

Our Ref: NG/RM/25009
Date: 6th February 2025

Nicola Griffiths
Deputy Director of Governance
North Staffordshire Combined Healthcare NHS Trust
Lawton House
Bellringer Road
Trentham
ST4 8HH

Reception: 0300 123 1535

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 7th January 2025. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

I would like to request data on the following for each inpatient facility under your remit that provides mental health services (excluding learning disability and autism services).

Please provide the information in electronic format, as an excel spreadsheet or PDF document.

Facilities and services

- The address of the facility and types of services provided in those facilities, including age or gender specific wards. **Details on all Trust services can be found here [Services and locations - North Staffordshire Combined Healthcare Trust](#)**
- Details of the outdoor spaces patients have access to, including the square footage and type of spaces. **Grass, hard standing and rubber areas. Vary between 20-40 m/sq.**
- Policies on patient activities, exercise, and access to outdoor spaces, including any restrictions on access. **These matters are not typically governed by policy but rather assessed on a case-by-case basis, depending on the individual needs of each patient.**
- The average spend on food per patient per day. **£9.38**
- The age of the oldest building in use for inpatient mental health services. **1960**
- The average square footage of bedrooms. **10-13 m/sq.**

Health and Safety

- The latest health and safety audit of the facility. **Please see Appendices 1-9 attached.**
- Instances of RAAC found in the facility. **Nil**
- The number of incidences of leaks, including sewage, recorded each year, for the past five years.

Chair: Janet Dawson
Chief Executive: Dr Buki Adeyemo
www.combined.nhs.uk

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2020	2021	2022	2023	2024
10-15	10-15	10-15	10-15	10-15

- The number of incidences of rodent infestation, recorded each year, for the past five years. **2**
- The number of instances the inpatient facility has been without hot water and/or heating, recorded each year, for the past five years.

2020	2021	2022	2023	2024
5	5	5	5	6

- The number of instances the inpatient facility has had to close for health or safety reasons, recorded each year, for the past five years. **0**

Hygiene and personal items

- A list of personal hygiene products and toiletries provided to patients. **Toothpaste, soap, razors, and sanitary products.**
- A list of period products provided to patients. **Tampons.**
- The average spend on period products per month. **£60.**
- Any policies on access to period products and any restrictions to access. **These matters are not typically governed by policy but rather assessed on a case-by-case basis, depending on the individual needs of each patient.**
- A list of items patients are allowed to bring from home. **This is based on client group and risk assessments.**

Patient Safety & Complaints

- The number of complaints by patients, carers or family members for each year over the past five years.

2020/21	2021/22	2022/23	2023/24	2024/Dec 25
31	46	37	60	55

- The number of sexual safety incidents/ breaches recorded each year in the past five years.

2020	2021	2022	2023	2024
45	29	35	32	56

There have been no sexual safety breaches recorded.

- The number of incidents of restraint recorded each year, for the past five years.

2020	2021	2022	2023	2024
1179	1240	1340	865	1255

- The number of patients who have absconded from each facility each year, for the past five years.

Year	Harplands Hospital	Summers View	Darwin Centre	Total
2020	51	7	1	59
2021	66	5	12	83
2022	93	10	5	108
2023	69	15	4	88
2024	37	25	6	68

Staff

- Staff-to-patient ratios for each year over the past five years.

Inpatient Staff Headcount (as at 31st Dec)

2020	2021	2022	2023	2024
371	370	402	399	425

- The percentage of staff hours provided by agency staff.

2020	2021	2022	2023	2024
0.54%	3.71%	5.14%	5.54%	1.64%

- Number of vacancies by staff type for each year over the past five years.

Vacancy WTE (as at 31st Dec)

Staff Group	2020	2021	2022	2023	2024
Add Prof & Tech	1.55	2.6	2.38	1.84	2.69
Additional Clinical Support	-6.72	-3.38	-3.17	8.34	-1.91
Admin & Clerical	0.56	0.42	1.02	-0.86	0.6
Allied Health Professional	3.08	3.03	2.9	5.45	4.11
Estates & Ancillary	1.41	0.41	2.83	2.03	0.99
Medical & Dental	2.9	3.08	2.25	2.88	3.61
Registered Nursing	23.25	34.36	37.25	38.92	23.98
Grand Total	26.03	40.52	45.46	58.6	34.07

- Number of staff employed to run ward activities for patients for the past five years.

Data not recorded.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision.

The Information Commissioner can be contacted at: Information Commissioner's Office,
Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



Nicola Griffiths
Deputy Director of Governance

Assistance in completing this assessment is available from the H&S Advisor

The quarterly self-assessment questions are designed to ensure your area is complying with Trust and legislative Health and Safety requirements. If during or after completing a section you identify hazards, risks or shortfalls in your processes, or determine that a more thorough risk assessment of a specific element of a topic is required, e.g. a detailed Substance Hazardous to Health assessment (COSHH), you should recommend/undertake the additional task using the appropriate forms found on SID. Any additional assessments should be attached to this report form and saved/downloaded to your departmental database.

Support and guidance is available from the Trust's Health and Safety Advisor.


An action plan of remedial actions, responsibilities and review timescales should also be completed

This document should be completed by department, ward or service managers on an 1/4 basis anytime within the quarterly schedule.

Schedule of 1/4 self-assessments/audits

Quarter 1	-	April – June
Quarter 2	-	July – September
Quarter 3	-	October – December
Quarter 4	-	January - March

H&S Self-Assessment /Audit - Quarter 4 If further actions are required to be put in place, please ensure an action plan is written and monitored		Further questions relevant to your area may be added		
Site:	North Staffordshire Combined Healthcare Trust	Area:	Darwin Centre	
Assessment date:	13/01/2025	Assessor (s)	[REDACTED]	
Ref	Question	Y/N N/A	Corrective Action / Comments	Completion Date
1	Have all outstanding actions from the previous audit cycle been suitably resolved?	Yes	No previous	13/01/2025
2	Are all staff aware of what to do if they discover a fire, how to evacuate safely and where to evacuate to?	Yes	Fire training is ongoing. Current compliance 70% with 12 staff still outstanding. All though are booked on.	13/01/2025
3	Do you have enough trained Fire Warden's to assist an evacuation and carry out a sweep of the work place? If yes who?*(Contact Mick Daniels Fire Safety Advisor for training)	Yes	[REDACTED]	13/01/2025
4	Do you have a copy of the current fire risk assessment for your department; ward; area; service? When was it carried out: 16__ / __12__ / 2024__	Yes		13/01/2025
5	When was the last Fire Evacuation/walk through carried out?	Scheduled	Scheduled W/c 13/01/2025	13/01/2025
6	If your team; ward; department or service is not on the ground floor do you require adequate (Evacuation Chairs) facilities and trained personnel available to you at all times to vertically evacuate patients /staff should the need arise in an emergency situation?	N/a		13/01/2025
7	Are there any excessive quantities of combustible materials in the area that should be moved to a safe place of storage to prevent fire?	No		
8	Is access to external fire escape landings restricted by any means, e.g. barriers, gates, fencing?	No	None identified	

9	Does the department/ward have effective first aid procedures in place? Who is your nominated first aider?	Yes	Physical Health lead – Identified first Aider Zoey Young. All clinical staff trained in Basic Life Support	13/01/2025
10	Are all portable electrical appliances PAT tested in accordance with Trust policy?	Yes	Current compliance valid until May 2025	13/01/2025
11	Does the department/ward currently have any electrical appliance in use which is currently outside of its certificate of test date?	No	None identified	13/01/2025
12	Have any Workplace inspections been undertaken to identify any potential hazards that may not have been addressed?	Yes	Recent Health & Safety walkthrough completed	13/01/2025
13	Are there any internal or external building issues or general maintenance unresolved?	Yes	Door blocked temporarily as you access ward area. Plans in place to insert an air lock entrance.	13/01/2025
14	Do staff have availability of adequate welfare facilities e.g. washing, toilet and drinking water?	Yes		13/01/2025
15	Is the temperature and humidity within working areas a cause for concern?	No		13/01/2025
16	Are adequate lighting levels available within the areas?	Yes		13/01/2025
17	Are all anti-barricade doors regularly tested to ensure continued functioning?	Yes		13/01/2025
18	Weather conditions: Is there provisions for removal of ice/gritting in icy conditions and removal of leaves as applicable?	Yes		13/01/2025
19	Are there any environmental changes needed in the area that would benefit staff and improve patient security and safety?	No	No outstanding. Previous areas identified and changed to suit environment. Fire doors are now fail shut to prevent patients absconding. Key pouches ordered to prevent swipe access	13/01/2025
Department/Ward Managers Sign Off				
Name:				Date: 13/01/2025.

Action Plan – Quarter 4

Number Cross Reference	Agreed action required	Lead Person	Date for completion	Outcome of reivew

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Schedule of 1/4 self-assessments/audits

Quarter 1	-	April – June
Quarter 2	-	July – September
Quarter 3	-	October – December
Quarter 4	-	January - March

H&S Self-Assessment /Audit - Quarter 3 If further actions are required to be put in place, please ensure an action plan is written and monitored		Further questions relevant to your area may be added		
Site:	Dragon Square Community Unit	Area:	Main Building (LD side)	
Assessment date:	29.12.2023	Assessor (s):	[REDACTED]	
Ref	Question	Y/N N/A	Evidence/comments	Completion Date
1	Have all outstanding actions from the previous audit cycle been suitably resolved?	Yes		
2	Do you use any form of manual handling lifting aid within the Department or Ward? If so, what	No		
3	Are all staff trained in manual handling techniques appropriate to their job in accordance with the Trust's Training needs analysis??	Yes	Manual Handling training accessed via the Trust	
4	Do you have the availability of a named cascade Trainer for the provision of Manual Handling Training?	No	Manual handling training accessed via the Trust	
6	Is there a completed and in date risk assessment for manual handling activities	NA		
7	Have all users of DSE completed a DSE workstation assessment?	Yes	Self-assessments now completed via LMS	
8	Are all users of DSE aware of their entitlement to free vision screening or an eye and eyesight test?	Yes	Discussed at supervision	
9	Are staff aware off the Stress at work policy and where to access this?	Yes		
10	Do managers understand what workplace stressors are?	Yes		

11	Could Manager's recognise symptoms of stress within the team or an individual?	Yes	Completed recognising stress in the workplace during 2023	
12	Are staff aware that they can self-refer to Staff Counseling for confidential support and guidance in respect of their health & wellbeing	Yes	Regularly discussed via team meeting, Trust communications and supervision as required	
13	Do you use any work equipment that requires regular calibration, or it falls within scope of regular inspection and test?	Yes		
14	Have you got an asset register for all medical devices and equipment that requires regular calibration, inspection and testing?	Yes	Located in the clinical room	
15	Do staff know the process for requesting testing and calibration for medical devices and equipment that requires it?	Yes	Requested via Estates helpdesk	
16	Are there oxygen cylinders in use that are not adequately secured to prevent toppling and is compressed gas signage visible?	No		
17	Are staff aware of what to do in the event of an sharp/bite/scratch injury?	Yes	Via Policy folder on CAT-SOP for exposure	
18	Are all identified sharps in the department safer sharps?	NA	No use of sharps in the department. Scissors are kept locked away	
19	Are sharps containers being used at the point of use and emptied on a regular basis?	NA	No sharps are used within the Department	
Departmental/Ward Managers Sign Off				
Name:		Date:	29.12.23	

Action Plan – Quarter 3

Number Cross Reference	Agreed action required	Lead Person	Date for completion	Outcome of review

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This document should be completed by department, ward or service managers on an 1/4 basis anytime within the quarterly schedule.

Schedule of 1/4 self assessments/audits

Quarter 1	-	April – June
Quarter 2	-	July – September
Quarter 3	-	October – December
Quarter 4	-	January - March

H&S Self-Assessment /Audit - Quarter 3 If further actions are required to be put in place, please ensure an action plan is written and monitored		Further questions relevant to your area may be added		
Site:	Harplands Hospital	Area:	Edward Myers Unit	
Assessment date:	28/10/2024	Assessor (s):	[REDACTED]	
Ref	Question	Y/N N/A	Evidence/comments	Completion Date
1	Have all outstanding actions from the previous audit cycle been suitably resolved?		No outstanding issues to resolve.	28/10/24
2	Do you use any form of manual handling lifting aid within the Department or Ward? If so, what	N		
3	Are all staff trained in manual handling techniques appropriate to their job in accordance with the Trust's Training needs analysis??	Y		
4	Do you have the availability of a named cascade Trainer for the provision of Manual Handling Training?	Y		
6	Is there a completed and in date risk assessment for manual handling activities	Y		
7	Have all users of DSE completed a DSE workstation assessment?	Y	Held in personal folders. Form sent to all staff on 28/10/24	
8	Are all users of DSE aware of their entitlement to free vision screening or an eye and eyesight test?	Y		
9	Are staff aware of the Stress at work policy and where to access this?	Y	Discussed in Staff meeting – 02/10/24 All staff emailed a reminder on 02/10/2024	02/10/24
10	Do managers understand what workplace stressors are?	Y		

11	Could Manager's recognise symptoms of stress within the team or an individual?	Y		
12	Are staff aware that they can self-refer to Staff Counseling for confidential support and guidance in respect of their health & wellbeing	Y	Staff advised of available support through staff meetings, supervisions and PDR's.	Ongoing
13	Do you use any work equipment that requires regular calibration, or it falls within scope of regular inspection and test?	Y	Equipment with this requirement is audited separately.	
14	Have you got an asset register for all medical devices and equipment that requires regular calibration, inspection and testing?	Y		
15	Do staff know the process for requesting testing and calibration for medical devices and equipment that requires it?	Y	Staff aware of how to raise requests for same.	
16	Are there oxygen cylinders in use that are not adequately secured to prevent toppling and is compressed gas signage visible?	N	All oxygen is supported and held in appropriate secure frames.	
17	Are staff aware of what to do in the event of a sharp/bite/scratch injury?	Y	Part of mandatory training through infection control/IPC. Learning lessons following incident 57784	
18	Are all identified sharps in the department safer sharps?	Y	When possible. Supply difficulties may lead to other types being used for limited periods until Safer Sharps are acquired.	
19	Are sharps containers being used at the point of use and emptied on a regular basis?	Y	As per current policy guidance.	
Departmental/Ward Managers Sign Off				
Name:		Date:	28/10/2024	

Action Plan – Quarter 3

Number Cross Reference	Agreed action required	Lead Person	Date for completion	Outcome of review

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An action plan of remedial actions, responsibilities and review timescales should also be completed

This document should be completed by department, ward or service managers on an ¼ basis anytime within the quarterly schedule.

Schedule of ¼ self-assessments/audits

Quarter 1	-	April – June
Quarter 2	-	July – September
Quarter 3	-	October – December
Quarter 4	-	January - March

H&S Self-Assessment /Audit - Quarter 3 If further actions are required to be put in place, please ensure an action plan is written and monitored		Further questions relevant to your area may be added		
Site:	Harplands Hospital	Area:	Ward 1	
Assessment date:	27 th December 2024	Assessor (s):	[REDACTED]	
Ref	Question	Y/N N/A	Evidence/comments	Completion Date
1	Have all outstanding actions from the previous audit cycle been suitably resolved?	N/A		
2	Do you use any form of manual handling lifting aid within the Department or Ward? If so, what	Y	Hoist in the storeroom.	
3	Are all staff trained in manual handling techniques appropriate to their job in accordance with the Trust's Training needs analysis??	Y	Evident available on LMS.	
4	Do you have the availability of a named cascade Trainer for the provision of Manual Handling Training?	N	RL is due to complete her training in January to be able to cascade training to the wider team.	
6	Is there a completed and in date risk assessment for manual handling activities	Y	Completed 27 th December 2024	
7	Have all users of DSE completed a DSE workstation assessment?	Y	Available in individual's personal files.	
8	Are all users of DSE aware of their entitlement to free vision screening or an eye and eyesight test?	Y	Shared during regular team meetings.	
9	Are staff aware off the Stress at work policy and where to access this?	Y	Via CAT.	
10	Do managers understand what workplace stressors are?	Y	Wellbeing plans are utilized if needed as well as support from occupational health and staff counselling.	

11	Could Manager's recognise symptoms of stress within the team or an individual?	Y		
12	Are staff aware that they can self-refer to Staff Counseling for confidential support and guidance in respect of their health & wellbeing	Y	This has been utilised by members of the team.	
13	Do you use any work equipment that requires regular calibration, or it falls within scope of regular inspection and test?	Y		
14	Have you got an asset register for all medical devices and equipment that requires regular calibration, inspection and testing?	Y	Held by the housekeeper and available on the shared drive.	
15	Do staff know the process for requesting testing and calibration for medical devices and equipment that requires it?	Y		
16	Are there oxygen cylinders in use that are not adequately secured to prevent toppling and is compressed gas signage visible?	Y		
17	Are staff aware of what to do in the event of an sharp/bite/scratch injury?	Y		
18	Are all identified sharps in the department safer sharps?	Y		
19	Are sharps containers being used at the point of use and emptied on a regular basis?	Y		
Departmental/Ward Managers Sign Off				
Name:	██████████	Date:	27 th December 2024	

Action Plan – Quarter 3

Number Cross Reference	Agreed action required	Lead Person	Date for completion	Outcome of review

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Schedule of 1/4 self-assessments/audits

Quarter 1	-	April – June
Quarter 2	-	July – September
Quarter 3	-	October – December
Quarter 4	-	January - March

H&S Self-Assessment /Audit - Quarter 3 If further actions are required to be put in place please ensure an action plan is written and monitored		Further questions relevant to your area may be added		
Site:	Harplands	Area:	Ward 2	
Assessment date:	27/10/2024	Assessor (s):	[REDACTED]	
Ref	Question	Y/N N/A	Evidence/comments	Completion Date
1	Have all outstanding actions from the previous audit cycle been suitably resolved?	N/A		
2	Do you use any form of manual handling lifting aid within the Department or Ward? If so, what	NO	We keep no manual handling equipment on the ward and utilize hared equipment if required.	
3	Are all staff trained in manual handling techniques appropriate to their job in accordance with the Trust's Training needs analysis??	YES	Annual safe people handling training.	
4	Do you have the availability of a named cascade Trainer for the provision of Manual Handling Training?	NO	No current in house trainer however the ward Ulises Samantha Birks to offer bespoke training.	
6	Is there a completed and in date risk assessment for manual handling activities	YES		
7	Have all users of DSE completed a DSE workstation assessment?	YES	Triggered through LMS and compliance noted.	
8	Are all users of DSE aware of their entitlement to free vision screening or an eye and eye sight test?	YES		
9	Are staff aware off the Stress at work policy and where to access this?	YES		
10	Do managers understand what workplace stressors are?	YES		

11	Could Manager's recognise symptoms of stress within the team or an individual?	YES		
12	Are staff aware that they can self-refer to Staff Counseling for confidential support and guidance in respect of their health & wellbeing	YES		
13	Do you use any work equipment that requires regular calibration or it falls within scope of regular inspection and test?	YES	All medical equipment and IT equipment	
14	Have you got an asset register for all medical devices and equipment that requires regular calibration, inspection and testing?	YES		
15	Do staff know the process for requesting testing and calibration for medical devices and equipment that requires it?	YES		
16	Are there oxygen cylinders in use that are not adequately secured to prevent toppling and is compressed gas signage visible?	YES		
17	Are staff aware of what to do in the event of an sharp/bite/scratch injury?	YES		
18	Are all identified sharps in the department safer sharps?	YES		
19	Are sharps containers being used at the point of use and emptied on a regular basis?	YES		
Departmental/Ward Managers Sign Off				
Name:	██████████	Date:	27/10/2024	

Action Plan – Quarter 3

Number Cross Reference	Agreed action required	Lead Person	Date for completion	Outcome of review

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Quarter 2	-	July – September
Quarter 3	-	October – December
Quarter 4	-	January - March

H&S Self-Assessment /Audit - Quarter 3 If further actions are required to be put in place, please ensure an action plan is written and monitored		Further questions relevant to your area may be added		
Site:	Harlands Hospital	Area:	Ward 3 (Previously known as Decant/CT Ward)	
Assessment date:	15/1/2025	Assessor (s):	[REDACTED]	
Ref	Question	Y/N N/A	Evidence/comments	Completion Date
1	Have all outstanding actions from the previous audit cycle been suitably resolved?	Yes	All outstanding actions completed and can be evidenced on ward	
2	Do you use any form of manual handling lifting aid within the Department or Ward? If so, what	Yes	Occasionally a hoist	
3	Are all staff trained in manual handling techniques appropriate for their job in accordance with the Trust's Training needs analysis??	Yes	Safer people handling completed yearly	
4	Do you have the availability of a named cascade Trainer for the provision of Manual Handling Training?	Yes	[REDACTED] attends ward to complete sessions	
6	Is there a completed and in date risk assessment for manual handling activities	Yes	Completed	
7	Have all users of DSE completed a DSE workstation assessment?	Yes	On induction completed through LMS	
8	Are all users of DSE aware of their entitlement to free vision screening or an eye and eyesight test?	Yes	Within information when job role commences	
9	Are staff aware of the Stress at work policy and where to access this?	Yes	On CAT	
10	Do managers understand what workplace stressors are?	Yes	Via CAT policy & LMS training for managers	

11	Could Manager's recognise symptoms of stress within the team or an individual?	Yes	Utilising supervision RTWs etc	
12	Are staff aware that they can self-refer to Staff Counseling for confidential support and guidance in respect of their health & wellbeing	Yes	Self-referral QR codes displayed	
13	Do you use any work equipment that requires regular calibration, or it fall within scope of regular inspection and test?	Yes	Medical devices	
14	Have you got an asset register for all medical devices and equipment that requires regular calibration, inspection and testing?	Yes	Housekeeper has copy of this	
15	Do staff know the process for requesting testing and calibration for medical devices and equipment that requires it?	Yes	number available on ward devices, ward clock support in contact	
16	Are there oxygen cylinders in use that are not adequately secured to prevent toppling and is compressed gas signage visible?	Yes	Stands and trolleys in use with appropriate signage	
17	Are staff aware of what to do in the event of an sharp/bite/scratch injury?	Yes	Bleed area, contact TP Health (Get duty drs advice)	
18	Are all identified sharps in the department safer sharps?	Yes		
19	Are sharps containers being used at the point of use and emptied on a regular basis?	Yes	Closed and taken away for disposal when full.	
Departmental/Ward Managers Sign Off				
Name:		Date:	15/01/2025	

Action Plan – Quarter 3

Number Cross Reference	Agreed action required	Lead Person	Date for completion	Outcome of review
1, Have all outstanding actions from the previous audit cycle been suitably resolved?	Ward 3 re-located as project chrysalis takes place therefore, previous assessment has not taken place on this ward	[REDACTED]	18.12.23	
6, Is there a completed and in date risk assessment for manual handling activities	To complete risk assessment of manual handling activities before next audit is due	[REDACTED]	18.12.23	
14, Have you got an asset register for all medical devices and equipment that requires regular calibration, inspection and testing?	To ensure all relevant team members have access to this.	[REDACTED]	18.12.23	

Assistance in completing this assessment is available from the H&S Advisor

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Support and guidance is available from the Trust's Health and Safety Advisor.


An action plan of remedial actions, responsibilities and review timescales should also be completed

This document should be completed by department, ward or service managers on an 1/4 basis anytime within the quarterly schedule.

Schedule of 1/4 self-assessments/audits

Quarter 1	-	April – June
Quarter 2	-	July – September
Quarter 3	-	October – December
Quarter 4	-	January - March

H&S Self-Assessment /Audit - Quarter 2		Further questions relevant to your area may be added		
If further actions are required to be put in place please ensure an action plan is written and monitored				
Site:	Harplands	Area:	Ward 4	
Assessment date:	30.08.2024	Assessor(s):	[REDACTED]	
Ref	Question	Y/N N/A	Evidence/ Comments	Completion Date
1	Have all outstanding actions from the previous audit cycle been suitably resolved?	Y		
2	Have all lone workers been identified within your team in line with the definition within the lone working Policy?	Y		
3	Has a lone working risk assessment been completed and is it in date? Please attach risk assessment	Y		
4	Have all lone workers been provided with the necessary equipment in the event of needing assistance? (e.g. mobile phone)	Y	OT provided with a works mobile for off site visits	
5	Where staff undertake lone working are they familiar with the policy?	Y		
6	Is there a robust lone worker procedure in place and is it adhered to? Have the emergency lone worker procedures ever been tested?	Y		
7	Have all 'Front Line Staff' and those that come into contact with patients or visitors attended Conflict Resolution /MAPA training?	Y		
8	Has a Violence and Aggression risk assessment been completed and is it in date. Please attach risk assessment	Y		
9	Are staff aware of Trust procedures for summoning assistance in a potential/actual violent situation?	Y	Pin Point	

10	Is there a personal alarm system (i.e. Pinpoint) and are staff aware of how to use the system?	Y	New starters are physically shown how to use the pinpoints and the differences in alarm sounds as part of their induction to the ward	
11	Are there sufficient PIT's in the unit/department and is there a system for signing in/out as per the Trust Pin Point Policy?	Y		
12	Are pin point readers/receivers tested on a weekly basis? Do you have a PIN POINT tester available?	Y	Pin point tester in testing box	
13	Are staff aware of their duty to challenge strangers and potentially unauthorised persons in their area?	Y		
14	Are all access control measures in place adequate for the area?	Y		
15	Is there any means of leverage for potential climbers to access unsafe places?	Y	Garden furniture	
16	Do you use hazardous substances within your work area?	Y	Chlorine tablets, spill kits	
17	Do you have COSHH assessments for all hazardous substances in use in your work area?	Y		
18	Have all staff received detailed training in the safe use, handling, storage and disposal of any hazardous substances they may use in your work area?		WM to check which training package this would fall under to check compliance	
19	Do staff require Personal Protective Equipment (PPE) to support safe working procedures?	Y	full PPE when there are infections or outbreaks	
20	Have persons issued with PPE received training and instruction in its proper use, storage and the means of requesting replacement due to loss or damage?	Y		
Departmental/Ward Managers Sign Off				
Name:		Date:	30.08.2024	

Action Plan – Quarter 2

Number Cross Reference	Agreed action required	Lead Person	Date for completion	Outcome of review
18	WM to check which training covers this and ensure completed	Becky Jones	06.09.2024	

Assistance in completing this assessment is available from the H&S Advisor

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Support and guidance is available from the Trust's Health and Safety Advisor.


An action plan of remedial actions, responsibilities and review timescales should also be completed

This document should be completed by department, ward or service managers on an ¼ basis anytime within the quarterly schedule.

Schedule of ¼ self-assessments/audits

Quarter 1	-	April – June
Quarter 2	-	July – September
Quarter 3	-	October – December
Quarter 4	-	January - March

H&S Self-Assessment /Audit - Quarter 3 If further actions are required to be put in place, please ensure an action plan is written and monitored		Further questions relevant to your area may be added		
Site:	Harplands Hospital	Area:	Ward 5 Neuropsychiatry	
Assessment date:	09.01.2025	Assessor (s):	[REDACTED] -Ward Manager	
Ref	Question	Y/N N/A	Evidence/comments	Completion Date
1	Have all outstanding actions from the previous audit cycle been suitably resolved?	Yes	None outstanding	
2	Do you use any form of manual handling lifting aid within the Department or Ward? If so, what	Yes	Arjo Hoist on the ward, sarastedy stand, molift, Arjo bath lift	
3	Are all staff trained in manual handling techniques appropriate to their job in accordance with the Trust's Training needs analysis??	Yes	1 x staff member training expired. Training booked for this.	
4	Do you have the availability of a named cascade Trainer for the provision of Manual Handling Training?	Yes	1 x staff awaiting annual quality check. 1 staff member awaiting full training to become a cascade trainer. Staff still awaiting training dates.	
6	Is there a completed and in date risk assessment for manual handling activities	Yes	Ward risk assessment updated September 2024. Currently in date.	
7	Have all users of DSE completed a DSE workstation assessment?	Yes	Completed via LMS.	
8	Are all users of DSE aware of their entitlement to free vision screening or an eye and eyesight test?	Yes	Yes- one staff member has accessed this within the last 12 months.	
9	Are staff aware off the Stress at work policy and where to access this?	Yes	All staff aware of where to access this information.	
10	Do managers understand what workplace stressors are?	Yes	Good understanding and able to support staff and appropriately signpost where needed.	

11	Could Manager's recognize symptoms of stress within the team or an individual?	Yes	Regular team meetings, support and supervision for staff also.	
12	Are staff aware that they can self-refer to Staff Counseling for confidential support and guidance in respect of their health & wellbeing	Yes	Contact details accessible and all staff informed of this.	
13	Do you use any work equipment that requires regular calibration, or it falls within scope of regular inspection and test?	Yes	Ward asset register regularly reviewed and managed by the ward house keeper with support from the patient safety team.	
14	Have you got an asset register for all medical devices and equipment that requires regular calibration, inspection and testing?	Yes	Monitored and updated by wards equipment manager. This is currently identified as the ward housekeeper, supported by the ward clerk in her absence.	
15	Do staff know the process for requesting testing and calibration for medical devices and equipment that requires it?	Yes	Supported by the ward clerk and ward housekeeper. Staff aware of support also available from the patient safety team.	
16	Are there oxygen cylinders in use that are not adequately secured to prevent toppling and is compressed gas signage visible?	Yes	All secured in the clinic room, new resus trolley in use. Signage in place.	
17	Are staff aware of what to do in the event of a sharp/bite/scratch injury?	Yes	Aware of procedure to assess, treat and report any incidents and to link in with occupational health.	
18	Are all identified sharps in the department safer sharps?	Yes	No noted or reported concerns.	
19	Are sharps containers being used at the point of use and emptied on a regular basis?	Yes	All staff aware of responsibilities for managing sharps and appropriate use of bins. Staff aware of when to replace these and how to keep them secure.	
Departmental/Ward Managers Sign Off				
Name:		Date:	09.01.2025	

Action Plan – Quarter 3

Number Cross Reference	Agreed action required	Lead Person	Date for completion	Outcome of review

Assistance in completing this assessment is available from the H&S Advisor

The quarterly self-assessment questions are designed to ensure your area is complying with Trust and legislative Health and Safety requirements. If during or after completing a section you identify hazards, risks or shortfalls in your processes, or determine that a more thorough risk assessment of a specific element of a topic is required, e.g. a detailed Substance Hazardous to Health assessment (COSHH), you should recommend/undertake the additional task using the appropriate forms found on SID. Any additional assessments should be attached to this report form and saved/downloaded to your departmental database.

Support and guidance is available from the Trust's Health and Safety Advisor.


An action plan of remedial actions, responsibilities and review timescales should also be completed

This document should be completed by department, ward or service managers on an ¼ basis anytime within the quarterly schedule.

Schedule of ¼ self-assessments/audits

Quarter 1	-	April – June
Quarter 2	-	July – September
Quarter 3	-	October – December
Quarter 4	-	January - March

H&S Self-Assessment /Audit - Quarter 3 If further actions are required to be put in place, please ensure an action plan is written and monitored		Further questions relevant to your area may be added		
Site:	Harplands	Area:	Ward 7	
Assessment date:	09.01.2025	Assessor (s):	[REDACTED]	
Ref	Question	Y/N N/A	Evidence/comments	Completion Date
1	Have all outstanding actions from the previous audit cycle been suitably resolved?	Y	Y	09.01.25
2	Do you use any form of manual handling lifting aid within the Department or Ward? If so, what	Y	Yes we use the hoist and bath chairs.	09.01.25
3	Are all staff trained in manual handling techniques appropriate to their job in accordance with the Trust's Training needs analysis??	Y	All staff trained in the appropriate techniques and evidence of this on all staff LMS record.	09.01.25
4	Do you have the availability of a named cascade Trainer for the provision of Manual Handling Training?	Y	The cascade trainers are Vicky Escritt, Sam Birks	09.01.25
6	Is there a completed and in date risk assessment for manual handling activities	Y	Yes see attached risk assessment.	09.01.25
7	Have all users of DSE completed a DSE workstation assessment?	Y	Yes all staff completing this on LMS.	09.01.25
8	Are all users of DSE aware of their entitlement to free vision screening or an eye and eyesight test?	Y	Staff can reclaim the eye test money and claim up to £40.00 towards there glasses as per policy	09.01.25
9	Are staff aware off the Stress at work policy and where to access this?	Y	This can be accessed on CAT.	09.01.25
10	Do managers understand what workplace stressors are?	Y	Yes manager is aware examples are restrictions on bed, Increased acuity on the ward, staff shortages, supporting other wards	09.01.25

11	Could Manager's recognise symptoms of stress within the team or an individual?	Y	Some of the factors they would look for are Staff sickness.	09.01.25
12	Are staff aware that they can self-refer to Staff Counseling for confidential support and guidance in respect of their health & wellbeing	Y	Yes staff are aware that an appointment can be made via telephone information found on Cat. Staff can access the Staff Wellbeing hub and self refer. Information posters are displayed in staff areas.	09.01.25
13	Do you use any work equipment that requires regular calibration, or it falls within scope of regular inspection and test?	Y	Yes all equipment that needs calibrating is done on an annual basis or by the supplier or as and when new to the ward by Clinical Technology.	09.01.25
14	Have you got an asset register for all medical devices and equipment that requires regular calibration, inspection and testing?	Y	Yes the asset register is kept up to date by the Housekeeper whom liaises with Clinical Technology to make sure this is done and compliant.	09.01.25
15	Do staff know the process for requesting testing and calibration for medical devices and equipment that requires it?	Y	The staff know that if something is not in calibration date it should not be used and to let the Housekeeper know who will ring Clinical Technology or alternatively the staff member can ring Clinical Technology there selves.	09.01.25
16	Are there oxygen cylinders in use that are not adequately secured to prevent toppling and is compressed gas signage visible?	Y	Signage is on the clinic room door and the large oxygen cylinder is secured on a trolley stand. Small cylinders kept on the small trolley.	09.01.25
17	Are staff aware of what to do in the event of a sharp/bite/scratch injury?	Y	There is a poster in the Clinic Room displayed explaining what to do in an event of an injury also there is a policy to support this and a SOP on Cat.	09.01.25
18	Are all identified sharps in the department safer sharps?	Y	Yes all sharps are safe sharps that are used on the ward.	09.01.25
19	Are sharps containers being used at the point of use and emptied on a regular basis?	Y	Yes sharps bins are used throughout the ward and closed and disposed of as soon as they are full on a regular basis.	09.01.25
Departmental/Ward Managers Sign Off				
Name:		Date:	09.01.25	

Action Plan – Quarter 3

Number Cross Reference	Agreed action required	Lead Person	Date for completion	Outcome of review