

Trust Health and Safety Committee:
Thursday, 20th September 2012
Paper 3

Title	2011/12 Annual Health and Safety Report
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Status	The purpose of this report is to provide factual information relating to Health and Safety within the Trust for the year 2011/12. It details recent advances, current activities and continuing plans to take forward and improve the management of health and safety in the Trust. It also contains incident trend analysis and performance against agreed reduction targets.
History	The Health and Safety Committee is asked to approve this report and attached Three Year Performance Improvement Plan.

Board Lead(s)	Mr Mark Trumper - Director for Development and the Estate			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

The enclosed report gives details of the achievements in Health and Safety the Trust has made in the period 1st April 2011 to March 31st 2012. It gives details of statistics in relation to RIDDOR reportable accidents, incidents and training for the period.

The report also highlights the continuing day to day progress of the Non Clinical Risk Team in relation to auditing of various areas of the estate and its relationships with external organisations. Throughout the year the Trust Safety Action Groups have met and been active in improving safety in their specific areas. Their successes are documented below.

At the end of each section there are details of further actions to be carried out this year by Non Clinical Risk to assist the Trust in making all the sites as safe as possible. These include a review of training courses provided in line with the needs identified within the Trust. One of the new ways these needs will be identified will be through a more robust system of audits, which will be brought to the Trust health and safety Committee in May 2012.

At the end of the report in Appendix A is the three year plan begun in 20010/11 which will address issues already recognised being key to moving the Trust forward and improve Health and Safety.

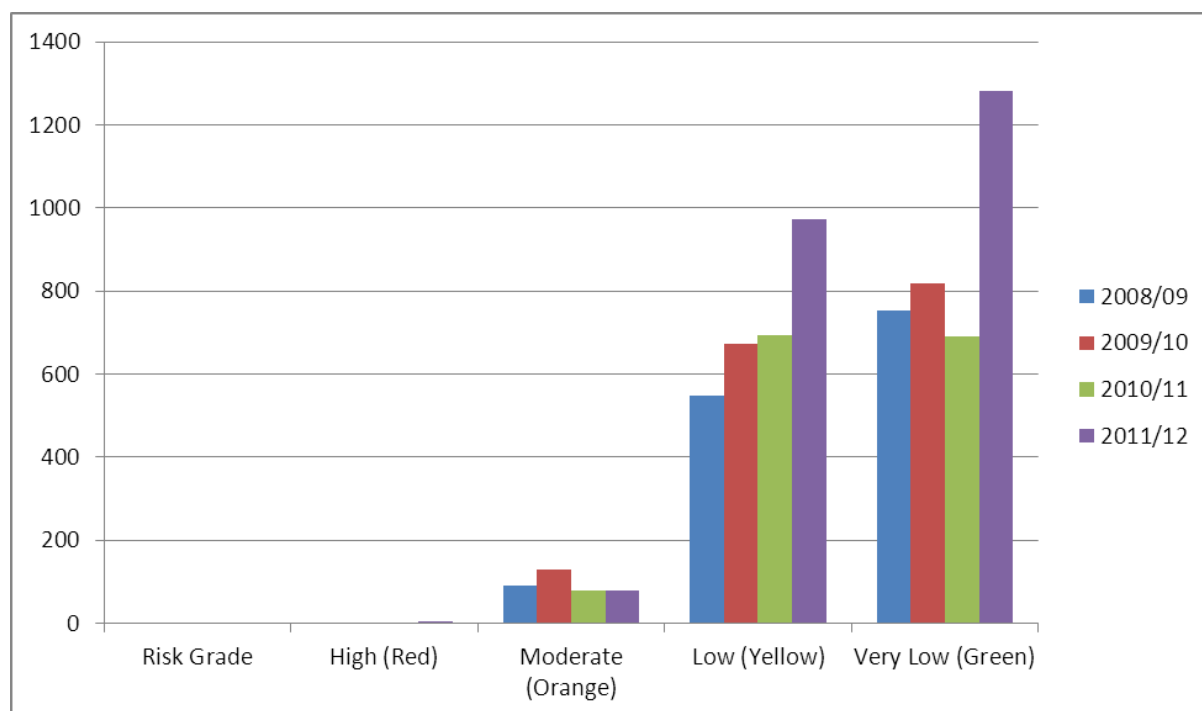
Annual Health and Safety Report 2011/12

Introduction

1. The purpose of this report is to provide factual information relating to health and safety within the Trust for the year 2011/12. It details recent advances, current activities and continuing plans to take forward and improve the management of health and safety in the Trust. It also contains incident trends analysis and performance against agreed reduction targets.

Incident Statistics

2. The reporting of incidents across the Trust is key to establishing trends and identifying specific areas where improvements are required. Incident forms are completed and reviewed locally before forwarding to the Corporate Risk Management Department for review and in some cases investigation. Forms are then sent to the Safety, Quality & Risk Information Unit for data entry onto the Incident Database.
3. The number of incidents reported during the period 1st April 2011 and 31st March 2012 are as follows. All incidents are graded using a matrix of consequence of the incident and likelihood of recurrence.



4. There was an increase of 60% in the overall number of reported non-clinical incidents in the period. The largest increase was in the incidents graded Green where there was a 85.8% increase. On reviewing these incidents which include Slips, Trips and Falls, false activations, Manual Handling, cleaning issues and physical aggression there was no trend to indicate why these types of incidents have increased other than improvements to incident reporting.

Actions for 2012/13 based on incident statistics.

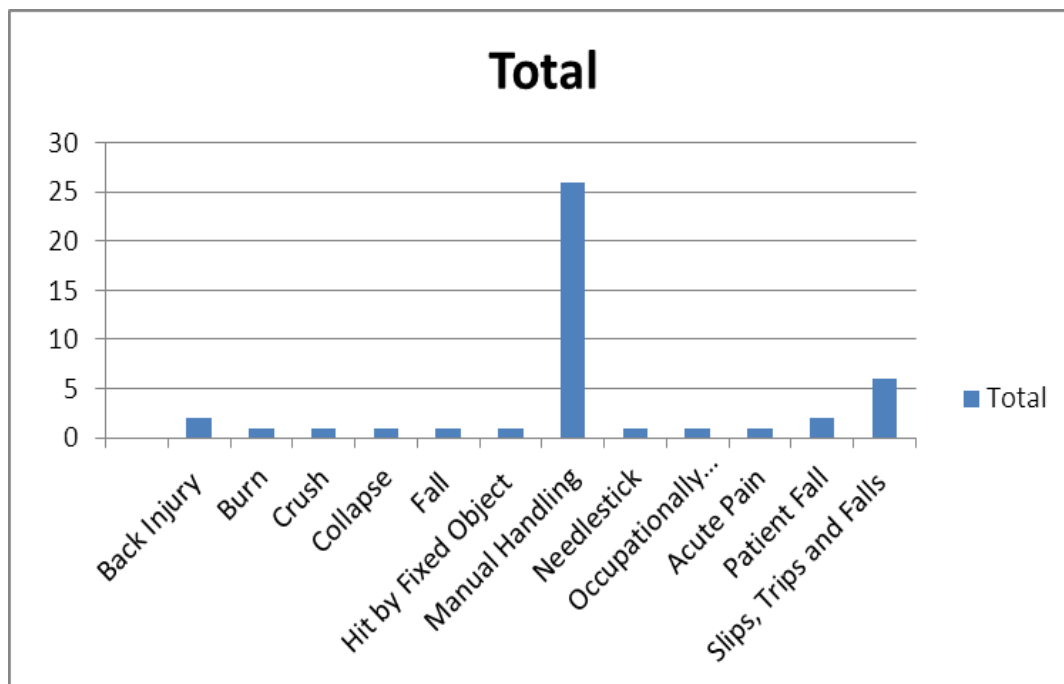
5. For year April 2012 to March 2013 the following actions will be carried out to assist in the reduction of reported accidents and to meet the three year plan detailed in appendix A.
 - 5.1: Introduction of Datix on – line reporting system to help improve ease of incident reporting.
 - 5.2: All members of the Non-Clinical Risk team trained to use DATIX
 - 5.3: Non – Clinical Risk Team to provide Incident Reporting as part of the Statutory & Mandatory Training course. This to training to include an understanding of what is an incident.
 - 5.4: Non-Clinical Risk Team to carry out 4 audits a month to assist in the identification of hazards in the work place in line with the Health & Safety Management Regulations 1999.

RIDDOR

6. Overall number of RIDDOR Reportable Incidents has decreased by 20%. This is due to a reduction in the 3 day Injury category which achieved a 29% reduction against the HSE National average and Dangerous Diseases which achieved a 60% reduction against last year.

RIDDOR Type	2008 / 09	2009/10	2010/11	2011/12	% increase / decrease
Staff - Major Injury	7	7	3	0	
Staff - > 3day injury	42	65	66	47	-29%
Staff - Dangerous Occurrence	0	0	0	1	100%
Staff - Reportable Disease	4	4	5	2	-60%
Other - Major injury	1	4	0	9	900%
Totals	54	80	74	59	-20%

A chart showing types of over 3 day injuries in 2011/2012;



Actions for 2012/13 based on RIDDOR reporting:

- 6.1: Non-Clinical Risk Team to carry out 4 audits a month to assist in the identification of hazards in the work place in line with the Health & Safety Management Regulations 1999. This will assist the Trust in reducing the likelihood of RIDDOR reportable accidents occurring.
- 6.2: Non-Clinical Risk to provide an update to all managers about the changes being introduced in April 2012 to RIDDOR reporting.
- 6.3: Develop incident data templates that allow for effective trend analysis and reporting.

Training

7. Health and Safety training courses achieved and maintained consistent compliance throughout the reporting period with the requirements of the Trusts Statutory, Mandatory and Essential Training targets with COSHH achieving 100% compliance, Health and Safety Management 94% compliance and Risk Assessment 90% compliance. This has been the third consecutive year that compliance targets have been achieved.
8. Learning and Development organise an Induction Welcome Day programme weekly at the John Radcliffe in order to comply with NHSLA Standard 2 and the Trusts Induction Policy. During the reporting period a total of 916 new staff attended induction.
9. The Risk Management Team facilitates incident reporting training for all new starters as part of the Trusts induction programme, weekly at the John Radcliffe and monthly for the Horton Hospitals. The key objectives are to raise awareness on the information required in order to complete IR1 forms for incidents, near misses and hazards, the legislative requirements for reporting, the escalation process for investigation as well as a summary of the incident reporting policy.

10. Each year the Health and Safety Team organises and runs a number of Health and Safety courses in order to support the Trusts statutory health and safety obligations. The table below illustrates the number of staff trained in relation to course type.

Course Type			
	Last year	2011 / 2012	Variant %
Induction	958	916	-4.38%
Incident Reporting	958	1004	4.80%
Slips, Trips & Falls	0	2314	0.00%
Risk Assessment	94	108	14.89%
COSHH	104	112	7.69%
General Health and Safety	94	123	30.85%
Total	2208	4577	107.29%

11. In addition to the planned training programmes, ad-hoc and bespoke training sessions have been arranged for individual areas e.g. 'Working at Height' for Estates staff.

Actions for 2012/13 based on Training provision:

- 11.1: Non Clinical Risk Team to carry out a complete review of the training delivered to make sure it is up to date and is delivered in a way that meets the needs of the Trust staff. This review to be carried out in conjunction with Clinical Risk, Infection Control, Occupation Health and Learning Development.
- 11.2: Via the audits, site visits and discussions with Learning and Development, identify gaps in the Health and Safety training provision and put forward solutions to fill these gaps.

Inspections and Audits

12. A total of 24 health and safety site inspections have been carried out by the team of which 60% have had interventions implemented and have been completed, therefore demonstrating compliance with Regulation 15, Outcome 10 – Safety and Suitability of Premises. The remaining site inspections have received interim remedial actions in order to reduce the level of risk whilst waiting appropriate funding.

Actions for 2012/13 based on Inspections and Audits:

- 12.1: The Non Clinical Risk Manager to investigate the options for a centralised 'COSHH Database'
- 12.2: Develop 'Audit Tool' for Health and Safety Team to use to carry out the audits and bring draft to the Trust Health and Safety committee in May 2012.

- 12.3: Non-Clinical Risk Team to carry out 4 audits a month to assist in the identification of hazards in the work place in line with the Health & Safety Management Regulations 1999.

Reporting and Management Structures

13. The Health and Safety Committee meets quarterly, and is accountable to the Trust Management Executive. The Health and Safety Committee is chaired by the Director of Development and the Estate who is the Board Director responsible for safety.
14. The Committee considers reports from Staff Side Safety Representatives, issues from all areas of the Trust and matters of co-operation and co-ordination between the Trust and its Private Finance Initiative (PFI) partners.
15. Incident trends are standing items, as well as issues of concern such as Musculoskeletal Disorders, Needlestick Injury, Slips, Trips and Falls, Latex and Occupational Dermatitis Reduction, and Stress.
16. The following reports are provided to the committee on a periodic basis in line with the committees report matrix.
- Learning and Development (Statutory, Mandatory and Essential Training Compliance).
 - Radiation Protection Committee.
 - Operational Security Management Group.
 - Fire Safety Group.
 - Manual Handling and Occupational Health.
 - Safety Action Group Updates

Actions for 2012/13 based on Management Structures:

- 16.1: Develop and introduce a 'Critical Safety Audit Toolkit' for Wards & Departments
- Provide training on 'Toolkit' use
 - Launch 'Toolkit'
 - Design 'Audit Process' to check levels of implementation
- Non – Clinical risk to report progress at the November 2012 Trust Health and Safety Committee.

External Connections

17. The Health and Safety Team continues to be engaged with a number of partner organisations to discuss and share health and safety issues across health care boundaries. These include:
- Carillion Health (JRH PFI provider)
 - G4S (Churchill PFI provider)
 - LOXANG Regional NHS Risk & Safety Managers Group
 - Oxford University
 - Maintenance Term Contract Provider – Scion
 - Procure 21 Partners – Wilmot Dixon

- The Health and Safety Executive
- Health and Safety Teams within other acute Trusts

18. The team has further progressed the links with Carillion Health, Oxford University and G4S under the 'Management of Health and Safety Regulations', to ensure co-ordination and co-operation on all health and safety matters. Quarterly safety meetings are undertaken and representatives from all parties attend each other's formal meetings. In addition there is also daily liaison between each of the health and safety staff which has further developed close working relationships.

19. Consultation has continued to take place with manufacturers/suppliers of floor coverings to ensure the Trust has the correct technical data for procuring new flooring. The Selection Criteria Matrix for vinyl floor coverings which has been further developed details the minimum slip-resistance ratings for room/area types. This has streamlined the process selection and risk assessment, and has for many schemes saved time whilst simultaneously reducing the risk.

Actions for 2012/13 based on External connections:

19.1: The Non-Clinical Risk Manager to identify external organisations who operate on the Trust sites, such as Carillion, G4S, Aramark, Blood Service, University, SCION etc and the names of their Health and Safety Managers. Following the identification process a meeting on a six monthly basis to be set up a group meeting to assist in identifying common issues and common hazards.

19.2: Non Clinical Risk Team to take the lead on the Trust Achieving accreditation for the Trusts Health & Safety Management System via ROSPA at gold level.

Positive Safety Outcomes

20. **Executive Walk Rounds** - In 2011/1 a total of 83 Executive Safety Walk Rounds were undertaken and reported on in order to support the Trust objective of providing quality of care and safety. The themes noted from a health and safety perspective included quality and size of estate, lack of planned rolling equipment replacement programme and insufficient resources for task activities.

21. **Health and Safety Management Strategy** - the following areas of high risk were identified in 2008/09 and became part of a three year rolling programme to reduce harm for staff, patients, visitors, contractors and property. The rolling programme has completed its third year and is overseen by Safety Action Groups, championed by an Executive Director and monitored by the Trust Health and Safety Committee.

- Prevention, reduction and management of occupational dermatitis
- Prevention and reduction of needlestick related injuries
- Prevention and Reduction of Stress.
- Prevention of Upper Limb Disorders

22. **Health and Safety Policies** – During the year 2011/2012 a number of the Trust Health and Safety Policies were updated to include the Nuffield Orthopaedic Centre. This process will continue during the first six months of 2012 /13 to update all the Health & Safety policies and the Fire policy

23. **Construction and Re-furbishment Work** - The Health and Safety Team continue to be fully involved with projects undertaken by the Estates Capital Development Teams, Procure 21 with Wilmot Dixon, MTC 11 with Scion and Churchill PFI Team providing advice in order to ensure that risk is designed-out, statutory requirements are met and where possible accepted best practice is incorporated.

Concerns

Maintaining Safety

24. It is widely recognised that next year will be a challenging one due to financial constraints changes within the Trust. The safety of patients, staff and visitors must continue to remain a high priority in order to avoid potential significant consequences such as increased injuries, claims and enforcement action by external organisations.

Three-Year Performance Improvement Plan

25. In order to address the continuing significant agenda for improving and strengthening the management of safety and to ensure that the Trust is able to fulfil its statutory and governance requirements, a revised programme of activity has been identified as requiring priority over the next three years (**See Appendix A attached**).

Safety Action Groups

26. **Dermatitis Reduction SAG**

Strategic Aim

- a. To reduce the number of avoidable occupational dermatitis cases (*including latex*) to staff.
- b. To establish an expert group in the Prevention & Management of Occupational Dermatitis (*including latex*).
- c. To consider the cost/benefit analysis of introducing new or different materials, equipment, process etc. that will either eliminate or minimise occupational dermatitis incidents.

Achievements since last year

- d. Integration of the latex allergy and awareness and prevention of dermatitis risk policies into one combined procedural document with associated toolkits.
- e. Further analysis on the provision of staff emollients from Pharmacy against the number issued by Occupational health, reviewing accessibility of the process.
- f. Identification of a systematic process of follow up for staff members that have been issued with emollients
- g. Audit of department's examination glove usage in comparison to Trust glove exception list, highlighting identified anomalies.
- h. Completion of conversion to 6N Sempermed examination gloves across all Trust sites.
- i. Audit of department's examination glove usage in comparison to Trust glove exception list, highlighting identified anomalies.

- j. Development of a draft clinical pathway for the Prevention, Detection and Management of occupational dermatitis including photographic severity guide for hand eczema.
- k. Streamlined process for the provision of staff emollients comprising of Diprobase Cream, Cetraben emollient and Dermol 500 from Pharmacy Distribution
- l. Audit on the provision of staff emollients in Pharmacy against the number issued by Occupational Health.

27. Needlestick Reduction SAG

Strategic Aim

- a. To reduce the number of avoidable needlestick injuries to staff
- b. To co-ordinate and recommend the introduction of safer needle devices in order to comply with EU Directive
- c. To establish an expert group in the prevention and management of needlestick injuries across the Trust.

Achievements since last year

- d. Distribution of needle safe leaflets to both clinical, non-clinical areas and PFI providers.
- e. Conversion of winged phlebotomy infusion devices to relevant departments. Training undertaken and completed.
- f. Distribution of poster detailing protocol post phlebotomy and cannulation
- g. Development of generic risk assessment for blood borne viruses (BBV's) from sharps and needlestick injuries. Distributed throughout all Trust site locations including satellites.

28. Stress Management SAG

Strategic Aim

- a. To initially identify the extent of the problem within the Trust and agree what needs to be put in place as a minimum to achieve compliance with NHSLA & HSE Standards.
- b. Work towards the reduction in the number of avoidable occupational stress-related illnesses to staff through the development and implementation of a Strategy for the management and prevention.
- c. To establish an expert group in the prevention and management of occupational stress-related illness across the Trust that contributes to an overall general 'Health & Well-being' approach.

Achievements since last year

- d. A review of stress management tools available
- e. Development of stress training packages comprising of two modules; stress awareness for all staff and the management of stress for managers and supervisors.
- f. Review of the gap analysis for NHSLA and HSE Management Standards to ensure it is still relevant and the priority action regarding developing and implementing a suitable training package has been identified.

29. Upper Limb Disorder/Musculoskeletal Disorders Reduction SAG

Strategic Aim

- a. To work towards reducing the severity of musculoskeletal disorders to staff.
- b. To establish an expert group in the prevention and management of musculoskeletal issues across the Trust.

This group was newly reformed in February 2012.

Action Plan for Non Clinical Risk Team in 2012/13:

30. This coming year will be challenging and to help meet these challenges the Trust Management Board and The Trust Health and Safety Committee agreed an increase in head count for Non-Clinical Risk. The new head count will rise from two WFE to four during 2012/13. This increase will allow the team to become more proactive and less reactive to health and safety situations within the Trust.

31. At the end of each section of this report the actions detailed give guidance as to how the Non-Clinical Risk team intend to improve training, reduce incidents and build relationships with external teams working within the Trust.

5.1: Introduction of Datix on – line reporting system to help improve ease of incident reporting.	Report to the Health & Safety Committee in November 2012 on progress	Completion date:
5.2: All members of the Non-Clinical Risk team trained to use DATIX	Report to the Health & Safety Committee in November 2012 on progress	Completion date:
5.3: Non – Clinical Risk Team to provide Incident Reporting as part of the Statutory & Mandatory Training course. This to training to include an understanding of what is an incident.	Report to the Health & Safety Committee in November 2012 on progress	Completion date:
5.4: Non-Clinical Risk Team to carry out 4 audits a month to assist in the identification of hazards in the work place in line with the Health & Safety Management Regulations 1999.	Report to the Health & Safety Committee in November 2012 on progress	Completion date:
6.1: Non-Clinical Risk Team to carry out 4 audits a month to assist in the identification of hazards in the work place in line	Report to the Health & Safety Committee in November 2012 on progress	Completion date:

with the Health & Safety Management Regulations 1999. This will assist the Trust in reducing the likely hood of RIDDOR reportable accident occurring.		
6.2: Non-Clinical Risk to provide an update to all managers about the changes being introduced in April 2012 to RIDDOR reporting.	Report to the Health & Safety Committee in November 2012 on progress	Completion date:
6.3: Develop incident data templates that allow for effective trend analysis and reporting.	Report to the Health & Safety Committee in November 2012 on progress	Completion date:
11.1: Non Clinical Risk Team to carry out a complete review of the training delivered to make sure it is up to date and is delivered in a way that meets the needs of the Trust staff. This review to be carried out in conjunction with Clinical Risk, Infection Control, Occupation Health and Learning Development.	Report to the Health & Safety Committee in February 2013 on progress	Completion date:
11.2: Via the audits, site visits and discussions with Learning and Development, identify gaps in the Health and Safety training provision and put forward solutions to fill these gaps.	Report to the Health & Safety Committee in February 2013 on progress	Completion date:
12.1: The Non Clinical Risk Manager to investigate the options for a centralised 'COSHH	Report to the Health & Safety Committee in February 2013 on progress	Completion date:

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Database'		
12.2: Develop 'Audit Tool' for Health and Safety Team to use to carry out the audits and bring draft to the Trust Health and Safety committee in May 2012.	Report to the Health & Safety Committee in February 2013 on progress	Completion date:
12.3: Non-Clinical Risk Team to carry out 4 audits a month to assist in the identification of hazards in the work place in line with the Health & Safety Management Regulations 1999.	Report to the Health & Safety Committee in February 2013 on progress	Completion date:
<p>16.1: Develop and introduce a 'Critical Safety Audit Toolkit' for Wards & Departments</p> <ul style="list-style-type: none"> • Provide training on 'Toolkit' use • Launch 'Toolkit' • Design 'Audit Process' to check levels of implementation <p>Non – Clinical risk to report progress at the November 2012 Trust Health and Safety Committee.</p>	Non – Clinical risk to report progress at the November 2012 Trust Health and Safety Committee.	Completion date:
19.1: The Non-Clinical Risk Manager to identify external organisations who operate on the Trust sites, such as Carillion, G4S, Aramark, Blood Service, University, SCION etc and the names of their Health and Safety Managers. Following the identification	Report to the Health & Safety Committee in February 2013 on progress	Completion date:

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process a meeting on a six monthly basis to be set up a group meeting to assist in identifying common issues and common hazards.		
19.2: Non Clinical Risk Team to take the lead on the Trust Achieving accreditation for the Trusts Health & Safety Management System via ROSPA at gold level.	Report to the Health & Safety Committee in February 2013 on progress	Completion date:
26. Safety Action groups to provide a report to the Trust Health & Safety committee every six months.	Next reports due to February 2013 Health & Safety Committee	

Recommendations

32. The Health & Safety Committee is asked to approve this report and Three Year Performance Improvement Plan.

David Wren

Senior Health and Safety Advisor

Appendix A:**Three-Year Risk Management Performance Improvement Plan**

This rolling Three-year Risk Management Plan has been developed to demonstrate how the Trust will implement the requirements of the Patient Safety and Health and Safety Management Frameworks, ensuring the continual improvement in performance. It should be noted that throughout the three-year period the plan may be revised to include specific initiatives in response to central or local needs.

Objective	2011/12	2012/13	2013/14
1. Achieve accreditation for the Trusts Health & Safety Management System	<ul style="list-style-type: none"> ▪ Compile evidence and submit for ROSPA Achievement Award. ▪ Achieve ROSPA Gold Award. 	<ul style="list-style-type: none"> ▪ Maintain ROSPA Gold Award status 	<ul style="list-style-type: none"> ▪ Maintain ROSPA Gold Award status
2. Develop & integrate the 'AC2E Performance Management & Sustainability Tool' into the Trusts overall performance and assurance framework	<ul style="list-style-type: none"> ▪ Develop and consult on the 'Tool' ▪ Pilot 'Tool' in a number of areas ▪ Approve 'Tool' 	<ul style="list-style-type: none"> ▪ Roll-out 'Tool' & provide the appropriate training ▪ Integrate into overall Trust performance & assurance framework 	<ul style="list-style-type: none"> ▪ Audit 'Tool' to determine effectiveness
3. Develop and introduce a 'Critical Safety Audit Toolkit' for Wards & Departments	<ul style="list-style-type: none"> ▪ Develop Excel question sets and guidance. ▪ Test & Pilot 'Toolkit' 	<ul style="list-style-type: none"> ▪ Provide training on 'Toolkit' use ▪ Launch 'Toolkit' ▪ Design 'Audit Process' to check levels of implementation 	<ul style="list-style-type: none"> ▪ Undertake audit to check levels of compliance ▪ Sample 25% of completed audits for assurance purposes ▪ Provide a report on overall compliance rating
4. Develop 'Audit Tool' for Health and Safety Team	<ul style="list-style-type: none"> ▪ Undertake Audits ▪ Provide a report for the Health and Safety Committee ▪ Incorporate findings into the Annual H&S Report 	<ul style="list-style-type: none"> ▪ Undertake Audits ▪ Provide a report for the Health and Safety Committee ▪ Incorporate findings into the Annual H&S Report 	<ul style="list-style-type: none"> ▪ Undertake Audits ▪ Provide a report for the Health and Safety Committee ▪ Incorporate findings into the Annual H&S Report

*Continued/...**Continued/...*

Objective	2010/11	2011/12	2012/13
5. Utilise 'Benchmarking' to test incident performance against Trusts similar to ORH and the Health & safety Executive	<ul style="list-style-type: none"> ▪ Identify 'Benchmarking' sources ▪ Incorporate 'Benchmarking' findings into the Annual H&S Report 	<ul style="list-style-type: none"> ▪ Incorporate the 'Benchmarking' findings into the Annual H&S Report 	<ul style="list-style-type: none"> ▪ Incorporate the 'Benchmarking' findings into the Annual H&S Report
6. Continue to develop and review the non-clinical elements of the Safety, Quality & Risk intranet site	<ul style="list-style-type: none"> ▪ Ensure that site is currently up to date ▪ Maintain and review site 	<ul style="list-style-type: none"> ▪ Maintain and review site 	<ul style="list-style-type: none"> ▪ Maintain and review site
7. Investigate the options for a centralised 'COSHH Database'	<ul style="list-style-type: none"> ▪ Investigate the market for available software packages that are 'task driven' and meet both H&S Team and User requirements ▪ Draw-up a specification of need ▪ Obtain quotation via Procurement 	<ul style="list-style-type: none"> ▪ If funding provided, implement database ▪ Devise and audit tool to monitor compliance ▪ Develop and present a Business Case for funding 	<ul style="list-style-type: none"> ▪ Maintain database ▪ Audit compliance levels
8. Continuous development and review of Health & Safety policies and procedures	<ul style="list-style-type: none"> ▪ Develop an prioritised programme and deliver 	<ul style="list-style-type: none"> ▪ Develop an prioritised programme and deliver 	<ul style="list-style-type: none"> ▪ Develop an prioritised programme and deliver
9. Identify 'root causes' and actions to address increase in accidents to staff causing injury RIDDOR reportable ones, particularly in relation to: <ul style="list-style-type: none"> ▪ Musculoskeletal Injuries 	<ul style="list-style-type: none"> ▪ Musculoskeletal Safety Action Group to review all incidents for 2009/10 and current year to identify 'root causes' and actions ▪ Present progress reports to the Trust Health & Safety Committee 	<ul style="list-style-type: none"> ▪ Monitor to see if actions to reduce incidents are effective 	<ul style="list-style-type: none"> ▪

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Objective	2010/11	2011/12	2012/13
<p>10. Introduce Workplace Monitoring for EH40 Substances and Estates</p>	<ul style="list-style-type: none"> ▪ Identify what needs to be monitored ▪ Identify what is presently being undertaken ▪ Identify a programme and how best to implement ▪ Develop a Business Case for funding 	<ul style="list-style-type: none"> ▪ If funding provided, implement monitoring programme ▪ Produce appropriate reports ▪ Incorporate findings into Annual H&S Report 	<ul style="list-style-type: none"> ▪ Implement the monitoring programme ▪ Produce appropriate reports ▪ Incorporate findings into Annual H&S Report
<p>11. Develop incident data templates that allow for effective trend analysis and reporting</p>	<p>Agree information required Develop templates Use information obtained</p>		