

**TRUST BOARD**  
**24<sup>th</sup> November 2016**

<b>AGENDA ITEM NUMBER</b>	5.4
<b>TITLE OF PAPER</b>	Health and Safety Report
Confidential	<b>NO</b>
Suitable for public access	<b>YES</b>
<b>PLEASE DETAIL BELOW THE OTHER SUB COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED BY:</b>	
None	
<b><u>STRATEGIC OBJECTIVE(S):</u></b>	
Best outcomes	A good health and safety record provides assurance to patients, staff and other stakeholders that the Trust takes its responsibilities for safety seriously
Excellent experience	The relatively low numbers of incidents continues to provide assurance that effective measures are in place to protect patients, staff and visitors.
Skilled & motivated teams	The relatively low number of safety incidents is a testament to the skill and dedication of those at the Trust who motivate and lead their teams.
Top productivity	Fewer safety incidents means less time spent on investigations and reports leaving management with time for more productive activities.
<b>: EXECUTIVE SUMMARY</b>	
	<p>This half-yearly summary has been prepared to provide assurance to the Trust Board that it is managing its Health &amp; Safety risks and thereby complying with its statutory duties.</p> <p>There is an increase in RIDDOR reportable injuries following two reportable periods of abnormally low incidences. The current numbers are more within the expected range for a trust of our size.</p> <p>Recently published national violence against staff figures show that the trust is performing well compared with other trusts. However these figures are expected to show a small rise when the 2015/16 report is published in November 2016.</p>
<b>RECOMMENDATION:</b>	The Trust Board is asked to note the report.

<b>SPECIFIC ISSUES CHECKLIST:</b>	
Quality and safety issues	The report covers quality and safety issues related to non-clinical risks.
Patient impact	This paper provides assurance to patients that Ashford and St Peter's is a safe place to visit and receive healthcare.
Employee	This paper provides assurance to its staff that Ashford and St Peter's is a responsible employer providing a safe place to work.
Other stakeholder	This paper provides assurance to CCGs, CQC, Monitor, HSE and other agencies that the Trust is meeting its Health and Safety responsibilities.
Equality & diversity	There are no specific equality and diversity issues.
Finance	There is potential for expensive litigation if the Trust Board breaches Health and Safety legislation.
Legal	There is potential for enforcement action if the Trust Board fails in meeting its Health and Safety duties.
Link to Board Assurance Framework Principle Risk	
<b>AUTHOR NAME/ROLE</b>	Chris Bell, Associate Director for Facilities and Estates
<b>PRESENTED BY DIRECTOR NAME/ROLE</b>	Valerie Bartlett, Deputy Chief Executive
<b>DATE</b>	24 <sup>th</sup> November 2016
<b>BOARD ACTION</b>	Receive assurance

## 1. Summary of approval sought

This half-yearly summary 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. The Board is asked to receive assurance from the report.

## 2. Background and scope

This half-yearly summary 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. It sets out key areas of Health and Safety issues and highlights current performance, incident levels and action taken to mitigate risk.

### 3. PERFORMANCE HIGHLIGHTS

#### 3.1 RIDDOR

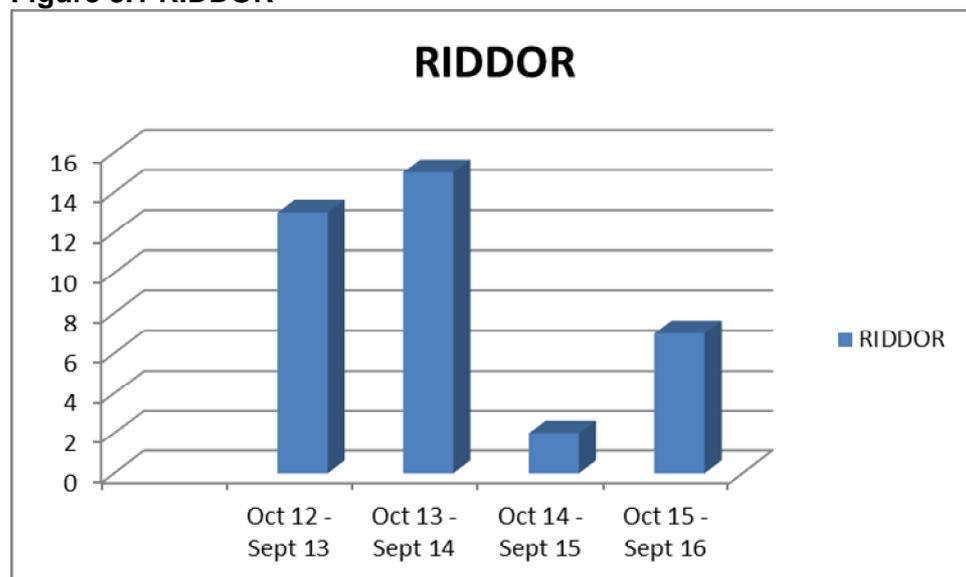
There have been two RIDDOR reportable incidents in the last six months. The details are:

Job title	Incident	Injury	Action Taken
Registered General Nurse	Scoop stretcher being used in ITU. One half propped against drip stand. Drip stand moved by staff causing scoop stretcher to fall.	Bump to centre of forehead.  RIDDOR as over 7 day injury	Scene visited, incorrect propping up of scoop stretcher identified  ITU staff reminded of how to use scoop  Secure storage system implemented
Nursery Nurse	2yr old toddler carrying a toy stumbled into nursery nurse resulting in a clash of heads	Bruise to nose & permanent reduction in sight of left eye	Scene visited no fault in flooring to cause trip.

There have been a total of 7 RIDDOR reportable incidents in the year ending Sept 2016. This shows a rise of 5 reportable incidents over the previous year however it still remains at approximately half the levels for reporting years 2012/13 & 2013/14. The long term trend (measured over four quarters) suggests an average of 9 reportable incidents per year as a more indicative assessment.

5 of the 7 reportable incidents in the year 2015/16 were due to slips and trips resulting in falls whereby fractures were sustained.

**Figure 3.1 RIDDOR**



### 3.2 Violence and Aggression

Violence against staff remains a key issue within the Trust, on average an incident is reported every other day. Analysis indicates that between 1 and 4 members of staff are assaulted in each incident.

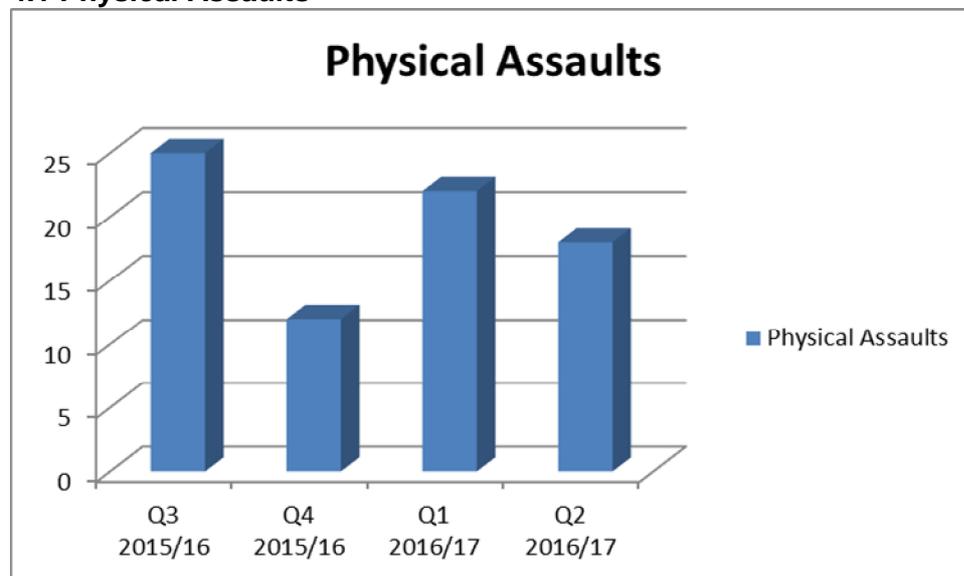
The NHS Protect, Violence Against Staff (VAS) return was submitted to the Department Of Health on the 11<sup>th</sup> October 2016 and the results await publishing. Until then the report presented to the board on the 15<sup>th</sup> April 2016 provides the current comparison between ASPH & surrounding Health Bodies as indicated below:

Health Body	Assaults Per 1000 staff
Ashford & St. Peter's	9
Epsom & St Helier	11
Frimley Healthcare	13
Royal Surrey County	17
National average (acute)	21

The Trust has been notified that the 2016 return will show an increase from 9 to 11 assaults per 1000 staff. However until other Health Bodies results are published it will be difficult to place this in context.

## 4. INCIDENTS

### 4.1 Physical Assaults



The overwhelming majority of assaults are committed by elderly patients with age related mental health issues. The other two groups of concern are by those patients in a state of confusion or suffering from alcohol withdrawal.

One assault is subject of a Criminal Investigation and this is being heard at Staines Magistrates Court on the 7<sup>th</sup> January 2017.

The Trust will be delivering Conflict Resolution Training, pilot November / December 2016. The Deputy Chief Nurse has required a report to identify areas of concern within the Trust so

that training can be directed towards areas of concern in order of priority. The aim of this action is to promote staff safety and reduction in the number of incidents.

#### 4.2 Staff Falls

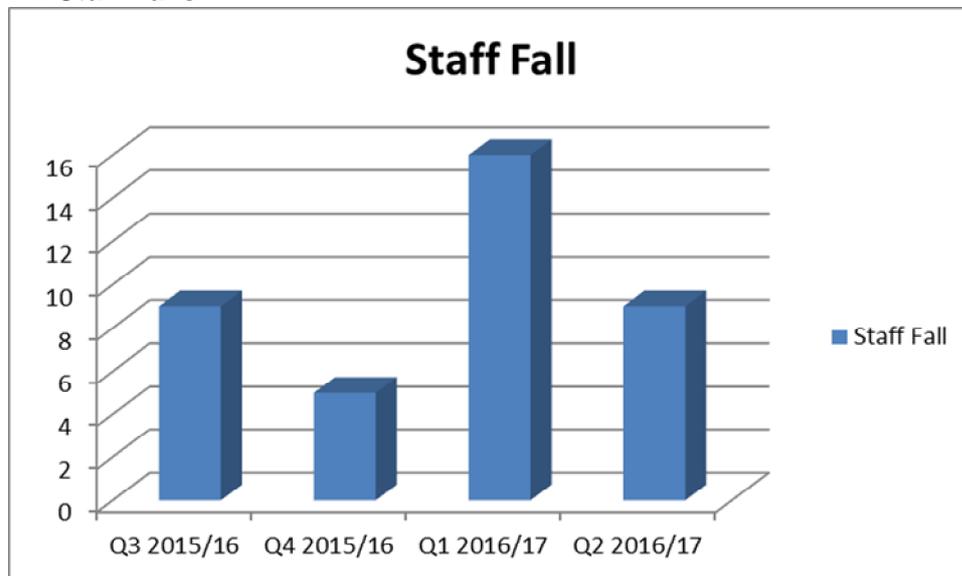


Fig 4.2 shows staff falls. Nationally this accounts for 27% of all injuries sustained at work. As previously reported, there appears to be no common themes to suggest a way to reduce these. There is no specific evidence to focus on dangerous practices or places.

On a positive note the falls have been reduced by nearly a half from the previous quarter.

To mitigate the risk of any falls the following actions are undertaken on a daily / monthly basis:

- All wet floors are correctly marked by cleaners
- Proactive monthly inspections to identify hazards e.g. potholes and lighting
- Incidents are responded to quickly and repairs made to prevent a reoccurrence

Slips and trips resulting in falls are a constant topic for delivery in mandatory and induction training, alerting staff to be aware of potential trip/slip hazards.

### 4.3 Inoculation Injuries

Fig 4.3

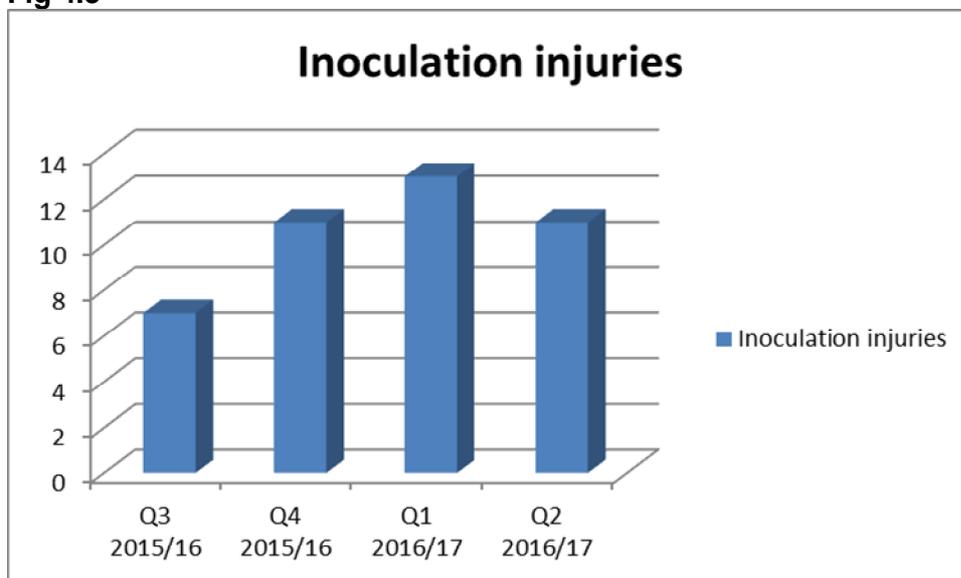


Fig 4.3 demonstrates that there has been a reduction of such injuries in the second quarter of this year. There is a constant theme, as previously reported, that most injuries remain avoidable.

Despite the introduction of safer needle products under the Health & Safety (Sharps Instruments in Healthcare) Regulations 2013, the overall trend is on the increase.

The HSE conducted an inspection of NHS organisations in 2015/16, breaches of regulations were found in 90% of Trusts.

A “Safer Sharps” audit, initiated by the Associate Director of Procurement, was conducted on the ASPH Trust by BD (a large supplier of sharps to the Trust) in June 2016 to check compliance. The findings were presented on the 1<sup>st</sup> November 2016. The need for urgent action was identified in the following, sampled, areas:

- Safety devices on safer needles tampered with
- Risk Assessments either not done or not up to date with current practise
- Trend to use old style sharps when safer sharps would comply with legislation
- No safer sharps devices for Diabetes
- Not changing needles for certain “IV” bag processes
- Wrong needle being used at greater cost
- Non compliant cleaning techniques

Auditors suggested that no central point of control within ASPH has lead to a fragmentation of safer sharps use and lack of cohesion in application / training / policy. In essence the central coordinator within the Trust has left and no replacement is in post

Auditors advised that if the HSE / CQC were to audit ASPH today the least the Trust could expect would be a Compliance Notice or Improvement Notice based upon experiences of other Trusts inspected.

To mitigate the risk posed to the Trust this matter was immediately escalated to the Deputy Chief Nurse by the Associate Director of Procurement. The Clinical Risk Manager has been identified to co-ordinate action with regards to the compliance of the use of safer sharps within the Trust.

**4.4 Struck Equipment**

**Fig 4.4**

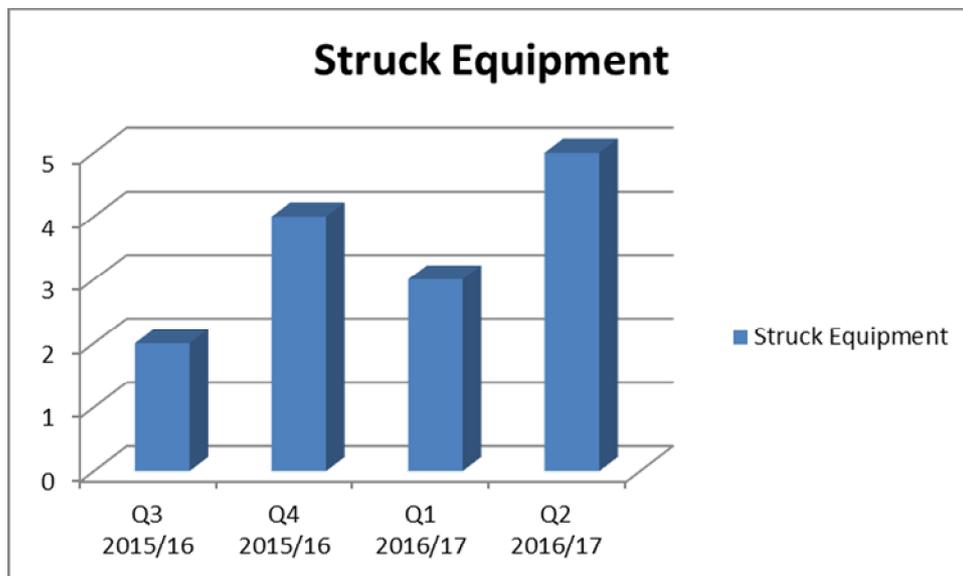


Fig 4.4 This table demonstrates the numbers of members of staff who have been struck by objects, resulting in minor injuries. The head accounts for over 50% of injured areas due to being struck by an object as described below:

Head Injuries	Stood up banged head on open cupboard
	Paper towel dispenser fell open hitting head
	Stood up cut head on locker
	Hit in eye by dislodged piece of equipment during an operation
	Automatic doors closed on persons head

In one case a member of staff was struck by a falling window as detailed below:

Job title	Incident	Injury	Action Taken
HR Member of staff	Staff opened window which fell out of frame hitting them on the head. Cause identified, 1 x screw missing from restraining arm, the other had de-	0.5cm slight cut to left of scalp - first aid rendered - staff returned to work	Window repaired, Inspection ordered of a control sample, to establish extent of problem & escalation

	threaded providing no grip.	next day	dependent on findings.
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#### 4.5 Manual Handling

Fig 4.5

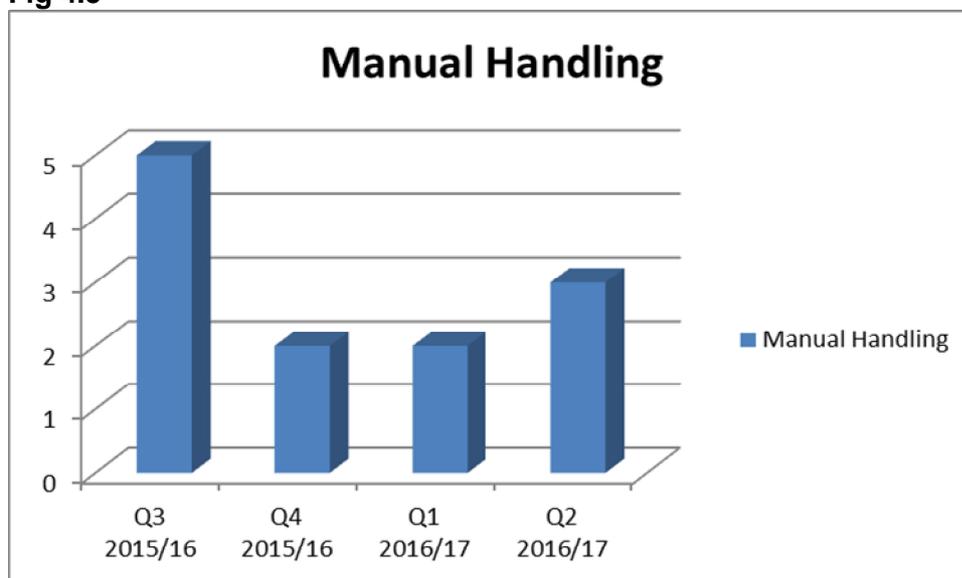


Fig 4.2 shows the number of manual handling incidents remain relatively low and are caused, in the main, by staff reacting to patients who act in an unpredictable manner such as unexpectedly falling or grabbing staff for support.

#### 5. SUMMARY OF ALL STAFF INCIDENT INJURIES

The following table illustrates the full level of incident injuries sustained by staff including the four high risk areas and others. Whilst the numbers have risen for the last two quarters many of these are relatively trivial and are likely to appear as a consequence of staff being reminded to report all incidents including near misses and no harm incidents which were previously omitted.

##### Summary of Staff Injuries

Staff Incidents	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17
Inoculation injuries	7	11	13	11
Manual Handling	5	2	2	3

Physical Assaults	25	12	22	18
Struck Equipment	2	4	3	5
Staff Fall	9	5	16	9
Exposure to body fluids	4	2	1	3
Exposure to hot/cold substances	1	0	0	0
Exposure to other harmful substances	0	1	0	0
Sharps (non-contaminated)	0	0	1	0
Radiation	1	0	0	0
Hit by falling object	0	2	4	3
Electrical discharge	0	0	0	1
Latex issue	0	0	0	0
Trapped by something	1	0	2	1
Injured by animal	0	0	1	0
Other	1	0	0	0
Total (staff)	56	56	65	54

## 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 an average of **90.32%** for the months of April – August 2016 and therefore meets the competence requirement.

## 7. DATIX COMPARRISON

Fig 7.1

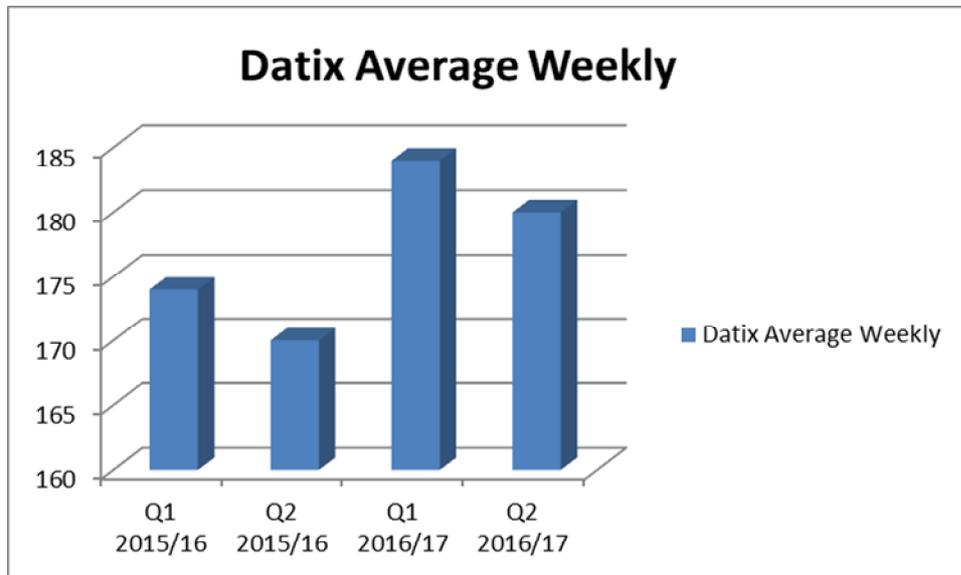


Fig 7.1 compares the number of reported Datix incidents over the same period(s) last year. There has been an increase (on average) of 10 Datix entries per week.

This demonstrates that staff are less averse to reporting incidents and points to the success of the “ROD” (Report On Datix) Campaign on Aspire.

However this increase may produce a more robust overview of Health & Safety related issues.

## 8. 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.

The Trust is asked to note the concerns raised around physical assaults and inoculation injuries and the steps taken to mitigate the risks presented.

## 9. RECOMMENDATION

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