Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
28th October 2010

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.
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:	Susan Osborne, Interim Chief Nurse
Date:	15 October 2010
Decision:	For Noting

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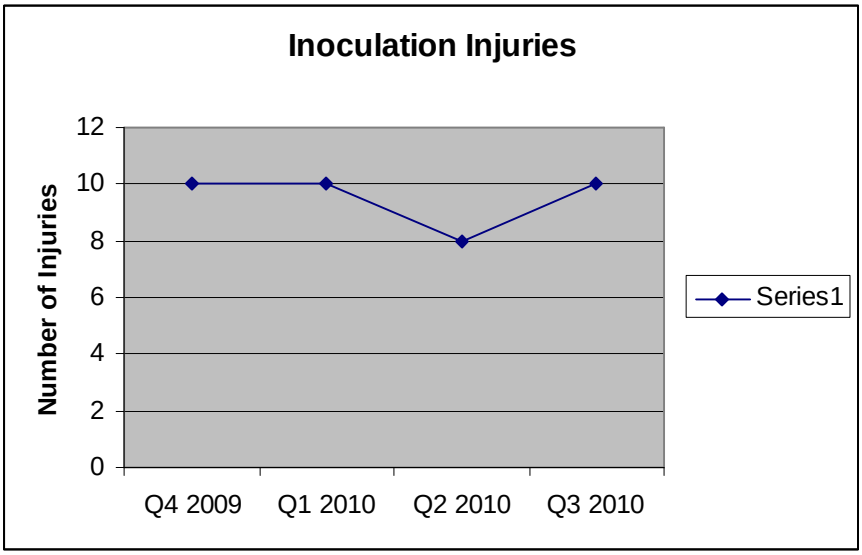
Health and Safety Report

Health and Safety Committee
Delivery of the Health and Safety agendas is co-ordinated through the Health and Safety Committee, chaired by the Interim Chief Nurse. The committee receives various reports from sub-groups on incidents involving staff, patients and the environment. The committee reviews these reports and makes recommendations on appropriate action. Significant issues will be escalated as appropriate through the Safety and Risk Committee and IGAC to the Trust Board.

Incident Report

Inoculation Injuries.

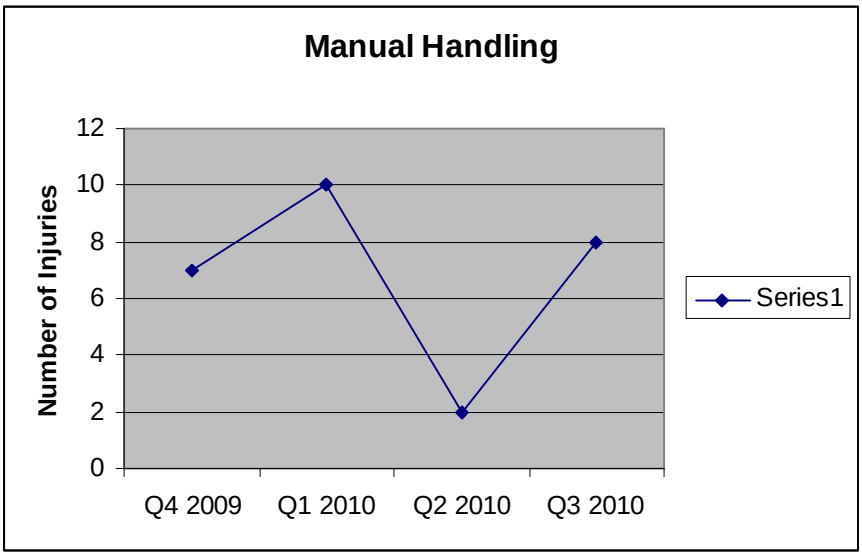


The introduction of safety canulas throughout the Trust is now complete. Further safety devices will be evaluated and introduced as necessary to comply with the European Directive on preventing injuries from sharp objects.

The new directive on preventing injuries from sharp objects aims to:

- achieve the safest possible working environment for employees in the health sector and protect workers at risk as well as patients;
- prevent injuries to workers caused by all types of sharp medical objects, including needle sticks;
- set up an integrated approach to assessing and preventing risks as well as to training and informing workers on this subject.

Manual Handling.



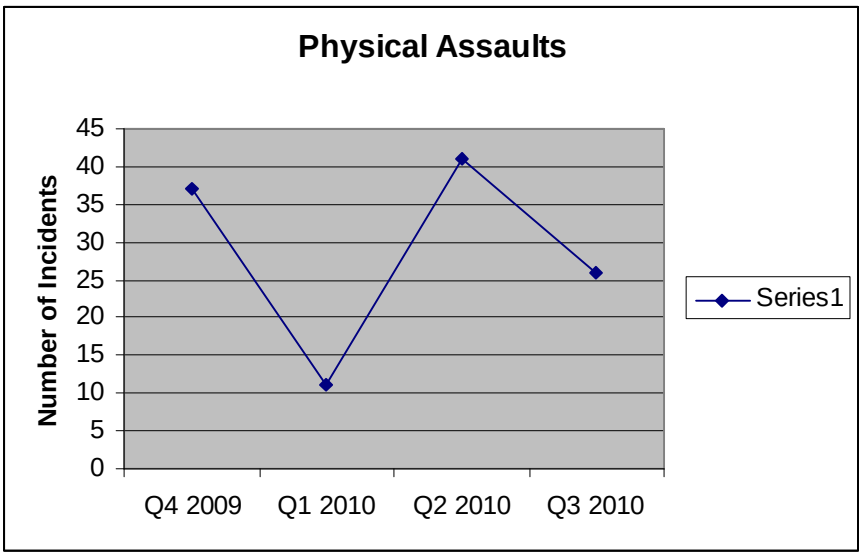
A number of manual handling concerns within the new mortuary have been highlighted. An observational risk assessment of the post mortem procedures has been carried out. The current Post Mortem tables are too wide and technicians have to adopt sustained high risk postures. A solution is currently being sought and the risk has been placed on the risk register.

Incidents include:

- Strained back cleaning commodes
- Strained back moving patient notes
- Hurt back mobilising patients (6)

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

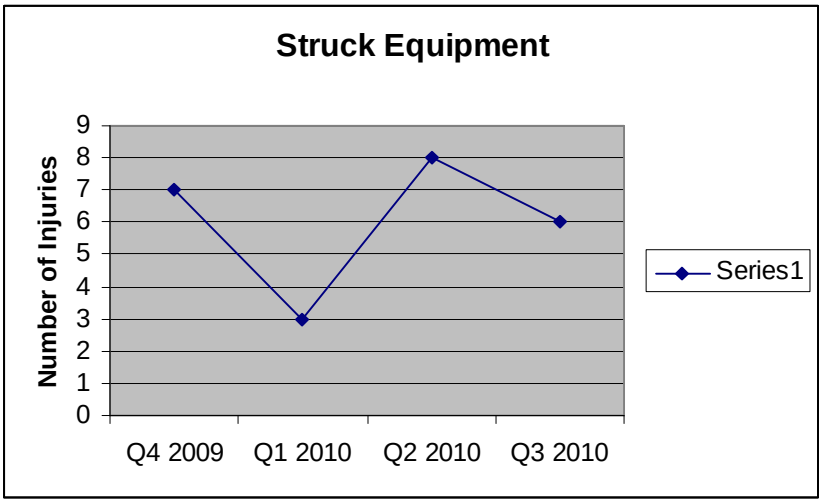
Violence and Aggression



The majority of assaults on staff are from confused patients who are disorientated and

frightened. Evidence has shown that nursing and care staff lack training in areas that could potentially reduce work-related hazards and injuries and improve patient care. Staff are now being trained in the safest way of nursing these patients who are often unwilling to accept care. This requires a risk management approach to care and in particular manual handling and techniques for dealing with resistive patients and dementia specific education in challenging behaviours.

Struck Equipment

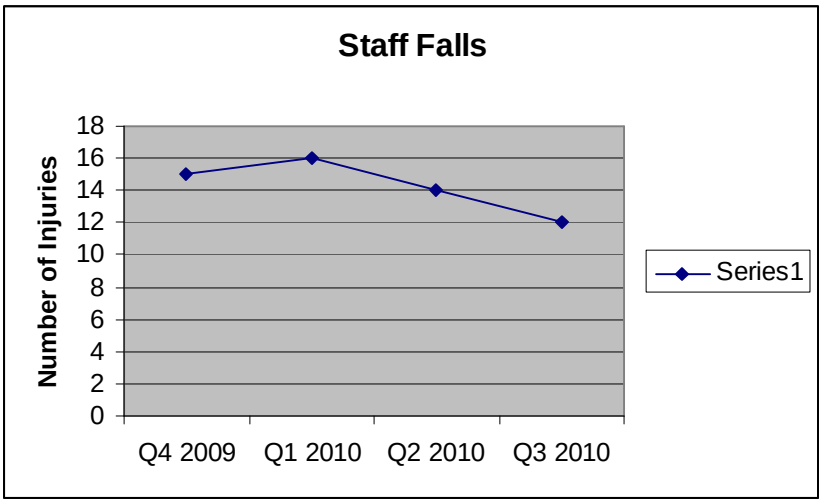


These are minor injuries resulting from bumping into furniture/equipment etc.

In the last quarter these were:

- Caught elbow on door fastener
- Broke fingernail on bed
- Cut hand on metal tray
- Bumped head on ceiling in service duct
- Bumped head on operating light
- Hit back in radiology

Staff Falls



There are no particular themes relating to these falls which include:

- Tripped on mat
- Tripped over telephone cable
- Fell backwards picking up watch
- Fell outside main entrance
- Tripped over wire to cardiology treadmill
- Slipped on notes in medical records
- Fell when foot was caught in Epsom box

Summary of Injuries

Summary of Staff Injuries

Staff Incidents	2009 Q4	2010 Q1	2010 Q2	2010 Q3
Inoculation injuries	10(1)	10(2)	8(2)	10(3)
Manual Handling	7(1)	10	2	8(1)
Physical Assaults	37	11(2)	41	26
Struck Equipment	7	3	8	6
Staff Fall	15(2)	16(1)	14	12
Exposure to body fluids	4	3	5	6
Exposure to hot/cold substances	0	0	0	2
Exposure to other harmful substances	0	2	3	2
Sharps (non contaminated)	6	8	11	6
Radiation	0	0	0	1
Hit by falling object	2	1	4	5
Electrical discharge	1	1	0	0
Latex issue	1	0	0	0
Trapped by something	1	0	0	0
Other	16	7	15	11
Total (staff)	106	73	115	100

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.

Stress
The staff attitude survey has highlighted areas of stress at work within the Trust. A Stress Management group has been established to monitor the situation and recommend actions to address the issues. In addition a number of stress risk assessments have been carried out following the model of the HSE Management Standards for Work Related Stress.

Training
Mandatory Health and Safety training is provided on the following topics:
Fire safety
Manual Handling
Risk Management
Infection Control
Conflict Resolution
Incident Reporting

The numbers of staff attending mandatory training is carefully monitored. Additional drop-in sessions are provided where this is considered necessary to boost numbers such as Fire and Infection control.

Key Points for Trust Board to note

- There is a downward trend in the total number of injuries being reported.
- The Health Safety and Security Advisor will be highlighting trend information to relevant teams for further analysis and action.

Submitted by: Susan Osborne, Interim Chief Nurse

Date: 15 October 2010