

Trust Health & Safety Annual Report 2015/16



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1 Executive Summary
<p>Purpose:</p> <p>The purpose of this report is to:</p> <ul style="list-style-type: none"> • Provide assurance on compliance with legislation and policies. • Provide an update on the activities and progress, in line with the implementation of the Trust's Health and Safety Policy statement and other policies, in the following departments: <ul style="list-style-type: none"> ▪ Health and Safety ▪ Occupational Health • Identify compliance and any gaps • Set objectives for 2016/17
<p>Summary:</p> <ul style="list-style-type: none"> • The Trust is compliant with its legal duties in respect of health and safety, with the exception of : <ul style="list-style-type: none"> ❖ Completion of audit actions by action owners at service level (see Section 5 & Appendix A). Management Regulations, Reg 5. H&S Arrangements. Senior managers are on board to improve activity level. ❖ Attendance of new starters at Induction training. Not fully compliant for HaSaWA 1974, S2. The introduction of new process during 16/17 by E,T&D aims to improve compliance. • The H&S audit programme is well established and all were undertaken in year. Compliance reporting occurs monthly to Divisional Quality and Risk meetings as well as Health and Safety Committee. • Timely RIDDOR reporting remains fully compliant at 100%. There has been a reduction of 70% in RIDDORs compared to last year. • The number of incidents reported through DATIX benchmarks us similarly against two other Acute NHS Trusts.
<p>Key Recommendations:</p> <ul style="list-style-type: none"> • To note the contents of the annual Health and Safety Report for Surrey and Sussex Healthcare NHS Trust. • To note the activities and progress made with implementing Health & Safety arrangements.
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<p>Date: April 2016</p>
<p>Review Date: April 2017</p>

2 Introduction

This report provides analysis of the Trust's health and safety (H&S) performance for 2015/16 and outlines key developments and the work that has been undertaken during the reporting period.

It is an opportunity to look at the work planned and objectives for the year(s) ahead.

It reflects the Trust's compliance with the Board of Directors approved 'Statement of Intent' and Health & Safety Policy Statement, which requires those responsible for health and safety within the Trust premises and during Trust activities to:

- Comply with health and safety legislation;
- Implement health and safety arrangements;
- Comply with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies;
- Develop partnership working and to ensure health and safety arrangements are maintained for all.

To ensure that the health and safety agenda is not only embedded but embraced throughout the Trust using a variety of monitoring methods, including:

- Health and Safety Committee (bi-monthly) – consultative committee
- Divisional Quality and Risk (monthly & bi-monthly) meetings
- Workforce Committee

3 Legal Compliance - Overview

Legislation	Description of actions/compliance
Health & Safety at Work Act 1974	<ul style="list-style-type: none"> • General Health and Safety Policy Statement, published. • Competent persons in place to provide compliance advice. • Health and Safety Committee held 6 times a year - well attended. • Introduction of process for 16/17 for new recruits to include attendance at Induction training to improve compliance.
Management of Health & Safety at Work Regulations 1999	<ul style="list-style-type: none"> • Annual H&S Audit programme well established. • Audit actions to be addressed at service level in more timely manner and reinforced by divisional senior managers. • Suitable and sufficient risk assessments. 189 fully trained staff. • Divisions responsible for ensuring that they have adequate numbers of assessors.
Health & Safety (Sharps Instruments in Healthcare) Regulations 2013	<ul style="list-style-type: none"> • Ratified Sharps Management and Inoculation Incidents Policy. • Safety devices being identified and implemented. • Risk assessments underway across the Trust for exposure to BBVs. • Datix recoded for more specific sharps incidents information. • Sharps Safety Group re-established Sept 2015.
Control of Substances Hazardous to Health (COSHH) 2005	<ul style="list-style-type: none"> • 75% audit compliance rate – a decrease from 82% in 14/15. • COSHH Policy published. • Risk Assessment training includes COSHH assessment. • COSHH awareness included in all H&S Awareness training.
Workplace Health, Safety and Welfare Regulations 1992	<ul style="list-style-type: none"> • H&S Coordinators undertake regular workplace inspections. • A visual inspection is included also during annual audit.
Personal Protective	<ul style="list-style-type: none"> • PPE Policy published.

Equipment at Work Regulations 1992	<ul style="list-style-type: none"> • OH policies reference the use of PPE. • Latex Policy published.
Display Screen Equipment Regulations 1992	<ul style="list-style-type: none"> • 79% audit compliance rate – a decrease of 1% on last year. • DSE Policy published. • Included in H&S Awareness training.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)	<ul style="list-style-type: none"> • 100% (3) reported within the HSE's timeline. • There has been a reduction of 70% (7) of reportable incidents since 14/15. • DatixWeb remains fundamental in early detection of RIDDORs.
Health & Safety Information for Employees Regulations (Amendment) 2009	<ul style="list-style-type: none"> • Updated H&S poster is available at entrance points. • H&S Coordinators and TU H&S Reps in place. • Health and Safety Committee held 6 times a year is well attended by Managers, Trust Competent Persons, TU Reps and H&S Coordinators: • Reports on Audits, Action Plan progress, KPIs and Risk Register. • Acts as consultative committee for H&S policies. • Divisional Q&R meetings and H&S Sub groups report twice yearly.
Health & Safety Consultation with Employees Regulations 1996	
Safety Representatives and Safety Committees Regulations 1977	

4 Objectives

The primary objectives will be carried forward as normal business activities in order to embed performance improvements.

Principle Objectives 2016/17	
1	Divisions to prioritise and focus on their audit actions to improve their compliance.
2	Continue to undertake 100% of H&S annual audits or self audits and issue managers with their action plans.
3	Improving the three lowest audit compliance areas (Work Related Stress, COSHH and DSE) by a further 10% requiring additional focus by divisional managers..
4	Trust-wide compliance with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
5	Process implemented for new recruits to attend Induction training.
6	Health and Wellbeing initiatives launched within the Trust linked to CQUINs requirements (e.g. promotion of physical activity, mental health awareness, etc.)
7	Occupational Health to achieve SEQOHS accreditation (due in March 2017).

5 Audit

5.1 Health and Safety Audits

Auditing is a key function of the Health and Safety Department and a core component of the Trust's health and safety management arrangements as required under Regulation 5 of Management Regulations. All 116 areas were audited with 2 new areas identified, bringing the total to 118 for 16/17. 35 areas are now able to self-audit after achieving greater than 90% compliance for two consecutive years.

The audits undertaken by the Health & Safety Officer include:

- Visual inspection
- Action Plan production
- Compliance score

The average compliance score for each Directorate / Division are as follows:

Division	14 / 15	15 / 16	Variance
Cancer	96%	93%	-3%
E&F	91%	83%	-8%
Finance	73%	70%	-3%
HR	87%	91%	4%
Information Services	63%	90%	27%
Corporate	86%	69%	-2%
IT	75%	71%	-2%
Medical	84%	82%	-5%
Nursing	N/A	87%	N/A
Surgical	89%	80%	-9%
WACH	88%	83%	-5%

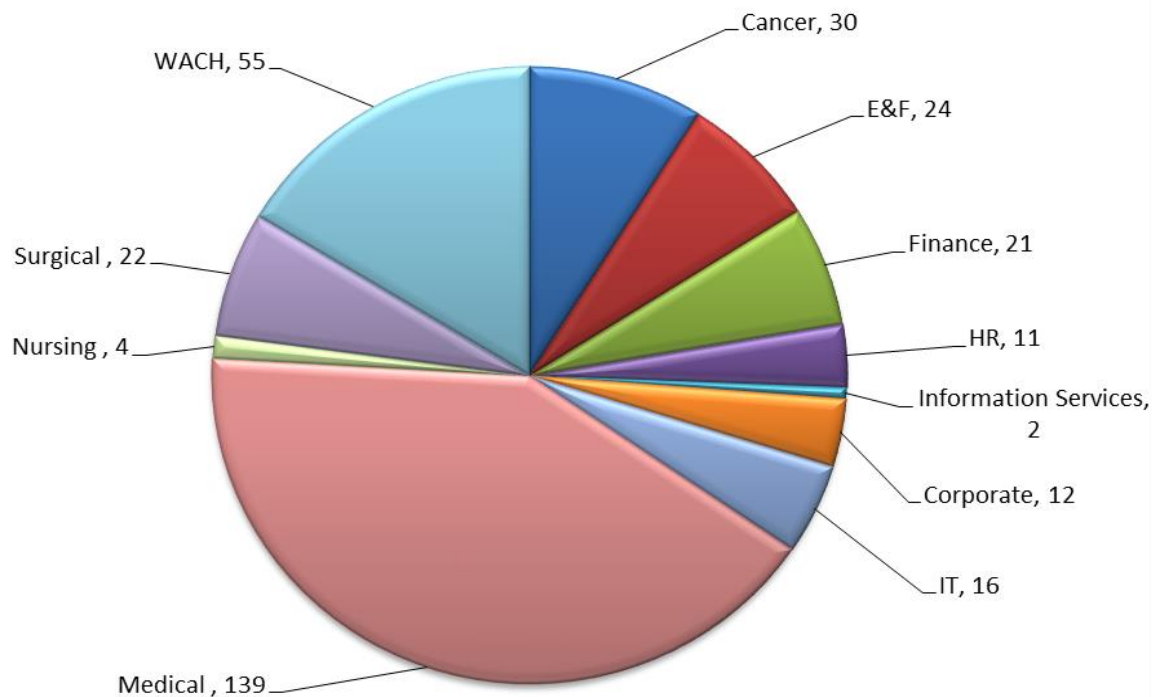
The audit compliance levels generally have decreased since 14/15. This is solely due to Divisions failing to undertake their audit actions. This continues to be highlighted in the monthly compliance reports issued at Divisional Quality and Risk Meetings and requires continued divisional senior management commitment for improvement to be made.

The lowest compliance areas:

- Management Standards (Work Related Stressors) remains the lowest at 59% (reduced from 60% in 14/15).
- COSHH compliance has reduced to 75%, from 82%. There have been recent changes to COSHH and the audit tool has been amended to account for this.
- DSE compliance has reduced to 79%, from 80%.

Support continues to be provided to the Divisions on the above to improve compliance.

Late Audit Actions



The audit KPI's shown in Appendix A identifies 336 late audit actions at year end. This is higher than at the beginning of the year and is detailed in the above diagram.

Objectives 2016/17

1	Continue to undertake annual audits and issue action plans.
2	Assist and support managers undertaking self-audit.
3	Lowest compliance areas (Management Standards, COSHH and Display Screen Equipment) will be prioritised for support to increase compliance.
4	H&S team to continue to provide compliance reports.

5.2 Dermatitis Audit

OH continues to promote the awareness protocol for dermatitis symptoms and prevention and effective management for managers and staff. Fast track Dermatology referrals are available for cases that are not resolved using the protocol.

The process for assessment and recording surveillance has been revised to include:

- Health surveillance questionnaire and action follow up for staff that identify problems.
- Compliance updates sent to senior managers.
- Referrals to Dermatology for staff with symptoms for determination of work acquired disease (RIDDOR).
- Advice on alternative hand cleaning products following assessment.
- OH 'same day' appointment system for staff reporting symptoms of dermatitis.

Objectives 2016/17

1	Enhance and improve audits with the introduction and management of electronic health surveillance questionnaires.
2	Enhance and improve 'Fast-track' process for Dermatology referral with appointment tracking system, for determination of work acquired disease (RIDDOR).

3	Enhance process for notification to H&S Dept. of work acquired dermatitis.
4	Enhance, review and revise Dermatitis Protocol – including the electronic issuing of surveillance questionnaires to ensure compliance.
5	Introduce a process of reporting all hand skin symptoms on Datix to raise awareness of the importance of reporting dermatitis symptoms.

5.3 Safety Engineered Devices

Infection Prevention, Control and Antimicrobial Stewardship (IPCAS) and Health & Safety Department continue to review the EC Directive 2010/32/EU on safe needles and Health & Safety (Sharp Instruments in Healthcare) Regulations 2013 and its implications.

The Sharps Safety Group was re-established with membership from across the Trust. The Group has identified some gaps in compliance, for example, RAs when non safety devices are in use, clarity on sharps incident reports, establishing monitoring arrangements, i.e. Sharps Safety Group and is aiming to address these in Q1&2 16/17. IPCAS, Medical Devices Educator and H&S Department continue to work to reduce the risk of injury from sharps including the provision of medical devices incorporating safety-engineered protection mechanisms.

Datix has been recoded to collect specific data on sharps incidents.

The Sharps Strategy, Trust-wide Risk Assessment and Trust Action Plan continue to be developed and rolled out.

Sharps incident reports are presented monthly to the Divisions and to both Medical Devices and Health and Safety Committees.

Objectives 2016/17	
1	Support the implementation of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
2	Review, monitor and report on sharps incidents to Medical Devices and Health & Safety Committee.
3	Roll out Sharps Safety campaign across the Trust.
4	Enhance and improve the auditing process within OH for the reporting of needlestick injuries in line with National and SEQOHS Guidelines.

6 Key Performance Indicators

The following KPI's are reported bi-monthly at H&S Committee:

- Health and Safety 'no harm/near miss' incidents. Used to gauge how proactively staff use Datix to report hazards prior to a harmful incident.
- Health and Safety training.
- Health and Safety audit.
- RIDDOR incidents and reporting timescales.

Further information can be found in Appendix A.

Objectives 2016/17	
1	Health and Safety to continue to provide KPI information.
2	OH to define a range of KPIs which support the delivery of SEQOHS and national standards.

7 Risk Assessment

Delivery of Risk Assessment training continues. All areas are to have at least one trained Risk Assessor and this is monitored via the annual audit.

68 employees received training in 15/16, however, 14 (20%) of these did not complete the 'competency' element. In total 189 employees are now trained competent risk assessors.

Objectives 2016/17	
1	Health and Safety audit to identify areas requiring trained risk assessors.
2	H&S Risk Assessment training to be delivered regularly throughout the year.

8 Incident reporting (DatixWeb)

There were 569 incidents recorded on Datix across the various Health and Safety categories, showing an increase of 2.8% on last year. This supports the Staff Survey results showing that reporting has improved for witnessed errors, incident/near misses.

Additional coding was added to identify who had responsibility for the incident occurring. Of the 569 incidents:

- 279 – Employee responsibility
- 150 – No H&S reason
- 66 – Trust responsibility
- 26 – Both employer and employee
- 48 – Other party responsibility

26 x 'Sharps' incidents were input only after the employees were followed up by the Health & Safety Department, with a large percentage of these being medical staff.

Objectives 2016/17	
1	Continue to emphasise the importance of incident reporting during training.
2	Continue to liaise with OH regarding sharps injuries.

9 Reporting of Injuries Diseases & Dangerous Occurrences Regulations (RIDDOR)

3 RIDDORs were reported in 15/16 - a reduction on the previous year's total of 10. All were reported to the HSE within the HSE 15 day timeline.

	Manual handling - Objects	Sharps	Slips, trips and falls	Total
Estates and Facilities	0	0	1	1
Medical	1	1	0	2
Totals:	1	1	1	3

Of all H&S incident reports, RIDDORs accounted for:

12/13	13/14	14/15	15/16
7.5%	4%	1.8%	0.5%

Managers are required to identify any staff injury/illness for RIDDOR reportable cases and are required to undertake and record their investigations following a RIDDOR incident.

Objectives 2016/17	
1	Continue to raise awareness of RIDDOR Trust-wide.
2	Continue to monitor investigation reports raised by managers.

10 Benchmarking

We continue to benchmark our H&S incidents with other Trusts.

We benchmarked to top 3 incident trends with Trust B, who whilst larger (approximately 6500 staff, compared to 3,800 at SaSH (previously 3500)), has broadly similar departments/wards and staff teams. Trust B's Datix incident system is coded similarly to SaSH which allows for comparative data.

Description	SASH	Trust B
Total number of incidents	569	715
Number of incidents with adverse consequence *	377	614
% of these against all reported incidents	66%	86%
Highest incident rate	Sharps 142 (25%)	Sharps & Splash 198 (28%)
Second highest rate	Personal Injury 101 (17.5%)	Personal Injury – Other 93 (13%)
Third highest rate	Slips, Trips & Falls 86 (15%)	Workplace Environment 93 (13%)

It is worth noting that the % of incidents recording adverse consequences* is significantly lower at SaSH than Trust B. Additionally, our RIDDOR reports are significantly lower per 1000 staff than others – see blue in Table 2.

Tables 1 & 2 compare 2014/15 and 2015/16 data based on:

- Total number of employees
- Total number of non-reportable incidents and RIDDORs
- Total number of non-reportable incidents and RIDDORs per 1000 Employees

Table 1 – 2014/15 data

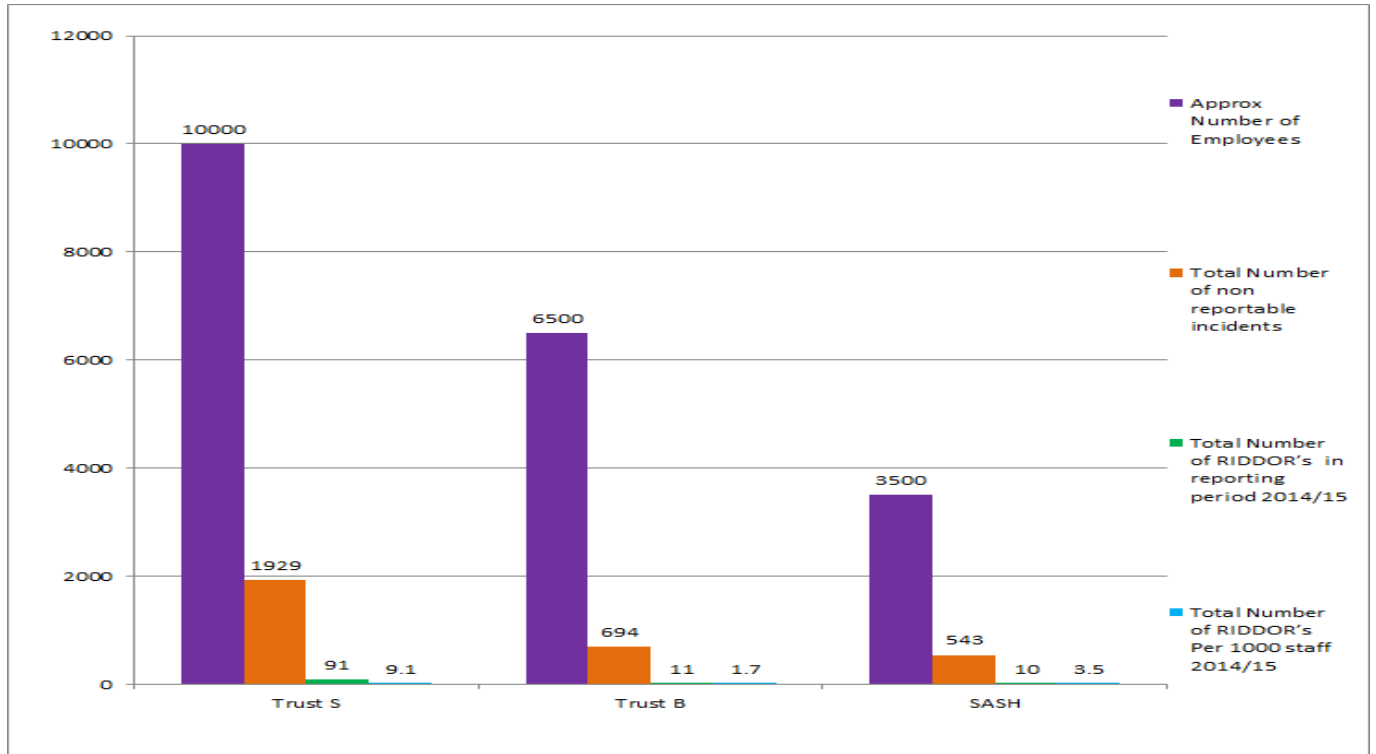
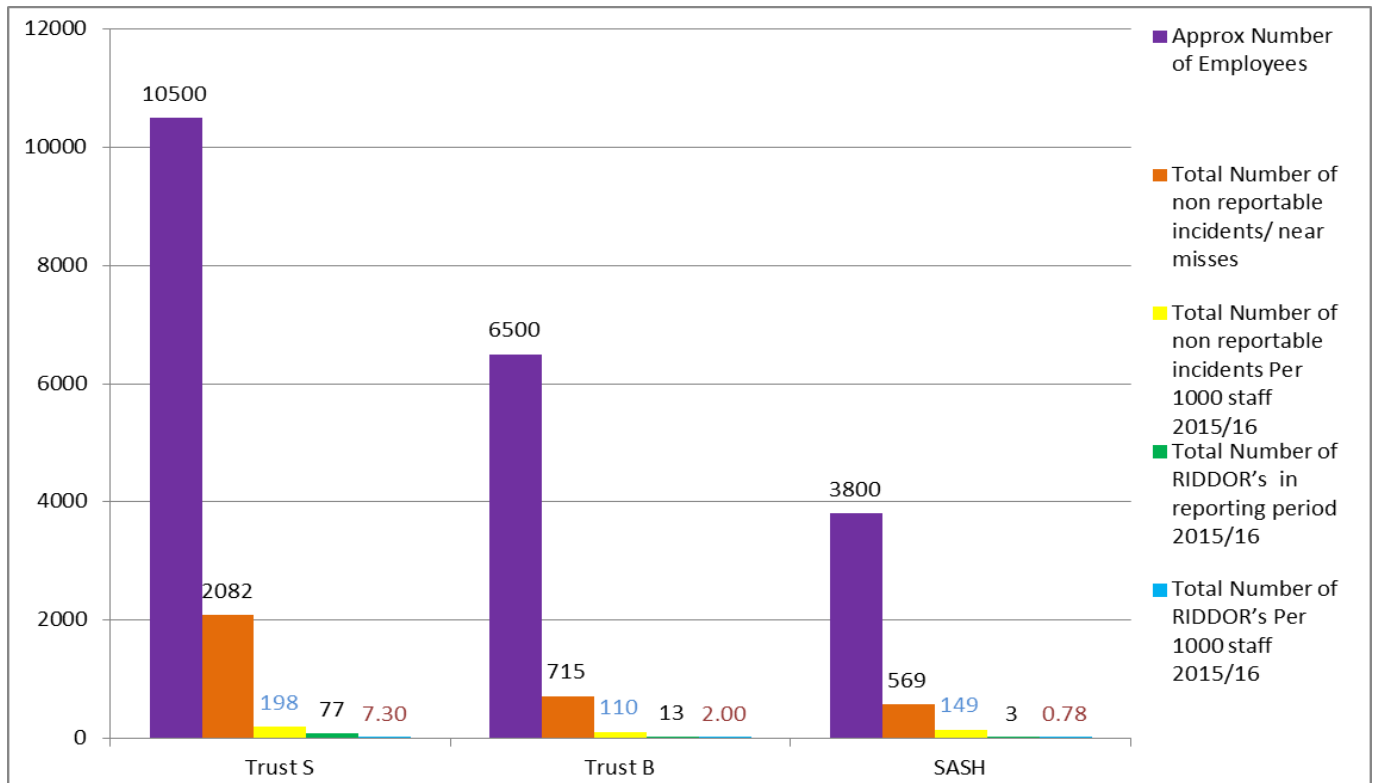


Table 2 – 2015/16 data



SaSH sits midway between both Trusts B and S for incidents per 1000 employees. This will continue to be monitored to ensure that levels do not significantly increase above the 2.8% increase this year. Incident reporting has been a focus for staff training/instruction in this financial year so an increase was not unexpected.

The data has been collected from the same two Trusts as in previous years to provide like for like benchmarking. There remains no national requirement to report – other than for RIDDORs.

There have not been any unexpected 'peaks or troughs' within the year.

Objectives 2016/17	
1	Continue to emphasise the importance of reporting during training sessions.
2	Continued benchmarking with other Trusts

11 Policies

In 2015/16 – 3 policies were reviewed and updated:

- First Aid
- Control of Substances Hazardous to Health
- Display Screen Equipment

Additionally, the H&S Department supported Estates & Facilities with several of their safety policies during the year.

All Health and Safety policies are published on the Intranet.

Objectives 2016/17	
1	Ensure all relevant Health and Safety policies are in date, meet national and local standards and highlight the use of 'best practice'.

12 Training

The Health & Safety training portfolio includes both Induction and Refresher.

The courses include:

- Health & Safety Awareness
- Health & Safety Risk Assessment
- Health & Safety Coordinator & Reps

All training is reviewed regularly in line with legislation and SaSH incident trends.

Attendance levels of new employees at H&S Awareness training remained an issue. The comparison of new starters since May 2013 having attended training identified that only 1195 of 2695 new staff had received training since commencing employment. This is a risk as there is a requirement under Health & Safety at Work Act 1974, S.2. Employers are to provide new employees with information on the organisations safety arrangements and a new process is planned for 16/17.

The 2015 Staff Survey remains constant for staff reporting that they have received health and safety training in the previous 12 months.

An E-Learning package has been designed and written by the Health and Safety Department and is awaiting E,T&D development to roll out across the Trust. The expected roll out date is June/July 2016. It will be used as 2 yearly refresher training for all staff.

Objectives 2016/17	
1	Continue to track new starters/leavers training attendance.
2	Education & Training Department (ETD) to update the process to ensure new starters attend Induction training on commencement of employment.
3	ETD to facilitate roll-out of H&S e-Learning package.

4	To increase Occupational Health induction input for all new starters to the Trust. Early intervention to educate staff what services are available and how to use them.
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13 Health and Safety Executive

In May the HSE closed their intervention on the Theatre incident in January 2015.

The HSE issued the Trust with an Improvement Notice in June 2015 following an inspection of the Cat 3 lab at Crawley. The breach related to non-compliance with certification under Pressure Systems Regulations and the Management Regulations 1999. The Notice was complied with and closed on 31 October 15.

An enquiry was made by the HSE in March 16, following a non-compliance with clinical waste from ESH site identified by our waste contractor. The matter was closed within a week with no further action being taken.

Objectives 2016/17	
1	Continue to work with the HSE in a proactive way.
2	Ensure that Divisions undertake their Audit Action Plans to reduce risk levels.

14 Health and Wellbeing

During 2016/17 a comprehensive Health and Wellbeing Strategy will be launched by OH to align with Trust initiatives, National initiatives and NICE Guidelines on Wellbeing and work. This document and its defined activity will form a plan for Trust activity until 2020.

Objectives 2016/17	
1	Develop strategy in line with Trust values.

15 Safe Effective Quality Occupational Health Service (SEQOHS) accreditation

The Trust has begun the process of gathering and submitting the required evidence for the SEQOHS accreditation. The assessment process is in four phases to be completed within 24 months.

Objectives 2016/17	
1	Work towards Phases 1 and 2 of SEQOHS accreditation using monthly objectives and quarterly reviews.
2	Enhance electronic systems and Occupational Health policies and processes.

16 Occupational Health Department

Occupational Health services continue to increase and improve ensuring line managers and staff are provided with a service that responds to their requirements, for example:

- Phased return to work programmes
- Absence management
- Long term absence management
- Disability management
- Mental ill health case management

Objectives 2016/17	
1	Develop a range of services for staff
2	Enhance electronic systems and Occupational Health policies and processes.

17 Flu Vaccination Campaign

The 2015/16 Flu Campaign was achieved a 49% take up rate (the national average was 50%).

Planning for 16/17 year has commenced.

Objectives 2016/17	
1	To improve vaccination uptake for 2016/17.

18 Health and Safety Committee

The H&S Committee continues to be held bi-monthly with 3 x agenda cycle.

Audit and Action Plan progress and gaps, overdue risks and risk actions and incident statistics are standing agenda items.

Membership consists of the Trusts 'Competent Persons', H&S TU Reps, H&S Coordinators and Managers, with the Director of Organisational Development & People as Chair.

19 Divisional Quality and Risk Governance Meetings

Health and Safety continue to submit monthly reports, which include:

- Incident trends and compliance
- Audit and Action Plan gaps, progress and compliance
- RIDDOR compliance
- Risk Assessors and training courses

20 Conclusions

Improvements in health and safety are on-going and seen as a positive within the Trust. However, local action within the Trust's Clinical Divisions is required to address the low compliance of audit actions. Improvements in this area will show a greater level of legal compliance generally across the Trust.

Both the established audit programmes and incident reporting are fundamental to the Trust being able to identify, analyse and address its high risk areas and this relies on the involvement of all staff and managers to be able to do so.

Datix on-line continues to improve the efficiency of reporting for staff and should also improve the follow up and investigation of incidents by managers.

The 16/17 objectives document the key pieces of work required to improve upon the identified issues and forms the work plans for various departments within the Trust. Progress against these objectives will be reviewed at Trust Health and Safety Committee and forwarded to the Workforce Committee for information.

The Occupational Health Department has used innovation and technology to develop the service in the past 10 months and the process of working towards the SEQOHS accreditation will further enhance the Occupational Health Service in 2016/17.

Both Health & Safety and Occupational Health aim to provide the Trust with pro-active services that support employees and the Trust as a whole in providing a positive and safe working environment.

Appendix A - SASH Health and Safety Key Performance Indicators Dashboard

Performance Dashboard 2013/2014																				
Ref	Indicator	Strategy	Key Driver 1	Key Driver 2	Does not meet goal	Meets Goal	Exceeds Goal	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
								2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015
OBJECTIVE : Safety and Quality																				
	Statutory H&S training for all staff within 2 months of employment *	Health & Safety	HSE	NHSLA	<85%	85-95%	>95%	-	-	-	-	-	-	-	-	-	-	-	-	-
	2 Yearly Refresher H&S training = 154 staff per month **	Health & Safety	HSE	NHSLA	<85%	85-95%	>95%	-	-	-	-	-	-	-	-	-	-	-	-	-
	Trained and competent Risk Assessment in ward/dept. = 10 people per quarter	Health & Safety	HSE	NHSLA	<8 per Q	>8 per Q	>10 per Q	-	-	11	-	-	29	-	-	19	-	-	9	68
	Annual H&S audit undertaken = 114	Health & Safety	HSE	NHSLA	<=8	9	>9	9	5	12	14	5	8	10	9	13	15	7	7	114
	Late audit actions (rolling total)	Health & Safety	HSE	NHSLA	<0	0	NA	308	285	299	281	290	312	356	361	405	381	374	336	336
	Audit action completed on time	Health & Safety	HSE	NHSLA	<100%	100%	>100%	40%	39%	50%	41%	37%	47%	17%	16%	13%	36%	27%	64%	36%
	Harmful' Vs 'No Harm/Near Miss' incidents	Health & Safety	HSE	NHSLA	>60%	50-60%	<50%	64%	56%	55%	68%	86%	64%	69%	57%	63%	71%	57%	60%	64%
	RIDDOR Incidents reported to HSE within 15 days	Health & Safety	HSE	NHSLA	<90%	90%	>90%	100%	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	100%
	Trust RIDDORs reported to HSE	Health & Safety	HSE	NHSLA	-	-	-	1	NA	NA	NA	NA	NA	NA	1	NA	NA	NA	1	3
	Late RIDDORs - Surgical	Health & Safety	HSE	NHSLA	-	-	-	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0
	Late RIDDORs - Medical	Health & Safety	HSE	NHSLA	-	-	-	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0
	Late RIDDORs - WACH	Health & Safety	HSE	NHSLA	-	-	-	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0
	Late RIDDORs - F&E	Health & Safety	HSE	NHSLA	-	-	-	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0
	Late RIDDORs - Cancer	Health & Safety	HSE	NHSLA	-	-	-	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0
<p>* Task reviewing timescales for new starters attendance at training.</p> <p>** New starters attending refresher training and as such we are unable to calculate existing staff numbers for refresher training.</p>																				

Appendix B – SASH H&S Incident Rates for 2015/2016

Incidents by Category and Division

	Surgical	Medical	Women and Children	Cancer	Estates and Facilities	Corporate	External Organisation	Total
Sharps	62	40	29	9	2	0	0	142
Personal injury	31	16	19	13	15	7	0	101
Slips, trips and falls	25	16	12	5	25	3	0	86
Workplace environment	12	13	13	5	1	6	0	50
Dangerous occurrence	16	5	7	13	2	0	0	43
Manual handling - People	20	8	1	6	0	0	1	36
Manual handling - Objects	5	3	3	6	7	1	0	25
Equipment incident	10	5	1	8	0	0	0	24
Ill health/disease	8	4	4	1	0	2	0	19
Trust infrastructure	2	0	7	1	1	2	0	13
Non compliance with Health & Safety rules	4	1	1	0	0	3	0	9
Waste incident	2	2	0	1	3	0	0	8
Hygiene issues	1	0	0	3	1	0	0	5
Food hygiene	0	1	2	0	1	0	0	4
Vehicle incident	0	0	0	0	2	0	1	3
Capital projects (Environmental Safety use only)	1	0	0	0	0	0	0	1
Totals:	199	114	99	71	60	24	2	569

Appendix B continued

14/15 & 15/16 Comparison

Incidents by Incident Date and Category

