

TRUST BOARD PUBLIC - JULY 2013

Agenda Item Number: 133/13
Enclosure Number: (9)

Subject:	Staff Health, Safety and Wellbeing Annual Board Report
Prepared by: Sponsored by: Presented by:	Nicola Carter – Head of Occupational Health Tim Powell – Director Workforce & OD Tim Powell – Director Workforce & OD
Purpose of paper	For noting / information
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	<ul style="list-style-type: none"> • The Trust has demonstrated that it meets the national quality standards for occupational health service provision and has been awarded SEQOHS status. • Attendance management remains a key priority with management referrals to occupational health increasing by 11.3% in 2012/13. • Safety incidents have shown a 34% reduction in 2012/13 with Sharps incidents also declining although further work is required in relation to data input. • Health and safety training is provided to staff and is compliant with legislation and the Trust’s mandatory training requirements. • 25% of staff had appropriate surveillance in relation to dermatitis indicating that more work is needed in this area. • Flu vaccinations for staff were lower than those in 2011/12. Ward vaccinators will be introduced in 2013/14 to improve accessibility for key staff. • Annual income generated from occupational health services totalled £735,000 in 2012/13.
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	None
Next steps / future actions: <i>Clearly identify what will follow the Trust Board’s discussion</i>	<ul style="list-style-type: none"> • Actions for 2013/14 highlighted in the paper will be monitored through the Health and Safety Committee which reports to the Governance and Quality Committee.
Consideration of legal issues (including Equality Impact Assessment)?	N/A
Consideration of Public and Patient Involvement and Communications Implications?	N/A

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register

Strategic Aim	Strategic aim 4: Staff would recommend the trust as a place to work and a place to receive treatment.
BAF/Corporate Risk Register Reference (if applicable)	None
Risk Description	N/A
CQC Reference	None

Committees/Meetings at which paper has been approved:	Date
Governance & Quality Committee	02/07/2013

OCCUPATIONAL HEALTH AND SAFETY REPORT APRIL 2012 TO MARCH 2013

The NHS as part of its pledges to staff commits to provide support and opportunities for staff to maintain their health safety and wellbeing. Each year more than 130 million working days are lost to sickness absence, costing employers around £6.5 billion a year. According to the Confederation of British Industry, the annual cost of sickness absence to the UK economy is £17 billion, while long-term absence costs the taxpayer £13 billion and reduces economic output by a further £15 billion.

10.3 million days are lost within the NHS to sickness per year at a cost of £1.7 billion. The cost of absence for PHT in 2011/12 was £6.81million excluding any absence cover. This reduced in 2012/13 to £6.04 million. This report identifies the progress made in occupational health and safety during 2012/13.

Safe Effective Quality Occupational Health Service (SEQOHS)

Portsmouth Hospitals NHS Trust has successfully met the accreditation standards of SEQOHS - Safe Effective Quality Occupational Health Service. This demonstrates that as an organisation we meet the national quality standards for occupational health service provision both to our NHS clients and to external clients who use our services.

SEQOHS aims to support the achievement of safe appropriate and effective quality services by occupational health services in the UK by:

- Enabling occupational health services to identify the standards of practice to which they should aspire
- Crediting good work being done by high quality occupational health services, providing independent validation that they satisfy standards of quality
- Raising standards where they need to be raised
- Helping purchasers differentiate occupational health services that attain the desired standards from those that do not

As part of the Occupational Health services available, Portsmouth Hospital NHS Trust provides quality occupational health service provision to other NHS and non-NHS organisations. SEQOHS accreditation will help Portsmouth Hospitals improve the marketing opportunities to develop income generation across the Hampshire area.

Attendance Management

There has been an increase in the last year in the number of management referrals for PHT of 11.3%. The largest increase is within Emergency care with an increase in management referrals of 52.9% which corresponds with an increase in long term sickness absence (variance between 2.0% and 2.8% over the year). MOPRS long term absence rate has increased (variance between 3.5% and 4.5%) and the referrals have increased by 31.7%. There are more demands on staff with heavier more demanding patients which have resulted in 53 lifting or bending incidents and 115 physical violence abuse or assault incidents across the Trust.

Absence Rates and Management Referrals

CSC	FTE	% 12 Month Rolling Sickness Absence to 31/3/12	% rolling sickness Absence 31/3/13	Management Referrals 11/12	Management Referrals 12/13
CHAT CSC	658.19	3.6%	3.7% (4.3% in month)	185	169
Clinical Support CSC	996.01	3.0%	3.0% (3.1% in month)	245	248
Emergency Care CSC	413.32	3.0%	3.6% (3.3% in month)	51	78
Head & Neck CSC	278.92	2.7%	2.8% (2.9% in month)	54	69
Medicine CSC	650.43	2.9%	3.0% (3.4% in month)	77	99
MOPRS CSC	570.92	4.8%	5.5% (4.1% in month)	164	216
Muscular-Skeletal CSC	359.05	4.1%	4.1% (3.6% in month)	98	101
Renal CSC	265.02	4.2%	4.9% (5.2% in month)	97	71
Surgery & Cancer CSC	538.86	3.1%	3.6% (3.2% in month)	91	109
Women's & Children's CSC	667.96	3.1%	3.3% (3.5% in month)	144	209
Corporate Functions	676.06	1.7%	1.8% (1.7% in month)	52	50
Total	6074.74	3.2%	3.4% (3.3%)	1258	1419

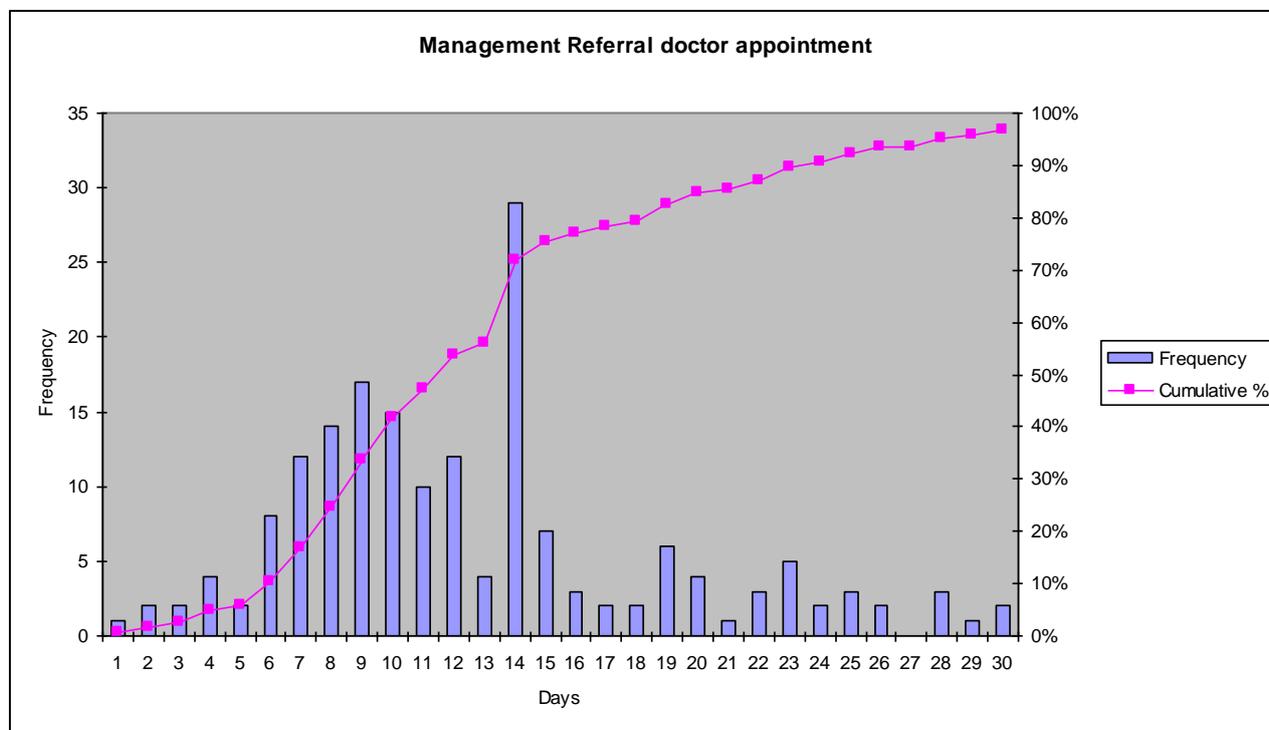
The Staff survey in 2012 identified 34% of staff feeling under pressure to attend work when unwell. A significant amount of proactive work has taken place in 2012/13 to maintain and reduce absence levels. 283 managers have attended absence management bite size sessions which have led to:

- An improvement in the number of return to work interviews taking place.
- Managers referring staff earlier to occupational health
- More 1st day referral for msk/stress issues.
- Managers understanding the importance of having up to date medical advice.
- Escalation of absence management issues
- 123 informal management meetings
- 133 formal review meetings for long term sickness,
- 60 formal hearings at which 3 written warnings were issued
- 22 dismissals for capability ill health
- 164 verbal warnings were recorded

A monthly briefing sheet has been established covering attendance, wellbeing and stress. In addition 3 stress management sessions have been delivered by occupational health with a total of 16 attendees. The Trust sessions are not well attended although the feedback has been excellent. They will be reviewed and adjusted during 2013/14.

Occupational Health has established a closer working relationship with HR as part of the Absence Management Team to provide clear medical information on managing health at work issues the two key causes of absence being musculoskeletal issues and mental ill health. The provision of a robust OH process supporting managers to manage sickness absence and return the employee to work in a safe and timely manner is key. Line managers are encouraged to contact occupational health if they have any concerns prior to completing a management referral this ensures a more effective consultation with the staff member and a clear report can be delivered in a timely manner. Where there is no underlying medical condition identified staff are managed under the Disciplinary Policy.

Doctor referrals



42% of those triaged to see a Physician were seen or offered an appointment within 14 days (10 working days) of the referral being received in comparison with 66% in 2011/12. This was due to long term absence and difficulties obtaining the skills required on a short term basis within budgetary constraints. The increase in workload due to PHT undertaking the occupational health service provision for 9000 Southern Health Foundation Trust staff from September 2012 to December 2012 expedited this difficulty.

Appointments triaged to see an OH nurse have increased significantly over the last two years. The time allocated has been reduced and the number of telephone reviews have increased to address this without the need to increase resources. Any further increase in activity in 2013/14 will require the development of a business case to increase the band 6 resource within occupational health to ensure key performance indicators can be met.

The majority of occupational health reports are sent to the line manager and to HR on the day of the consultation. This has facilitated a more effective and supported return to work or timely management of staff who are unable to return to work in the foreseeable future. Ill health retirement 2011/12 cost £665000 for 13 staff and 2012/13 £556000 for 10 staff.

The Trust compares favourably against the national NHS average of 4.5% absence and the Acute Trust average of 4.26% and positive interventions surrounding staff health and wellbeing will continue to be developed to deliver the 3% sickness absence target set.

Fit 4 Work

This program was specifically developed to improve the health and wellbeing of employees, reduce sickness absence and to help staff remain at work or promote an early return to work.

Two key areas of focus are for staff with MSK issues or stress. This programme should help to improve the results of the next national back audit due in 2013. Brian Griffiths Lead Specialist Occupational Health Practitioner presented the case study on fit4Work at a national conference on Absenteeism in the Public Sector hosted by Capita in September 2012 and received very positive feedback.

Fit for Work Statistics 01/04/2012 - 31/03/2013

Assessments

Number of Physiotherapy appointments:	186
Direct referrals (no physiotherapy assessment):	43

Working Status at Point of Entry to Fit for Work	Number of Employees
On sick leave	52
Full timers working part time – rehab programme	3
Working	61

Oasis

Oasis currently has 840 members, 600 are PHT employees, 50 Carillion employees and 190 other (including civil servants/ military and nominated members). In addition to these members we have taken 90 student memberships since January 2013.

Oasis has continued business with GBall Swim School, who now provide all lifeguard training and assessing for Oasis staff. Good links continue to be maintained with the Elizabeth Foundation who use membership with us and host their annual sponsored swim in Oasis.

In the last 12 months exercise class participation has grown considerably. Classes run "in-house" by Oasis staff have especially grown, recently adding an additional Aqua Silver class to the timetable. Most Fit4Work clients begin their exercise in the water based classes and progress into the gym on a 1:1 basis. Many staff completing F4W continue with the classes to maintain and further improve their health and wellbeing.

We have continued to work with Hydrotherapy and rheumatology who promote Oasis services with patients.

Health and Safety

The Management of Health and Safety at work

Following consultation each CSC is required to submit a report to the Health and Safety committee twice yearly. Reports indicate the processes for the management of Health and Safety across all of the CSC's has improved greatly which is demonstrated by PHT being in the top 20% of and 18th out of 142 acute trusts for health and safety training. PHT is also first in the region for this.

Staff safety forms an integral part of each of the CSC's governance meetings as each CSC has a Health and Safety lead. Some CSC's have implemented H&S working groups.

Guidance and advice continues to be provided by the H&S Advisor to managers to ensure their compliance with statutory requirements.

Employee Health and Safety Culture Survey Results

1091 surveys were completed by PHT staff. The results of the survey were very positive and indicate that, in general, there is a good level of Health and Safety Culture across the organisation.

The positive areas evaluated indicate that –

- Risks to staff are Identified, evaluated and shared
- Staff are provided with the relevant Health and Safety training required to support their role
- Health and Safety is communicated by a variety of means
- Staff feel that their safety has been given adequate consideration and that they are able to communicate any Health and Safety concerns they have with managers
- Although it is evident that not all staff incidents are reported, staff are aware of the process for reporting incidents at work
- The majority of staff would intervene if they saw someone carrying out an unsafe task

Focus areas for improvement

- Encouragement of all staff to report workplace accidents and incidents including near misses
- Ensure that staff are aware of who their H&S representatives are
- Continue to improve the circulation of Health and Safety communications such as the newsletter

Workplace Inspections and Audits.

General Health and Safety inspections of the work environment are undertaken as an integral part of captain's rounds. The past year has primarily focused on the safe storage of oxygen cylinders, appropriate and safe use of sharps boxes and the correct segregation of waste. Notable improvements have been seen across all CSC's in these areas.

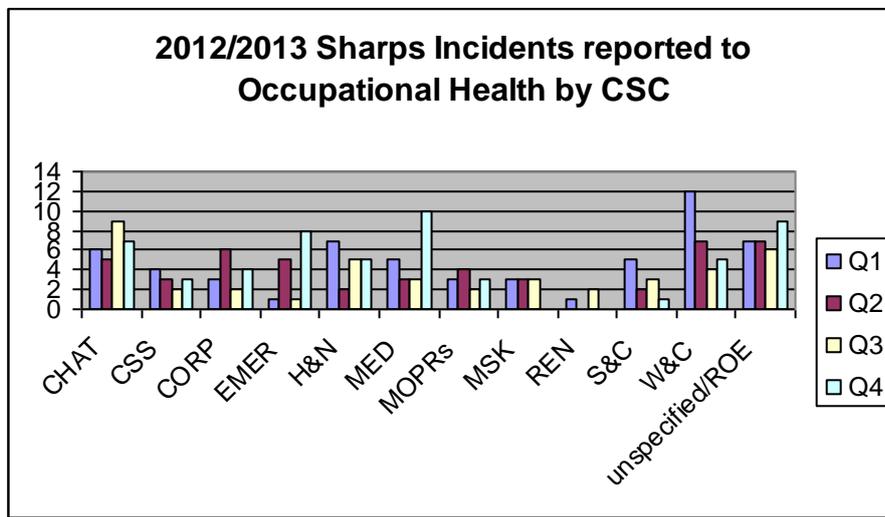
As slips, trips and falls have been the biggest cause of RIDDOR reportable incidents the target area for 2013/14 will be on the environment with a focus on things that can contribute to the slips, trips and falls risks to both staff and patients, however, close monitoring of sharp safety will continue.

Sharps

Sharps injuries still remain a key focus point and although a slight decline in the number of reported incidents there is a vast discrepancy between the numbers that are being reported to DATIX in comparison with the numbers reported to Occupational Health.

For the period 01.04.12-01.03.13 there were –

- 105 Incidents reported to DATIX
- 217 Incidents reported to Occupational Health



Changes to the Health and Safety reporting processes and having a H&S lead for each CSC has improved the awareness of managers which is slowly being fed through to staff.

The Sharps line has changed due to the move of the whole of occupational health to QAH. New posters cards and leaflets have been produced and distributed this has given an additional opportunity to raising staff awareness.

The out of hour's sharps service has moved from GU Medicine to the Emergency department with effect from 1 October 2012. This has brought PHT in line with other acute hospitals in the region.

Following the implementation of the European Council Directive 2010/32/EU (the sharps directive) the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 apply from the 11th May 2013.

All employers are required under existing Health and Safety law to ensure that the risks from sharps injuries are adequately assessed and appropriate control measures are in place. The Sharps Regulations build on existing law and provide specific detail on the requirements that must be taken by health care employers and their contractors.

In line with the requirements of these regulations CSC's are required to submit their completed 'sharps' risk assessments to the Health and Safety committee and those that have presented their reports so far this year have done so.

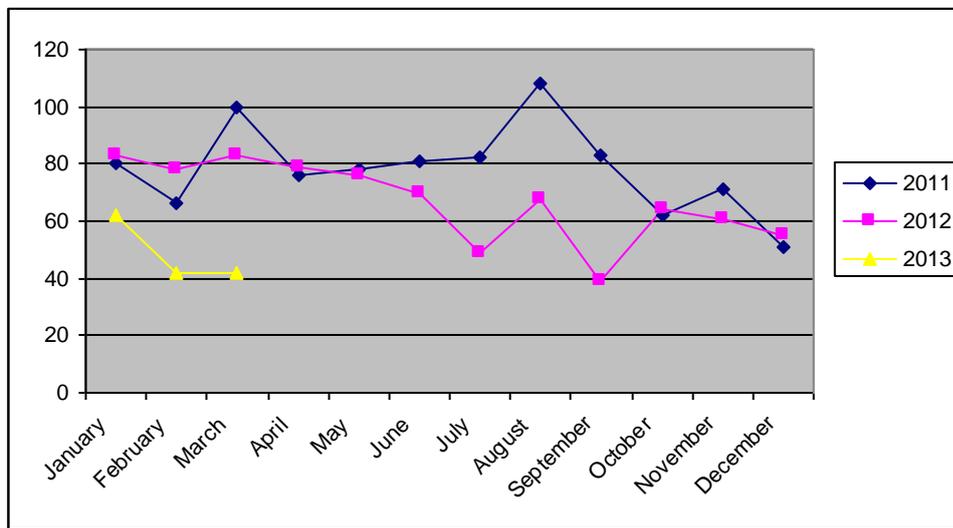
PHT can evidence compliance with the majority of the requirements of the regulations however there is still a need to implement, where possible, 'safe sharps devices'. A selection of the products that are currently available on the market will be reviewed in 2013/14 by a multidisciplinary group to identify those that could be viable for implementation across the trust.

Carriage of Dangerous Goods by Road

The annual report from the DGSA submitted in March 2013 highlighted areas needing review to make PHT fully compliant with the requirements of the regulations – these areas are being addressed with an action plan being developed with support from the relevant areas

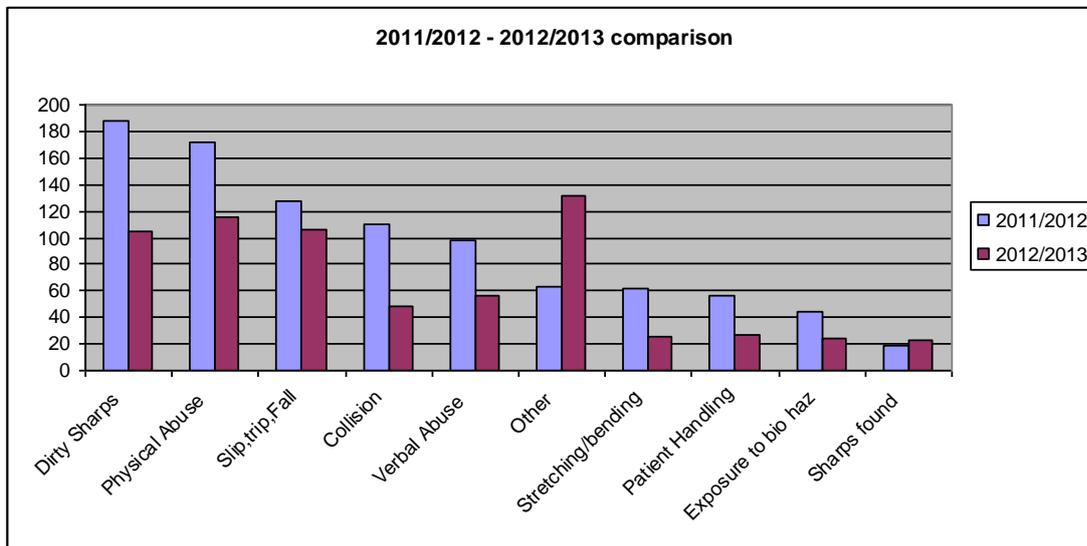
Health and Safety Incidents

2012/13 has seen a substantial decline in the number of reported staff incidents throughout the trust. The total number of staff incidents recorded on DATIX was 724 compared to 1100 for 2011/2012 reporting period indicating a 34% decrease.



Incidents by CSC

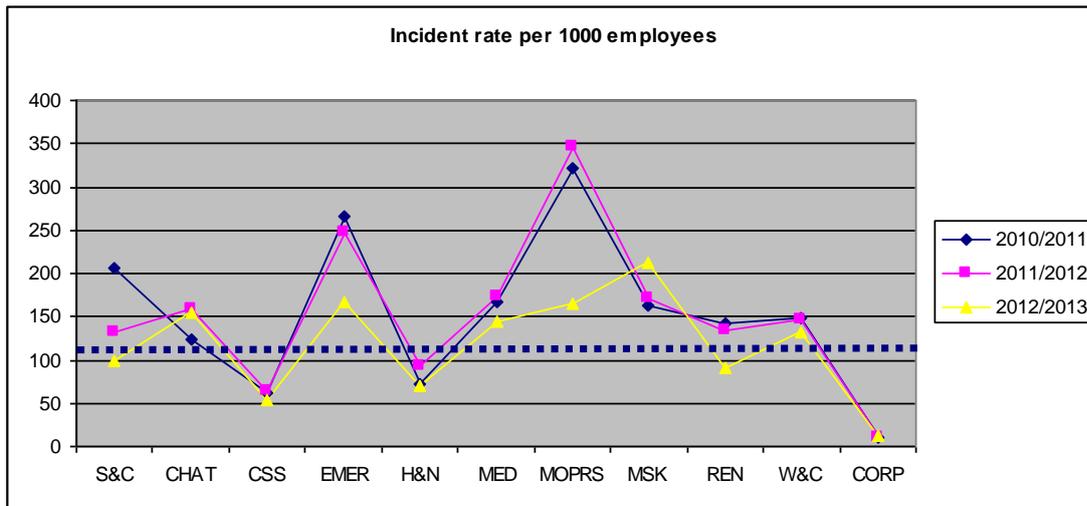
	CSC	Corp	EMER	FM	H&N	MED	MOPRS	REN	S&C	MSK	CHAT	W&C	Total
Accident of some other type or cause	12	4	14	3	3	15	10	4	13	9	26	18	131
Physical abuse, assault or violence	1	0	14	1	3	22	29	2	7	26	5	5	115
Injury from dirty sharps	3	0	11	0	2	13	11	4	8	4	21	28	105
Fall on level ground	6	1	7	9	0	6	5	1	5	5	8	8	61
Verbal abuse or disruption	4	0	3	0	1	8	1	7	8	7	3	15	57
Staff Collision with object or person	6	0	3	5	3	5	5	0	0	4	6	4	41
Lifting or moving a patient or other person	0	0	1	0	0	5	4	0	4	7	3	3	27
Stretching or bending injury, other than lifting	0	0	1	1	0	4	4	2	3	6	1	4	26
Tripped over an object	8	0	1	1	0	2	1	1	2	1	4	3	24
Exposure to biological hazard	8	0	1	1	3	1	0	0	1	0	8	0	23
Sharps or needles found	1	0	2	0	0	2	2	0	0	2	14	0	23
Total	49	5	58	21	15	83	72	21	51	71	99	88	633



Whilst the statistics provided within this report appear to indicate a good level of reduction across the majority of reported staff Incidents in comparison with last year, there is concern of a possible lack of reporting across the trust especially since the rollout of DATIX throughout the CSC's.

Incident Rate

Trust overall incident frequency rate per 1000 employees is 114 compared to 140 last financial year a 19% decrease. MOPRS had the highest reduction of 53%.



RIDDOR reportable Incidents

There were 22 RIDDOR reportable Incidents for the year

- 4 Major Injuries
- 13 Lost time Injuries
- 2 Dangerous Occurrences

Closed claims 2012/13

CSC	Description	Outcome	Damage
SURCAN	The Claimant, a member of Trust Staff suffered a needle stick injury to her hand.	SETTLE	£1,500
DMOP	Allegedly, due to ward moves and lack of staff and equipment the Claimant's work load (nursing) increased, causing a severe neck, shoulder and upper back injury which has required surgery.	SETTLE	£15,707
FM	The Claimant, a member of Trust Staff trapped her right hand in a lift door and suffered cuts and bruising to her finger ends.	SETTLE	£3,000
MED	The Claimant a member of Trust Staff tripped over an electrical wire which was plugged into a ceiling pendant. She suffered a fractured right elbow.	SETTLE	£475

Manual Handling

Safer practice when moving and handling patients or inanimate loads, is essential to reduce the risk of musculoskeletal injury to staff and prevent subsequent sickness absence. 18.6% of absence in 2012/13 was due to MSK issues. The manual handling service work proactively to prevent absence rates increasing.

Training

Moving and handling training is a statutory requirement and is an essential training element within PHT.

Induction for the moving and handling of patients is centrally provided. It is a four hour course and forms part of Day 2 of Corporate Induction.

Refresher/Update training is centrally provided. PHT staff can book on via ESR. MoD and ROEM staff can book on via Doreen Budgen. Some update training takes place onsite for areas such a DCCQ and Paediatrics.

The table identifies the training figures for 01 April 2012 to 31 March 2013. Waiting time for a place did not exceed one month.

Most Patient Handling Induction and some Refresher courses are outsourced to Safe Systems. The contract for this period was £25,000. To ensure quality the trainers provided by Safe Systems are peer reviewed at least annually by the Lead Back Care Adviser.

TRAINING			
01 April 2012 – 31 March 2013			
Essential Training			
TYPE	PLACES AVAILABLE	PLACES BOOKED	PLACES ATTENDED
Induction (Pt Handlers)	635	543	495
Essential Update Programme (Refresher)	813	711	695
Skills Update (Pt handlers)	995	905	806
Skills Update	285	245	241

(Inanimate load handlers)			
TOTAL	2,748	2,404	2,237
Workshops			
Workshops (Hover Equipment)	124	107	107
Workshops (other)	285	245	241
TOTAL	409	352	348

The above table illustrates that places are booked but not always taken up. This can result in staff booking on to several courses prior to attending. Non attendance has been more actively managed this year. Learning and Development generate a monthly report listing the names of staff who have not attended and not given apologies. Since September 2012 this report has been sent to the wards and departments and Business Partners to advise that attendance is important. Non attendance has decreased with 7 reported in March 2013.

Some special induction courses were organised for particular groups. Junior Doctors Induction occurs on a monthly basis. Medical Assistants Induction are organised when they come to QAH from Keogh Barracks, where they are undergoing MA training, and occurs 4 times a year. A new approach was tried for providing training for rheumatologists and anaesthetists. It was integrated into their clinical audit days. This is an approach that doctors of a similar speciality can request from MHAT.

Staff

Rehabilitation of staff with a musculoskeletal disorder (MSD) should be timely.

26 staff were referred to the MHAT either by Occupational Health or their Line Manager. All referrals were responded to within 3 working days. MHAT undertake at least one workplace visit and a subsequent report is generated, and sent to the Line Manager, Occupational Health and the person within 10 working days.

Patients

42 patients with complex moving and handling needs were referred to the MHAT by staff in a ward or department. Each referral was responded to within 24 hours. The number of visits made to each patient varied between 1 and 6 depending on the complexities. Each event is documented in the patient's notes and electronically.

Incidents

Reporting of incidents is a requirement and contributes to the monitoring of musculoskeletal injury. Patient handling incidents were placed 7th in the top ten of incidents reported within PHT. There were 27 reported resulting in a decrease of 53%.

Count of Incidents by Adverse Event and Division 2012/2013													
	CSC	Corp	Emer	FM	H&N	MED	MOPRS	REN	S&C	MSK	CHAT	W&C	Total
Lifting or moving a patient or other person	0	0	1	0	0	5	4	0	4	7	3	3	27
Lifting in the course of moving a load	3	0	0	0	0	0	0	0	0	0	3	1	7
Stretching or bending injury, other than lifting	0	0	1	1	0	4	4	2	3	6	1	4	26

Awareness Activity

The MHAT and Health & Safety participated in National Back Care week in October 2012. A well stocked informative stand in the Atrium was very successful with visits from staff and visitors.

A Bariatric Study Day was organised for 19 December 2012. Three companies were invited and the event took place in the Education Centre. Despite being close to Christmas the event was well received. 47 people attended, 30 were PHT staff and 17 were physiotherapists who work at QAH but are employed by Solent PCT.

In collaboration with the Falls Specialist Nurse, the physiotherapists and Security, MHAT participated in a workshop to raise awareness on the management of a patient with dementia. The workshops were 2 hours in duration 31 staff from a variety of CSCs and a mixture of registered and unregistered PHT staff attended. The evaluations were very positive. This workshop involved a larger number of trainers, 8 in total 2 of which were from the MHAT.

In collaboration with the physiotherapists, MHAT participate in the Fundamentals of Stroke Care courses. This occurs on a 6 monthly basis.

Aquilis

Part of the Staff Opinion Survey asks questions with regard to opportunities to maintain health wellbeing and safety. The survey of 2011 identified an 8% reduction in staff suffering from work related stress within PHT 5% less than the National score for acute Trusts in 2011. In 2012 this increased by 14.7% and PHT has moved from being one of the best 20% of acute trusts to an average acute Trust.

Aquilis is PHTs in-house counselling service. The purpose is to support staff and in so doing to support the Trust by keeping staff at work and psychologically healthy and fit to look after patients. Aquilis offers an initial assessment followed by up to 8 counselling sessions per client. Clients are referred via self referral or through occupational health. A clinical judgement is made at the end of the clients counselling. Of the 145 feed back forms received.

- 95% of staff in comparison to 92% in 2011/12 of staff found counselling very good or excellent
- 70.2% said that counselling had prevented them from taking time off work or had helped them return to work sooner than they would otherwise have done.

The resources for this area have been reduced by £12000 for 2013/14. Aquilis generated £38500 income last year from maternity and from outside organisations.

Dermatitis and Latex

In line with HSE recommendations and the requirements of the COSHH regulations dermatitis surveillance is key. In 2012/13 in order to gain a true reflection of the numbers of staff that had been issued with the dermatitis surveillance forms managers were required to complete and return a 'returns form' that identified –

- The number of staff in department
- Number of forms issued
- Number of forms returned
- Numbers of staff requiring Occupational Health referral

The relevant paperwork to undertake this surveillance was distributed to the CSC General Managers and Heads of Nursing for dissemination throughout their areas with a period of seven weeks given in which to undertake the surveillance and submit their 'returns form'.

For the purpose of this report the clinical staff headcount for each CSC was used to ascertain the potential number of employees requiring surveillance. Although it is acknowledged that not all 'clinical' staff fell within the requirements of this surveillance the clinical headcount figures were used as a base line across all CSC's.

Results

Based on the total clinical staff headcount only 32% of eligible staff across the Trust were issued with surveillance forms, of these, 77% of staff returned their completed forms to their manager with 6% of these staff requiring referral to Occupational Health.

Potential numbers of eligible clinical staff (based on clinical staff headcount)	5105
Forms Issued	1619
Forms returned to manager	1255
Number of staff requiring OH referral	72
Number of staff seen by Occupational Health	43

Flu campaign

The Flu campaign for 2012/13 had a slightly lower uptake rate than 2011/12. The number of clinics and flexibility including evenings and early starts was equivalent to the previous year. A leaflet with payslips was not used due to resourcing issues. This will be considered for 2013/14 alongside the introduction of ward vaccinators in key areas.

CSC	2009	2010	2011	2012
Bank Division	8	8	29	-
Cancer CSC	59	87	95	-
Charitable Funded Division	2	2	4	3
CHAT CSC	248	345	376	368
Clinical Support CSC	365	446	541	512
Corporate Division	1	1	1	-
Corporate Functions	203	252	394	267
Emergency Care CSC	84	122	151	128
Facilities Management Division	9	10	15	13
Head & Neck CSC	67	86	120	132
Medicine CSC	176	221	287	252
Surgery and Cancer CSC 2012only	81	120	145	234
MOPRS CSC	161	171	247	238
Muscular Skeletal CSC	93	121	168	137
Renal CSC	80	106	97	101
Research & Development Division	2	3	5	22
Retained Employees Division	5	4	11	-
Trading Division	19	22	28	32
Women's & Children's CSC	203	302	338	354
(Unknown)	130	277	77	281
Grand Total	1996	2706	3129	3074

Income Generation

Occupational Health provides occupational health services to 70+ small and medium enterprises across Hampshire. This includes the contract for Western Sussex Hospitals Trust which brings in income of £383000. Income from local businesses including some NHS work has increased to £352000 following a 2% drop from £328000 in 2010/11 to £322000 in 2011/12.

PHT Occupational Health Physician maintains Appointed Doctor status under Control of Lead at Work Regulations. This allows OH to carry out medical surveillance of classified lead workers for Income Generation clients

PHT lost the Solent occupational health contract which returned in house from 1 September 2012 resulting in a loss of £125077. In addition PHT lost the Southern Health contract to Atos with effect from 1 January 2013 resulting in a loss of income of £133000 and part of the SHIP contract resulting in a loss of £6000. A number of vacancies were held to account for the potential loss of income. A number of staff reduced their hours and one staff member TUPED to Atos with effect from 1 January 2013.

PHT has maintained contracts with GPs and GDPs for Portsmouth and Hampshire which last year brought in £26000.

Income generation will be an important focus for occupational health in 2013/14.

Actions for 2013/14

Action	Responsibility	Deadline
Develop Income Generation activities across Hampshire and West Sussex to increase income by 10 - 15%	Occupational Health Manager and Clinical team	31 March 2014
Support HR and Managers to reduce absence to 3%	OH Team	31 March 2014
Identified dates and programmes established to raise awareness e.g. Back care awareness week, exhibition days	Lead Back care Advisor	31 March 2014
Target areas for incident reduction – promote push receive technique within training, use of bariatric suit to promote safer moving and handling of bariatric patients	Manual Handling Advisory Team	31 March 2014
Promote safer moving and handling of the patient with dementia by participating in multidisciplinary workshops with the Falls Specialist, Dementia Nurse Specialist Physiotherapists and Security	Manual handling Advisory Team	31 March 2014
Health promotion 4 targeted programmes per year	Occupational Health Manager and Clinical team	31 March 2014
Quarterly short report to board on Wellbeing in line with Operating Framework 2010/11	Health and Safety Advisor/Occupational Health Manager	October 2013 January 2013
Develop Clinical Excellence and Audit across the service <ul style="list-style-type: none"> • Back audit and action plan development and delivery • Managers survey and action plan development and delivery • Sharps audit and action plan development and delivery • Nice audit and action plan development and delivery 	Consultant and Clinical Lead	31 March 2014
Improve corporate reporting to ensure an increase in uptake in flu vaccination	Occupational Health Admin team	31 August 2012
Reduce the number of incidents/episodes without an identified CSC	OPAS Administrator	31 December 2013
Review the number of flu clinics provided to ensure a routine service is maintained	Flu lead	31 August 2013
Health and Safety target areas for accident reduction: - Sharps Injuries Violence and Aggression Slips, Trips and Falls, Collisions, Exposure to Biological Hazards. Working towards a 5% reduction in all of these areas through education and awareness raising	Health and Safety Advisor	31 March 2014
Working at Height and Carriage of dangerous goods by road action plan	Health and Safety Advisor	31 March 2014
Ensure Sharps Safe devices as part of the EU directive are implemented across PHT	Health and Safety Advisor	31 March 2014
Develop and deliver a health and wellbeing day to include cholesterol check, blood pressure etc	Lead Specialist OH Practitioner	31 March 2014
Extended skills H&S training for this year to support the link roles and H&S leads and 'buy in' the IOSH Managing Safety for Health Care Professions	Health and Safety Advisor	31 March 2014