

Staff Safety, Hunter New England Local Health District



Until three years ago, Hunter New England Local Health District (HNE Health) focussed on clinical patient safety, but not on staff safety. This is changing and safety is now integrated throughout the organisation's culture.

Overview

HNE Health is one of the largest Health Districts in NSW with:

- A mix of rural and urban communities
- 880,000 resident population (12% of NSW total)
- 5% Aboriginal population (twice the NSW average)
- A mix of tertiary referral hospitals, mental health facilities, rural referral hospitals, district hospitals, multipurpose health services and a wide range of community based health services
- 15,500 staff, who deliver in excess of (to year end 30 June 2014):
 - 210,000 patient discharges
 - 780,000 total bed days
 - 2.7 million non-admitted patient services
 - 390,000 emergency attendances.

Background

- A core Strategic Priority of HNE Health is to 'ensure a safe working environment' for staff
- A significant portion of HNE Health's workforce is approaching retirement and HNE Health needs to ensure the workforce remains fully engaged and physically able to perform their duties
- New recruits were also identified as a key group at HNE Health who need to be trained right from commencement of employment

- Various safety initiatives undertaken to embed positive safety cultural attitudes across all levels of seniority.

WHS&IM staffing changes

- HNE Health's Executive provided full support for merging Work Health & Safety (WHS) and Injury Management (IM) teams into one unit. This has created proactive targeting of hotspots for solutions, not just managing adverse outcomes
- WHS Manager role was enhanced and the WHS unit was authorised to drive improvements
- Performance criteria were developed for all roles
- WHS Manager supports the 15 regionally allocated WHS Coordinators.

The journey to change

First programs implemented for improvement

- Developed an investigation process, monitored completion of incident and accidents and engaged managers at escalation points
- WHS is included on agendas of quarterly District Leadership Forums
- Developed monthly reports for each manager
- Addressed WHS policy gaps aligning to new legislation
- Commenced a *Hotspots Program* which identified high level risks: manual handling and the ageing workforce.

Integration with organisational HR processes

- Safety was integrated into the organisation's culture program: ***Excellence – every patient, every time***
- WHS is integrated into the staff and service meeting schedule (called 'rounding conversations') to meet with managers and ask 'how can we assist you?' and 'do you have all you need to keep your team safe?'

Better use of the OHS&IM Profile tool - the Ministry of Health audit tool

- Previously this was not well monitored; now there is six monthly reporting to the Chief Executive on profile results and action items
- A biannual cycle of Profiles has been established across all sites
- A 90 day action plan is expected with remediation and timeframes
- All Profiles across HNE Health were and continue to be reviewed to ensure more rigour.

Stronger focus on training

- Developed a stronger focus on WHS education with module development and delivery by WHS Coordinators
- Manager training is delivered at District Leadership Forums
- WHS unit developed detailed training modules and checklists for managers (e.g. accident investigation and due diligence)
- Training also includes role playing and learning outcomes from each module is monitored (e.g. quality reviews of accident investigations)
- The WHS coordinators are being up-skilled with Certificate IV training plus regular professional development.

More robust planning

- Developed the *HNELHD WHS Strategic Plan 2012-2017*
- Annual operational plans provide milestones and goals that the WHS unit agrees to meet

- Each cluster service has written its own WHS milestones and goals to meet.

WHS reporting

HNE Health have implemented a comprehensive WHS reporting system providing a clear indication of performance using a 'Traffic Light' format.

The WHS reports provide a vehicle for discussion, elevating the focus on health and safety and improving WHS culture.

- Provide a 'snapshot' of WHS performance
- Distributed across the District and included in Senior Manager Monthly Accountability Meetings
- Service specific reports are displayed on WHS notice boards across the District
- Further consultation with the HNE Health Board and General Managers resulted in additional information being incorporated
- Measures in the report include lead and lag indicators from the HNE Health Operational Plan, monitoring of actions to ensure compliance with the *HNELHD WHS Strategic Plan 2012-2017*, and improvements in OHS&IM Audits.

Results

Executive-level support has contributed to the success of these programs. In addition, the leadership and influence of WHS Coordinators provides a broad base of support for HNE Health objectives. Successful outcomes are that:

- the WHS program is taken as a whole, instead of as one or two standalone initiatives
- staff take personal accountability for WHS success, internalising positive cultural change
- HNE Health recognises that a variety of approaches assists in improving the 'way work gets done'. Flexibility and imagination is encouraged to engage staff. One example is WHS promotional newsletter articles which linked employee wellbeing and lifestyle to the

manual handling program relating health and safety to employee wellbeing and lifestyle

- a measurable improvement in injury has been seen over the last five years and in particular the last 12 months. A target of 20% reduction in injury was set and then exceeded with a 60% result being achieved.

You cannot improve what is not visible

TMF Award for Excellence – HNELHD Feature Board November 2014

Successful strategies

Culture improvement program – ‘Excellence’ – safety is to be integrated into the program

- Safety is a core value and is stated in the WHS policy
- An accountability framework with key performance indicators (KPIs) and expectations of compliance is being developed
- Safety is part of performance reviews and built into all documents
- Consultation with staff about what is agreed as acceptable behaviour
- Safety accountabilities are built into position descriptions and tailored to positions, commensurate with accountabilities
- Incidents are monitored and it is the manager’s responsibility to follow up
- Safety behaviours are being developed through consultation with WHS Coordinators and broader consultation with staff
- Final consultation will occur with industrial bodies with final approval by the Chief Executive after three rounds of consultation.

Manual handling

HNE Health acquired a manual handling audit tool from Queensland Health and established a working party to implement it at one facility to trial.

Staff and manager surveys as well as reviewed incident reports have shown it to be a successful trial.

Reporting

- Regular reports go to the Executive, managers, Board, and Audit and Risk Committee
- Managers receive monthly reports and contact the WHS unit to discuss how to act on the each report to address key issues for their work area
- Reports use a balanced scorecard of both positive and negative indicators
- Measures in the report include lead and lag indicators
- Reports are streamlined to three pages
- KPIs are loaded to the Executive ‘Smart Viewer’.

Facing Challenges

- To ensure all programs are effectively implemented, HNE Health needs to ensure it is consistently planning for and embedding programs into the organisation and its culture
- Geographic spread continues to challenge the consistent delivery of the WHS Program. HNE Health uses video and teleconferencing and regular, week-long trips through distant clusters by WHS team. During these trips, scheduled ‘service rounding’ talks to outlying managers are conducted. WHS Coordinators come together biannually for professional development
- Communication barriers between levels of the organisation is addressed through liaison with General Managers, ‘service rounding’ conversations with line managers and during OHS&IM profile assessments.

Future strategies

- Establishment of an Executive Safety Committee led by the Chief Executive with Directors from all key areas of HNE Health
- Introduction of a safety awards program

- Introduction of measures to target client aggression
- Development of a tool to assess fitness for work using the expertise of an occupational physician and liaising with HR so as to more appropriately allocate work
- Extend the successful manual handling program trialled at Tamworth to other hotspot areas and further develop a manual handling investigation checklist
- Use facility-based risk assessments to identify hotspot areas subject to slips, trips and falls.



Summary of successful strategies

Primary – preventative / proactive approaches Reducing risk factors	Secondary – proactive / reactive approaches Minimising risk impact	Tertiary – reactive approaches Managing injury, rehabilitation and return to work interventions
<ul style="list-style-type: none"> Executive Safety Committee Safety culture improvement program Five year WHS strategic plan, yearly operational plan and 90 day action plan monitoring 	<ul style="list-style-type: none"> Hotspots program Reporting templates for district managers and executive including lead and lag indicators and 90 day action logs 	IM and RTW program
<ul style="list-style-type: none"> Manual handling audit tool and surveys Facility risk assessments for slips, trips and falls 	Incident investigation process and checklist <ul style="list-style-type: none"> Reviewing quality of investigation process Monitoring of outstanding incident reports with weekly & monthly reminders Slips/ trips/ falls investigation checklist 	Psychological wellbeing support program
WHS training programs for staff and managers <ul style="list-style-type: none"> Tools for managers Due diligence checklist Consultation record sheet WHS modules and checklists for managers 	Manager training/ workshops in <ul style="list-style-type: none"> Accident investigation Manual Handling Aggression Management 	Manager training to up skill on managing incidents and the return to work process to enable quicker return to work
WHS team “Rounding conversations” scheduled with managers: <ul style="list-style-type: none"> ‘how can we assist you?’ ‘do you have all you need to keep your team safe?’ 	Managers more aware of safety concerns of staff and are able to implement processes/ equipment to prevent risk causing injury	
OHS&IM Profile tool and monitoring	Follow up actions and reporting results to Executive Leadership Team	

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