Ashford and St. Peter's Hospitals **NHS**
NHS Foundation Trust

TRUST BOARD
29th November 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:	Discuss the report.
Submitted by:	Valerie Bartlett, Deputy Chief Executive.
Date:	21st November 2012
Decision:	For Discussion.

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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 two key areas of activity in the last quarter that are summarised below:

3.1   Fire
The Head of Estates and Facilities Infrastructure as the appointed Trust Fire Safety Manager and the Head of Emergency Planning have developed a Fire Evacuation Plan for each hospital site. The plans will be tested by desk top exercises to be held in November and December involving relevant staff and partnership agencies. These tests are designed to provide reassurance that the Trust can safely and effectively evacuate patients and others in the event of a major fire.

The Trust's performance will be monitored and a full debrief held for senior managers which will identify where good practice was identified and where improvements may be made and incorporated into the plan.

The ability to act effectively in the event of a fire is fundamental to the safety of patients and staff and for the protection of the Trust's assets. Furthermore it will minimise the risk of disruption to the health services available to the community.

3.2   Health Surveillance
Work is on-going within the Occupational Health Department to review the levels of health surveillance required to deal with the health and safety risks faced by staff. The surveillance required for staff at risk from respiratory and hand arm vibration hazards have been identified and will be included in a revised Health Surveillance policy.

The Trust is still awaiting a response from the Health and Safety Executive to the query from the Health Network Board regarding the HSE approach to the level of health surveillance required to deal with "low level" skin health surveillance. The current arrangements requiring all staff to be physically examined are deemed to be impractical and a self-assessment has been proposed.

Other healthcare Trusts also share these concerns.

3.3   Incident Reporting
The Trust has introduced on-line incident reporting through the software package Datix Web. The system is currently being piloted in the Acute Medicine and Emergency Division, Pharmacy and Maternity and is expected to go live Trust-wide in January 2013.

The advantages of on-line reporting are:

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- The information relating to an incident is only recorded once. Currently a handwritten form is completed and then subsequently the same information is input into the database by a data entry clerk
- The information once recorded is available immediately for reporting purposes. At present there can be several weeks delay between the original form being completed and the information being input into the database. These can lead to inaccurate reporting.
- Drop down boxes give guidance on how incidents should be coded leading to greater consistency.
- Once an incident is recorded relevant parties are notified by e-mail from the system. E.g. a recorded patient fall will generate an e-mail to notify the Lead Nurse for Falls Prevention and the Clinical Governance Manager for the division who will then begin an investigation.
- The system is compatible with the NPSA National Reporting and Learning System and NHS Protect Security Incident Reporting System enabling fast sharing of information nationally.

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.

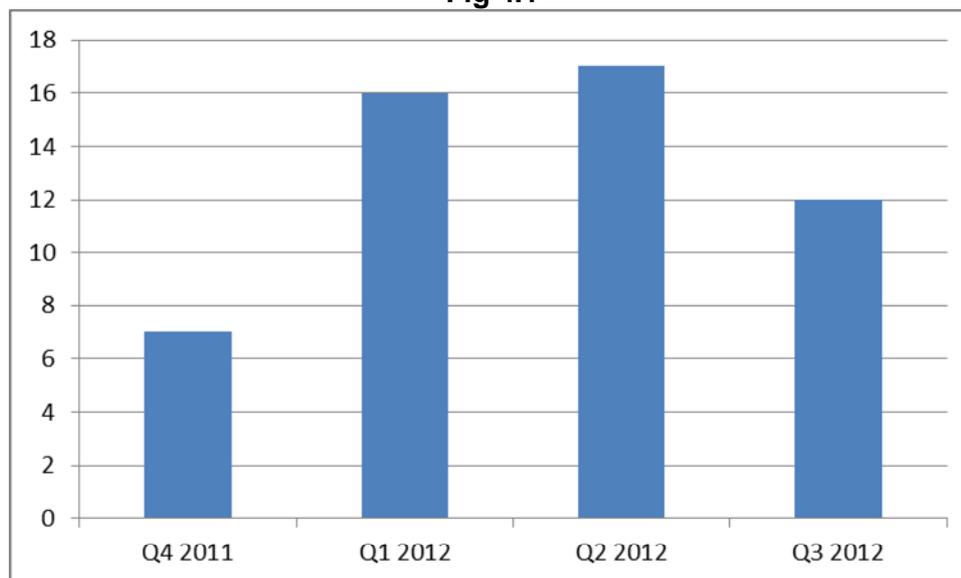### 4.1 Inoculation Injuries

Fig 4.1

Figure 4.1 indicates that despite training and the introduction of safer needle devices, there are still incidents occurring. The Occupational Health Department interview all staff sustaining inoculation injuries and analyse the causes. In most cases injuries are caused by staff deviating from safe practices.

A recent review of the Trust's practices relating to implementing the European Directive on Safer Needles by the Trust's Medical Devices Group revealed that the Trust was well positioned to achieve totally compliant status.

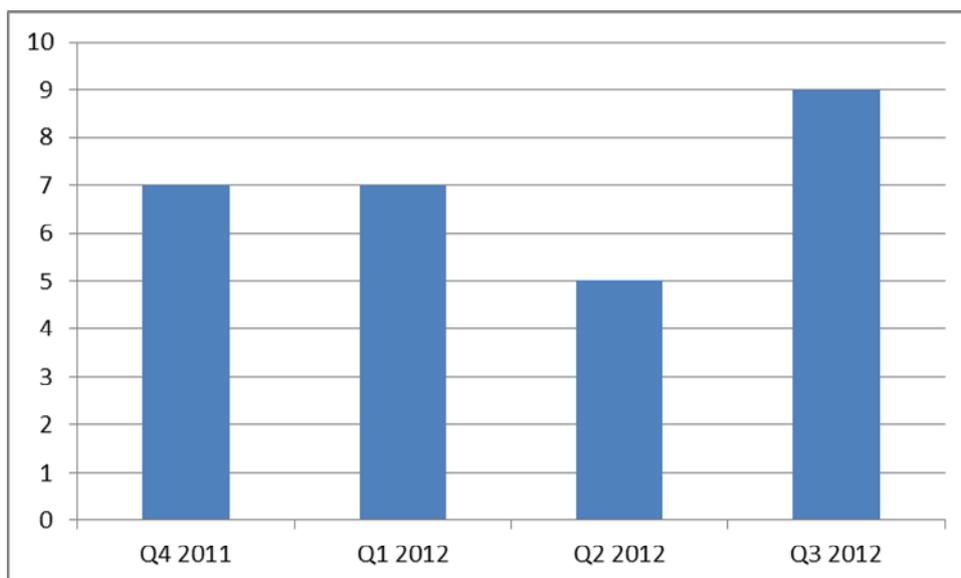**4.2 Manual Handling**

Fig 4.2

Figure 4.2 shows the number of manual handling incidents has increased in the last quarter. The majority of incidents relate to unpredictable behaviour by patients such as grabbing a member of staff when insecure about mobilising. Our manual handling training team are addressing this and making staff aware that patients can act unpredictably
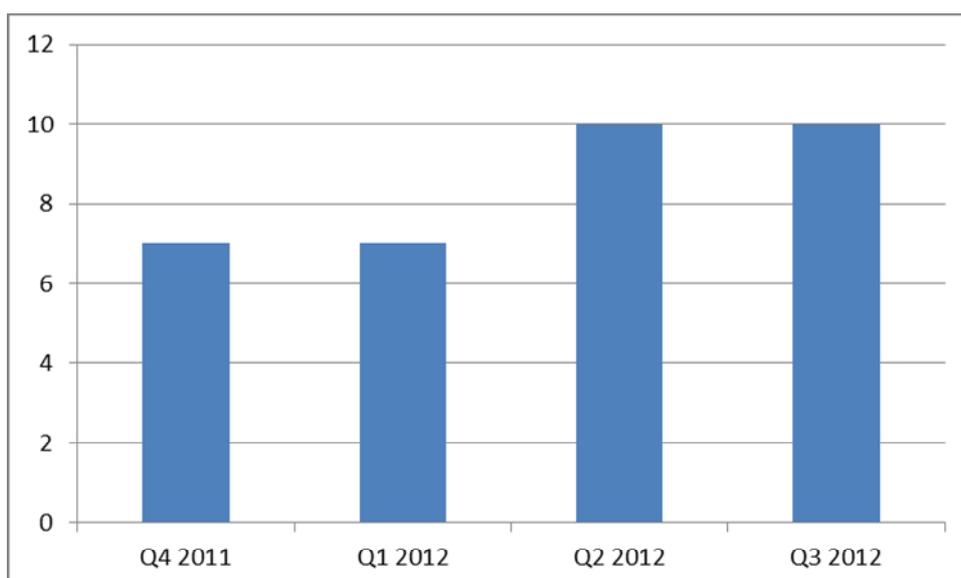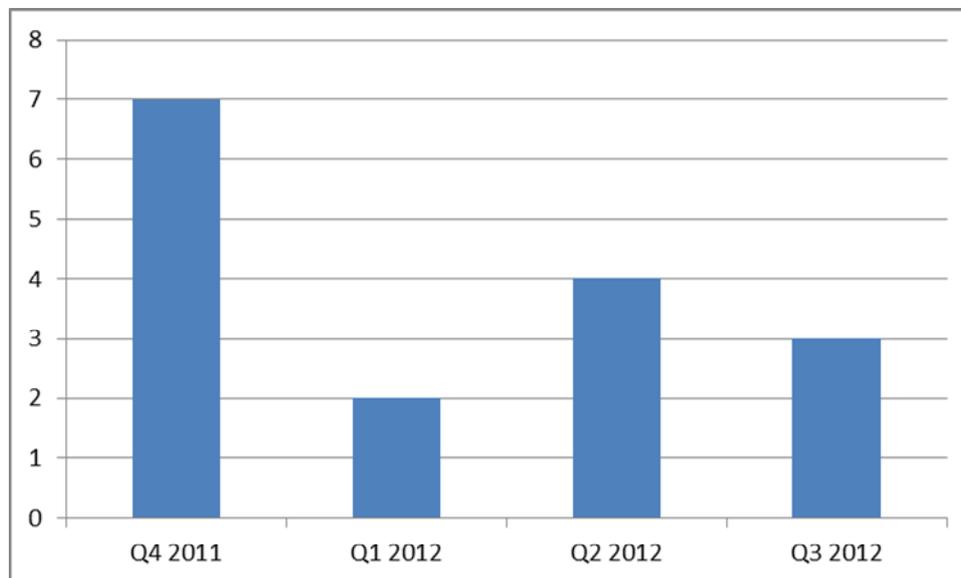
4.3 Physical Assaults

Fig 4.3

Fig 4.3 shows the number of physical assaults over the last year. The assaults are all directly related to the patients' mental condition due to confusion and dementia. Staff training

continues to stress the need to nurse dementia patients in a manner intended to reduce the likelihood of aggression.

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.

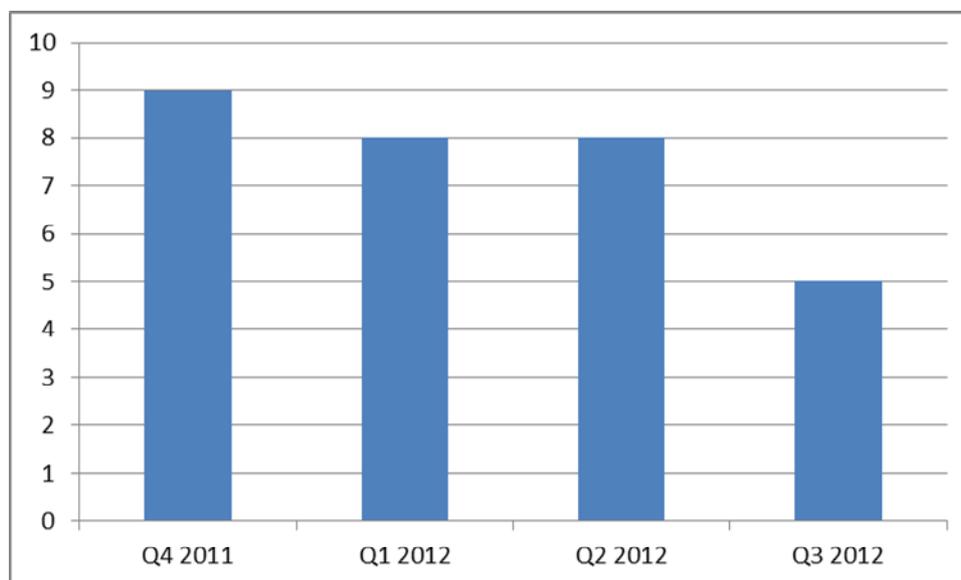### 4.5 Staff Falls

Fig 4.5

Fig 4.5 shows staff falls. These figures remain relatively low. Each incident is investigated and it appears that there is no identifiable trend or single cause. The risks of tripping and slipping are highlighted at mandatory training sessions and staff are advised to take care when moving around the hospital.

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.

Fig 5.1 shows the breakdown in pie chart form.

Summary of Staff Injuries

| Staff Incidents	2011 Q4	2012 Q1	2012 Q2	2012 Q4
Inoculation injuries	7	16	17	12
Manual Handling	7	7	5	9
Physical Assaults	7	7	10	10
Struck Equipment	7	2	4	5
Staff Fall	9	8	8	1
Exposure to body fluids	2	1	1	0
Exposure to hot/cold substances	0	2	1	0
Exposure to other harmful substances	2	1	2	0
Sharps (non-contaminated)	6	4	6	1
Radiation	0	0	0	0
Hit by falling object	3	0	0	4
Electrical discharge	0	0	0	0
Latex issue	0	0	0	0
Trapped by something	2	0	0	0
Other	1	6	4	7
Total (staff)	53	54	58	49

Fig 5.1
Summary of staff injuries Q4 2011 by cause
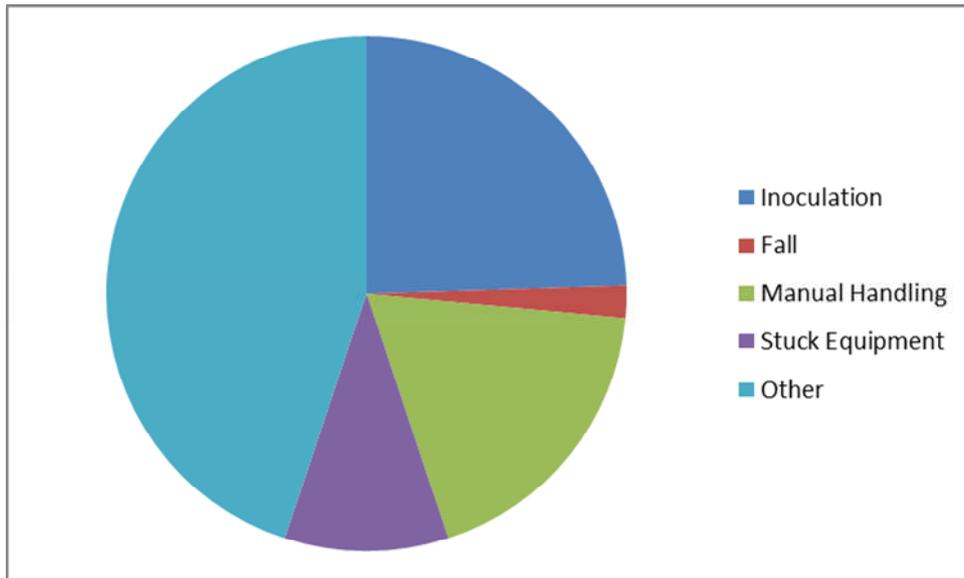
6. RIDDOR

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
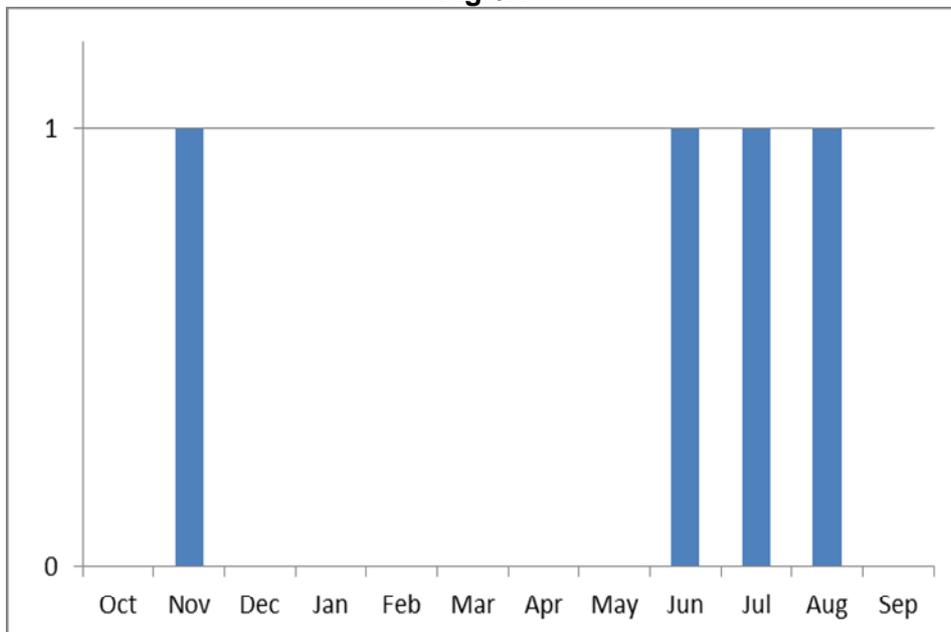
The reporting criteria for RIDDOR include serious injuries e.g. broken bones, exposure to dangerous pathogens and work related injuries resulting in sickness absence of more than 7 days. Two 7 day injuries have been reported in the last quarter year and one in the previous quarter. These figures remain commendably low.

7. CONCLUSION

The following conclusions can be made from this report:

- ▪ The majority of injuries reported are of a minor nature; there were no grade 3, 4 or 5 incidents and only two RIDDOR reportable incidents in the last quarter.

- ▪ The Board can be assured that in areas of health and safety existing arrangements are constantly under review to ensure full compliance that is evidence based.

- ▪ Fire safety is a high priority for the Trust and it is essential that our resilience is tested. The evacuation exercises planned should provide the Board with assurance that there are robust processes in place.

- • The introduction of on-line incident reporting will improve the quality of data and the ability to respond quickly to incidents.

8. RECOMMENDATION

The Board is asked to discuss and note the contents of this report.

Submitted by: Chris Bell, Associate Director, Estates and Facilities, on behalf of Valerie Bartlett, Deputy Chief Executive

Date: 21st November 2012