

# Staff & Patient Safety

## Clinical Staff

Level 2 – Three Yearly

- Avoid printing this document if possible
- **Please ensure you complete and sign the declaration form once completed**

## Staff and Patient Safety Training Section

### **This work book covers:**

- **Reporting Incidents via the Adverse Event Form (AEF)**
- **Risk Rating AEFs – Likelihood and Actual Impact**
- **Serious Incidents & Never Events**
- **Statements**
- **Duty of Candour**
- **Staff Health and Safety Responsibilities**
- **Health and Safety Legislation**
- **Slip, Trip, Fall Hazards**
- **Control of Substances Hazardous to Health and Dermatitis**
- **Violence and Aggression**
- **Display Screen Equipment**
- **Incorrectly Disposal of Waste**
- **Emergency Planning**
- **Sources of Help and Advice**
- **Useful Extension Numbers for Reporting Hazards and Risks**

You **MUST** report all actual incidents and near misses.

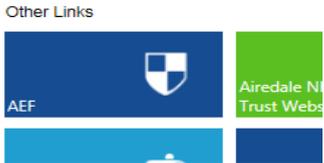
An incident can be described as an unplanned event which causes injury to persons, damage to property or to the reputation of the trust.

A Near miss can be described as an unplanned event that does NOT cause injury or damage but has the potential to do so.

It is important that the Trust captures information about near misses as it's an opportunity to correct our processes before someone is actually injured.

## REPORTING INCIDENTS VIA THE ADVERSE EVENT FORM (AEF)

Use the Online Adverse Event Form (AEF) to report ALL incidents and near misses. This includes anything from falls to leaking roofs.

- Access an AEF by going onto AIRESHARE and clicking the AEF tile  onto
- Sign in with your normal everyday Airedale password.
- Click on New Incident in top left corner of screen. This opens a new form.
- Work your way down the form
- All Yellow sections MUST be completed
- Do not include patient or staff names in the free text boxes
- Complete the cause group and then the cause 1.
- Include immediate actions and any injuries
- Complete the actual Impact / harm as you know it at that time. Do not predict what *could* happen.
- For equipment related incidents – include all details/ bar codes.

**Remember to isolate the equipment and clearly label it as faulty so that it is not used by someone else.**

- The department entered on the form, where the incident occurred, will determine which group of managers receive the notification emails.

**When the AEF is complete press SUBMIT.**

**A notification email will be sent to relevant managers. They will investigate and feedback any learning.**

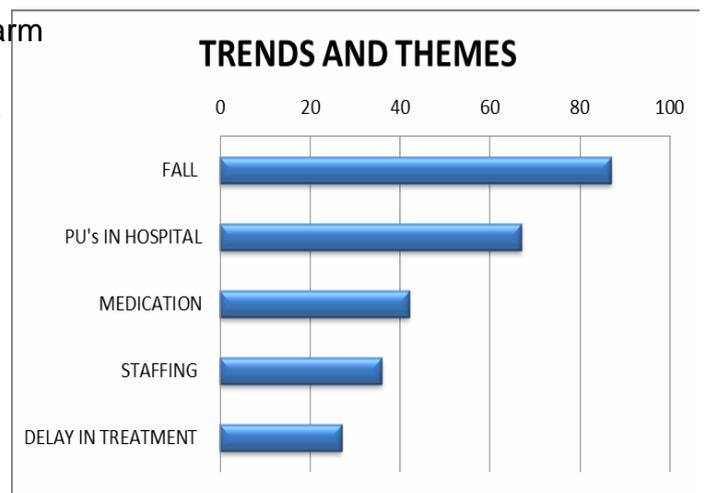
The Quality and Safety team offers face to face training on Reporting and Investigating AEFs. Please contact them for details: E mail: [QualityAnd.SafetyTeam@anhst.nhs.uk](mailto:QualityAnd.SafetyTeam@anhst.nhs.uk) )

**All incidents that involve staff AND patients should be reported.**

All patient related incidents are externally reported to the National Reporting and Learning System (NRLS) for national learning. The NRLS look at trends and themes and where necessary they send out Patient Safety Alerts to help to improve patient care. Your AEFs play a major role in this process.

Trust wide we produce approximately 600 AEF's a month. Over 90% are Low or NO Harm (Near misses). This information is used in many local reports which are taken to local governance meetings where trend and themes are reviewed and necessary action taken.

The cause 1 entered onto the AEF will direct the incident to the right governance group. For example Medication incidents are reviewed monthly at the Medicine Safety Group; Incidents involving manual handling are reviewed at the Manual Handling Assurance Group.



It is important to rate the actual harm of the incident correctly and likelihood of the incident reoccurring.

Risk scores for the Online form

LIKELIHOOD OF IT HAPPENING AGAIN:

5=Almost Certain	More than once a week
4=Likely	Once or twice a month
3=Possible	Once or twice per year
2=Unlikely	Once every 3 to 5 years
1=Rare	Not in the next 5 years

IMPACT / HARM CAUSED:

5=Catastrophic	Death or <u>significant loss</u> of key Trust services
4=Major	Permanent injury, amputation, <u>disruption</u> of key Trust services
3=Moderate	Semi-permanent injury/damage (recovery takes longer than 1 month but no more than 1 year) e.g.: A fracture
2=Minor	Short term injury/damage (recovery within 1 month) e.g.: A skin tear

1=Insignificant	No injury or Near miss
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Only record the actual harm that has occurred at the point of the AEF being completed, and not what *may* happen in the future.

For example, should a patient trip and sustain minor injuries you would complete the AEF with the cause 1 'Slip/Trip/Fall' and a harm rating of 2- low harm possibly due to a haematoma on their arm (example).

It is the manager's responsibility to change the cause 1 and actual harm rating, should additional information become apparent, during their investigation.

For example when a fractured shoulder is found following an x-ray (Cause1 –Fracture Other- Slip/Trip/Fall) or following a significant head injury (Slip/Trip/Fall – Significant Harm). The manager would also reflect that change in the Actual impact/Harm (change to 3 – Moderate harm).



This incident may then be treated as a serious incident.

Falls resulting in Significant harm must be escalated via the trust's fall email.

**Remember:** Report ALL incidents that have resulted in harm AND those that have not. We want to learn from the near misses and not just incidents that result in actual harm.

### Serious Incidents

These may be incidents that are rated at harm levels of 3 – moderate and above, but can also be near misses. The Quality and Safety team are required to report these externally to the NRLS or coroner. An AEF must be completed and the incident escalated to your immediate line manager if you think it fits the serious incident criteria.

- Avoidable or unexplained deaths
- A cluster of Category 3 or 4 pressure ulcers in one department
- Incidents resulting in severe / significant harm
- Maternal deaths
- Information Governance breaches
- Never events.

## Never Events

*“Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.” ( NPSA 2010).*

Full details of current Never Events are available on AireShare.

Following a review in 2017/18 the current number of Never Events is 16.  
They are:

1. Wrong Site Surgery.
2. Wrong implant/prosthesis.
3. Retained foreign object post-procedure.
4. Mis-selection of a strong potassium containing solution
5. Wrong route administration of Medication.
6. Overdose (tenfold) of Insulin due to abbreviation of ‘unit’ despite having electronic prescribing system in place or using an administration device incorrectly.
7. Overdose of methotrexate for non-cancer treatment.
8. Mis-selection of high strength midazolam during conscious sedation.
9. Failure to install functional collapsible shower or curtain rail.
10. Falls from poorly restricted windows.
11. Chest or neck entrapment in bed rails.
12. Transfusion or transplantation of ABO – incompatible blood components or organs.
13. Misplaced naso– or oro–gastric tubes.
14. Scalding of patients.
15. Un-intentional connection of a patient requiring Oxygen to an Air Flowmeter.
16. Undetected oesophageal intubation.

Incidents that involve any of the above are only classed as never events if the ‘barrier’ or preventative measure that should be in place to prevent the Never Event fails.

For example the barrier to prevent wrong site surgery is the WHO check list (soon to be NatSSIPs), the barrier to prevent insulin overdose, due to a misunderstanding following an abbreviation of the word ‘Unit’, is Electronic Prescribing on the wards and the barrier to prevent the scalding of patients is thermostatically controlled taps in all patient areas.

Should ANY member of staff feel a Serious Incident or Never Event has occurred they must immediately escalate it to the most senior staff member of their team on duty at that time. The senior staff member must then inform the Quality and Safety team at the earliest opportunity.

The Trust has 72 working hours to evaluate the facts to establish whether it is a Serious Incident or Never Event and report it externally.

The decision to report a Serious Incident is made by the Medical Director or the Director of Nursing.

**Remember: An AEF must always be completed**

## Statements

If there has been a serious incident you may be asked to write a statement by a member of the management team. Your statement must be legible if hand written. Include all your input with the care of that patient and use the patient notes to ensure all facts, dates and times in your statement are correct. Remember to sign and date the statement. Help and support is available from the Quality and Safety team.

Coroners can also request statements. Should a coroner contact you directly please inform the Quality and Safety Team before sending your statement. All coroner statement requests must go through the Quality and Safety Department.

## Duty of Candour – CQC regulation 20

The duty of candour has been a statutory duty since Nov 2014. Statutory means the Trust must follow this regulation.

The aim of the regulation is to ensure that health service bodies (clinicians and clinical teams) are **open and transparent** with patients, or patients' representatives, when certain incidents occur in relation to the care and treatment received. It applies to **notifiable safety incidents which include moderate harm, severe harm, death and prolonged psychological harm.**

Under the duty of candour regulations the Duty of Candour applies when the manager selects actual harm of: **3**

Moderate Harm, **4** Severe harm or **5** Death/Catastrophic.

A warning that Duty of Candour now applies will appear on the AEF.

The manager will then have to follow these key steps to comply with the duty of candour :

- Inform the relevant person **Face to Face** (if possible) **-within 10 days** and give an apology.
- Follow up with **a written account – within 10 days.**
- **Offer to share the formal investigation.**
- Keep a written record of all communications.



The Quality and Safety team offers face to face training on the Duty of Candour for managers. Please contact them for details [QualityAnd.SafetyTeam@anhst.nhs.uk](mailto:QualityAnd.SafetyTeam@anhst.nhs.uk)

## Excellence Reporting

Running alongside the AEFs and using the same online system is the excellence form. This form can be found listed next to the AEF form



The Excellence form is there to report all the good events that occur in our working day.

If your colleague goes that extra mile, suggests a new way of working or has a new idea to improve patient care and safety, then this is a way of recognising that good work.

Any member of staff can complete an excellence form about another member of staff.



Instead of cause 1's the form has themes based on the right care values and behaviours. The form is quick to complete and once submitted will notify the manager of the department you have entered on the form.

Once the manager is notified, they will inform the staff member that there has been an excellence form entered. That staff member can then print it off for their portfolio. The manager may decide to put the event forward for consideration for an instant pride of Airedale award. If the event is something that can be adopted by the team, the idea or good work may be taken down the service improvement route. It all starts with you completing an excellence form!

Additional Face to Face Training available:

- Basic AEF reporting – For All Staff unfamiliar with the AEF system
- Routine Investigation of AEF's for Managers
- Advanced Lead Investigator Training for managers
- Risk Assessment training for managers
- Duty of Candour training for managers.

The Quality and Safety team offers face to face training Please contact them for details [QualityAnd.SafetyTeam@anhst.nhs.uk](mailto:QualityAnd.SafetyTeam@anhst.nhs.uk) or phone ext 4366.

## Health and Safety Section

### **Staff Health and Safety Responsibilities**

Health and Safety is ensuring that we all work safely and follow Trust policies, procedures and processes at all times; maintaining a safe working environment and ensuring that safe practice and good housekeeping is adhered to.

#### Best practice is:-

- Proactively identifying risks in relation to their working environments and reporting those risks, hazards and equipment faults to the relevant persons as soon as possible e.g.:-
  - Departmental Manager
  - Domestic Services Ext 4102
  - Estates Maintenance helpdesk on Ext 4444
- Reporting incidents and near misses via an AEF for investigation. Any actions put in place to prevent a recurrence of incidents will be recorded on the outcome section of the AEF.
- Compliance with the Health and Safety Legislation and adhering to the Health and Safety Policy & Health and Safety related policies. These can be found on the Trust Policies AireShare page
- To inform manager/supervisor if you are off work for 7 days or more or sustain a major injury eg a broken bone (other than thumbs and fingers) due to work related activity.  
Contact with Hep C and B is also reportable.  
These Incidents are to be reported within 10 working days under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) to the Health and Safety Executive so prompt reporting enables this deadline to be met. Your manager will then contact the Health and Safety Co-ordinator to RIDDOR report your incident.

## Health and Safety Legislation: Health and Safety at Work Act

### Duties for both the employee and the employer;

<b>Employers</b> Health and Safety Responsibilities	<b>Employees</b> Health and Safety Responsibilities
Provision of a safe place of work	To take reasonable care of your actions and think about how your actions affect others
Provision of safe plant and equipment	To co-operate with the employer
Provisions of safe systems	Not to interfere with safety arrangements

### Other Relevant Health and Safety Legislation

<b>Legislative Regulation</b>	<b>This Covers</b>
Workplace Health, Safety and Welfare	Space, heating, ventilation, changing and toilet facilities etc.
Management of Health and Safety at Work	Risk assessments including pregnancy risk assessments
Manual Handling	Lifting, handling, pushing and pulling. Ensure that your training is up-to-date.
Personal Protective Equipment	Example gloves, goggles, safety shoes, ear defenders etc
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).	Your manager to inform Health and Safety Co-ordinator of incidents resulting in 7 days or more work related sickness or a major injury eg broken bone (other than toes and fingers) for reporting to the Health and Safety Executive
Display Screen Equipment at Work	Workstation assessments to be carried out for all workstation users, if one of these has not been completed for your workstation area contact your manager for this to be carried out

Staff have a right to highlight concerns about and health and safety issues, whether through their manager, or through their appointed health and safety representatives, some of whom sit on the Trust's Health and Safety Operational Group and Health, Safety and Resilience Committee.

### Remember:

Only undertake tasks for which you are trained and competent in. Ensure you attend appropriate training. Communicate concerns and report hazards promptly.

## Report incidents, near misses and faults with equipment on an AEF.

### Slip, Trip, Fall Prevention

You, as staff, have legal responsibility for ensuring that you keep yourself safe whilst at work.

With regards to slip, trip, fall prevention always ensure that:-

- **You** are aware of your surroundings and hazards present in your workplace and ensure that good housekeeping is maintained and fall prevention measures are adhered to at all times.
- **You** promptly clean up any small spillages and report larger ones to the domestic services as required on ext 4102 or bleep 3145 or 3147. This can help prevent incidents occurring.
- **You** report flooring/lighting issues via the estates maintenance helpdesk on ext 4444. This can help prevent incidents occurring.
- **You** report slip, trip, fall incidents involving staff, visitor and others, (e.g. contractors, work experience, bank staff and outpatients, via an AEF and escalate risks immediately to your line manager.
- **You** use cones and floor cleaning warning signs at all times when clearing up spillages regardless of whether person(s) are present in that area or not and report alcohol gel drip trays for replacement when missing or damaged.
- **You** ensure that trip risks are not created, eg locating wires and cables safely and not across walkways and by not blocking designated walkways etc.
- **You** sit correctly on chairs with wheels to avoid falling from them.
  
- **You** wear appropriate footwear in compliance with the Uniform and Workwear Policy “All shoes should support the foot, with substantial tread to ensure the safety of the person wearing them”
- **You** wear required personal protective equipment, as provided, such as gloves, aprons and safety shoes to ensure safe practice whilst carrying out relevant work tasks. Please note that safety footwear will only be provided where a need has been identified in the work area and as stipulated in the Personal Protective Equipment Regulations.
- **You** co-operate with managers when carrying out post accident risk assessment and proactive risk assessments as required.

**Remember: We are ALL responsible for Health Safety in the Airedale NHS Foundation Trust.**

### Control of Substances Hazardous to Health (COSHH)

Using chemicals or other hazardous substances at work can put people's health at risk, so the law requires employers to control exposure to hazardous substances to prevent ill health. They have to protect both employees and others who may be exposed.

If you work with substances hazardous to health ensure that you know where your COSHH file is kept and you are familiar with the information on the COSHH risk assessments. Precautions are to be considered before use of substances and you may need to refer to this if you spill a substance or get it on your skin, in your eyes or swallow it. This information will inform you how to clear a substance up or advise you on first aid treatment if required.

**If you do not know where the COSHH file ask your manager/supervisor.**

If you experience dermatitis let your manager/supervisor know and contact Employee Health and Wellbeing on ext 4401.



**An AEF must be completed,**



Dermatitis cases are reported as an occupational disease (when confirmed by the Employee Health and Wellbeing doctor) to the Health and Safety Executive under the RIDDOR reporting regulations.

## **Needle stick Injuries**

Should you suffer a needle stick injury, wash your wound and inform the infection prevention team who are on call 24 hours a day and are the first point of call. You must then inform employee health and wellbeing. You **MUST** complete an AEF.

## **Violence and Aggression in the workplace**

Report all incidents via an AEF, so your line manager is aware and can consider appropriate actions.

### Preventative Measures

- Conflict Resolution Training is provided by the Trust.
- Share with colleagues any information they might need to identify patients with a history of violence or to anticipate factors which might make violence more likely.
- Providing better seating, decor, lighting in public waiting rooms and by giving more regular information about delays can prevent anger when patients have to wait.
- If needed the Security Team are on site and contactable on ext 2655

### Lone working

- Arrange to be accompanied by a colleague if you have concerns about a patient or relatives in the community.
- Make arrangements to contact your base when working in the community to keep in touch and let know others that you are safe.

## Display Screen Equipment Positioning and Assistance

When sat at a computer workstation:

- Have your head balanced on your body and not leaning forwards
- Have the screen approximately arm's length from you
- Top of screen should be about eye level
- Sit back in chair ensuring good back support
- Forearms parallel to desk
- Space behind knee between knee and chair seat
- Feet flat on floor/on a foot rest

Computer users should ask their manager to complete a workstation risk assessment.

If the answer is yes to the first question on the workstation assessment, which is "Do you experience any health problems you relate to computer usage" then a copy of the assessment is to be sent to Employee Health and Wellbeing.

Please remember that Employee Health and Wellbeing are on site on ext 4401 to assist with work related health issues and you can make an appointment to see one of their nurses and be fast tracked to physiotherapy if this is required.

## Incorrectly Disposed Waste & Consequences

- Items such as hand wipes, cotton buds, baby wipes, nappies, incontinence pants, sanitary towels, packaging and hand towels become trapped in the sewer system, often held by waste fats and oils that solidify. Clearing blockages is costly, and can result in fines by the water authority, as well as the additional inconvenience and consequences of further clean-up after flooding incidents.
- The consequences of incorrectly disposed of items are costly. Drain back-ups, blocked sewers and foul odours can carry potential penalties as well as disruption to services within the hospital.

If you see wipes located in toilet areas please remove these to avoid these being placed down the toilet by others.

## Emergency Planning



The Trust has in place several types of plan

- **Contingency Plans** – put in place specific steps to manage the response to a specific scenario, e.g. IT failure, loss of staff, failure of key suppliers, evacuation etc. Can be corporate or local to your department
- **Major Incident (MAJAX) Plan**– how the Trust responds and coordinates with Third parties including the Ambulance Services, Fire, Police and Local Authorities to respond to a major event, e.g. large road traffic accident
- **Corporate Contingency plan** – explains how the Trust will manage a Major incident or disaster

The plans are all available on the Emergency Planning AireShare site. It is important that you are aware of the location and contents of these plans where they are relevant to your role.

**If you have any queries/concerns about this workbook, or any health and safety related queries within your workplace, please contact your Manager or the Quality and Safety team:**

### Sources of Help & Advice

Tracy Kershaw, Quality and Safety Lead	Ext. 4363
Karen Walton, Quality and Safety Co-ordinator	Ext 4364
Elaine Green, Patient Safety Manager/Legal Services	Ext 4361
Lydia Wright, Quality and Safety Support Clerk	Ext. 4366
Jayne Gillam, Quality and Safety Support Clerk	Ext. 4366
Carol Woolgar, Resilience and Governance Manager	Ext. 2724

## Useful Extension Numbers for reporting Hazards and Risks

<b>Estate Maintenance</b>	<b>Contact Number(s)</b>
Issues with buildings (inc flooring), external grounds,	4444
Issues with heating and plumbing	4444
Issues with electrical power and lighting	4444
Faulty fire doors (gaps 5mm and over)	4444
Faulty window restrictors	4444
Issues with pest control	4444
Medical Equipment	3413
<b>Health and Safety</b>	<b>Contact Number(s)</b>
Adverse Event Form Advice and Support	4366 / 4364 – Quality and Safety
Health and Safety Support	4867 / 2724
Manual Handling	4371
COSHH Support	2724
Fire	4808

<b>Infection Prevention</b>	<b>Contact Number (Don't forget to complete an AEF)</b>
Needlestick/Exposure to Bodily Fluids	4848
<b>Security</b>	<b>Contact Number</b>
Lone Working	2655
Violence and Aggression	2655
Safety (including escorting)	2655
Parking	2655
Security	Bleep 5555
<b>Domestics</b>	<b>Contact Number</b>
Large spillages/Leaks & Mopping Issues	4102
Domestic Supervisors	Bleep 3145 & 3147
<b>Employee Health and Wellbeing</b>	<b>Contact Number</b>
Stress	4401
Display Screen Equipment	4401
Existing musculoskeletal problems	4401
Vaccinations & Wellbeing	4401

You have now completed the Level 2 Staff and Patient Safety Workbook

**Please complete and sign the workbook declaration sheet to confirm you have read and understood this workbook.**

**This must be submitted to: [Training.dept2@anhst.nhs.uk](mailto:Training.dept2@anhst.nhs.uk)**