

Health and Safety

Annual Report 2007/8

Philip Ient
Director of Estates and Facilities

1.0 Executive Summary: Overview of health and safety activities in the Trust

1.1 Organisation

1.1.1 Health and safety is one of the biggest issues that face organisations. The Whittington Hospital takes its responsibilities very seriously and has developed an assurance framework that ensures that we meet both the legal requirements as well as the spirit of the legislation.

1.2 Review of the year 2007/8

1.2.1 The objectives for 2007/8 identified in the 2006/7 annual report were as follows;

Objective	Outcome	Action for 2008/9
Implementation of The Health and Safety Training Policy		No progress – to be included in objectives for 08/09 and trialed in Facilities Management
Improve staff attendance at mandatory training courses		Partial success, full compliance not achieved – to be included in objectives for 08/09
To improve the use of data to target harassment and violence issues		Partial success – to be included in objectives for 08/09. Security and Personal Safety Committee monthly. Alerts system.
To continue the process of refreshing existing and the introduction of new health and safety policies		Complete – ongoing into 2008/9
To review waste regulations and implement recommendations		Complete – ongoing into 2008/9
To complete implementation of the food management system policy		Complete – ongoing into 08/09
To fully implement a programme of compliance audits		Partial success, full compliance not achieved – to be included in objectives for 08/09
To reduce the number of unwanted fire signals		Partial success – to be included in objectives for 08/09. Infrastructure improvements.

2.0 Health and Safety Arrangements

2.1 The Risk Management Team

2.1.1 At the Whittington Hospital the agenda is shared between the Director of Nursing and Clinical Development, and the Director of Estates and Facilities who report directly to the CEO and the Trust Board.

- 2.1.2 The Risk Management Team is managed by the Director of Nursing and Clinical Development, which during 2007/8 comprised; a full-time Health and Safety Adviser, a full-time Health and Safety Assistant, and a Risk Management Facilitator, all of whom reported to an Assistant Director of Nursing (risk management).
- 2.1.3 This Risk Management Team works closely with managers within the Directorate of Estates and Facilities, who provide specialist advice in matters relating to fire and security. The Trust employs a Fire Safety Consultant to provide specialist advice, and has trained The Deputy Director of Estates and Facilities as the Local Security Management Specialist required under the Secretary of State directions for security management.

2.2 Health and Safety Committee

- 2.2.1 The Health and Safety Committee is chaired by either The Director of Nursing and Clinical Development or The Director of Estates and Facilities Management. The committee meets every two months, and reports to The Audit Committee.
- 2.2.2 Four sub-committees report to the Health and Safety Committee; The Fire Safety Committee; The Security and Personal Safety Committee; the Environmental and Food Hygiene Committee; and the Pathology Safety Committee. Each of these subcommittees take on work of a specialist nature, and because of their focus take a more detailed look at the issues that affect the areas they cover.

2.3 Reporting Line to the Trust Board

- 2.3.1 The Health and Safety Committee reported directly to the Trust Assurance Committee until the end of 2007, when a review of the Trust Board structures was undertaken. The current reporting line of the Health and Safety Committee is below:



- 2.3.2 The Trust Health and Safety Committee is scheduled to meet six times per year. For the 2007/8 financial year the committee met four times. The two
-

committees that were cancelled were the January 2008 meeting and the March 2008 meeting. The January 2008 meeting was cancelled at the instigation of management because neither Chair was available. The March 2008 meeting was cancelled because the meeting was not quorate due to the absence of staff health and safety representatives.

2.3.3 Terms of Reference for each of the committees are included in Appendix 1. The Terms of Reference include committee membership and frequency of meetings.

2.3.4 Committee meetings typically last two hours, and are structured such that each meeting regularly;

- Reviews accident and incident statistics
- Receives reports from the manual handling advisor
- Receives an update into training activities
- Reviews recently issued safety action bulletins
- Reviews serious incidents
- Reviews and approves health and safety policies
- Reviews concerns raised by committee members

3.0 Health and Safety Reports to Trust Board

3.1 The Trust Health and Safety Committee regularly submits minutes to the Trust assurance committee (now the Audit Committee) on a two monthly basis.

3.2 An annual report is prepared, summarising the activities of the Health and Safety Committee and its subcommittees, and is submitted to the Trust Audit Committee. The Annual Health and Safety report is also submitted to the Hospital Management Board.

4.0 Budget Allocation for Health & Safety Activities

4.1 Staff

- Trust Health and Safety Adviser
- Trust Health and Safety Assistant
- Assistant Director of Nursing
- Risk Management Facilitator
- Trust Local Security Management Specialist (LSMS)

4.2 Support

- IM&T
- Fire Safety Advisor (specialist external consultant)

4.3 Training

4.3.1 The Trust does not have a separate budget for health and safety training. The health and safety team provide a wide range of training as part of their role, both through individual study days, and as part of the Trust's regular induction and mandatory refresher training days. Details of the annual training completed are provided in section 9.

5.0 Accidents and Incident Analysis

5.1 Incident Reports to the Health & Safety Committee

5.1.1 The Trust Health and Safety Committee regularly receive a full report into all reported accidents and incidents for the reporting period. A copy of the full report is included in Appendix 2.

5.1.2 Table 1 (below) shows a summary of incidents by type, broken down into annual figures.

	2004/05	2005/06	2006/07	2007/08
Total number reported	878	1,157	1,423	1,362
Total number graded as high risk	5	8	22	15
Total number reported within 7 days	144	379	692	961
% reported within 7 days	16.4 %	32.8 %	48.6 %	70.6 %
Security incidents				
Total number reported	238	425	491	494
Total number graded as high risk	2			1
% reported within 7 days	11.3 %	27.5 %	49.3 %	78.3 %
Incidents of violence				
Total number reported	287	263	478	362
Total number graded as high risk		1	8	1
% reported within 7 days	11.5 %	33.1 %	49.4 %	69.3 %
Fire incidents				
Total number reported	148	166	154	182
Total number graded as high risk	1		1	
% reported within 7 days	2.7 %	29.5 %	51.3 %	84.1 %
Staff accidents				
Total number reported	139	167	151	161
Total number graded as high risk		3	1	
% reported within 7 days	34.5 %	39.5 %	46.4 %	55.3 %
Other non-clinical incidents				
Total number reported	66	136	149	163
Total number graded as high risk	2	4	12	13
% reported within 7 days	48.5 %	44.1 %	43.6 %	49.7 %

- 5.1.3 The apparent increase in figures evident between the years 2004/5 and 2005/6 is attributed to a change in the way that incident reports were received and collated. Therefore we have three years where we can make a direct correlation between the number of incidents reported, and can therefore draw informed conclusions about the number of incidents being reported.

5.2 Serious Incidents

- 5.2.1 The Health and Safety Committee reviews at each of its meetings serious incidents, and RIDDOR incidents (Reporting of Injuries, Diseases and Dangerous Occurrences). Serious Untoward Incidents are reported for information only. Details of full investigations and action plans are reported directly to the Trust Board.
- 5.2.2 During the year a total of seven high-risk incidents were reported, and a total of seven RIDDOR incidents were reported. These are summarised in Appendix 3 and Appendix 4.

5.3 Action Bulletins

- 5.3.1 A total of 14 action bulletins were received during the year the required attention. Of these 12 were closed within the year, and three were carried into 2008/9.
- 5.3.2 Of the three that were carried into the current financial year, two have been subsequently closed and one remains as work in progress
- 5.3.3 A summary of action bulletins can be found in Appendix 5.

6.0 Moving and Handling

6.1 Training Report

- 6.2.1 The Trust employs a moving and handling advisor who sits on the Health and Safety Committee.
- 6.2.2 The moving and handling advisor supports the main training programme for all Trust staff, as well as providing specialist advice to location specific problems.
- 6.2.3 During the year, a total of 1201 staff were trained in manual handling techniques.
- 6.2.4 These figures break down as follows;
- 751 staff - mandatory training
 - 271 staff - induction training

- 149 staff - clinical induction training
- 30 staff - Link worker training

6.2.5 Training baseline figures were not available for 2007/8. It is an objective of the committee for 2008/9 to assess progress with training against a known baseline.

7.0 Policies and Procedures

- 7.1 During the year The Health and Safety Committee reviewed a total of six policies.
- 7.2 Three policies were approved during the year, and three were carried forward into the current year (2008/9)
- 7.3 The policies reviewed were;
- Photographic ID Policy - bought forward
 - Pressure policy - ratified
 - Legionella policy - ratified
 - Lone working policy - ratified
 - Pedestrian policy - bought forward
 - Security policy - bought forward

8.0 Audit and Assurance

8.1. Extent of Audit Programme

- 8.1.1 Audit of health and safety practice is conducted by a process of self-assessment (inspections) and independent review (audit). The audit programme is intended to ensure that management formally review working practices and working environment to ensure that a proactive approach is taken to identifying potential hazards and dealing with them before they become risks.
- 8.1.2 Works arising from audits are categorised into three areas;
- Housekeeping - local management responsibility
 - Maintenance - estate management responsibility
 - Capital - for future capital investment

8.2 Health and Safety Audits

- 8.2.1 It is a requirement of Trust policy, that departmental and ward managers ensure that a monthly health and safety inspection is carried out, and that returns are made to the risk management office.

- 8.2.2 During the year a total of 145 inspections were carried out. Analysis of these 145 inspections shows that a total of 23 wards, departments and other areas were completed out of a total of 44 identified as being required.

8.3 Fire Safety Audits

- 8.3.1 Fire risk assessments are carried out on an annual basis by the Trust fire safety advisor.
- 8.3.2 During the year, 81 fire risk assessments out of 81 required were carried out, including assessments of all wards and departments, plus engineering and other unoccupied spaces.
- 8.3.3 It is a requirement of Trust policy, that departmental and ward managers ensure that a monthly fire safety audit is carried out, and that returns are made to the fire safety advisor for follow up and action where necessary.
- 8.3.4 During the year, 9 wards or departments completed these audits for at least 3 months of the year, with 5 of them completing the audit on at least 6 occasions – out of a total of 40 wards or departments identified as requiring a return.

8.4 Crime Reduction Audits

- 8.4.1 Crime reduction audits are carried out on a needs basis in known crime hotspots by the Trust Local Security Management Specialist.
- 8.4.2 During the year a total of 2 audits were carried out, one to the Jenner Building and one to Highgate Wing. Both were carried out at the request of staff.
- 8.4.3 Action plans were developed and implementation is monitored through the Security and Personal Safety Committee.

9.0 Training

9.1 Training Programmes

- 9.1.1 The Trust provides training through the induction process and a series of mandatory training events designed to ensure that the Trust meets its statutory obligations.

9.1.2 One issue that faces the Trust is establishing an absolute baseline for training needs. In the list of courses that follow, we have established that the numbers divisional managers and service managers, matrons, ward and departmental managers, sisters and their deputies who are required to undergo this training is approximately 195.

9.2 Health and Safety Training

9.2.1 COSHH

COSHH Assessment training is undertaken on a monthly basis. Staff attendance for the period was a total of 30. (15% of baseline)

9.2.2 Display Screen Equipment

Display Screen Equipment assessor training is undertaken on a monthly basis. Staff attendance for the period was a total of 21 (11% of baseline)

Display Screen Equipment user training is undertaken on a monthly basis. Staff attendance for the period was a total of 80 (No baseline figure available).

9.2.3 Risk Assessment

Risk Assessment training is undertaken on a monthly basis. Staff attendance for the period was a total of 97 (50% of baseline).

9.2.4 Health and Safety for Managers

Health and Safety training for managers is undertaken on a monthly basis. Staff attendance for the period was a total of 71 (36% of baseline).

9.2.5 Food hygiene training

Food Hygiene training is undertaken on a monthly basis. Staff attendance for the period was a total of 22. (No baseline figure available).

9.3 Fire Safety Training

9.3.1 Basic

Training is undertaken as part of Induction and on a monthly basis. Staff attendance for the period was a total of 660 (refresher and induction) and 751 (mandatory) giving a total of 1411. The total number of Trust staff employed is 2356 (60% of baseline)

9.3.2 Intermediate

The Fire Safety Committee identified intermediate fire training as a need half way through the year. The aim of the training was to provide ward managers with specific support to ensure that good housekeeping measures were applied to reduce the risk of fire and any subsequent issues arising there from. The baseline of numbers of staff requiring training is 24, the numbers trained were 3 (12% of baseline).

9.3.3 Advanced

The Fire Safety Committee identified advanced fire training as a need half way through the year. The aim is to provide Fire Teams who manage alarm situations with specific training on both their duties and how to tackle fires without risk to themselves.

All members of the Fire Teams (Security, Bronze Managers, and Estates Managers) completed the annual advanced fire training course.

9.4 Security Training

9.4.1 Control and restraint

All security staff completed the mandatory requirement for control and restraint training

9.4.2 Conflict resolution

Conflict Resolution training for staff is undertaken on a monthly basis. Staff attendance for the period was a total of 97. The Trust baseline for attendance is 2427.

9.4.3 Lift Release Training

Lift Release Training was undertaken by 16 staff in the security department.

9.5 Induction training

Induction training is undertaken on a monthly basis. Staff attendance for the period was a total of 362. Total number of new starters 399.

10.0 Targets for 2008/9

10.1 Health and Safety

- To improve the percentage of incident forms reporting staff accidents and other non clinical incidents returned to the risk management office within the seven day reporting window from the 2007/8 level of approximately 50% to a minimum of 60%
- To improve the quality of data in relation to health and safety training carried out. In particular to establish an accurate baseline of staff requiring training under the various training headings for all forms of training.
- To establish a regime whereby assurance can be given regarding completeness of health and safety forms, and risk assessments raising compliance to 100%

10.2 Fire

- To improve the percentage of incident forms reporting fire incidents returned to the risk management office within the seven day reporting window from the 2007/8 level of approximately 84% to 100%
- To reduce the number of unwanted fire signals from the level reported in 2007/8 of 188 to 94
- To improve compliance with departmental and ward fire inspections to 100% by the end of the year

10.3 Security and Personal Safety

- To improve the percentage of incident forms reporting violence and security incidents returned to the risk management office within the seven day reporting window from 2007/8 level of approximately 75% to 100%
- To introduce mandatory Conflict Resolution Training.
- To carry out Crime Reduction Audits to ED, Mary Seacole and Maternity

- To implement a programme of security audits via Security team leaders and ensure audits returns reach 100% by the end of the year

Appendix One

Health & Safety Committee

Terms of Reference

1. Objectives

- 1.1 The Health and Safety Committee in conjunction with the Clinical Governance Committee are responsible to the Trust Audit Committee for the promotion, development and monitoring of health, safety and welfare standards across the Trust.
- 1.2 The Health and Safety Committee in conjunction with the Clinical Governance Committee are part of the Trust organisational structures to facilitate consultation on health, safety and welfare issues and to promote a positive health and safety culture within the organisation.
- 1.3 The Committee provides a forum for staff through their representatives to be consulted and directly involved on the health, safety and welfare issues.

2. Functions

- 2.1 The committee will ensure that there is partnership working between managers and staff side representatives to ensure that the hospital is a safe environment for all staff, patients, visitors, contractors and partners. It will achieve this by:
 - Monitoring incident statistics and setting targets for reductions in identified categories
 - Monitoring training needs and progress towards targets
 - Reviewing and approving such policies that are presented from time to time
 - Providing an annual report to the Audit Committee
 - Providing relevant information as required under health and safety legislation
 - Consulting on any measure that will affect the health and safety of employees
 - Consulting on of introducing new technologies into the employees' workplace.
 - Consulting on the arrangements for appointing/nominating persons to assist the employer in complying with relevant legislation.
- 2.2 To be accountable for the following Committee and groups:
 - Fire Safety Committee
 - Pathology Safety Committee
 - Security and Personal Safety Committee
 - Environmental and Food Hygiene Group

3. Membership

Title	Role
Director of Facilities	Executive (Co-chair)
Director of Nursing and Clinical Development	Executive (Co-chair)
Deputy Director of Facilities	Management representative
Deputy Director of Operations	Management representative
Assistant Director of Facilities (Catering)	Management representative
Pathology Safety Co-ordinator	Management representative
Imaging Service manager	Management representative
Pharmacy Manager	Management representative
Six Health and Safety Representatives	Staff representatives
Assistant Director of Nursing and Clinical Governance	Advisory role
Health and Safety Advisor	Advisory role ⁺
Manual Handling Adviser	Advisory role
Occupational Health Adviser	Advisory role
Medical Physics Manager	Advisory role
Health and Safety Assistant	Advisory role
Infection Control Practitioner	Advisory role
Human Resources Manager	Advisory role
Security Manager	Advisory role
Risk Management Facilitator	Advisory role

In addition to the management and advisory members listed above, six staff side members will also form an integral part of the committee and its activities.

⁺The Health and Safety advisor will act as the committee secretary in that s/he will set the meeting agenda, and co-ordinate the gathering and distribution of agenda, minutes and papers. Agenda items should be submitted to the secretary 10 working days in advance of the relevant meeting.

4. Frequency of meetings

The Health and safety committee will meet bi-monthly throughout the year.

5. Quorum

A quorum for the committee will consist of a minimum of 6 members, including at least two representatives from each of management and staff side, together with one of the co-Chairs.

6. Meeting Etiquette

In order for the committee to be productive, it is essential for it to be well organised. Committee members will contribute to this by ensuring that;

- They attend on a regular basis, and arrive on time.
- Where they cannot attend then apologies must be given in advance, and where appropriate a deputy sent
- Members or representative who have problems attending Committee because of operational issues will draw the matter to attention of one of Co-chairs.
- Papers for consideration of the committee are presented to the committee secretary 1 week before the date of the next meeting
- Committee meetings will start on time and end on time
- Draft agendas and minutes will be circulated at least 10 working days before the date of the next committee

7. These terms of reference will be reviewed annually.

Fire Safety Committee

Terms of Reference

1. Objectives

- 1.1 The Fire Safety Committee reports to the Health and Safety Committee which is accountable Trust Audit Committee for the promotion, development and monitoring of fire safety standards across the Trust.
- 1.2 The Fire Safety Committee is part of the Trust organizational structures to facilitate consultation on fire safety issues and to promote a positive fire safety culture within the organization.
- 1.3 The Health and Safety Committee will provide the forum for staff through their representative to be consulted and directly involved on the fire safety issues. Particularly, for consulting on measures that will affect the fire safety of employees; introduction of new technologies into the employees' workplace and the arrangements for appointing/nominating persons to assist the employer in complying with relevant legislation.

2. Functions

- 2.1 The committee will ensure that there is partnership working between managers to ensure that the hospital is a safe environment for all staff, patients, visitors, contractors and partners. It will achieve this by:
 - Monitoring fire incident statistics and setting targets for reductions

- Establishing fire safety training requirements for duty-holders and groups of general staff and monitoring training delivery and attendance at fire training
- Reviewing and approving such policies that are presented from time to time
- Providing an annual report to the Audit Committee
- Providing relevant information as required under fire safety legislation
- Ensuring that appropriate and relevant information is made available and disseminated to staff and other relevant persons on:
 - (a) fire risks identified by risk assessment
 - (b) protective measures taken
 - (c) procedures for evacuation and responding to fire
 - (d) identity of persons nominated to assist with (c) above

3. Membership

Title	Role
Director of Facilities	Board Level Director (Chair)
Deputy Director of Facilities	Fire Safety Manager ⁺
Clinical Nurse Practitioner	Competent person (evacuation)
Maintenance Manager	Competent Person
Security team leader	Advisory role
General Manager	Operations Directorate Representative
Projects Manager (or deputy)	Advisory role
Fire Safety Advisor	Advisory role
Health and Safety Advisor	Advisory role
Safety and Security Administrator	Advisory role
Jarvis FM	Jarvis representative

The Deputy Director of Facilities will act as the committee secretary in that s/he will set the meeting agenda, and co-ordinate the gathering and distribution of agenda, minutes and papers. Agenda items should be submitted to the secretary 10 working days in advance of the relevant meeting.

4. Frequency of meetings

The Fire safety committee will meet two monthly throughout the year.

5.Meeting Quorum

A quorum for the committee will consist of a minimum of 5 members, including the Chair, Fire Safety Manager, Fire Safety Advisor and the Clinical Nurse Practitioner.

6.Meeting Etiquette

In order for the committee to be productive, it is essential for it to be well organised. Committee members will contribute to this by ensuring that;

- They attend on a regular basis, and arrive on time.
- Where they cannot attend then apologies must be given in advance, and where appropriate a deputy sent

- Papers for consideration of the committee are presented to the committee secretary 1 week before the date of the next meeting
- Committee meetings will start on time and end on time. Draft agendas and minutes will be circulated at least 10 working days before the date of the next committee

The Fire Safety Committee will review these terms of reference annually.

Security and Personal Safety

Terms of Reference

1. Objectives

- 1.1 The Security and Personal Safety Committee is a sub committee of the Health and Safety Committee which is responsible to the Trust Audit Committee for the promotion, development and monitoring of Security standards across the Trust.
- 1.2 The Security and Personal Safety Committee is part of the Trust organisational structures to facilitate consultation on Security safety issues and to promote a positive Security safety culture within the organization.

2. Functions

- 2.1 The committee will ensure that there is partnership working between managers and staff to ensure that the hospital is a safe, secure environment for all staff, patients, visitors, contractors and partners. It will achieve this by:
 - Monitoring security incident statistics and setting targets for reductions
 - Establishing through risk assessments training requirements for duty-holders and groups of general staff and monitoring training delivery and attendance at control and restraint training
 - Ensuring that such policies that are required are drafted and approved by committee.
 - Reviewing and approving such policies and/or procedures that are presented from time to time
 - Reviewing behavioural information alerts. The Trust aims to adopt a proactive approach to dealing with aggressive and violent patients with actions open, proportionate and fair.
 - Providing an annual report to the Audit Committee
 - Providing relevant information as required by the Counter Fraud and Security management Service (CFSMS)
 - Ensuring that appropriate and relevant information is made available and disseminated to staff and other relevant persons on:
 - (e) Security Audits
 - (f) Protective measures taken
 - (g) Procedures for dealing with security issues
 - (h) Identity of persons nominated to assist with (c) above
 - (i) Agreeing investment priorities for capital

3. Membership

Title	Role
Director of Facilities	Chair
Deputy Director of Facilities	Local Security Management Specialist, (Responsible Person)
Security Manager	Competent Person (Security)
Head of Allied Health Professionals	Service user
General Manager Medicine	Service user
Midwife	Service User
Matron for acute medicine	Service User
Health and Safety Assistant	Advisory role
Head of Nursing	Advisory role
Health and Safety Adviser	Advisory role

The Deputy Director of Facilities will act as the committee secretary in that s/he will set the meeting agenda, and co-ordinate the gathering and distribution of agenda, minutes and papers. Agenda items should be submitted to the secretary 10 working days in advance of the relevant meeting.

4. Frequency of meetings

The Security and Personal Safety committee will meet two monthly throughout the year.

5. Meeting Quorum

A quorum for the committee will consist of a minimum of 5 members, including the Chair, LSMS, Security Manager (or deputy) and at least 2 service users (or deputies)

6. Meeting Etiquette

In order for the committee to be productive, it is essential for it to be well organised. Committee members will contribute to this by ensuring that;

- They attend on a regular basis, and arrive on time.
- Where they cannot attend then apologies must be given in advance, and where appropriate a deputy sent
- Papers for consideration of the committee are presented to the committee secretary 1 week before the date of the next meeting
- Committee meetings will start on time and end on time. Draft agendas and minutes will be circulated at least 10 working days before the date of the next committee

The Security and Personal Safety committee will review these terms of reference annually.

Pathology Health & Safety Committee

Terms of Reference

1. Objectives

- 1.1 The Pathology Safety Committee (PSC) in conjunction with the Trust Health & Safety Committee are responsible for the promotion, development and monitoring of health, safety and welfare standards within pathology.
- 1.2 The Pathology Safety Committee in conjunction with the Trust Health & Safety Committee are part of the Trust organizational structures to facilitate consultation on health, safety and welfare issues and to promote a positive health and safety culture within the organization.
- 1.3 The Committee provides a forum for staff through their representative to be consulted and directly involved on the health, safety and welfare issues.

2. Functions

- 2.1 The committee will ensure that there is a partnership working between managers and staff side representatives to ensure that pathology is a safe environment for all staff, patients, visitors, and contractors. It will achieve this by:
 - Monitoring accidents and incidents within Pathology
 - Monitoring training needs and progress towards targets
 - Act as a forum for the exchange of safety information
 - Formulate standard systems for the dissemination of information
 - Formulate common safety policies for the whole of Pathology
 - Liaise with the Pathology Management Group (PMG) and the Board Of Pathology (BOP) via the Pathology Safety Coordinator
 - Discuss and act on current safety issues as necessary

3. Membership

Title	Role
Pathology Safety Co-ordinator	Management representative
Biochemistry Safety Officer	Management representative
Haematology Safety Officer	Management representative
Histology Safety Officer	Management representative
Microbiology Safety Officer	Management representative
Mortuary Manager	Management representative
Pathology Quality Manager	Management representative
Staff Health and Safety Representative	Staff representative

The Committee chairman and secretary will be elected for a period of two years (renewable if agreeable to all members). The committee secretary will set the meeting agenda, and co-ordinate the gathering and distribution of agenda, minutes and papers. Agenda items should be submitted to the secretary 5 working days in advance of the relevant meeting. The Pathology Safety Co-ordinator will represent this committee at meeting of the Trust Health & Safety Committee

4. Frequency of meetings

The Pathology Safety committee will meet bi-monthly.

5. Quorum

A quorum for the committee will consist of a minimum of 4 members which should include either the committee chairman, secretary or Pathology Safety Coordinator.

6. Meeting Etiquette

In order for the committee to be productive, it is essential for it to be well organised. Committee members will contribute to this by ensuring that;

- They attend on a regular basis, and arrive on time.
- Where they cannot attend then apologies must be given in advance, and where appropriate a deputy sent
- Papers for consideration of the committee are presented to the committee secretary 1 week before the date of the next meeting
-

Committee meetings will start on time and end on time Draft agendas and minutes will be circulated at least 10 working days before the date of the next committee

7. These terms of reference will be reviewed annually.

Environmental and Food Hygiene Group

Terms of Reference

1. Purpose of the group

The Environmental and Food Hygiene Group (EFHG) is responsible to the Trust Health & Safety Committee for the monitoring of environmental and food hygiene standards across the Trust.

2. Aims and Objectives

- Establishing a regime of audit and performance monitoring.
- Identifying areas requiring remedial action
- Establishing action plans to address perceived needs

- Monitoring progress against action plans
- Maintaining a close liaison with the EHO and fostering a good working relationship with food retailers operating from establishments in the Trust

3. Membership

Jon Title	Name	Role
Director of Facilities	Philip Ient	Executive (Co-chair)
Assistant Director of Facilities (Housekeeping)	Steven Packer	Service Manager (deputy chair)
Deputy Director of Facilities	Steven Primrose	Service Manager
Deputy Housekeeping Manager	Edward George	Service Manager
Assistant Director of Facilities (Catering)	Cecil Douglas	Service Manager
Deputy Catering Manager	Paul Hepworth	Service Manager
Assistant Director of Nursing	Camilla Wiley	Nursing Management
Assistant Director of Nursing and Risk Management	Deborah Clatworthy	Advisory role
Consultant Microbiologist	Dr Mike Kelsey	Advisory role
Matron of Infection control and prevention (or deputy)	Patricia Folan	Advisory Role
H&S advisor or Deputy	James Ward	Advisory Role
Clinical nutrition service manager	Kyriacos Shiamtanis	Advisory Role

+The Assistant Director of Facilities (Housekeeping) will act as the committee secretary in that s/he will set the meeting agenda, and co-ordinate the gathering and distribution of agenda, minutes and papers. Agenda items should be submitted to the secretary 10 working days in advance of the relevant meeting.

4. Frequency of meetings

The Environmental and Food Hygiene Group will meet quarterly throughout the year.

5. Meeting quorum

Meetings can proceed with at least half the membership present, one of whom must be including the Chair (or deputy), Assistant Directors of Facilities (or Deputies), the Deputy Director of Facilities (or deputy), either of the Assistant Directors of Nursing, and either the infection control Matron of the Consultant Microbiologist

6. Meeting etiquette

In order for the committee to be productive, it is essential for it to be well organised. Committee members will contribute to this by ensuring that;

- They attend on a regular basis, and arrive on time.
- Where they cannot attend then apologies must be given in advance, and where appropriate a deputy sent
- Members or representative who have problems attending Committee because of operational issues will draw the matter to attention of one of Co-chairs.

- Papers for consideration of the committee are presented to the committee secretary 1 week before the date of the next meeting
- Committee meetings will start on time and end on time
Draft agendas and minutes will be circulated at least 10 working days before the date of the next committee

6 .Review Period

These Terms of Reference will be reviewed annually

Appendix Two

Annual Incident Report 2007/8

1. SUMMARY

	2004/05	2005/06	2006/07	2007/08
Total number reported	878	1,157	1,423	1,362
Total number graded as high risk	5	8	22	15
Total number reported within 7 days	144	379	692	961
% reported within 7 days	16.4 %	32.8 %	48.6 %	70.6 %
Security incidents				
Total number reported	238	425	491	494
Total number graded as high risk	2			1
% reported within 7 days	11.3 %	27.5 %	49.3 %	78.3 %
Incidents of violence				
Total number reported	287	263	478	362
Total number graded as high risk		1	8	1
% reported within 7 days	11.5 %	33.1 %	49.4 %	69.3 %
Fire incidents				
Total number reported	148	166	154	182
Total number graded as high risk	1		1	
% reported within 7 days	2.7 %	29.5 %	51.3 %	84.1 %
Staff accidents				
Total number reported	139	167	151	161
Total number graded as high risk		3	1	
% reported within 7 days	34.5 %	39.5 %	46.4 %	55.3 %
Other non-clinical incidents				
Total number reported	66	136	149	163
Total number graded as high risk	2	4	12	13
% reported within 7 days	48.5 %	44.1 %	43.6 %	49.7 %

2. INCIDENTS

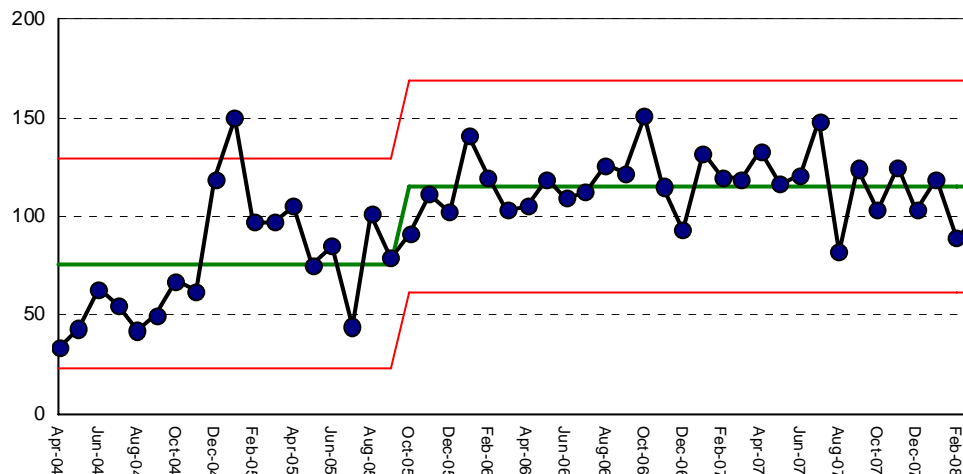
2.1 Total Incidents Reported

Figure 1 gives the total number of incidents reported each month since April 2004. There were a total of 1,362 incidents in 2007/08.

The increase and the first step change shown below may be a result of improved data collection practice when the responsibilities for reporting incidents were centralised on the Risk Management Office.

The second step change shows a new average of nearly 120 per month and the number of incidents is now relatively stable. Data entry onto Safeguard is now also becoming more timely.

Figure 1: Total Reported Health and Safety Incidents by Month since April 2004



2.2 Type of Incidents

The matrix, below, shows the type of incident in 2007/08 by the risk rating assigned. 63% of all health and safety incidents involve security or violence.

These categories are analysed below in later sections of this report.

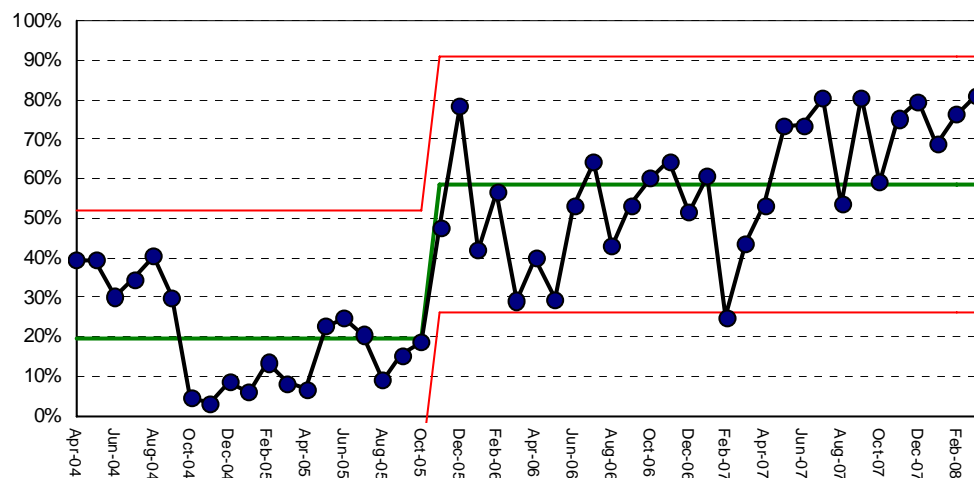
	High	Moderate	Low	Very Low	Total	%
Security	1	24	93	377	494	36.3 %
Violence	1	50	121	190	362	26.6 %
Fire		6	16	162	182	13.4 %
Other	13	23	59	68	163	12.0 %
Staff accident		28	60	73	161	11.8 %
Total	15	131	349	870	1,362	100.0 %
%	1.1 %	9.6 %	25.6 %	63.9 %	100.0 %	

2.3 Incident Reporting Times

The Trust's Incident Reporting Policy asks that forms be returned to the Risk Management Office within seven days.

- * In 2007/08, 961 out of 1,362 incidents (70.6%) have been reported back to the Risk Management Office within seven days.

Figure 2: Percentage of Total Health and Safety Incidents Reported within 7 Days by Month since April 2004



The table below shows, by incident category, which directorates have reported within the agreed standard in 2007/08.

	Security	Violence	Fire	Other	Staff accident	Total	% on time
Medicines & Therapies	81 %	74 %	80 %	45 %	51 %	796	74 %
Women's and Children's	60 %	70 %	90 %	63 %	67 %	204	69 %
Facilities	81 %	70 %	78 %	49 %	71 %	178	70 %
Surgery & Cancer	69 %	39 %	100 %	29 %	37 %	136	51 %
Diagnostic & OP's & SS's	100 %	33 %	100 %	50 %	58 %	22	64 %
Nursing	33 %	100 %	100 %		50 %	11	64 %
IM&T	100 %				100 %	7	100 %
HR		100 %	67 %	100 %		6	67 %
Operations	100 %		100 %		100 %	3	100 %
Finance				100 %		1	100 %
Pharmacy						0	-
Total	494	362	182	163	161	1,362	71 %
% on time	78 %	69 %	84 %	50 %	55 %		

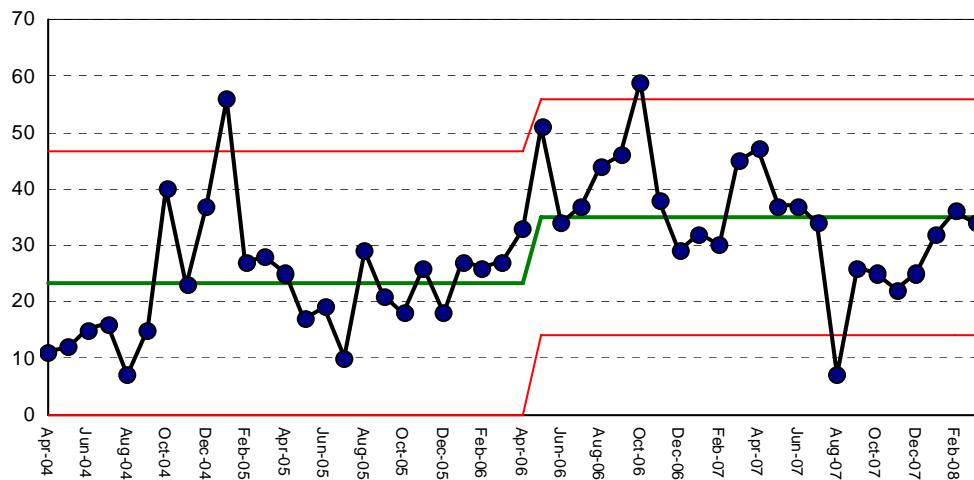
3. INCIDENTS of VIOLENCE

3.1 Total Number Reported

There were 362 incidents in 2007/08.

After a particularly low period round August 2007, the number of incidents has been steadily increasing and is now back around the average.

Figure 3: Incidents of Violence by Month since April 2004



3.2 Causes

Patients and their visitors initiated nearly all the incidents in this category. A breakdown of the cause, as recorded on Safeguard, is reported in the table below.

Violence	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Abuse (Racial) - Patient By Staff											1		1
Abuse (Racial) - Patient By Third Party								1					1
Abuse (Racial) - Staff By Patient		1	1			1		1		1			5
Abuse (Racial) - Staff By Third Party						1	1		1	2			5
Abuse (Racial) - Third Party By Staff								1					1
Abuse (Verbal) - Patient By Patient		1						1					2
Abuse (Verbal) - Patient By Staff							1		1	2		1	5
Abuse (Verbal) - Staff By Patient	8	7	6	5		8	5	3	4	7	4	5	62
Abuse (Verbal) - Staff By Staff		1			1	1	2				1	1	7
Abuse (Verbal) - Staff By Third Party	2	2	3	6	1	2			7		1	3	27
Abuse (Verbal) - Third Party By Patient				1									1
Abuse (Verbal) - Third Party By Third Party				1						1			2
Aggression - Aggressive Patient	16	11	17	13	2	6	2	8	5	8	11	13	112
Aggression - Aggressive Third Party	3	2	3	1		1		1	2		1	5	19
Assault (Physical) - Patient By Patient		1	1	1			2	1					6
Assault (Physical) - Patient By Staff							1						1
Assault (Physical) - Patient By Third Party	1						1		1		1		4
Assault (Physical) - Staff By Patient	12	3	1	2		2	7	3	2	9	9		50
Assault (Physical) - Staff By Staff											1		1
Assault (Physical) - Staff By Third Party	1	1			1		1				1	1	6
Assault (Physical) - Third Party By Patient							1						1
Assault (Physical) - Third Party By Third Party	1				1							1	3
Harassment (Sexual) - Patient By Patient												1	1
Harassment (Sexual) - Staff By Third Party			1								1		2
Person Handling - Close Supervision									1		1		2
Self Harming - Self Harm	1	5	1			1		2			2	1	13
Self Harming - Suicide (Actual)		1				1							2
Self Harming - Suicide (Attempted)			2		1	2				1			6
Threat Of Harm - Patient By Third Party	1										1		2
Threat Of Harm - Staff By Patient	1	1		1			1			1			5
Threat Of Harm - Staff By Third Party			1	3					1			2	7

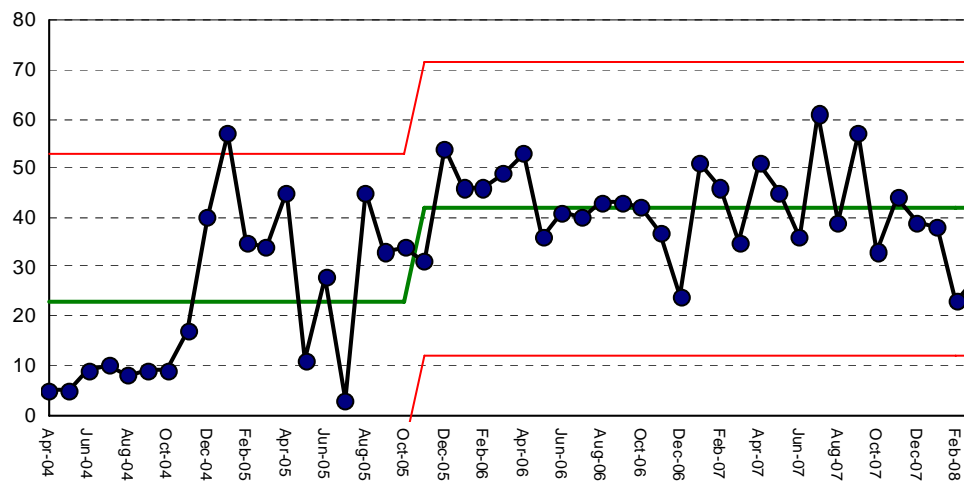
4. SECURITY INCIDENTS

4.1 Total Number Reported

There were 494 incidents in 2007/08.

The large step change is likely to be an improvement in the collection of data rather than an increase in the number of this type of incident.

Figure 4: Security Incidents by Month since April 2004



4.2 Causes

Security incidences mostly occur in or around the Emergency Department. A breakdown of the cause of security incidents, as recorded on Safeguard is shown on the following page.

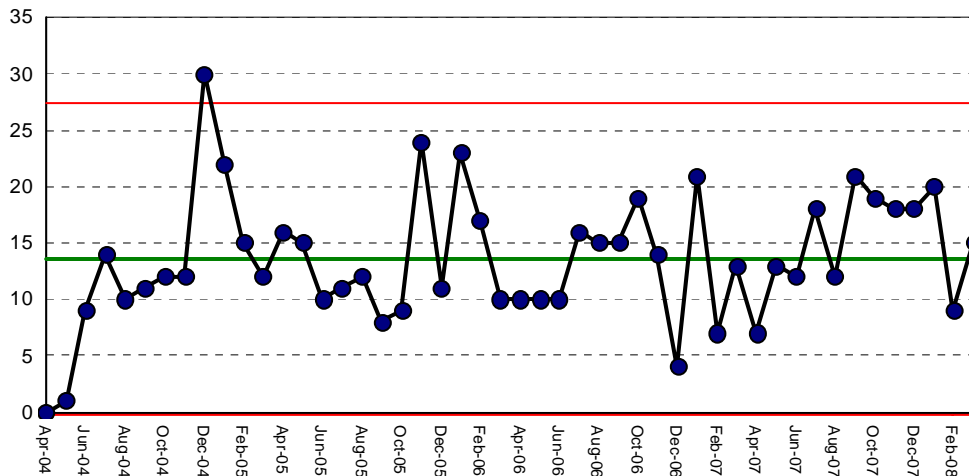
Security	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Absconded/close Supervision Failure			2					2	1				5
Access - Unauthorised	2	5	2	2	1	2	6	2	2	1	1	1	27
Aggression - Aggressive Third Party									1				1
Damage/Loss - Damaged Hospital Item	1	2			2	2			3				10
Damage/Loss - Loss/Stolen Hospital Item		2		2		1		1		1			7
Damage/Loss - Loss/Stolen Personal Item	2	5	5	5	4	6	8	6	8	6		7	62
Intruder Alarm Activated	1	2		2			1						6
Person Handling - Close Supervision	24	18	19	33	20	21	11	21	12	13	18	11	221
Person Handling - Person Ejected	13	6	4	13	8	24	5	4	10	12	3	6	108
Person Handling - Person Searched	5	4	4	1	3		1	4	1	1		2	26
Possession - Substance	2			1							1		4
Possession - Weapon				1			1	1		2			5
Unsafe Locking System		1			1	1		1	1	2			7
Unsecured Premises - Building	1			1				2				1	5

5. FIRE INCIDENTS

5.1 Total Number Reported

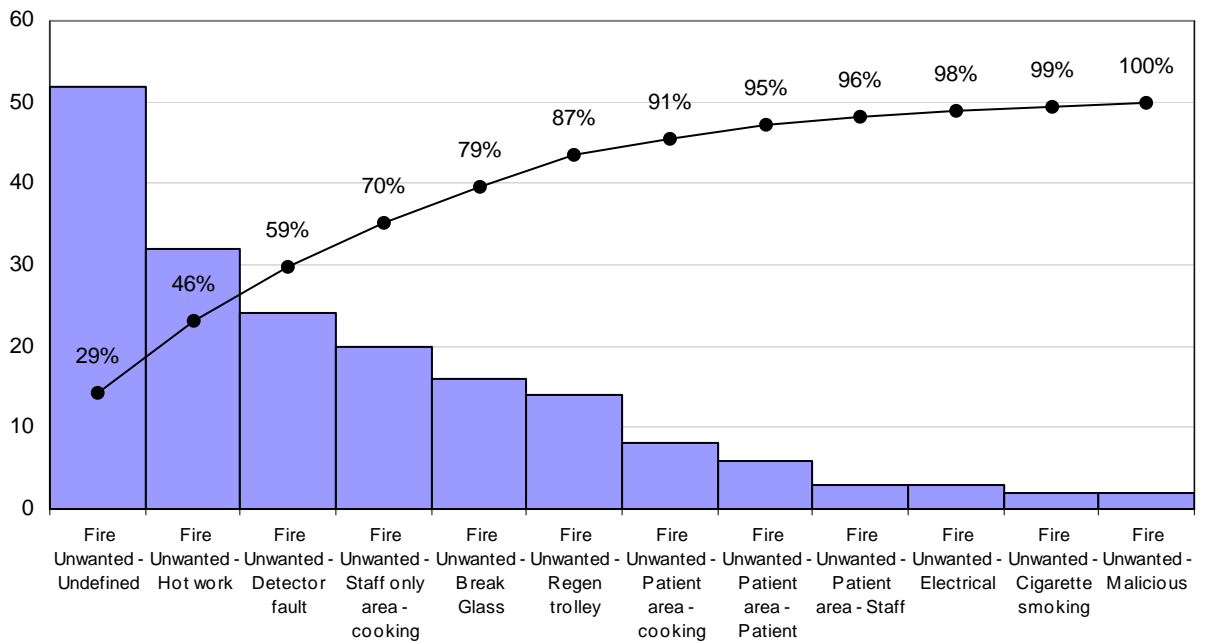
There were 182 fire incidents reported in 2007/08.

Figure 5: Fire Incidents by Month since April 2004



5.2 Causes

The graph below shows the cause of the fire alarms. There were no actual fires in this period.



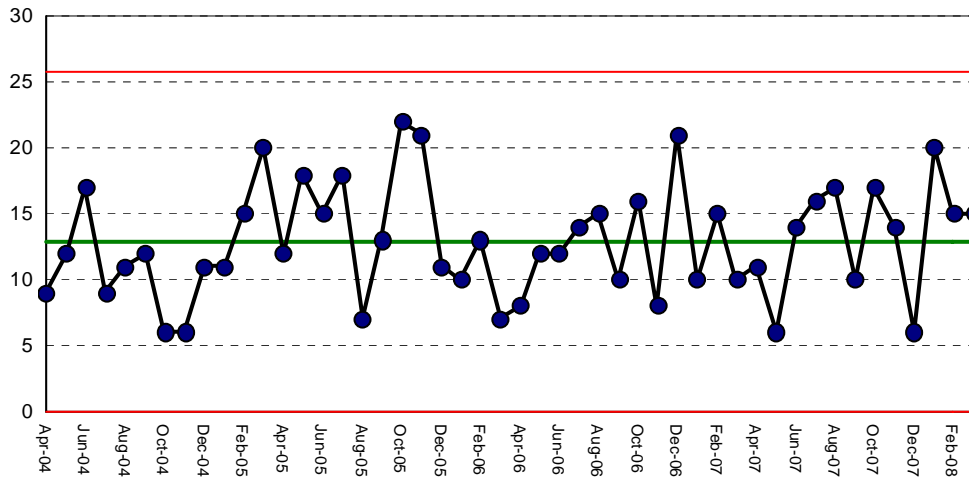
6. STAFF ACCIDENTS

6.1 Total Number Reported

There were 161 incidents in 2007/08.

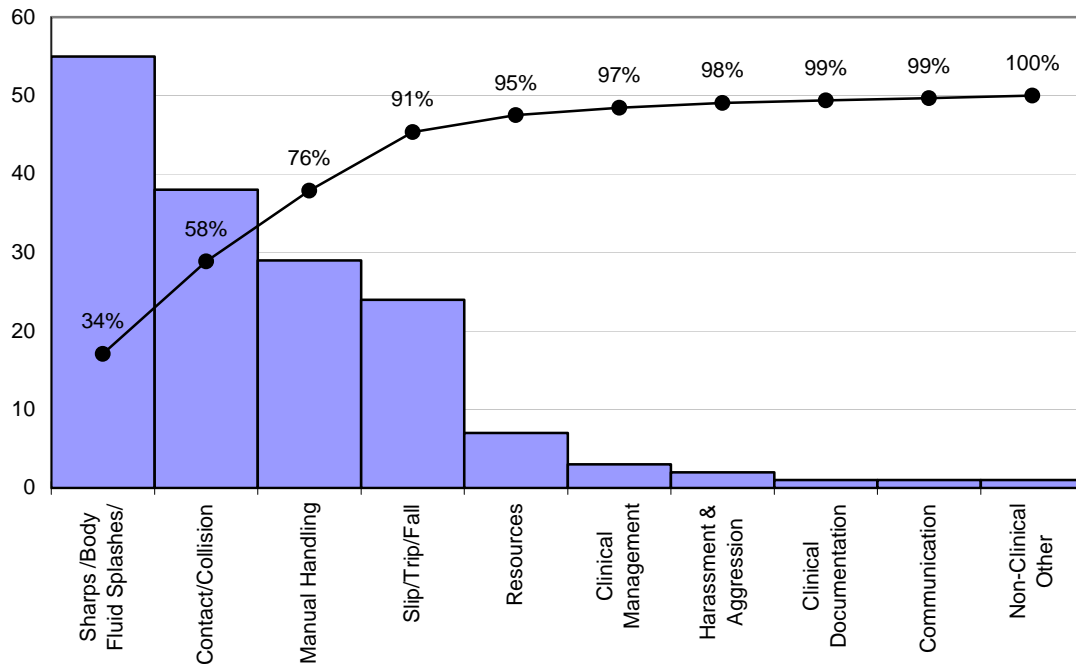
The pattern of variation is reasonably stable.

Figure 6: Accidents by Month since April 2004



6.2 Causes

Slips, trips and falls relate to staff incidents (i.e. slipping on a wet floor). Patient falls are reported to the Clinical Risk Management Committee.

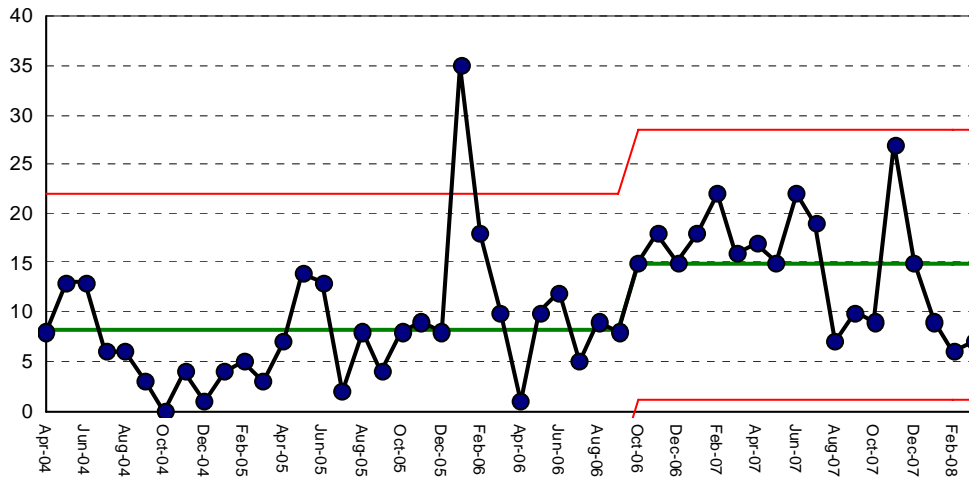


7. OTHER NON-CLINICAL

7.1 Total Number Reported

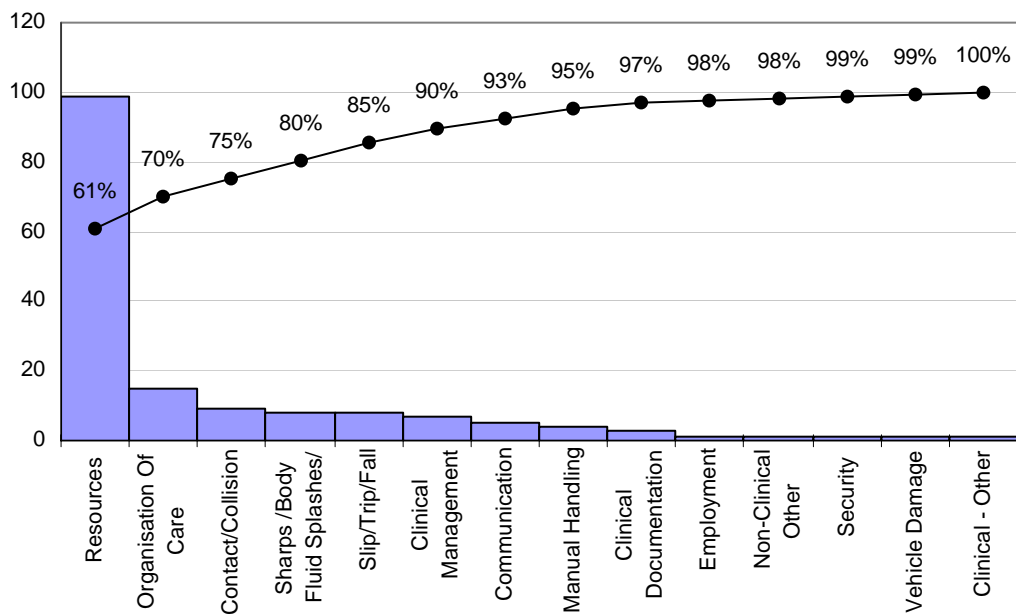
There were 163 incidents in 2007/08 to date.

Figure 7: Other non-clinical incidents by Month since April 2004



7.2 Causes

The main cause of other non-clinical incidents is resources.



Appendix Three

RIDDOR Incidents

Reference	Details	Date	Actions	Status (March '08)
IR033937	Staff fracture arm whilst closing door and patient forced door open onto staff hand causing injury.	3 January 2008	<ul style="list-style-type: none"> All Senior Management made aware of incident. 3/1/08 Neil Brady has reviewed ED risk assessments and safe systems of work. 17 March 03 Staff attended Emergency Department for treatment 3/1/08 Injured staff will be referred to OH and to determine fitness to return to work. Alerts inserted on EDIS and Pas. 7/1/08 Incident recorded in patient medical records. 3/1/08 Witness statements awaited from, ED, Security and injured person Staff will be offered Oasis service. 7/1/08 Staff had attended personal safety training in 23 Oct 2007. A program of training ED staff on personal safety in place Incident reported HSE 	On-going
IR033981	Nurse punched in face by patient de-toxing Security staff attended and provided 24/7 cover	16 January 2008	<ul style="list-style-type: none"> All Senior Management made aware of incident. 16/1/2008 Patient assessed by Doctors, RCN provided with security presence. 16/1/2008 Maggie Pratt reviewing risk assessments and safe systems of work. 25/3/08 Witness statements awaited from Security and injured person Staff attended Emergency Department for treatment. 16/1/2008 Injured staff will be referred to OH and to determine fitness to return to work. Incident recorded in patient medical records. 17 Jan 2008 Injured staff on sickness leave 23/3/08 Staff involved will attend personal safety training. Staff will be offered Oasis service. Incident reported HSE 	On-going
IR036395	Security guard punched in face by sectioned 136 patient	3 March 2008	<ul style="list-style-type: none"> All Senior Management made aware of incident 4/3/08 Patient assessed by Doctors and Transferred to Mental Health Hospital. 4/3/08 Steven Primrose reviewing risk assessments and safe systems of work 5/3/08 Witness statements awaited from Ward, Security and injured person 5/3/08 Staff attended Emergency Department for treatment. 3/3/08 Injured staff will be referred to OH and to determine fitness to return to work. 5/3/08 Incident recorded in patient medical records. 5/3/08 Injured staff on sickness leave 5/3/08 Staff returned to work 19/3/08 Staff offered Oasis service. 5/3/08 Awaiting information on CCTV footage 5/3/08 Incident reported HSE 19/3/08 	On-going
MIC 0056	Staff member fell down stair whilst walking down the stairs	11 March 2008	<ul style="list-style-type: none"> 11/3/08 Staff attended Emergency Department for treatment. 14/3/08 Inspection of stairs found no environmental cause for incident Witness statement taken from staff who found injured staff on the stairs indicate no causal factor other than human error. Staff member now 	Closed

Reference	Details	Date	Actions	Status (March '08)
			retired. <ul style="list-style-type: none"> 19/3/08 Incident reported HSE 	
IR033154	Chair collapse under staff whilst seated	4 October 2007	<ul style="list-style-type: none"> All Senior Management made aware of incident Chair taken out of use and new chair provided Investigation completed at time of incident and photographs taken. Staff attended Emergency Department for treatment, given time off and signed off on sickness leave. Injured staff referred to OH and fit to return to work Injured staff has discussed incident with Deborah Clatworthy and James Ward Witness statements taken from staff: Rekha Desai, Elizabeth Whitehurst and James Ward Deborah Clatworthy reviewed risk assessments and safe systems of work. Incident discussed with all risk management staff and chairs visually checked. Incident reported HSE 17 October 2007 Unable to identify manufacturers to allow further assessment to undertaken 	Closed
IR031950	Hospital Porter punched and kicked by patient Security staff attended.	1 April 2007	<ul style="list-style-type: none"> All Senior Management made aware of incident. Staff attended Emergency Department for treatment. Injured staff referred to OH and fit to return to work. Alerts inserted on EDIS and Pas. Incident recorded in patient medical records. Injured staff has discussed incident with Steven Packer Witness statements taken from two portering staff and medical staff. Additional statements awaited from security staff No CCTV footage available. All staff offered Oasis service. Injured Staff attended personal safety training on 23 Oct 2007. Steven Packer undertaken a review of risk assessments and safe systems of work. Incident discussed with all portering at a meeting and the need to report all incidence of violence and aggression Incident reported HSE 17 August 2007 NHSLA meeting 14 October 2007 for case review. 6/3/08 Steven Packer sending all portering staff on personal safety training course. This will take 21 months to complete. 	Ongoing
IR 000612	Staff member off sick from work for 4 days with a back injury due to pulling a heavy patient yellow notes bag	5 April 2007	<ul style="list-style-type: none"> Manual Handling Advisor undertaking yellow patient notes bag risk assessment concerning moving and task of lifting and transporting. Notice displayed for inform clerical staff not to overfill the yellow bags. Incident reported HSE All admin and clerical staff should attend moving and handling training RE: safer lifting and handling of objects. Purchase smaller alternative carrying aids. 	Ongoing

Appendix Four

High Risk Incidents

Incident Number	Details Of Incident	Incident Date	Action plan and Completed By	Status (March 08)
O34356	Ventilation to theatres not working	5 March 2008	<ul style="list-style-type: none"> 6.3.08 Senior Management made aware and investigation findings awaited 	Ongoing
IR035026	Oxygen cylinder not available for cardiac arrest pt to be transferred from Mary Seale to ITU	2 January 2008	<ul style="list-style-type: none"> Senior Management made aware and investigation findings awaited 31/1/08 This patient was transferred with Oxygen as the sister in Mary Seacole was able to get some from ED. 31/1/08 25/3/08 Steven Packer believes that problem was communication issue as portering controller stated the porters were short of portable oxygen cylinders and were awaiting a delivery, this was interpreted that they had no portable oxygen cylinders (2 cylinders instead of 10). Measures have been taken to increase stocks at bank holidays. 	Closed
IR026437	Deceased patient Cat 3 not contained within a body bag	20 January 2008	<ul style="list-style-type: none"> Senior Management made aware and investigation findings awaited 23/1/08 Staff involved interviewed by Matron. Staff member to leave Trust shortly. 30/1/08 Matron looking at retaining all staff on procedure for handling deceased patients 30/1/08 6 May All the staff aware of policies and procedures 6 May Matron informed infection control about adding topic onto the mandatory training 	On going
IR034424	Switchboard failure to put out a crash call	5 January 2008	<ul style="list-style-type: none"> All Senior Management made aware of incident. 10 Jan 08 Investigation initiated and findings awaited. 10 Jan 08 Management have had discussions Multitone on possible ways to control human error. 23 Jan 08 Crash call message to include audio statement for auditory play back in Switchboard. Switchboard bleeper to be situated in main switchboard area. 13 February 2008 Multitone to train Staff on April 16. 20/3/2008 	Ongoing
IR03302	Blood waste bottle not changed and left overnight	15 November 2007	<ul style="list-style-type: none"> All Senior Management made aware of incident. Investigation and risk assessment completed by Jasmin Archibald. Doctors have been trained on expected practices to be followed. Jasmin Archibald states no further problem 25/3/08 	Closed
031643	3 Broken TCRF loops	6 September 2007	<ul style="list-style-type: none"> Senior Theatre Management made aware of the incident. Theatre Management are to use loops a max of 3 times. Theatre staff informed of the above. Tracking system in SSU implemented John Nuss has dealt with MHRA and supplier. 6 May 08 The existing stock of loops are to be used a maximum of two times then discarded. Jenny Johnson has devised a method of marking their usage. After the existing stock of loops have been used, Theatres will be using single use loops 	Closed
032162	Approx 19.45 hrs, mother reported staff that an unknown male had approached her and attempted to snatch her	12 April 07	<ul style="list-style-type: none"> DC leading investigation. Police, Nursing Medical Council and Employment agency informed. SP has informed CFSMS Outcome of NMC for investigation awaited. This 	Ongoing

Incident Number	Details Of Incident	Incident Date	Action plan and Completed By	Status (March '08)
	baby.		<p>will take several months.</p> <ul style="list-style-type: none"> • 6 May 08 NMC said no case to answer - therefore no further action can be taken. 	
030147	<p>Clinical staff threaten and abused by patient</p> <p>Security staff restrained and escorted patient off site.</p> <p>Pt allegedly drove his car at staff.</p> <p>Police at the Trust and arrested pt</p> <p>NB: Pt alleging that Trust security staff assaulted him.</p>	12 February October 2007	<ul style="list-style-type: none"> • All Senior Management made aware of incident. • Alerts inserted on EDIS and Pas. • Incident recorded in patient medical records. • Staff have had discussions with Julie Teahan, Deborah Clatworthy and James Ward • Witness statements taken from staff. • CCTV footage has been burnt. However, to be of limited use. • One ED staff member issued with personal alarm • All staff offered Oasis service. • All Staff involved to attend personal safety training. • PC Karn is police contact. • 16 Feb. Letter written by Dr Parker to pt requesting his clinical care to be transferred to another hospital until police investigation completed. • Dr Parker informed Pt GP of incident and change of medical care. • One recorded delivery letter was refused and other appears to have been lost. Another letter was re-sent by ordinary post. Courier unable to hand deliver letter. Courier stated residence appears to be not lived in. • Trust medical staff have not had any further contact with pt. • Police informed of no contact and failure to deliver letters. Also Doctor Parker associates as on leave. Phil Ient and Deborah Clatworthy. • Trust medical staff have not had any further contact with pt and aware to inform Risk Management if does occur. • Pt failed to attend court on the 2 April 2007. • Police have lost paperwork to take further action. • Further action being considered down civil route with Stephen Primrose. 21/1/08 • May 08 As staff member now left Trust, no further SP proposes no further action. 	Closed

Appendix Five

Safety Action Notices

Reference	Date	Summary	Lead	Actions	Status
DH(2007)002	18-Apr-07	Helicopter landing sites	SP	Not applicable to the Trust. No action is required. Closed by Assistant Director of Facilities.	Closed
DH(2007)003	18-Apr-07	STOBU Steam Stop Valve	SP	Type of equipment not used in Trust. No action is required. Closed by Assistant Director of Facilities.	Closed
DH(2007)004	18-Apr-07	Liquid fuels with sulphur content	SP	Type of equipment not used in Trust. No action is required. Closed by Assistant Director of Facilities.	Closed
DH(2007)005	30-May-07	Medical gas Outlet Mark IV Valve plate	SP/JR	All outlets checked– none of them are affected. No action is required. Closed by Assistant Director of Facilities.	Closed
DH(2007)006	11-Jun-07	Electric Extension Lead	PI/SP	Forwarded to the Director of Facilities for action. Portable Appliance Policy has been updated to reflect alert requirements. Procurement controlling requirement for commercial extension leads to be purchased.	Closed
DH(2007)007	18-June-07	TK3 Control Potentiometer (lighting dimmer)	SP/JN/ JR	Type of equipment not used in Trust. No action is required. Closed by Assistant Director of Facilities.	Closed
DH(2007)008	21-June-07	Cubical Curtain track rails (anti ligature)	SP/JR	Forwarded to the Director of Facilities for action. Cubical tracks in ED being replaced as part of refurbishment works	On-going
DH92007)009	31-Oct-07	Window restrictors	SP/JR	Forwarded to the Director of Facilities for action. Managers should be checking window restrictors on a monthly basis where necessary replaced when found faulty. Facilities have undertaken a Trust wide survey.	Closed
DH(2007)010	31-10-07	Self assembly step stools	SP/JR	Type of equipment not used in Trust. No action is required. Closed by Assistant Director of Facilities.	Closed
NPSA Rapid Response Report 04 20 Nov 2007	26-Nov-07	Fire Hazard with Paraffin Based Skin Products on Dressings and clothing	JW/ MB	Alert forwarded to Head of Pharmacy, all matrons and relevant managers. Managers instructing staff on information to be provided to patient. Fire Signs to be provided by Facilities in key areas.	On-going (Now closed)
DH(2007)011	19-Dec-07	Flame retardant cotton curtains/bed screens	SP/ Steven Packer	Forwarded to the Director of Facilities for action. Curtains for wards in A block (new building) and the new day treatment centre are all flame retardant. An order is being placed in April 2008 to replace all other curtains in the Trust.	On-going (Now closed)
DH(2008) 01	07-Jan-08	Mandatory reporting of Defects and Failures	SP	Forwarded to the Director for action. Staff familiar with the website used for the reporting of Estates and Facilities Defects and Failures. Relevant procedures in place for the reporting of defects and failures. Closed by Phil Ient Director of Facilities.	Closed
DH(2008) 02	26Mar-08	Rubber/PVC weatherproof seals- potential risk	SP/JR	Forwarded to the Director of Facilities for action, who has forwarded to Jasfm for GNB & New acute wing. All double glazed units require specialist tools to remove the seals and cannot be removed by hand or the general public.	Closed
DH(2008) 03	31-Mar-08	Grundy Heated food Trolley- risk of exposure to asbestos	SP/JR	Forwarded to the Director of Facilities for action. Not used by Trust. Ward meal trolley had been replaced and still under warranty.	Closed

Appendix Six

Moving and Handling attendance April 2007 – March 2008

Mandatory update (90 – 105 mins)

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	Grand total
Booked	73	77	150	112	75	92	91	117	86	69	56	69	1067
Cancellations	2	13	10	4	12	10	10	16	10	11	8	1	107
DNA's	24	23	36	34	18	23	38	35	36	17	13	33	330
Extra's	14	15	15	8	6	10	9	7	17	10	2	8	121
Total	61	56	119	82	51	69	52	73	57	49	37	43	751

Trust Induction (75 mins)

APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	Grand total
26	24	29	19	21	11	10	24	21	23	29	34	271

Clinical Induction (3.5 hours)

APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	Grand total
25	12	*	15	10	11	10	11	9	15	18	13	149

Clinical induction did not run in June because less than 6 clinical staff present = all attended in July induction

Link worker training (2 days)

APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	Grand total
					9	8	8	5				30