

**SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST**

**EXECUTIVE SUMMARY**  
**REPORT TO THE TRUST HEALTHCARE GOVERNANCE COMMITTEE**

**HELD ON 22 JULY 2013**

<b>Subject:</b>	Health and Safety Annual Report – April 2012 to March 2013 and Plan for April 2013 to March 2014
<b>Supporting Director:</b>	Dr David Throssell, Medical Director
<b>Author:</b>	Alison Redfern, Occupational Safety Manager
<b>Status</b>	Note

**PURPOSE OF THE REPORT:**

<p>This report provides the Healthcare Governance Committee with;</p> <ol style="list-style-type: none"> <li>1) Staff and student incidents for the year 2012/2013</li> <li>2) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents reported to the Health and Safety Executive (HSE) for the year 2012/2013</li> <li>3) Reporting of HSE enforcement, complaints and visits</li> <li>4) Audit Information</li> <li>5) Sharps Incident Group Update</li> </ol>
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**KEY POINTS:**

<ul style="list-style-type: none"> <li>• No enforcement actions were served on the Trust for the year 2012/2013</li> <li>• In this year, 2012/2013, the HSE have not investigated any RIDDOR incidents reported to them</li> <li>• The refurbishment of ward E1 bathrooms must be completed this year</li> <li>• The Sharps Incident Group continue to review incidents and a safety device for blood collection will be the next system to be introduced</li> </ul>
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**IMPLICATIONS**

	<b>Aim of the STHFT Corporate Strategy 2012-2017</b>	<b>Tick as Appropriate</b>
1	Deliver the best clinical outcomes	
2	Provide Patient Centred Care	
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	
	CQC Outcome	13 Staffing

**RECOMMENDATION(S):**

The Healthcare Governance Committee is asked to note the contents of this report.
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**APPROVAL PROCESS**

<b>Meeting</b>	<b>Presented</b>	<b>Approved</b>	<b>Date</b>
HCGC			22 July 2013

## Health and Safety Annual Report – 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013

### 1. Introduction

This report provides the Healthcare Governance Committee with information on staff and student incidents, involvement with the Health and Safety Executive (HSE) including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and Audits undertaken for the year April 2012 to March 2013

### 2. Background

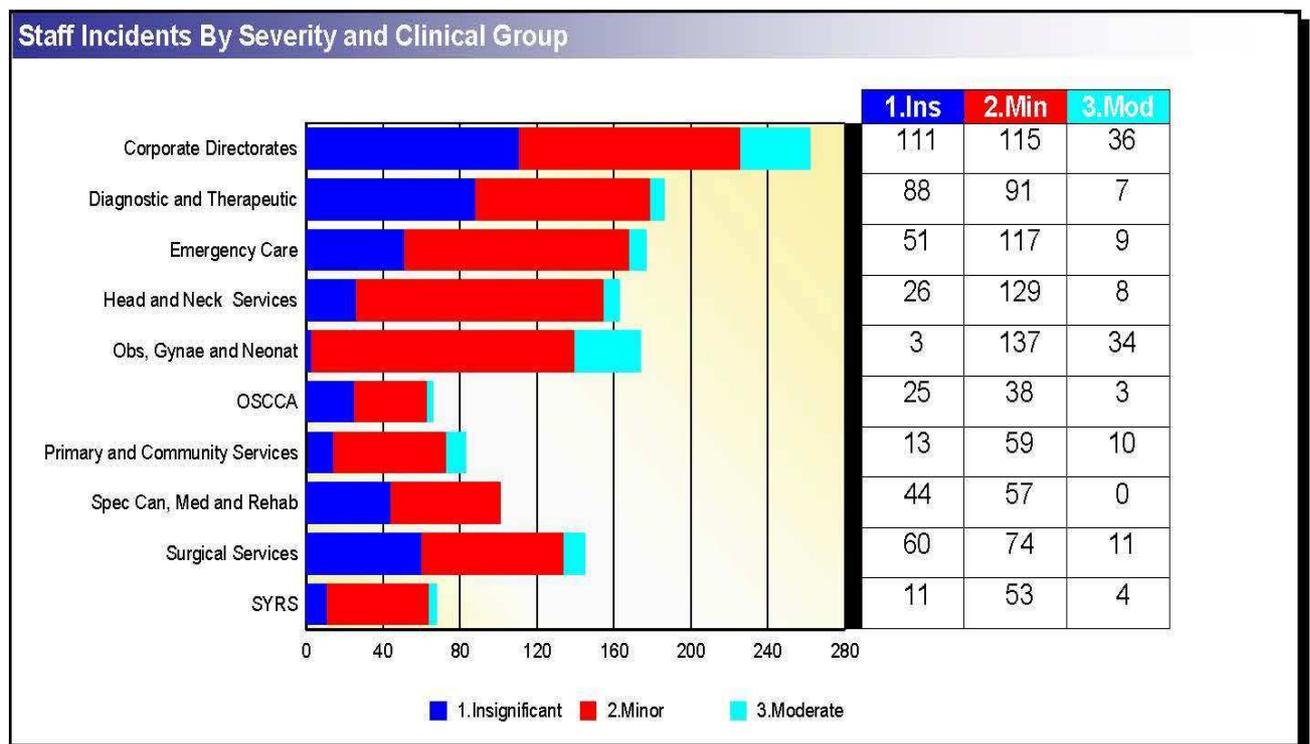
Sheffield Teaching Hospitals NHS Foundation Trust is committed to providing a safe environment for all staff to work in. This means having in place effective policies, management arrangements, committee structures and systems that are monitored audited and reviewed to ensure the ongoing health and safety activities continue throughout STH.

### 3. Staff and Student Incidents this Year, 2012/13

#### 3.1 Number of Staff and Student Incidents

This year, 2012/13, there were a total number of **1491** staff incidents and **67** student incidents reported on Datix.

The graph below shows the number and severity of incidents involving staff throughout the Trust.



### 3.2 Analysis of Staff and Student Incidents this Year, 2012/13

Insignificant, Minor and to a much lesser extent Moderate incidents are the usual grades for staff incidents.

This year, 2012/13 the number of incidents has reduced slightly from the last year as has the severity of incidents. The moderate incidents in the Corporate Directorates are again mainly within Hotel Services.

During 2012/13 there were no major staff incidents reported which is the usual position.

More than half of the student incidents were in Restorative Dentistry and were cut and scratch injuries that were mainly caused by burs and scalers.

The graph below shows the Trusts top 10 incidents by sub category. The coloured pointers indicate the relative movement of the categories. Where no pointer is displayed there has been no real movement of category.

Top 10 Staff Incidents By Theme			
Position	Theme / Sub Category	Number of Incidents	Movement
1	Contact with needle or other sharps in use	166	▲
2	Physical assault by a patient	145	▼
3	Struck by a moving, including flying or falling obj	110	
4	Struck against something (e.g. furniture, fittings)	74	
5	Exposure to or contact with a harmful substance	73	▲
6	Slip, trip - indoor - wet floor	69	▲
7	Staffing issues - poor staffing levels	57	▲
8	Verbal abuse	56	
9	Cut with sharp material or object (NOT sharps)	42	▼
10	Threatening Behaviour	39	▼

The number of incidents within the sub category 'physical assault by a patient' has significantly dropped this year. The majority of such incidents occurred in Neuro Sciences and Geriatric & Stroke Medicine and were recorded as insignificant or minor injury.

The sub category 'contact with needle or other sharps in use' has now become the most prevalent, although the incident numbers have increased by only 3 compared with last year. This move is due to the drop in physical assault. These incidents are across several areas but the directorate with the majority of these incidents during 2012/13 is Obstetrics, Gynaecology and Neonatology. The incidents have no significant pattern or theme.

The other significant move is the sub category 'staffing issues – poor staffing levels' these incidents are also mainly in Obstetrics, Gynaecology and Neonatology. Further analysis of these incidents will be undertaken.

### 3.3 Outcome for Staff and Student Incidents this Year, 2012/13

The sharps group will continue to review needle/sharps incidents and make recommendations in the use of safety devices and any changes to practise to reduce incidents.

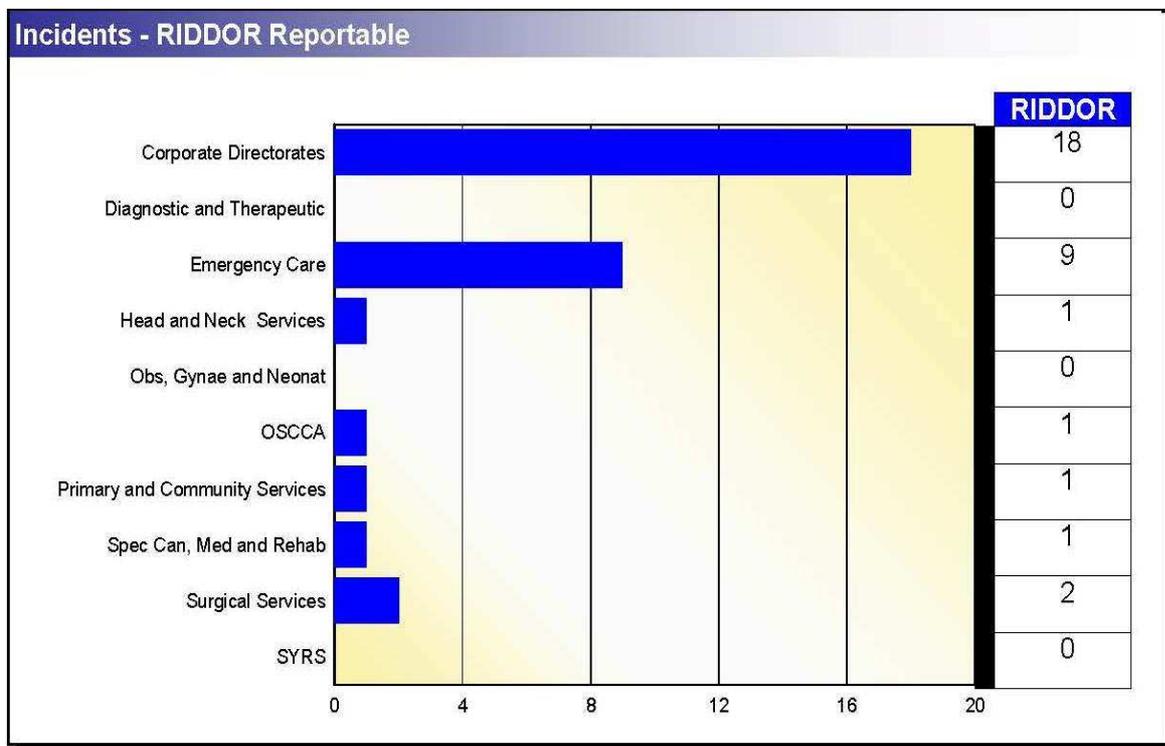
## 4. Health and Safety Executive (HSE)

### 4.1 Number of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Reported to the HSE

This year there was a total number of **33** RIDDORs reported to the Health and Safety Executive (HSE)

- 15 x Moving and Handling
- 11 x Falls
- 3 x Hit by object
- 1 x Violence – Confused Patient
- 1 x Waste disposal
- 1 x Exposure – Substance
- 1 x General Care – failure to follow procedure of reporting

The graph below shows the numbers of reported RIDDORs in the Clinical/Corporate Groups.



#### 4.2 Analysis of RIDDORs Reported to the HSE

The number of reportable incidents has reduced significantly in the year 2012/13. This is most likely due to changes in the RIDDOR regulations. The reportable number of work days lost has changed from reporting at 3 days to reporting at 7 days.

This year the HSE have not investigated any of the 33 RIDDOR incidents reported to them.

#### 4.3 Outcome for RIDDORs Reported to the HSE

STH still have an outstanding RIDDOR investigation in relation to the toilet area on E1, RHH. STH reported to the HSE that funding has been ring-fenced from the financial budget year 2013/14 and the work will be factored into the prioritised Estates work programme. When the work is completed this year it is expected that the HSE will visit the ward.

#### 4.4 General HSE Information

STH have received no enforcement actions from the HSE in this period. The Trust has received one complaint and this was in relation to the new Laboratory building at the NGH.

##### Complaint:

There were concerns in relation to safety during the transfer of laboratories into the new laboratory facility. This included fire safety signage, first aid boxes and hand towel holders not fixed to walls and a variation in eyewash stations.

On receipt of the letter from the HSE most of the concerns had already been addressed as part of the building handover. All the concerns were addressed and the HSE were notified. No visit was made by the HSE.

The Trust encourages staff to report any safety issues to their managers so that they can be resolved in a timely manner but does recognise that any individual may report an issue anonymously directly to the HSE.

##### Visits:

In April 2012 the Office for Nuclear Regulation, which is an agency of the HSE, visited the Trust to undertake a compliance audit of the transport operations of 'small users' of radioactive material, against the requirements of the Carriage of Dangerous Goods Regulations and the European ADR Agreement. There were only minor issues identified by the specialist HSE inspector all have now been rectified.

Also in April 2012 a specialist HSE inspector (construction) visited the Trust to look at the asbestos removal being performed by Delta Services in the CSSD Service void, NGH. This was a visit to look at the performance of Delta Services not STH. Whilst on site the inspector reported that in the area where Delta Services were working, (the loading bay end of Central Lane, NGH), vehicles were parked on double yellow lines (one belonging to Delta). The inspector advised that STH should assess the transport arrangement along this roadway to ensure the safe movement of vehicles and pedestrians.

There is now no parking of vehicles in the loading bay area of Central Lane, NGH. They may drop-off goods and tools etc. but not park. A nearby area was identified and allocated for STH vehicles to park. Skips are also no longer permitted in the area. The car parking

department agreed to visit the area more often and report or move on any unauthorised vehicles. The area was cleared of unwanted items and road markings were repainted. Pedestrian access to the area was also restricted by fitting access control to a corridor doorway which opened into the area.

Radiation:

In compliance with the Ionising Radiation Regulations 1999 some incidents must be reported to the HSE. These incidents are reported to a HSE Radiation Specialist Inspector and are usually for over exposure incidents. In the year 2012/13 STH has reported 3 of this type of incident, 2 of which were investigated by the HSE.

The first incident was in relation to an over exposure due to a fault with the x-ray machine. The HSE inspector visited the Trust and was pleased with the processes of the Trust and felt the issue was with the manufacturer.

The second incident was in relation to a high reading on a personal monitoring device. The inspector visited the Trust to discuss the issue. The cause of the high reading was not identified; the staff member is unharmed.

## 5. Audit

### 5.1 Number of Audits undertaken

There were 9 formal audits undertaken by the Occupational Health and Safety Manager, the table below shows the areas audited and the grades achieved

Department /Team	Grade
Diabetes Centre - NGH	98% Excellent
Medical Records - NGH	100% Excellent
Information Technology - NGH	91% Excellent
Clinical Effectiveness - NGH	95% Excellent
Cardiac Administration - NGH	84% Good
Medical Physics - NGH	84% Good
Laundry - NGH	95% Excellent
Urology - RHH	89% Good
Supplies - NGH	74% Further work

### 5.2 Analysis of Audits

The audit is based on the Safety and Security Inspection Form which is completed annually, and the monthly department checklist. The audit is graded using a traffic light tool which identifies an outcome.

The areas chosen for audit for the year 2012/13 were the lowest scoring areas over the last four years. The areas were re-audited to ensure previous recommendations had been completed. All areas had significantly improved and achieved compliance with the exception of the Supplies Department.

### 5.3 Outcome for Audits

The re-audit of departments was welcomed and will continue in the audit program. Work with the Supplies Department is ongoing to help them achieve a good level of compliance.

## 6. General Information

Many Health and Safety regulations are still currently under review by the HSE due to the Lofstedt Report – reclaiming health and safety for all 2011.

<http://www.official-documents.gov.uk/document/cm82/8219/8219.pdf>

When the final documents are released, STH policies will be revised as necessary. It is not expected that the amended regulations will significantly impact on operating policies within STH.

The Safety and Risk Management Board continues to meet regularly ensuring the safety and governance leads, and staff side members are kept informed of safety issues and have the opportunity to discuss and share safety issues.

## 7. Sharps Incidents Working Group

The group looked at the requirements of the E U Directive on prevention from sharp injuries in the hospital and healthcare sector to understand what gaps STH may have.

<http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2010:134:0066:0072:EN:PDF>

Most requirements were already in place due to current regulations but work commenced to ensure all requirements were covered.

The HSE originally said they would not be producing further regulations as they felt that the current regulations were sufficient. However, after consultation they have now produced the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and a guidance sheet for sharps injuries.

STH had already started the process of changing to a safety engineered device for Intra-vascular cannulation and so the priority was to finalise this process.

To understand where STH stood in relation to injuries from medical sharps a baseline profile of sharps injuries was undertaken. The data was taken from Datix using the first six months of 2012 as a data set.

Using the information collected the group chose 'Blood Collection Systems' as the next priority as safety cannula work was now complete and blood collection systems were in the top five devices for causing injury at STH.

This is also inline with the highest risk procedures identified by the HSE, which are;

- IV Cannulation
- Blood Collection
- Percutaneously placed syringes;  
- Hollow-bore and solid needles

The sharps group are currently working on;

- The analysis of the incident data for the last six months of 2012
- A quick reference document to highlight the documents, processes and training in place at STH. This will be helpful not only if a visit were to take place but also for staff to have a quick reference to what is available to them in relation to sharps injury prevention.
- Supporting the work on blood collection systems  
**Health and Safety Annual Plan – 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013**

## **1. Introduction**

Sheffield Teaching Hospitals NHS Foundation Trust is committed to providing a safe environment for all staff to work in. This means having in place effective management arrangements to ensure the ongoing health and safety activities continue throughout STH.

This plan sets out the principle health and safety improvement activities to take place during the 2011/12 work year.

## **2. Policy**

Policies will be developed as necessary and current policy including guidance will be reviewed and revised to ensure policies remain effective.

## **3. Management Arrangements, Structures and Systems**

Datix Web will continue to be rolled out and will enable a more efficient route of reporting incidents.

The sharps incidents group will continue to review incidents and work to identify devices that can be eliminated or replaced with safer devices.

Safety and Risk Management Board will continue to report to the Healthcare Governance Committee

The Trust will continue to work with the Health and Safety Executive and other involved organisations, ensuring the reporting of any untoward incidents or occurrences are documented and reported to the relevant departments, groups and committees.

The Trust will also maintain its links with union safety representatives and discuss any issues at the Safety and Risk Management Board.

## **4. Monitoring and Audit**

Inspection forms and check lists are included in policies and will continue to be completed and discussed at local level. Audit will continue throughout the year to enable continuous improvement of performance.

## **5. Review**

Outcomes and lessons learned will continue to be discussed at Safety and Risk Management Board.

## **6. Other Topics**

As new issues emerge during the year the Trust will adjust the plan to ensure all issues are dealt with in priority order.