

Reporting to:	Trust Board, June 25th 2015
Title	Heath and Safety and Security Committee Annual Report
Sponsoring Director	Director of Corporate Governance
Author(s)	Head of Assurance
Previously considered by	
Executive Summary	<p>It is good practice to review the business of corporate committees annually. The annual report (attached) outlines the work of the Health and Safety and Security Committee for the period from April 2014 until March 2015.. The purpose of the report is to review the activity of the Committee against the Terms of Reference including attendance at the Committee.</p> <p>A number of recommendations for amendments to the Terms of Reference are suggested for consideration.</p>
<p>Strategic Priorities</p> <p>1. Quality and Safety</p> <p>2a) Healthcare Standards: Operational Performance Standards</p> <p>2b) Healthcare Standards: Service Reconfiguration</p> <p>3. People and Innovation</p> <p>4 Community and Partnership</p> <p>5 Financial Strength: Sustainable Future</p>	<p><input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy</p> <p><input type="checkbox"/> To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15</p> <p><input type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15</p> <p><input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16</p> <p><input type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services</p> <p><input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme</p> <p><input type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy</p> <p><input type="checkbox"/> Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)</p> <p><input type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy</p> <p><input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme</p>

Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If CCGs do not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm. <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation The Trust Board is asked to NOTE the Health and Safety and Security Committee Annual Report

Health, Safety and Security Committee

Annual Report

2014/15

1 Introduction

- 1.1 The purpose of the Trust Health, Safety and Security Committee ("the Committee") is to consult staff on all matters related to health, safety and security issues and to consider matters that have not been resolved by Centre or Departments, Health and Safety Committees.
- 1.2 The purpose of this report is to review the work undertaken by the Health, Safety and Security Committee between April 2014 to March 2015, and to set out how the Committee performed against its responsibilities as defined in its Terms of Reference. It also makes recommendations for improvements.

2 Committee Membership

- 2.1 The Committee is chaired by Julia Clarke, Director of Corporate Governance.
- 2.2 The general make up of the Committee is to reflect the following:
 - A Care Group Director, (or their nominated deputy) from the Care Group's Management Team, from each Care Group
 - The Head of Service, (or their nominated deputy) from each Corporate Department.
 - Health and Safety representatives from Trade Unions / Professional Organisations (or their nominated deputy)
 - Health and Safety Team Manager
 - Security Manager
 - Fire Safety Advisor
 - Other Specialist Advisors
- 2.3 All administration relating to Committee business is undertaken by the Corporate Governance Team. The minutes are taken by the Health and Safety Administrator, who monitors attendance at meetings and compliance to reporting arrangements.
- 2.4 Attendance at meetings is monitored by means of an attendance matrix. (see section 4)

3 Terms of Reference

- 3.1 The Terms of Reference for the Committee were not reviewed in year.

4 Meetings

- 4.1 The Committee met three times during the period. The September meeting was cancelled as the date coincided with the CQC inspection summit and could not be rearranged within a timely period.
- 4.2 All meetings met the obligations regarding membership and quorum. For the meeting to be quorate two management representatives and two staff representatives need to be present in addition to the Chair.

4.3 Attendance is usually set at a minimum of 75% for the year; however, as there were only 3 meetings, the minimum is 66% this year. The attendance of members is shown in table 1

Table 1: attendance at Health and Safety and Security Committee

Title	June 2014	Sept 2014 cancelled	December 2014	March 2015	Actual Attendance	Possible Attendance	% of attendance
Director of Corporate Governance (Chair)	✓		✓	✓	3	3	100%
Head of Assurance (Deputy Chair)	✓		✓	✓	3	3	100%
Specialist Advisors							
Health and Safety	✓		✓	✓	3	3	100%
Moving and Handling	✓		x	✓	2	3	66%
Security Manager	✓		✓	✓	3	3	100%
Fire Safety Advisor	*		*	*			
Hygiene Compliance Officer	✓		✓	✓	3	3	100%
Infection Control	D		D	✓	3	3	100%
Corporate Areas:							
Director of Estates	D		D	✓	3	3	100%
Corporate Nursing	x		x	x	0	3	0%
Facilities	D		D	✓	3	3	100%
Finance	D		✓	✓	3	3	100%
Workforce	✓		✓	x	2	3	66%
Care Groups and Centres							
Pathology	x		x	D	1	3	33%
Pharmacy	✓		x	D	2	3	66%
Radiology	x		x	✓	1	3	33%
Therapies	x		✓	✓	2	3	66%
Scheduled Care	✓		✓	✓	3	3	100%
Unscheduled Care	✓		x	x	1	3	33%
Women and Children's	x		x	x	0	3	0%
Unions							
Royal College of Nursing	x		✓	✓	2	3	66%
Unison	✓		✓	✓	3	3	100%
Unite	✓		✓	x	2	3	66%
British Dietetic Association British and Irish Orthoptic Society British Medical Association Chartered Society of Physiotherapy Federation of Clinical Scientists Hospital Consultants & Specialists Association Royal College of Midwives Royal Society of Radiographers	x		x	x	These groups receive committee papers, however no representatives of any of these groups attended in year.		
D – Deputy attended * not in post							

4.4 During the year, Pathology, Pharmacy, Radiology and Therapies Centres came together as the Support Services Care Group. When the attendance for these centres is amalgamated, the Care Group met the minimum attendance requirements.

Recommendation

The Terms of Reference should be updated to reflect the change to the Support Services Centre and to reflect that Centre Managers would continue to receive papers, but were not required to attend the meeting.

5 Assurance Arrangements

The Committee is responsible for providing information and assurance to the Risk Committee that the Trust is managing all issues relating to Health and Safety and Security. The remit, from the 2014 Terms of Reference, are stated in the following section, with commentary on the work of the Committee below each point.

5.1 To receive reports and minutes of Health & Safety meetings from Care Group, Centres, and Departments

The process for this item was changed in year. During the year, new care group reports were designed which are issued following Committee meetings. The Terms of Reference will be amended to reflect this change.

Care Group Reports – Mar 15

Care Group Responses to Reports – Mar 15

5.2 To consider and action exception reports from meetings where non-compliance with statutory duties is reported and to authorise or as appropriate refer items to the Risk Committee for consideration and appropriate action

The following reports and action plans were received and monitored throughout the year:

Unscheduled Care Group Action Plan (Jun and Dec 14).

Progress with the Unscheduled Care Group Action Plan was monitored. This action plan related to the previous centre structures. Due to the age of the outstanding actions it has been agreed for the action plans to be re-checked and the relevant actions to be re-issued to the relevant Care Group managers for action. The recommendations from this audit will be reviewed as part of the on-going audit plan being developed for 2015/16.

Falls prevention action plan (June, Dec 14 and Mar 15)

The Falls Action plan was reviewed and has been regularly reported to Trust Board. Actions taken include:

- 624 members of staff have attended e-learning Fallsafe training.
- New nursing documentation implemented which includes a new Fallsafe screening form
- A very successful joint 'falls day' took place at each site in 2014, with the community falls team booked Link worker training days planned for 2015
- New products have been introduced following CPEC approval including non-slip crash mats, TED stockings and non-slip socks.

Environmental Health Officer (EHO) Food Safety Action Plan update (Jun, Dec 14, Mar 15)

EHO visits took place at RSH on 12/12/13 and PRH 5/2/13, following which an action plan was developed, made up of five legal contraventions and three recommendations. This was monitored through the year by the Committee and the PRH action plan was completed and signed off in Dec 14. The RSH action plan had some outstanding actions at year end which required capital investment to complete.

5.3 To be advised on reports from the Health and Safety Executive and confirm/advise on action to ensure compliance

HSE Management Inspection (Mar 15)

The Health and Safety Executive carried out a management inspection in March 2011. The resulting action plan has been monitored by the Committee and the actions closed off. However, the areas covered will be reviewed during the coming year as some deteriorations to have been noted in areas which were previously judged compliant.

Microbiology CL3 Inspection – July 14

This was a very positive inspection with no breaches reported.

Improvement Notice- Safer Sharps (Mar 15)

The HSE visited the Trust following a splash incident in PRH Theatres. The HSE concluded that this was a rare occurrence, but following the visit, issued an Improvement Notice concerning the Trust's implementation of the Safer Sharps Directive, in June 14. This required a significant amount of work to ensure compliance and the notice was lifted in February 2015.

Notice of Contravention – PRH ED (Dec 14)

Following a patient fall in October the PRH Emergency Department received a Notice of Contravention from HSE. The Committee were updated on actions that had been taken including a new falls risk screening tool which was implemented in September 2014. A documentation accountability checklist was also implemented. As patient movement between ED and X-ray had been highlighted as a risk, a SOP was introduced for patients identified as a potential falls risk.

- 5.4 To review new legislation and guidance on health, safety and security issues, and advise the Trust Board, and Risk Committee, Care Groups and Corporate services management and staff on action required to ensure compliance.

The following legislation and guidance was reviewed during the year:

- Construction, Design and Maintenance Regulations 2015 (Mar 15)
- HSE / CQC Concordat (Mar 15)

- 5.5 To review health, safety and security accidents and incident reports and trends in order that any adverse situations are investigated and that action is/has been taken in order to try and prevent repetition.

Reported incidents were discussed each meeting as a standing agenda item. These were presented in the form of reports on the following categories:

- Security incidents
- Health and safety incidents
- Fire safety incidents

Tables showing the numbers of incidents reported are included at appendix 1.

The Security Annual Report, and the Health and Safety Annual Report were approved by the June 2014 Committee prior to submission to Trust Board.

Recommendation

Amend Terms of Reference to include approval of relevant annual reports

- 5.6 To review and update Trust Policies on health, safety and security before passing on to the Hospital Executive Committee for adoption

The following policies were reviewed, updated and ratified during the year:

- First Aid at Work Policy (June 14)
- Moving and Handling Policy (Mar 15)
- Prevention and management of needlestick injuries (including inoculation incidents/exposures to blood borne viruses) (Mar 15)
- Lone Worker Policy (Jun 14)

The following policies underwent consultation but had not been finalised at the year-end:

- Display Screen Equipment (Dec 14)
- Stress risk assessment and risk management policy (Dec 14)

- Slips, Trips and Falls Policy (Dec 14)
- Trust Health and Safety Policy (Dec 14)
- Work at Height Policy (Dec 14)
- Asbestos Management (Mar 15)
- Control of Contractors (Mar 15)
- Noise at Work (Mar 15)
- Vibration at Work (Mar 15)

5.7 To provide advice on matters associated with health, safety and security

H&S audit programme (Mar 15)

The H&S Audit Programme was recommenced following a halt due to staffing pressures. The current audit programme which includes an audit in Estates which started in March 15 and an audit in Facilities that would be carried out in April 15.

5.8 To help resolve Trust issues

FFP3 Mask Fit Testing (Jun, Dec 14 and Mar 15)

Training has taken place throughout the year and there is a list of fit testers is available on the intranet. Some departments hold their own kits and there are two in the Medical Devices library on each site which can be booked out. It was highlighted that there had been a number of staff who had failed to be fitted to any current mask. Alternative masks are being investigated for this group of staff.

Moving and Handling Risk assessment workshops (Dec 14)

The Moving and Handling team held risk assessment workshops from March 2015. These covered Patient Handling and Load Handling and were aimed at Managers, Link Workers and Union Representatives

Proposal to introduce e-learning for Admin and Clerical Load Handling Updates

Due to an increased demand for training it was agreed that admin and clerical staff should undertake a short e-learning programme instead of attending a two-hour classroom session. This has the additional benefit of not having to wait for an available place and staff can renew before becoming out of date. This also frees up places and time in the training schedule for higher risk areas.

Other areas of reporting

A summary risk register relating to relevant risks was produced for each Committee meeting and the Fire Risk Register was discussed in detail at the March 2015 meeting.

Recommendations

- Update Terms of Reference to include oversight of relevant risk register entries.
- Update name of Committee to include Fire, in recognition of regulatory requirements.

6 Reporting from the Committee

- 6.1 The Terms of Reference require that the Health and Safety and Security Committee reports to Risk Committee. This is achieved by inclusion of relevant items in the Integrated Risk Report. During the year, a standing item at the end of the agenda was introduced to highlight matters to bring to the attention of the Risk Committee.
- 6.2 The matters brought to the attention of the Risk Committee were:

Key summary points from the meeting held on 19th June 2014

- Noted that the HSE are issuing an Improvement Notice related to safe management of sharps. The Committee recognised the challenge for Procurement in making the necessary changes to the devices used by the Trust within the 6 month timescale required by HSE.
- Were pleased to note the improving position in relation to security incidents where the 3 year trend shows a generally decreasing number of incidents. Whilst the number of incidents of intentional violence and aggression rose during the year, this was partly due to the activities of one complex patient; however, the 3-year trend shows a generally decreasing number of in this category.
- Noted the results of the Formal Food Safety Inspections carried out by the Environmental Health Officer (EHO) at PRH and RSH. A formal Food Hygiene rating was awarded for each site: PRH maintained 5/5 and RSH improved to 5/5. However, the EHO reports identified 12 legal contraventions at PRH and 5 legal contraventions at RSH. In particular gaps in cleaning the ward kitchens when key staff were away were noted; along with inadequate decontamination of fridge door handles. The action plan to implement the recommendations is progressing well and will be monitored through to completion by the Committee.
- Approved the changes to the FFP3 Mask Fit Testing. Ward Managers, and Department Heads will be required to undergo training and high risk areas will be targeted initially. Clinical Site Managers will also undergo training and the Committee recommended that this should be extended to the Infection Control and Prevention Team.

Key summary points from the meeting held on December 2014

- HSE have confirmed that they are prosecuting the Trust following the falls on Ward 7 and Apley. These falls were part of a series of falls reported in late 2011 and early 2012. The Trust is still awaiting the outcome on the other falls.
- A CL3 laboratory inspection took place in July 2014 and no breaches were found. The inspector advised some best practice improvements which Microbiology actioned. The H&S Committee congratulated the staff on achieving this very positive outcome.
- Following a patient fall in October the PRH Emergency Department received a Notice of Contravention from HSE. The Committee was updated on the actions that had been taken including a new falls risk screening tool which was implemented in September 2014. A documentation accountability checklist has also been devised and implemented. Patient movement between ED and X-ray was highlighted as a risk, a SOP has also been devised and introduced for patients who are identified as a potential falls risk.
- An Improvement Notice was issued to the Trust in June 2014. Inspections by the Health and Safety Team in December highlighted that many departments were still using standard sharps despite safer sharps having been introduced. Following discussion, an extension to the period of the Improvement Notice was approved by the Health and Safety Executive. The Improvement Notice was lifted in February 2015.
- In January 2015 Estates staff inadvertently disturbed a small amount of asbestos cement as they removed a fume cabinet in Pathology. This was reported to HSE as a Dangerous Occurrence under RIDDOR 2013, and a root cause analysis investigation has been completed with remedial actions identified. HSE are due to visit the Trust on 25 February 2015 to discuss asbestos management in general.

- Changes in Health and Safety Executive guidance¹ relating to FFP3 mask fitting resulted in a change to the way in which the Trust carries out mask fit testing. In order to demonstrate compliance with the guidance, fit testing should be conducted by a competent person. These changes mean that there needs to be specific training for named individuals who are then certified competent to carry out FFP3 mask fitting. These masks are required to be worn when caring for patients with flu and viral haemorrhagic fevers such as Ebola. In conjunction with the IPC team, a number of priority areas were identified. The Health and Safety Team arranged a number of 'Fit Mask' training sessions; a list of fit testers is available on the intranet. There is some coverage across the Trust but there are some significant gaps, including both respiratory wards (ward 9 at PRH and ward 17 at RSH), and the AMU at RSH. Significant effort has been expended by the Health and Safety Team to try and close these gaps. Many additional sessions have been offered but, to date, staff from these wards have not been made available to attend. Additional sessions will be arranged when wards commit staff to be trained.

Key summary points from the meeting held on 10th March 2015

- Noted that a Memorandum of Understanding between HSE and CQC has been issued which addresses the enforcement of H&S law where a patient is harmed, or where patients are at risk of harm, during the course of their care. From 1 April onwards CQC will be the lead agency for enforcing H&S law concerning patients. HSE will continue to be the lead agency for enforcement of safety issues relating to staff, volunteers, visitors, contractors and other members of the public.
- Noted the high level HSE interest in the Trust including the decision to prosecute the Trust for three patient falls; and the intention to visit the Trust to review management arrangements in respect of asbestos.
- Welcomed the establishment of an Estates Workgroup to provide additional assurance to the Board on areas of risk in Estates, particularly the management of electrical low voltage systems, asbestos, water, fire, and contractors. Were also pleased to note the robust approach being adopted by the new Estates Management Team to these and other issues
- Noted the progress that has been made with FFP3 Fit mask testing. To date, there are 49 Fit Mask Testers qualified to carry out fit mask testing but not all of these are actively testing staff. 177 members of staff have been tested to date largely due to the efforts of the Health and Safety Team who have used a temporary member of staff to carry out this work. This interim arrangement will cease at the end of March. The Committee were concerned about the low levels of compliance with this requirement from some areas especially when some of these are high risk eg respiratory ward at RSH where there is only one tester trained.

7 Priorities for 2015/16

- 7.1 To develop a rolling review plan for the current range of HS-prefixed policies, clustered into themes to ensure consistency with other Trust policies.
- 7.2 To oversee the on-going audit program and track resulting action plans, with at least one audit carried out per quarter.
- 7.3 To continue to develop the Care Group reports and review returns received to enable Care Groups to meet their duties in respect of incident reviews and actions.

¹ Health and Safety Executive Operational Circular OC282/28 V6: 30/04/2012

8 Recommendations

- 8.1 Review the Terms of Reference to take account of changes to the organisational structure, and to update the key aims of the Committee.
- 8.2 Update the Terms of Reference to include approval of the H&S, and Security Annual Reports
- 8.3 Update the Terms of Reference to include review of relevant risk register entries.
- 8.4 Update the name of the Committee to Health and Safety, Security and Fire Committee in recognition of the regulatory requirements.

Appendix 1 **Overview of incidents reported through Committee and comparison with previous years**

Security Incidents	Year			
	2011/12	2012/13	2013/14	2014/15
Quarter 1	167	107	187	133
Quarter 2	228	148	142	147
Quarter 3	194	151	162	118
Quarter 4	186	182	186	169
Total	775	588	677	567
Health and Safety Incidents	Year			
	2011/12	2012/13	2013/14	2014/15
Quarter 1 (April - June)	257	282	238	231
Quarter 2 (July – Sept)	292	292	226	244
Quarter 3 (Oct – Dec)	266	259	274	309
Quarter 4 (Jan – Mar)	268	268	242	236
Total	1083	1101	980	1020
Patient Falls	Year			
	2011/12	2012/13	2013/14	2014/15
Quarter 1	424	410	470	436
Quarter 2	408	401	425	450
Quarter 3	440	439	407	477
Quarter 4	421	464	381	488
Total	1693	1714	1683	1851
Unwanted Fire Signals incidents	Year			
	2011/12	2012/13	2013/14	2014/15
Quarter 1	7	22	12	17
Quarter 2	8	18	19	16
Quarter 3	17	19	13	21
Quarter 4	8	15	15	7
Total	40	74	59	61
Good intent Fire Signals incidents	Year			
	2011/12	2012/13	2013/14	2014/15
Quarter 1	5	4	2	4
Quarter 2	5	1	2	3
Quarter 3	2	5	1	3
Quarter 4	5	1	5	0
Total	18	11	10	10
Fire incidents	Year			
	2011/12	2012/13	2013/14	2014/15
Quarter 1	0	1	0	0
Quarter 2	1	2	1	3
Quarter 3	2	1	2	0
Quarter 4	2	1	0	0
Total	5	5	3	3

