




Yorkshire Ambulance Service   
NHS Trust

# Health and Safety Annual Report 2011-2012

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## 1. INTRODUCTION

The Chief Executive holds overall responsibility for health and safety within the Trust.

The Trusts Senior Management Group (SMG) oversees the management of health and safety and receives regular monitoring reports from the strategic Health and Safety Committee.

The management of the Trusts health and safety function is delegated to the Director for Standards and Compliance.

The Director for Standards and Compliance chairs the strategic H&S committee which determines the Trust's health and safety management agenda.

Formal consultation with trade union safety representatives takes place at the strategic Health and Safety Committee.

Competent advice is provided by the Associate Director for Risk and Safety supported by a chartered safety and health practitioner; the Health and Safety Manager.

Area health and safety activities, including local health and safety committees, are supported across the Trust by Safety Systems Managers.

## 2. PLANNING AND IMPLEMENTING

2.1 At the beginning of 2011-12, a workplan was created for Risk and Safety Team. This set out the key priorities for health and safety and was developed in response to the objectives set for the Standards and Compliance Directorate.

The Health, Safety and Security business objectives set for 2011-12 were as follows:

- To effectively manage the risks associated with Health, Safety & Security across the Trust
- To review, develop and approve all existing YAS Health, Safety & Security procedural documents
- To further develop and facilitate a range of Health, Safety & Security educational initiatives
- To establish arrangements to monitor compliance with all Health, Safety & Security procedural documents  
*(To monitor compliance with procedural documents in accordance with the standards described within them)*
- To maintain/improve compliance with external regulatory standards

Progress against the objectives was initially monitored at the Risk and Safety Team meeting which was held fortnightly however, following restructure, the Workplan is now monitored on a monthly basis at the Risk and Safety Managers meeting. Each action is RAG rated and progress is discussed by exception at the meeting.

A significant amount of progress was made against the 2011-12 objectives, however; a number of actions are on-going improvements which have been carried over into the 2012-13 Workplan.

## **Incident Reporting**

One of the key priorities in the 2011-12 Workplan was the improvement in the quality of incident data being captured in the Prism Incident reporting system and the production of better quality incident reports.

A significant amount of work took place over 2011-12 to improve data quality including re-training work with incident call takers, review of incident categories and the introduction of a standardised quality check for each incident. The addition of dedicated administration support for the assigning of Prism incidents made the quality checks possible. Following this work a significant improvement in the accuracy of incident reports has been seen.

This work will provide a sound foundation for the implementation of a new data management system which has been identified as a requirement in the 2012-13 Workplan.

## ***Moving and Handling***

A review has been undertaken to consider the provision of transport for bariatric patients. The review considered the movement of bariatric patients from their home or location of an incident to the ambulance and discharge into the receiving healthcare facility. The Trust now has 112 vehicles with the capability of transporting bariatric patients, and has an additional 5 vehicles with a designated role of transporting specialist equipment to both pre-planned and emergency incidents involving bariatric patients. Additional training is also planned in the management of this category of patient.

An additional piece of work to reduce the number of manual handling injuries is underway with Loughborough University and a number of equipment bag manufacturers, to design and develop a purpose made equipment bag. The aim of the review is to provide staff with equipment bags that are lighter and more ergonomic than the current issue. The procurement and implementation of the new bags is now being taken forward by the Operations Directorate.

## **Carry Chair Project**

The Health & Safety Committee established a working group to review the current carry chairs used by the Trust. The group have established links with the NHS National Innovation Centre to review various models of carry chair and have conducted trials on a number of these. The procurement of the selected chairs has been incorporated into the Trust's capital plan for 2012-13.

The working group comprised of members of the Risk and Safety Team, working closely with union representatives, representatives from Fleet, Procurement and Training department. The aim of the group was to identify an alternative carry chair to help reduce moving and handling injuries.

An alternative was identified and trialled by volunteer operational staff at Doncaster Training School in March 2012. The trial was carried out in an academic manner following guidance from the Health and Safety Laboratories. The results were satisfactory and the identified chair was put forward for operational trials.

## **HSE priorities**

YAS has established a good relationship with its nominate HSE Inspector, Morag Irwin. A partnership style working relationship is in place and Morag visits the Trust on a quarterly basis meeting with the Executive Directors for Standards & Compliance and Workforce & Strategy, the Associate Director Risk and Safety and Health and Safety Manager to discuss both strategic and operational matters.

Early in the year, there were a number of issues that the HSE Inspector highlighted as concerns. They were as follows:

### *Stress*

The HSE inspector was concerned that there had been little progress with regards the Trust's stress management plan. In response, the issue was reviewed by HR and a full position statement provided to the HSE on what progress had been made. The issue was also incorporated into a wider workplace health programme to ensure progress continues.

### *Health Surveillance and Hand Arm Vibration (HAV)*

The HSE inspector was concerned at the lack of health surveillance in the Fleet department and in particular the lack of HAVs monitoring. In response, the Health and Safety Manager set up a project group to initially look at HAV and to put in place a plan to ensure adequate risk assessments were carried out. Once this was underway, the group turned its attention to other health surveillance requirements and again an action plan was produced and is in the process of implementation.

### *Moving and Handling Training and Conflict Resolution Training (CRT)*

The HSE inspector requested confirmation that all staff are receiving the necessary moving and handling and CRT training. Training figures were provided and the HSE Inspector accepted that the numbers of staff trained within date were acceptable and that figures of 100% were unlikely due to the nature of the Trust's work and capacity to release staff for training.

### *Late RIDDOR Reports*

The HSE inspector was concerned that the Trust submitted a significant number of RIDDOR reports outside of the required timescale. In response, the Health and Safety Manager explained the issues faced by the organisation with regards to the timeliness of reporting and agreed a new process whereby the reason for late reports is provided to the HSE.

### *Occupational Health Provisions*

The HSE inspector was concerned at the apparent lack of collaborative working between the Health and Safety Department and Occupational Health (OH) providers. In response the Health and Safety Manager now attends quarterly OH providers meetings and is working closely with OH on the health surveillance/HAV project, and with other co-ordinated work planned for the future.

The Trust has made significant progress with all the issues highlighted as concerns by the HSE throughout 2011-12. Towards the end of 2011-12 the HSE Inspector indicated that she was pleased with progress and would only be focussing on Stress, Occupational Health provision, particularly the apparent lack of collaborative working between internal OH and external OH providers, and health surveillance/HAV project for 2012-13. The HSE Inspector was satisfied that all other issues had been dealt with satisfactorily.

### **3 ADVICE AND SUPPORT**

During 2011-12 the Trust's health and safety resources were restructured.

The role of Assistant Director for Health and Safety was merged with the role of Assistant Director for Risk & Assurance to create one overseeing role of Associate Director for Risk and Safety. Five area based Safety Systems Managers were reduced to three in line with the Trusts CBU restructure.

Two new posts were added to the structure, that of Health and Safety Manager and Local Security Management Specialist. Both these new roles retain an element Safety Systems Manager work to ensure sufficient cover is available across both operational and non-operational areas.

Health and Safety resources are physically located across the whole of the Trust to ensure face to face advice and assistance is available when required and that effective relationships are formed in local areas.

#### 4. INCIDENT ANALYSIS

##### Type of incidents reported for 2011-12

Type of incident	Total number for YAS
Access and Response / PTS Control Room incident / near miss	1067
Employee related incident / near miss	1104
Equipment / Supplies related incident / issue	335
Hazard/Near Miss	13
Incident	11
Medication incident (all other drugs)	368
Medication incident (Morphine, codeine, Tramadol, Diazepam)	263
Patient related incident / near miss	837
Road traffic collision (TAR 1 also required)	1641
Security related (theft, intruder, damage) incident / near miss / issue	239
Serious case review – Safeguarding vulnerable Adults	8
Serious case review – Safeguarding vulnerable Children	22
Third Party incident / near miss	117
Vehicle related incident	2
YAS data protection / flag / FOI incident / issue	253
YAS RISK MGT Group use only - SI	6
Total	6286

The table above identifies that the greatest number of reported incidents for the Trust was Road Traffic Collisions (RTC's). These are managed and analysed by the Trust's Accident Reduction Manager who attends the strategic Health and Safety Committee.

The second greatest number of reported incidents is Employee related incidents followed by Access and Response (EOC) incidents. EOC incidents are managed and analysed by the EOC.

Therefore, this analysis will focus on employee related incidents as is the remit of the strategic Health and Safety Committee.

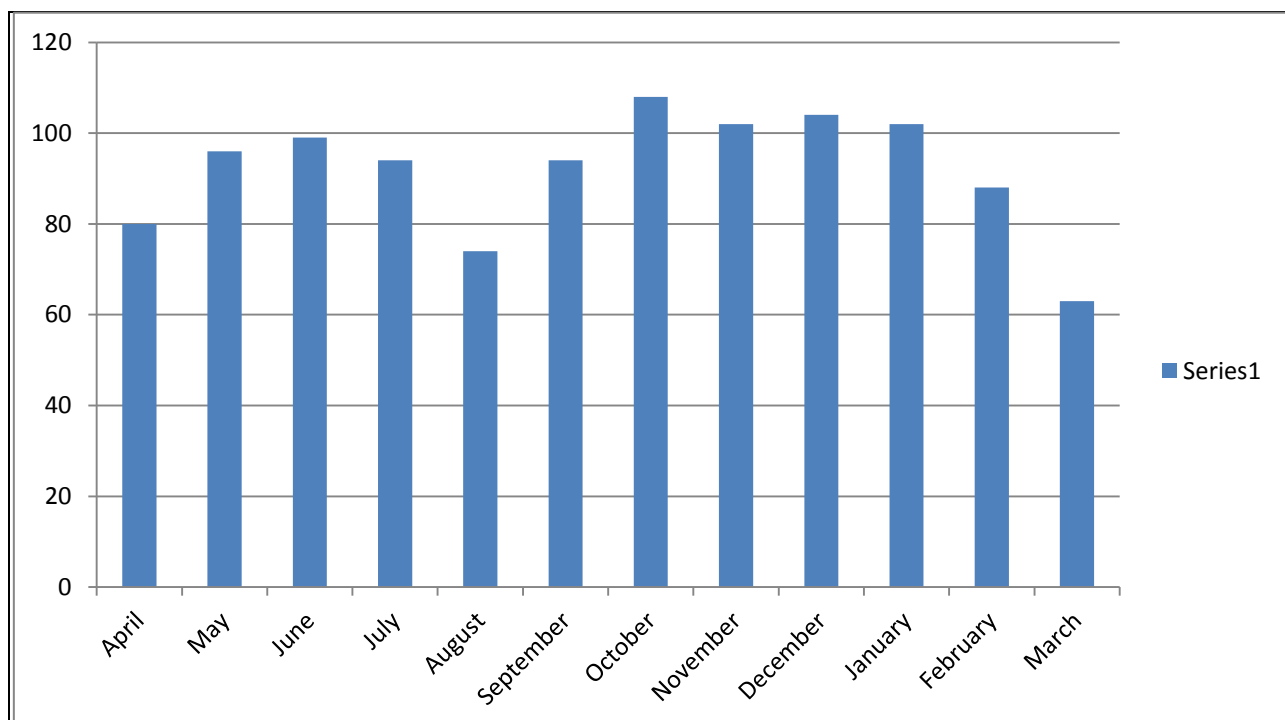
A total number of 6286 incidents were reported using the Trust's incident reporting system during 2011-12. Of these a total number of 1104 related to employees.

## Incidents for 2011-12 broken down by grading and business area

Business Area	A&E Operations					EOC	PTS	FLEET	OTHER	TOTAL
	BCK	L/W	H&E	NORTH	SOUTH					
GRADE	Number of Incidents by Grade									
Red	37	71	16	21	19	9	0	1	3	308
Amber	24	25	32	45	34	51	9	10	8	305
Yellow	313	306	150	192	230	277	472	69	46	3009
Green	259	278	111	150	158	602	423	41	16	2664
<b>TOTALS</b>	633	680	309	408	441	939	904	121	73	6286

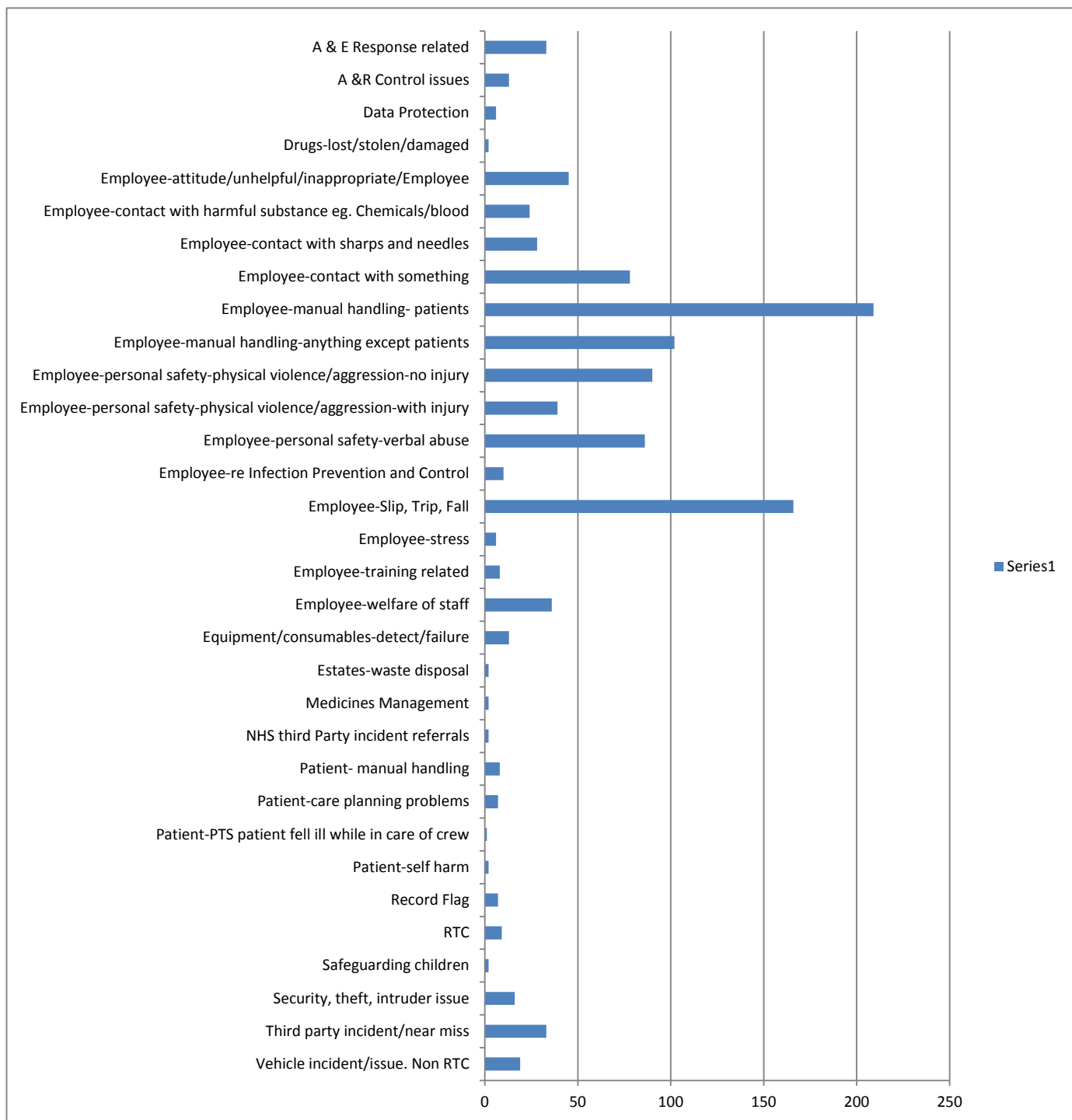
The majority of incidents occur with the A&E Operations area of the Trust (2471 incidents) and are of a moderate nature i.e. graded yellow.

## Total Number of “Employee related incidents / near miss” over 2011-12



The number of employee related incidents has fluctuated over 2011-12 with a noticeable peak (100+ per month) between October and January. This is thought to be due to the bad weather i.e. cold, wet weather with high winds experienced during those months making outside working conditions difficult.

## Bar chart of “Employee related incidents / near miss” for 2011-12



The most common type of employee related incident is “moving and handling – patient” with the second most common being “slip, trips and falls and the third “moving and handling – anything except patients”. This incident type pattern is seen consistently throughout the year with moving and handling and slip, trips and falls being the major causes of injury for the Trust. There are approximately twice as many moving and handling incidents involving patients as there are involving non-patients.

The next most common incident types are violence and aggression.



## Incident Focus for “Employee related incidents / near miss” for 2011-12

The table below shows a further breakdown of all “employee related” incidents into their focus values which gives a more detailed view on what was the cause of the incidents.

Within the table, the most common incident focus’ are highlighted in grey.

Category of incident	Incident focus	No of incidents 2011-2012
Employee-attitude/unhelpful..	Attitude of A & R staff	9
	Attitude of care home staff	16
	Attitude of fire service staff	1
	Attitude of GP staff	6
	Attitude of hospital staff	34
	Attitude of Police	2
	Attitude of Y.A.S Staff	18
Employee-contact with harmful substance	Allergic/adverse reaction	2
	Contact with Blood/body fluid	22
	Contact with harmful chemical	3
	Contact with other hazardous chemicals-inc. medication	1
Employee-contact with sharps and needles	Medical equipment	1
	Cut by/with broken glass	2
	Cut by/with broken/rusty metal	1
	Failure to follow Y.A.S. Protocol or procedure	1
	Needle stick injury-clean item	6
	Needle stick injury-contaminated item	14
	Waste-sharps not disposed of correctly	5
Employee-contact with something	Contact with anything in patient compartment	3
	Contact with defibrillator	1
	Contact with falling object	9
	Contact with furniture/fixtures	36
	Contact with hot/cold surface	7
	Contact with mains electricity	1
	Contact with moving machinery	9
	Contact with outside of ambulance	15
	Contact with tools	3
Employee-manual handling (not patients)	Moving & handling Blue/green bags	45
	Moving & handling compressed gas bottles	1
	Moving & handling defibrillator	6
	Moving & handling unladen carry chair	9
	Moving & handling unladen ITU stretcher	2
	Moving & handling unladen wheelchair	1
	Moving & handling office equipment	4
	Moving /distributing supplies/uniforms	1
	Moving /handling equipment for repair/disposal	1
	Other moving & handling problem	36
Employee-manual handling (patients)	Moving a laden incubator	1
	Moving & Handling patient on carry chair	53
	Moving heavy patient (18-20 stones)	24
	Moving heavy patient (20-25 stones)	16
	Moving heavy patient (25-30 stones)	5
	Moving patient in own wheelchair-not powered	15
	Moving patient in powered wheelchair	2
	Moving patient on a stretcher	34
	Near miss-something almost happened	8
	Other moving & handling problem	75
	Patient fall from carry chair-no chair failure	2
	Patient fall from wheel chair-no chair failure	1
	Patient fall whilst being moved/handled	4

Employee-personal safety-physical violence.aggression-No injury	Physical Assault-Spitting	7
	Physical Assault-unintentional-medication/medical condition related	11
	Sexual assault by patient	6
	Threat-knife involved	10
	Violence by patient	69
	Violence by patient-with weapon	6
	Violence by public	19
	Violence by staff	1
Employee-personal safety-physical violence.aggression-With injury	Bitten by animal	1
	Physical assault-spitting	4
	Physical Assault-unintentional-medication/medical condition related	6
	Violence by patient	35
	Violence by public	4
Employee-personal safety-verbal abuse	Verbal abuse-negative, malicious or stereotypical comments	13
	Verbal abuse-offensive language	39
	Verbal abuse- unintentional-medication/medical condition related	1
	Verbal abuse-unwanted or abusive remarks	24
	Verbal abuse/intimidation-persons unknown	16
	Verbal abuse/intimidation by patient	25
	Verbal abuse/intimidation by patient relative/friend/carer	23
Employee-re Infection, Prevention and control	Blood or body fluid splash to eyes	1
	Contact with blood/bodily fluid	7
	Contact with other hazardous material	2
	Contaminated equipment found in vehicle	1
	Failure to follow Y.A.S protocol or procedure	5
	Lack of PPE	1
	Patient-flu pandemic case identified	1
Employee-Slip, Trip, Fall	Fall from tail lift	7
	Fall from a domestic chair	2
	Fall from height	4
	Fall from vehicle seat	4
	Fall on/down steps/stairs/ramps	27
	Fall on/from vehicle step	11
	Slip, trip fall due to patient falling	8
	Slip, trip, fall, associated with loose items eg. Oil trays, bags etc...	5
	Slip, trip, fall due to pothole/uneven surface on third party premises	19
	Slip, trip, fall due to pothole/uneven surface on Y.A.S. premises	12
	Slip, trip, fall in rear saloon while vehicle moving/braking	14
	Slipped on spillage	4
	Slipped on wet surface/ice	24
	Tripped over something	29
Employee-Stress	Bullying and harassment-third party	2
	Bullying and harassment-Y.A.S.staff	1
	Due to hours worked	1
	Other	8
	Patient-dead on arrival	2
	Patient-died during treatment during transport	1
	Witness to traumatic/distressing incident	1
Employee-training related	Information re: vehicle inadequate for needs	3
	Lack of refresher training	3
	No information provided re: driving of vehicle	1
	Staff not trained in correct techniques	6
	Training course cancelled without notice	1

Employee-welfare of staff	Contaminated equipment found on station	1
	Failure to follow Y.A.S protocol or procedure	22
	Lack of PPE	2
	Lack of uniform	2
	Lack of welfare facilities	16
	Meal break missed	4
	Meal break not allowed	1
	Meal break not planned	1
	Meal break taken too early/late	4
<b>Equipment related</b>		
Equipment related	Other	2
Equipment/consumables- detect/failure	Carry chair-Failure of securing pins	4
	Carry chair-failure of securing straps	2
	Carry chair-failure of welded joints	1
	Carry chair-failure of wheel(s)	1
	Defibrillator-Failure of shock side	6
	Defibrillator-Monitor failed to operate	2
	Defibrillator-Parts broken or missing	12
	Defibrillator-wrong shock delivered-too low	1
	Drug bags-missing/damaged/faulty	8
	ECG-lead failure	1
	Electric equipment fault	9
	Glucose monitor-failed to operate	2
	Laryngoscope-defective blade/light	4
	Near miss-something almost happened	14
	Other equipment-missing/damaged/faulty	133
	Oxygen-vehicle clamps loose/missing	1
	Oxygen-flowmeter/defective	1
	Oxygen-regulator Bull Nose-defective	1
	Oxygen/Other cylinders-damaged/faulty/shortage	2
	Poor maintenance of equipment	10
	Resuscitator-Pneumatic-defective	1
	Saturation monitor-failed to operate	3
	Stretcher-failure of securing pins	4
	Stretcher-failure of wheel(s)	1
	Suction-electronic-defective	4
	Suction unit-broken	4
	Ventilator-defective	6
	Wheelchair-failure of seat canvas	1
	Wheelchair-failure of wheel (s)	4

Within the moving and handling type incidents, it can be seen that the majority of incidents involve either a carry chair or the moving of a blue bag.

Within slip, trip and fall incidents, the majority result from tripping over things and slipping on steps and ramps. Slips on wet / icy surfaces are also one of the most common types which supports the increase in incidents seen during the winter months.

With regards to violence and aggression, it can be seen that the the majority of this is intentional and is perpetrated by patients.

Equipment incidents have also been included in this table however no particular trend could be identified as the most common type of equipment incident is "other".

## RIDDOR REPORTS

The table below shows RIDDOR incidents reported trust wide for 2011-12

<b>Reporting Category</b>	
A&E (Inc Air Ambulance)	90
PTS	5
GP Out of Hours	
OTHER	
<b>Total</b>	<b>95</b>
<b>No. reported to HSE within RIDDOR timescales</b>	<b>53</b>
Contact with moving machinery or materials being machined	2
Hit by a moving flying or falling object	3
Hit by a moving vehicle	1
Hit by something fixed or stationary	2
Injured while handling lifting or carrying	51
Slip trip or fall on the same level	27
Fall from a height	1
Trapped by something collapsing	
Drowned or asphyxiated	
Exposed to or in contact with a harmful substance	3
Exposed to fire	
Exposed to an explosion	
Contact with electricity or an electrical discharge	
Injured by an animal	
Physically assaulted by a person	3
Another kind of accident	2
<b>Manual Handling specific to:</b>	
Carry Chair	12
Stretcher/Trolley	8
Carrying medical equipment	12
Other	19

A total of 95 incidents were reported to the HSE during 2011-12 with just over half of these being reported within the required timescale which was highlighted as a HSE concern.

Of the incidents reported, the types reflect the most common type of incidents shown in the previous analysis i.e. moving and handling involving carry chairs and the carrying of medical equipment (i.e. blue bag) and slips trips and falls with the majority occurring in the A&E Operations area of the Trust.

### Overall view

Overall the incident analysis supports the Trust's choice of Health and Safety priorities with moving and handling and slips, trips and falls both being included on the strategic Health and Safety Committee's risk register during 2011-12.

The Risk and Safety Team have focused attention on reducing incidents of injury from moving and handling and have managed two projects this year; a review of carry chairs and a review of the current blue equipment bag. Detail of the work undertaken is described in section 2 of this report.

The Risk & Safety Team will continue to support the Operations Directorate to implement replacement carry chairs and equipment bags during 2012-13. Progress on the required actions will be monitored throughout the year by the strategic Health & Safety Committee.

## **5. STRATEGIC HEALTH AND SAFETY COMMITTEE**

The strategic Health and Safety Committee is the main health and safety forum within the Trust. The Committee meets quarterly and is chaired by the Director Standard and Compliance.

The meeting is attended the Associate Director for Risk and Safety, Health and Safety Manager, representatives from departments across the Trust and Union representatives.

All scheduled meetings of the committee took place in 2011-12.

Key items discussed at the committee during 2011-12 include the following.

- Fire Safety – monitoring of progress with fire training and alarm testing
- Driving at work – to draft policy and driving assessment programme
- Risk Register – reviewed at each meeting. Notable movement includes archiving of the manual handling equipment risk.
- Measurement of tyre pressures – this has been a key union issue raised during the year.
- Risk and Safety Team Work plan – reviewed at each meeting. Key actions included:
  - The development and implementation of a programme of Moving & Handling risk assessments, action plans and reporting arrangements
  - The development and implementation of a programme of slips, trips and falls risk assessments, action plans and reporting arrangements
  - The development and implementation of Security of Premises and Assets risk assessments, action plans and reporting arrangements
  - The development of a process/programme for premise inspections, specific risk assessments and audits
  - Conduct a project to select a new carry chair to reduce manual handling risks
  - Conduct a project to select a new equipment bag to reduce manual handling risks
  - Review hand arm vibration (HAVs) risk for the Trust and put in place action plan for mitigation
  - Further develop health, safety and security educational programmes for new recruits on Induction

Towards the end of 2011-12, it was agreed that a series of regular pre-meets would be held between union representatives and the Health and Safety team to discuss up and coming issues and to approve risk assessments. This is to ensure that the strategic committee can remain focussed by having initial discussions outside of the meeting.

## **6. AREA HEALTH AND SAFETY COMMITTEE**

All Operational CBUs now have a functioning Local Health and Safety Committee. These meet quarterly. They are chaired by the Associate Director in each of the CBUs and are attended by the CBU Safety Systems Manager, Locality Managers and Union Representatives.

Any issues that cannot be address at the local health and safety committees are escalated to the strategic Health and Safety Committee.

Non-operational areas are represented at the strategic Health and Safety Committee and do not have their own local committees.

## **7. ENFORCEMENT – HEALTH AND SAFETY EXECUTIVE**

There have been no formal interventions from the HSE regarding the Trust's health and safety management performance i.e. advisory letter, improvement notices, prohibition notices.

There has been 2 informal interventions received during 2011 – 2012.

- An enquiry regarding faults found with lifting equipment during routine maintenance inspection. The Trust acted on the findings immediately and made repairs as necessary.
- An enquiry regarding the temperature of the EOC which arose from a complaint made to the HSE. Estates department acted to resolve the issue.

On both occasions, the Trust responded satisfactorily and no further queries were raised.

## **8. CONCLUSION**

The Trust has made significant progress with Health and Safety management throughout 2011-12.

This is evidenced by the excellent feedback received from the HSE inspector who, at the start of the year, had several serious concerns. The inspector indicated that, if the issues had not dealt with satisfactorily, then enforcement action may have been a possibility. However, feedback from the inspector has indicated that the work completed over the year has addressed these concerns and the Trust is no longer at risk of action.

The incident analysis provided within this report also shows that good progress has been made with data quality improvements in the incident reporting system. These will support the planned implementation of a new incident reporting system planned for 2012-13.

The incident analysis has also supported the Trust's choice of health and safety priorities and indicates a positive direction of movement in regards to good health and safety management.