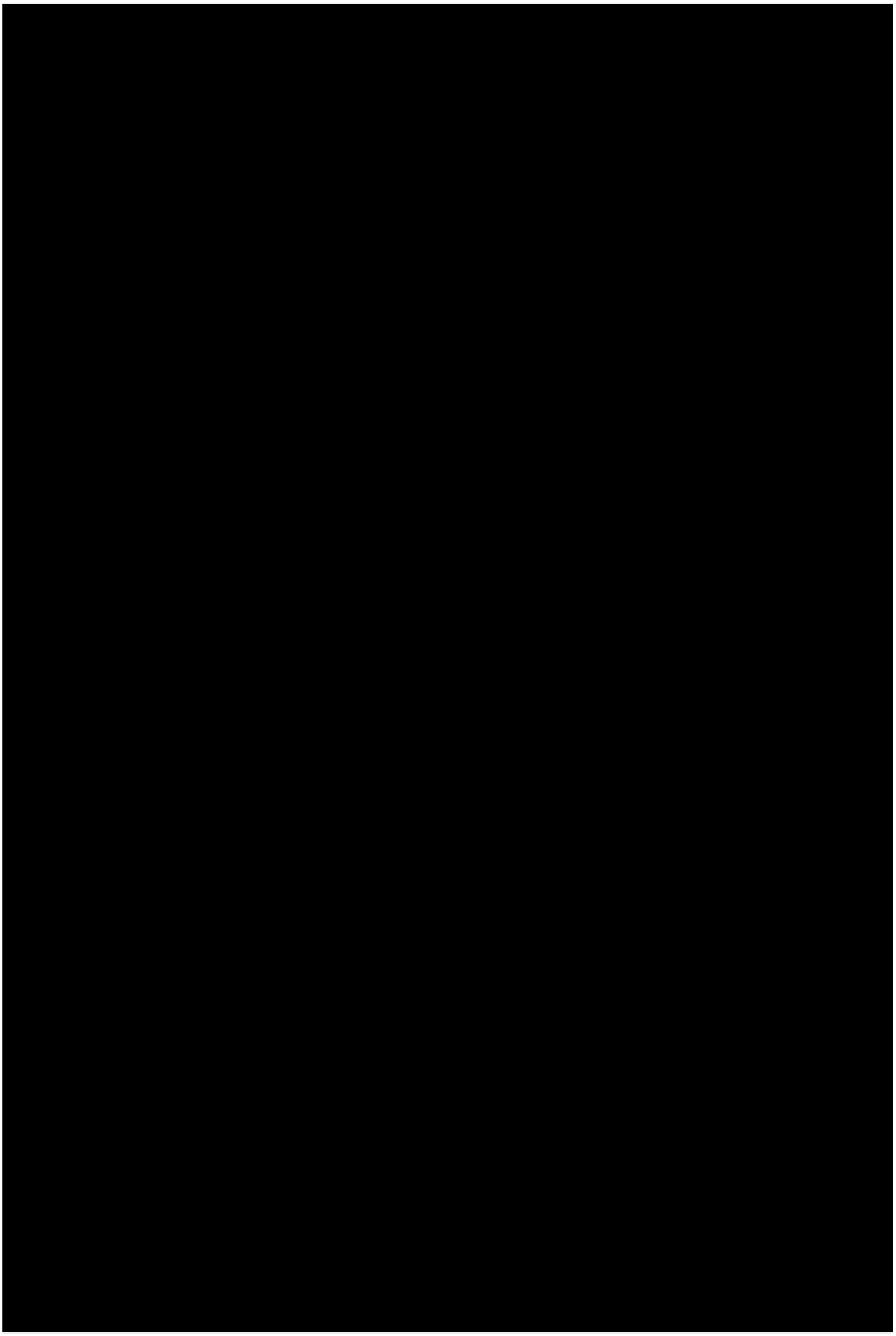
14. Risk Management report

In June of 1998 Dr George Murnaghan, Director of Risk and Litigation Management resigned. The Risk and Litigation Management Directorate and then under the Directorship of the Medical Director Dr Ian Carson.

With the change in Government strategy and the subsequent impending Clinical Governance strategy. The Trust's infrastructure for the management of risk required to be rationalised. The responsibility for risk management returned to Dr A B Stevens into the new Directorate of Risk and Occupational Health Services.

The Trust's Health and Safety Manager, Mr John Orchin, was transferred back under Dr A B Stevens, and Mrs June Champion was appointed the Clinical Risk Manager. The implementation date for this was the 1st January 1999.

The real and potential costs of accidents to the Trust continues to rise (see item 9 Occupiers and Employers liability, appendix 3, figure 8, 8a & 8b). In reality this is substantially higher as depicted by the accident iceberg – the hidden cost of accidents[3]. It is estimated by studies carried out by the Health and Safety Executive that N.H.S. Trusts lose 5% of their annual running costs due to the total cost of accidents (see appendix 4).



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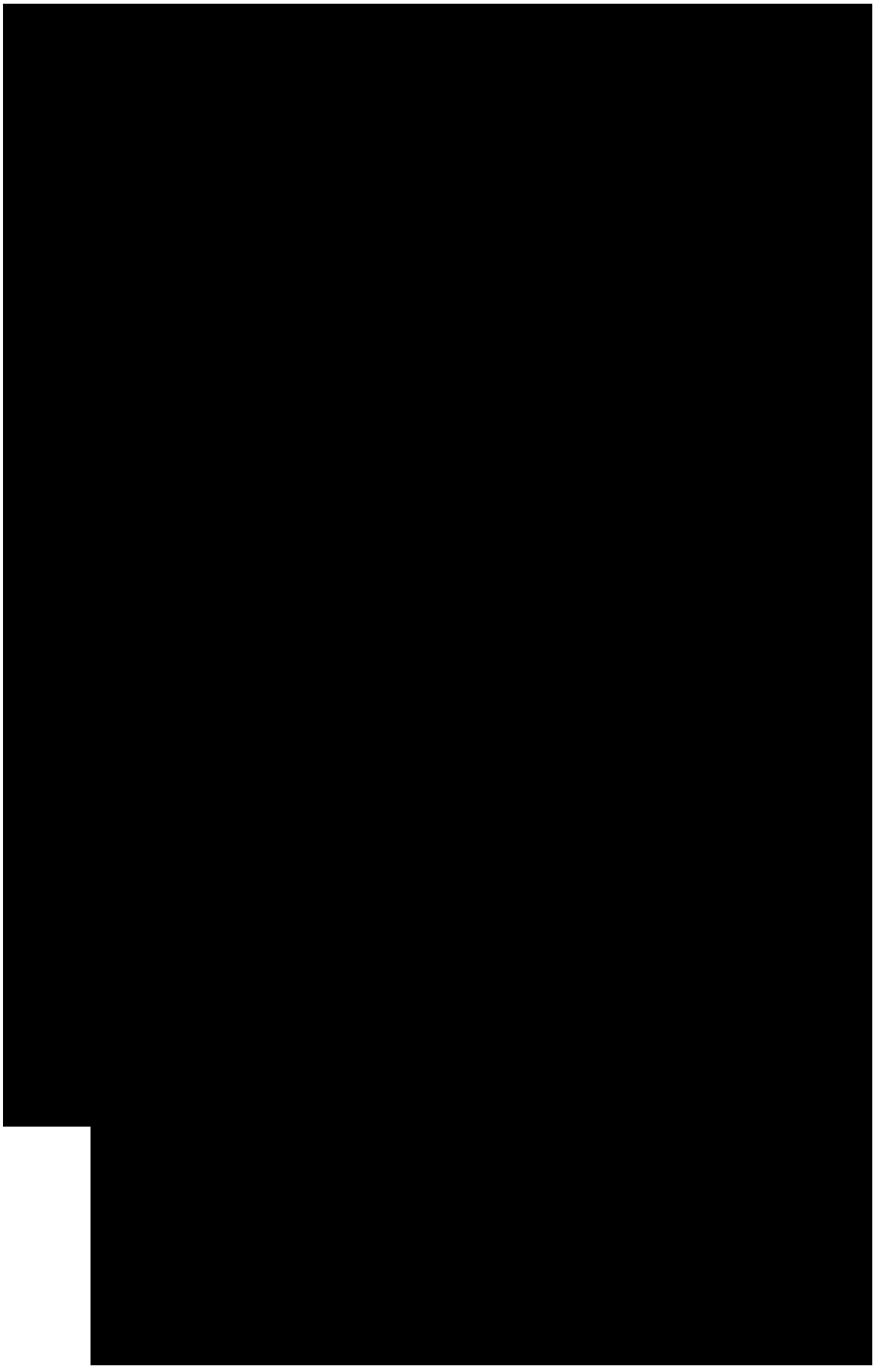
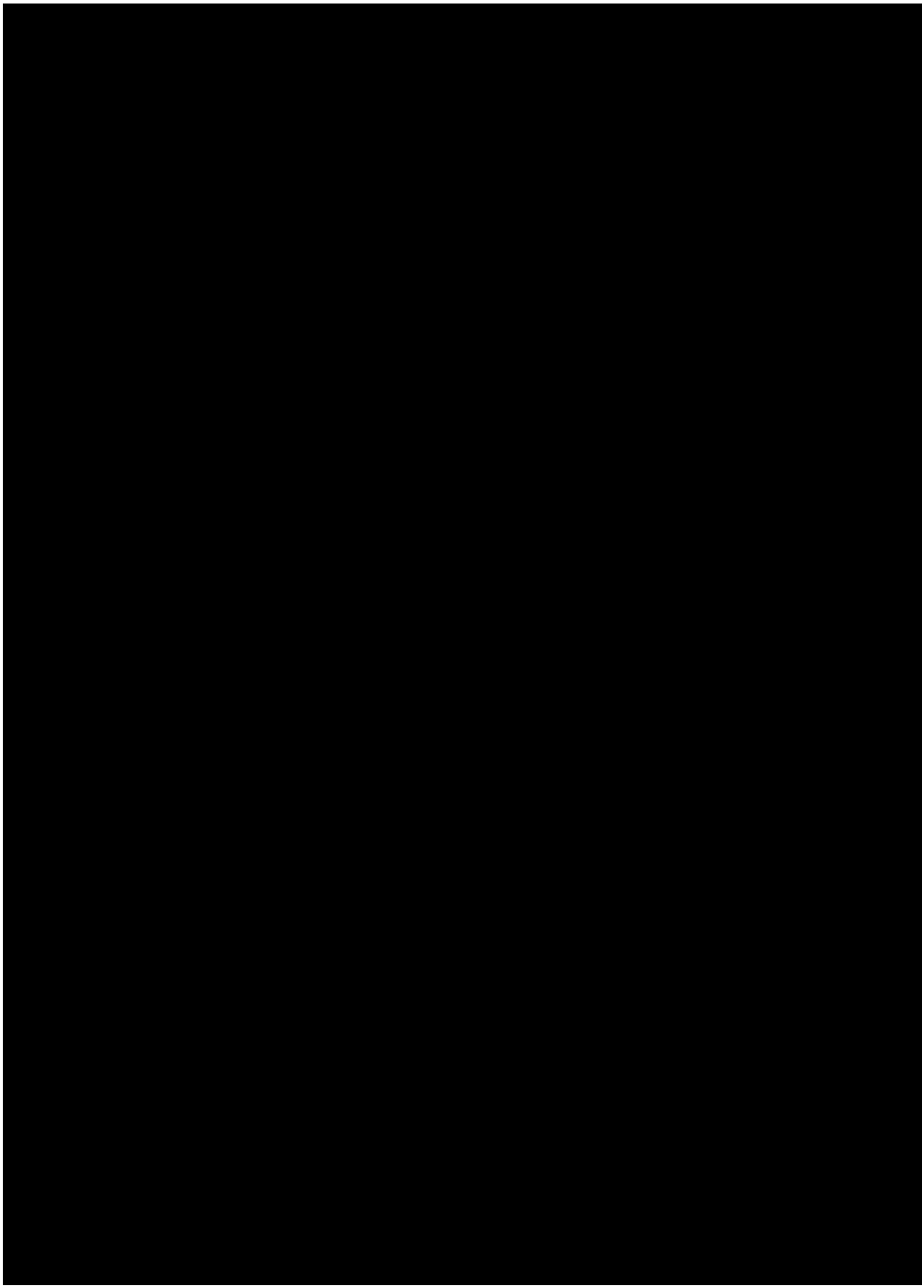
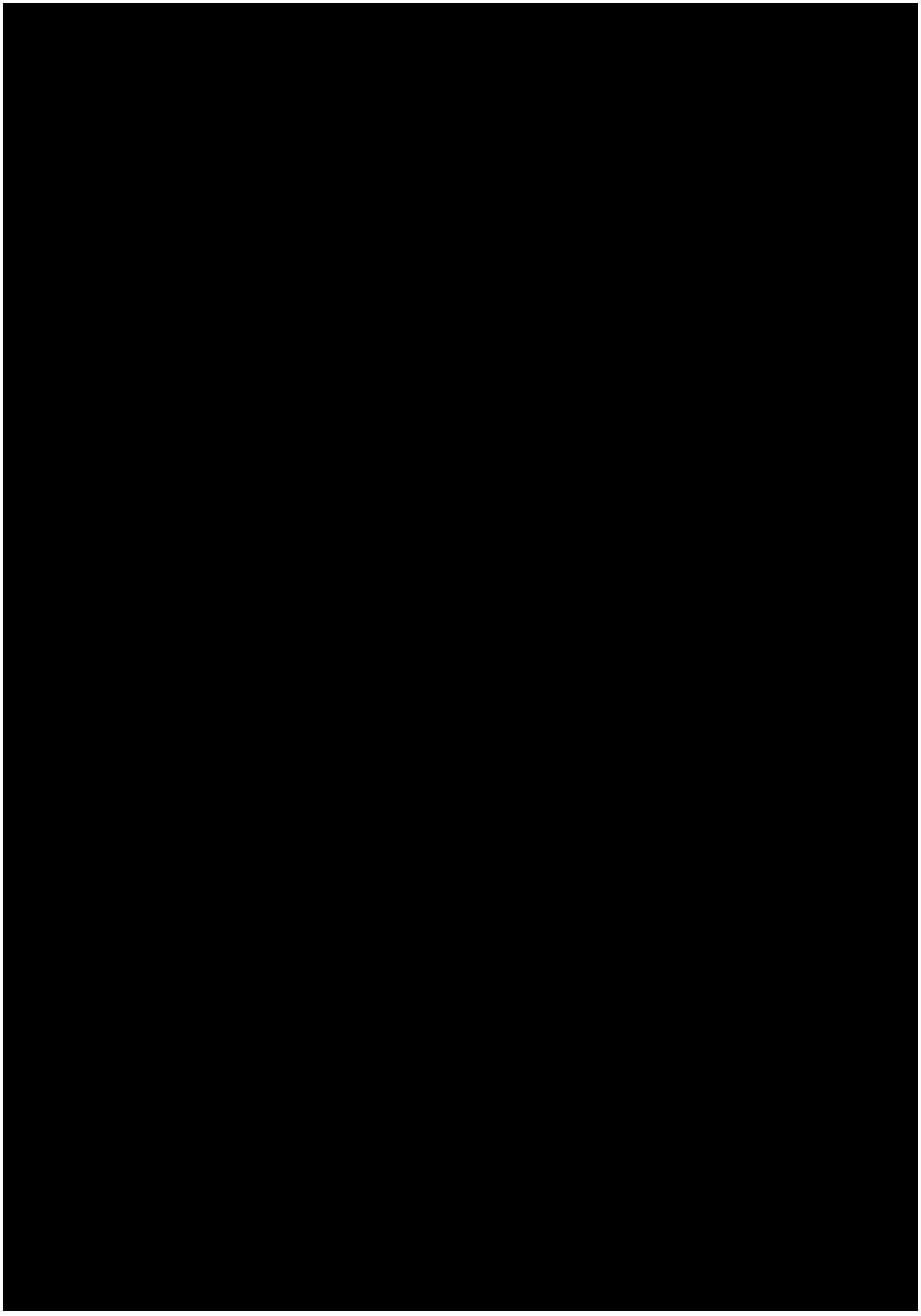
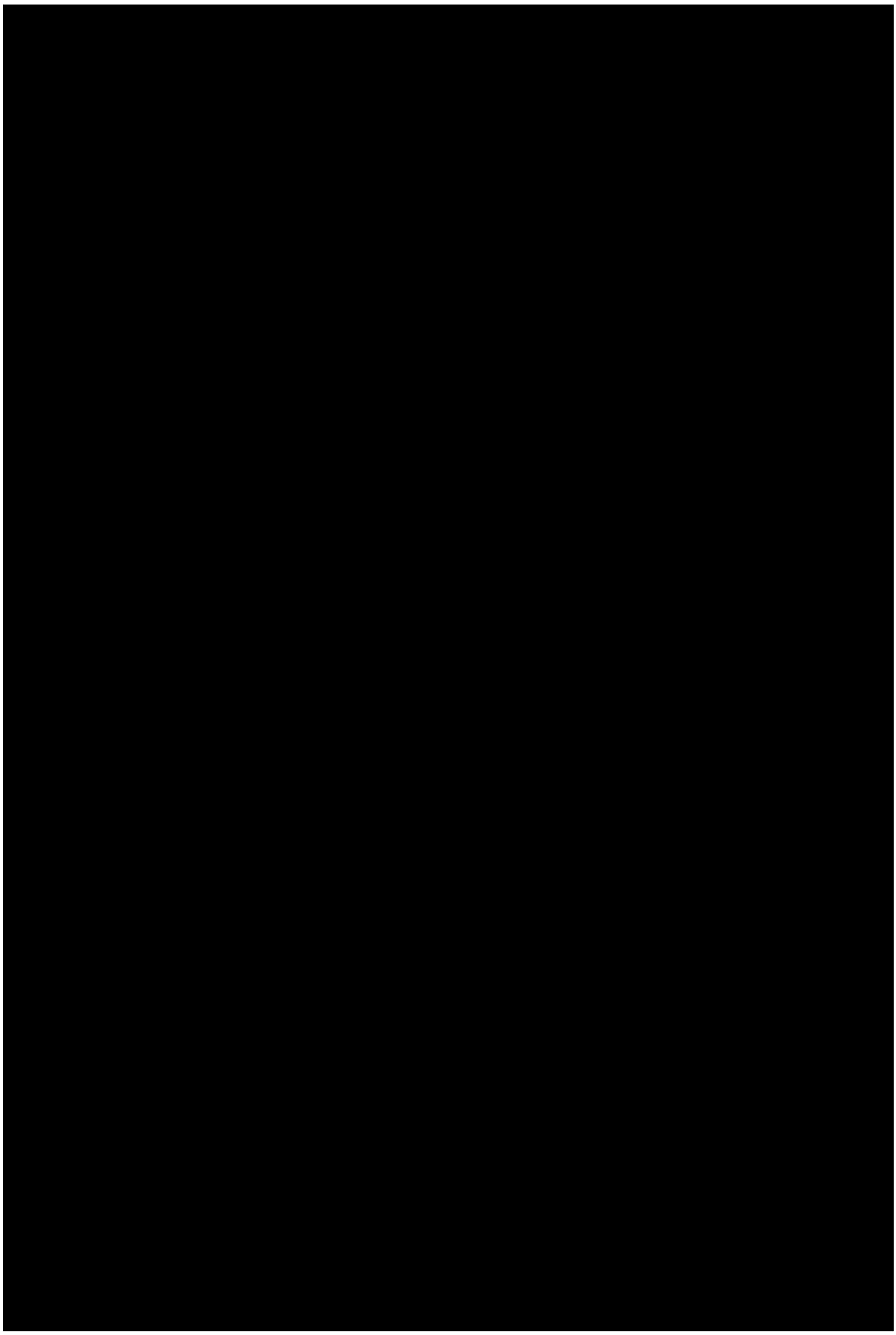
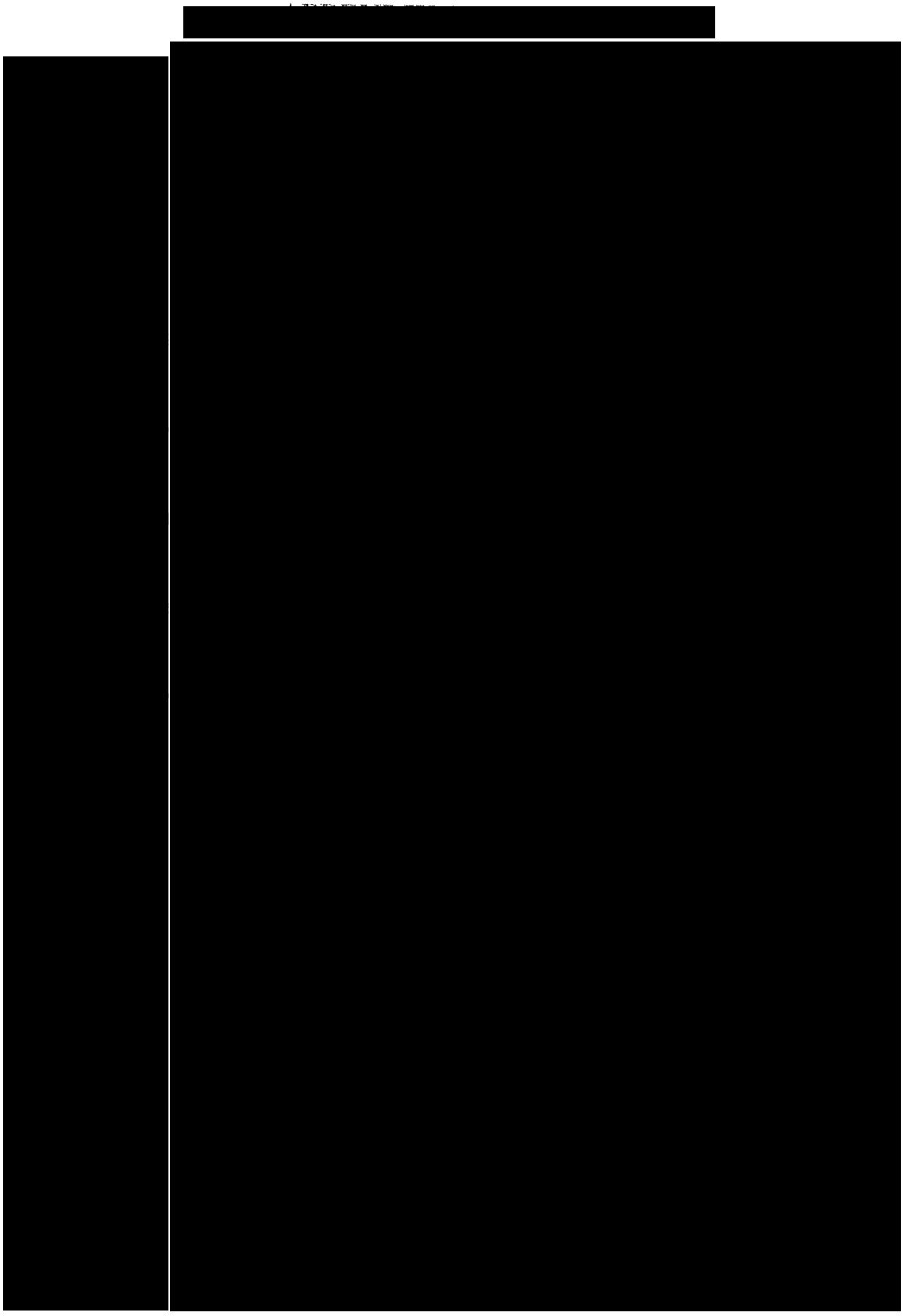
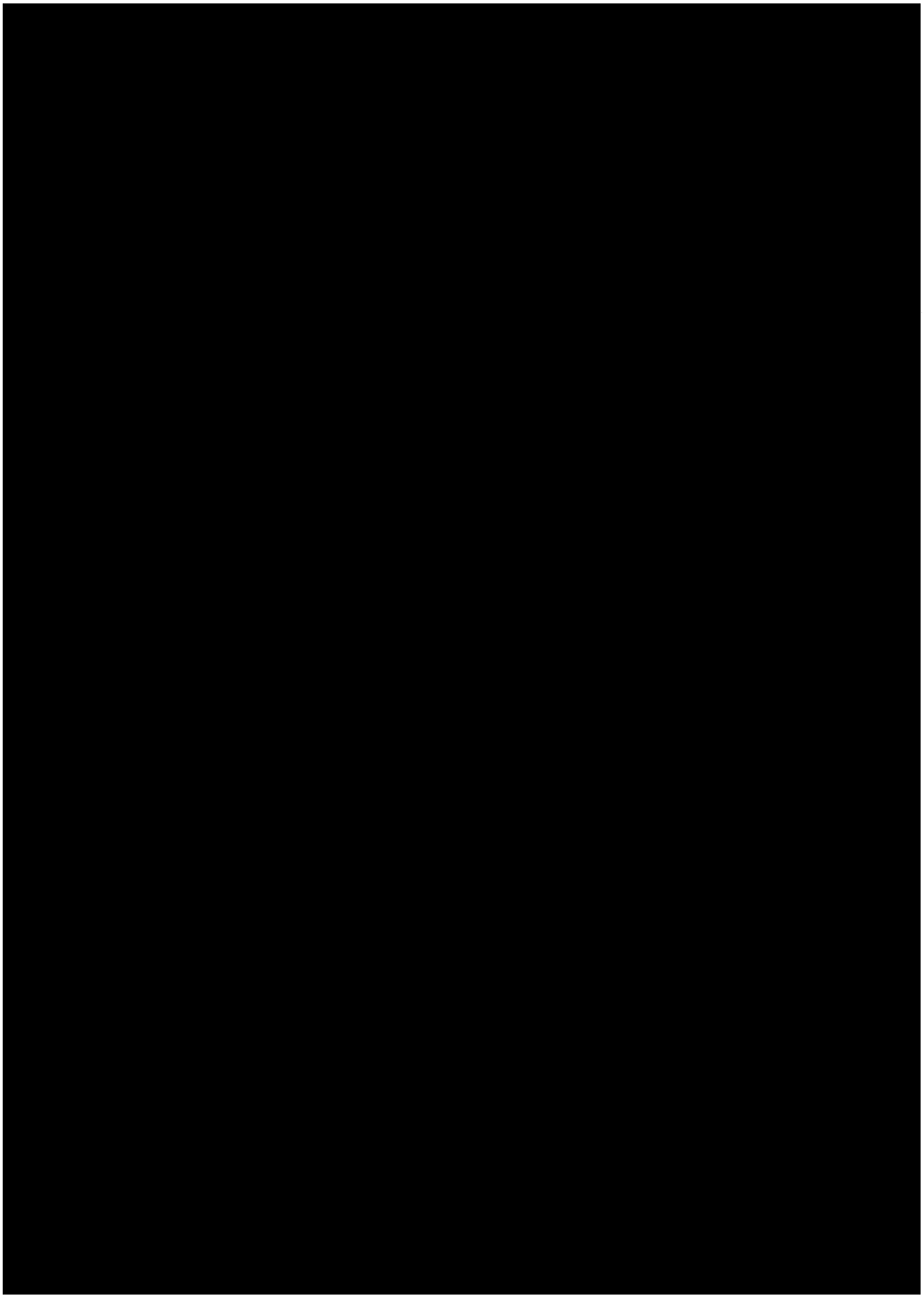


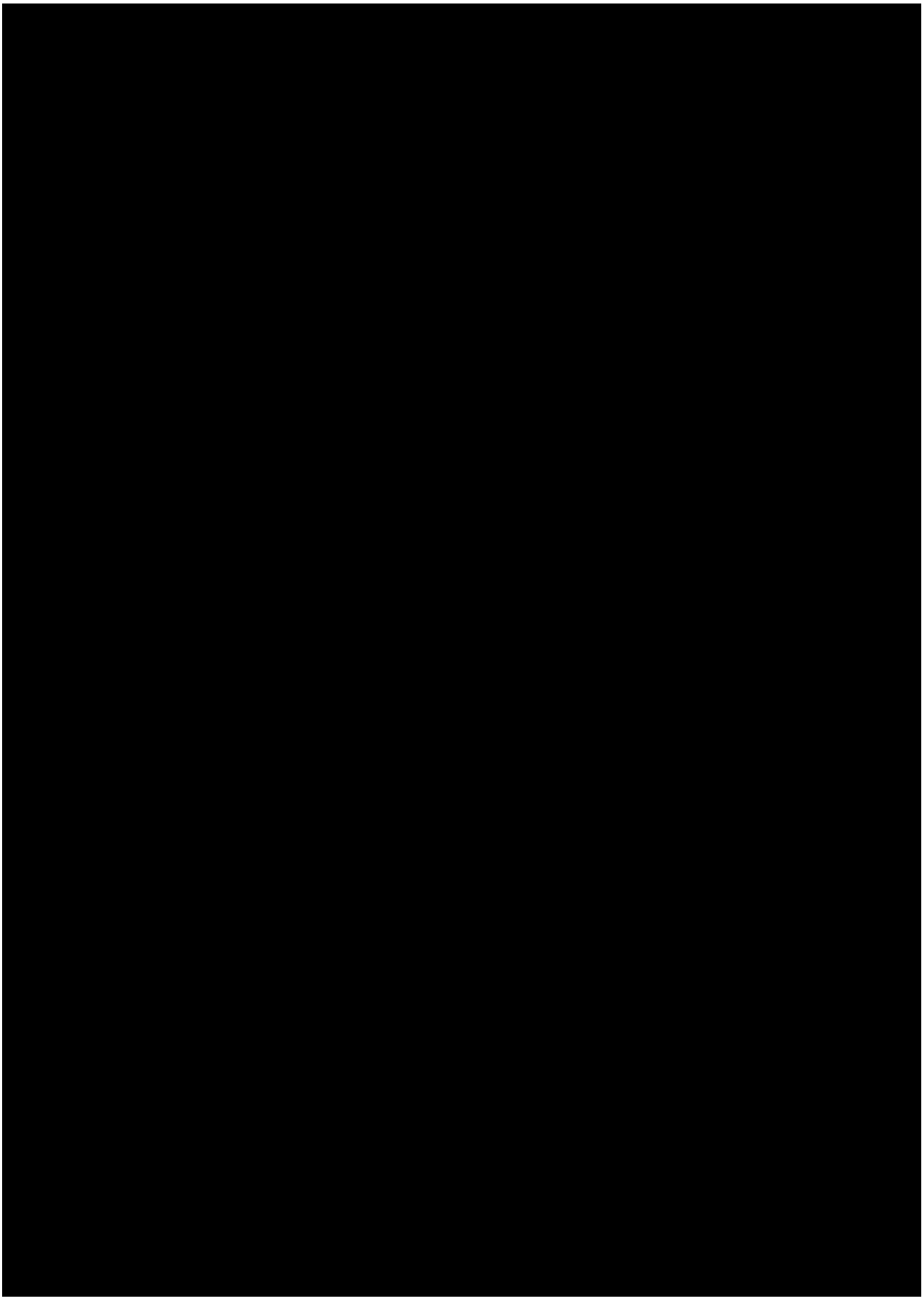


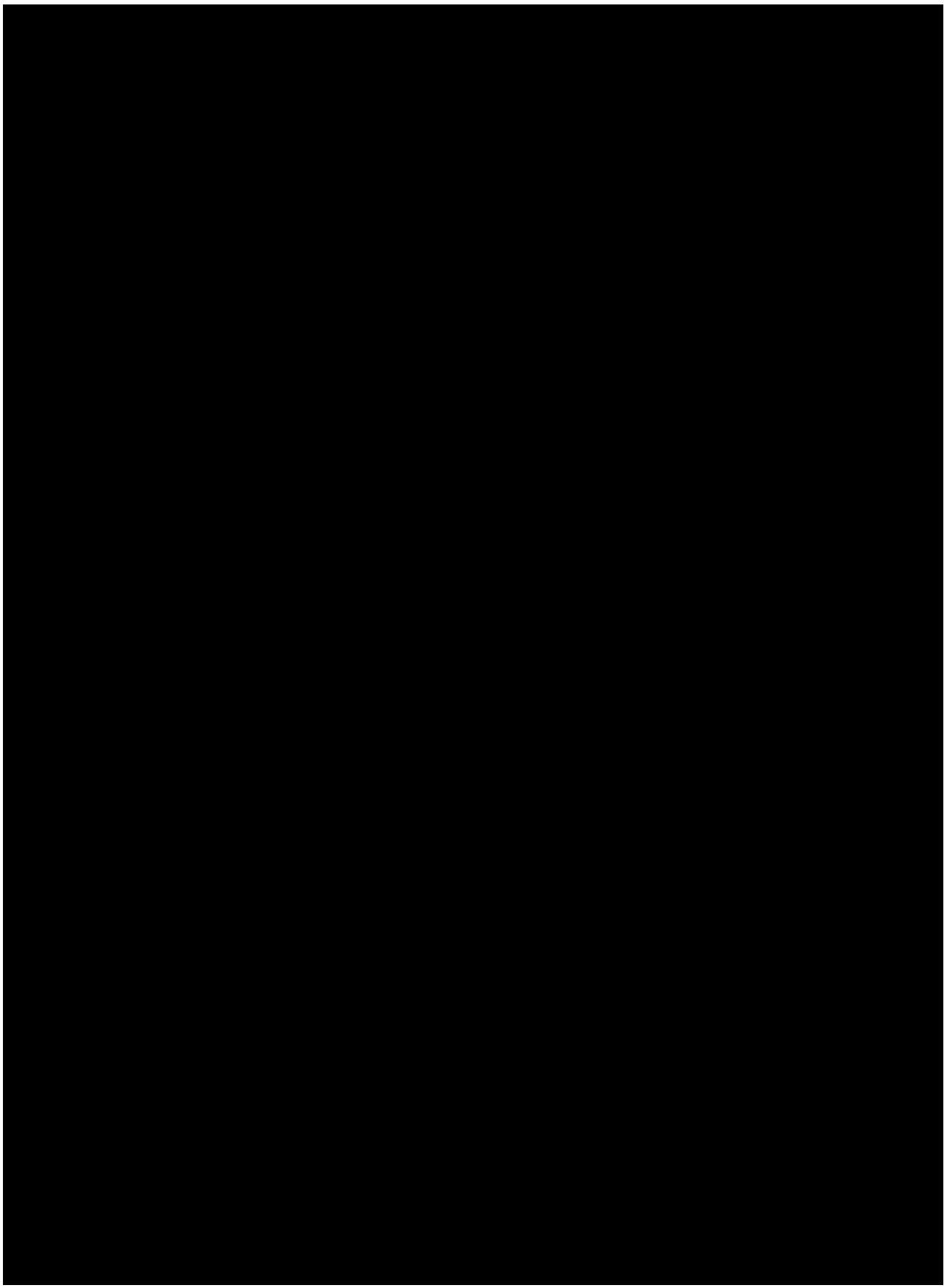


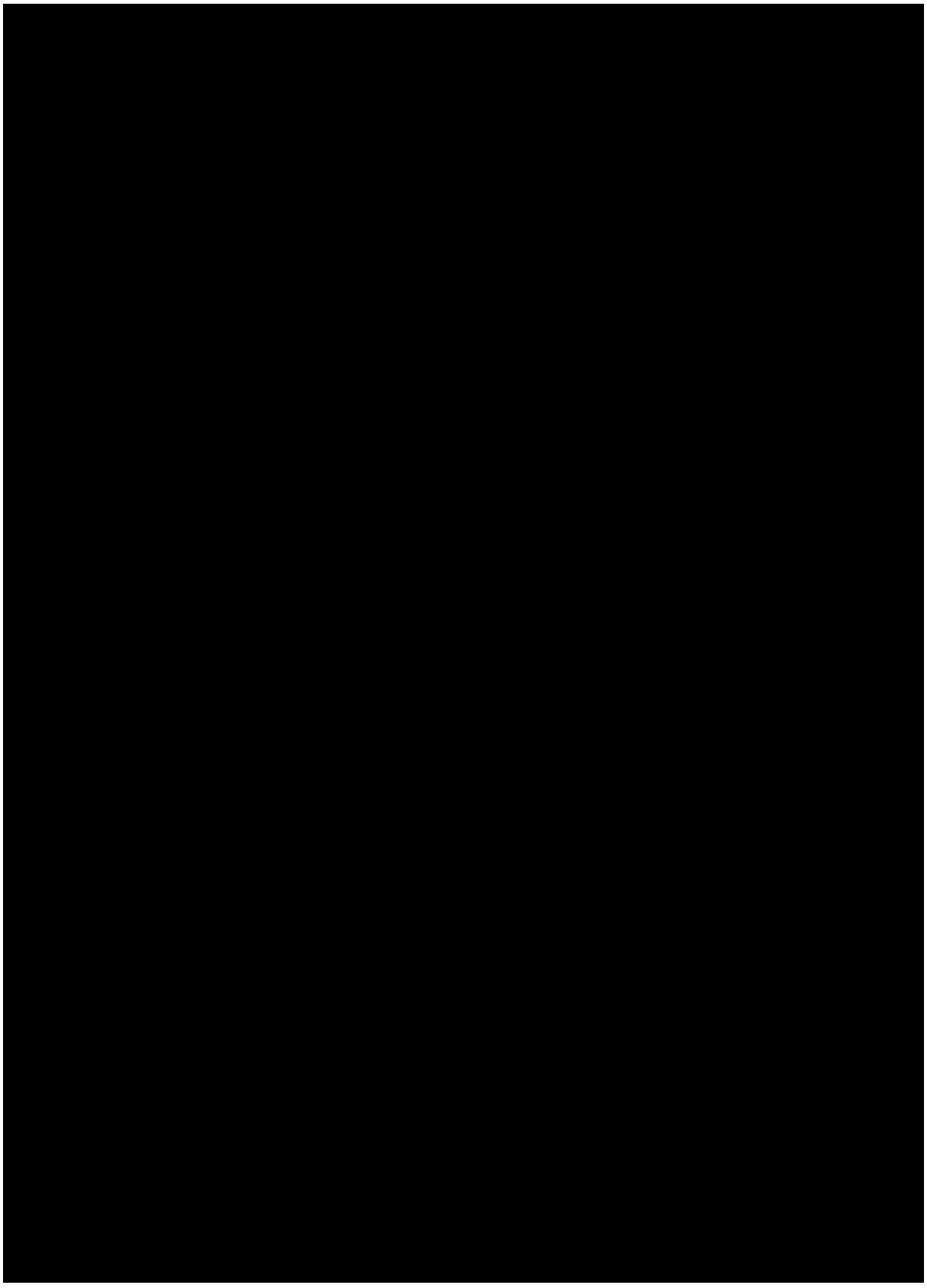


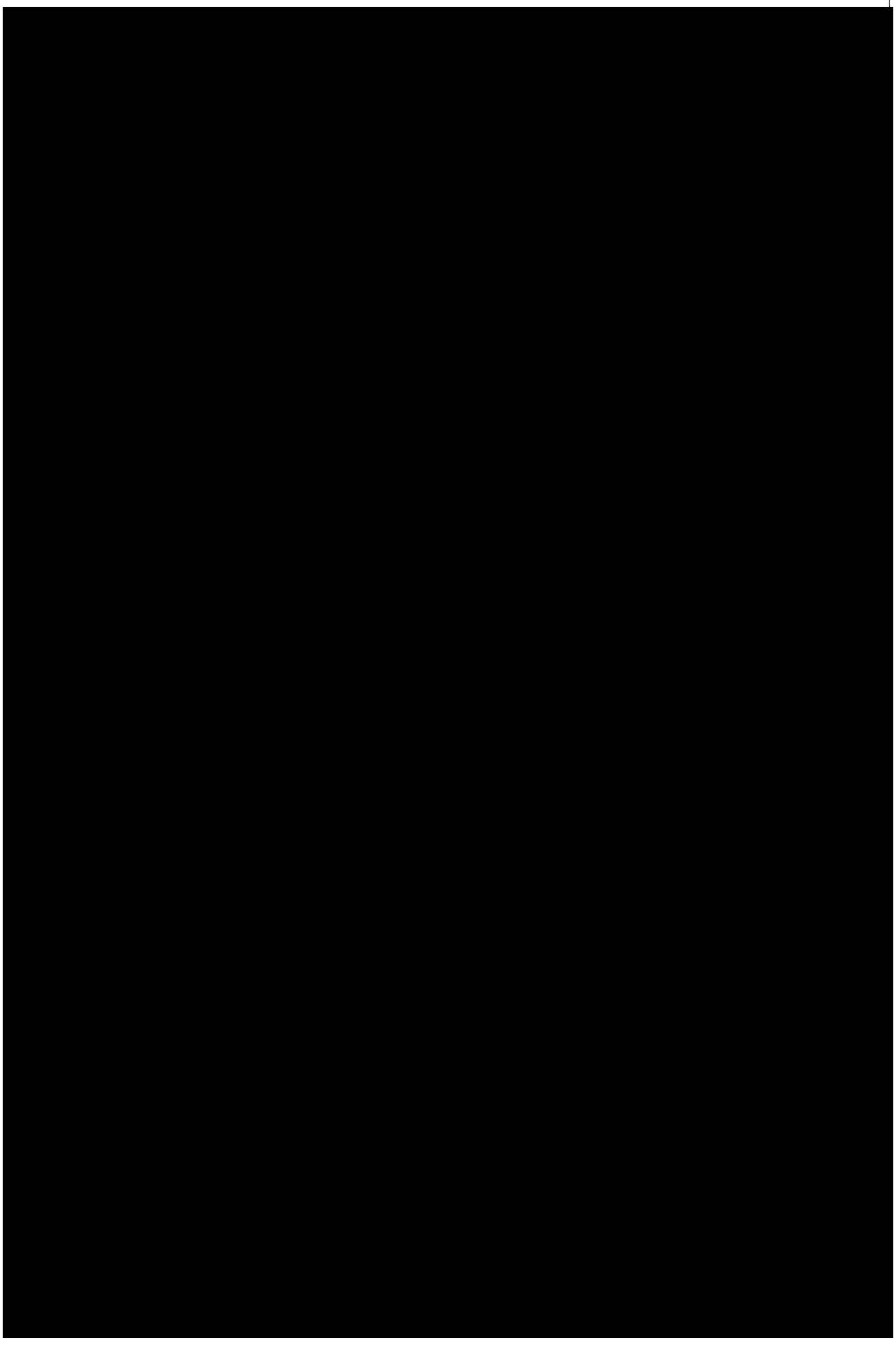


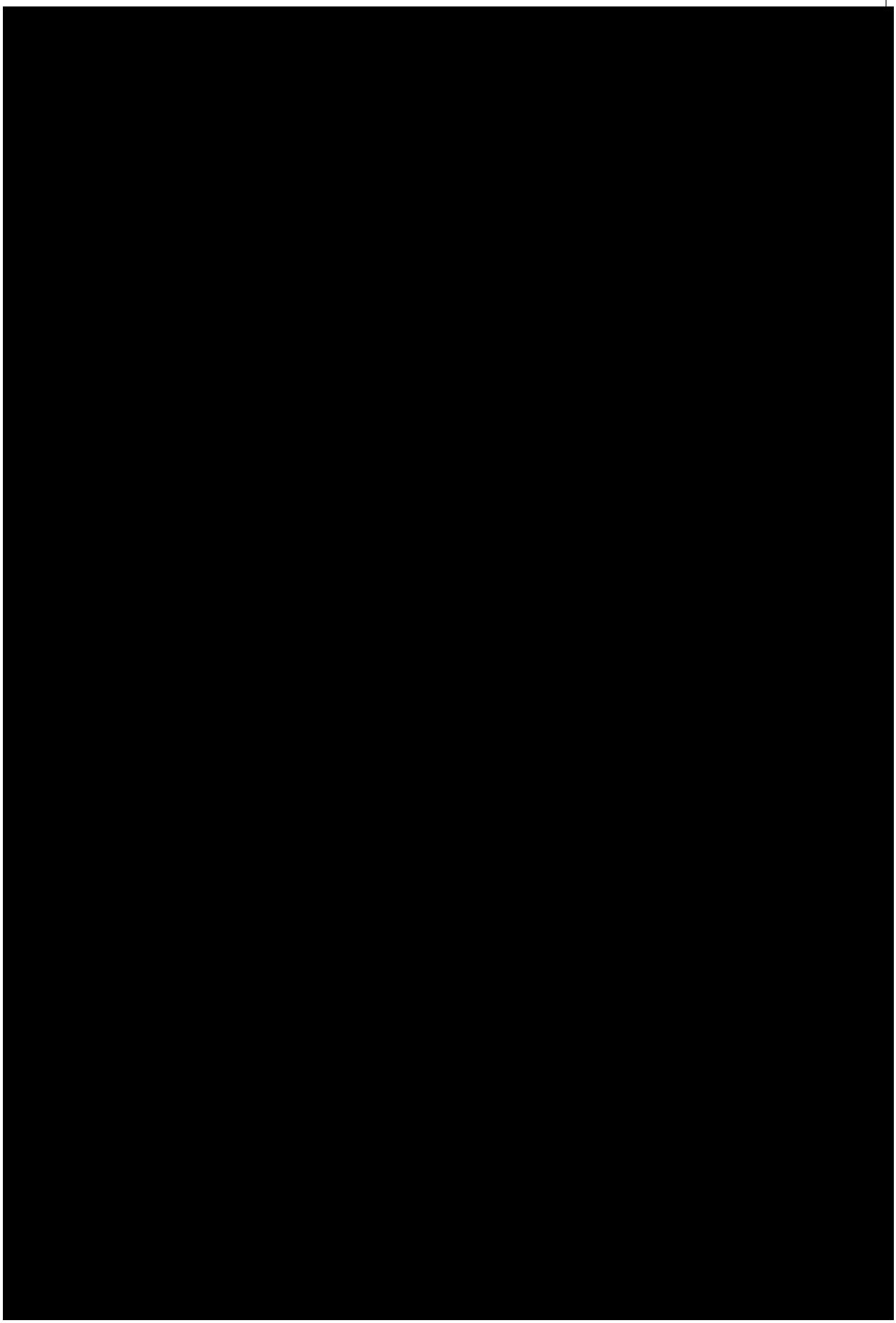


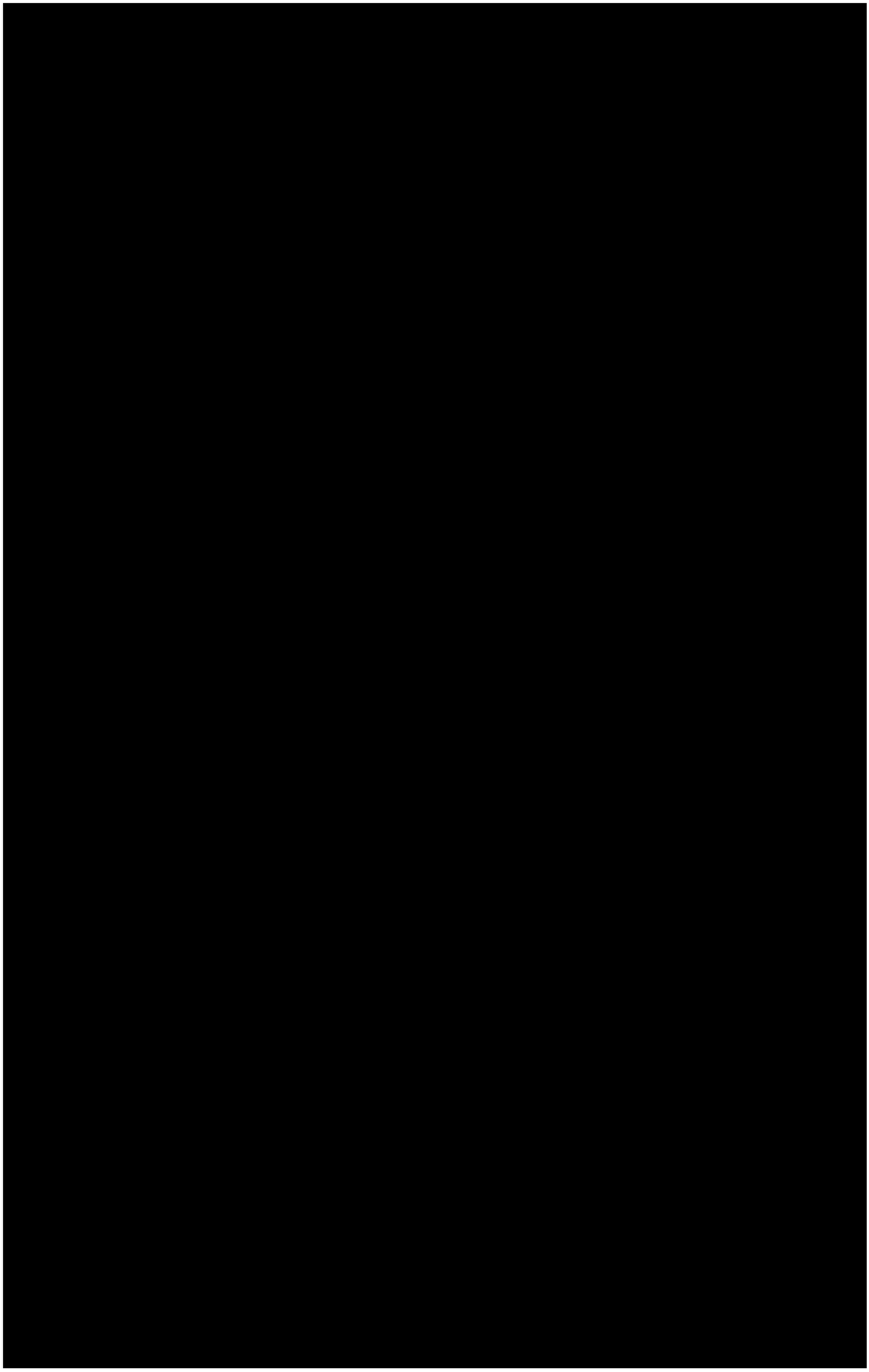


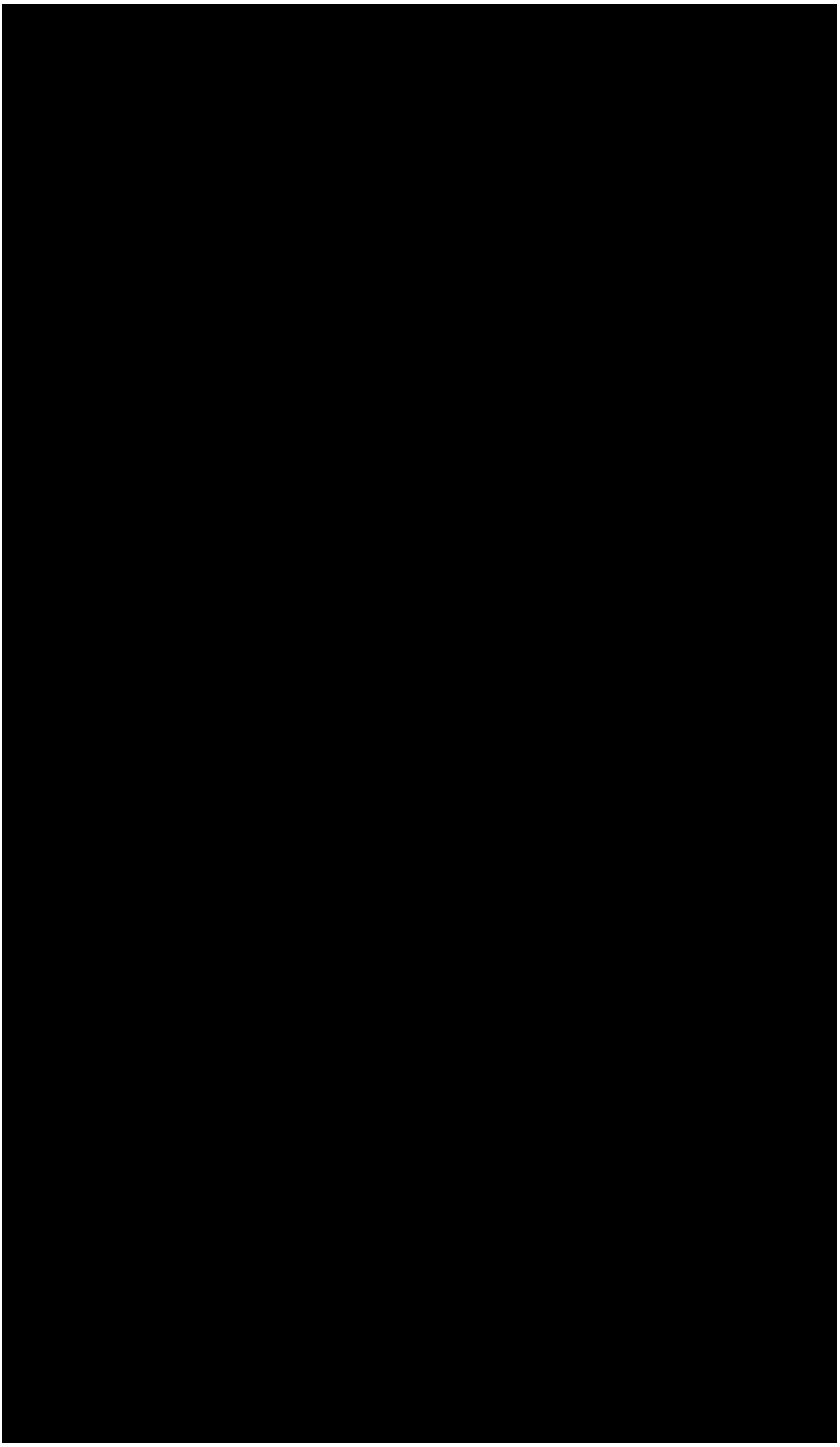


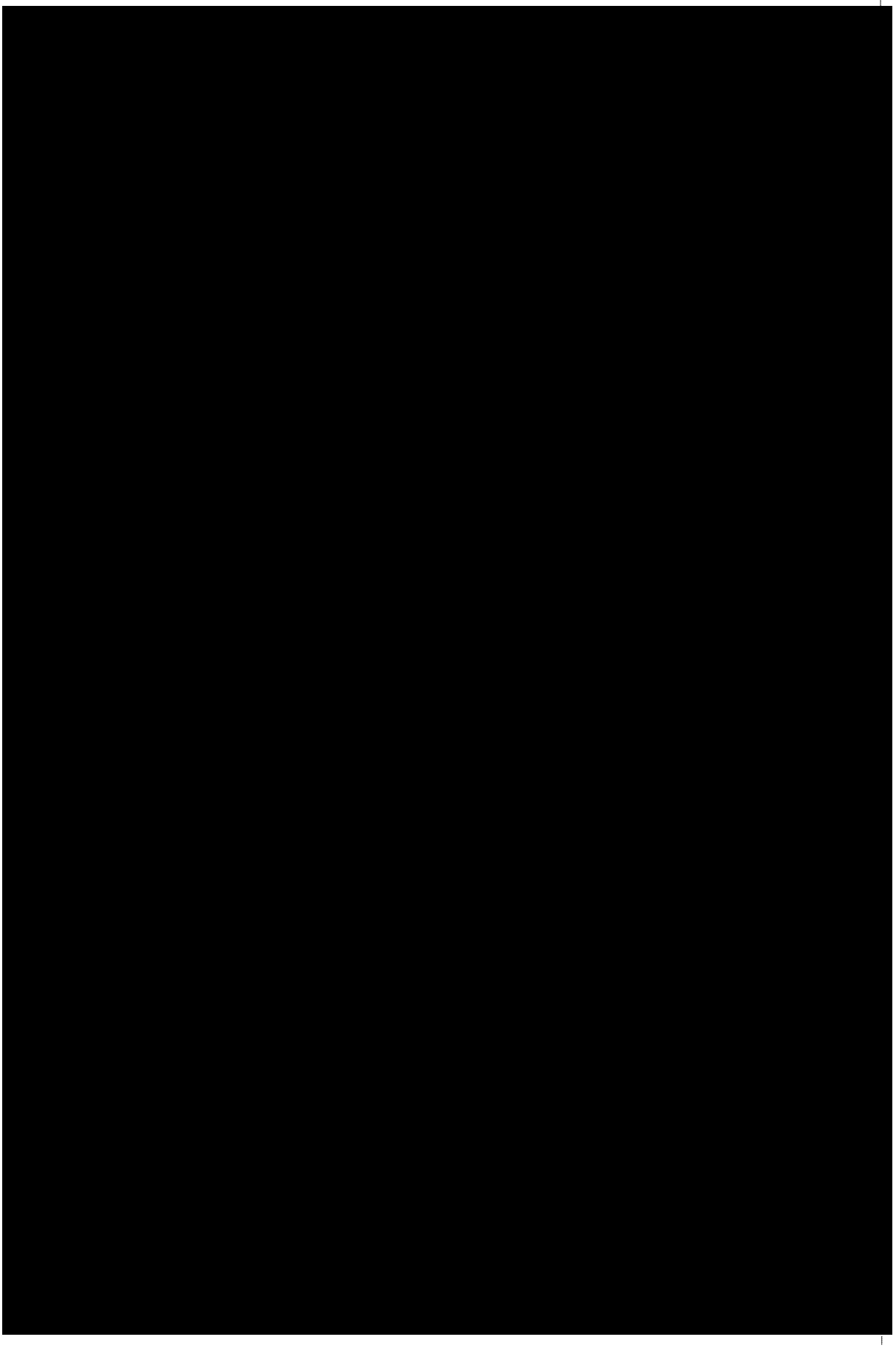


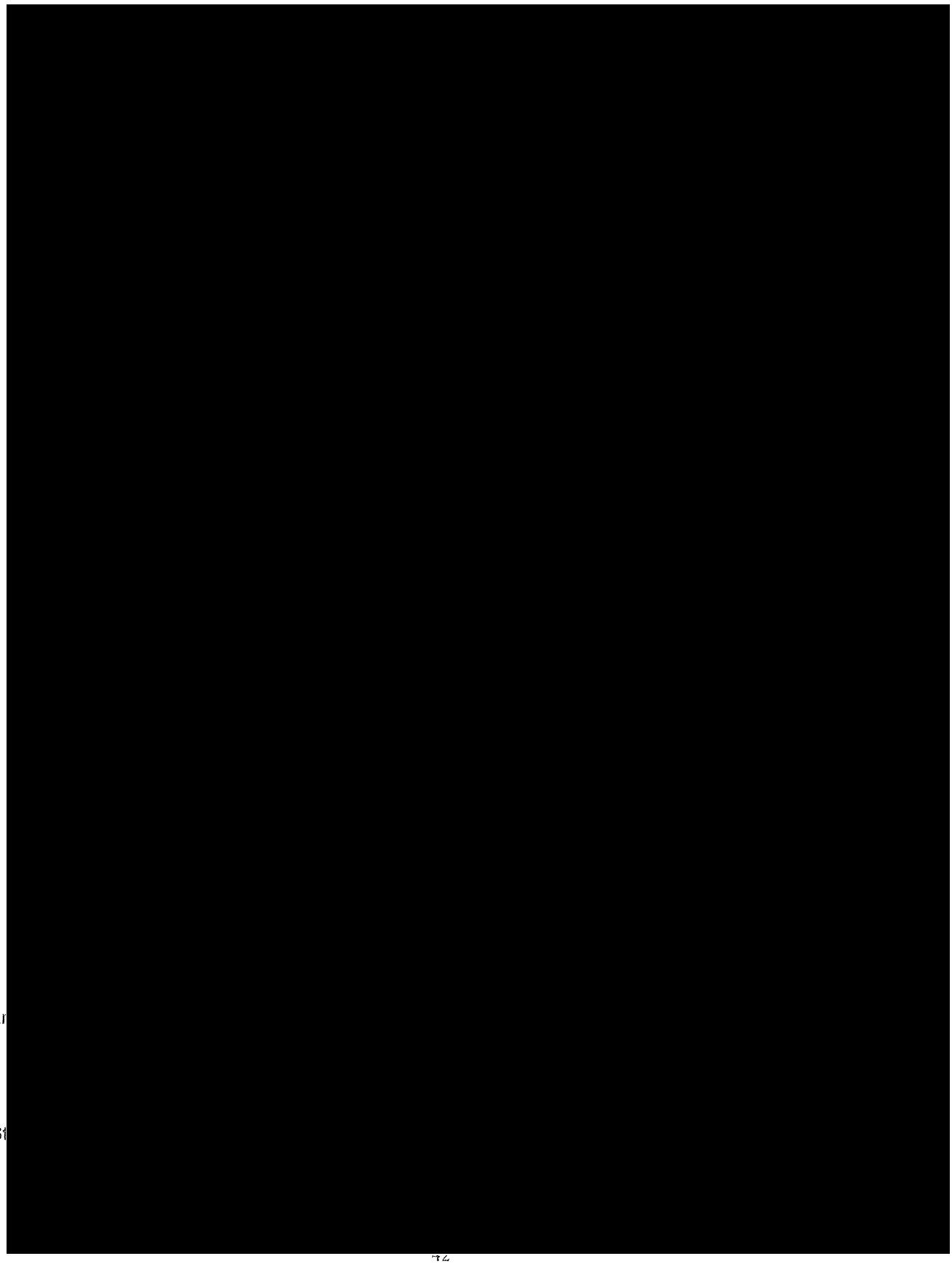


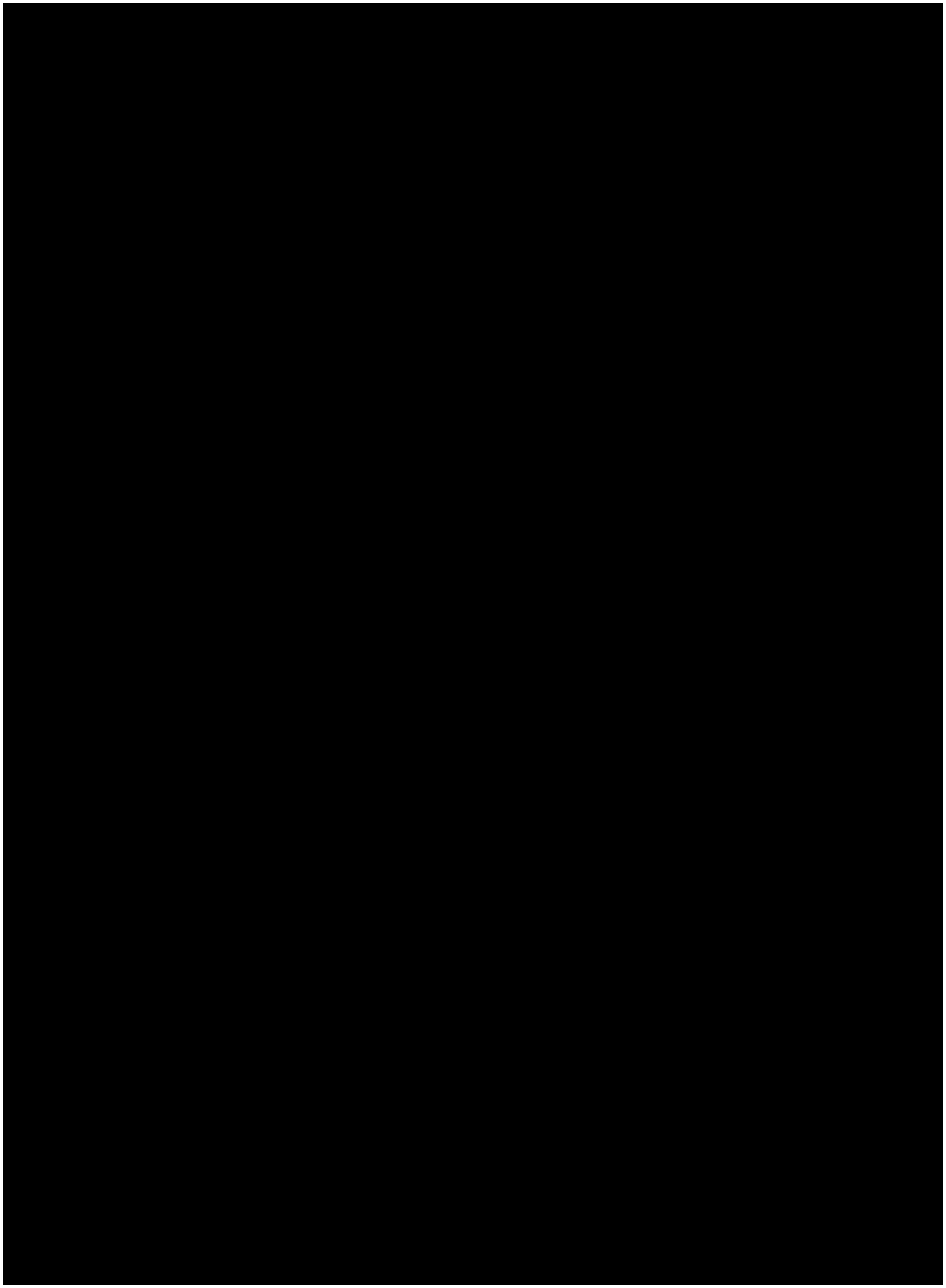


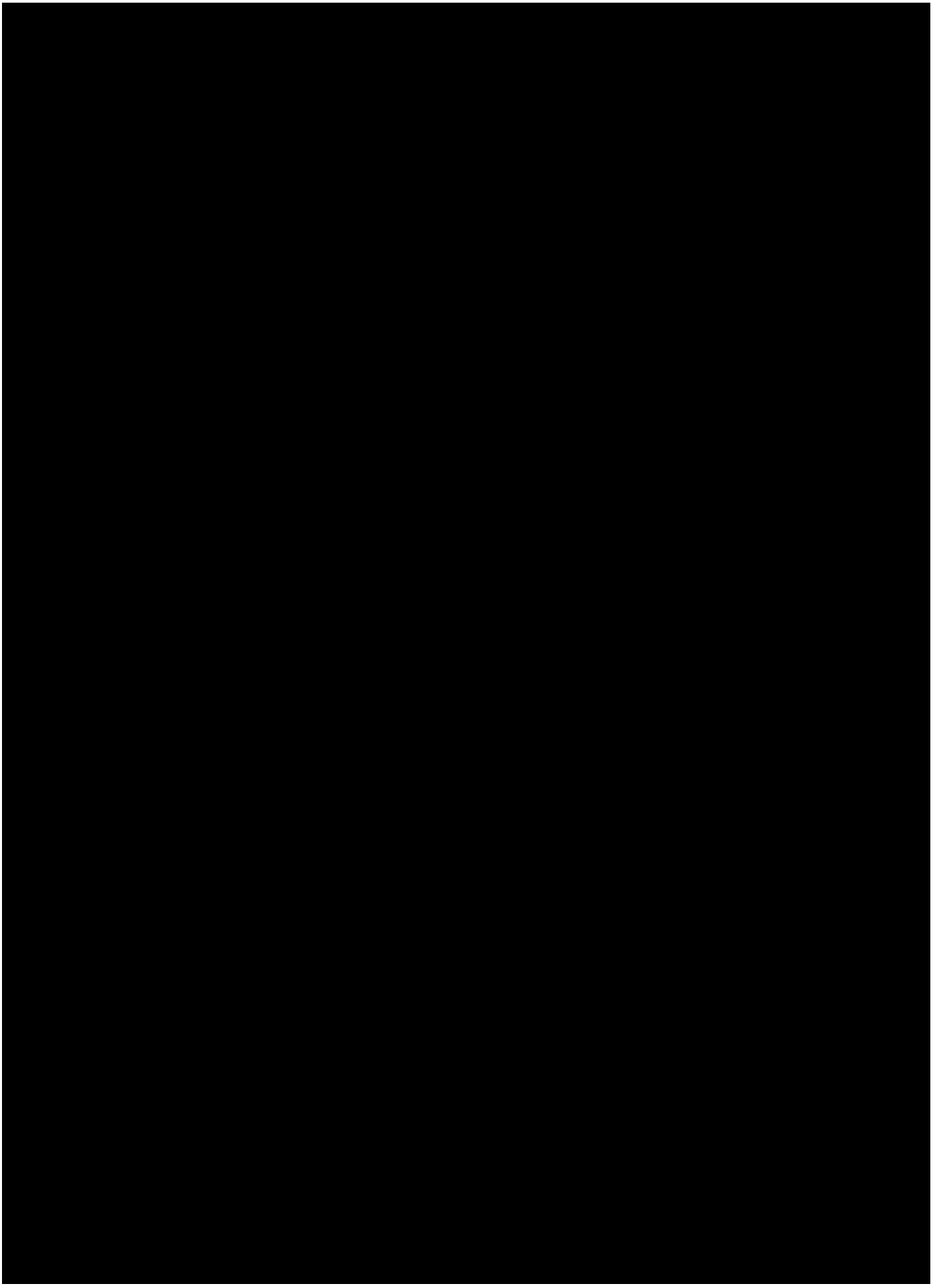


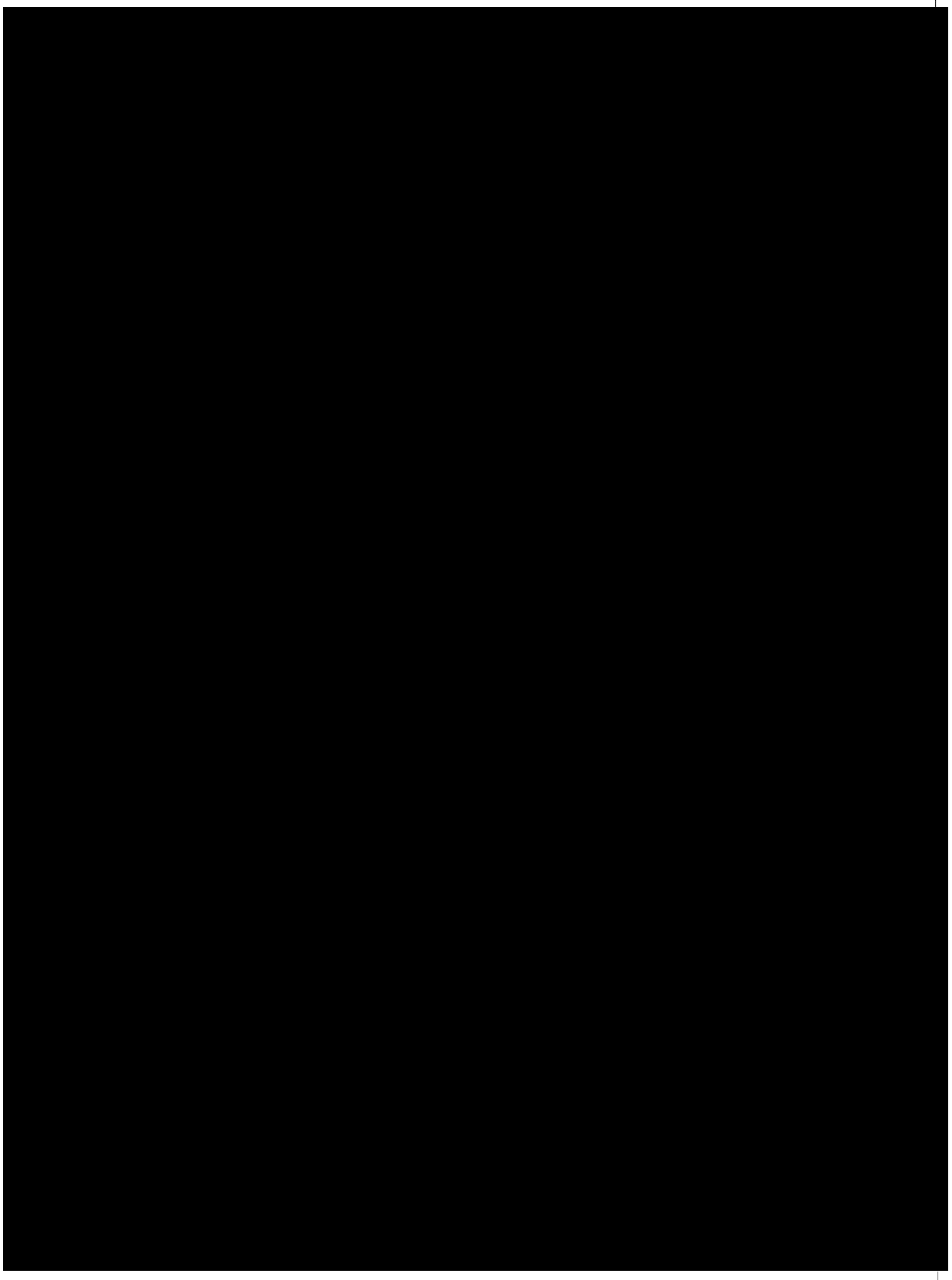


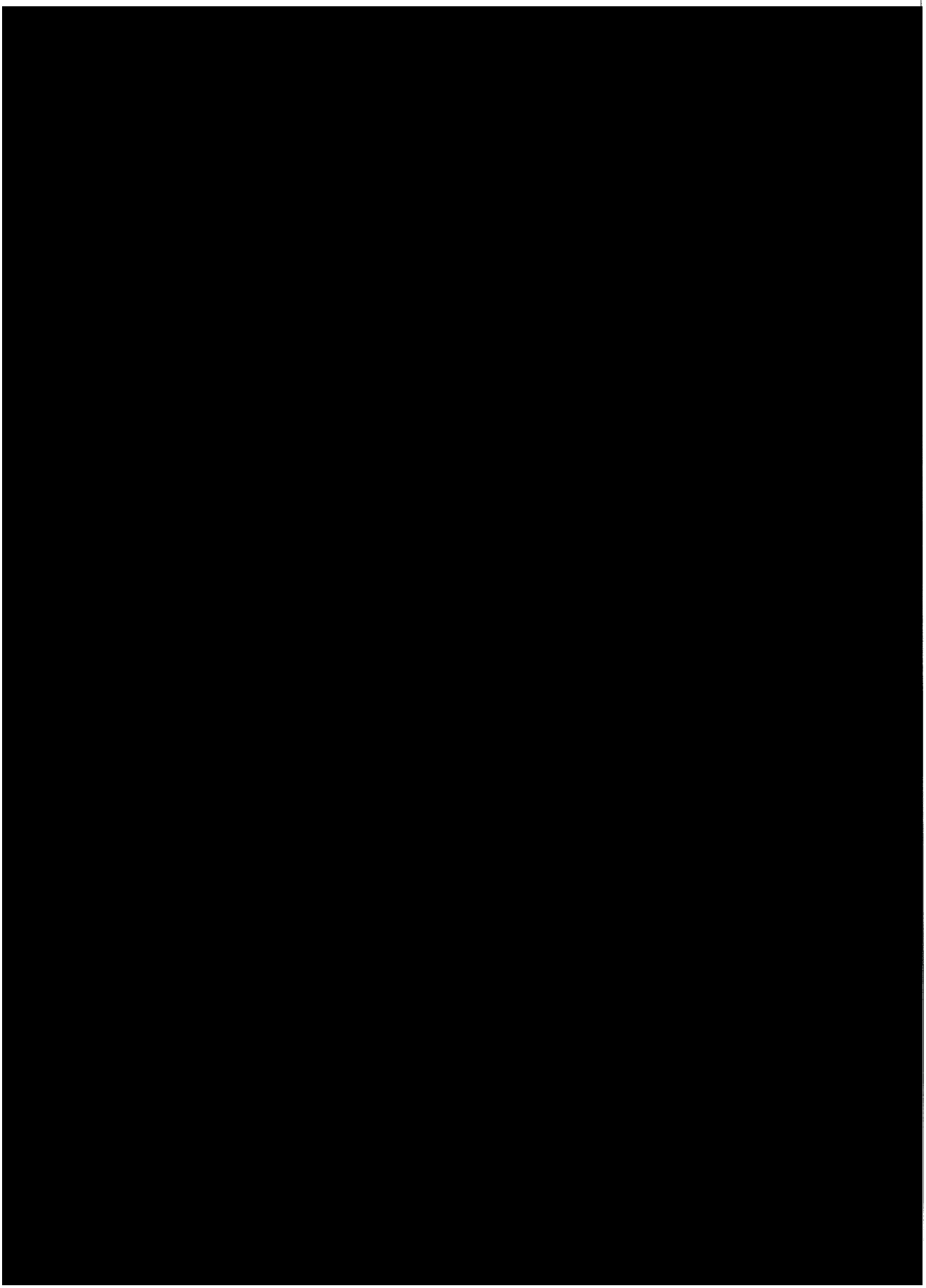


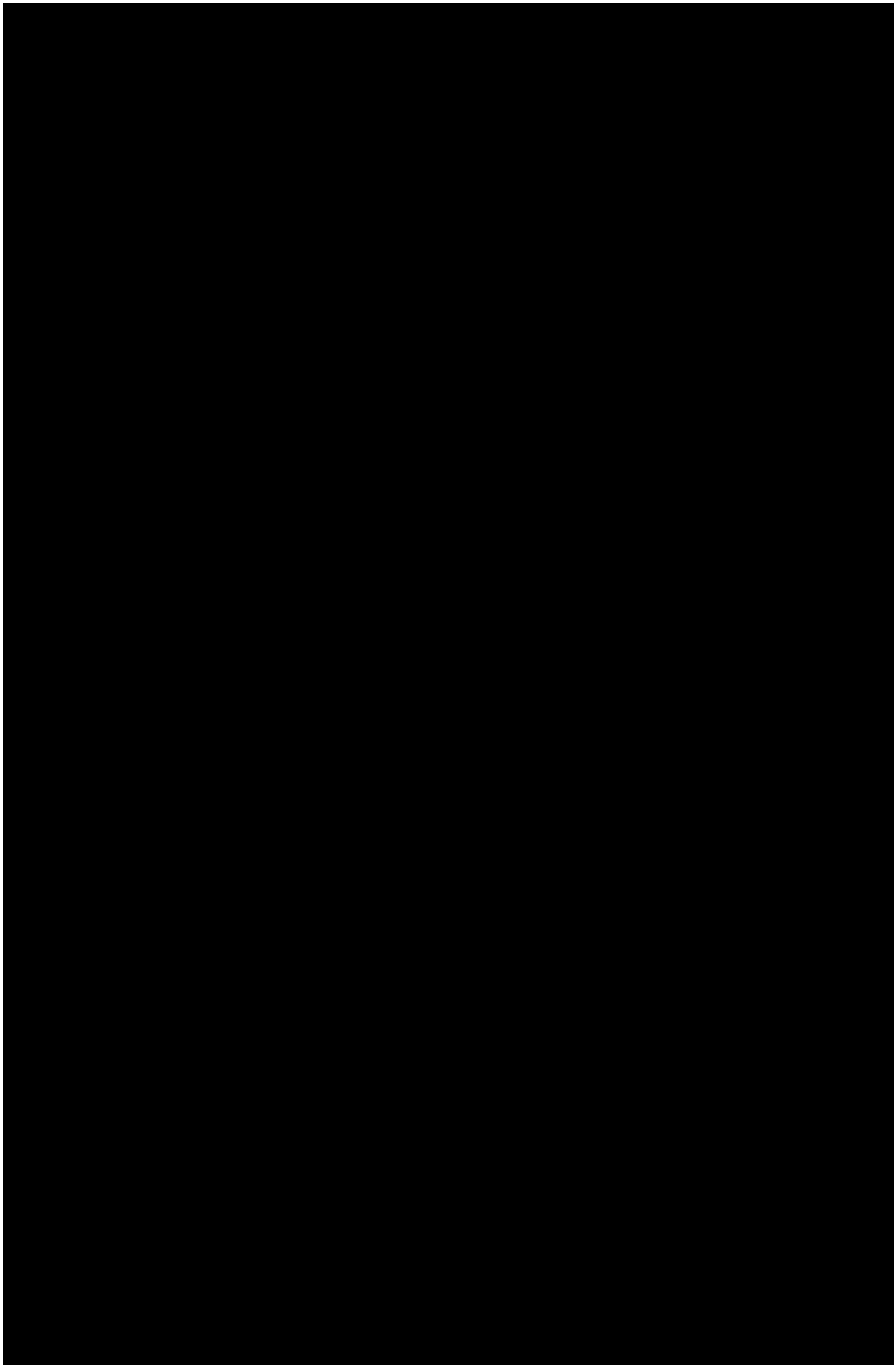


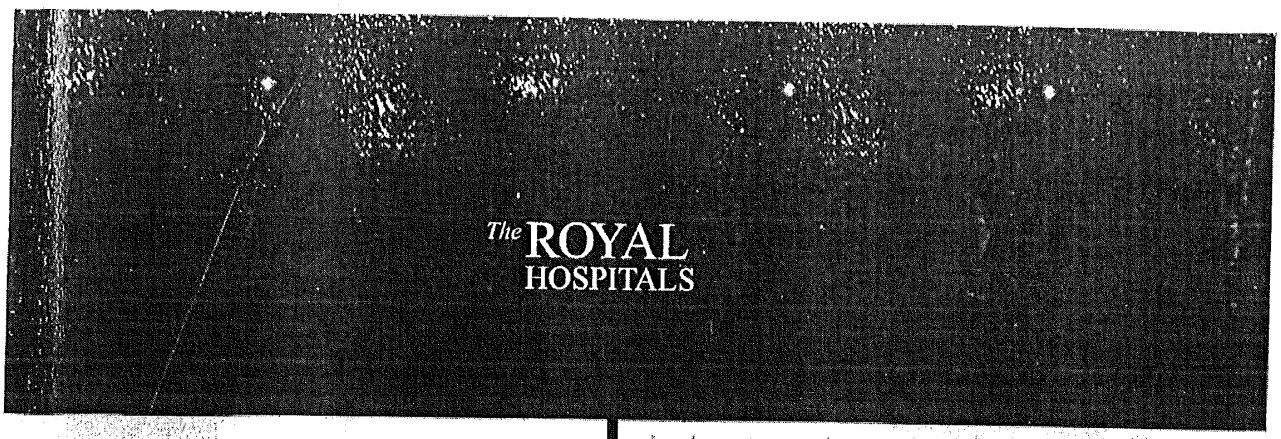












health & safety

Annual Health & Safety Report

1 April 1999 - 31 March 2000

Contents

Appendices

1. Executive Summary

1.1 This report covers the year 1 April 1999 – 31 March 2000. This was a year of change during which health & safety was fully integrated into a risk management system that includes clinical risk management. This progressive change will allow the Royal Hospitals to respond effectively to government initiatives on clinical and corporate governance. A significant change in the management of risk has also been necessary due to the Government's issuing of 'Control Assurance Standards' (18 standards). The management of these is based on the Australian Standard AS/NZS 4360:1999. This will be the bench mark standard used as a comparison for it's performance standard (see appendix 8). CNST Standards, level 1 will be used as a benchmarking tool for clinical risk management.

1.2 During the fiscal year 1 April 1999 – 31 March 2000, 911 IR 1 report forms (see appendix 1, figures 1 – 5c) were received in the Risk & Occupational Health Services Directorate. This was an increase of 119 (19.86%) on the previous year 1 April 1998 – 31 March 1999. A total of 548 (60.1%) involved accidental injury (see appendix 1, figure 1). The majority, 329 occurred to staff. This compares with 312 accidental injuries to staff during the previous fiscal year.

1.3 Physical Violence (191) and verbal abuse (347) represent a large proportion of incident reports made by staff, albeit there has been a small reduction in the numbers reported for this year. Primarily these acts of physical violence and verbal abuse are encountered within Facilities (Security) Surgical (A&E) and Paediatrics Directorates.

The Royal Hospitals continues to take a proactive approach towards the management of violence. In addition to the physical control measures already implemented, such as C.C.T.V., personal alarms, personal protective clothing and Sky television. The new communication centre will have incorporated within its system, the technology for an advanced personal alarm system. It is hoped that this will be implemented and operational within the forth-coming year. Our hospital continues to follow the guidance issued by the Health & Safety Commission, Health Services Advisory Committee in March 1998 "Violence and Aggression to Staff in the Health Service"[2].

1.4 Needlestick and sharp clinical instrument injuries: There were 103 reported injuries from needlesticks and sharps compared to 82 for last year. This indicates an increase of 23%. This is now the second commonest form of injury, rivalled only by slip/trips/falls. A major preventative initiative is ongoing to reduce needlestick injuries. This will include the adoption, where cost effective, of a retractable needle system and the reduction of the handling of clinical waste in line with the implementation of the new clinical waste disposal process.

1.5 Patient/Manual Handling: A total of 17 patient handling incidents and 32 manual handling incidents were recorded for this year. This is an increase of two and three respectively from last year. The Royal Hospitals still performs well when benchmarked against the National Audit Office reports[1].

1.6 Slip/trips/falls injuries: There has been a significant rise in the number of slip/trips/falls incidents i.e. up from 71 the previous year to 120, an increase of 49 (69%). Traditionally the highest type of incidents reported, slip/trips/falls are a difficult hazard to control. Through its specific training programmes, the Royal Hospitals highlights the necessity to report near misses in its effort to control this type of incident.

1.7 Near miss reporting is an essential part of our proactive strategy. It allows the Royal Hospitals to identify areas where there is a potential for injury/damage incidents to occur and thus indicates remedial action is necessary. 143 reports were received for this period, and, increase of 84 (142%). This is an encouraging trend reflecting increased awareness of incident report procedures.

1.8 R.I.D.D.O.R. Under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (N.I.) 1997, a total of 64 incidents were reported to the Department of Economical Development, Health & Safety Executive N.I., Ladas Drive, Belfast. This was an increase of 24 (62.5%) from the previous year. Of the 64 reported incidents 62 were "over 3 day accident" to staff (18.8% of all accidental injuries to staff). The average over the past 5 years has been 54.4 reportable accidents (see tables 5 & 6).

1.9 Cost of accidents includes the loss through personal injury claims. An estimate of the reserved costs is given in items 16.

2. Contributors to report

Dr A B Stevens

Dr P Coyle

Mr J Orchin

J Gillanders

Ms C Burns

C McBride

Miss M Kerr

S McCombe

C Parkes

Acknowledgements

The assistance of the following is gratefully acknowledged:

- [redacted] for her expertise and diligence in preparing the manuscript, data, tables and interrogation of the 'SHE' software package;
- [redacted] for her expertise and assistance in preparing claims data for Employer's Liability and Occupier's Liability through the interrogation of the 'Carekey' software package;
- [redacted] Information Manager, Directorate of Organisational Development and his staff for providing information on patient numbers;
- [redacted] Senior Manager Personnel, for information on staff numbers.

3. Introduction

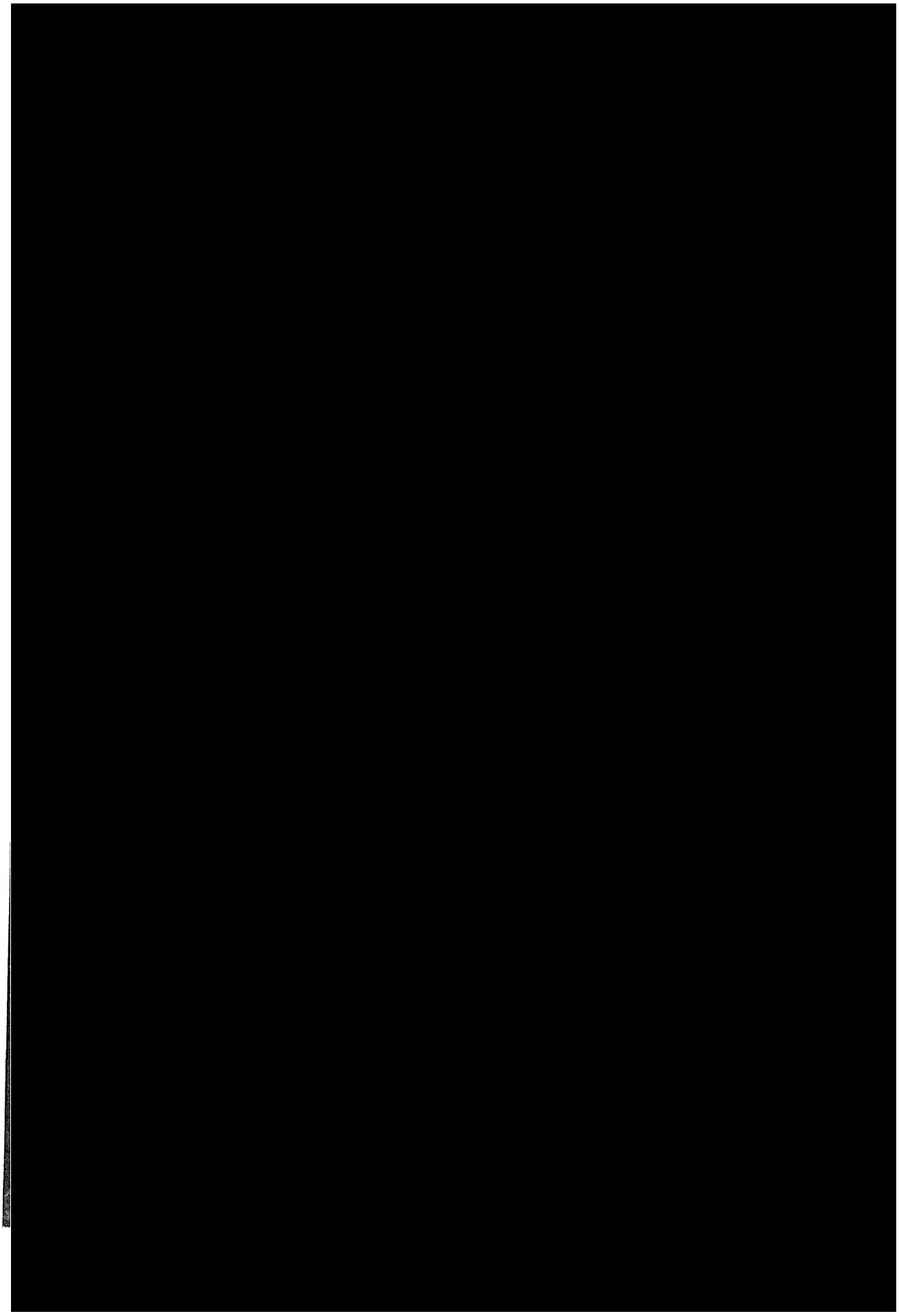
3.1 This is the fifth Annual Royal Hospitals Health & Safety Report. It covers the period 1 April 1999 – 31 March 2000 inclusive. It reviews performance in the management of health & safety/risk management through its two main monitoring systems i.e. active monitoring, which monitors the achievement of objectives in extent of compliance with standards encompass within legislation and best practice, and secondly through the reactive monitoring systems which respond to injuries, ill health and other loss events e.g. damage to property, fire, serious adverse incidents and also the reporting of 'near misses' which have the potential to cause injury damage or loss.

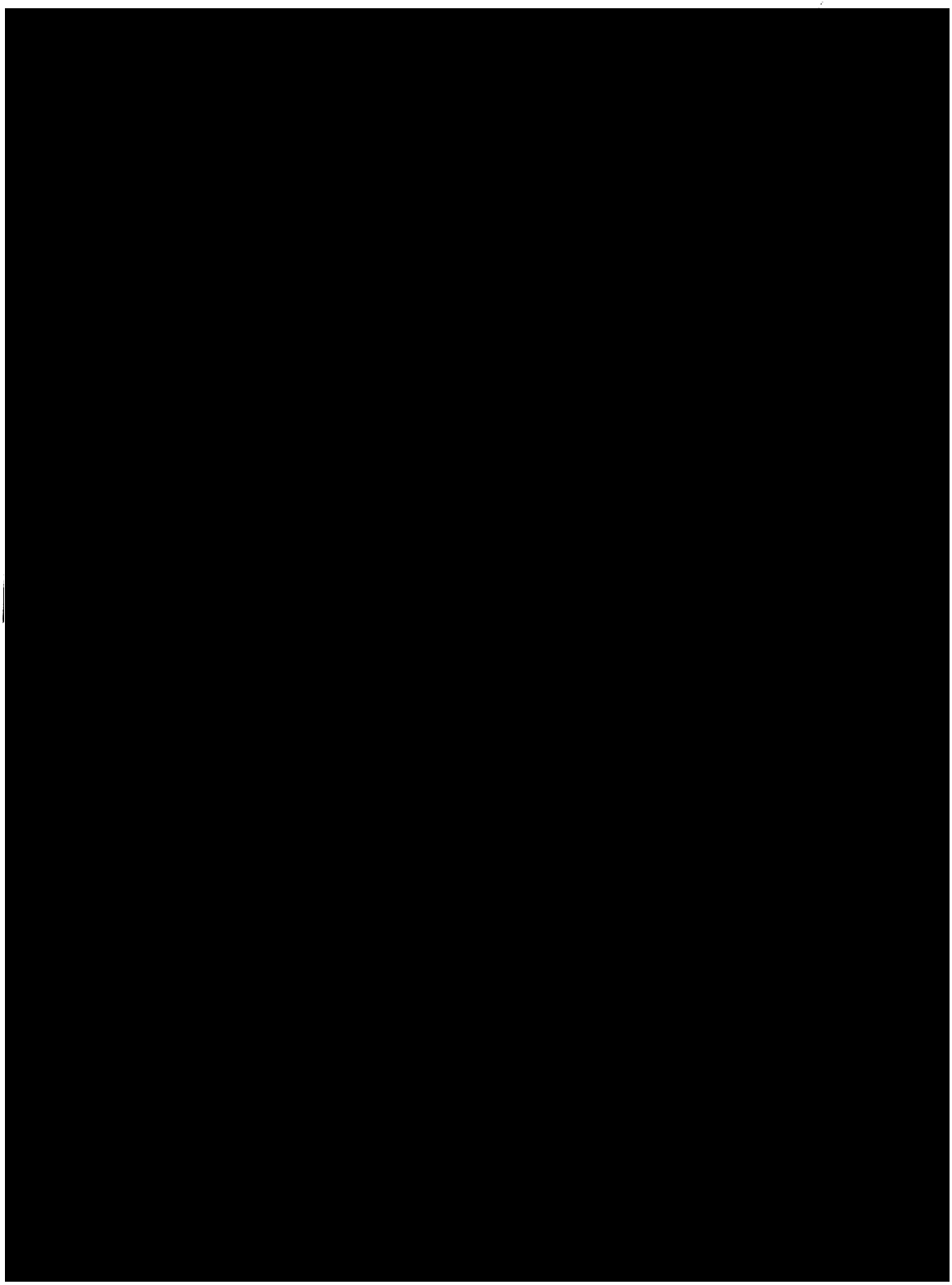
3.2 The main part of the report focuses on accident statistics for the aforementioned year. In addition the report reviews the main areas of activity of its standing health and safety/risk management committees, which forms the infrastructure of the organisation arrangements for the management of health and safety/risk management. Due to the adoption of the governments clinical governance and controls assurance standards. There have been major changes to the organisational arrangements this year. A copy of this organisational structure for risk management is attached to appendix 9.

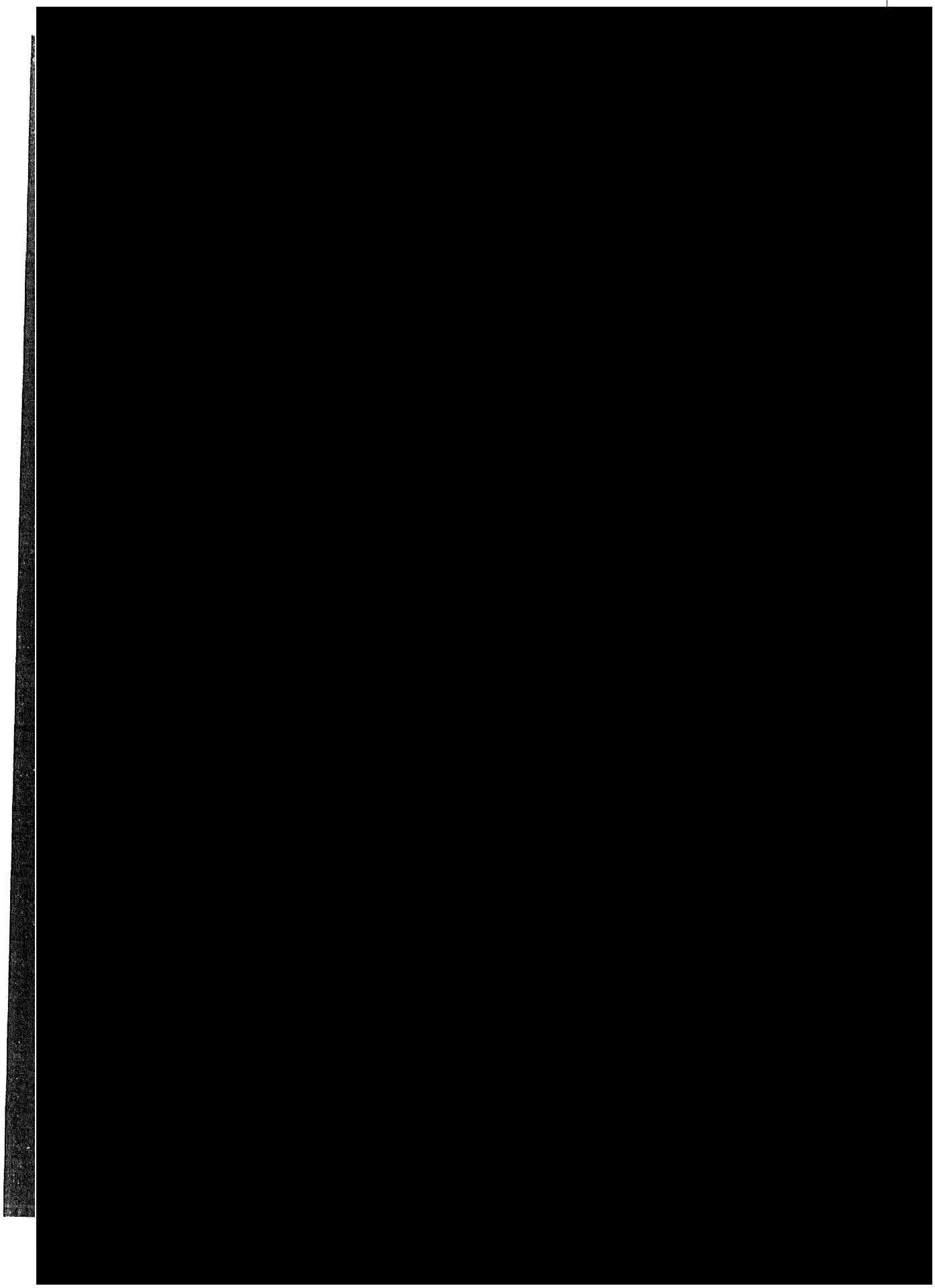
3.3

3.4

3.5 Another major objective within the Risk & Occupational Health directorate was to establish an internal risk assessment process which will, it is hoped, run as the audit and review link with the Controls Assurance Standards. This process was developed and designed by the health & safety manager and clinical risk manager. The process has been deferred due to the requirements of the Controls Assurance Standards mentioned above.







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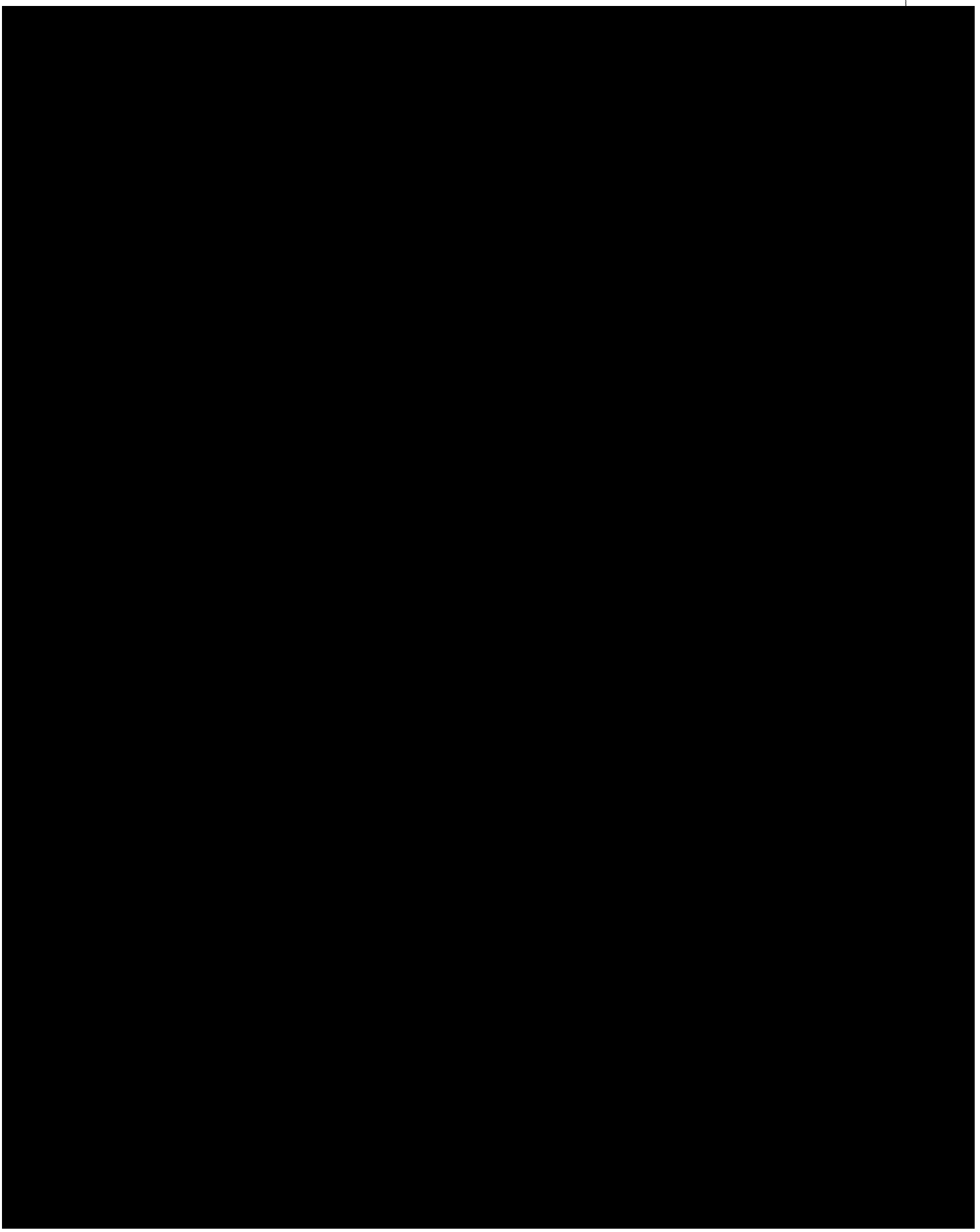

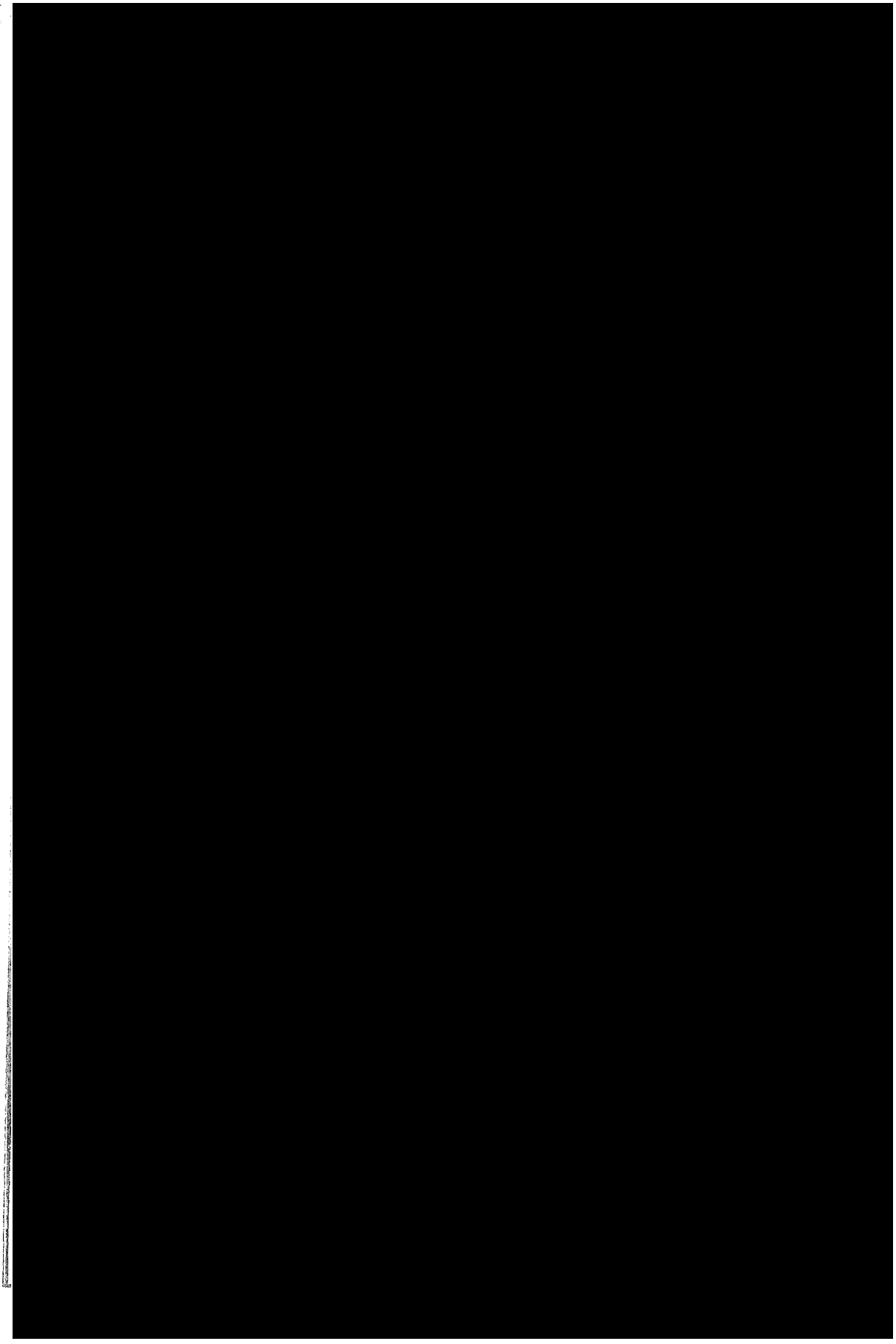

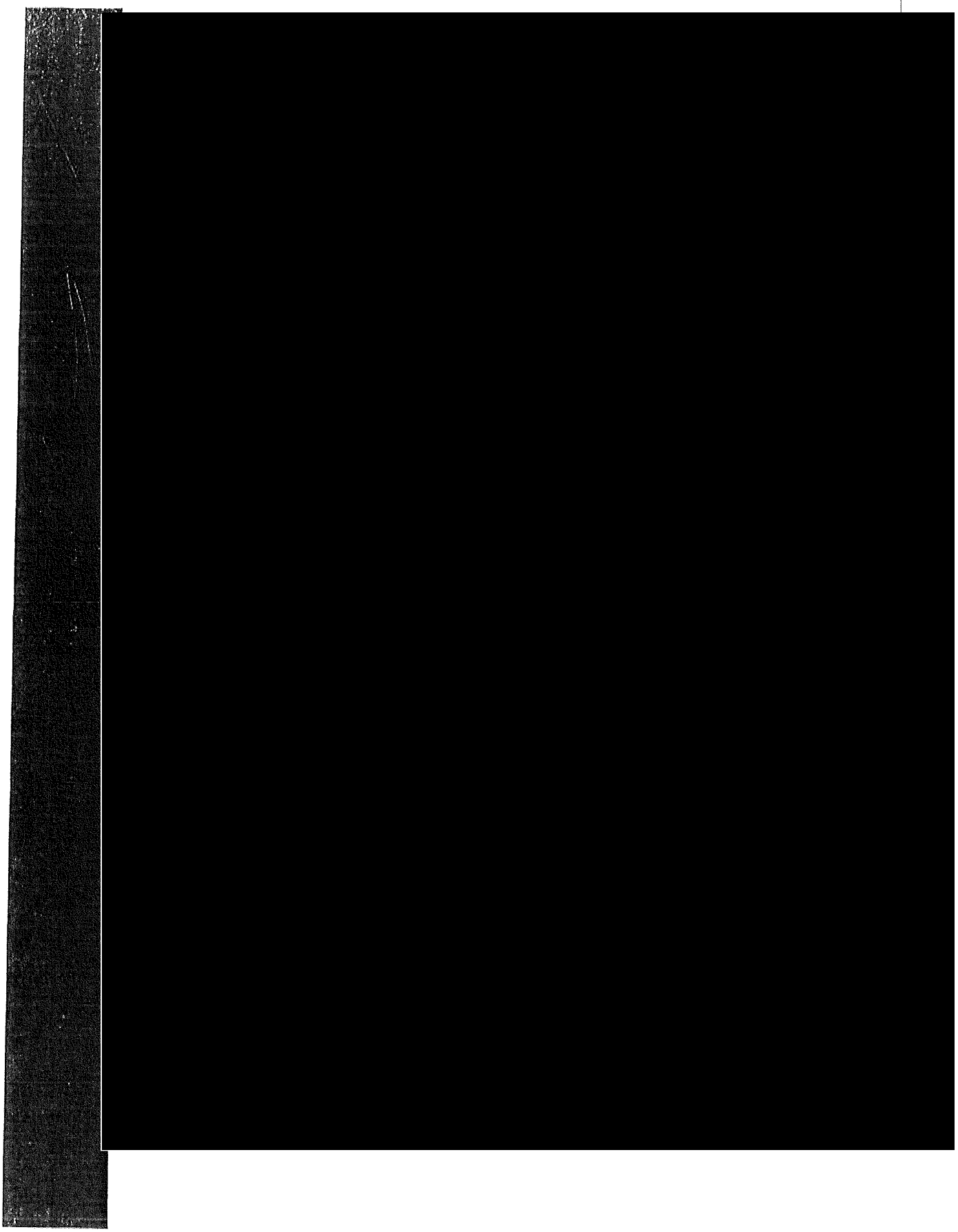

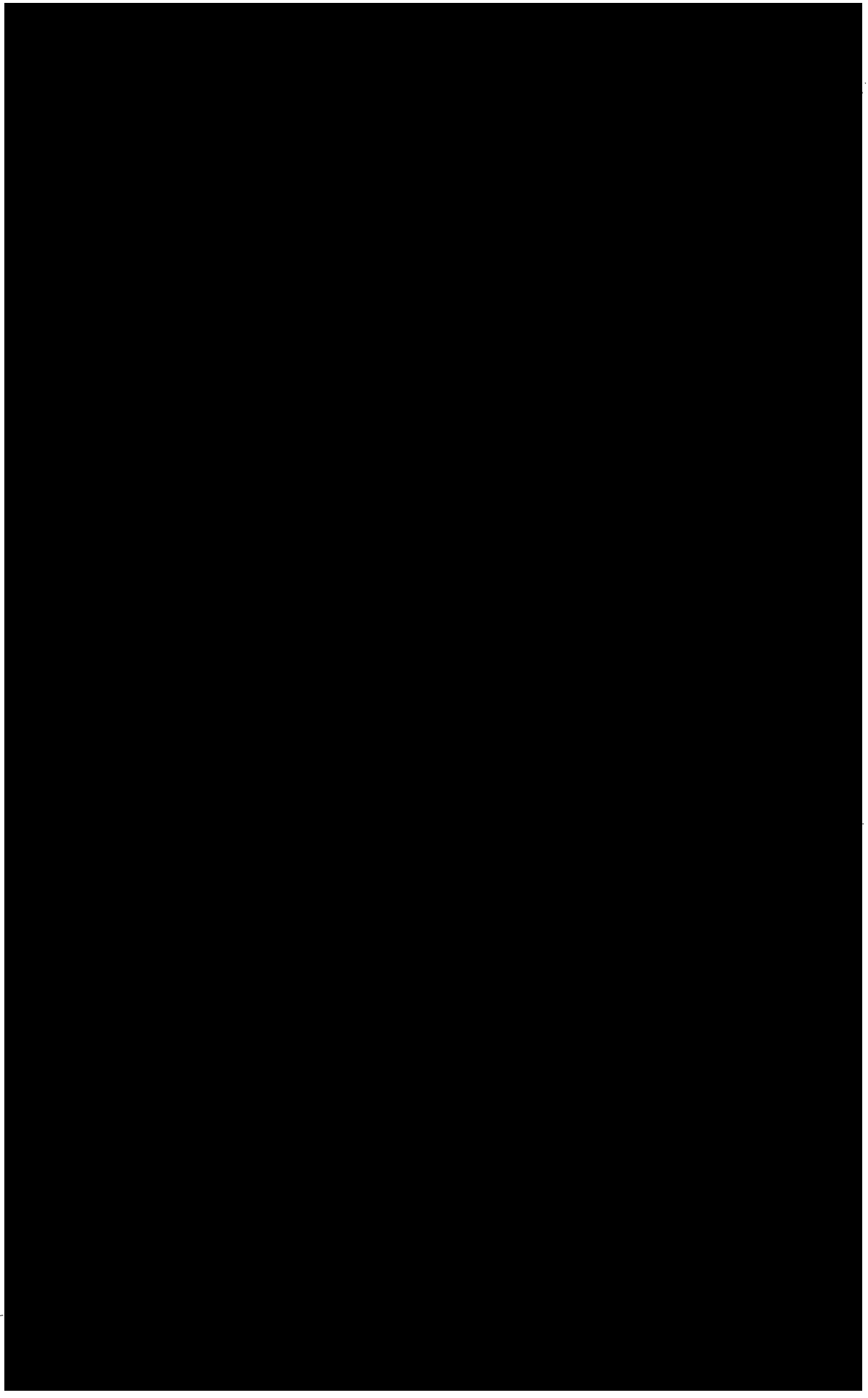

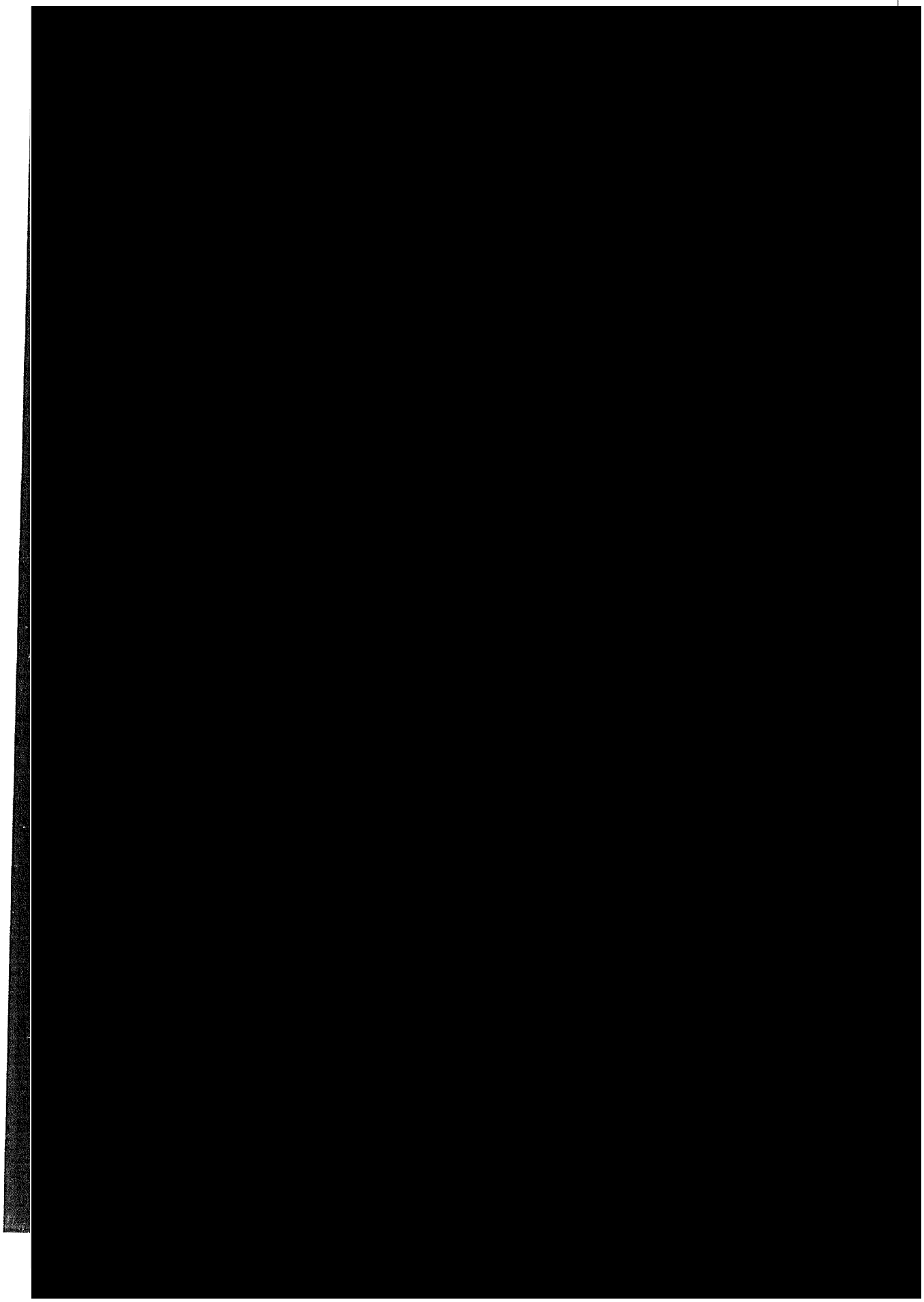

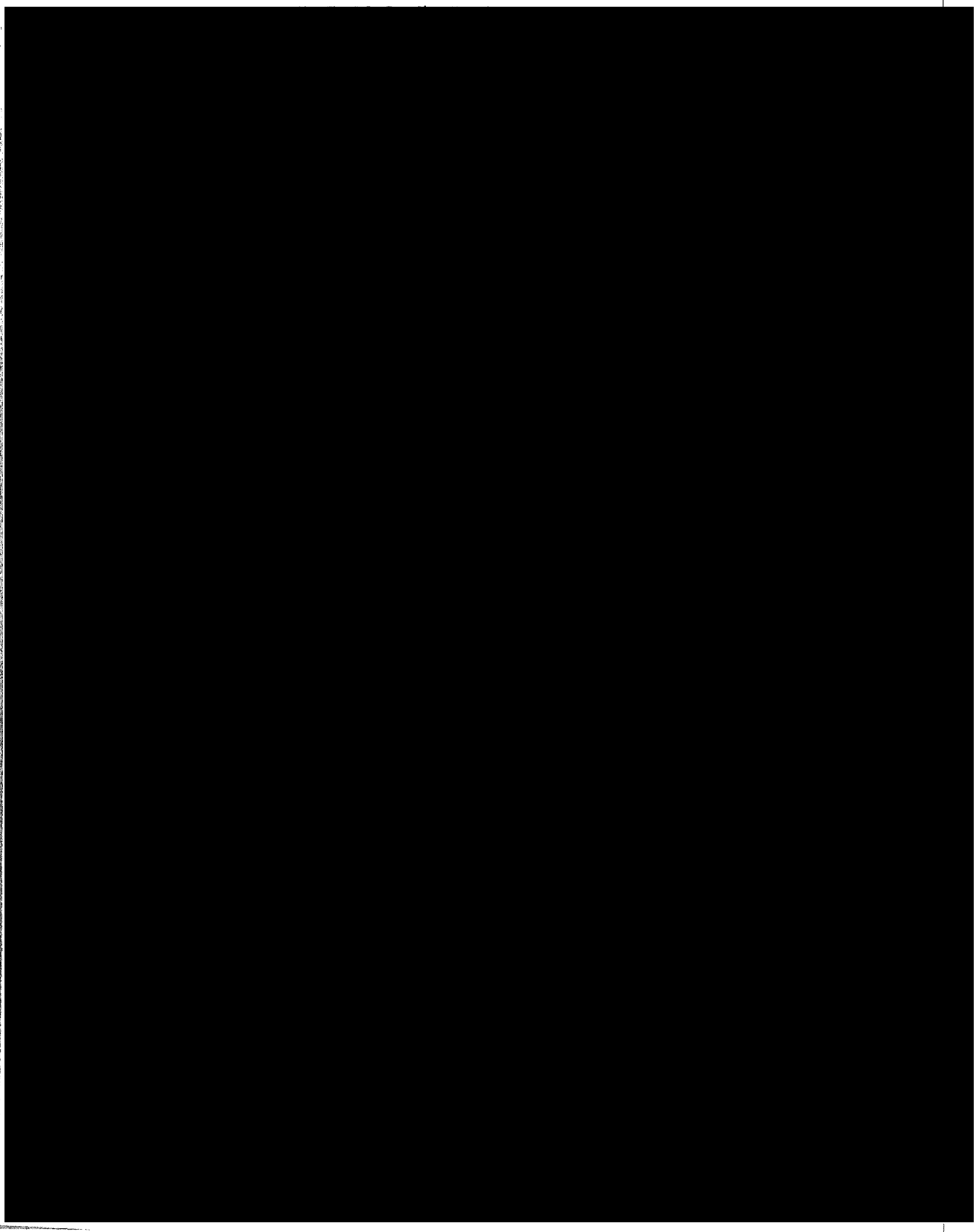

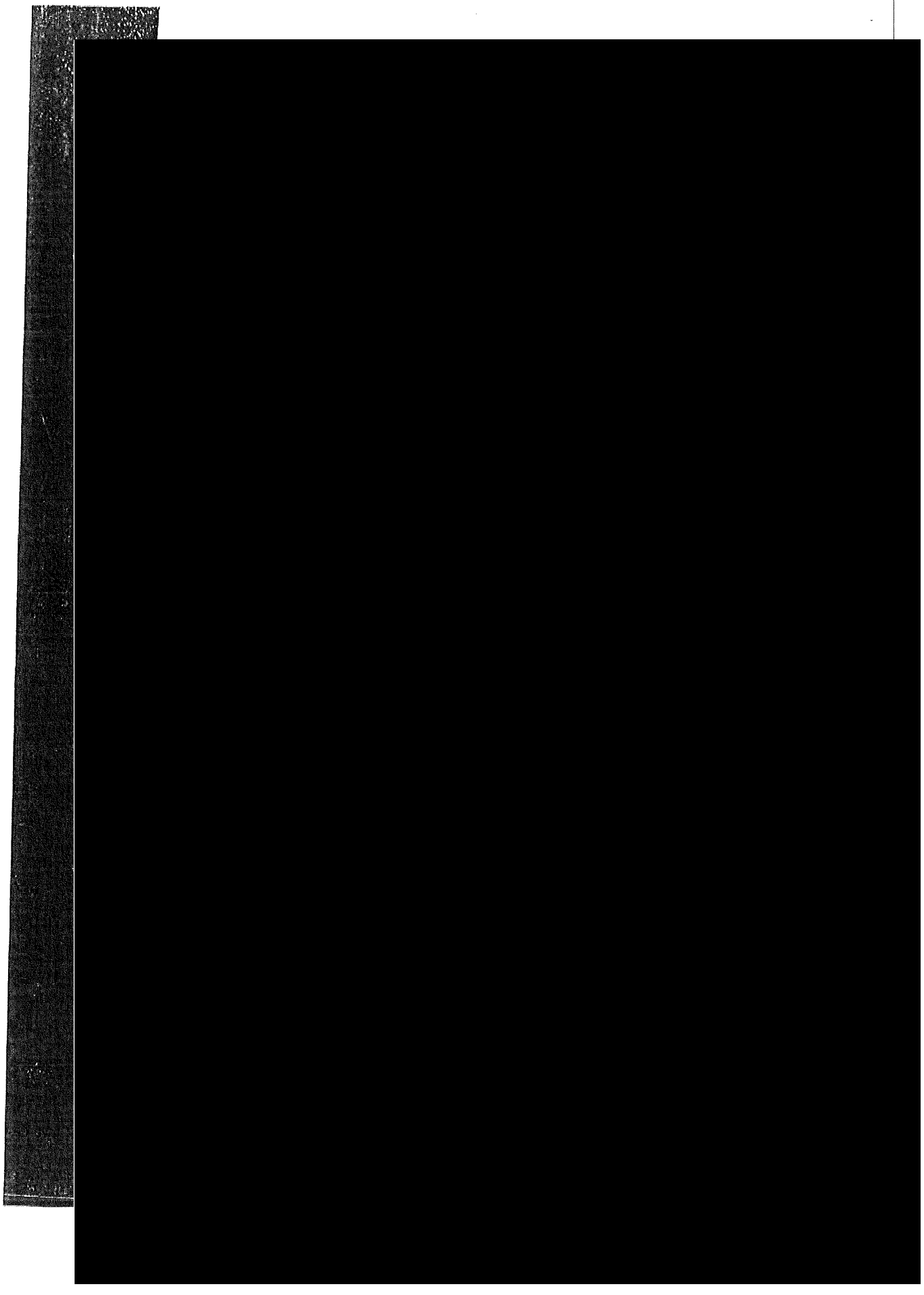

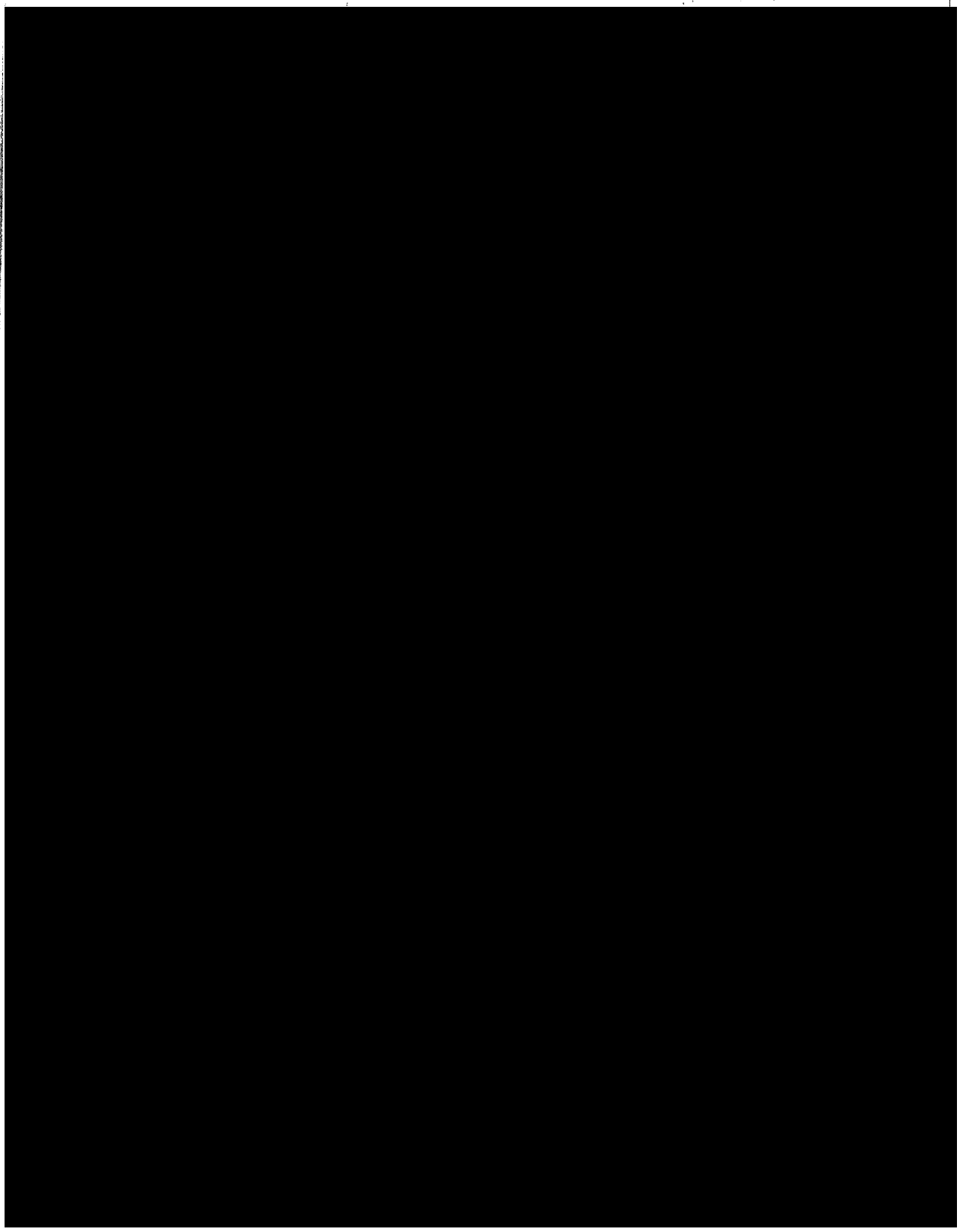

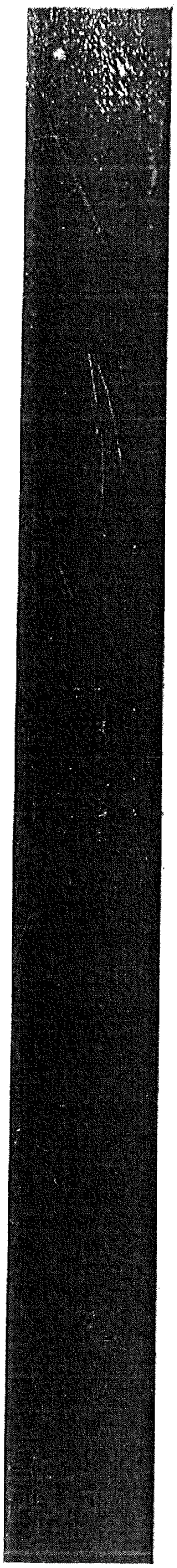

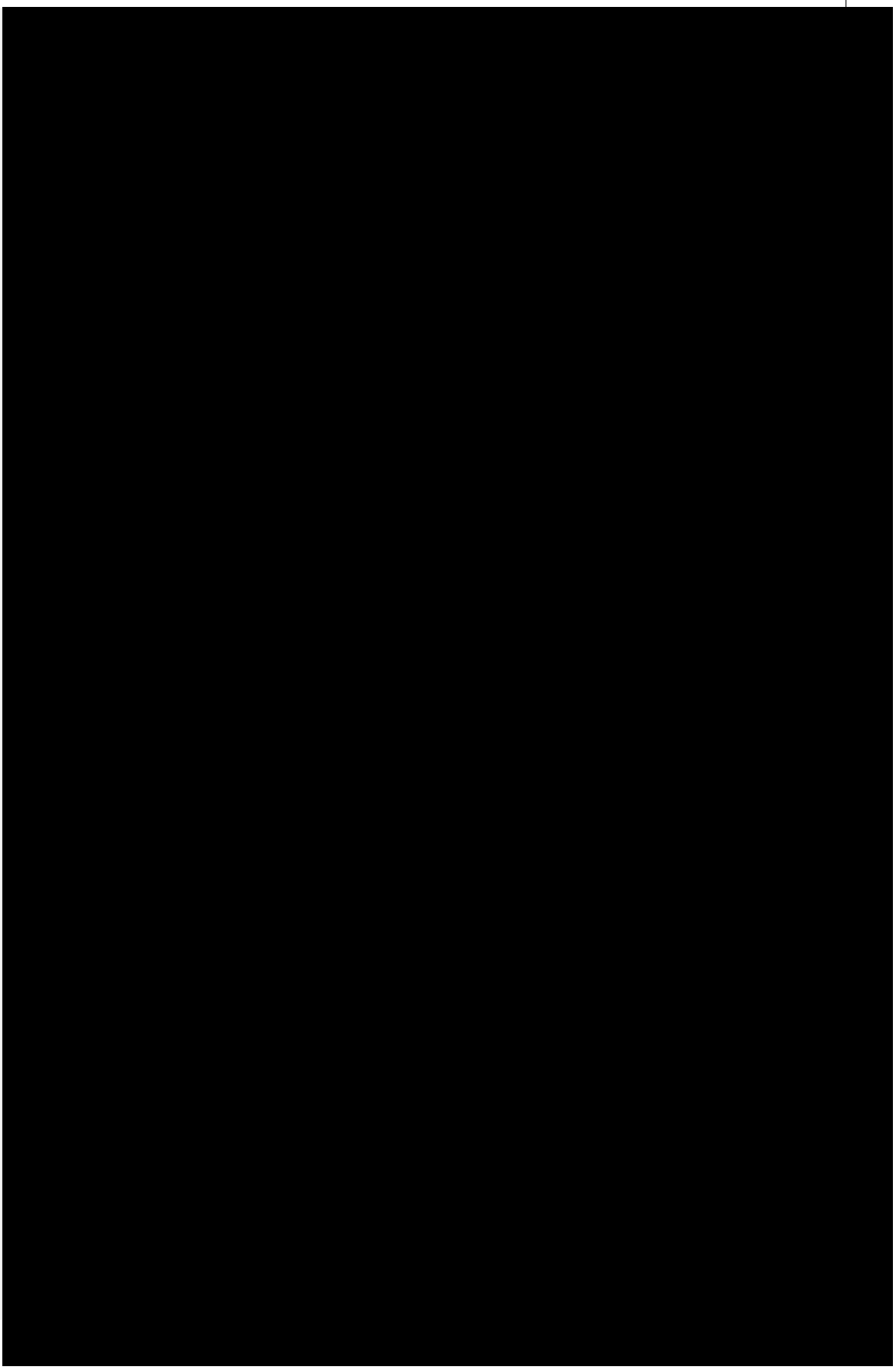

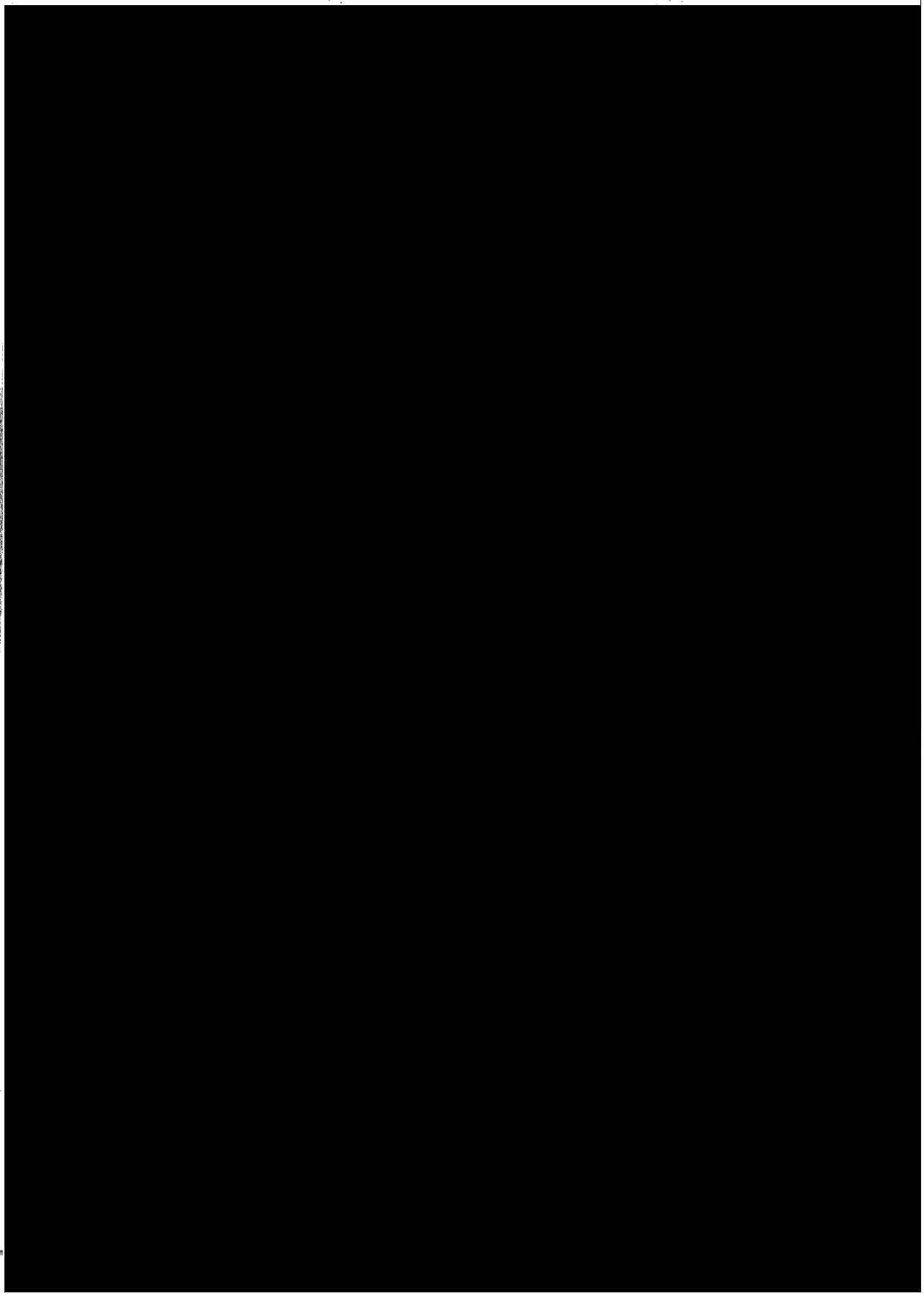

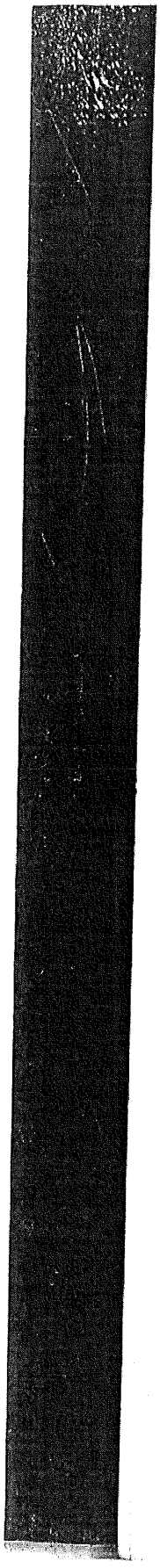

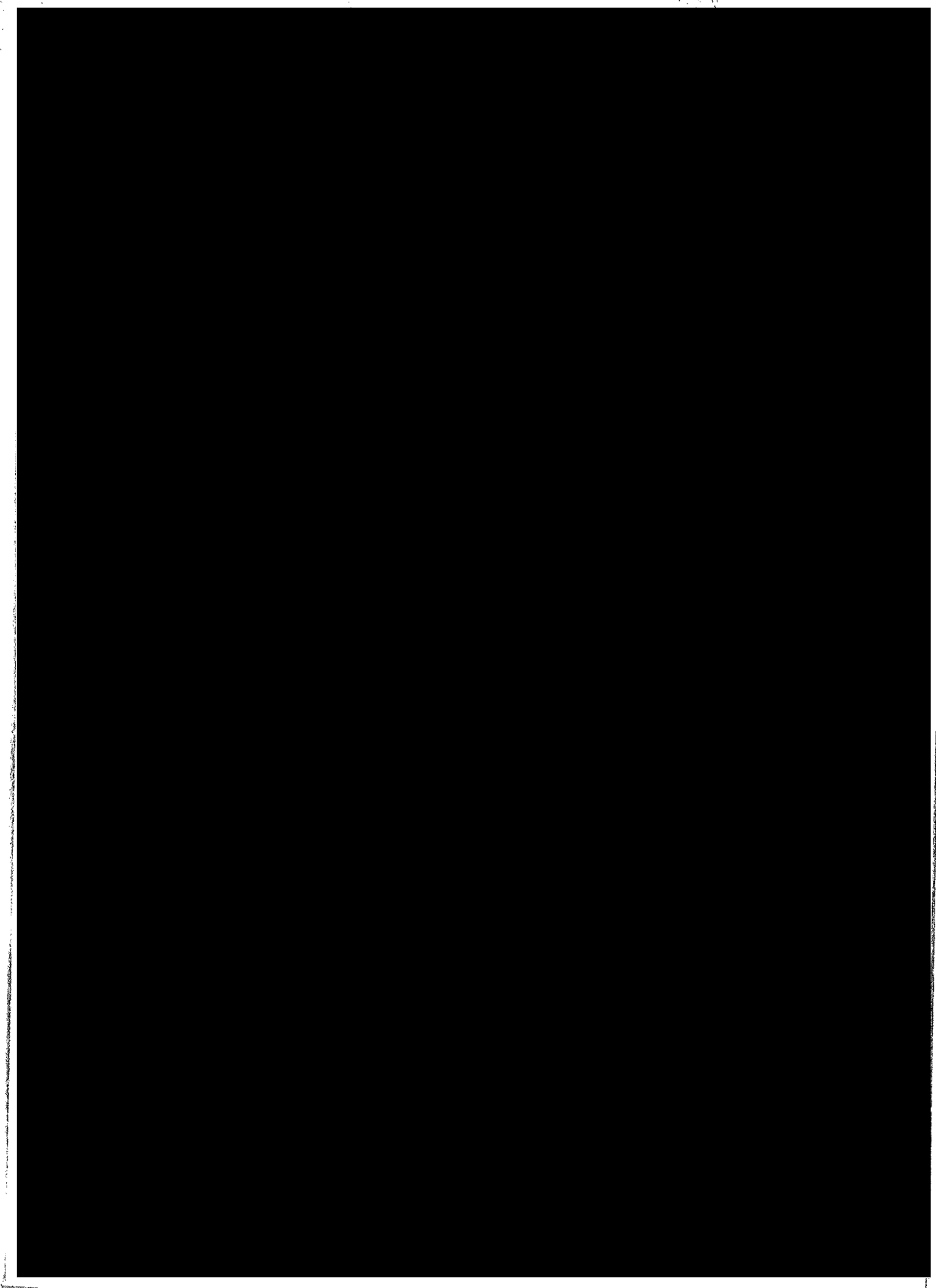

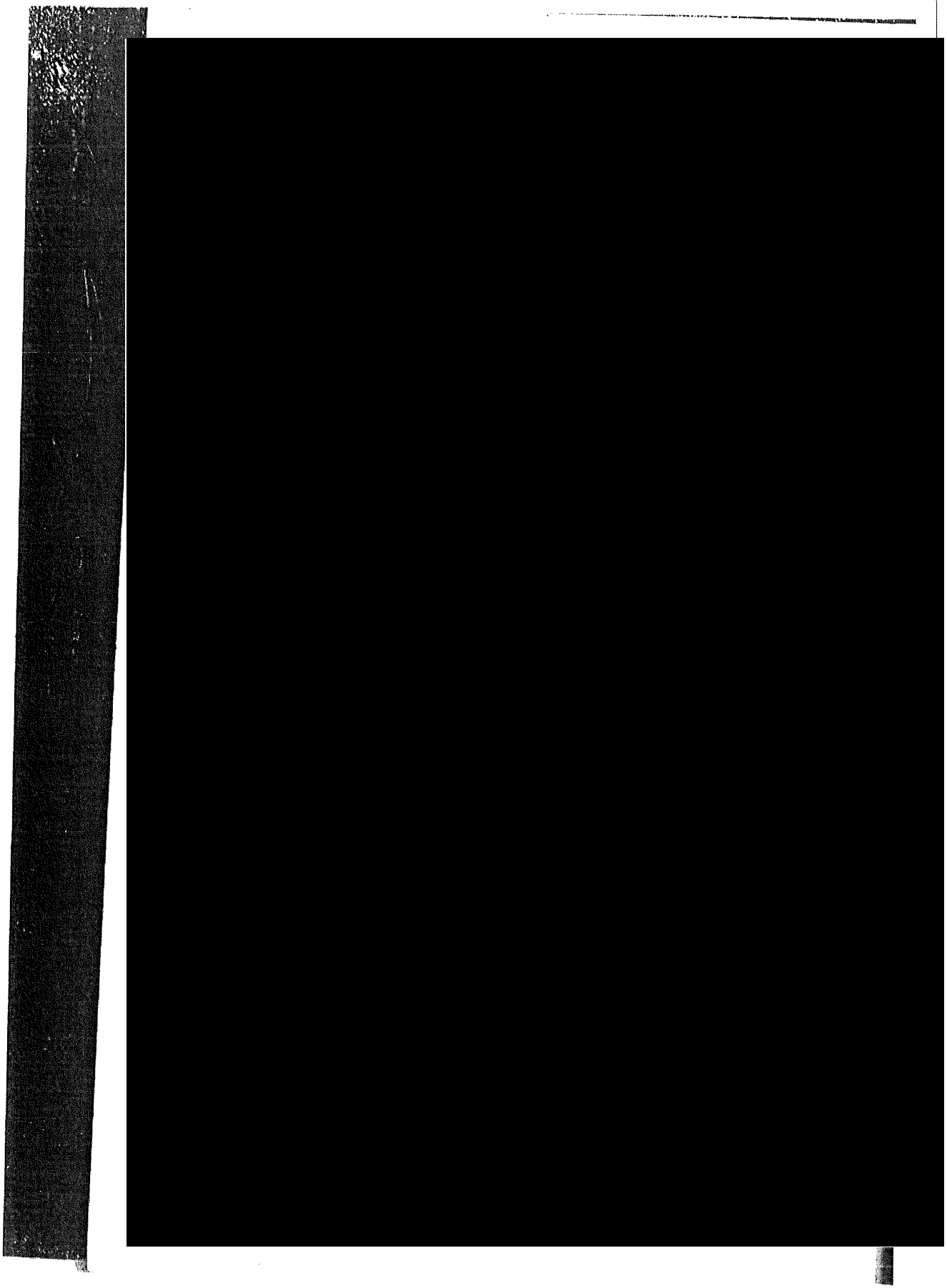

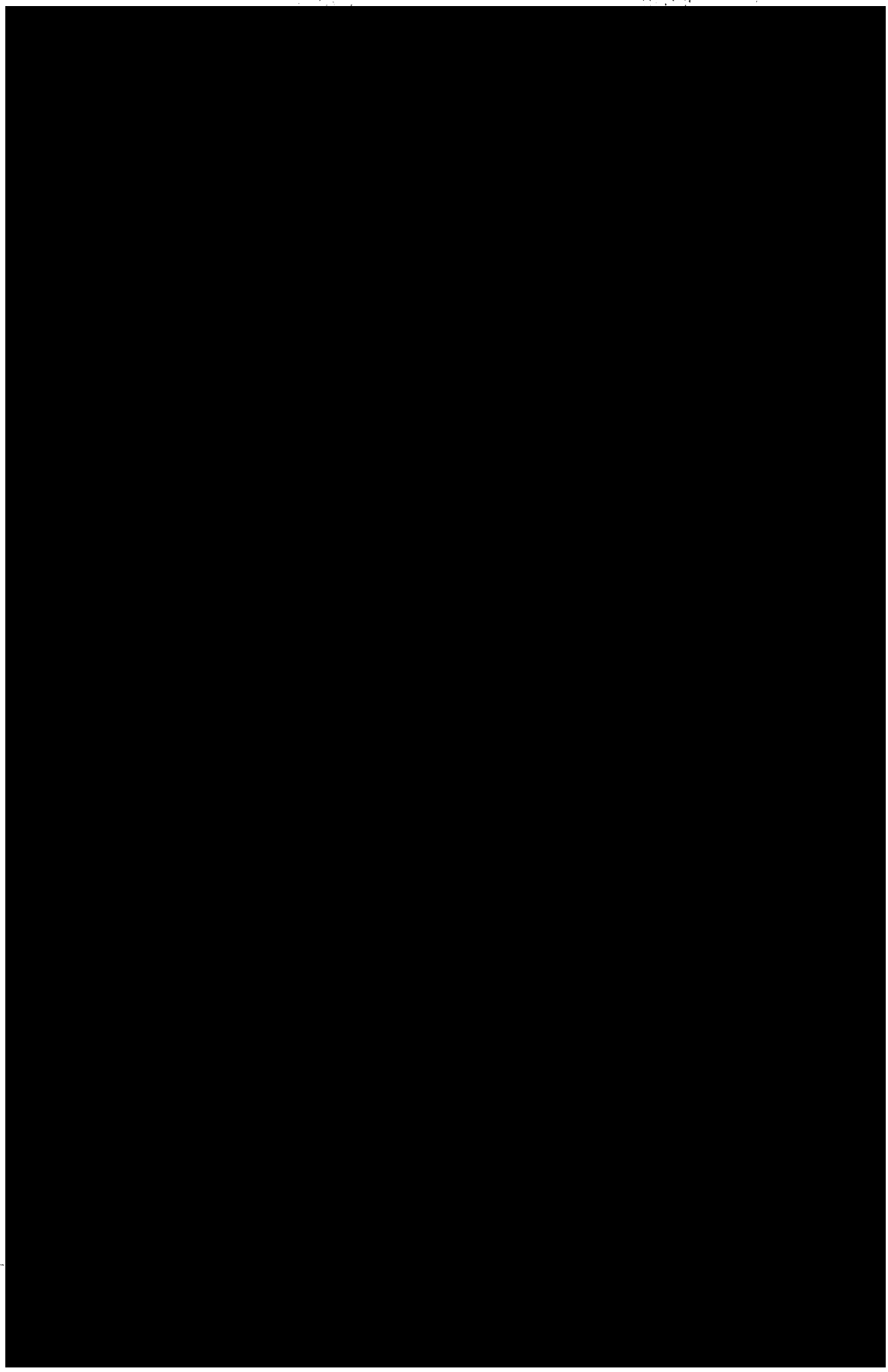

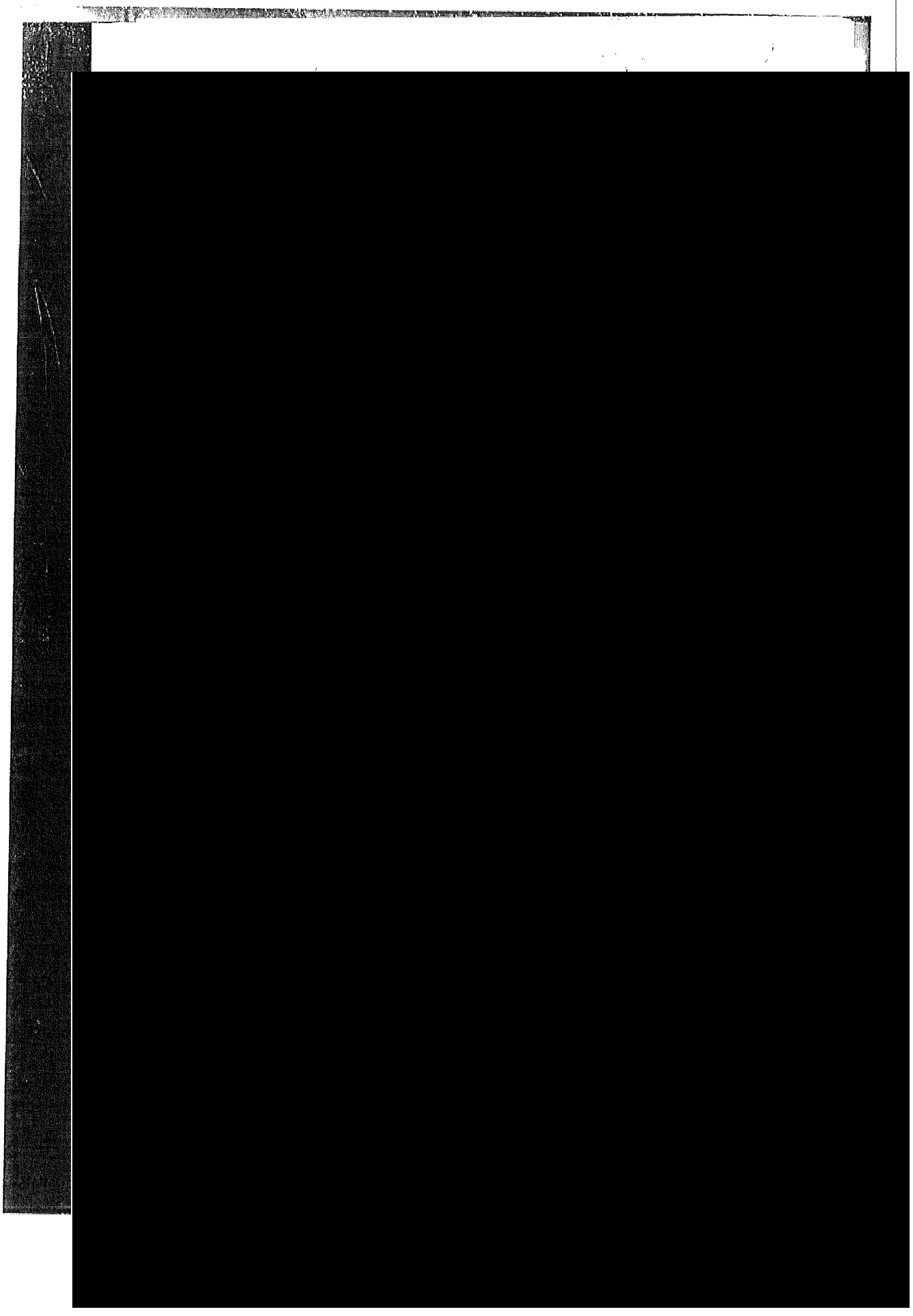

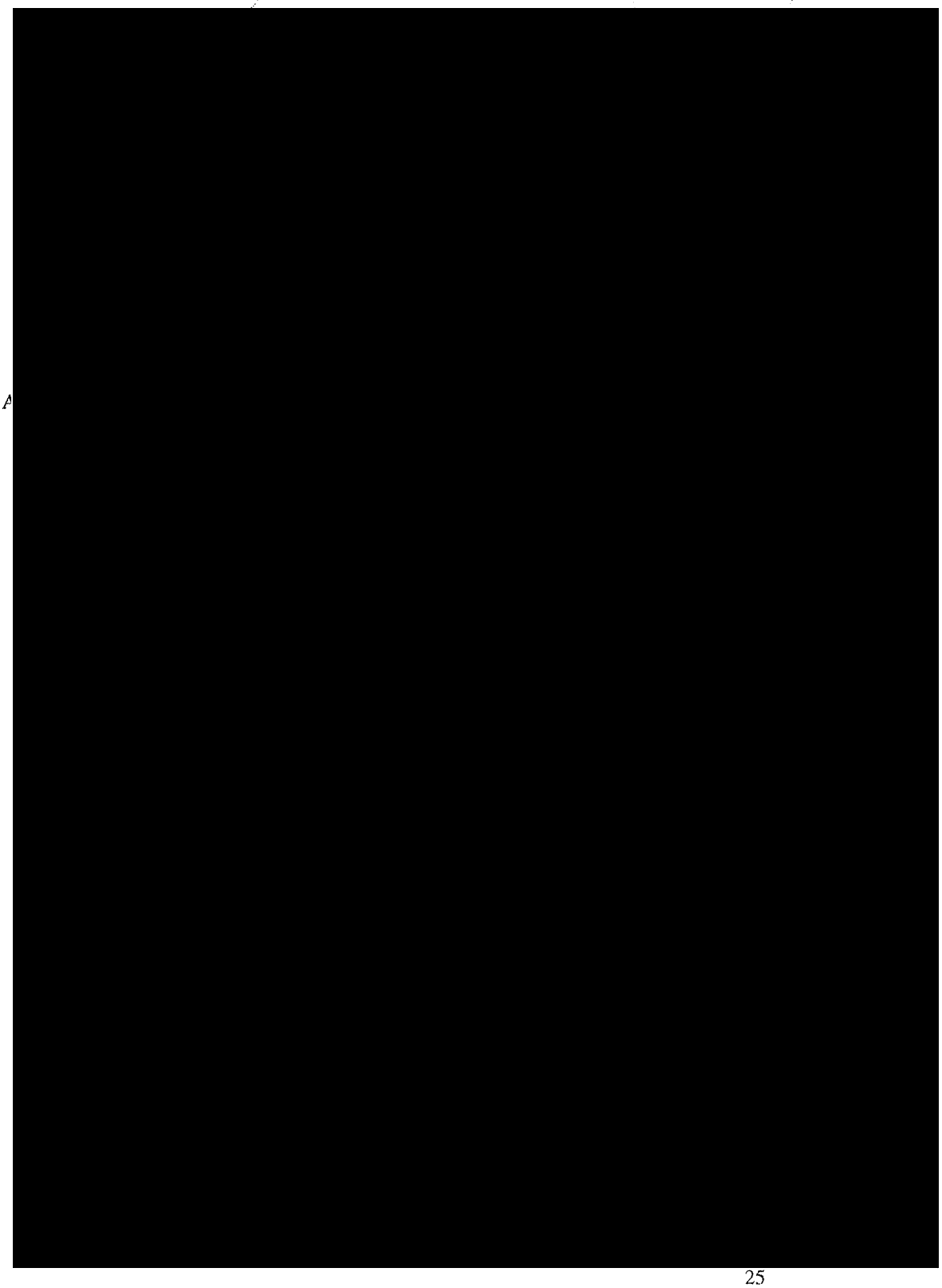

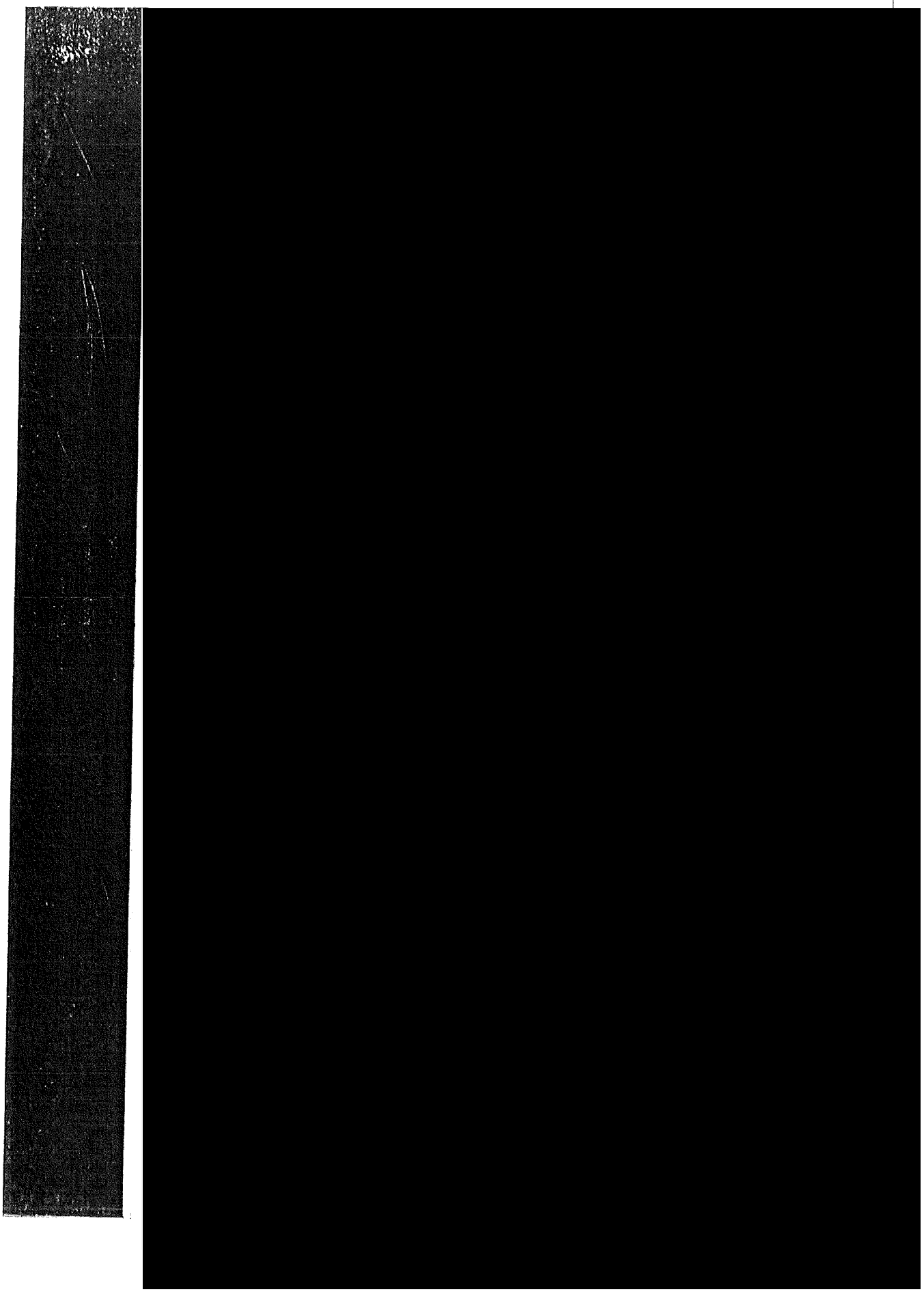

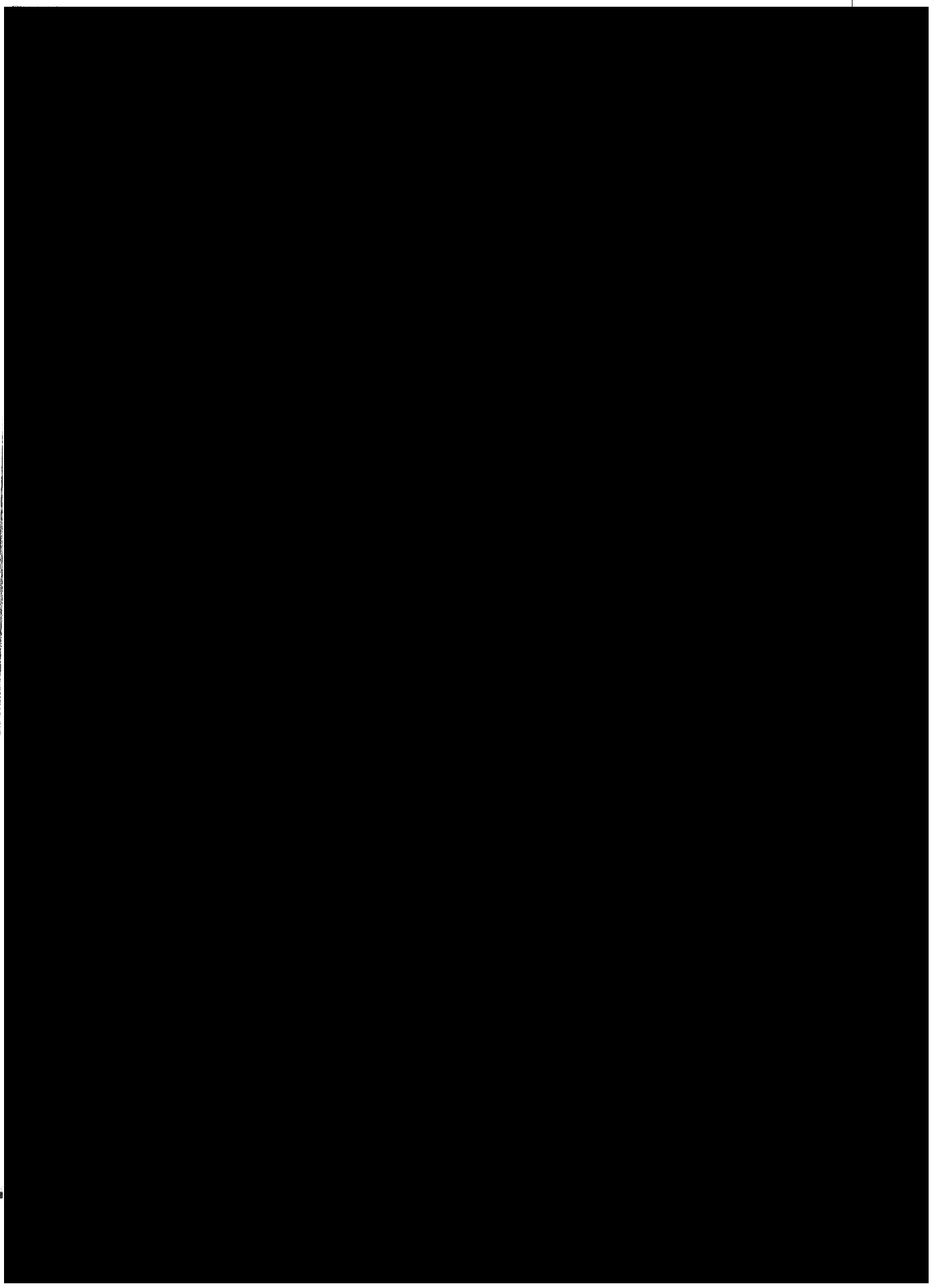

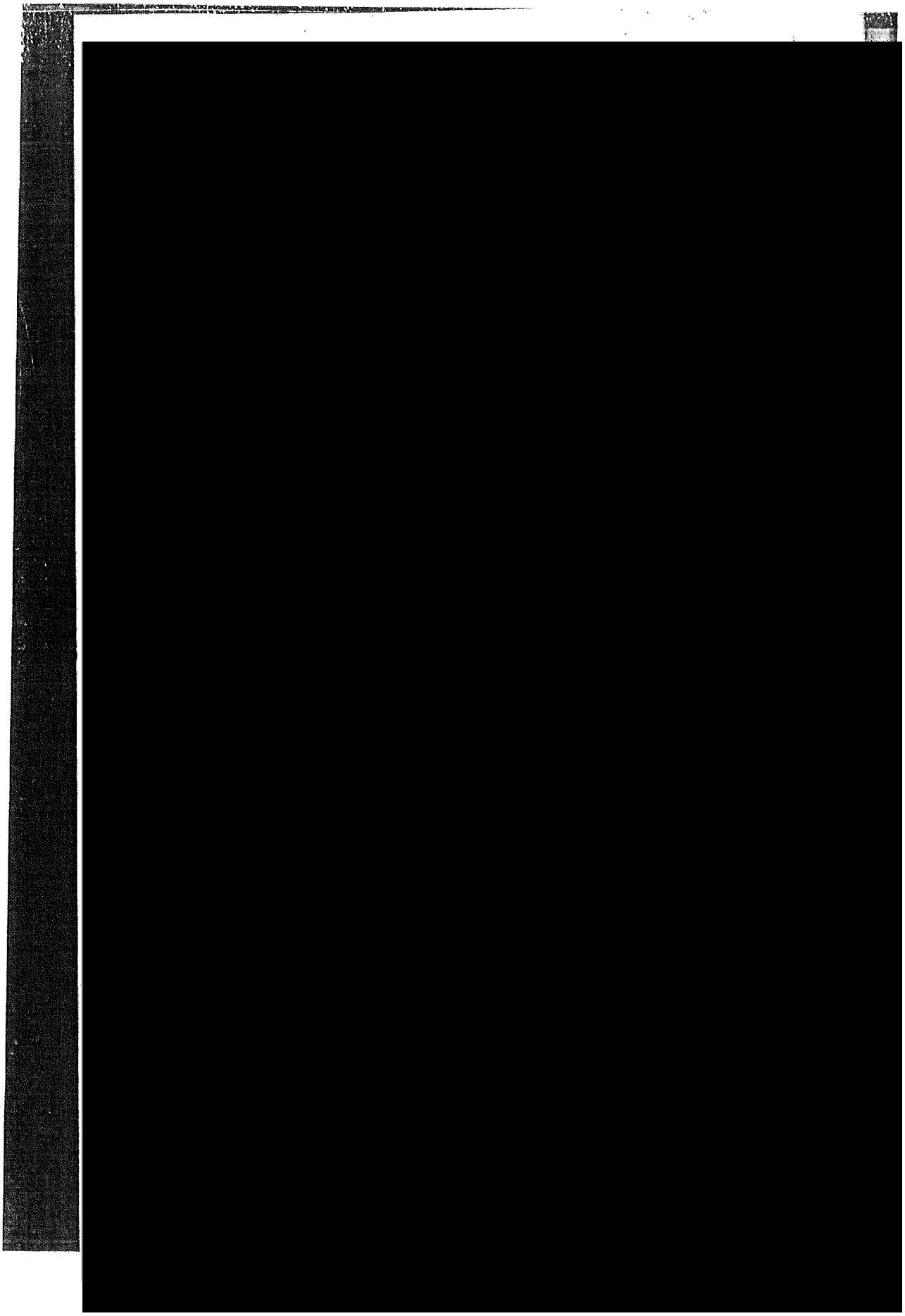

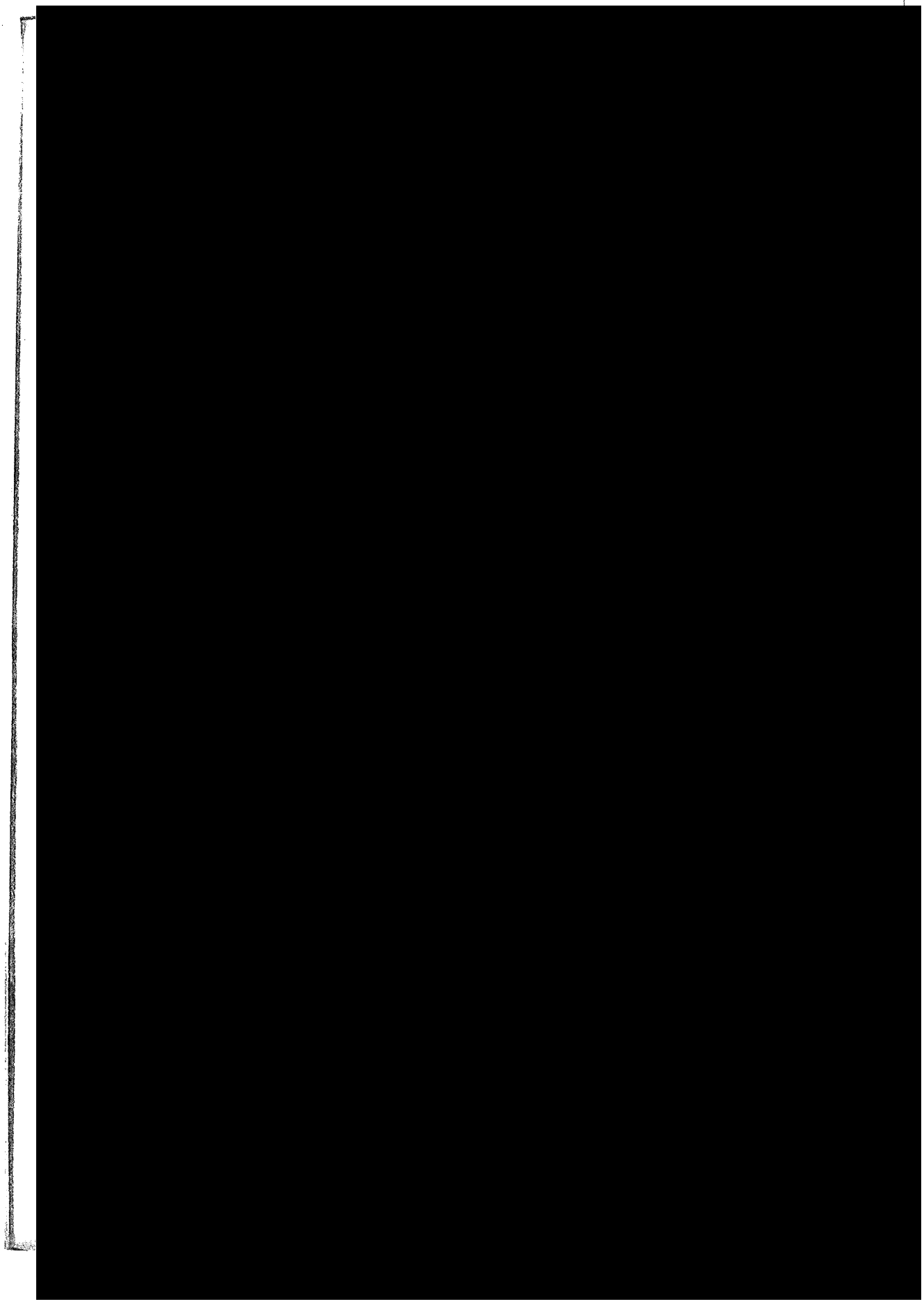

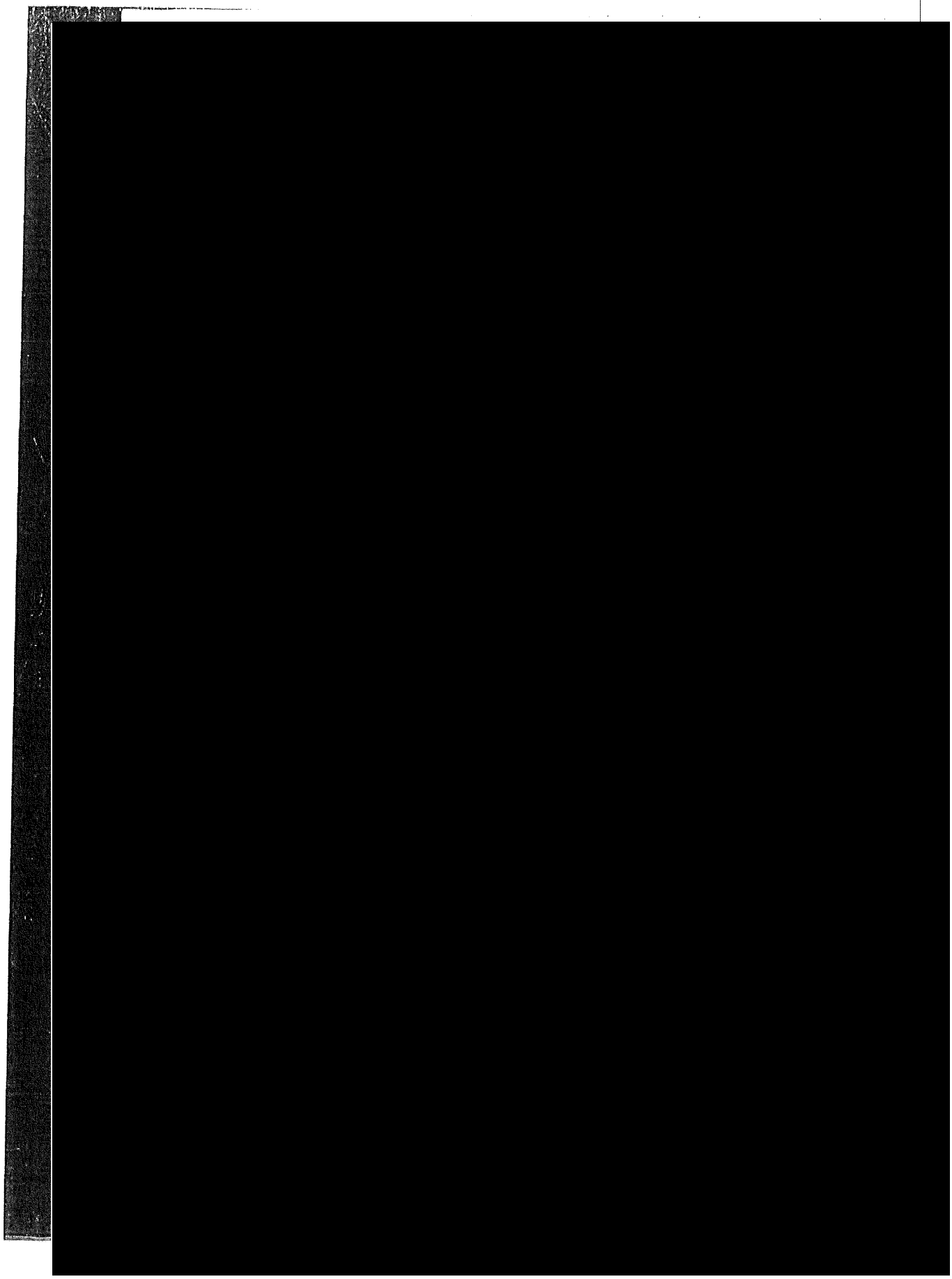

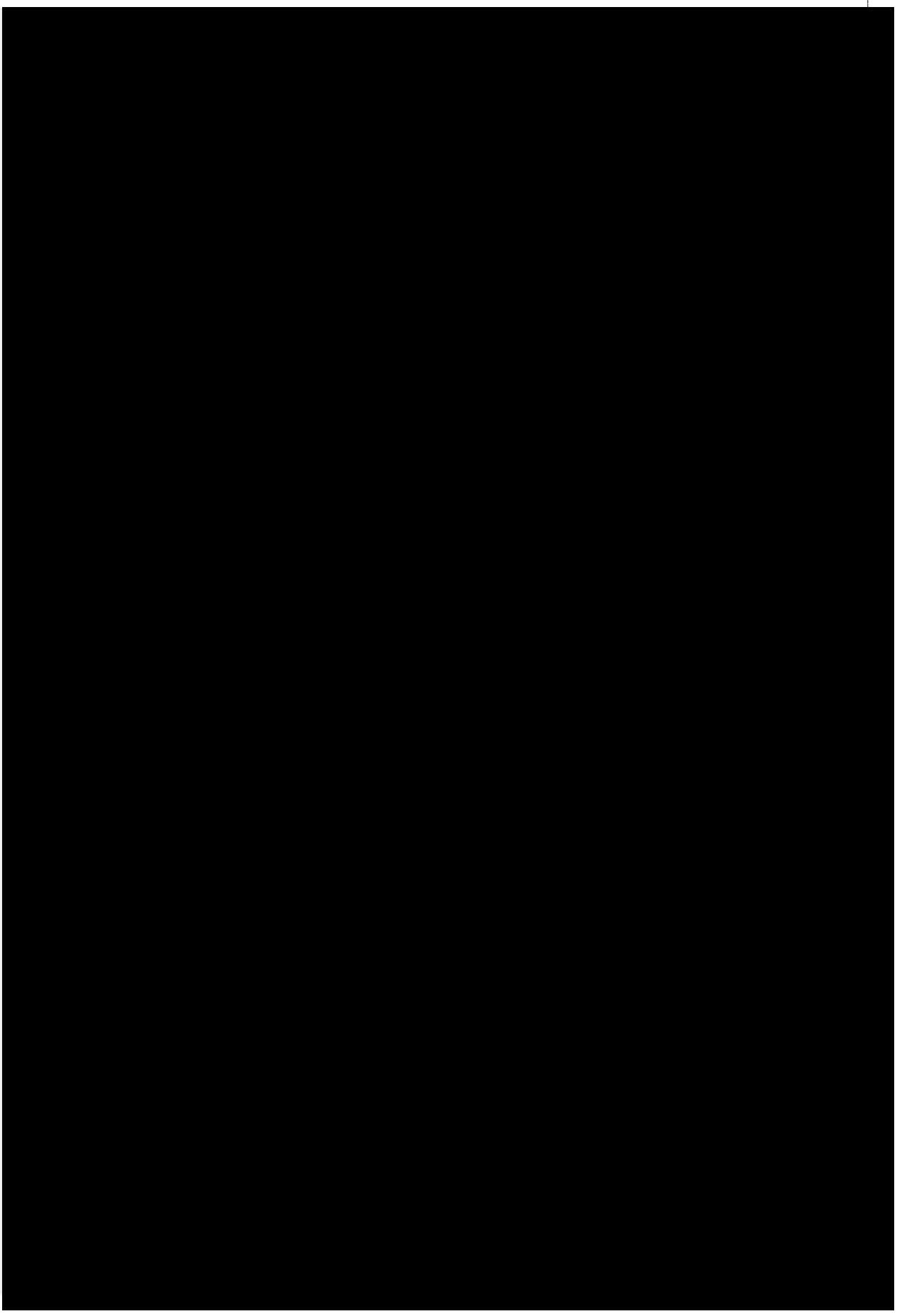

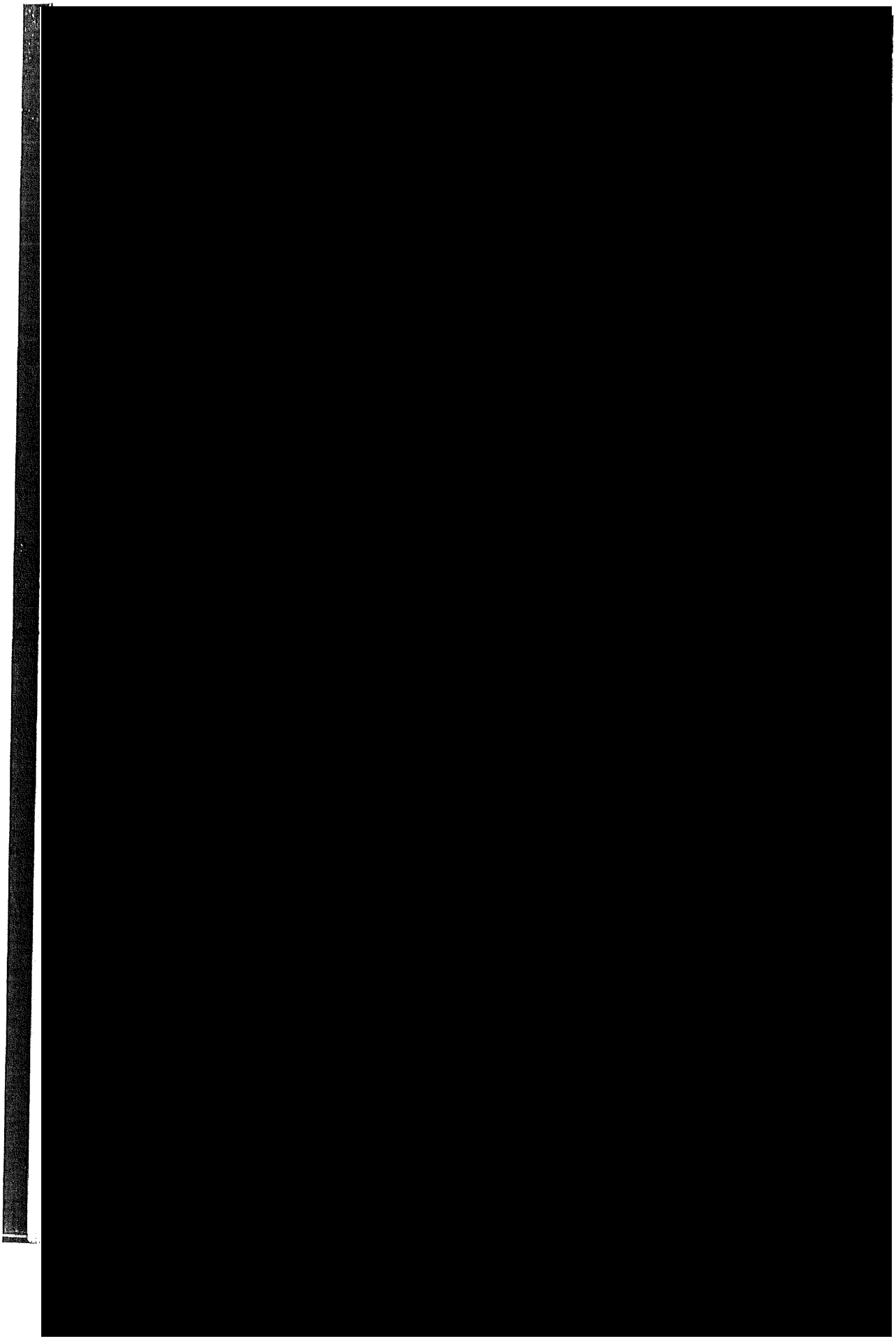

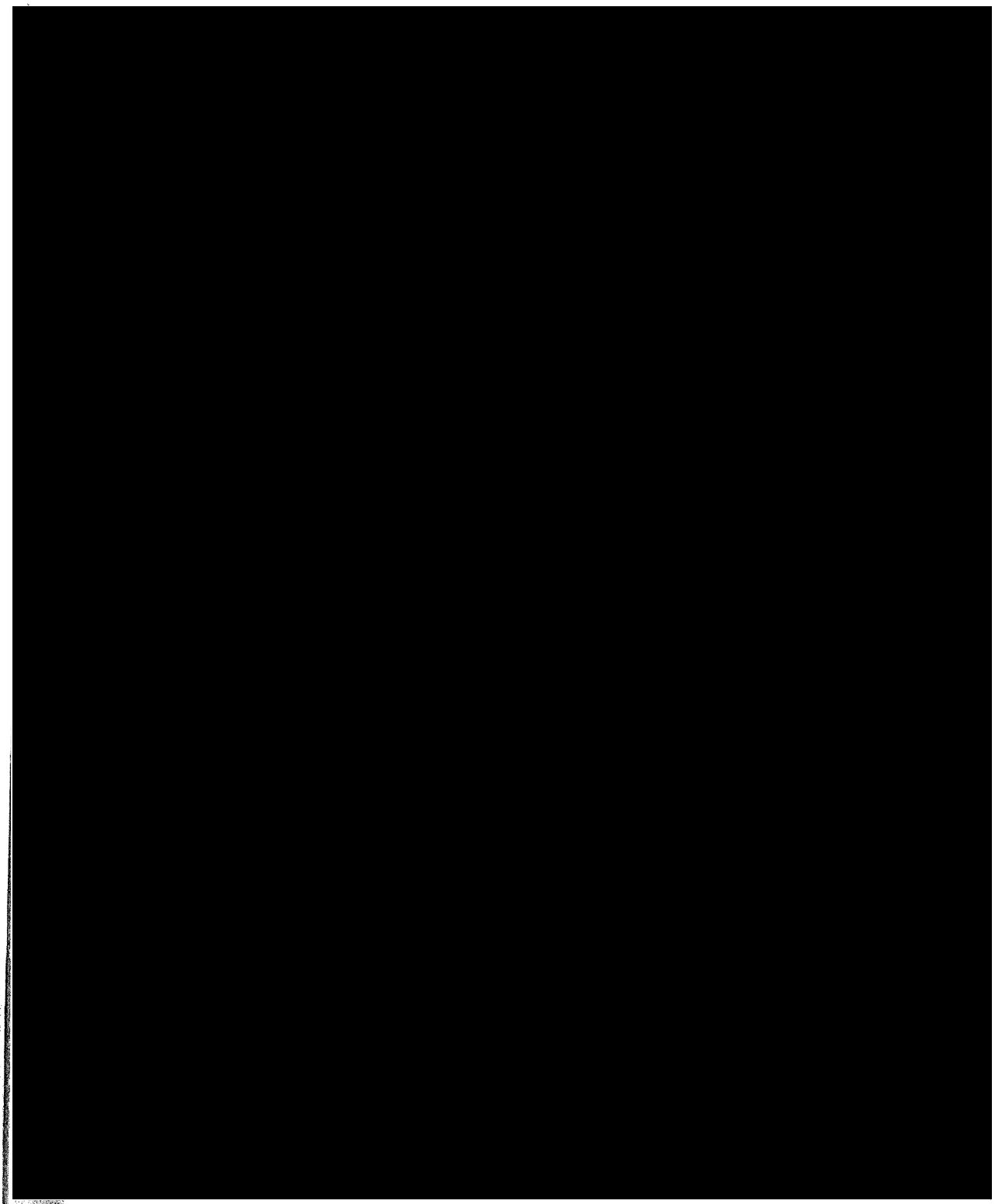

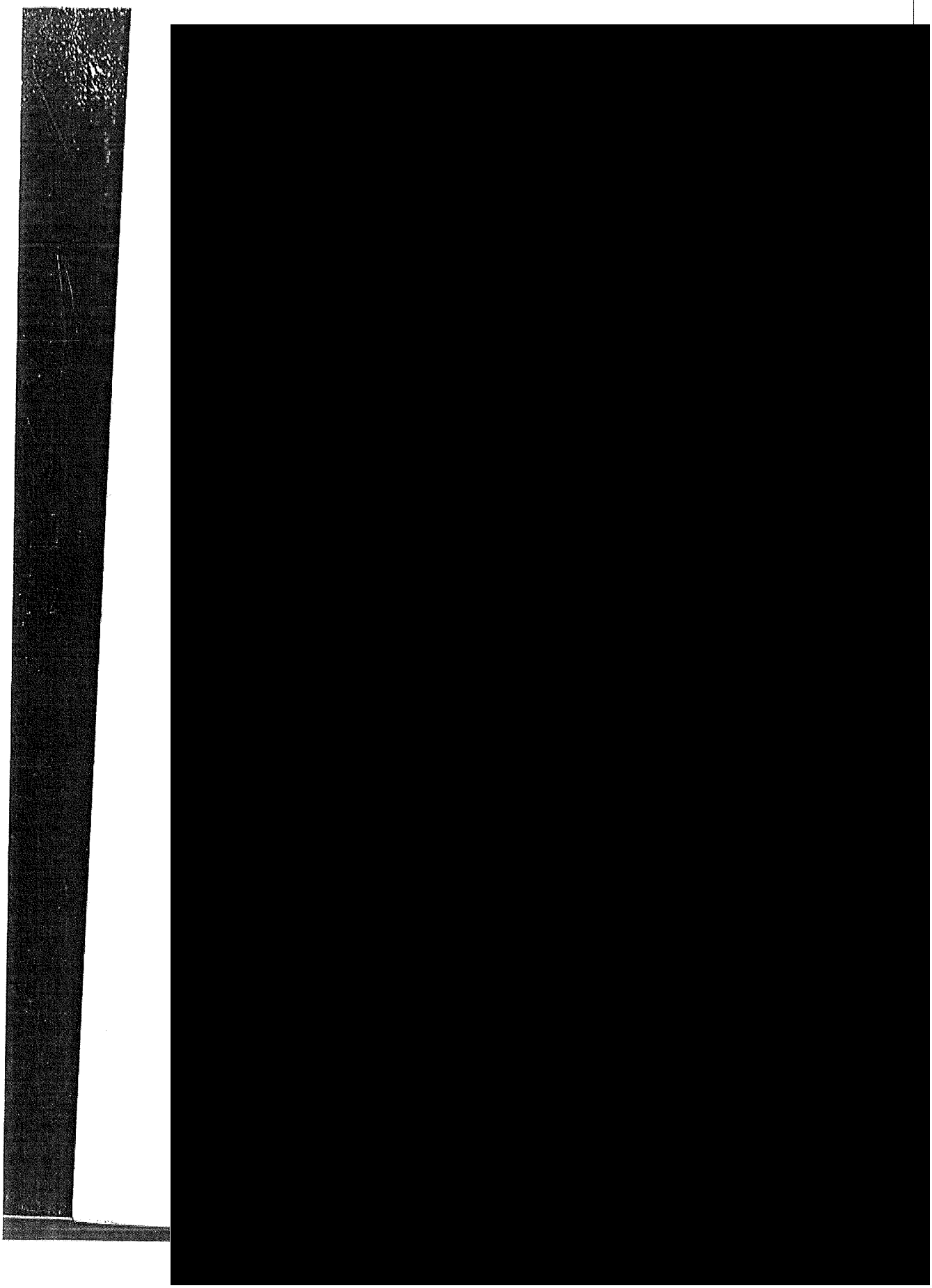

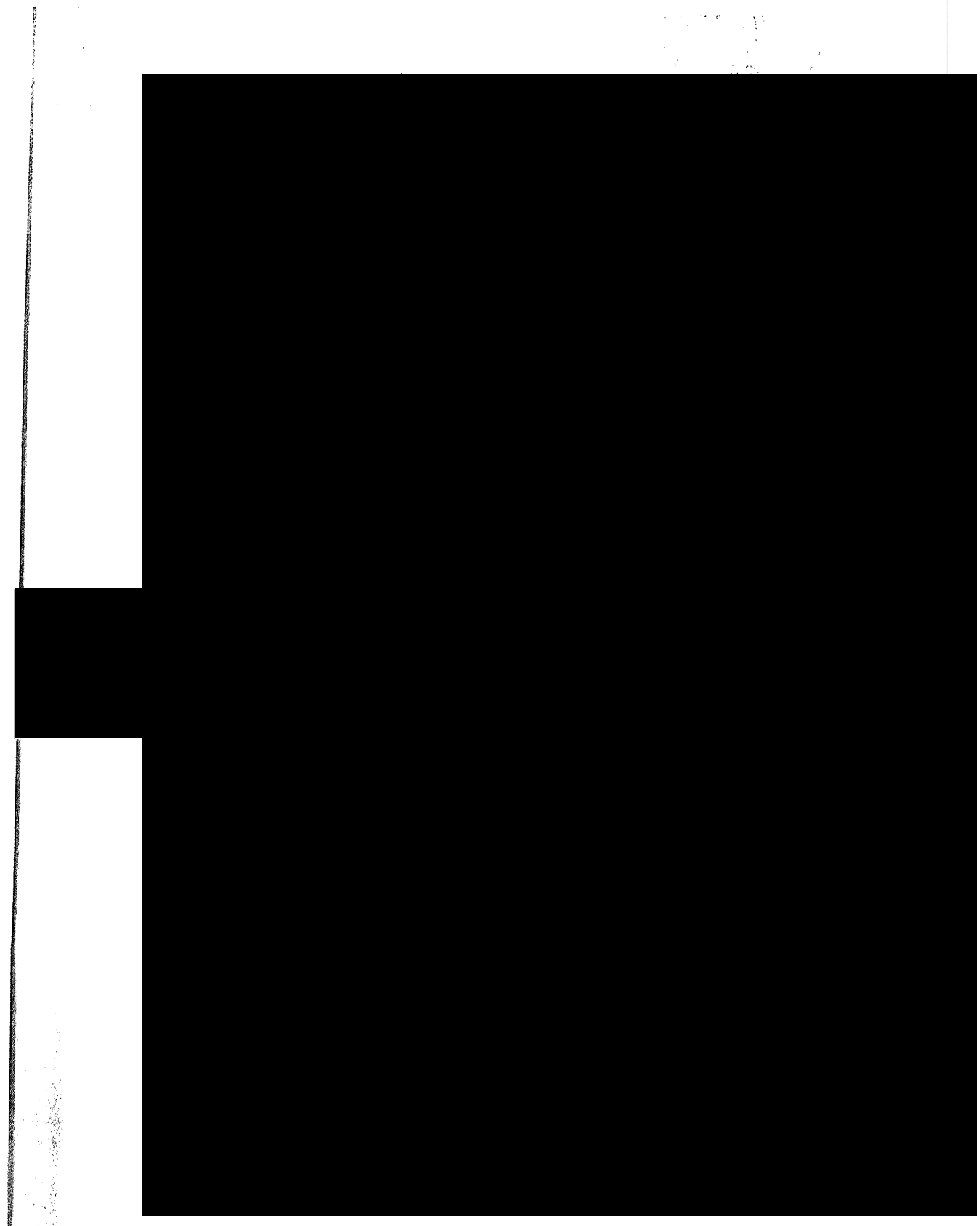

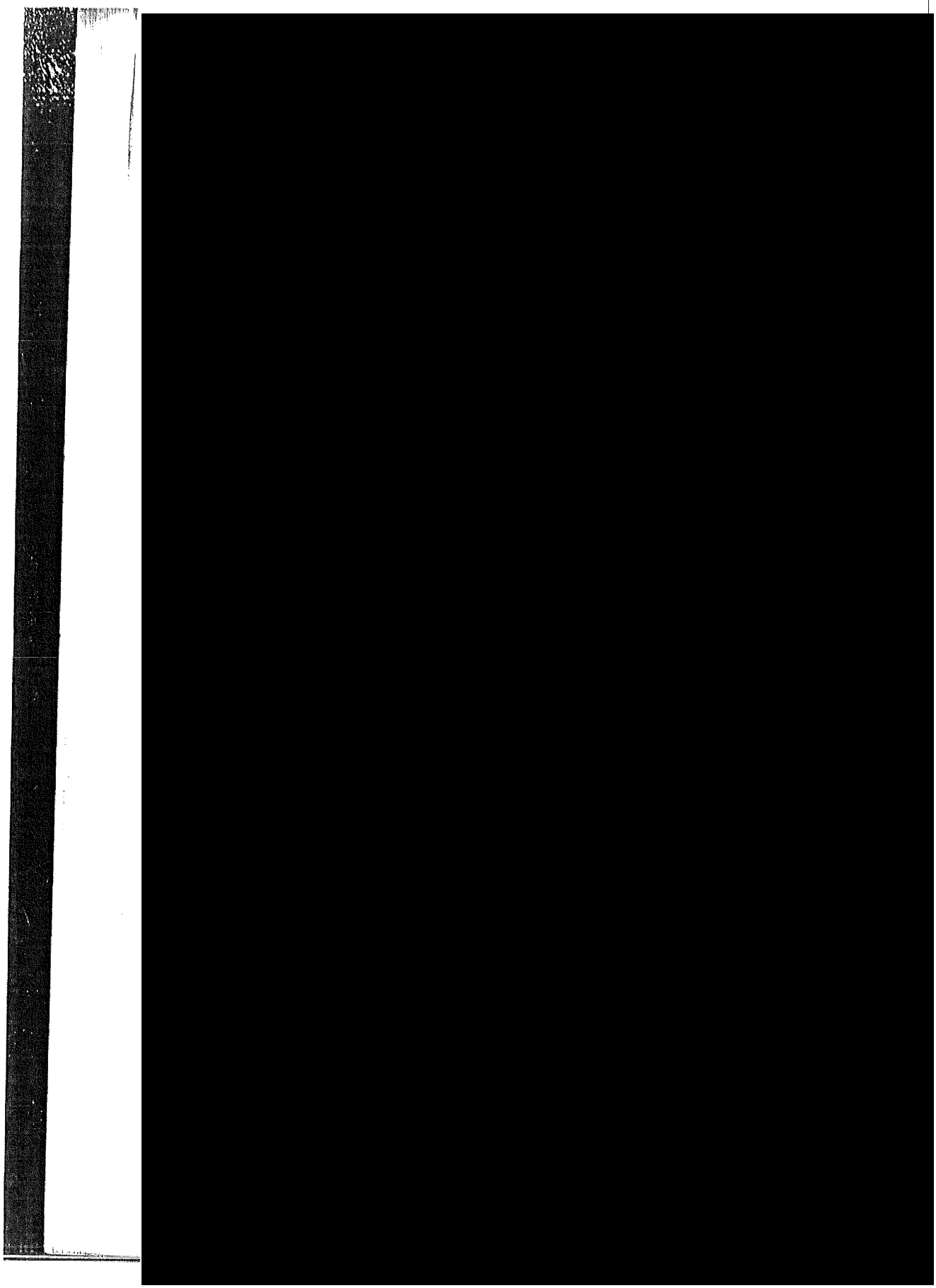

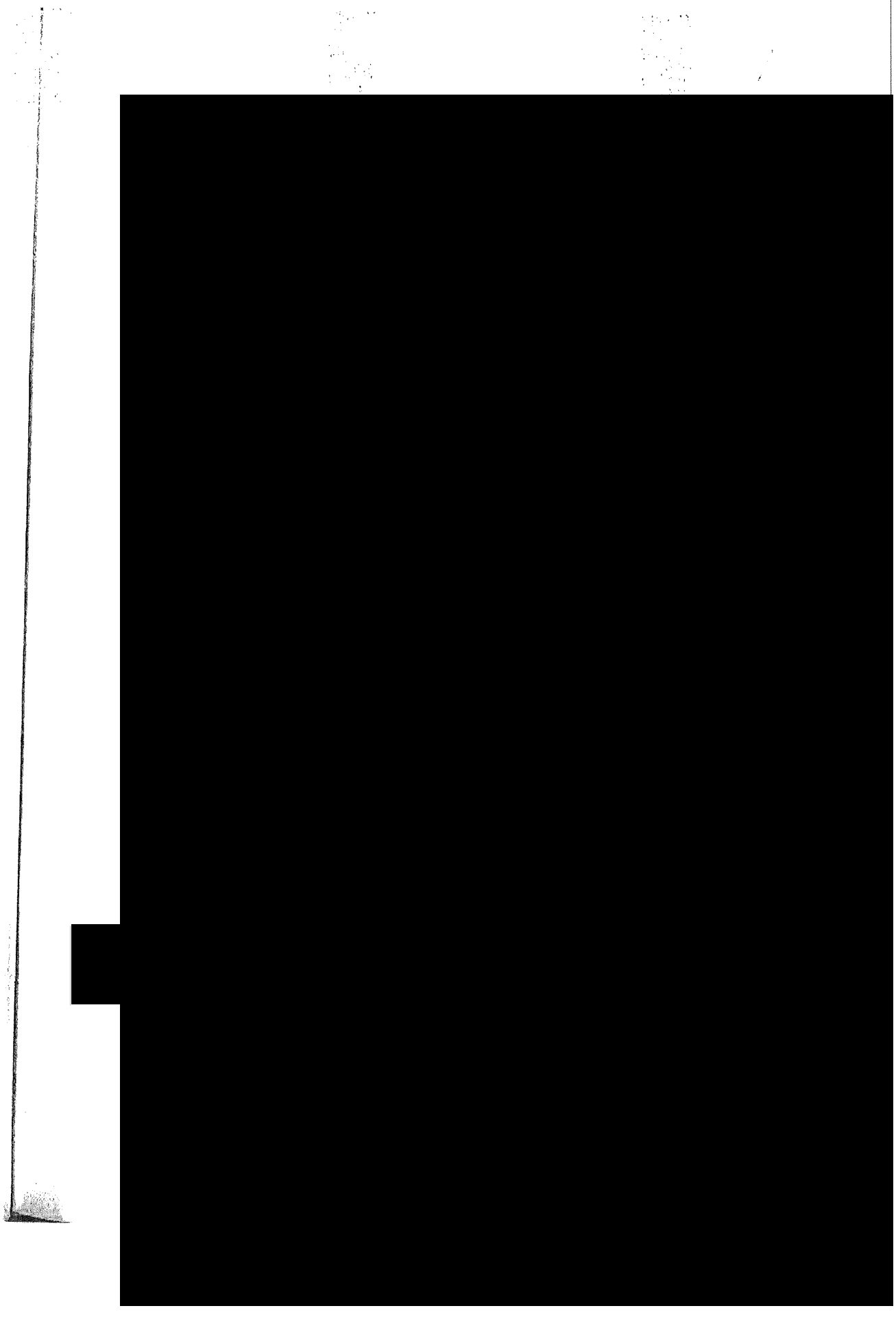

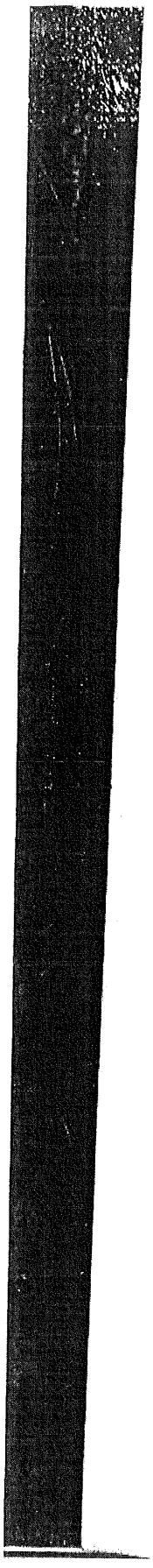

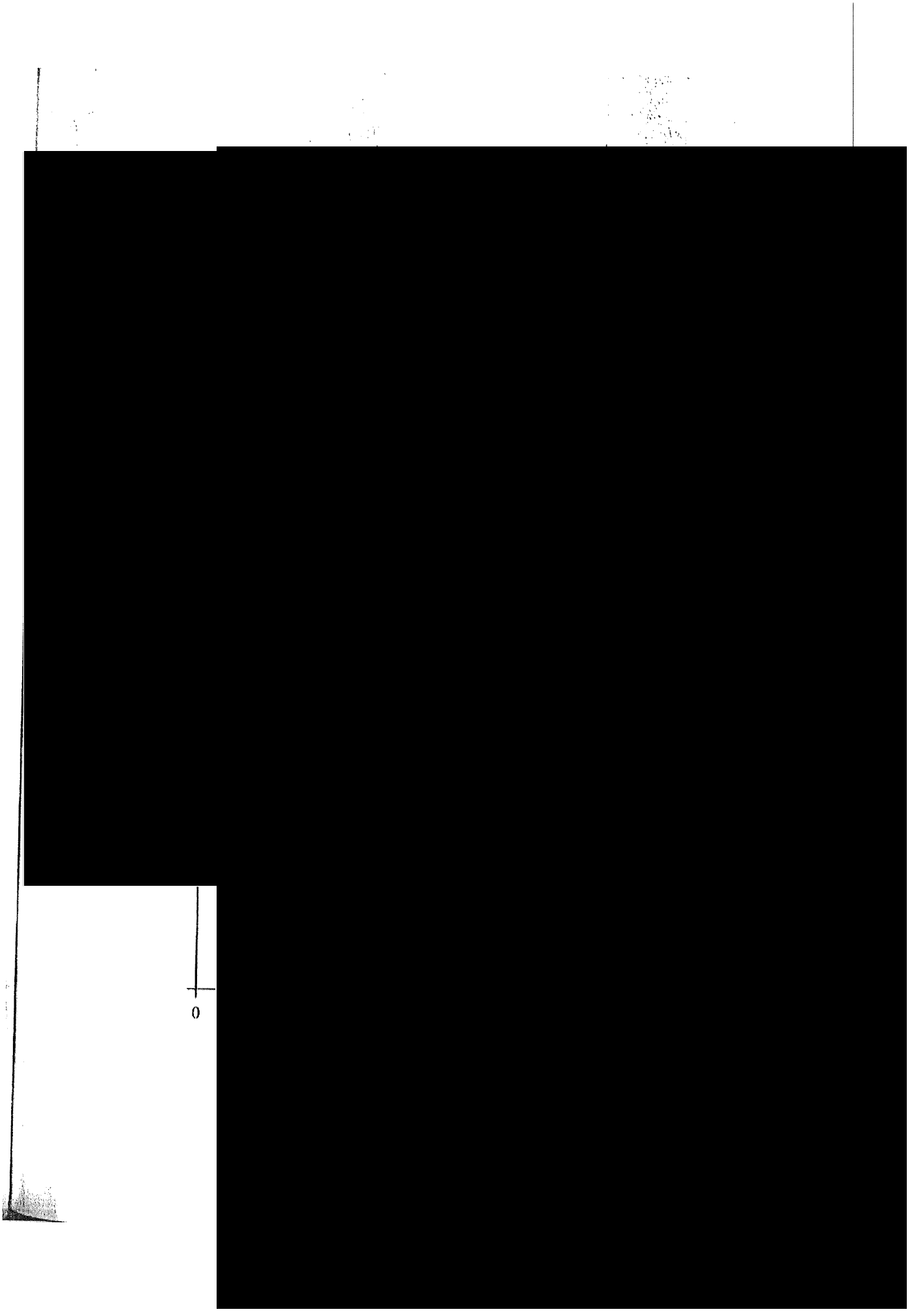
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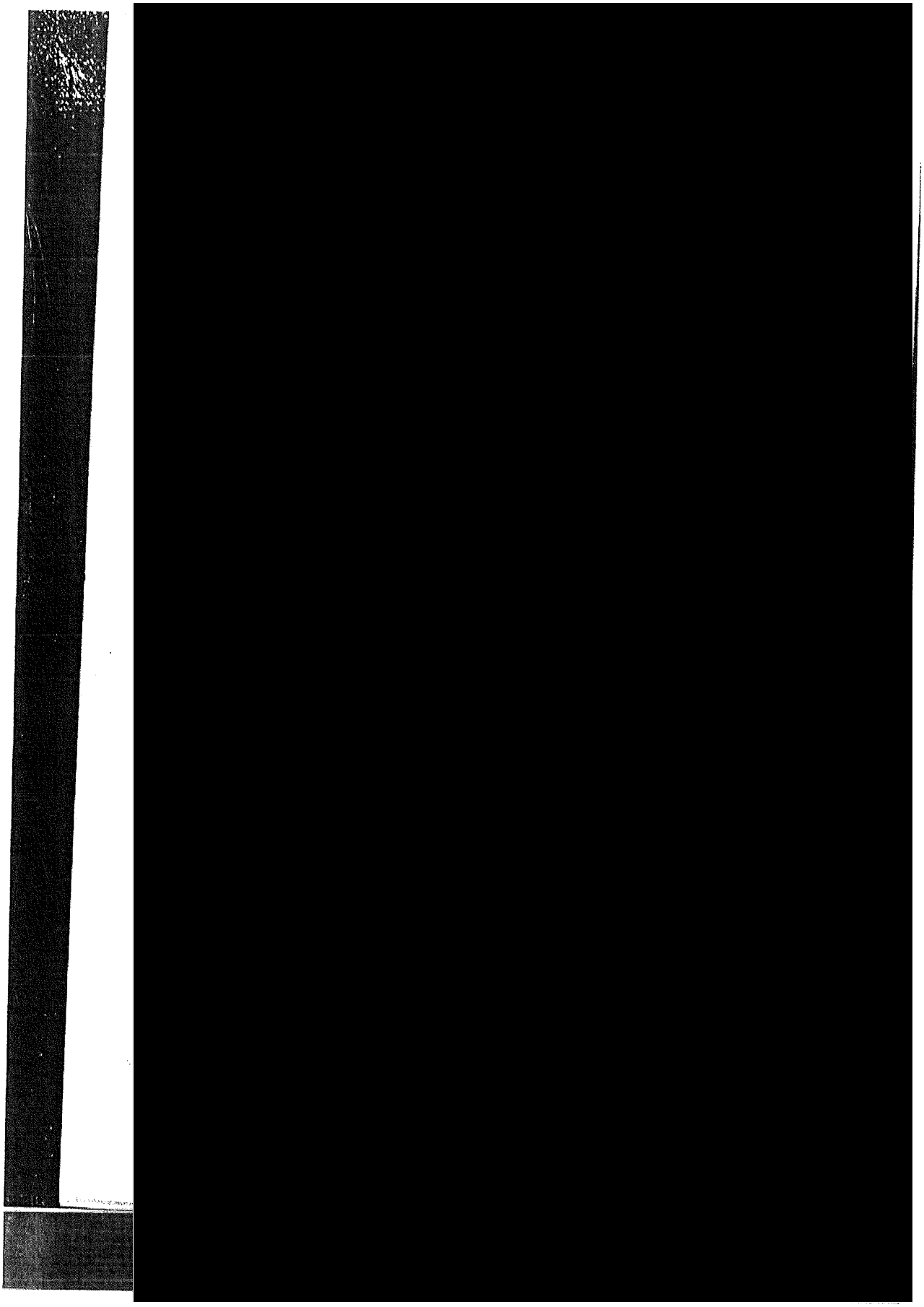
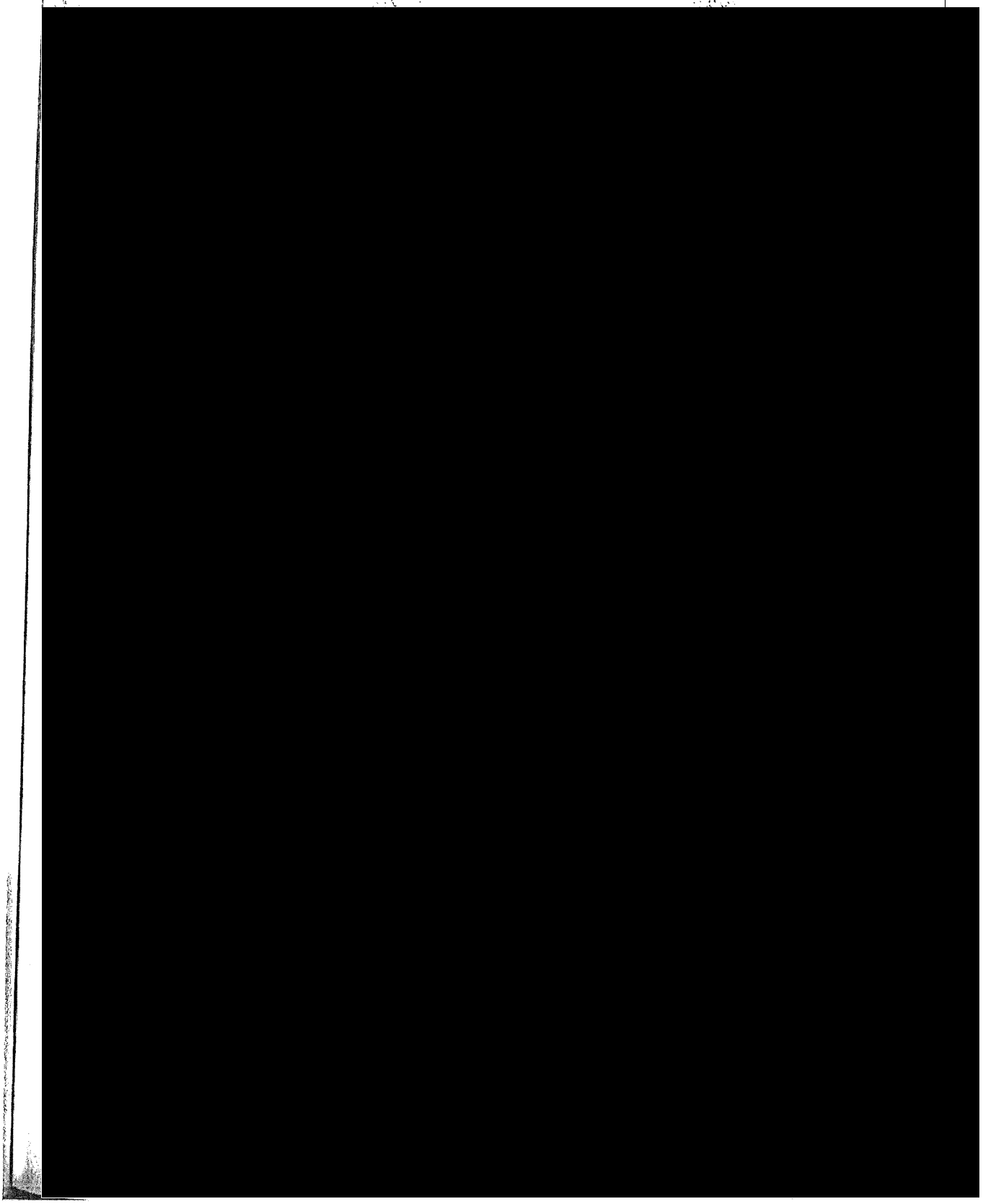
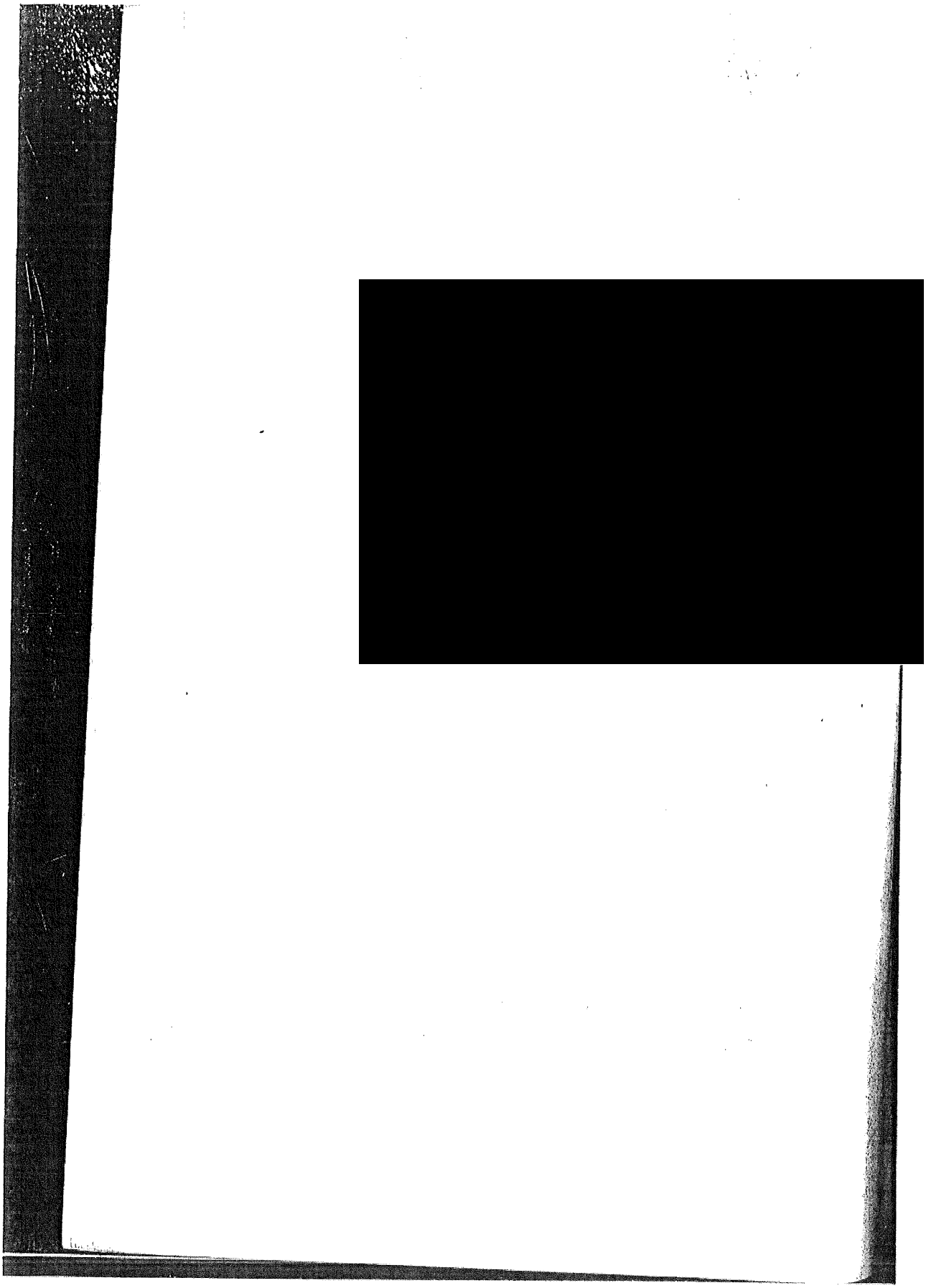
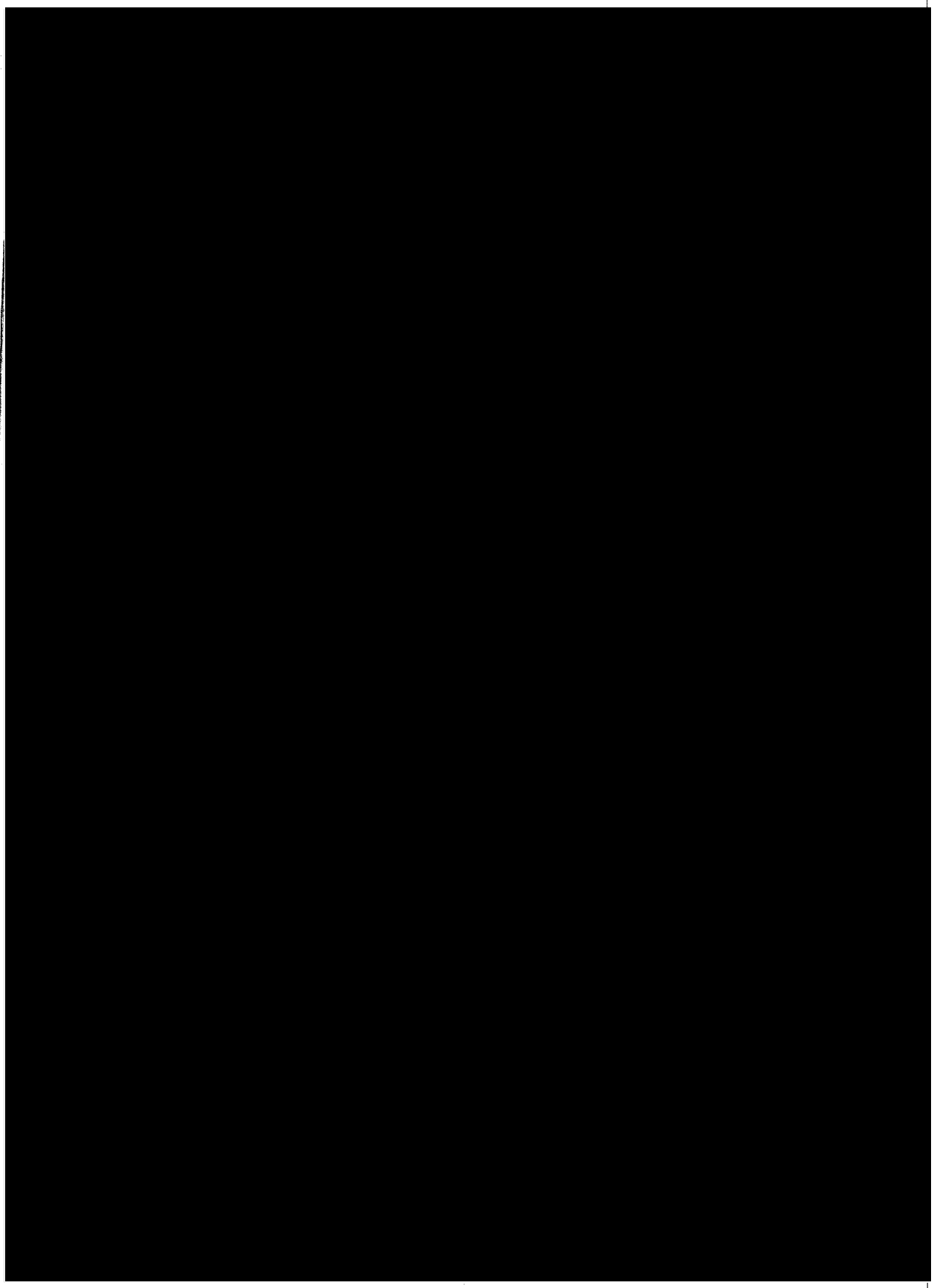
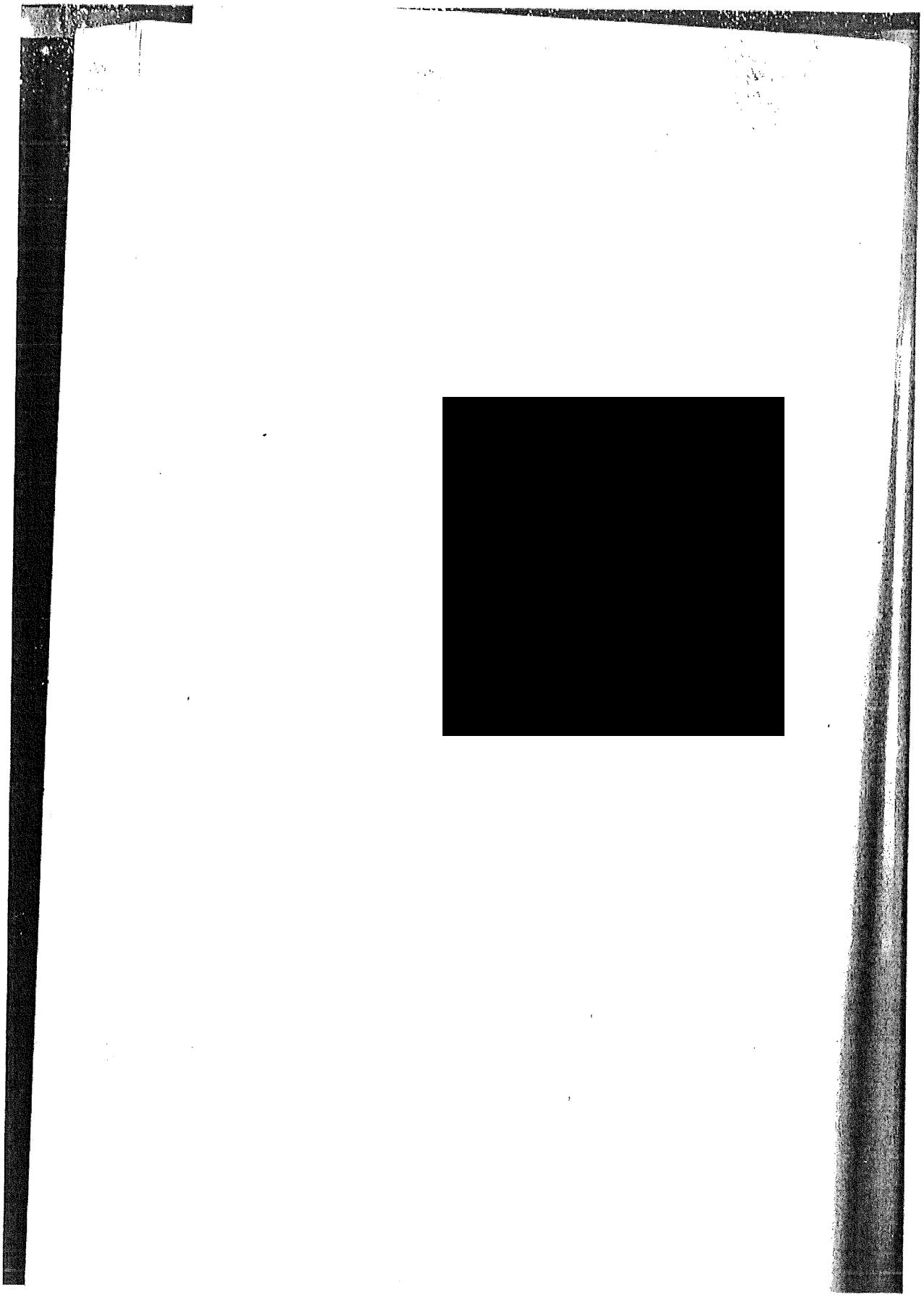
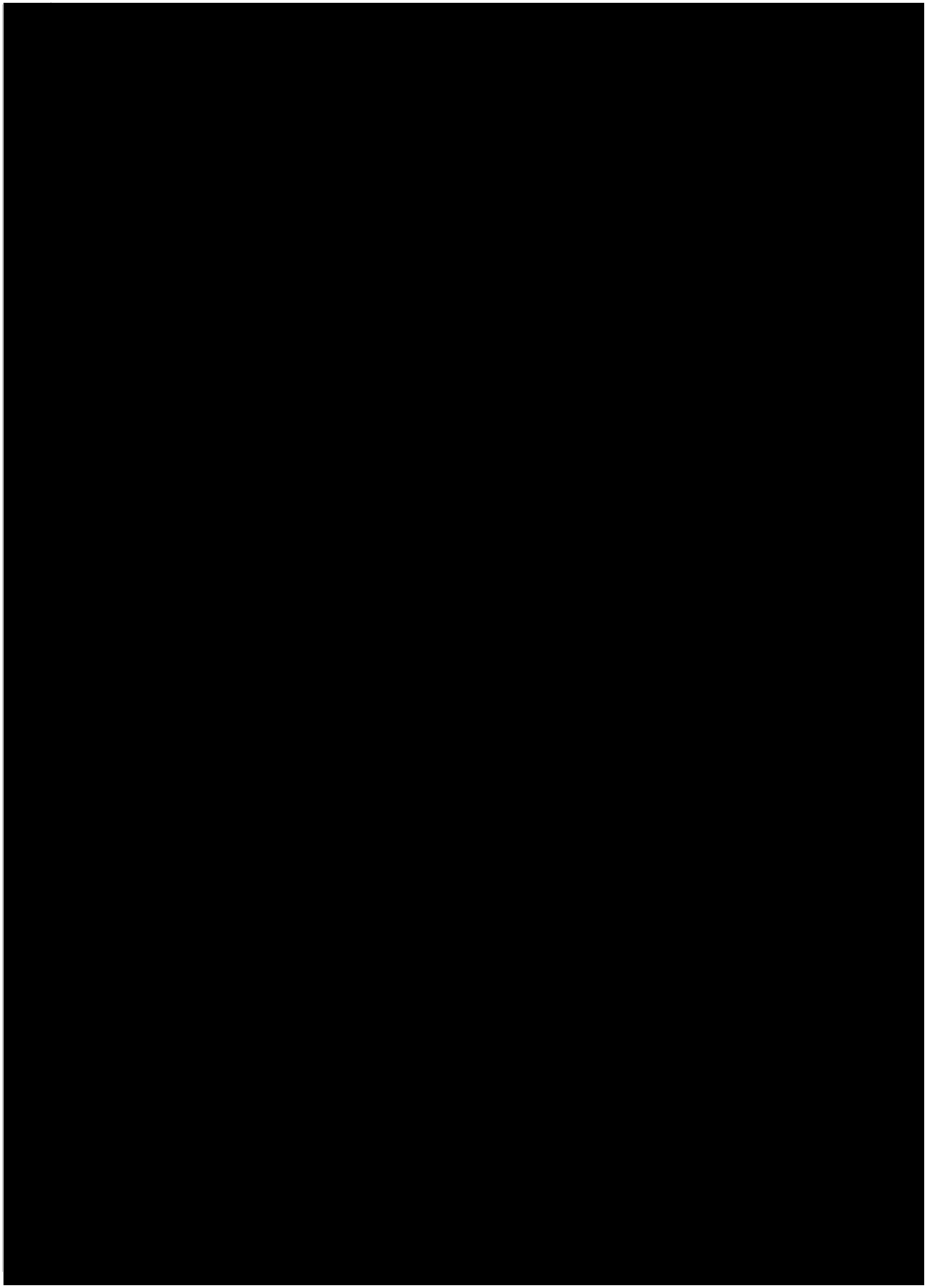


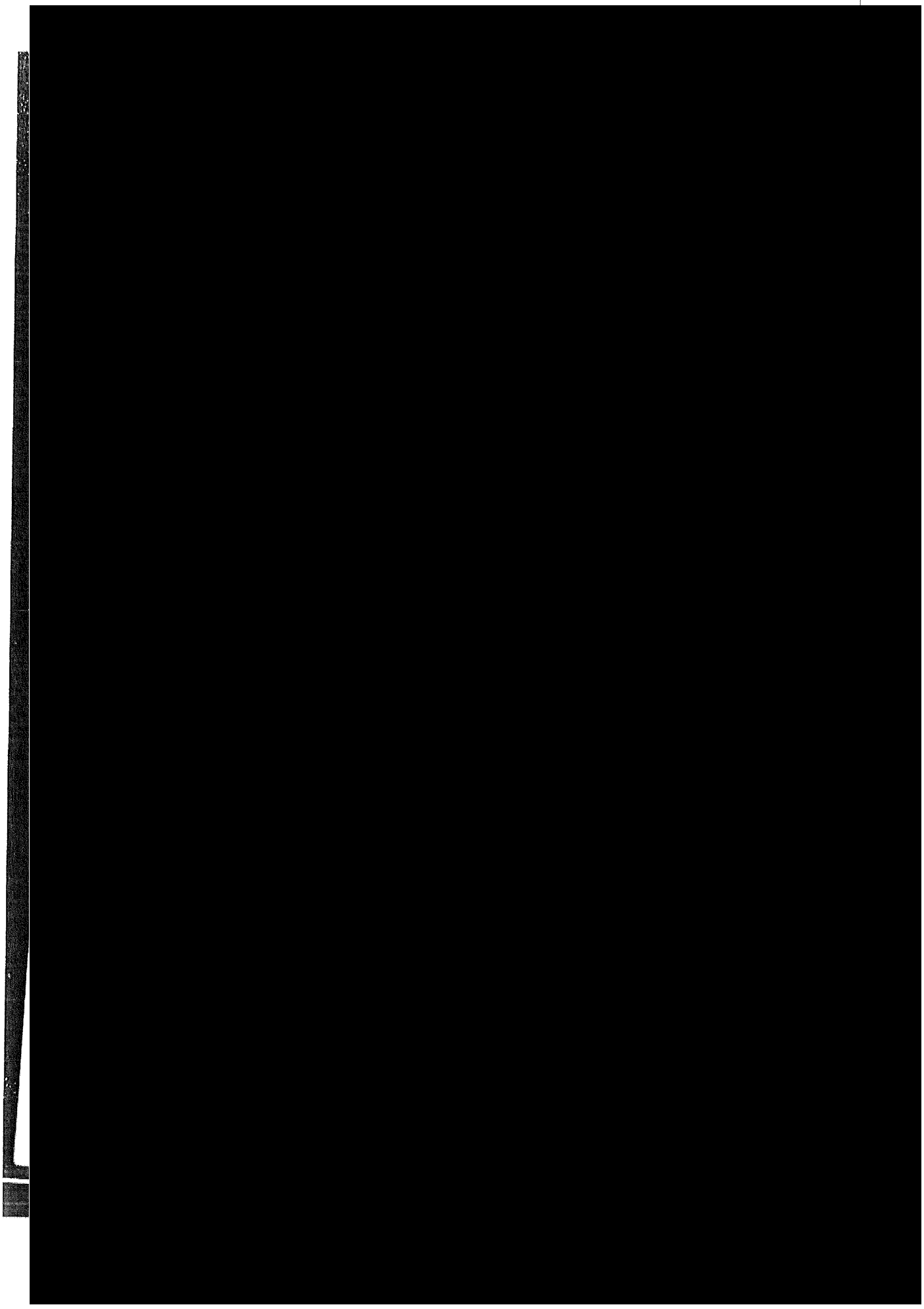


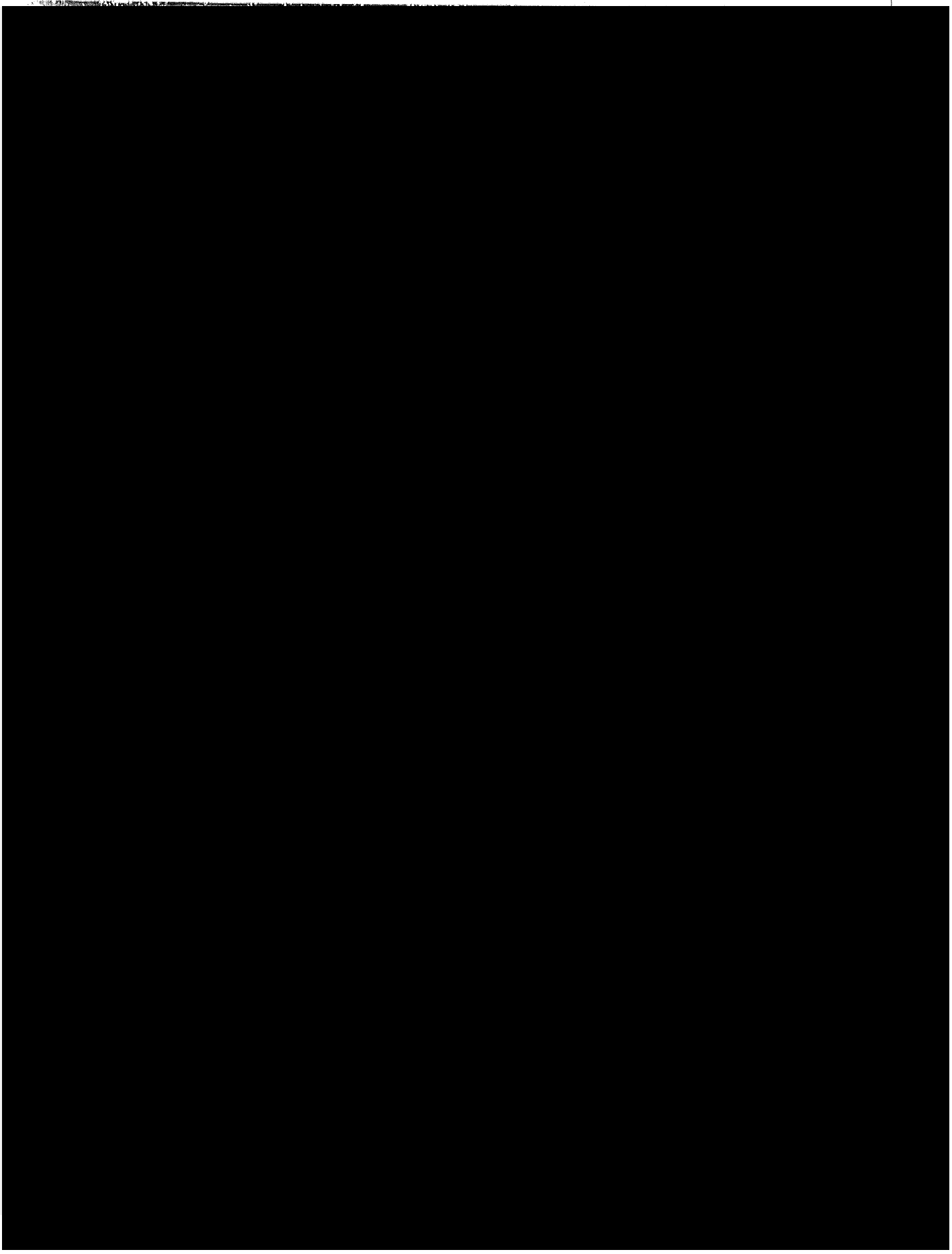


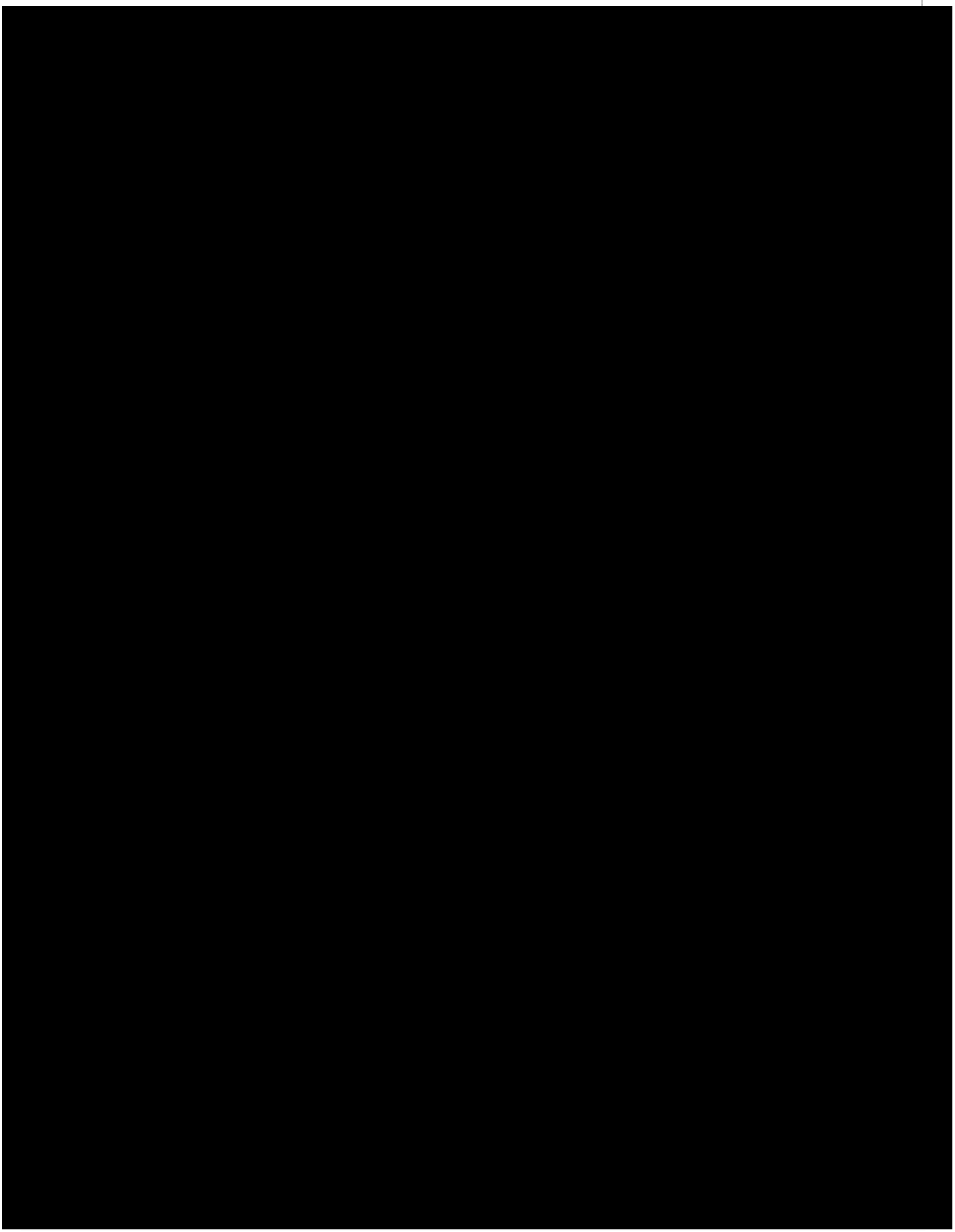










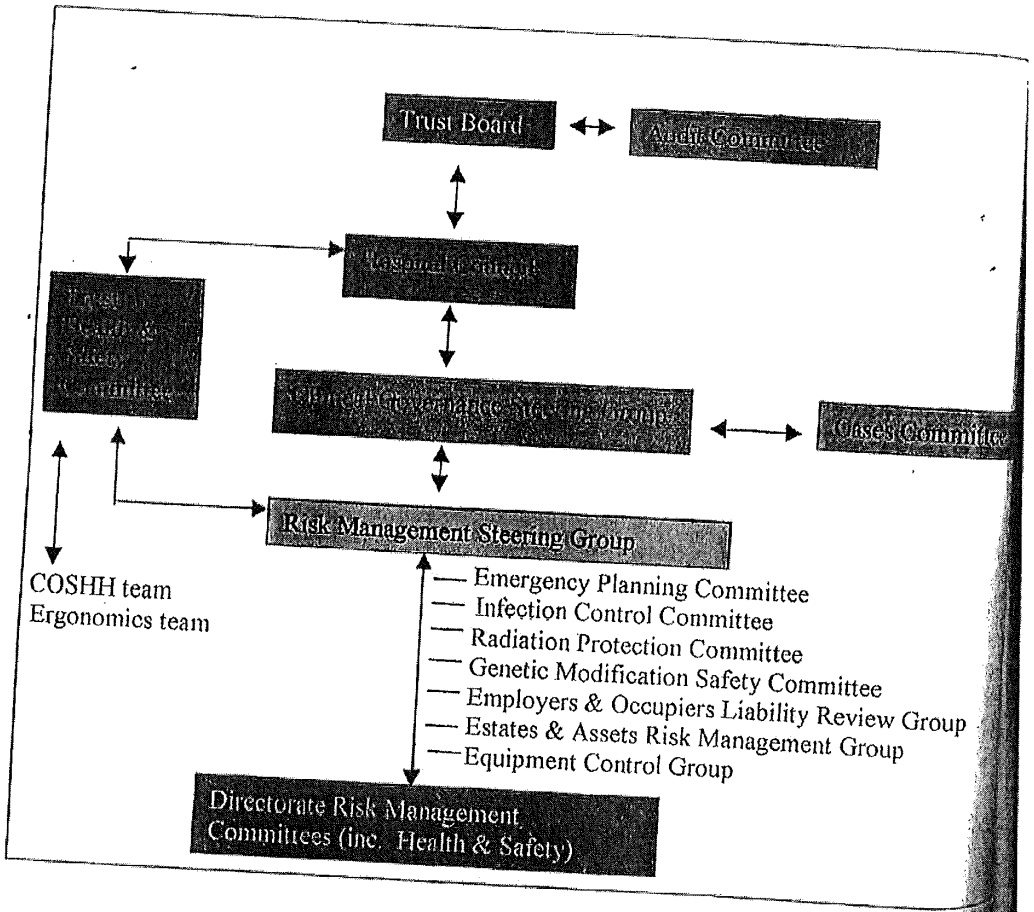


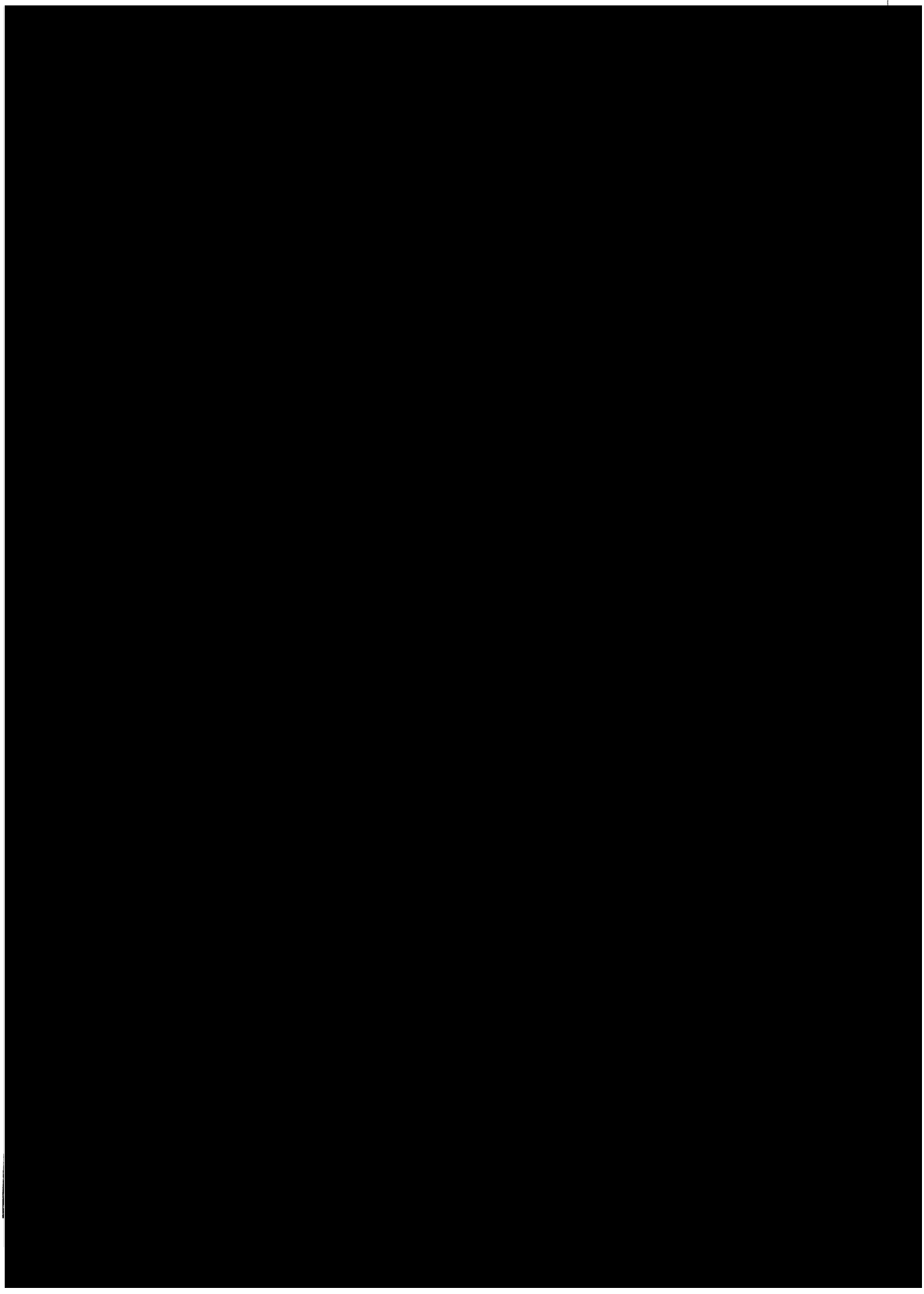
APPENDIX 8

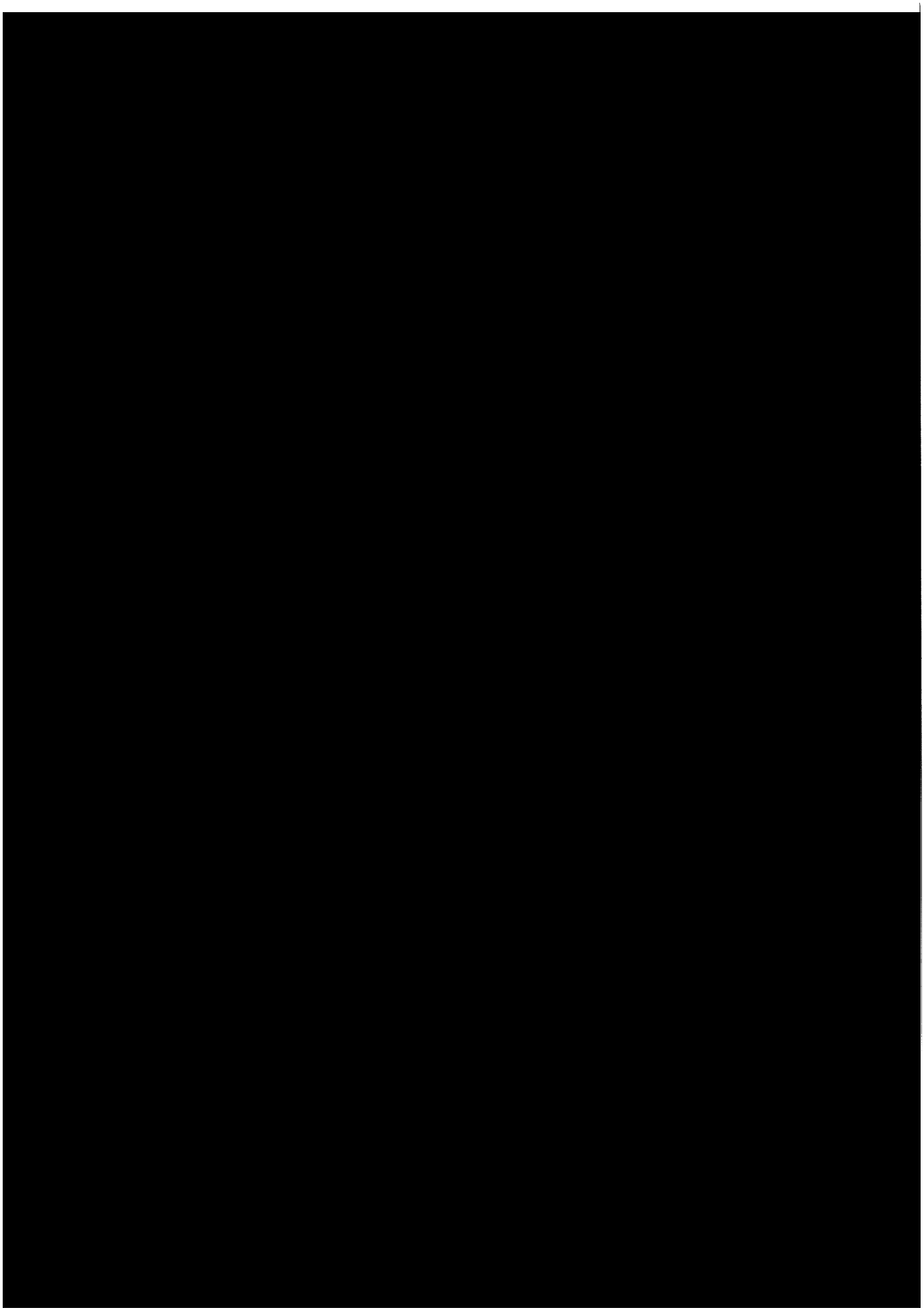
Organisational Arrangement for Risk Management

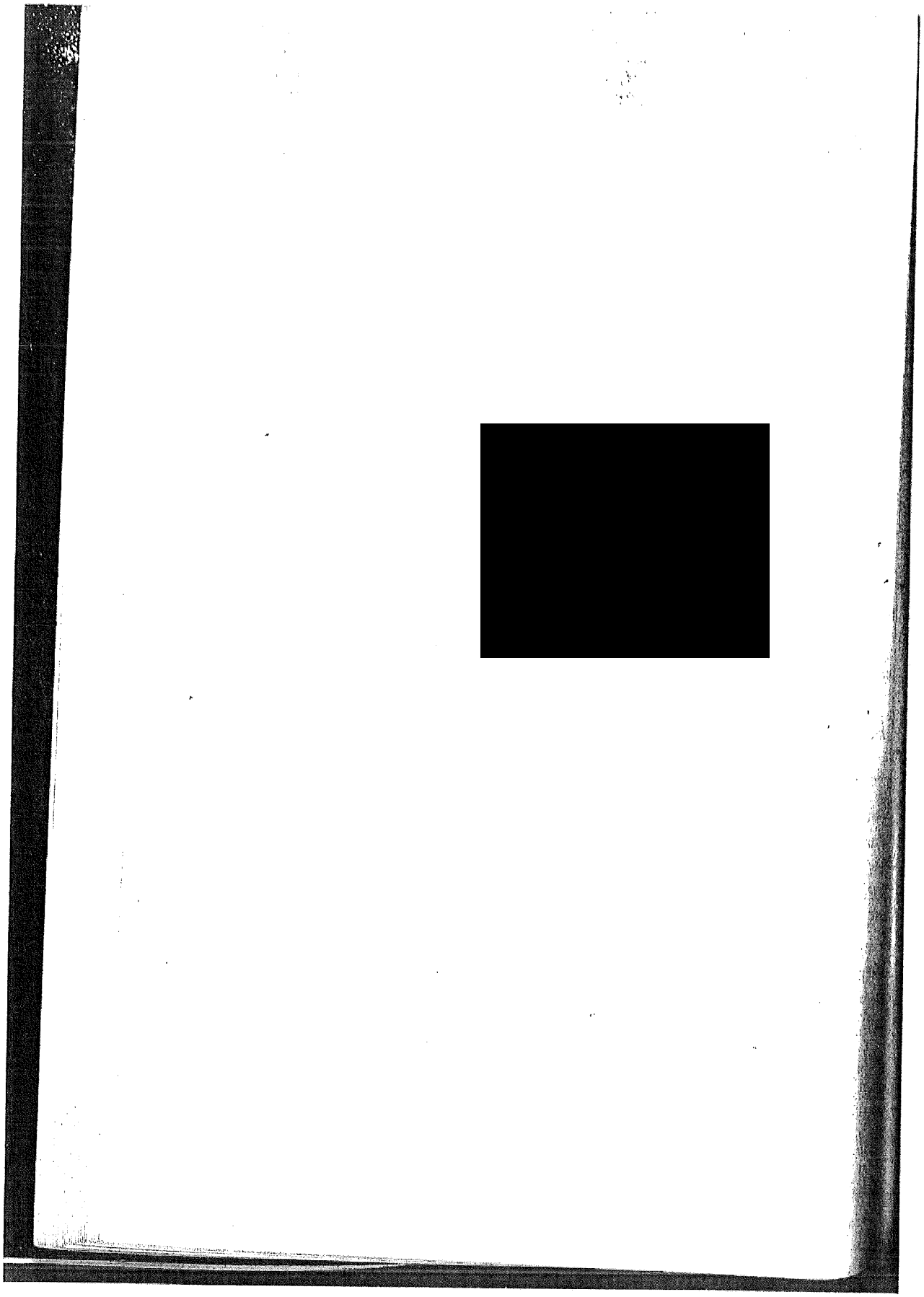
ROYAL GROUP OF HOSPITAL

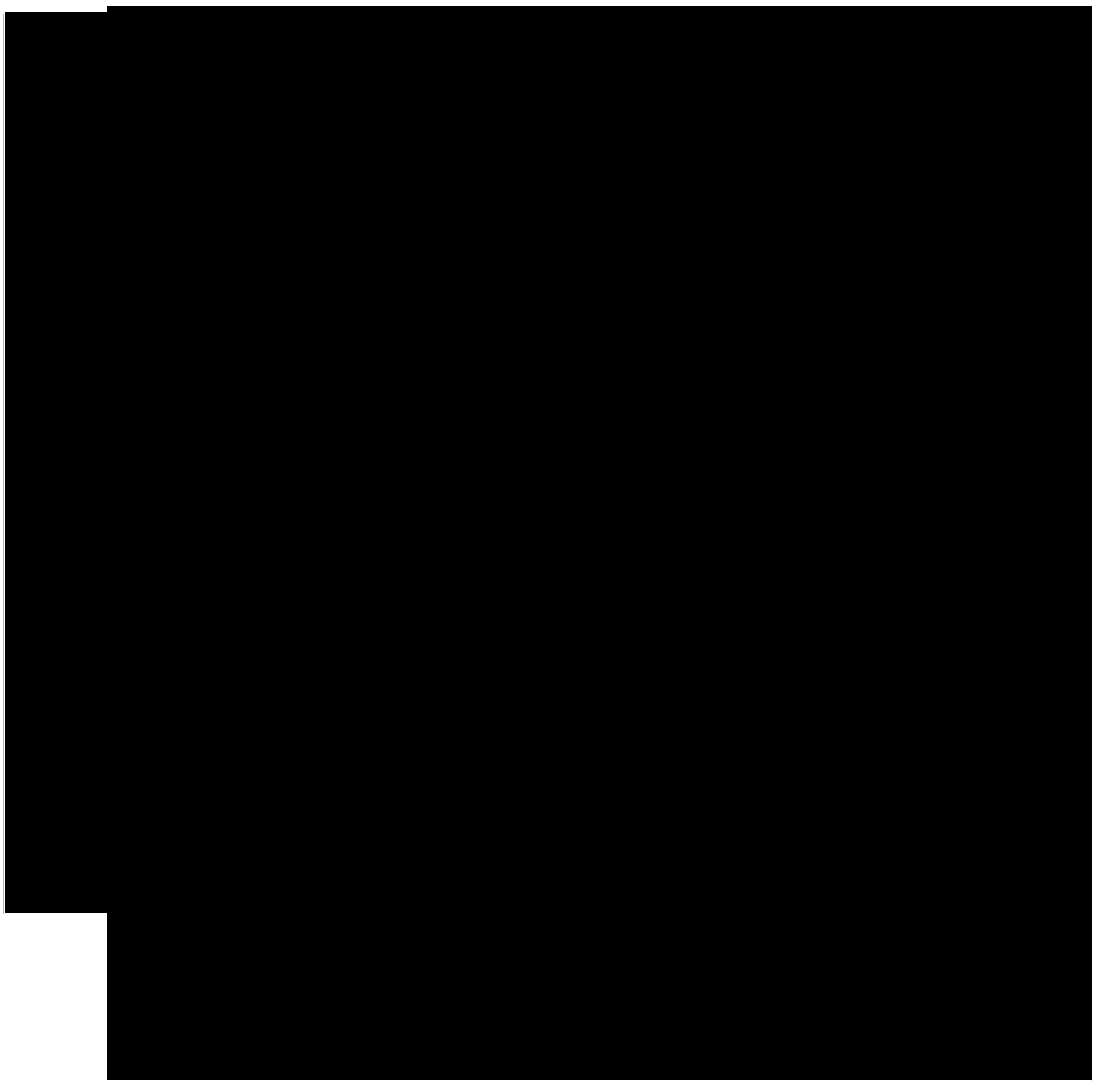
Organisational Arrangements for Risk Management











Pages 333 to 559 containing the Health and Safety Reports, as listed below, have been removed in their entirety.

2000 - 2001
2001 - 2002
2002 - 2003
2003 - 2004
2004 - 2005
2005 - 2006
2006 - 2007
2008 - 2009
2009 - 2010
2010 - 2011