

TRUST BOARD
26th April 2012

TITLE	Health and Safety Report
EXECUTIVE SUMMARY	This quarterly report has been prepared to provide assurance to the Trust Board that it is managing its health and safety risks and thereby complying with its statutory duties.
BOARD ASSURANCE (Risk) IMPLICATIONS	The relatively low number of incidents provides assurance that effective measures are in place to protect staff, visitors and patients.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	A good health and safety record provides assurance to outside stakeholders that the Trust takes its responsibilities seriously and safeguards its reputation.
EQUALITY AND DIVERSITY ISSUES	None
LEGAL ISSUES	Potential for litigation if the Trust fails in its duty of care to staff, patients and visitors.
The Trust Board is asked to:	Note the report
Submitted by:	Valerie Bartlett, Deputy Chief Executive
Date:	17 April 2012
Decision:	For Noting

TRUST BOARD
26th April 2012

Health and Safety Report

1. PURPOSE OF PAPER

The purpose of this paper is to provide assurance to the Trust Board that it is managing its health and safety risks and thereby complying with its statutory duties.

2. INTRODUCTION

This paper sets out key areas of Health and Safety issues and highlights current performance, incident levels and action taken to mitigate risk.

3. HEALTH AND SAFETY QUARTERLY SUMMARY

There have been three key areas of activity in the last quarter that are summarised below:

3.1 Violence and aggression

In the January Board Health and Safety Report a table appeared showing details of assaults on staff at local hospitals. Further investigation has shown that the figures provided were not correct and the nationally published figures are as shown below.

Number of assaults per 1000 staff declared to NHS Protect* for the year 2010/11:

Ashford and St Peter's	19.8
Epsom and St Helier	22.1
Frimley Park	23.7
Royal Surrey County Hospital	27.9

*NHS Protect – National Violence Against NHS Staff Statistics 2010/11

Assaults against staff are completely unacceptable and the Trust has a duty of care to protect staff from such acts. Historically NHS staff have been reluctant to report such incidents believing them to be “just part of the job”; however, current training dismisses this attitude as counterproductive and encourages all incidents to be reported so that action can be taken to prevent recurrences. This change in approach has provided a much better picture of where problems lie and undoubtedly led to an increase in staff reporting work related injuries through the National Staff Survey.

Work to reduce violence and aggression against staff is continuing on two fronts.

Violence in A&E

A working group has been established that meets monthly to review violent incidents in A&E. It has concluded that often persons who are intoxicated or mentally ill are brought to the A&E department inappropriately as they do not require medical attention. The group is working with Surrey Police to implement the guidelines published in *Tackling violence and antisocial behaviour in the NHS – Joint Working Agreement between the Association of Chief Police*

Officers, the Crown Prosecution Service and NHS Protect. This should ensure that intoxicated or mentally ill persons are dealt with appropriately and our staff are safer from assaults.

Dementia Patients

Much of the violence against staff comes from dementia patients who are disorientated and frightened. A programme of training and education has been launched for Health Care Assistants who are often the target of violence when giving personal care to patients. The training includes guidance on how to communicate effectively and how to recognise when they may be vulnerable to attack.

Both of these initiatives will be monitored to measure how effective they are in reducing assaults on staff and the results will be reported back to the board.

3.2 Training

An intensive programme of refresher training for all staff has been carried out to include:

- Fire
- Health and Safety
- Conflict Resolution
- Manual Handling
- Incident Management
- Infection Control
- Hand Washing

In order that all staff are able to attend, sessions have been held at varying times including early mornings and weekends. So far 74% of staff have attended the training. In addition most of the training is available on line through e-learning modules. Those staff that have yet to attend will be targeted over the next two months with a target of 100% compliance by the end of June 2012.

The purpose of the training is to reduce accidents and injuries to staff and to remind staff of their responsibilities to work safely and not to put themselves or others at risk. In addition the training will meet the requirements of the Care Quality Commission and the NHS Litigation Authority. A reduction in work related injuries should also improve staff moral as reflected in the National Staff Survey.

3.3 Manual Handling

Bariatric patients present particular manual handling risks to staff involved in their care, mobilisation and transport. In order to mitigate the risk and protect staff from injury business cases have been developed and approved for the purchase of additional bariatric equipment. The Trust has purchased an expandable width bariatric bed frame with a safe working load of 320kg/50st. The Trust is currently awaiting delivery of a purpose built heavy duty mattress with add-on sections to fit the bed.

A bariatric simulation suit has been purchased which will give staff excellent realistic practice when learning how to safely handle the patients in this category. In addition it will give the wearer an insight into the difficulties experienced by this patient group when moving. Whilst it is re-assuring that the Trust is investing in this specialist equipment there still remains a shortage of basic items on the wards for bariatric patients such as commodes. The Manual Handling Co-ordinator is addressing the problem of shortage of bariatric equipment with the Divisional Heads of Nursing.

The manual handling team are working closely with the Occupational Health physiotherapist looking at staff musculo-skeletal injuries with a view to analysing the causes of these injuries and changing processes and procedures to further protect staff and reduce injuries.

4. INCIDENT REPORT

The following five tables demonstrate the number of incidents in the key health and safety high risk areas. These figures include near misses.

4.1 Inoculation Injuries

Fig 4.1

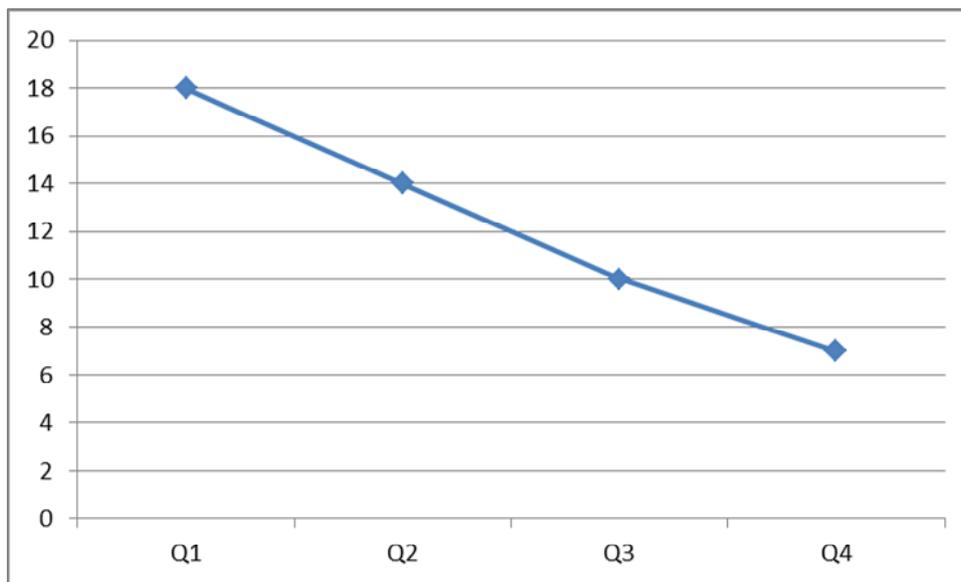


Figure 4.1 shows that these figures for inoculation injuries are decreasing and it is expected that the robust follow up to incidents and training, particularly on induction, by Occupational Health will continue to reduce these figures. Evidence shows that most of the incidents are caused by not following accepted practice and were avoidable.

4.2 Manual Handling

Fig 4.2

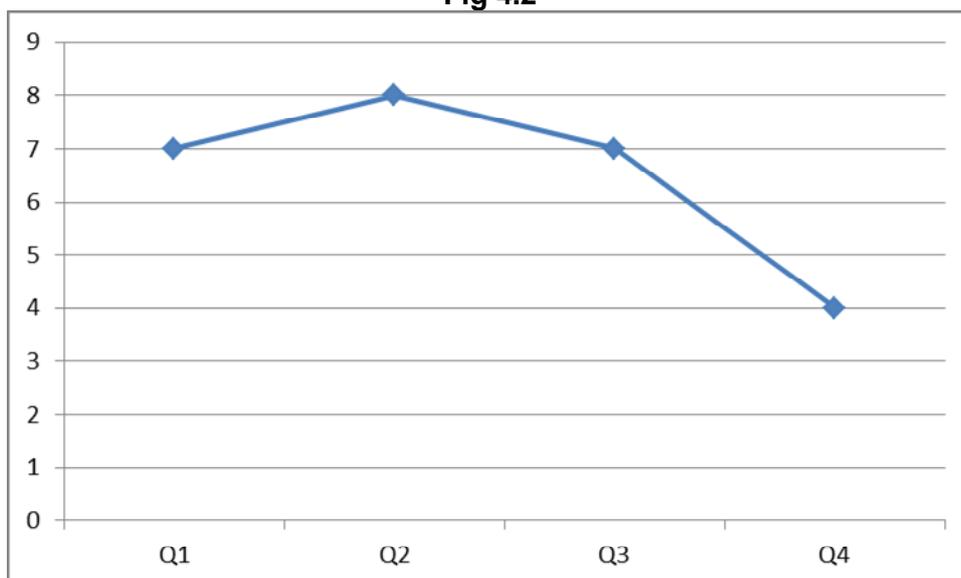


Figure 4.2 shows the number of manual handling incidents reducing and it is expected that the work being carried out to ensure that staff are trained properly and have the right equipment will maintain this trend.

4.3 Physical Assaults

Fig 4.3

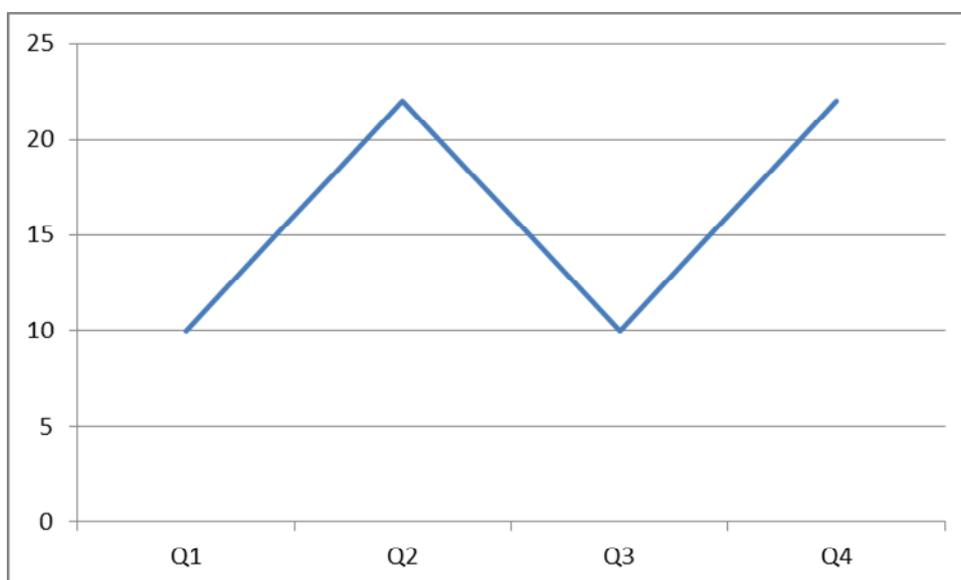
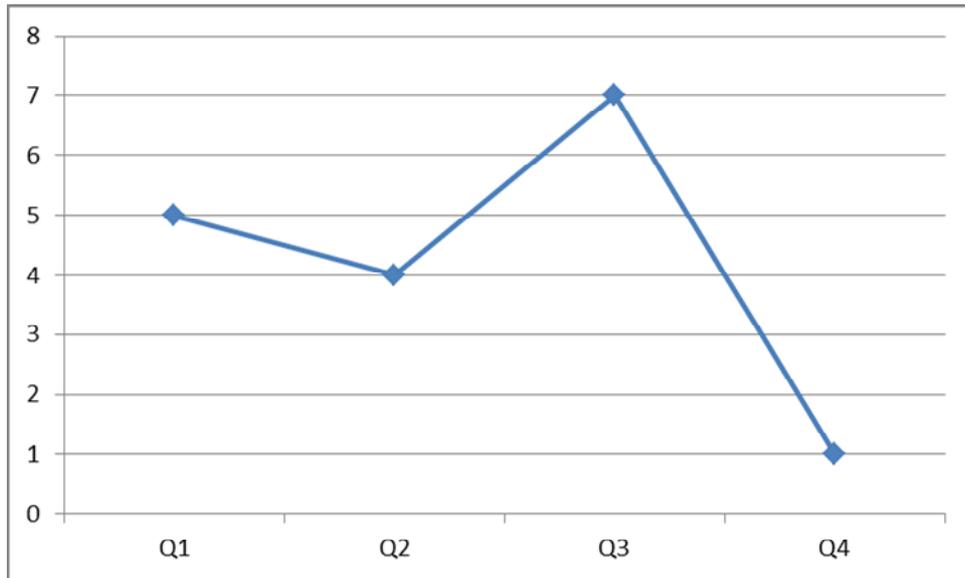


Fig 4.3 shows the number of physical assaults over the last year. Physical assaults are by far the largest cause of injury to Trust staff and, as described at the beginning of this report, a great deal of work is going on to prevent these attacks by giving staff the training they need to avoid being put at risk particularly from confused patients.

4.4 Struck Equipment

Fig 4.4



The numbers in fig 4.4 are for minor injuries resulting from bumping into furniture/equipment etc. None of these were serious.

4.5 Staff Falls

Fig 4.5

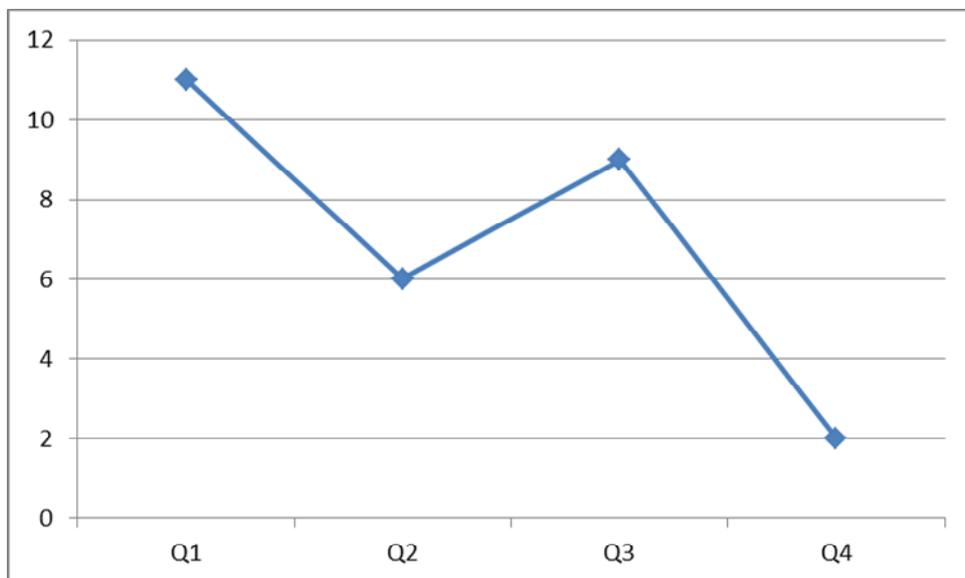


Fig 4.5 shows staff falls. A greater emphasis on avoiding falls is now being given in health and safety training and cleaning staff have been reminded that they must always leave a marked safe route when cleaning walkways.

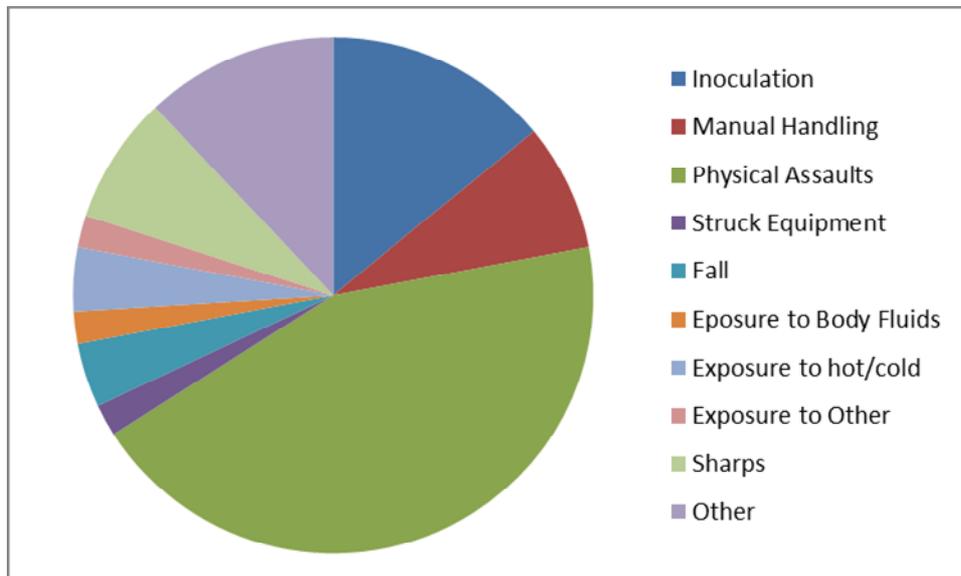
5. SUMMARY OF ALL STAFF INCIDENT INJURIES

The following table illustrates the full level of incident injuries sustained by staff including the five high risk areas and others. Following disappointing results in the staff survey relating to staff not reporting accidents there has been a strong emphasis in health and safety training and the need to report accidents so that remedial action can be taken to prevent recurrences and keep staff safe from injury. Fig 5.1 shows the breakdown in pie chart form.

Summary of Staff Injuries

Staff Incidents	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4
Inoculation injuries	18	14	10	7
Manual Handling	7	8	7	4
Physical Assaults	10	22	10	22
Struck Equipment	5	4	7	1
Staff Fall	11	6	9	2
Exposure to body fluids	0	3	2	1
Exposure to hot/cold substances	1	0	0	2
Exposure to other harmful substances	1	5	2	1
Sharps (non-contaminated)	12	2	6	4
Radiation	0	0	0	0
Hit by falling object	2	5	3	0
Electrical discharge	0	0	0	0
Latex issue	0	0	0	0
Trapped by something	1	1	2	0
Other	0	0	1	6
Total (staff)	68	68	60	50

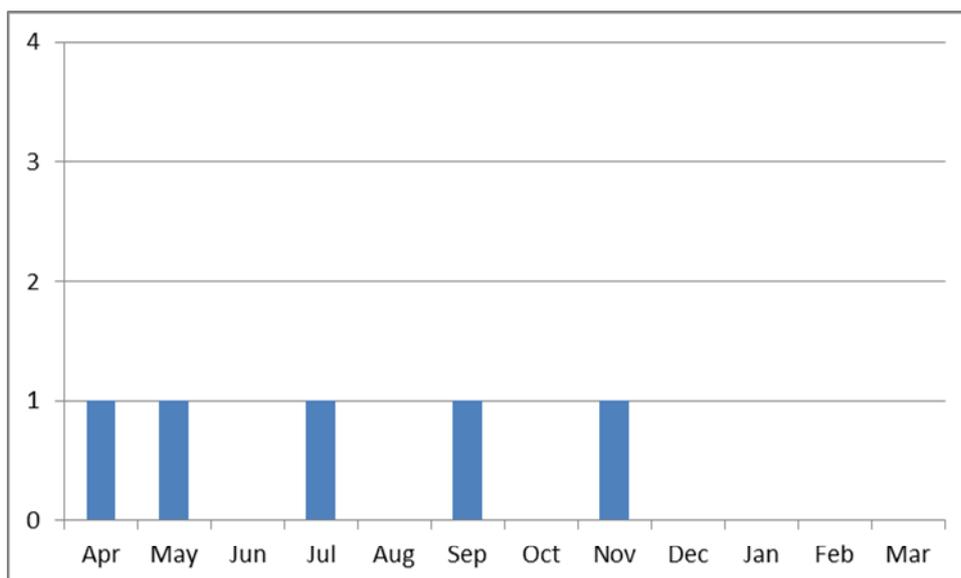
Fig 5.1
Summary of staff injuries Q4 2011 by cause



6. RIDDOR

Injuries reportable under RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) remain relatively low as follows in Fig 6.1

Fig 6.1



The reporting criteria for RIDDOR include serious injuries e.g. broken bones, exposure to dangerous pathogens and work related injuries resulting in sickness absence of more than 7

days (previously 3 days). No such injuries have been reported in the last quarter year.

7. CONCLUSION

The following conclusions can be made from this report.

- The vast majority of injuries reported are of a minor nature; there were no grade 3, 4 or 5 incidents and no RIDDOR reportable incidents.
- Physical assaults are the largest single cause of injuries to staff and much work is being done to reduce these.
- Continual training in all areas is essential to continue to avoid injuries particularly those associated with inoculations, manual handling and physical assaults.

8. RECOMMENDATION

The Board is asked to note the contents of this report

Submitted by: Valerie Bartlett, Deputy Chief Executive

Date: 17 April 2012

Appendix 1 Physical Assaults

18-Jan-2012	Patient became violent and aggressive - He punched the nurse on right chest and tried to punch on the left chest. He started to walk around the ward trying to punch other patients that were sleeping in the bay. At the time of re-restraining the nurse and HCA suffered from pulling right shoulders. Both staff suffered from mild pain throughout the night until time of completing the shift.	SWIFT
16-Feb-2012	Assisting with confused non-English speaking patient on to a bed and patient gripped and pinched the side of my neck.	A&E
21-Jan-2012	The above patient was being very aggressive, wandering in the ward over to other patients. He punched the security guard in lower abdomen and me in the left hand.	FIELDING
1-Jan-2012	Whilst assisting another member of staff to cannulate the above patient she kicked me in the stomach.	A&E
7-Feb-2012	On 7th Feb at 06:45am I was changing a patient with the help of another sn. Suddenly the patient punched me on my left cheek. It was very strong and painful. I informed the nurse in charge and completed an incident form.	CEDAR
14-Feb-2012	A patient was trying to stand up on his own but as he is not very steady on his feet myself and another member of staff were trying to protect him from falling by the time we were trying to sit him in bed he slapped me on my right arm and it was really hard.	CEDAR
4-Mar-2012	The above patient got out of bed and pulled the blood transfusion that was attached to him. He was assisted by myself and another member of staff because he had passed urine with fresh blood. We started washing him as there was blood all over his body and on the floor. The patient was verbally abusive and resisted no matter how soft approach was. Suddenly he then got up and hit me on my chest and neck with his right arm. The patient seemed to know what he was doing as he said he didn't mean to do it. He continued to be very uncooperative and aggressive.	MAY
3-Feb-2012	I was busy caring for pt in side 3 this evening, when I had crash call on bay 4. I attended immediately and, at the entrance to bay 4, found pt. Pt grabbed me by the neck. I screamed and released myself.	CEDAR
2-Feb-2012	I was helping a patient in d bay into bed when he lashed out and punched me in the stomach and in the mouth.	MAU
22-Jan-2012	While changing pad of the patient above with a colleague he slapped her on her right cheek.	CEDAR
18-Jan-2012	Patient was seen on the edge of his bed trying to stand up while removing his pad and knickers. When trying to remove the bed sheet under his feet patient kicked staff nurse on the stomach. Patient is very restless and confused. Patient's bed sheet was on the floor and he was stepping on it. Staff nurse tried to remove it to avoid patient from slipping on it.	CEDAR
8-Feb-2012	On 08/02/12 at 13:30 I was changing a patient with the help of another member of staff when suddenly the patient kicked me on the left side of my face. X-ray taken in A&E.	CEDAR

17-Feb-2012	<p>Patient let himself out of the ward, I heard the physio shout to him so I came out of the ward to try and help her get him back. Nothing any of us said could get him to come back in so security were called and I stayed with him. The patient walked down the corridors determined he was "going for a walk" he then got outside and started to walk in the road, I tried to get him to walk on the pavement but he wouldn't and told me to "f*** off" several times. He tried to get in a gentleman's van then proceeded to try and stop traffic to get them to take him home including the peterbus. A lady came over to try and held and he told her to take him home and stamped his frame on my foot several times. When she said no he walked off almost into traffic so I asked him to walk to me and he hit my shins with his frame. Hitting me several times and telling me to "f*** off". He also put his hand between my legs so I grabbed his hand away. He hit me with his frame again and another HCA from DL came out to help me and we finally got him back in the hospital. He tried to get into some other wards but gave up when he couldn't open the doors and walked in the kitchen instead throwing his frame to the side and grabbing the trolleys we managed to talk him out of there and started walking him back to the ward. Then he tried to get in the lift again throwing the frame to the side. He became very aggressive towards the other HCA grabbing her and telling her to give him the "f***** phone" and she explained she didn't have one and he said "yes you f***** have given me the f***** phone". Eventually he calmed down and said he wanted to sit down so the other HCA went to get a wheel chair so we could get him back to the ward while she was gone the security guard came. He continued walking down the corridor then ran to the stairs again throwing his frame away. We stopped him from going down the stairs with the help of a doctor who was coming up the stairs. The HCA came with the wheelchair and we took him back to the ward.</p>	SWIFT
18-Jan-2012	<p>Whilst attempting to glove this patient's hands prior to an NG Tube insertion he was waving his arms and punched me in the stomach whilst I was leaning over the bed to reach him.</p>	CEDAR
15-Feb-2012	<p>Pt brought into A&E by ambulance this morning, accompanied by police. Pt handcuffed due to aggressive behaviour. Pt assessed but was unco-operative. Police left. At around 12:45, pt started shouting at SN. I took over and explained that until he calmed down and stopped swearing, we would not attend to him. Pt again became agitated, jumped from the trolley and started to walk out of the dept. He then came back and asked about his frame. I explained it was not here. He then lifted one of his walking sticks and struck me across the left side of my chest. He then rapidly left the dept.</p>	A&E
15-Feb-2012	<p>Patient in pit stop waiting for doctor. He got up and hit one of the agency nurses with his walking stick. He was also very abusive and aggressive towards her.</p>	A&E
9-Feb-2012	<p>Patient grasped and squeezed my left arm.</p>	RBWE
10-Feb-2012	<p>Patient grabbed and squeezed left breast.</p>	RBWE
17-Feb-2012	<p>Patient was very agitated speaking in his own language. I offered him a drink but he didn't want it and splashed it on my face I was able to move back before it went on me. I was then trying to take the bed sheet off and the patient suddenly kicked out but I was able to move back but as there was no space behind me the patient was able to kick my left shoulder.</p>	CEDAR
16-Feb-2012	<p>Whilst myself and another HCA were trying to put the above patient into bed he kicked me on the right side of my chest.</p>	CEDAR
1-Feb-2012	<p>I went to attend a patient's buzzer in bay 4 when the above patient came up behind me and grabbed my two arms and pushed me against the wall. I asked him to let go of me and he said no. I would not press the emergency help button as he had my two arms so I screamed for help and another nurse came in and released me.</p>	CEDAR
19-Feb-2012	<p>An elderly patient who is 92 years old became very confused at night and was disturbing other patients on the ward. I tried to take him back to his bed with the help of another colleague but the patient became agitated and he held onto my right wrist and twisted. My colleague helped me to undo his hand and called security to get him back to bed.</p>	HERON