

TRUST BOARD
30 October 2014

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 continues to provide 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 the work of the Trust to be carried out in a safe environment and protects patients, staff and visitors from harm.</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 obtain assurance from the report.
Submitted by:	Chris Bell, Associate Director, Estates and Facilities, on behalf of Valerie Bartlett, Deputy Chief Executive
Date:	13 th October 2014
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 four key areas of activity in the six months. These are summarised below:

3.1 RIDDOR

There have been five RIDDOR reportable incidents in the last six months a reduction from seven in the previous six months. The details are:

Job title	Incident	Injury	Action Taken
Nurse	Slipped on stairs.	Concussion. Absent >7 days	Missed footing no further action.
Store-man	Trapped finger between two delivery cages.	Fractured finger. Absent > 7 days	Provided with protective gloves to wear when handling cages.
Health Care Assistant	HCA was assisting a patient who fell	Strained back. >7 days	Advice given by the Manual Handling Team on how to safely deal with a patient falling.
Registrar	Needle-stick injury	Exposed to Hepatitis C	Advice given by Occupational Health Department.
Staff Nurse	Needle-stick injury	Exposed to HIV	Advice given by Occupational Health Department.

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. No enforcement action was taken by the Health and Safety Executive.

3.2 MAJOR INTERNAL INCIDENT

In April a Major Internal Incident was declared following a road traffic accident in the public car park at the front of the hospitals. Three members of the public were injured and all three emergency services attended the scene.

A Serious Incident Requiring Investigation report was commissioned and a summary of the findings is as follows:

- The immediate response from Trust staff including security, estates and clinicians was exemplary with the injured being attended to within three minutes of the accident.
- There was little or no effect on the day to day business of the Trust.
- An inspection by experts from Surrey Police and Surrey County Council found no defects with the design of the car park or its barriers.
- The major incident control point was set up almost immediately and ran effectively for the duration of the incident.
- Support for staff involved in the incident was made available at the earliest opportunity.
- There was an effective debrief by senior managers after the event.

There was undoubtedly a high risk that the incident could have had a serious impact on the provision of services to patients on the day but in following procedures by controlling the accident scene, treating the injured and setting up an effective control centre to manage this unprecedented incident such a risk was avoided.

Part of the follow up, a review of our main car parks was undertaken by Surrey Police traffic division as well as an expert from Surrey Council's highways department, and they gave us assurance that there was nothing wrong with our car park layout, and this was not a contributory factor to the accident.

3.3 MEDICAL RECORDS

In the previous Health and Safety report to the Trust Board it was reported that a major exercise was being undertaken to address the risks associated with the handling and storage of medical records. This has involved the destruction of records that have reached their retention periods, the offsite archiving of two years of historic records from the main archives and subsequent cleansing / transfer of records from the live stores. These behind the scenes actions are nearing completion and have been successful in creating sufficient space to begin the process of repatriating the locally held records. The Trust, therefore, remains on track to clear the current back logs during November.

There is an awareness that the previous lack of storage capacity has resulted in files being stored in offices and corridors with the attendant risks to fire safety, manual handling and trips and falls and it is expected that the local teams effectively manage these risks whilst these files are being repatriated. This issue has been discussed at the Risk Scrutiny Committee and placed on the Trust risk register.

Senior managers responsible for medical records have developed an action plan which is being discussed in detail at TEC, and planned actions are expected to be completed by the end of November. Ultimately the introduction of electronic health records will alleviate the hard copy storage restrictions, reduce the admin burden and automate much of the current manual processes.

3.4 FALLEN TREE

In September a large oak tree collapsed onto one of the staff car parks. Fortunately this occurred in the early morning when the car park was empty so there was no injury or damage to property save the car park barrier. The outcome of the investigation was reported to the Health and Safety Committee.

It was noted that under both the civil law and criminal law the owner of land on which a tree stands has responsibilities for the health and safety of those on or near the land and has potential liabilities arising from the falling of a tree or branch. The law gives rise to duties and potential liabilities to pay damages in the event of a breach of those duties. The criminal law gives rise to the risk of prosecution in the event of an infringement of the criminal law.

The duty of care is to take reasonable care to avoid acts or omissions that cause a reasonably foreseeable risk of injury to persons or property. If a person is injured by a falling tree or branch, potential causes of action arise against the tree owner in negligence for a breach of the duty of care, in the tort of nuisance and, where the injured person was on the land of the tree owner at the time of the injury, under the Occupiers' liability Acts of 1957 or 1984.

However, the HSE Guidance for its inspectors and local authority enforcement officers on the standard of tree risk management and research commissioned by the Forestry Commission National Tree Safety Group confirms that the overall real risk of harm from trees in the UK is "extremely low". Indeed the levels of risk are so low that they are "comparable to those that people regard as insignificant or trivial in their daily lives", near the bottom of the spectrum of what the HSE considers as acceptable risk.

This Trust has a reasonable and balanced approach which forms the basis of a tree safety strategy for sensible tree safety management.

This consists of three strands:

- Zoning: appreciating tree stock in relation to people or property
- Tree inspection: assessing obvious tree defects
- Managing risk at an acceptable level: identifying, prioritising and undertaking safety work according to the level of risk.

Monthly visual checks are made of trees that are adjacent to roads, walkways, car parks or buildings as part of the estates normal inspection process (including lighting and potholes). Those with obvious defects such as dead foliage or split branches are attended to.

A recent visual check of trees adjacent to the large oak that fell identified two trees that were of concern and they were lopped accordingly to make them safe. With regards the oak tree that fell; the tree looked healthy with lush foliage and the defect was about three meters above the ground (see attached picture). It is unlikely that any inspection would have identified this tree as being at risk.

A periodic formal check of trees by arboriculture specialists is also carried out. The last was in 2009 and resulted in tree surgery on 34 trees. The next is due this autumn.

The Health and Safety Committee was assured that the Trust is taking reasonable steps to manage its tree stock and complies with its duties and responsibilities, but asked to see the outcome of the autumn inspection.

4. INCIDENT REPORT

The following four tables demonstrate the number of incidents in the key health and safety high risk areas.

4.1 Inoculation Injuries

Fig 4.1
2013/14

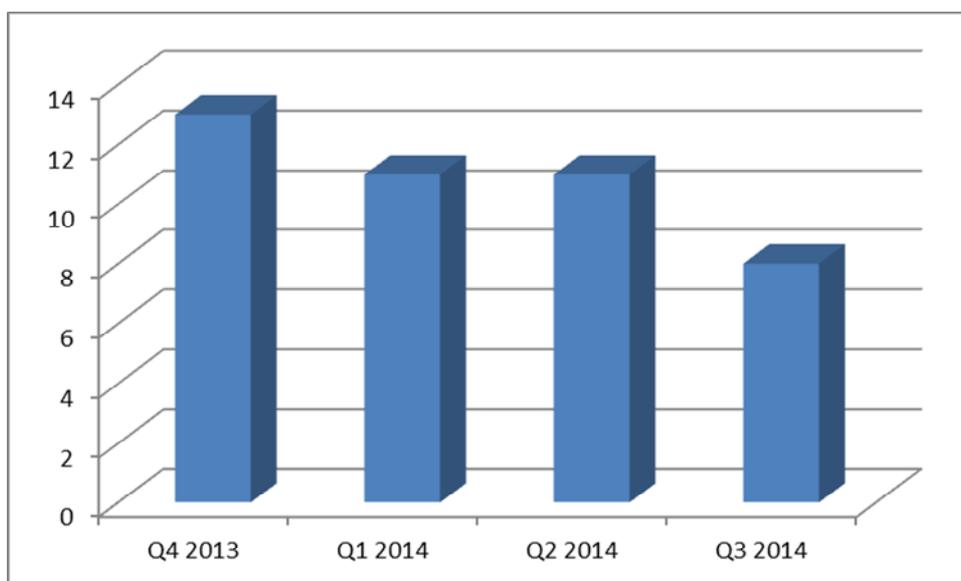


Figure 4.1 This table demonstrates that the number of inoculation injuries is decreasing and provides assurance that preventative measures are being effective. However, the majority of incidents remain avoidable and caused by a failure to follow best practice. The Trust continues to explore the availability and effectiveness of products recently introduced to comply with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

4.2 Manual Handling

Fig 4.2
2013/14

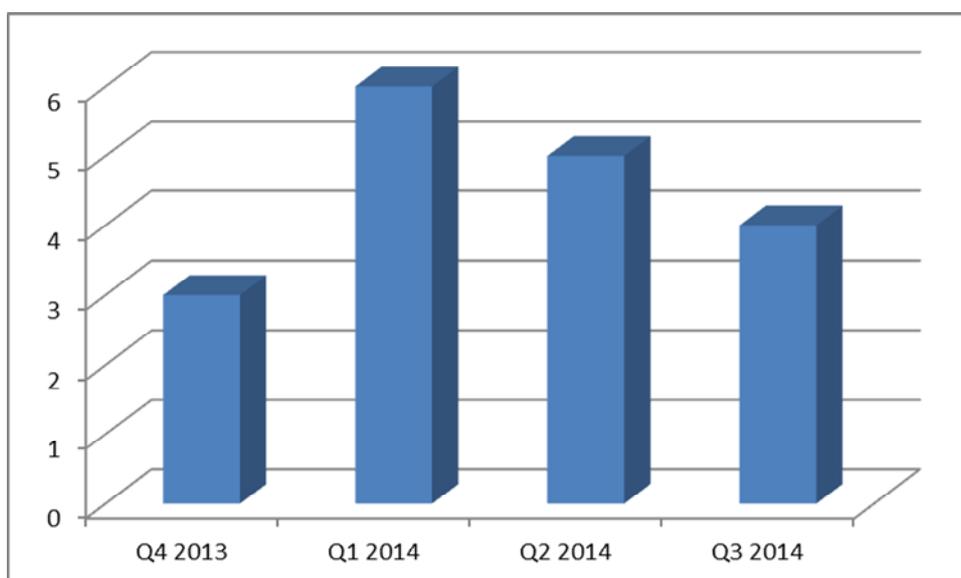


Figure 4.2 shows the number of manual handling incidents remain relatively low and relate mostly to mobilising patients who react in an unpredictable manner.

4.3 Physical Assaults

Fig 4.3

2013/14

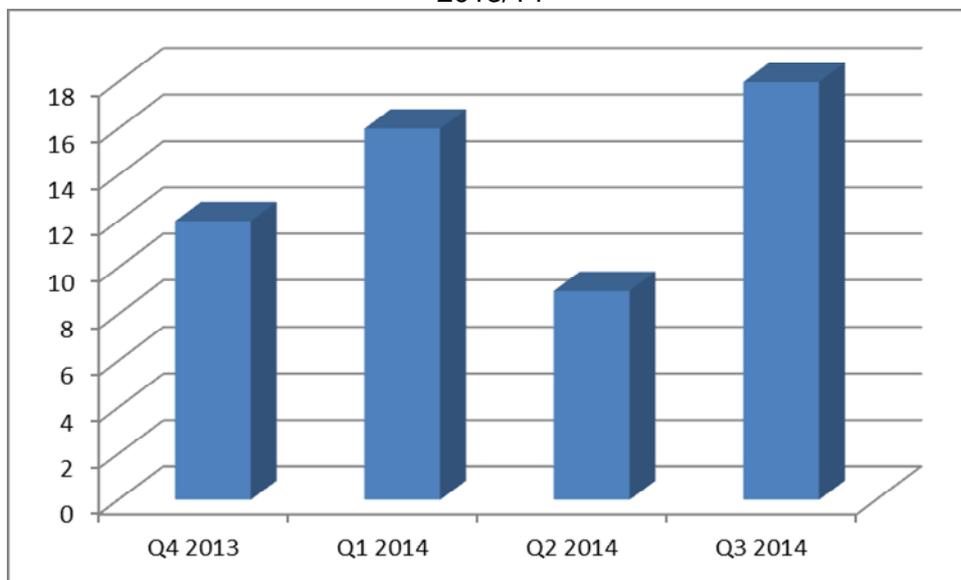


Fig 4.3 shows the number of physical assaults against staff has increased over the last quarter. A detailed review of the attacks shows that they were all carried out by patients who were frightened, confused and disorientated. Further efforts are being employed to train staff to understand and recognise behaviour likely to lead to aggression and to understand how to diffuse such situations quickly and effectively.

4.4 Staff Falls

Fig 4.5

2013/14

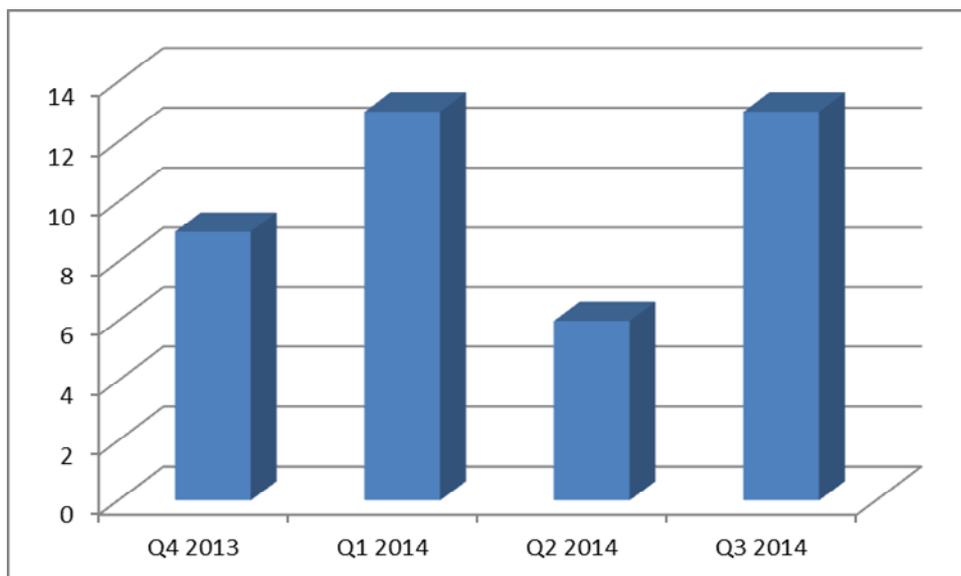


Fig 4.4 shows staff falls. It is disappointing to see an increase in numbers in the last quarter. The causes of the falls are broken down as follows:

Slipped on wet floor	4
Fell from chair	1
Tripped in car park	2
Walking backwards carrying coffee through door	1
Stepped off path into hole	1
Tripped on stairs	1
Fell picking up shoes	1
Tripped on broken flooring	1
Fell avoiding aggressive patient	1

In order to make staff aware of the risks of falls staff are reminded at mandatory training to immediately clear up spillages and to keep walkways clear of objects. Regular audits of areas are carried out to ensure hazards are removed.

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	Q3 2013/14	Q4 2013/14	Q1 2013/14	Q2 2013/14
Inoculation injuries	13	10	11	8
Manual Handling	3	5	5	4
Physical Assaults	24	22	9	18
Struck Equipment	3	3	4	5
Staff Fall	9	10	6	13
Exposure to body fluids	1	2	1	1
Exposure to hot/cold substances	1	1	1	0
Exposure to other harmful substances	0	0	0	0
Sharps (non-contaminated)	4	4	1	2
Radiation	0	0	1	0
Hit by falling object	0	2	3	4
Electrical discharge	0	0	1	0

Latex issue	0	0	0	0
Trapped by something	1	0	0	2
Injured by animal	0	0	1	0
Other	16	12	8	12
Total (staff)	75	71	52	69

6. MANDATORY TRAINING

An important aspect of a good health and safety culture and an effective way to minimise accidents is training. Currently the percentage of staff compliant with Health and Safety training remains high at above **95%**. However, this figure is likely to reduce over the coming months if capacity pressures continue and staff cannot be released for training.

7. CONCLUSION

The following conclusions can be made from this report:

The Trust's health and safety record remains a good one and patients, staff and visitors can be assured that their safety, while on Trust premises remains a priority and those responsible for safety will continue to seek improvements.

Furthermore when it comes to dealing with unexpected emergencies such as the car park incident, which was managed extremely well, it has tested procedures that are effective.

8. RECOMMENDATION

The Board is asked to note the contents of this report