

Monthly Meeting 14th May

Presentation – Slips and Trips – an NHS Perspective

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Chairman BHSEA*

Dally began by outlining the management structure within the Trust. He explained that there are three principle levels of management:

Corporate
Divisional
Local

In line with all risk issues, slips, trips and falls “standard” is stipulated in a Slip, Trips and Falls Policy that ‘sits’ within the Trust Health and Safety Policy Dally went on to explain the main stakeholders within the Policy are:

- Estates and Capital Projects – select and arrange for the floors to be fitted.
- Ward/Department – maintain safety standards (spot cleaning, reporting defects etc.
- Facilities – maintain the floors (clean flooring in accordance with risk assessment.
- Health and Safety Department – investigate incidents and check standards.

Dally explained that all of the above stakeholders are expected to make decisions based on risk assessment. Different employees are responsible for carrying out risk assessments in different work areas. The Health and Safety Department has tried to simplify the risk assessment process for end users. Dally went on to explain how this works in practice. The key feature being that the ‘Additional Control’ section acts as an aide memoire.

Dally continued by explaining that flooring falls within one of two categories: soft and hard. With regard to slips trips and falls (STF’s), the important aspect is to measure how much resistance the floor material provides by measuring the friction level and its roughness. Dally went on to demonstrate a device called a ‘Slip Alert Tool’ (SAT). (See Figure 1):



Figure 1 Dally demonstrates the Slip Alert Tool.

This device is used by the Trust to help in the investigation of some serious STF incidents for example, a RIDDOR. The other device employed by the Trust is a Surtronic Duo, which is used to measure the floor microroughness (coefficient factor). These readings are entered into the HSE's SAT Tool. The software takes into account a number of different indicators and provides useful data to help 'improve' slip resistance.

A coefficient factor above 20, is regarded as a 'rough' floor.

A coefficient factor below 10 is regarded as being very smooth and therefore has a high potential for slips.

Footwear (worn by both staff and patients) always has to be taken into account as part of the investigation. Footwear can be anything from shoes to slippers or even bare feet! Generally speaking, the rougher the floor, the better it is at breaking up any contaminant such as spilled liquid. The qualities related to breaking up contaminant means a reduced likelihood of slips, trips and falls.

Dally commented that a hospital is, in many ways, like a small town. It has a laundry, workshops as well as bedded areas, all on one site. Dally then went on to describe some of the slips trips and falls risks that he has to be mindful of in a hospital setting:

Figure 2 (below) illustrates the factors that will increase the potential for slips, trips and falls:

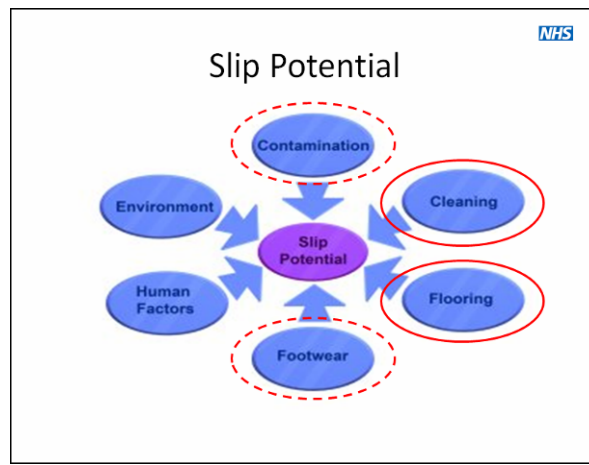


Figure 2 Slip Potential

1. Contaminants:

Spilled fluids obviously affect the floor surface and increase the risk of slips, trips and falls. In extreme cases, the flooring has to be changed because it is difficult to clean and to maintain hygiene standards. When refurbishments are being planned, the Trust aims to get the flooring 'right' from the outset. Experience has helped and the Trust always tries to learn from mistakes and where things haven't gone according to plan.

2. Competent Cleaning Staff:

Dally reported that the Trust employs more than 500 cleaners. They each attend a one-day mandatory training programme, and this is followed by a 5-day job specific training programme which is more in depth. The cleaning routine involves the floors being divided in half lengthways. 'A' boards are put out to warn corridor users. When one half is dry, the exercise is repeated on the other half. Three cleaners share one workstation which includes all the cleaning materials and equipment necessary. Cleaning equipment is colour coded, depending upon where it is being used.

The Trust is audited by a number of external organizations, who check the condition of the floors as part of their inspection regime.

3. Patient Falls:

Patient falls is the highest risk group. Vulnerability is increased because of poor health of patients, patients who are unsteady on their feet, and those patients going through a process of rehabilitation. Bed users may be prone to falling out of bed and the Trust is currently piloting ultra-low beds which can be raised for nursing purposes and then lowered.

Incident Investigation:

Accidents are recorded electronically and the relevant manager is automatically alerted. There is a 'Falls' Group, which also receives the alert. Incidents are graded and managed according to the grade awarded. Dally told us that the Health and Safety Team investigates all RIDDOR's. Photographs are taken and sometimes visual 'evidence' can be obtained from suitably positioned CCTV cameras. Dally noted that RIDDOR investigations can often be labour intensive for the Health and Safety Team, but fortunately, they don't occur too often.

Following the investigation, an Action Plan is produced which is signed off by a senior group of NHS managers when **all** actions are completed.

Information Management:

Quarterly incident reports are generated to monitor trends/patterns. On average approximately 12,000 incidents (all categories clinical and non-clinical) are generated each year. Reported incidents are graded, and those awarded a high grade, are subject to examination by the Health and Safety Team.

Weather Conditions:

The Trust has a Standard Operating Procedure (SOP) for poor weather, covering snow clearing, gritting, corridor cleaning etc.

Members' Questions

David Hughes of Hughes Business Services asked about the ratio of falls between patients and members of the public. Dally explained that the non-patient falls group would include visitors as well as staff. The Trust collects and analyses incidents involving the non-patient group as well and takes action accordingly. Information from the analysis/investigation is fed back into training programmes where it is necessary. David also asked about the use of 'rag' type mops in the NHS. Dally responded by saying that such mops are frequently discarded. They are very disposable items.

Mark Hoare of Birmingham University asked what happened in the case of a patient RIDDOR. Dally explained that no patient accidents are reported under RIDDOR. Where a member of the public suffers an accident within the hospital that is RIDDOR reportable, it is reported in the normal way. Dally added that he doesn't always know that at the time an incident is reported it is RIDDOR reportable however, where it is a suspected RIDDOR, a RIDDOR investigation might take place.

A Member from Birmingham City Council queried the Trust's use of floor polishers and anti-slip polishes for example, on wooden floor surfaces. Dally confirmed that the need for infection control doesn't allow for the use of floor polishes.

Steve Parton of AXA Insurance asked what percentage of the 12,000 incidents reported each year resulted in a claim, particularly within the non-clinical group? Dally replied that the figure is less than 10%. Fraudulent claims were also mentioned and Dally replied that the number was likely to be low. Cases are challenged by the Health and Safety Team and a thorough and robust investigation carried out that may have to 'stand up' in court.

Finally, there was a comment about the high number of clinical incidents reported each year. Dally said that although it does sound disturbing, these are mainly 'no injury' incidents.

The question of drug taking and drug testing was raised. Dally said that the Trust's occupational health advisers are able to breathalyse and pursue such concerns.

This concluded Member's questions and the audience was asked to show Dally their appreciation in the usual way.