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

TRUST BOARD
28th April 2011

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. 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.
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:	Note the report
Submitted by:	Valerie Bartlett, Deputy Chief Executive
Date:	18 April 2011
Decision:	For Noting

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

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

3.1 Staff Survey

Indications from the staff survey are that far more injuries are being sustained than reported. 304 injuries were reported in the period but the staff survey indicates that 19% of staff suffered a workplace injury; this would equate to about 650 injuries. The reasons behind this under-reporting are being investigated. Responses to questions relating to attendance at mandatory training sessions continue to be disappointing. Action plans have been drawn up to address these issues and will be monitored during the year. This will remain a focus for significant focus throughout the year.

3.2 Benchmarking

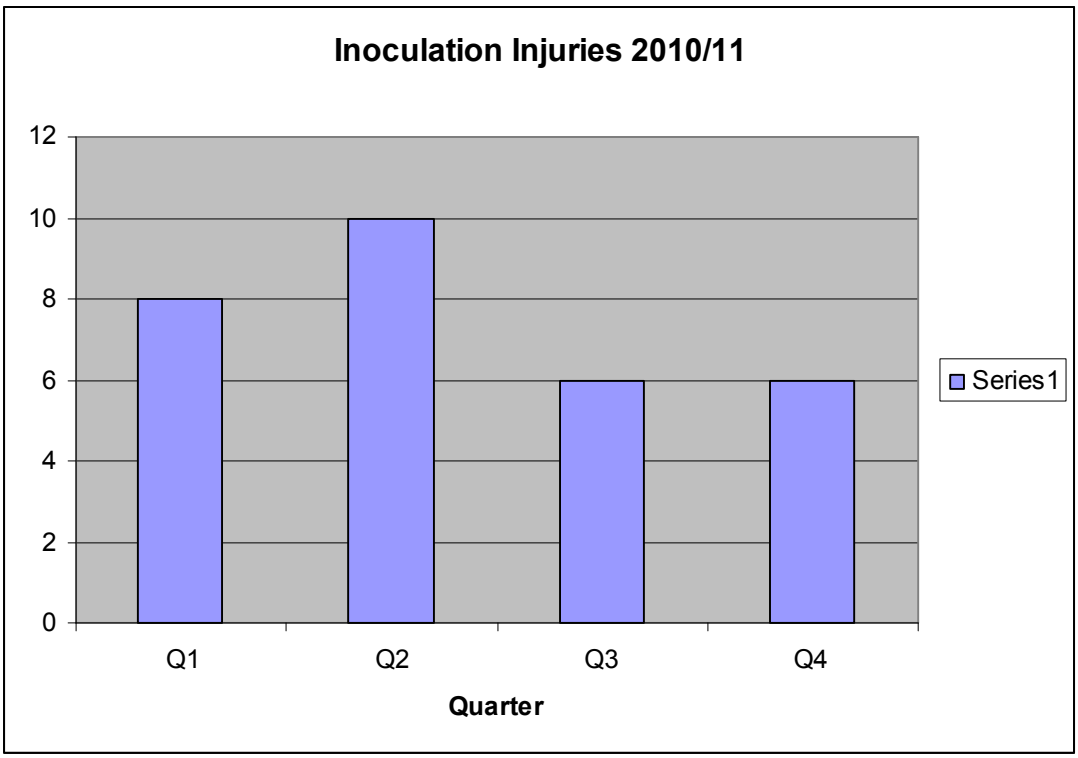
It was intended that future reports would include comparisons with accident statistics from other local NHS hospitals. Requests have been made to other Trusts but currently this information is not comparable. A template is being produced to simplify the matter.

3.3 Health and Wellbeing

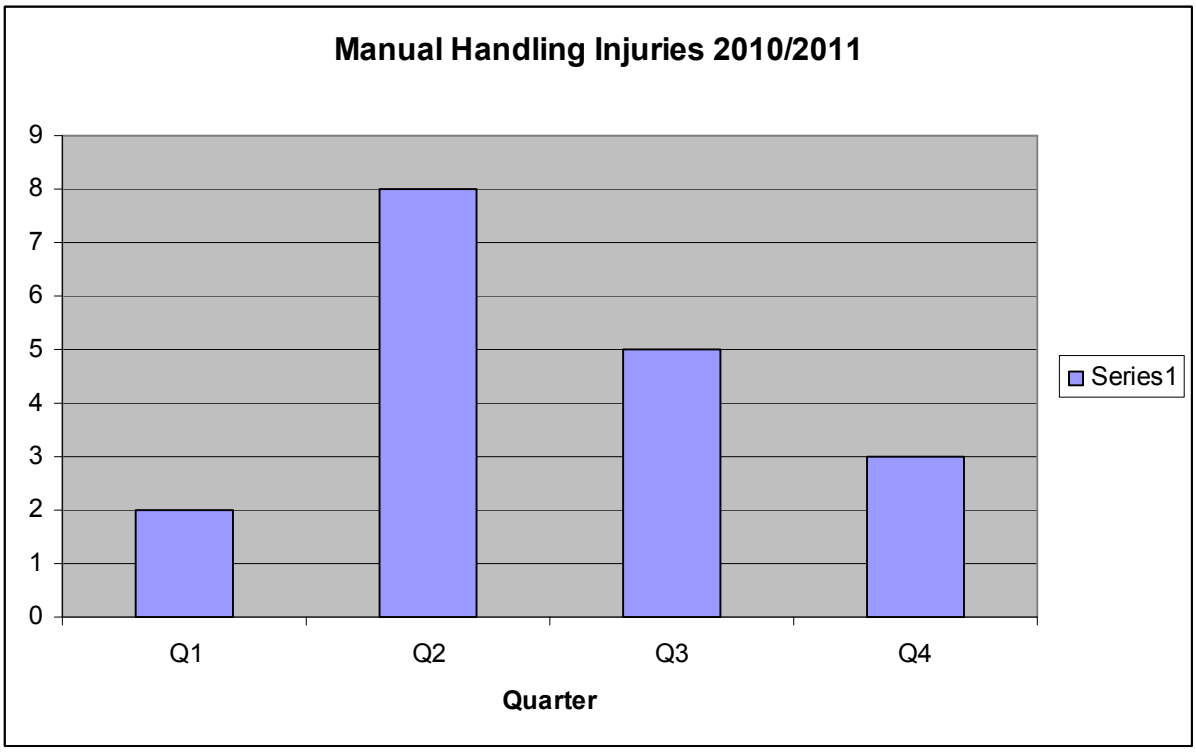
Occupational Health Department and the Trust Health Safety and Security Advisor are working with the Head of Organisational Development to develop a long term strategy for health safety and wellbeing.
Following submission of a business case to the “Good to Great” project which was accepted the Trust now has a full time physiotherapist dealing with staff referrals.

4. INCIDENT REPORT

The following five overleaf tables demonstrate the number of incidents in the key health and safety high risk areas:

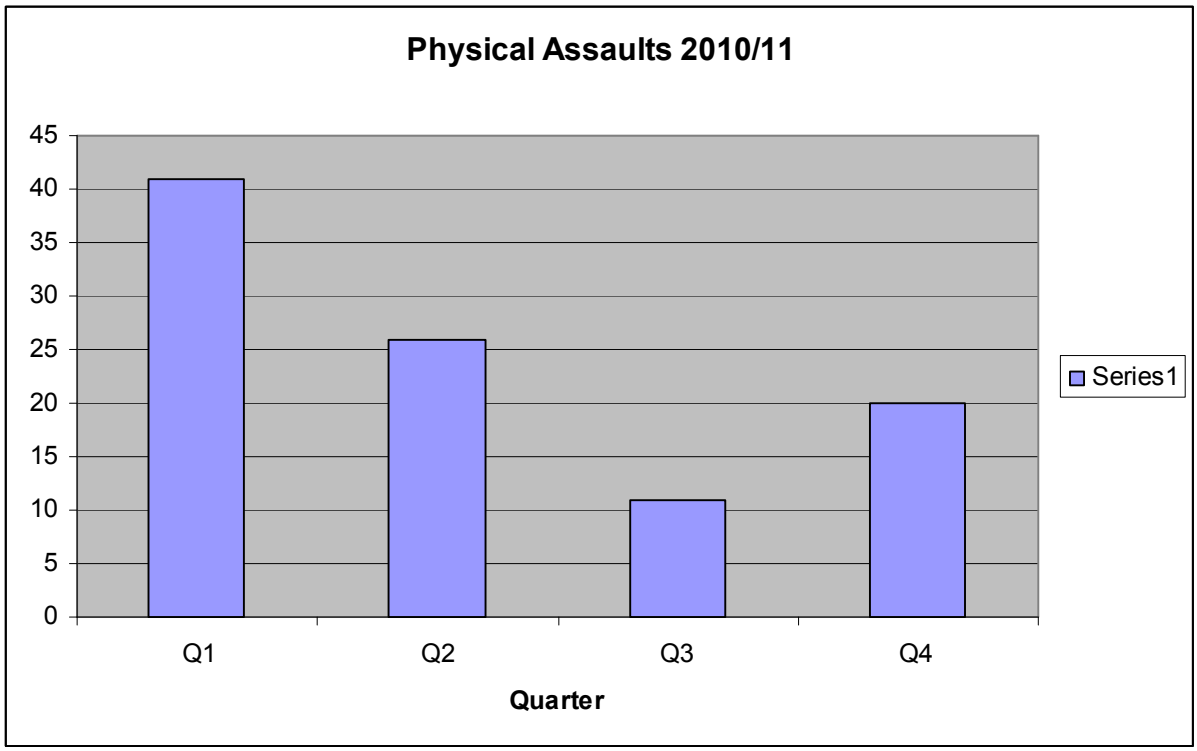


All injuries were followed up by Occupational Health and were low risk (no exposure to blood borne viruses). Work continues to ensure that the Trust is compliant with the European Sharps Directive and responsibility for this will be assumed by the Product and Medical Equipment Group.



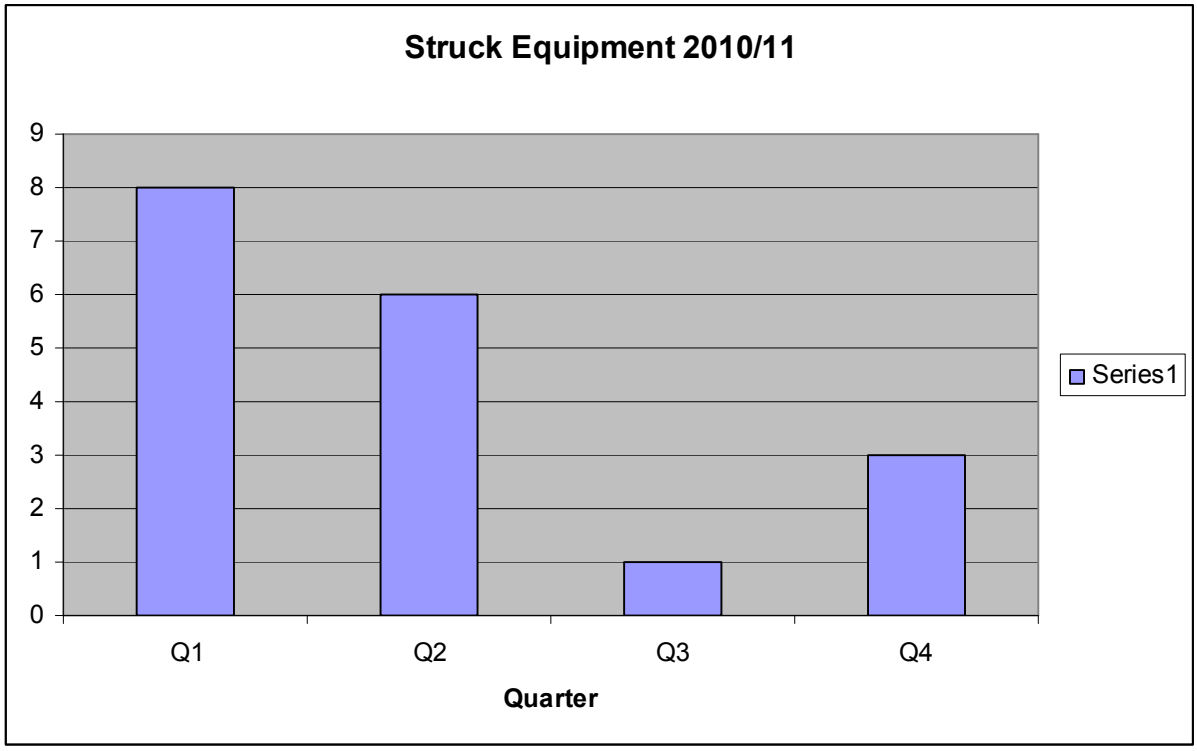
All 3 incidents happened when mobilising patients.

The manual handling team investigate all such incidents making recommendations as necessary.

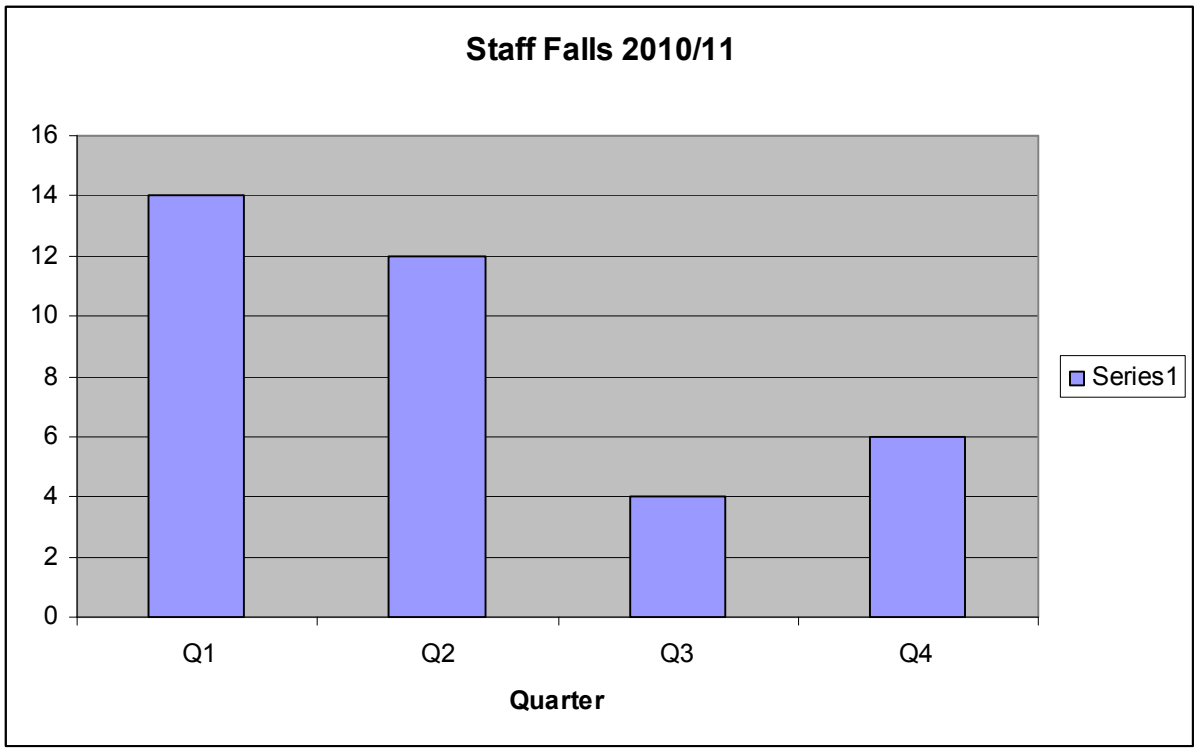


The majority of incidents are caused by confused patients being resistant to care.

4 of the incidents relate to a male patient on Fielding ward who was very aggressive but his behaviour improved considerably after intervention by the matron who devised an appropriate care plan.



These are minor injuries resulting from bumping into furniture/equipment etc. None of these were serious.



These include:

- External falls possibly due to poor lighting as a result of temporary loss of power to fittings which have now been repaired
- 2 falls in histopathology due to wax on floor

The causes of these falls have been investigated and improvements made.

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:

Summary of Staff Injuries

Staff Incidents	2010 Q2	2010 Q3	2010 Q4	2010 Q1
Inoculation injuries	8(2)	10(3)	6	6
Manual Handling	2	8(1)	5	3
Physical Assaults	41	26	11	20
Struck Equipment	8	6	1	3
Staff Fall	14	12	4	6
Exposure to body fluids	5	6	0	0
Exposure to hot/cold substances	0	2	0	1

Exposure to other harmful substances	3	2	3	3
Sharps (non contaminated)	11	6	4	2
Radiation	0	1	0	0
Hit by falling object	4	5	1	2
Electrical discharge	0	0	0	0
Latex issue	0	0	0	0
Trapped by something	0	0	0	0
Other	15	11	5	3
Total (staff)	115	100	40	49

NOTE: The number of incidents in each category reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) is shown in brackets.

6. LEGISLATION CHANGES TO NOTE

Sections 119 and 120 of the Criminal Justice and Immigration Act 2008 came into force making nuisance behaviour on NHS premises an offence.

7. CONCLUSION

- The vast majority of injuries reported are of a minor nature.
- The number of staff injuries reportable under RIDDOR is half the national average.
- Action plans to address poor staff survey results have been prepared and are being implemented.

8. RECOMMENDATION

The Board is asked to note the contents of this report

Submitted by: Valerie Bartlett, Deputy Chief Executive

Date: 18 April 2011