Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
29th July 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. The number of reported incidents remains relatively low however there are work streams to reduce these even further. In particular work is progressing around issues raised as concerns in the staff attitude survey around violence and aggression and stress.
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:	Colin Matthew, Health, Safety and Security Advisor on behalf of Caroline Becher Chief Nurse
Date:	13 July 2010
Decision:	For Noting

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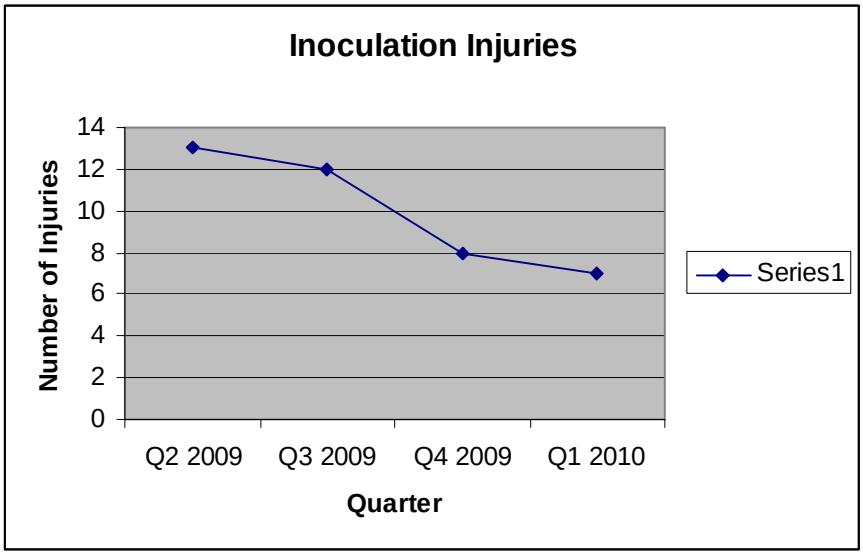
Health and Safety Report

1. Health and Safety Committee

Delivery of the Health and Safety agendas is co-ordinated through the Health and Safety Committee, chaired by the 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.

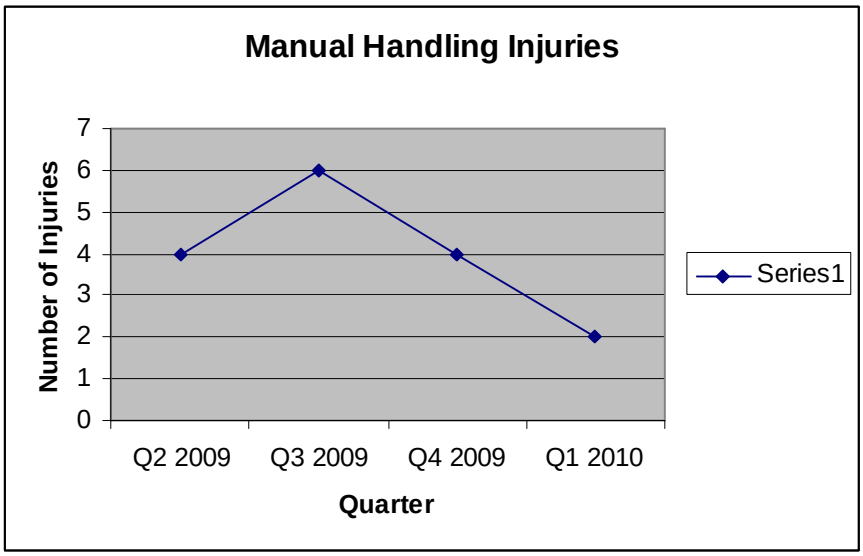
2. Incident Report

2.1



The introduction of safety canulas has resulted in a successful reduction of inoculation injuries. Additional work is required to further reduce these injuries and to comply with the European Sharps Directive.

2.2



A number of manual handling concerns have been highlighted to the manual handling team within the new Mortuary. An observational risk assessment of the post mortem procedure has been carried out. The current Pm tables are too wide; technicians have to adopt sustained high risk postures. Working practices have also been reviewed. This risk has been placed on the Risk Register.

A recent manual handling risk assessment looking at the bariatric patient pathway at DSU at Ashford has revealed insufficient bariatric equipment in theatre/day surgery to carry our bariatric gastric surgery safely. With immediate effect patients over 137kg/20st will be operated on at St Peters until bariatric equipment (including a suitable theatre table) is purchased. A similar risk assessment is being carried out on the St Peters site. Mr Humadi is currently preparing to place this risk on the Risk Register.

The above risk assessment has also revealed that standard 999 SECAMB ambulances will only carry patients of 137kg/20st. SECAMB have 2 bariatric ambulances which will carry 318kg/50st,. These ambulances are not based locally and are not routinely manned. Emergency transfer across site of the bariatric patient presents a high risk for the Trust. To that end, as described above, patients weighing more than 20st will have their surgery on the St Peter's site. This arrangement minimises the risk to the patient and the Trust of the possibility of emergency transfer.

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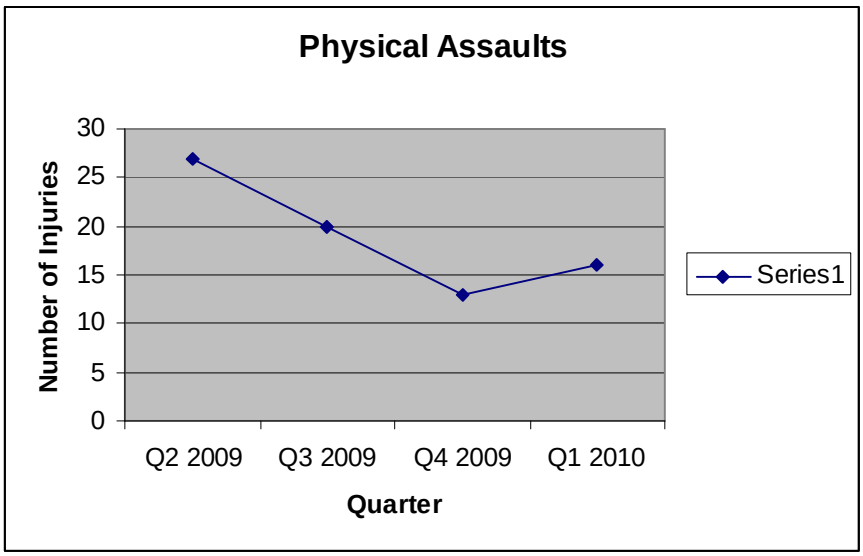
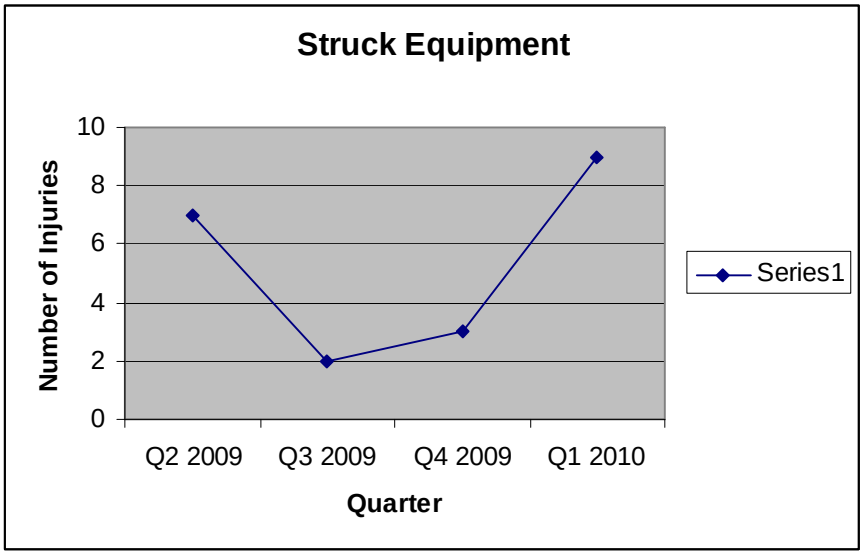


Physical assaults on staff are almost 100% inflicted by frightened and confused patients with dementia or by those reacting to medication. Staff attend mandatory Conflict Resolution training on induction to assist them with dealing with aggressive patients and visitors and refresher training is now part of the mandatory training curriculum for clinical staff.

There remains a problem of aggressive patients who no longer require acute care remaining in hospital because the PCT and Social Services are unable to agree funding for after-care. This puts a strain on staff and presents a poor experience for other patients.

2.4



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

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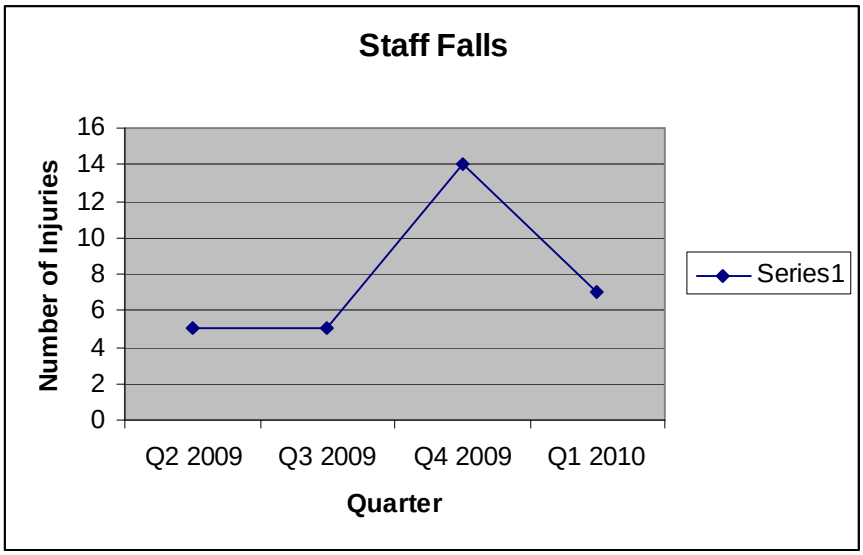

3 of these falls relate to wet floors in theatres and another to a work experience student fainting in theatres. As a result the cleaning regime is being reviewed as is the supervision of work experience students.

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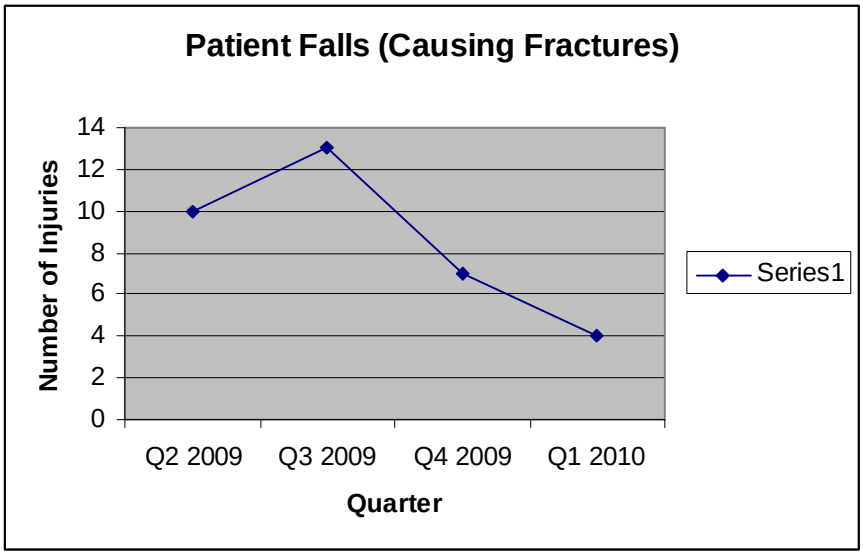

All of these injuries were caused by patients mobilising and falling. There is no evidence of accidents occurring due to patients tripping over cables/equipment or slipping on wet floors. The number of patients falling has increased but the number of serious injuries decreased.

3. Injuries

Summary of Staff Injuries

Staff Incidents	2009/10 2nd Q	2009/10 3rd Q	2009/10 4th Q	2010/11 1stQ
Inoculation injuries	13	12	8	7(3)
Manual Handling	4	6 (3)	4	2
Physical Assaults	27	20	13 (1)	16(1)
Struck Equipment	7	2	3	9
Staff Fall	5	5	14 (2)	7(1)
Total (staff)	56	45	42	41

Summary of Patient Fractures Following a Fall

Patient Fall *(Resulting in a Fracture)	10	13 (4)	7(7)	4(4)

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.
** Prior to September 2009 these injuries were not reported through RIDDOR*

4. Legislation

New regulations have been published which cover the exposure of workers to artificial optical radiation. The Control of Artificial Optical Radiation at Work Regulations 2010 implement the European Directive on the minimum health and safety requirements regarding the exposure of workers to risks arising from artificial optical radiation. These regulations will have no significant impact on the Trust's activities.

On the 8th March 2010 the EU Employment and Social Affairs Ministers adopted a Directive to prevent injuries and blood borne infections to hospital and healthcare workers from sharp objects such as needle sticks.

The Directive will provide a legislative framework agreement on the prevention of sharps injuries in hospitals and the healthcare sector.

5. 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: Colin Matthew, Health, Safety and Security Advisor on behalf of Caroline Becher, Chief Nurse

Date: 12 July 2010