

TRUST BOARD
31st October 2013

TITLE	Health and Safety Report
EXECUTIVE SUMMARY	This half-yearly 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	<p>A good health and safety record provides assurance to patients and other stakeholders that the Trust takes its responsibilities seriously to protect its patients, staff and visitors.</p> <p>Health and Safety mandatory training provides all staff with awareness of key issues which enables them to work safely and avoid accidents.</p>
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 and discuss the report seeking assurance as appropriate.
Submitted by:	Valerie Bartlett, Deputy Chief Executive
Date:	24 th October 2013
Decision:	For Assurance.

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 HALF YEARLY SUMMARY

There have been three key areas of activity in the six months. These are summarised below:

3.1 RIDDOR

There have been four RIDDOR reportable incidents in the last six months. The details are:

Job title	Incident	Injury	Action Taken
Staff Nurse	Staff nurse was assisting a patient to shower. The patient slipped and fell onto nurse's arm.	Strained arm. >7 days	Manual handling team have assessed the activity and introduced a safer technique which should prevent a recurrence.
HCA	HCA assaulted by patient.	Split lip. >7 days	All staff involved in this incident have been counselled and support offered. Advice given on recognising potential causes of aggression.
HCA	HCA was opening a window when it broke from its hinge and fell on her.	Strained arm. >7 days	All windows in the area checked for condition and found to be safe.
HCA	HCA was transferring patient from chair to commode when patient felt unsteady and grabbed the HCA's neck for support.	Strained neck. >7days	Manual handling team have assessed the activity and introduced a safer technique which should prevent a recurrence.

All the incidents have been investigated and where lessons have been learnt changes have been implemented to prevent recurrences such as changing manual handling techniques. In order to assess our performance other Trust have been asked to provide information on RIDDOR reportable incidents for benchmarking purposes.

3.2 SECURITY

There have been on-going security issues at Ashford. Firstly the management of a brain damaged patient has been challenging. The patient who was often violent and prone to wandering was the subject of a “Deprivation of Liberty Safeguards” order. The security team worked closely with the CSNP team and nursing staff to ensure that the patient came to no harm although a number of nursing staff were attacked during the patient’s time on the ward.

Secondly a theft of metal piping from our back- up generator for the theatres resulted in substantial disruption to service with lists being cancelled. A thorough risk assessment was carried out and various improvements made to deter future attempts. These included stronger locks and gated access.

To assist with preventing and managing such events in future some capital investment has been used to upgrade the CCTV system at Ashford. Staff on the ground now have the ability to control the cameras whose signals are now sent to our monitoring control units via the police wireless antenna on top of the hospital. Using the wireless system avoids expensive telephone cable links. This upgrade also improves our security team’s ability to locate missing patients and to deter crime.

3.3 MANUAL HANDLING

The manual handling team have spent much of the past six months dealing with problems associated with the care of bariatric patients. To underpin this work a study day was held in July to increase staff’s awareness of the risks associated with the care of this category of patient. Bariatric admissions continue to rise throughout the Trust including paediatrics and specialist equipment is needed to effectively care for such patients. This equipment includes:

- Beds
- Hoists
- Commodes
- Toilets
- Wheelchairs

The team has been working closely with the procurement team to source suitable equipment. The arrangements for this provision of equipment are in their final stages with two potential suppliers of rented bariatric equipment being asked to tender for the service. They both offer a “one stop” solution to all our bariatric equipment needs and will give the Trust the ability to provide additional bariatric equipment when needed at a significantly reduced cost. The provision of this equipment will significantly enhance the experience and dignity of our bariatric patients.

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

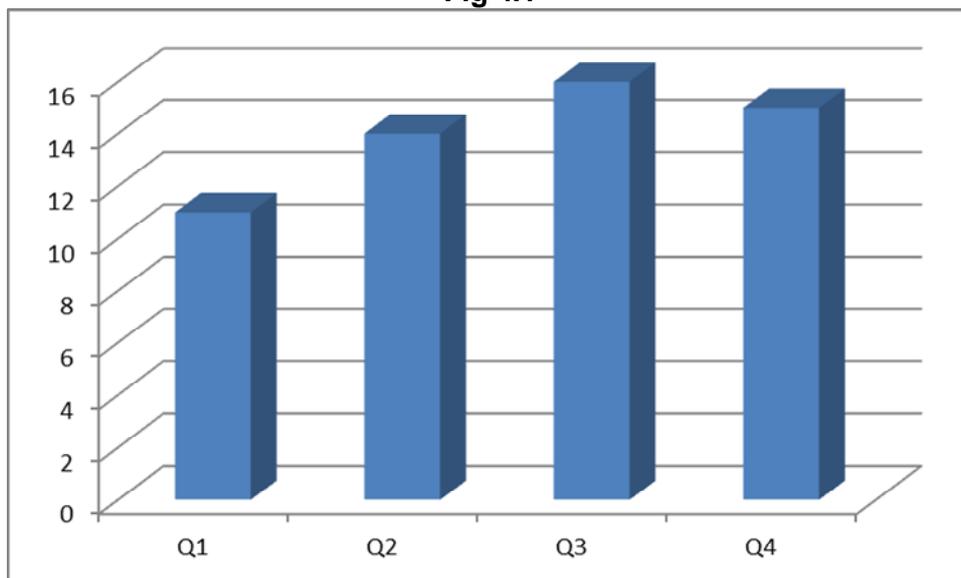


Figure 4.1 It is disappointing to see that the number of inoculation injuries has risen over the last twelve months particularly as a number of safety products have been introduced to comply with the safer sharps directive. The majority of incidents remain avoidable and caused by a failure to follow good practice. All incidents are reviewed by Occupational Health Department where issues around bad practice are addressed.

4.2 Manual Handling

Fig 4.2

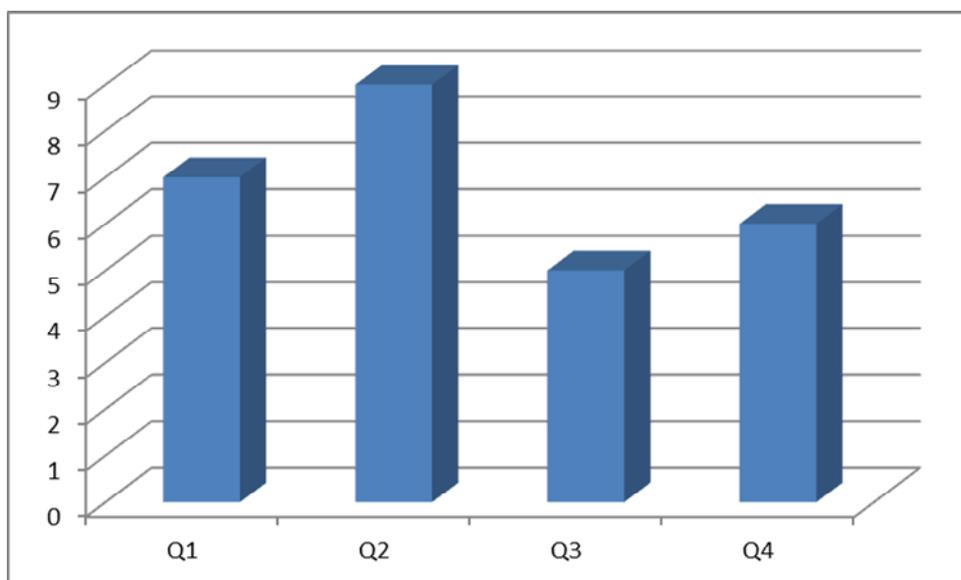


Figure 4.2 shows the number of manual handling incidents remain relatively low and relate mostly to mobilising patients who react in an unpredictable manner.

4.3 Physical Assaults

Fig 4.3

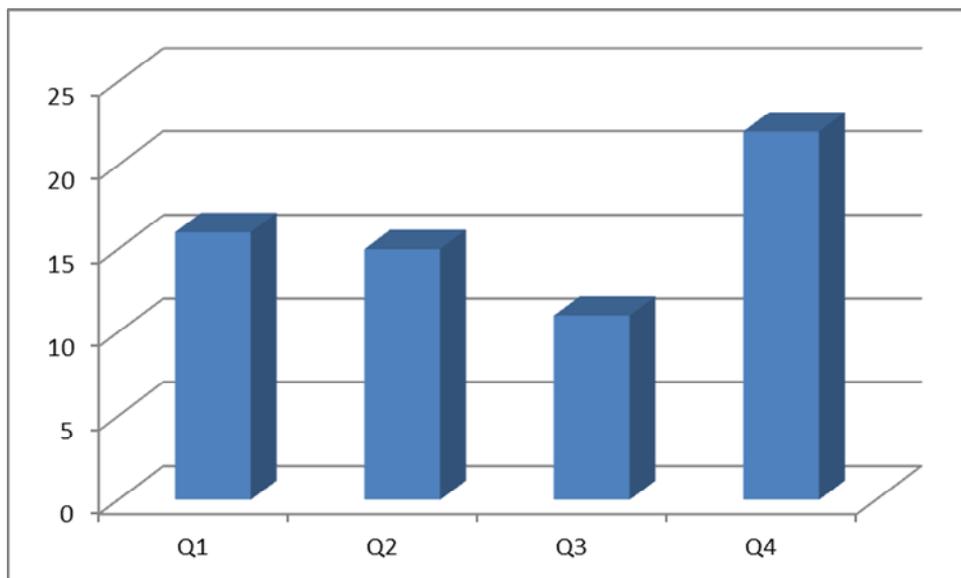
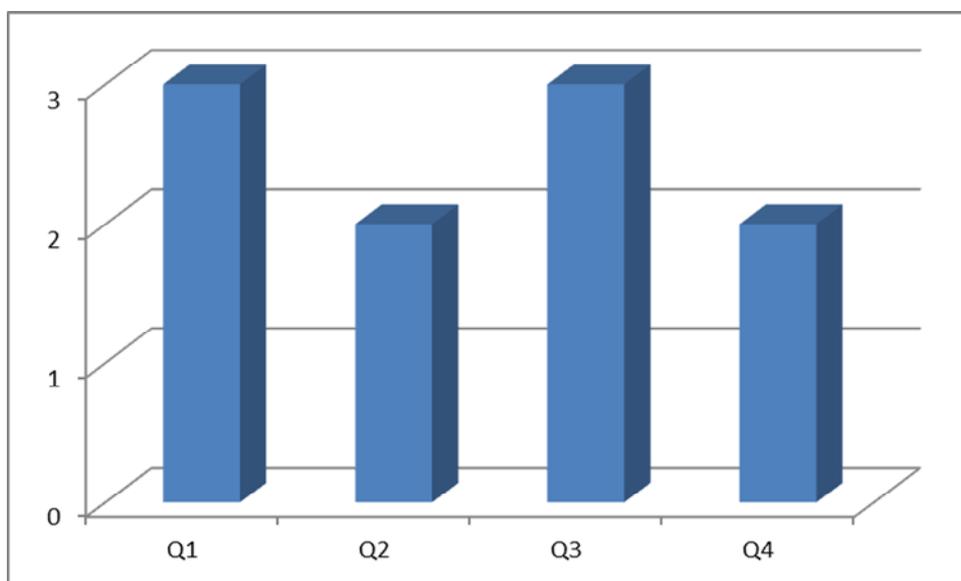


Fig 4.3 shows the number of physical assaults over the last year. 10 of the assaults on staff in the last quarter were perpetrated by a confused patient with severe brain injury.

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

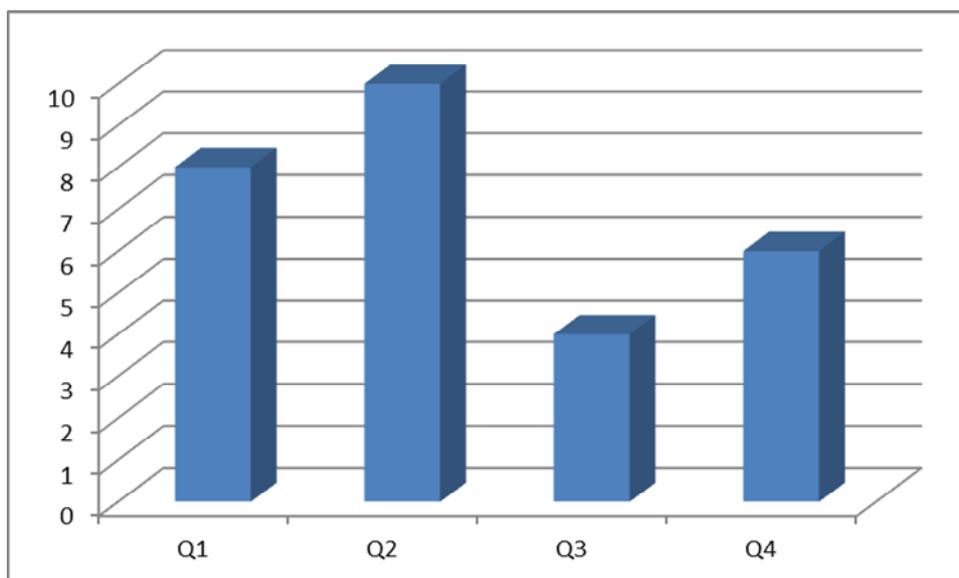


Fig 4.5 shows staff falls. Although the last two quarters have shown an improvement on the previous two it is disappointing to see an increase in numbers in the last quarter. The causes of the falls are broken down as follows:

- Slipped in car park
- Student fainted and fell observing endoscopy procedure
- Tripped on kerb
- Staff member fell after blacking out
- Tripped while unloading equipment from a car
- Slipped on wet floor

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.

Summary of Staff Injuries

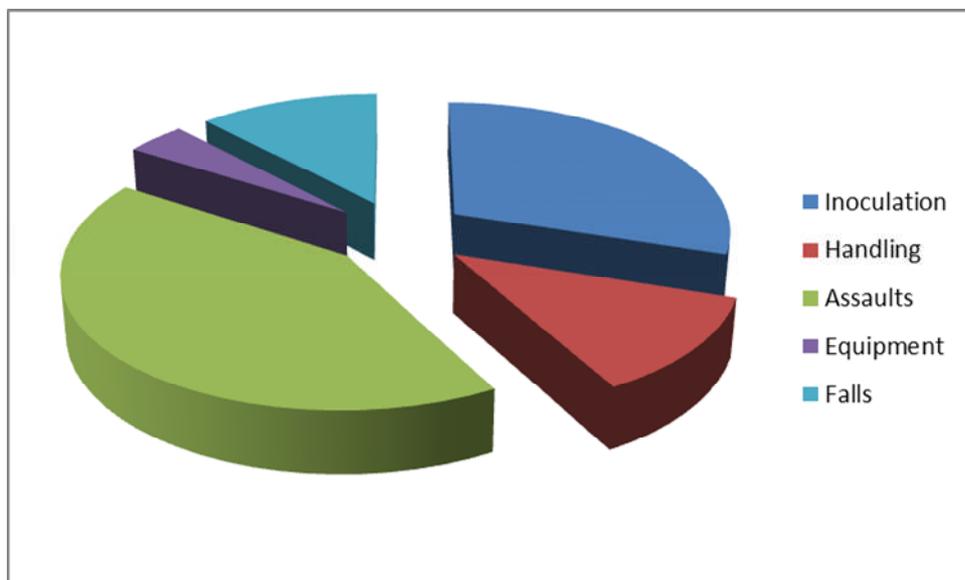
Staff Incidents	2012/13 Q3	2012/13 Q4	Q1 2013/14	Q2 2013/14
Inoculation injuries	11	14	16	15
Manual Handling	7	9	5	6
Physical Assaults	15	14	11	21
Struck Equipment	3	2	3	2
Staff Fall	8	10	4	6
Exposure to body fluids	6	3	1	5

Exposure to hot/cold substances	0	0	0	0
Exposure to other harmful substances	1	3	1	1
Sharps (non-contaminated)	2	0	3	0
Radiation	1	0	1	0
Hit by falling object	2	1	2	2
Electrical discharge	0	0	0	0
Latex issue	1	0	0	0
Trapped by something	2	1	0	0
Other	3	8	10	12
Total (staff)	59	58	57	70

Fig 5.1 shows the breakdown in pie chart form.

Fig 5.1

Summary of staff injuries by cause



6. CONCLUSION

The following conclusions can be made from this report:

The number of incidents remains relatively low and this will be benchmarked against other similar acute hospital trusts when data becomes available from other Trusts in April 2014.

The health and safety teams remain proactive in assessing and mitigating risks associated with changes in existing services and new activity, such as an increase in bariatric services.

Capital investment is targeted in areas which have been identified as problematic such as lack of CCTV coverage to support the security team at Ashford Hospital.

7. RECOMMENDATION

The Board is asked to review the contents of this report and seek additional assurance as appropriate.