

**TRUST BOARD**  
**27<sup>th</sup> October 2011**

<b>TITLE</b>	<b>Health and Safety Report</b>
<b>EXECUTIVE SUMMARY</b>	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.
<b>BOARD ASSURANCE (Risk) IMPLICATIONS</b>	The relatively low number of incidents provides assurance that effective measures are in place to protect staff, visitors and patients. However, the staff survey has raised concerns that there is under reporting of incidents across the Trust, and this will be the focus of significant management attention in 2011 / 12.
<b>STAKEHOLDER / PATIENT AND VIEWS IMPACT</b>	A good health and safety record provides assurance to outside stakeholders that the Trust takes its responsibilities seriously and safeguards its reputation.
<b>EQUALITY AND DIVERSITY ISSUES</b>	None
<b>LEGAL ISSUES</b>	Potential for litigation if the Trust fails in its duty of care to staff, patients and visitors.
<b>The Trust Board is asked to:</b>	Note the report
<b>Submitted by:</b>	Valerie Bartlett, Deputy Chief Executive
<b>Date:</b>	19 October 2011
<b>Decision:</b>	For                      Noting

**TRUST BOARD**  
**27<sup>th</sup> October 2011****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 Manual Handling Equipment**

The Manual Handling team (MH) have been working closely with the DGM for Surgery and Consultant

Gastric Surgeons and recommendations have been made for specialist equipment required for the new Bariatric Unit, which will be operational before Christmas. This will be a two bedded facility in one of the Trust's surgical wards which will be a focus for the Trust's increasing range and volume of bariatric surgery. Currently bariatric equipment in the Trust does not meet our demand and constitutes a risk to both staff and patients. This risk has therefore been placed on the risk register. The Procurement Project Manager and Manual Handling team have been working with the clinical team to achieve a number of improvements. These include:

- sourcing a preferred bariatric product and supply list that gives maximum discounts on volume commitments over a 2 year contract period
- Identifying and sourcing appropriate equipment to support the evacuation of bariatric patients in case of major incident
- Identifying and trialling appropriate bariatric beds and bed frames for the new unit.

**3.2 Benchmarking**

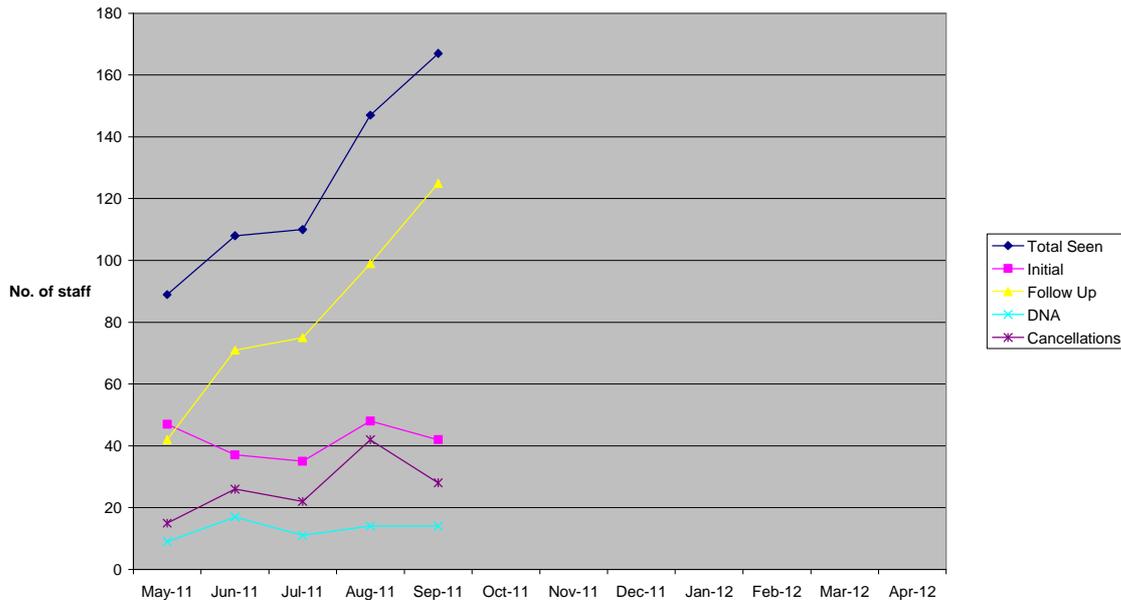
In order to compare the Trust's performance with that of similar Trusts the Health and Safety and Security Advisor has joined the Healthcare Risk Managers Group. This is a peer group of Health and Safety advisors from 18 NHS Trusts across the South East Region. Closer working with these other Trusts will also provide the benefit of sharing experiences such as with learning from statutory inspections.

**3.3 Health and Wellbeing**

The Occupational Health Physiotherapy service is now 5 months into the trial period of 1 year and early indications are that the service is having a positive impact on staff morale and staff sickness. In addition to the updated figures from the first quarterly report, this report gives the early results from a staff evaluation survey given to all employees on discharge from Physiotherapy.

In the period 1<sup>st</sup> May 2011 to 30<sup>th</sup> September 2011, a total of 209 staff were seen for an initial assessment, see Fig 1.1.

Figure 1.1 Graph showing the Number of staff seen



From the start of the Physiotherapy service, a total of 1237.33 days have been lost due to Musculoskeletal Disorders (MSDs). This is an improvement of 1813.47 days off sick over the same period of the previous year, equating to a reduction in sickness days off of 32%.

#### 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.

Fig 2.1 Number of Inoculation Injuries

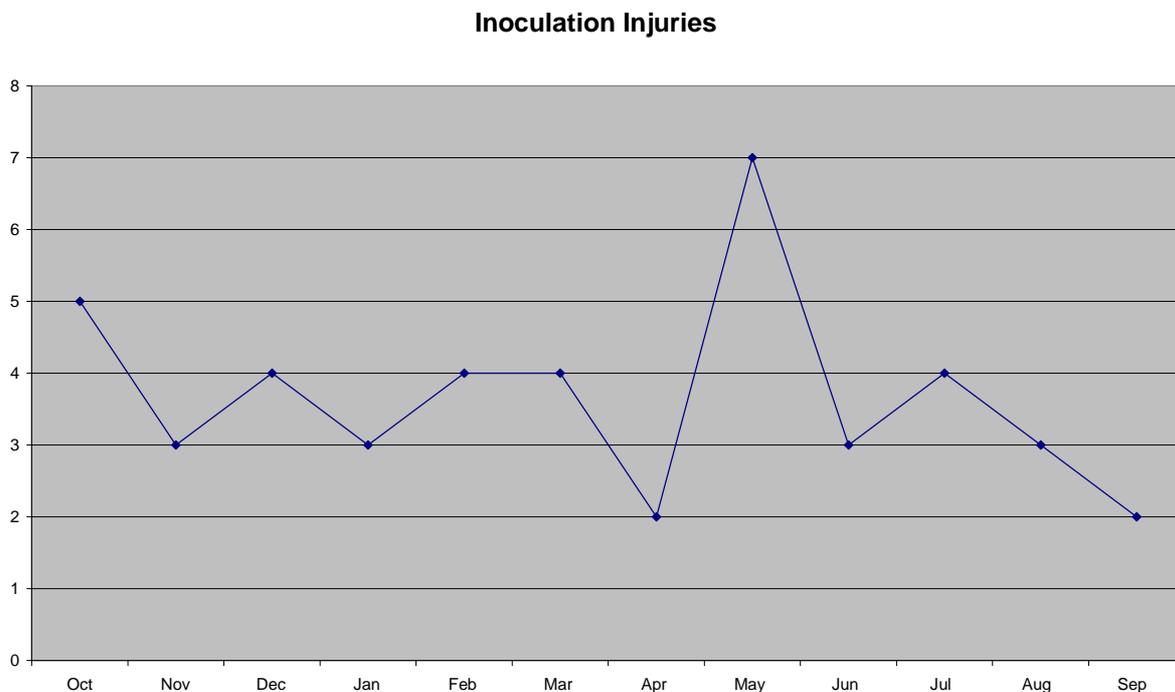


Figure 2.1 shows that these figures for inoculation injuries remain relatively low but it is disappointing that many of these are easily preventable if safe practice is followed such as never attempting to re-sheath a needle.

Fig 2.2 Manual Handling Incidents

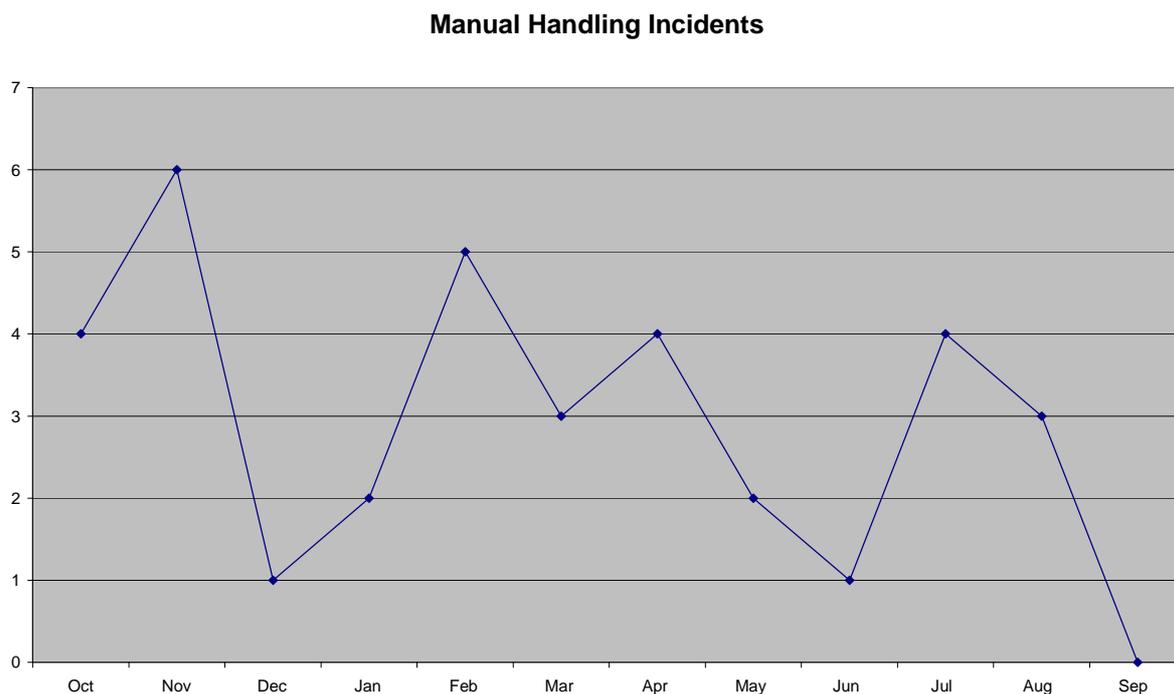


Figure 2.3 shows the number of manual handling incidents for the last 12 months. The Manual Handling team follow up on these injuries and have concluded that many are caused by patients acting unpredictably with staff, for example, stretching to prevent a patient from falling.

Fig 2.3 Physical Assaults

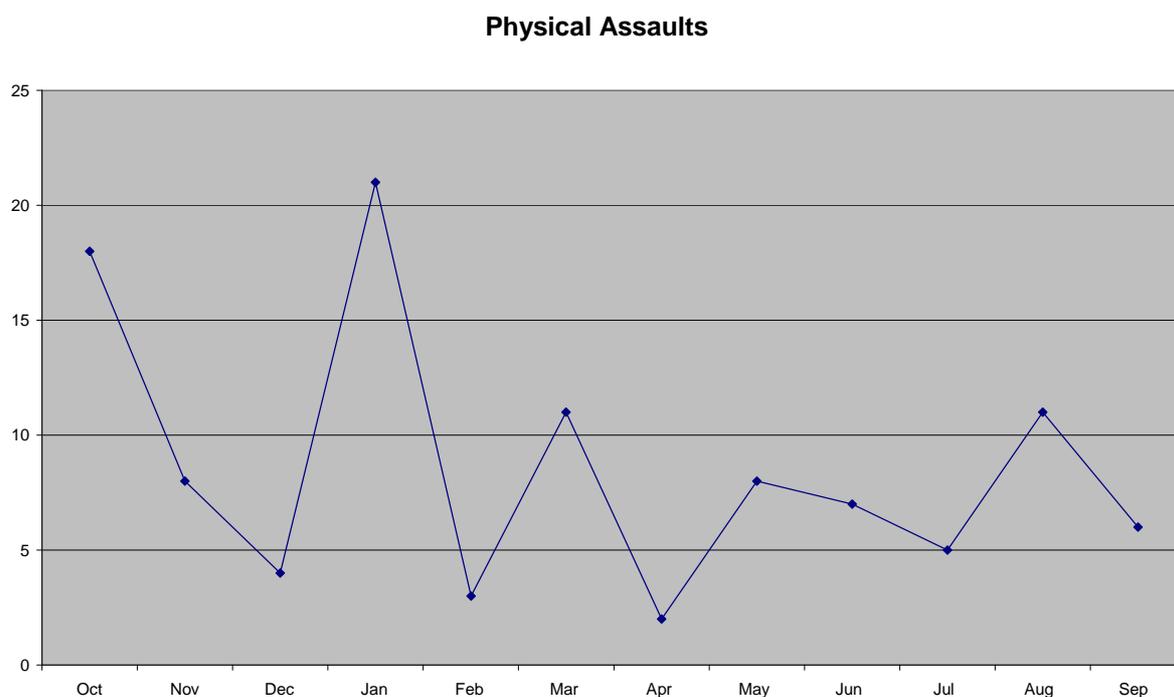
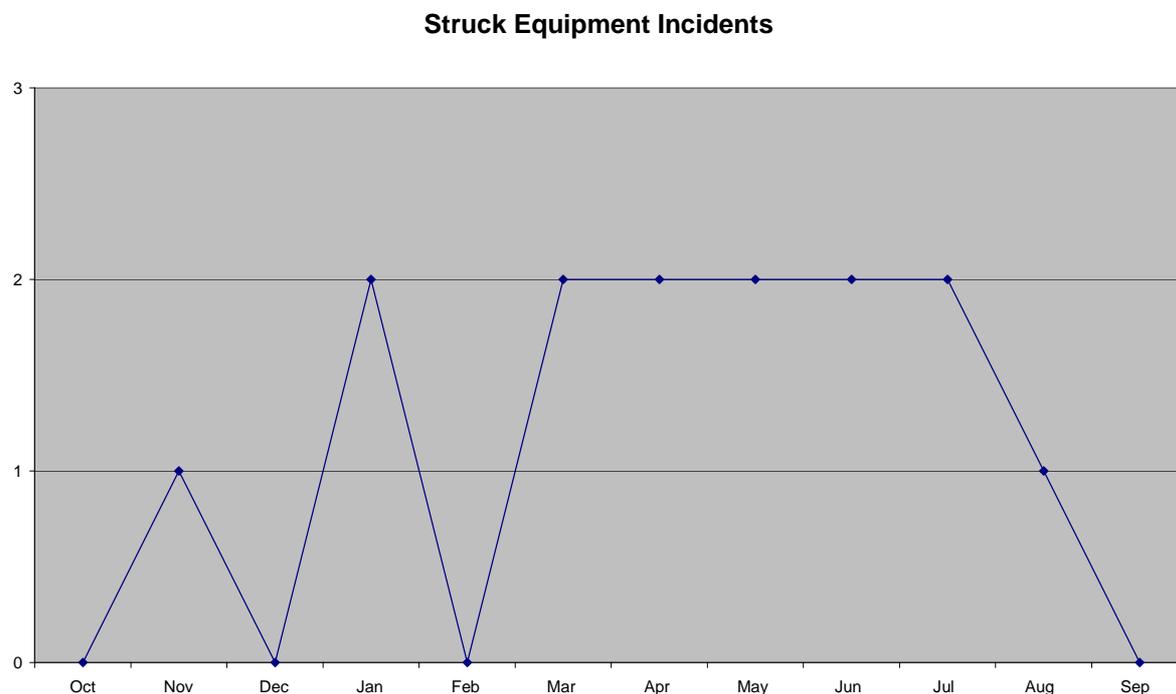


Fig 2.3 shows the number of physical assaults for the year. With conflict resolution training

for staff now concentrating on dealing with confused patients it is anticipated that these numbers will reduce further. The blips in October and January relate to one or two very aggressive patients being repeat offenders during their stay in hospital.

Fig 2.4 Struck Equipment Incidents



The numbers in fig 2.4 are for minor injuries resulting from bumping into furniture/equipment etc. None of these were serious.

Fig 2.5 Staff Falls

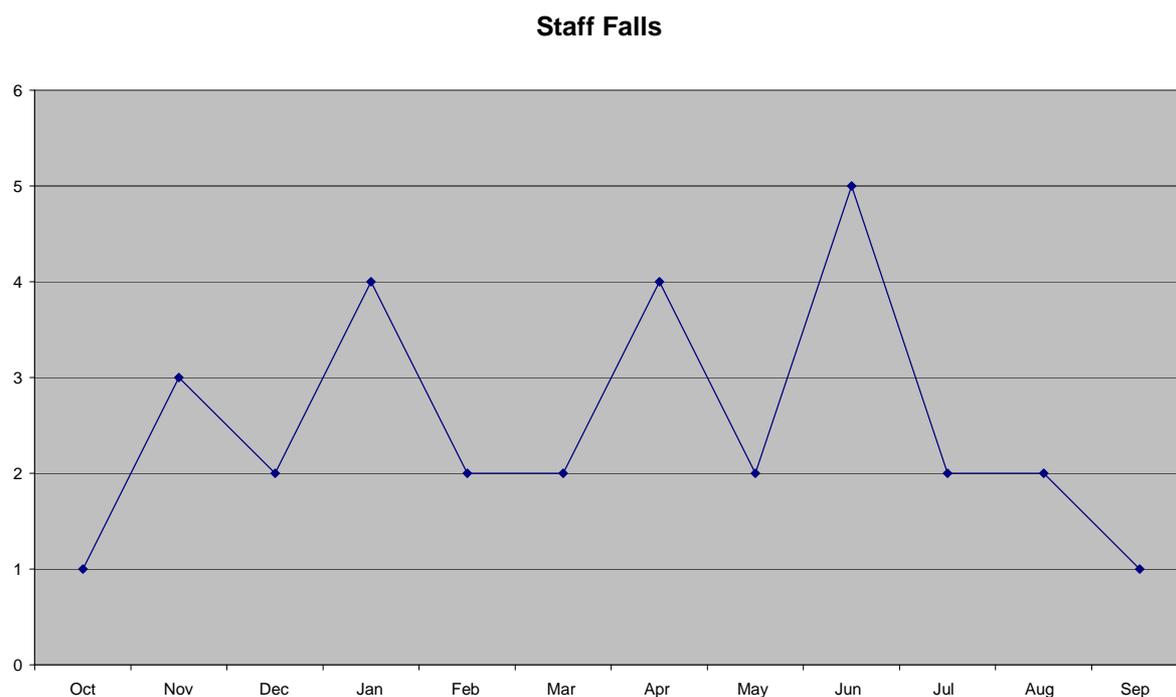


Fig 2.5 shows staff falls. Three of the five falls occurred while staff were walking from staff car parks. The car park surfaces have since been levelled out. With the car park improvement scheme now well established a more proactive approach to car park maintenance has been introduced with monthly inspections of lighting and walkways which should ensure that problems are resolved before accidents occur.

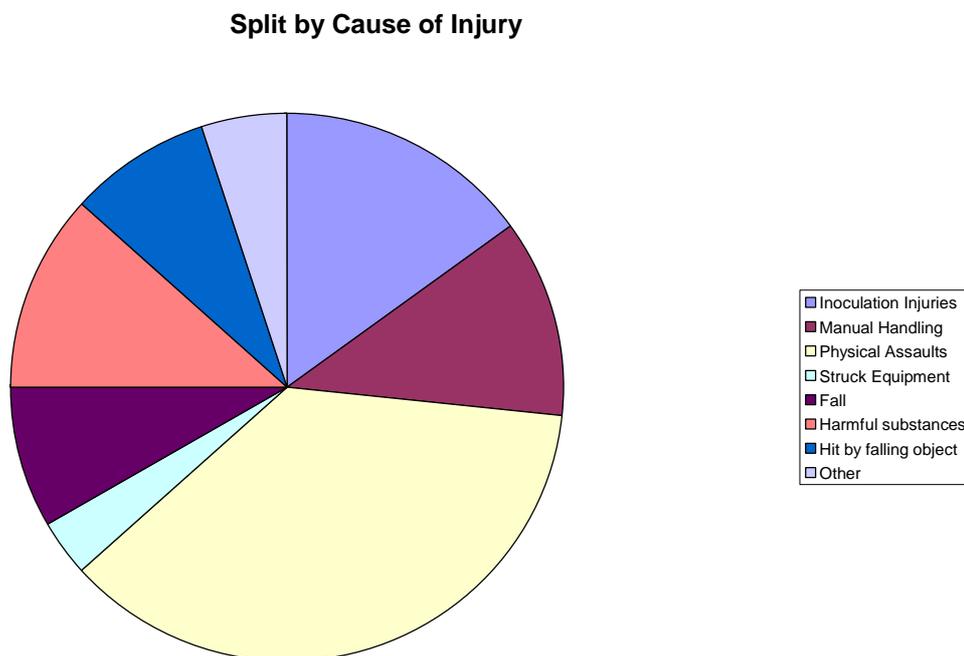
## 5. SUMMARY OF ALL STAFF INCIDENT INJURIES

The following illustrate 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 on the need to do so. This may explain the slight increase in reported injuries for the last quarter. The Pie Chart in Fig 3.1 gives a graphical representation of these figures.

### Summary of Staff Injuries

Staff Incidents	2010 Q4	2011 Q1	2011 Q2	2011 Q3
Inoculation injuries	6	6	12	9
Manual Handling	5	3	4	7
Physical Assaults	11	20	10	22
Struck Equipment	1	3	8	2
Staff Fall	4	6	6	5
Exposure to body fluids	0	0	0	3
Exposure to hot/cold substances	0	1	1	0
Exposure to other harmful substances	3	3	0	4
Sharps (non contaminated)	4	2	0	2
Radiation	0	0	0	0
Hit by falling object	1	2	0	5
Electrical discharge	0	0	0	0
Latex issue	0	0	0	0
Trapped by something	0	0	0	1
Other	5	3	0	0
Total (staff)	40	49	41	60

Fig 3.1 Summary of Staff Injuries Split by Cause



## 6. TRAINING

Mandatory training sessions for health and safety include:

- Fire
- Manual Handling
- Health and Safety (including slips and falls)
- Conflict resolution

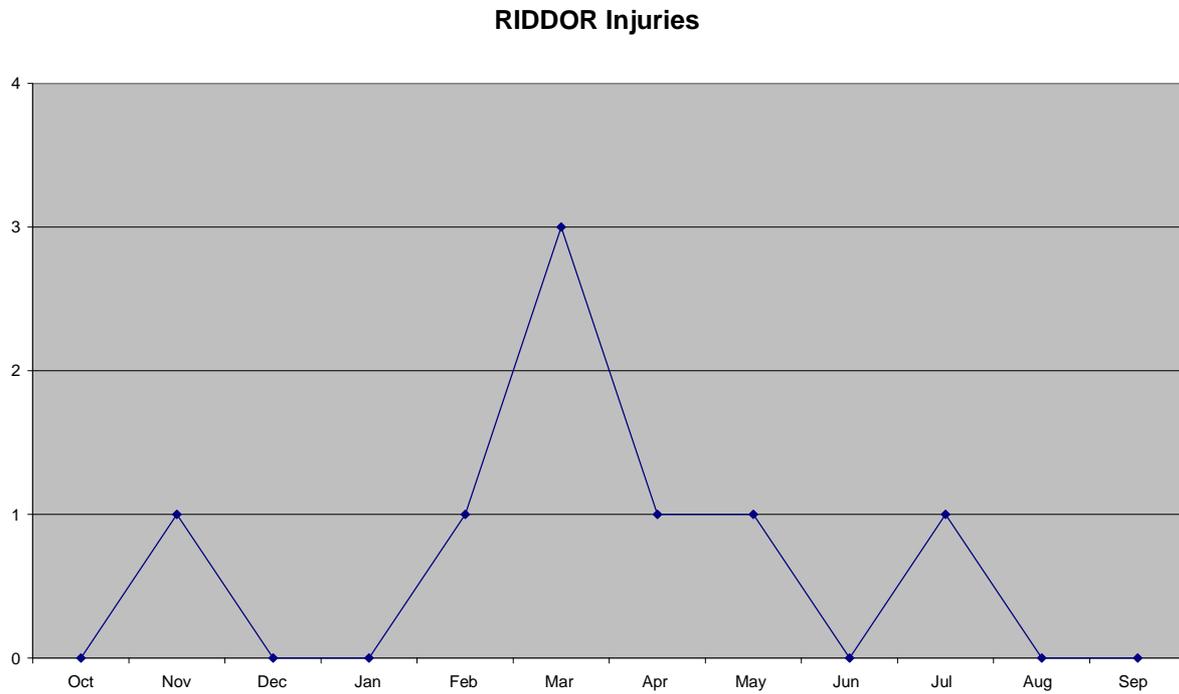
At all of these sessions the issue of incident under reporting is addressed and staff are advised of their duty under health and safety legislation to report concerns about safety as well as actual incidents.

Extra drop in sessions have been arranged for staff to catch up with their mandatory training for fire and hand hygiene.

### 7. RIDDOR

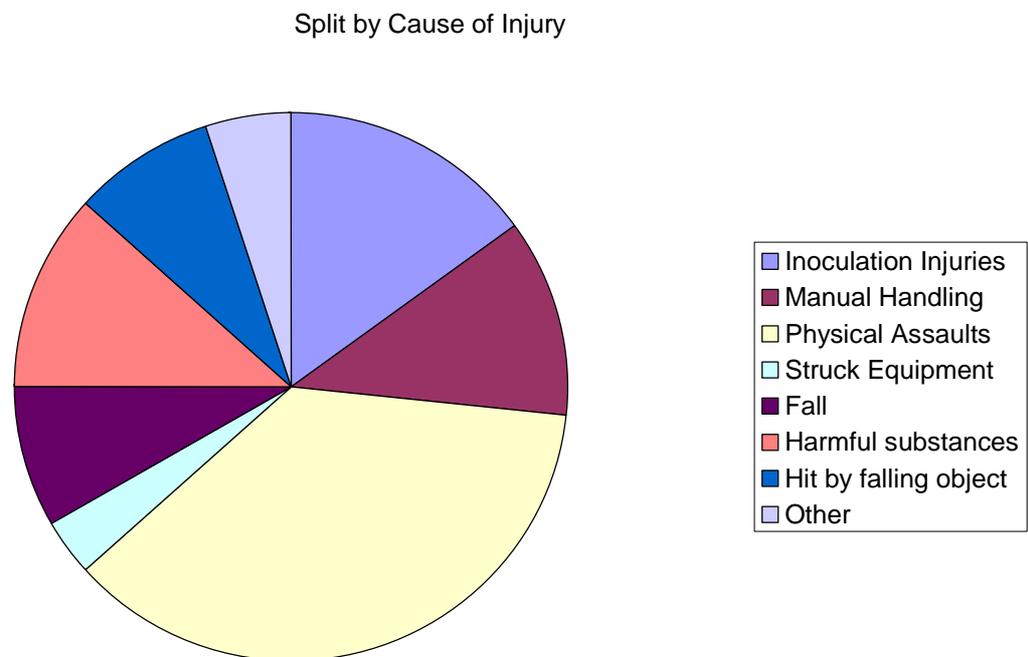
Injuries reportable under RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) remain relatively low as follows in Fig 4.1:

Fig 4.1 RIDDOR Injuries by month



These injuries are categorised by cause in Fig 4.2

Fig 4.2 RIDDOR Injuries split by cause.



## 8. CONCLUSION

The following conclusions can be made from the incident reporting information.

- The vast majority of injuries reported are of a minor nature.
- The number of staff injuries reportable under RIDDOR is half the national average.

## 9. RECOMMENDATION

The Board is asked to note the contents of this report

**Submitted by:** Valerie Bartlett, Deputy Chief Executive

**Date:** 19 October 2011