

REPORT TO THE PUBLIC BOARD

REPORT TITLE	Health, Safety & Security Annual Report 2020 - 2021
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EXECUTIVE SPONSOR	Louise Tibbert, Chief People Officer
DATE OF MEETING	10 August 2021
PRESENTED FOR	Approval
ITEM PREVIOUSLY CONSIDERED BY	Health Safety Security & Environment Committee, Hospital Management Committee, People & Culture Committee

Presented For: Definitions

Information	For information only. Not to be discussed at meeting unless members have specific questions.
Discussion	For discussion and possibly future decision. This includes items presented for assurance.
Decision	For approval and/or when any other decision is required

PURPOSE OF THE REPORT

The purpose of this report is to provide a summary of Health, Safety & Security activity in the Trust during the period of 1st April 2020 to the 31st March 2021.

RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description
746	Use of Sharps in the Trust
692	Ligature points within the Trust
101898	Door Stops located around the Trust causing trip hazards
6302	Suicide Risk from Multi storey car park
101575	Manual handling of Bariatric Patients
103001	The use of latex catheters
102920	Replacement CCTV

RISK APPETITE RELEVANT TO THE PAPER

DOMAIN	TRUST RISK APPETITE LEVEL	DESCRIPTION OF RISK APPETITE
Compliance/ Regulatory	Minimal (ALARP) - (as little as reasonably possible) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances.

THE HOSPITAL MANAGEMENT COMMITTEE IS ASKED TO:

1. Approve the Annual Health and Safety Report for 2020/21



Outstanding
Health and Wellbeing



Outstanding
People



Outstanding
Patient Care



Outstanding
Leadership



Outstanding
Communications

STRATEGIC GOALS THIS REPORT SUPPORTS *(Check all that apply)*

Delivering outstanding care and experience	X
Recruiting developing and retaining our workforce	X
Improving and developing our services and infrastructure	X
Working together with local health and social care providers	<input type="checkbox"/>
Delivering financial sustainability	<input type="checkbox"/>

Equality and Diversity Implications *(Check all that apply)*

Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Additional comments</i>								

1. EXECUTIVE SUMMARY

1.1 The annual Health, Safety and Security report 2020 – 2021 gives an overview of the systems in place to monitor and manage health, safety and security for the Trust.

This report aims to:

- Provide an overview on the ongoing development of the H&S systems within the Trust
- Summarise incident data and compare rates to previous years
- Provide an overview of COVID related information and controls
- Celebrate achievements and successes in the financial year to which it relates
- Provide information of areas of focus for the coming year
- Assurance to the Trust Board that health, safety and security is being effectively managed and monitored

1.2 The board has the responsibility to ensure the legislative requirements under the Health and Safety at Work Act 1974 and supporting Regulations, such as the Management of Health and Safety at Work Regulations 1999 are being met, implemented and managed successfully.

1.3 The report provides assurance to the Trust that health and safety is following the plan, do, check, act approach supported by HSG65 to ensure continual improvement for the safety of staff, patients, visitors and contractors.

2. Health and Safety Team

2.1 The current Non-Clinical Health, Safety and Security Manager has been in post since the 22 March 2021. This was initially recruited through an agency for a 6 month period. The post has now been made substantive

2.2 The Manager is supported by a Deputy Health, Safety and Security Manager and a Senior Moving and Handling Advisor. There are an additional 4 persons in the team who support in Health, Safety and Manual Handling Advice.

2.3 The Deputy Health, Safety and Security Manager is currently undertaking the NEBOSH Diploma in Occupational Safety and Health. Further development and training of the team to increase the skill set will continue into the new financial year where there are identified gaps.

2.4 The Health, Safety and Security Team have been managing the Mask Fit Testing for the Trust on behalf of the Infection Control Team since the outbreak of the COVID-19 Pandemic. There have been 2 staff re-deployed to assist with this from Ely and Doddington Hospitals. Their help and support in facilitating this has been invaluable to the Trusts response to staff safety during the pandemic.

2.5 There have been 5,493 mask fit tests carried out by the Health and Safety Department in the period 1st April 2020 – 31st March 2021. This is in addition to fit testing carried out in Division. Mask fit testing remains a demanding department due to the changes in mask procurement within the Trust.

3. Risks to the North West Anglia NHS Foundation Trust

- 3.1 The highest risk register issue that impacts on health and safety is the Legionella risk, which is present in Hinchingsbrooke hospital. This is currently a risk rating score of 25. The water safety group monitors this alongside estates, the group is chaired by the lead infection prevention control nurse.
- 3.2 Point of Use filters have been added to the outlets and a programme is in place to clean the water system.
- 3.3 A legionella outbreak within the hospital would have devastating consequences and affect patients, visitors and staff.
- 3.4 The Trust has duties under the Health and Safety at Work etc. Act 1974, to control risks arising from legionella bacteria, which may arise from work activities. The Management of Health and Safety at Work Regulations 1999 also provides a broad framework for controlling health and safety at work. More specifically, the Control of Substances Hazardous to Health Regulations 2002 provide a framework of actions designed to assess, prevent or control the risk from bacteria like Legionella and take suitable precautions. In addition to this, the Approved Code of Practice: Legionnaires' disease: The control of Legionella bacteria in water systems (L8), and/or HTM 04-10, which contains practical guidance on how to manage and control the risks should be implemented.
- 3.5 There are several estates risks that present an impact on health and safety within the Trust currently.
- 3.6 The main areas to note are:
- The RAAC Panels (score of 20 on the register) at Hinchingsbrooke Hospital are failing in some areas and present a risk to some areas of the fabrication of the building structure. This is being pro-actively monitored by estates and facilities, and a robust work plan has been put forward for financial approval to replace the rack panels on a risk based approach to resolve the issues. The HSE have been made aware of the RAAC panel risk.
 - Ventilation (score of 20 on the register) in some areas of Hinchingsbrooke Hospital do not have adequate natural or mechanical ventilation, this needs to be updated in some critical areas such as NICU and Theatres.
 - Fire Compartmentation (score of 16) needs upgrading at Hinchingsbrooke and ongoing monitoring for the protection of staff and patients.
- 3.7 The above risks are highlighted due to the risk rating level and due to the risk of multiple casualties that can be affected from the risks. All risks are being adequately controlled at the current time are being monitored by the Trust via the risk and governance process.
- 3.8 There are currently 7 Health, Safety and Security controlled risks held on the risk register.

- Use of Sharps/Needles within the Trust. Sharps injuries still remains very high in the Trust and has increased on last year's figures. The sharps working group has not had an opportunity to meet this financial year (2020/2021) due to COVID pressures on front line staff and the redeployment of resources.
- Suicide Risk - presenting from access to the multi storey car park at PCH. There have been no changes or improvements made with this risk to date, this will be re-evaluated with multiplex (owners of premises) during the next financial year as additional resourcing is required to improve the existing fencing.
- Door Stops and accidents arising from their placement. Multiplex and Estates have completed a risk assessment of the door stops that pose a risk of trips and have a work schedule in place to remove these in 2021-22.
- Replacement CCTV at Hinchingsbrooke Hospital. Negotiations have been undertaken this financial year to discuss the work plan for the upgrade of the system. The work will start and be completed in the next financial year of 21/22.
- Latex Catheters – risk of reaction to the latex by patients. As with the sharps working group, this was temporarily postponed due to the clinical pressures arising from COVID-19. This will be reinstated for the new financial year and the risk reviewed in a group setting with clinical support.
- Ligature risks present in the Trust. This risk is accepted and carried by the trust as it has been reduced to its lowest practicable level, but will still remain under review to ensure the risk remains low.
- Handling Bariatric Patients – Musculoskeletal injury risk. This risk is under review and is due to be closed in 2021-2022 due to equipment being available to assist with moving and handling risks.

3.9 North West Anglia NHS Foundation Trust has also being managing the COVID transmission risk to staff and patients through the risk register with mitigations being added as changes in the guidance have been made and the Trust has adapted to this.

3.10 Section 10 below provides more detail on how the Trust has managed COVID since the start of the pandemic.

3.11 Violence and Aggression remains the highest reported incident on Datix, there have been higher numbers detailed this year in malicious verbal abuse – this has been due to the additional phone abuse from families due to visiting restrictions and disputes over care of relatives.

4. Incident Data

4.1 There were a total of 2146 Datix reported incidents from 1st April 2020 – 31st March 2021 across the Health and Safety, Security and Manual Handling disciplines. This is an increase of 195 reported Datix incidents on the last financial year.

4.2 There were 22 COVID related incidents reported in 2019/2020, with 312 reported in 2020/2021.

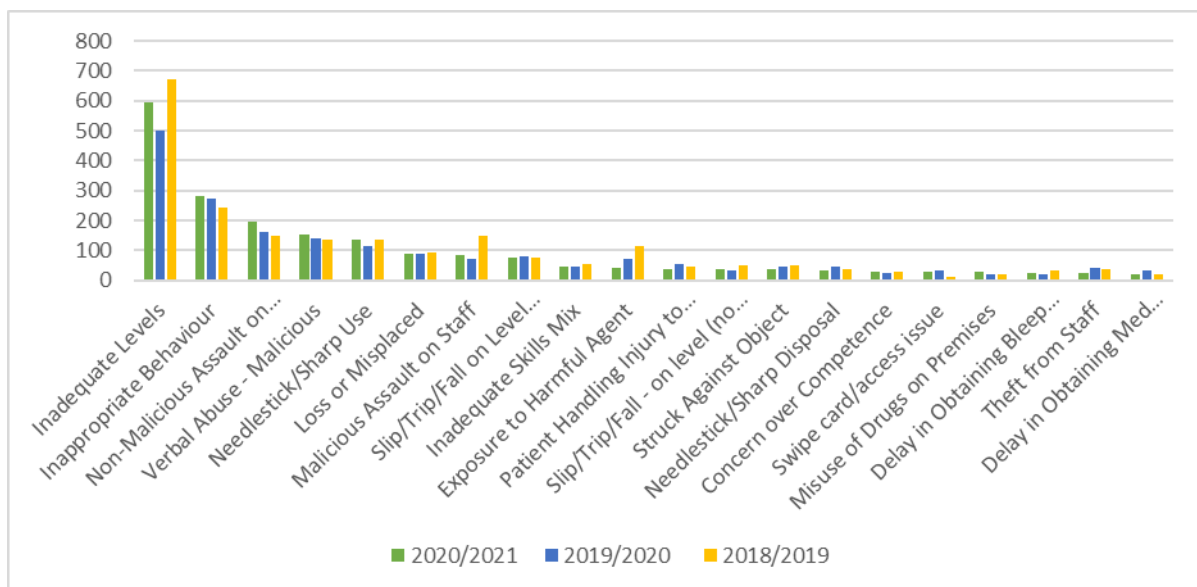
- 4.3 Of the 312 reported incidents in 2020/2021, 185 of these were in relation to staff clusters and self-isolation requirements, in which RIDDORS were submitted as per the PHE guidance. The remaining 127 Datix incidents related to reports such as, social distancing in waiting rooms, social distancing on ward areas, patients not wearing masks etc. The incident breakdown is attached in Appendix A.
- 4.4 There have been 136 reported incidents involving sharps and needlesticks in the period 1st April 2020 – 31st March 2021. In addition to this a further 32 Datix reports have been made in relation to injuries occurring through disposal of sharps and needlesticks.
- 4.5 This is an increase in last year's reported sharps and needlestick injuries, which were 114. However, disposal of sharps and needlesticks had decreased from last year's figures, which were reported at 46.
- 4.6 The Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, requires needlesticks to have a safety device attached. However, there is currently no suitable device for suture type needles. This means that whilst the Trust is currently non-compliant with this piece of Legislation, it also cannot achieve it due to lack of available suture needles on the market. There is also instances whereby safety devices cannot be used, such as in oral care.
- 4.7 There have been 90 reported lost or misplaced items during 1st April 2020 – 31st March 2021.
- 4.8 This incident rate has remained static in the last year, with 91 reported in 2019 – 2020.
- 4.9 The types of incidents reported this year include staff and patient related lost property with items being lost or misplaced. They include money, jewellery and mobile phones etc.
- 4.10 Wards which accommodate predominately elderly patients, have had the highest rate of misplaced items. The ward staff have been provided with further training to tighten up security of patients property by encouraging relatives to take items away with them, or if this is not an option, for the staff to create valuables lists and keep items in the safe, this can be difficult at times as it can cause distress to the patients to have property removed for security reasons.
- 4.11 There have been 269 recorded incidents of inappropriate behaviour during 1st April 2020 – 31st March 2021. This is a very slight increase on last year's figures of 266 reported incidents in 2019 – 2020.
- 4.12 Wards which accommodate predominately elderly patients, some who have dementia, has the highest recorded incidents of inappropriate behaviour, these include throwing items, hitting, grabbing, and inappropriate verbal abuse. On investigation, it is noted that some patients have multiple Datix incidents logged during their stay and as such the figures can increase due to singular persons.

4.13 The Emergency departments at both Peterborough City Hospital and Hinchingbrooke Hospital historically receive a high volume of inappropriate behaviour due to the nature of the A&E department.

4.14 All Emergency Department staff have access to managing challenging behaviour training, which involves teaching staff how to safely restrain patients who are posing a danger to staff or themselves. This is not a mandatory requirement. High risk departments are contacted to reinforce the message that this training is highly beneficial to them and every effort should be made to ensure staff attend and also complete refresher training to continue to keep skills up.

4.15 On 37 occasions the police have had to be called to assist with patients where the situation cannot be diffused by staff locally.

4.16 The below table provides an overview of the most frequently reported incidents, with comparisons made between 2018 – 2019; 2019 – 2020; 2020 – 2021.



5. Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations (2013)

5.1 The Trust has a duty under RIDDOR to report identified incidents to the Health and Safety Executive (HSE). These incidents include;

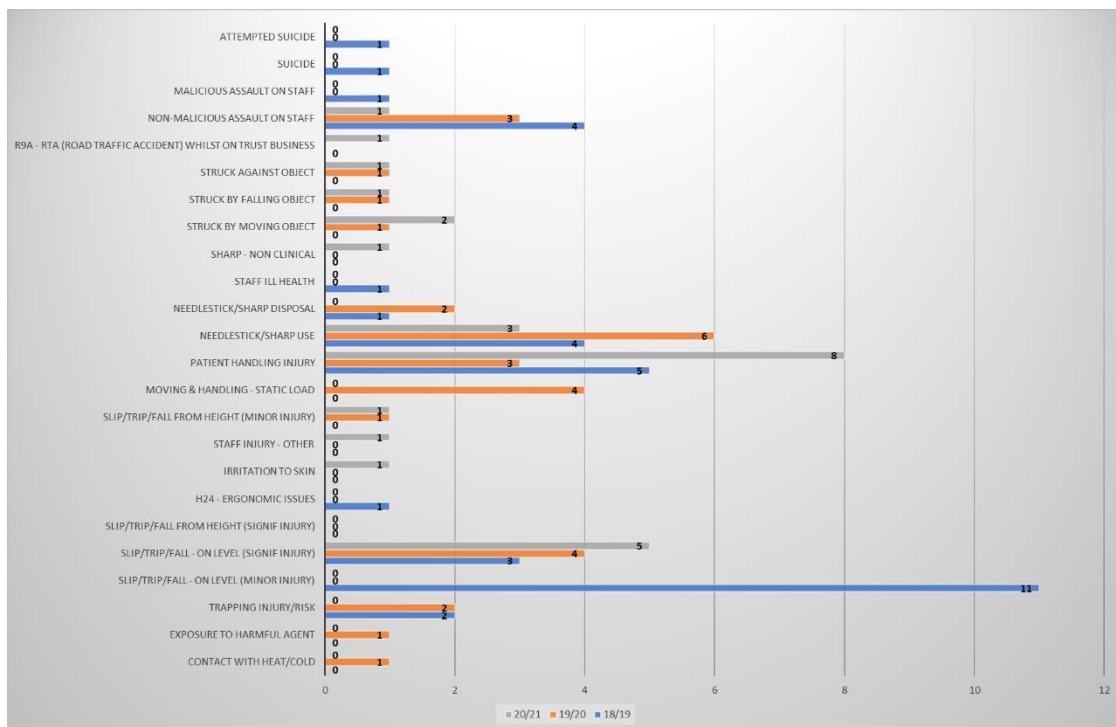
- Absences of over 7 days following an accident at work
- Fractures other than to fingers thumbs or toes
- Amputations
- Loss of consciousness/head injuries
- Death
- Occupational diseases
- Dangerous occurrences such as explosions or fires

5.2 14 RIDDORS were made between 1st April 2020 – 31st March 2021 which related to staff injuries or over 7 days off work and 3 staff deaths due to COVID in December 2020.

5.3 The Trust also submitted 185 COVID related Datix in relation to 15 clusters which were identified and required reporting under PHE criteria. The Infection Prevention Control team identified the local clusters, with the support of confirmation of COVID from the Occupational Health team, where figures were then reported via RIDDOR.

5.4 The Trust is committed to learning from incidents to prevent reoccurrences.

5.5 All incidents are subject to investigation by the local manager, and where more detailed or further accident investigation is required, the health, safety and security team will complete an additional in-depth investigation which is reported to the Health, Safety, Security and Environment Committee quarterly.



6. Health, Safety, Security and Environment Committee

6.1 The Health, Safety, Security and Environment Committee meets bi-monthly and report into the Hospital Management Committee and to the People and Culture Committee.

6.2 The terms of reference are to be reviewed and updated during the next financial year (2021-2022) to ensure there is a more robust governance reporting procedure for all health, safety, security and environmental related issues.

6.3 A full review of health and safety policies, procedures and governance will take place in the new financial year. This will incorporate more robustly the HSG65 model and new processes will be implemented to maintain the Plan, Do, Check, Act cycle throughout the Trust.

6.4 The Trust is fully committed to the ongoing improvement of health and safety to satisfy its legal, moral and financial duties to health and safety legislation and its commitment to maintaining a safe environment for employees and visitors.

7. Health and Safety Audits

7.1 Due to the COVID pandemic, routine health, safety and security compliance audits were suspended due to the need to reduce cross contamination in departments and allow front line workers to focus on patient care at a peak period of time.

7.2 Some audits were undertaken prior to lockdown, but after careful consideration and a risk based approach, it was determined that the health and safety team needed to focus their attention on providing face fit testing to the front line staff to ensure their continued safety. Audits will resume in the next financial year after introduction of reviewed and updated risk assessments in line with the plan, do, check, act principle.

8. Training

8.1 The COVID pandemic has changed the way training has been delivered across the Trust. It was identified that training was an integral part of the Trust commitment to ensuring skills were kept up to date, and as such a risk based approach was taken to reduce the need for classroom based training, whilst also ensuring essential skills were kept up to date.

8.2 The risk assessment determined more emphasis on e-learning. Where face to face training did need to be continued, for patient moving and handling and conflict resolution, this was, and still is, completed in a COVID secure environment.

8.3 The below chart provides the percentage compliance within the Trust for all training under the remit of the health and safety department.

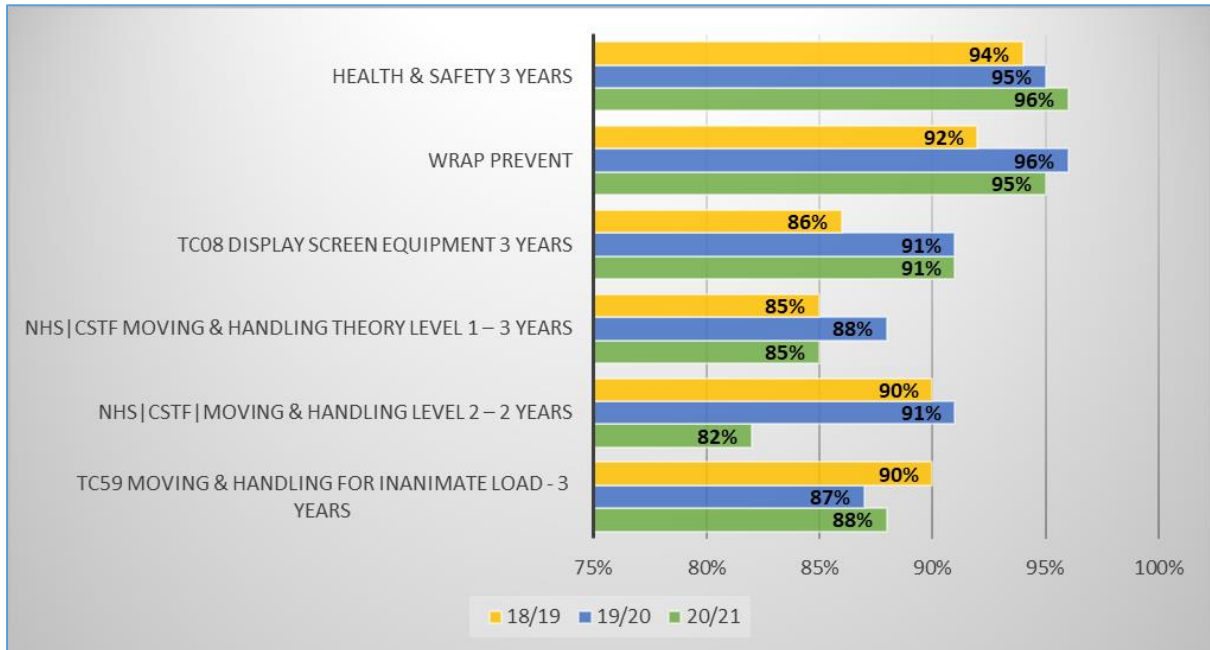
8.4 The minimum compliance levels should be in the Trust is 90%.

8.5 The latest Core Skills Training Framework (England) changed the frequency of a number of training renewals notably;

- Patient moving & handling which changed from 1 year to a 2 year renewal,
- Inanimate load changed from 1 year to a 3 year renewal date.
- Workshop to Raise Awareness of Prevent (WRAP) training will be renewed every 3 years

8.6 Due to the changes in the manual handling reporting framework, this has had an impact on the reporting figures for this year, however, once this has adjusted on the training reporting system this will also report as over 90% compliance.

8.7 The WRAP training, which educates people on terrorism or supporting terrorism, along with the health and safety e-learning and Display Screen Equipment e-learning have been more successful from this training approach and consideration will be given to continuing these methods of training for the future.



9. COVID Report

9.1 It is with great sadness that the Trust has had to report three staff deaths in relation to COVID.

9.2 During the pandemic, the Government appointed the Health and Safety Executive (HSE) to investigate every NHS staff death where COVID-19 may have been a contributing factor.

9.3 The HSE are still investigating the three deaths and at the time of writing this report. The Trust undertook a serious incident investigation into the third staff death and this is being followed up by an internal disciplinary investigation.

9.4 Whilst there is an ongoing HSE investigation, the Trust have been issued with 3 separate letters and areas that have been identified where improvements are required to be made in line with the Health and Safety at Work Act 1974 and the Health, Safety and Welfare Regulations 1992.

9.5 The HSE identified that the following areas required attention by the Trust;

- Site (department) specific COVID risk assessments needed to be put in place in all areas across the Trust. Alongside the risk assessment implementation, the correct audit, monitoring and review processes needs to be in place across the Trust to ensure control measures are being implemented to

provide assurance to the Board that each department is satisfying its legal requirement of providing a 'COVID safe' workplace.

- Social distancing across the Trust (with the exception of necessary and direct contact patient care), is not being followed. In particular in staff areas, such as staff rooms. An audit, monitoring and review processes needs to be in place across the Trust to ensure control measures are being implemented to provide assurance to the Board that each department is satisfying its legal requirement of providing a 'COVID safe' workplace.
- Staff COVID health assessments must be completed and the Trust needs to ensure that any mitigations put in place are implemented correctly within the departments to protect the individual workers health and risk from COVID. An audit, monitoring and review processes needs to be in place across the Trust to ensure control measures are being implemented to provide assurance to the Board that each department is satisfying its legal requirement of providing a 'COVID safe' workplace.
- Ventilation and heating within the HRAD's building needs to be assessed to confirm that the correct air flow and temperatures are adequate for the staff working in the area.

9.6 The Trust is working closely with the HSE to improve on all of the areas that have been highlighted and a HSE task and finish group has been set up to lead, monitor and implement these improvements.

9.7 All NHS premises have been guided by the Infection Prevention Control teams who have received detailed advice on managing COVID within healthcare settings from NHS England and Public Health England (PHE).

9.8 All measures introduced in this guidance are still current and are being followed, this includes the 2 metre social distancing, hand washing and mask wearing by all persons within the hospital.

9.9 Risk Assessments determine that clinical care does have to reduce the 2 metre distancing guidance, but this is counteracted with additional precautions of PPE, cleaning, hand washing and limited contact times as possible when closer than 2 metres.

9.10 The Trust is incredibly proud of the dedication, strength and compassion that their staff have shown to each other and our patients during this very challenging time.

9.11 It is recognised that many staff have been affected by mental health issues during this period and the Trust is fully committed to ensuring that staff continue to receive help and support with mental health issues through a variety of support mechanisms, including mental health first aiders, NHS mental health pathways, wellbeing conversations and a wellbeing Chaplain.

10. Health, Safety and Security Focus for 2021/2022

10.1 The Trust is committed to the strengthening and further development of a sustainable safety culture. The following areas will be a focus for the Trust over the next 12 months.

- Introduction of new health, safety and security risk assessment which is more robust and 'suitable and sufficient' for the activities and risks present within the premises
- Review of the governance structure of health, safety and security reporting to ensure relevant and important information is communicated effectively, in a timely manner, through the right channels
- Review and implement a more robust audit and monitoring process in line with HSG65 and the Plan, Do, Check, Act approach to ensure legal compliance is being adhered to across the Trust and continuous improvement is in place
- Support and assist in the review of needlestick injuries with the aim to reduce the number of injuries and incidents relating to these.
- Review, with the aim to reduce the violence and aggression incidents where practical to do so. Encourage better attendance on Managing Challenging Behaviour courses.
- Arrange Leading Health and Safety training for executives to allow them a better overview of responsibilities and health and safety requirements
- Review and streamline all policies and procedures to ensure they are suitable and sufficient and reflect the changes being made in the health and safety paperwork
- Establish and maintain professional working relationships between key departments so that effective collaboration, communication and information is shared, developed and promoted.

11. Conclusions

11.1 This year has been incredibly challenging across all areas and departments within the Trust, and health and safety has been of the upmost importance given the pandemic response.

11.2 The control of COVID spread and ensuring the safety of employees and patients remains a priority for the Trust until the Government have determined that the threat to the public health is at a manageable level. Meanwhile, all health and safety matters will be given a higher profile and more robust governance.

Appendix A

Incidents from 01/04/2020 to 31/03/2021	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Total
COVID-19 - Incidents related to Coronavirus	69	23	17	12	9	7	7	19	43	67	22	17	312
H1 - Slip/Trip/Fall - on level (no injury)	3	4	2	2	1	4	8	1	1	5	1	1	33
H10 - Contact with electricity	0	0	0	0	0	0	0	0	1	1	1	0	3
H11 - Contact with heat/cold	1	0	0	3	1	3	0	0	0	3	1	3	15
H12 - Exposure to harmful agent	1	4	10	2	6	4	2	3	3	1	4	1	41
H13 - Trapping injury/risk	2	0	5	0	2	2	2	2	1	1	3	2	22
H16 - Food prod passed exp date, consumed	0	0	0	0	0	0	0	0	0	0	1	0	1
H17 - Prob with food/catering at point of consump	1	1	2	0	0	0	0	0	1	0	1	0	6
H18 - Floods from waste/dirty water	0	1	0	0	2	1	3	1	0	0	0	1	9
H19 - Floods from rainwater/clean water	0	0	0	1	11	0	4	1	1	0	0	0	18
H1A - Slip/Trip/Fall - on level (minor injury)	4	2	3	5	6	7	8	3	7	13	8	10	76
H1B - Slip/Trip/Fall - on level (signif injury)	0	0	0	1	0	1	1	1	1	3	0	2	10
H2 - Slip/Trip/Fall from height (no injury)	0	0	0	0	0	1	0	1	0	1	0	0	3
H20 - Body fluids splashed in eyes	0	1	0	1	2	0	1	3	0	1	3	1	13
H21 - Irritation to skin	6	0	0	0	2	1	0	0	1	0	0	1	11
H23 - Decontamination issues	1	1	1	0	1	1	1	3	0	0	1	0	10
H24 - Ergonomic issues	0	0	1	1	0	1	1	1	1	0	0	1	7
H25 - Staff injury - Other	1	1	0	1	0	4	1	0	3	2	3	1	17
H2A - Slip/Trip/Fall from height (minor injury)	0	0	1	0	0	0	0	0	1	0	2	1	5
H3 - Moving & Handling - Static load	1	0	1	0	0	0	3	0	1	0	0	1	7
H3A - Patient Handling injury	5	4	4	1	3	1	4	5	1	1	3	7	39
H3B - Moving & Handling - Near miss	0	2	3	1	2	2	0	2	0	0	2	0	14
H4 - Needlestick/Sharp use	14	10	14	15	7	14	11	9	9	12	7	14	136
H4A - Needlestick/Sharp disposal	2	2	4	3	1	5	4	3	0	1	2	5	32
H5 - Sharp - non clinical	2	3	0	1	1	1	1	4	0	0	2	2	17
H6 - Struck by moving object	0	2	2	1	1	2	1	1	1	1	2	1	15
H7 - Struck by falling object	0	0	4	2	2	1	2	1	1	1	1	3	18
H8 - Struck against object	3	1	7	2	5	2	3	1	2	2	5	3	36
H9 - Unwanted exposure to radiation	0	0	0	0	0	0	0	0	0	0	0	1	1
IH1 - Staff ill health	1	2	4	3	0	1	0	0	3	4	2	0	20
IH2 - Visitor ill health	0	0	0	0	0	0	2	0	0	0	0	1	3
SE1 - Intruder	0	1	0	2	1	2	3	2	0	0	0	2	13
SE10 - Vandalism	1	0	1	0	2	0	0	0	1	0	1	0	6
SE11 - Malicious damage	0	5	0	1	0	1	1	1	0	1	1	0	11
SE11B - Non-malicious damage	0	2	0	0	0	0	0	1	1	1	0	1	6
SE13 - Missing person/abducted patient	3	0	3	0	3	2	1	1	2	3	1	1	20
SE14 - Fraud or deception	0	0	1	1	0	1	0	0	0	0	0	0	3
SE16 - Dangerous (weapons)	0	0	2	0	0	0	1	0	0	3	2	2	10
SE17 - Patient under influence of alcohol	0	0	1	0	1	1	0	0	1	0	1	0	5
SE18 - Misuse of drugs/alcohol on premises	6	3	2	0	1	2	0	6	2	2	1	2	27
SE2 - Theft from staff	3	0	2	3	3	1	3	2	4	0	2	3	26

SE21 - Security other	2	2	2	0	4	1	2	2	2	2	3	2	24
SE22 - Police required to remove pt/visitor from Trust site	0	1	1	2	5	1	0	2	1	0	0	2	15
SE23 - Serious Security breach	0	0	0	3	0	0	2	0	1	0	0	1	7
SE24 - Unauthorised/inappropriate use of mobile device/Social Media	1	0	1	2	0	1	0	2	0	2	0	2	11
SE25 - Swipe card/access issue	2	2	3	1	6	2	2	2	5	3	3	1	32
SE3 - Theft from patient	0	1	0	0	1	0	1	1	0	1	1	1	7
SE4 - Theft from Trust	2	0	1	4	2	1	1	1	1	0	2	0	15
SE5 - Theft - other	0	1	0	0	1	0	0	0	0	0	0	0	2
SE8 - Loss or misplaced	1	6	10	11	15	9	9	6	3	9	5	6	90
SE9 - Accident damage	0	2	1	2	4	1	0	2	0	1	2	0	15
V10 - Sexual harassment	1	2	2	0	0	1	2	0	0	0	2	1	11
V11 - Racial harassment	1	1	1	0	3	0	2	0	6	0	0	2	16
V12 - Sexual assault on a patient	0	0	0	0	1	0	0	0	0	0	0	0	1
V13 - Sexual assault by a patient	0	0	0	0	0	0	1	0	0	0	0	0	1
V14 - Inappropriate behaviour	5	12	29	25	27	19	34	26	27	24	15	26	269
V15 - Administration staff attitude	0	0	0	0	0	0	0	0	0	1	0	0	1
V1A - Verbal abuse - malicious	11	6	16	10	14	12	19	20	9	7	9	19	152
V1B - Verbal abuse - confused/distressed	0	1	1	0	0	2	1	4	2	1	1	2	15
V1MA - Verbal abuse - malicious self induced influ of alcohol	0	0	1	0	1	0	0	0	0	0	0	0	2
V1MD - Verbal abuse - malicious self induced influ of drugs	0	0	1	0	0	0	0	1	1	0	1	0	4
V2A - Threatened - malicious	0	2	1	0	2	0	1	1	1	3	0	1	12
V2B - Threatened - confused/distressed	0	0	0	0	2	0	1	0	0	0	0	1	4
V2MA - Threatened malicious self induced influ of alcohol	0	0	0	0	0	0	0	0	0	0	1	0	1
V2MD - Threatened - malicious self induced influ of drugs	0	0	1	0	0	0	0	1	0	0	0	0	2
V3A - Non-malicious assault patient to patient	1	0	0	2	1	0	0	3	2	1	1	3	14
V3A1 - Malicious assault patient to patient	1	0	0	0	0	0	0	2	0	1	1	0	5
V3B - Non-malicious assault to patient by staff	0	0	2	1	1	0	0	0	0	0	0	1	5
V3C - Non-malicious assault on staff	4	13	22	15	16	19	10	20	19	24	16	18	196
V3C1 - Malicious assault on staff	7	8	6	11	4	9	5	16	6	5	5	5	87
V3CMA - Malicious assault on staff by Pt under influ of alcohol	0	1	0	0	1	0	0	2	0	0	1	0	5
V3CMD - Malicious assault on staff by Pt under influ of drugs	0	0	1	0	1	0	0	0	0	0	0	0	2
V3D - Assault to patient by other	0	0	0	0	0	0	0	0	0	0	1	0	1
V3D1 - Assault to other by patient	0	0	0	0	0	0	0	0	2	0	0	0	2
V4 - Bullying	1	0	0	0	2	0	0	1	1	1	1	2	9
V5 - Self harm (minor)	1	1	3	0	1	4	1	2	0	0	0	1	14
V7 - Suicide	0	0	0	0	0	0	0	0	1	0	0	0	1
V7A - Attempted suicide	0	0	2	2	2	0	1	2	1	3	5	1	19
Total	173	141	205	160	199	160	181	202	190	223	167	194	2146