

TRUST BOARD
28th July 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 July 2011
Decision:	For Noting

TRUST BOARD
28th July 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 Bariatric Patients

The numbers of bariatric patients requiring extra wide or heavy duty manual handling equipment continues to increase, The Manual Handling Coordinator is working closely with the Procurement Project Manager to support the idea of a 'one stop shop' with a specialist bariatric equipment company.

2 Hovermats (air patient lateral transfer device) have been purchased for the Trust to improve lateral transfers generally and to improve post falls rescue.

The Trust currently has no means of safely evacuating a bariatric patient down a stair case in the event of a fire. A new Evacujack air patient evacuation system based on the Hoverjack is currently being trialled and modified to address this gap.

3.2 Benchmarking

A useful tool assessing performance is benchmarking, therefore some work has progressed with an acute hospital peer group.

The following table describes how the Trust compares with its peer group for the year 2010/2011:

Incident type	ASPH	Peer Group
Physical assaults	90	96
Inoculation injuries	41	65
Falls	36	41
Manual handling	18	26

The research further supports the assertion that the Trust is managing its health and safety. However it is important to ensure that under reporting is not a factor in this positive statistical evidence, therefore, mandatory health and safety training has a focus on incident reporting and its importance to continuous improvement.

3.3 Health and Wellbeing

The Health and Wellbeing calendar is being well supported with the following issues being promoted in the last quarter:

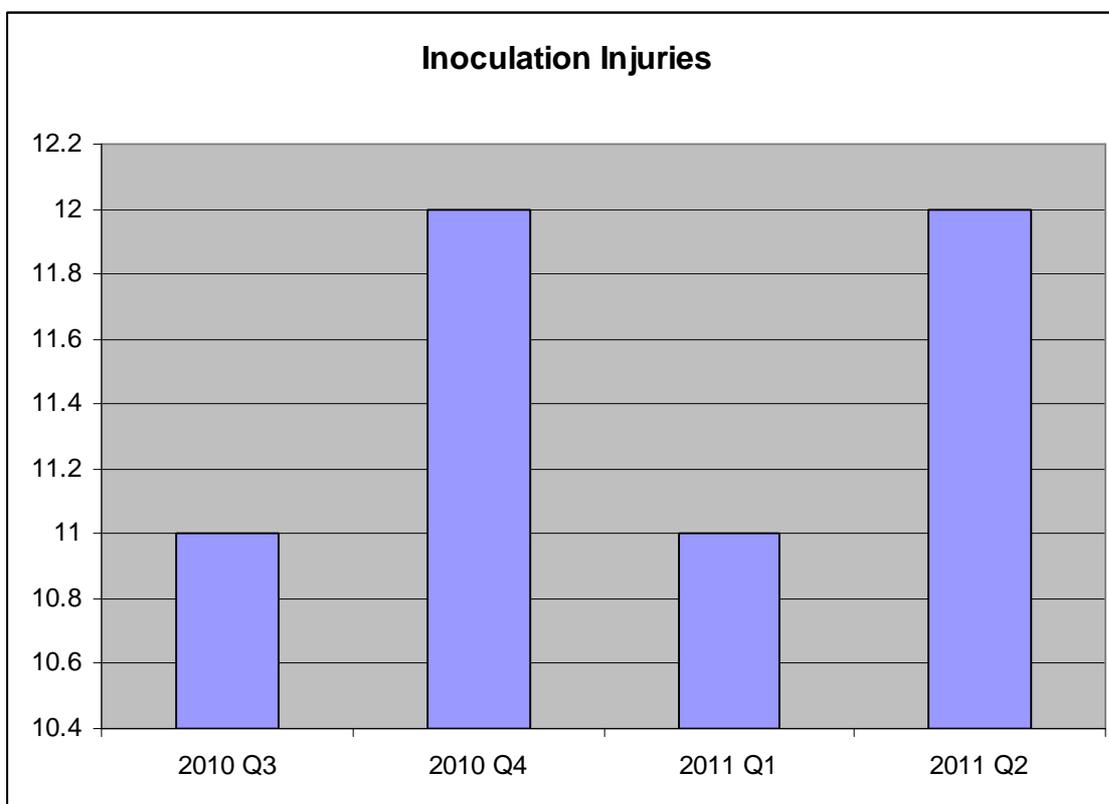
- Blood pressure checks
- Pedometer challenge
- Skin awareness/sun protection

- Arthritis care
- Lifestyle assessment clinic
- Diabetes awareness
- Stress awareness
- Employee assistance programme

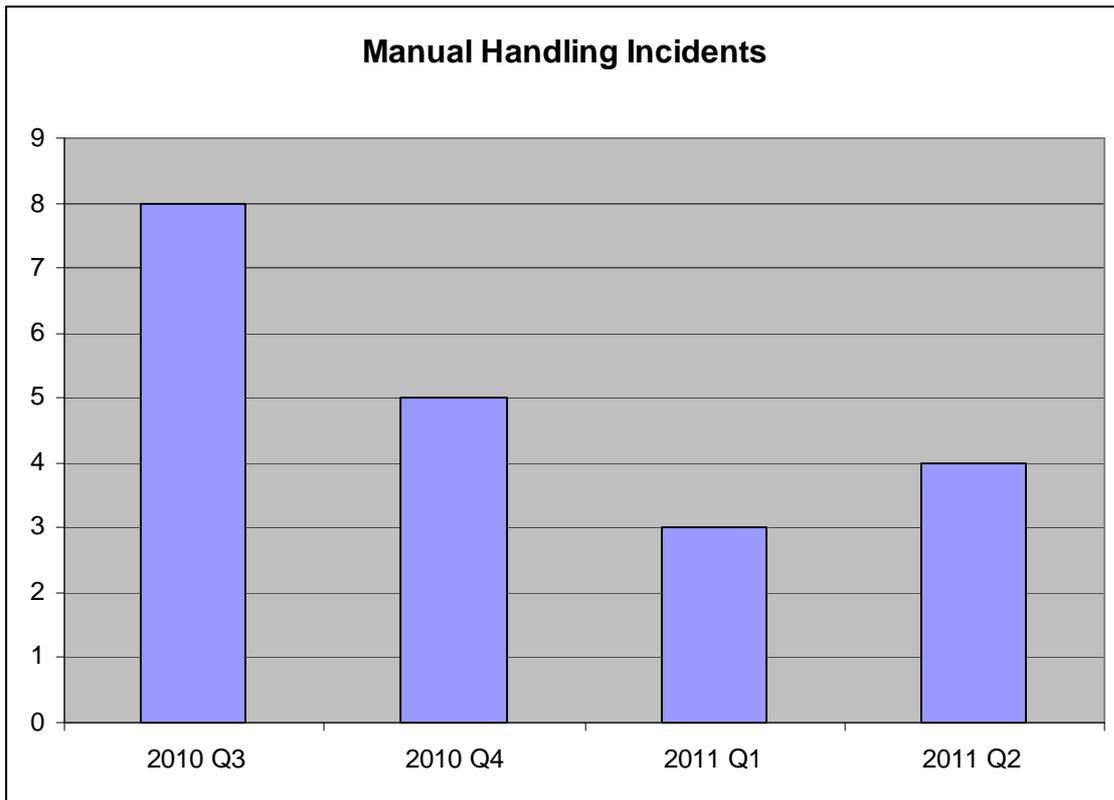
A positive indicator to the Trust’s continual commitment to health and wellbeing is that the Trust has been awarded the bronze medal by the South East Coast Sport and Physical Activity Challenge for its pedometer challenge which encouraged staff to measure how far they walked in a week.

4. INCIDENT REPORT

The following five tables demonstrate the number of incidents in the key health and safety high risk areas. No near miss incidents were reported during the last quarter:

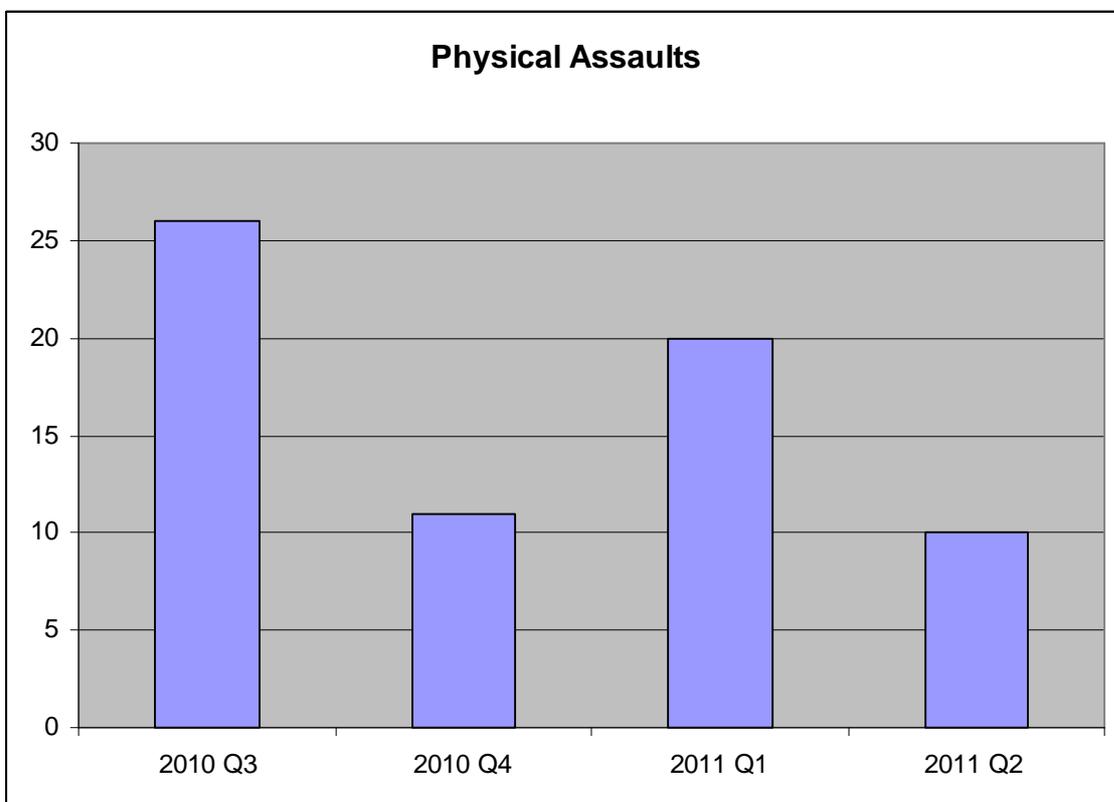


Occupational Health records suggest that there have been more injuries than this. This shortfall seems to confirm that such injuries are under-reported and the cause is being investigated.

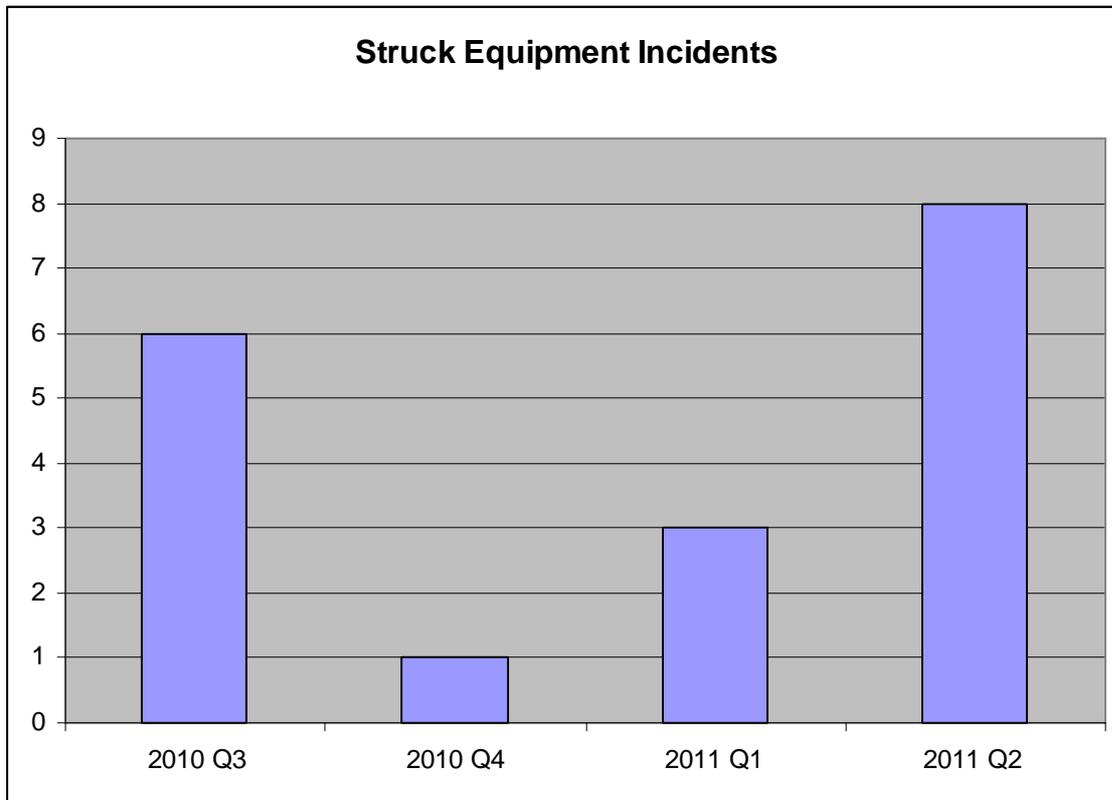


All 4 incidents happened when mobilising patients.

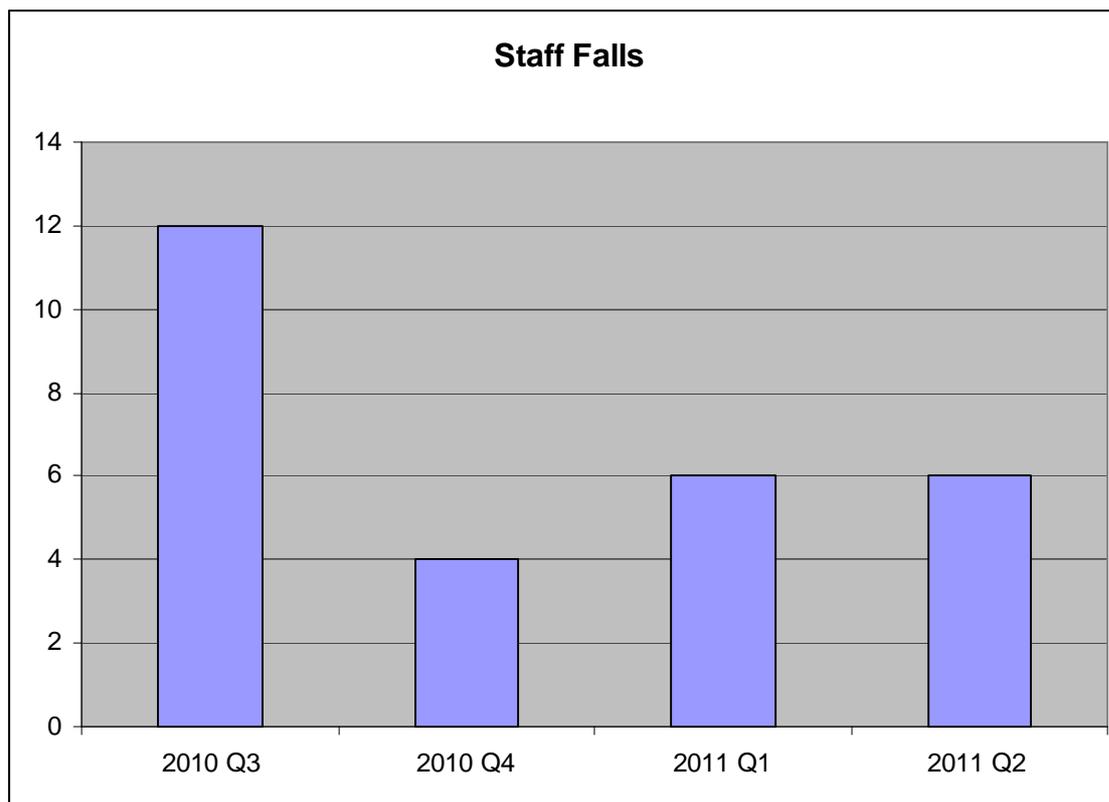
The manual handling team investigate all such incidents making recommendations as necessary.



The majority of incidents are caused by confused patients being resistant to care. Mandatory training on conflict resolution now includes guidance for staff on reducing the risk of assault when dealing with confused patients.



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



These include:

- 3 of these falls occurred when staff say they were “rushing”.
- 2 occurred on wet floors
- 1 occurred when tripping in a pothole outside.

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 Q3	2010 Q4	2011 Q1	2011 Q2
Inoculation injuries	10(3)	6	6	12
Manual Handling	8(1)	5	3 (1)	4
Physical Assaults	26	11	20	10
Struck Equipment	6	1	3	8
Staff Fall	12	4	6	6 (2)
Exposure to body fluids	6	0	0	0
Exposure to hot/cold	2	0	1	1

Staff Incidents	2010 Q3	2010 Q4	2011 Q1	2011 Q2
Exposure to other harmful substances	2	3	3	0
Sharps (non contaminated)	6	4	2	0
Radiation	1	0	0	0
Hit by falling object	5	1	2	0
Electrical discharge	0	0	0	0
Latex issue	0	0	0	0
Trapped by something	0	0	0	0
Other	11	5	3	0
Total (staff)	100	40	49	41

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. 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.

There is a slight shortfall in expected numbers due to capacity issues but it is expected that these numbers will be improved by holding additional drop-in sessions in the autumn. This will be mentioned in a progress report at the next board meeting.

7. 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.

8. RECOMMENDATION

The Board is asked to note the contents of this report

Submitted by: Valerie Bartlett, Deputy Chief Executive

Date: 18 July 2011