

Reporting to:	Trust Board, 30 June 2016
Title	Annual report: Health, Safety, Security and Fire Committee 2015/16
Sponsoring Director	Julia Clarke, Director of Corporate Governance
Author(s)	Kath Titley, H&S Team Manager
Previously considered by	N/A
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, Safety, Security and Fire Committee for the period from April 2015 until March 2016.</p> <p>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>The paper makes recommendations for improvement, and proposes priorities for the year 2016/17.</p>
Strategic Priorities	
1. Quality and Safety	<input type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <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
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input 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 we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists, and streamline our internal processes we will not improve our 'simple' discharges. <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 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 do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and 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 type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well led
<input type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation The Trust Board is asked to NOTE the report.

Health, Safety, Security and Fire Committee

Annual Report

2015/16

1 Introduction

- 1.1 The purpose of the Trust Health, Safety, Security and Fire Committee ("the Committee") is to consult staff on all matters related to health, safety, security and fire 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 Committee between April 2015 and March 2016, and to set out how the Committee performed against its responsibilities as defined in its Terms of Reference. It also makes recommendations for improvements where appropriate.

2 Committee Membership

- 2.1 The Committee is chaired by Julia Clarke, Director of Corporate Governance and Clare Jowett, Head of Assurance is Deputy Chair.
- 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 Health and Safety Team. The minutes are taken by the Health and Safety Team Coordinator, 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 last reviewed in December 2015 and amended in January 2016.
 - The title of the Committee was changed from Health, Safety and Security Committee to Health, Safety, Security and Fire Committee.
 - The names of Trust management and advisory postholders were updated to reflect changes.
 - The names of Staff Side representatives were updated to reflect changes.

4 Meetings

- 4.1 The Committee met four times during the period, in June 2015, September 2015, December 2015 and March 2016.
- 4.2 All meetings met the obligations regarding membership and quorum. For the meeting to be quorate one management representative and one staff representative need to be present in addition to the Chair.
- 4.3 Attendance is set at a minimum of 75% for the year. The attendance of core members is shown in Table 1.

Table 1: attendance at Health and Safety and Security Committee

Title	Jun 15	Sep 15	Dec 15	Mar 16	Actual Attendance	Possible Attendance	% of attendance
Director of Corporate Governance (Chair)	✓	✓	D	✓	4	4	100%
Head of Assurance (Deputy Chair)	x	✓	✓	✓	3	4	75%
Health and Safety Team Manager	✓	✓	✓	D	4	4	100%
Security Manager	✓	x	✓	✓	3	4	75%
Fire Safety Advisor	✓	✓	x	*	2	4	50%
Food Safety/ Hygiene Compliance Advisor	✓	✓	✓	✓	4	4	100%
Infection Control	✓	✓	x	x	2	4	50%
Unscheduled Care Group	x	x	x	x	0	4	0%
Scheduled Care Group	D	✓	✓	D	4	4	100%
Support Services Care Group***	✓	✓	✓	✓	4	4	100%
Women and Children's Care Group	D	x	D	x	2	4	50%
Corporate Nursing	x	x	x	x	0	4	0%
Estates	✓	x	✓	D	3	4	75%
Capital	x	x	x	x	0	0	0%
Facilities	D	D	D	D	4	4	100%
Workforce	x	x	x	x	0	4	0%
Finance	✓	x	✓	x	2	4	50%
Procurement	✓	x	✓	x	2	4	50%
Occupational Health Service**	x	x	x	x	0	4	0%
Training and Development**	x	x	x	x	0	4	0%
Medicine Centre**	x	x	x	x	0	4	0%
Emergency**	x	x	x	x	0	4	0%
Capacity**	x	x	x	x	0	4	0%
Patient Access and Outpatient Nursing Support**	x	x	x	✓	1	4	25%
Surgery**	x	x	x	x	0	4	0%
Oncology and Haematology**	x	x	x	x	0	4	0%
Head, Neck and Ophthalmology**	x	x	x	x	0	4	0%
Anaesthetics, Theatres and Critical Care**	x	x	x	x	0	4	0%
MSK**	x	x	✓	x	1	4	25%
Radiology**	✓	✓	✓	✓	4	4	100%
Pathology**	x	x	x	✓	1	4	25%
Therapy**	✓	x	✓	✓	2	4	50%
Pharmacy**	✓	✓	x	✓	3	4	75%
Royal College of Midwives	x	x	✓	x	1	4	25%
Royal College of Nursing	✓	✓	✓	x	3	4	75%

Title	Jun 15	Sep 15	Dec 15	Mar 16	Actual Attendance	Possible Attendance	% of attendance
Unison	✓	✓	✓	✓	4	4	75%
Unite	✓	✓	✓	✓	4	4	100%
British Association of Occupational Therapists	x	x	x	x	0	4	0%
British Dietetic Association	x	x	x	x	0	4	0%
British and Irish Orthoptic Society	x	x	x	x	0	4	0%
British Medical Association	x	x	x	x	0	4	0%
Chartered Society of Physiotherapy	x	x	x	x	0	4	0%
Federation of Clinical Scientists	x	x	x	x	0	4	0%
Hospital Consultants & Specialists Association	x	x	x	x	0	4	0%
Society of Radiographers	✓	x	x	x	1	4	25%
D – Deputy attended * not in post ** receives papers, attendance is not compulsory *** Attendance recorded when at least one Centre from the Care Group attended.							

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, Fire and Security. (The Risk Committee was disbanded in New Year 2016, with new arrangements to start from April 2016.)

The remit, from the 2015 Terms of Reference, are stated in the following section, with commentary on the work of the Committee below each point.

5.1 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 Committee reviewed the following legislation and guidance during the year.

- CLP Regulation 2008/ revocation of CHIP Regulations (June 2015).
- TUC proposal/ Private Members Bill for removal of asbestos from buildings (September 2015).
- Exemption of self-employed workers from H&S law (September 2015).
- Sentencing guidelines (December 2015).
- HSE publication “Handling cytotoxic drugs in isolators in NHS Pharmacies” (December 2015).
- Recent healthcare HSE prosecutions (March 2016).

5.2 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

The reports included an overview of recommendations made to reduce the likelihood of recurrence.

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

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

During the year the Committee received the following.

- Updates on HSE interest in 2011/12 patient falls (verbal, June 2015, September 2015 and March 2016).
- Fee For Intervention invoices relating to the above (paper, September and December 2015).
- Updates in HSE interest in asbestos exposure/ control of contractors (verbal, June 2015, September 2015, December 2015, March 2016).
- Notice of Contravention, chemical burn to Estates staff member (paper, June 2015).
- HFEA inspection/ emergency plan for Cryogenic store (liquid nitrogen) (verbal, June 2015).
- EHO inspection at PRH, November 2015 (paper, December 2015).
- EHO inspection at RSH, February 2016 (paper, March 2016).

5.4 To review and update Trust policies on health, safety and security before passing on to the Hospital Executive Committee for adoption.

During the year the Committee considered the following policies:

- HS20 Control of Asbestos (ratified July 2015)
- HS24 Control of Noise at Work (ratified July 2015)
- HS18 Work at Height (ratified July 2015)
- HS25 Control of Vibration at Work (ratified October 2015)
- HS01 Trust H&S Policy (ratified October 2015)
- HS11 H&S Risk Assessment Templates (ratified October 2015)
- HS22 Control and management of Legionella (ratified December 2015)
- HS21 Control of Contractors (ratified December 2015)
- Food Safety Policy (ratified December 2015)
- Fire Policy and Strategy (in draft at June 2016)

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

During the year the Committee received the following items.

- Patient falls action plan updates (papers, June 2015 and September 2015).
The Committee heard that The Trust's Falls Prevention Nurse had overseen the introduction of a new patient falls risk assessment, which was supported by falls prevention e-learning training which remained available via any intranet-linked PC. The Committee also heard that despite trialling prior to launch, the Falls Prevention Nurse was addressing at local level a further training need highlighted by variable completion of the documentation across the Trust.

The Committee also heard that some actions to prevent patient falls, including the Bay safe initiative, had not been fully implemented across the Trust due to staffing levels. The Committee learned that the action plan was being monitored via the Band 7s meeting and therefore subsequent updates would be dealt with at that meeting.

- EHO inspection action plans (verbal, June 2015, papers, September/ December 2015, March 2016).
Regarding the EHO inspection of RSH in 2013, the Committee heard that all actions had been completed save for one concerning ventilation in the Ward 32 kitchen, which lacked funding and was recommended for inclusion on the Trust's Risk Register.

Regarding the November 2015 EHO inspection of PRH, the site had retained its 5/5 food hygiene rating, and 14 legal contraventions had been identified. Of these, 7 had been closed out by the

December meeting, and action plans were in place to resolve the remaining 7, one of which required capital funding for replacement ward kitchen fridges and which was obtained by the March 2016 meeting. One action regarding an air conditioning unit in W&C remained outstanding due to funding constraints.

Regarding the EHO inspection of RSH in February 2016, the Committee heard that the site again retained its 5/5 food hygiene rating, but that failures at ward kitchen level had been noted before and, if repeated, would drop the rating to 4/5. These had been addressed via letters to ward managers, SSU updates and purchase of new thermometers.

- H&S audit/ inspection programme updates (papers, June/ September/ December 2015 and March 2016).

The Committee received updates on the internal audit and inspection programmes at each meeting.

The Committee heard that the H&S Team committed to delivering the audit programme as planned so long as staffing remained stable. Due to a resignation followed by recruitment in December 2015/ January 2016, the programme lapsed for one quarter, but has since resumed.

During the year the H&S Team audited Estates, Facilities, Medical Engineering Services, Unscheduled Care and Scheduled Care using the RoSPA Quality Safety Audit (QSA) tool. A further audit commenced in Pharmacy. Remedial action was found to be necessary at each audit, though a common theme throughout was that Trust H&S policies are acceptable, but there is variable performance across Care Groups concerning local implementation, and in monitoring and reviewing local H&S performance.

Estates, Facilities and MES submitted local action plans in response to the audits which continue to be monitored by the Committee until completion. Scheduled and Unscheduled Care did not submit action plans, and these will be pursued in 2016/17.

The Committee heard that the remaining Care Groups will be audited in 2016/17.

The inspection programme targeted safer sharps, control of contractors and patient hoists/ slings in the year. The Committee heard that sharps inspections found variable performance across wards and departments with respect to the availability and correct use of sharps bins, and that there had been some issue with consistent stocking of the full range of safer sharps in all areas. Regarding contractors, the Committee learned that the H&S Team were conducting spot-checks on practice on a monthly basis, and that to date no issues with asbestos control had been observed. Finally, with reference to patient hoists and slings, the Committee learned that some issues had been identified with reference to LOLER 6-monthly inspection and testing regimes, which Estates undertook to resolve.

Actions arising from the audit and inspection programme were tracked via 4Action and outstanding actions featured in Care Group reports following each meeting.

- Root cause analysis and action plan for Estates chemical burn/ Notice of Contravention (papers, June and September 2015).

The Committee heard that an incident in the RSH Kitchens in March 2015, in which a member of Estates staff suffered chemical burns while unblocking a drain, had led to an HSE Notice of Contravention. An RCA report by the H&S Team was considered, and actions tracked to completion. The action plan was mostly completed by September 2015, save for one action concerning providing Estates staff with access to risk assessments and method statements via a hand-held device, which could not be funded at the time. Actions were tracked via 4Action.

- Sharpsmart Auditsmart reports (paper, June 2015).

Sharpsmart audits were received in June 2015, and the Committee noted that the Trust had received these audits previously without action. Discussion resulted in the audits being processed

by the H&S Team to ensure that feedback on local performance on waste segregation/ correct use of sharps bins was received and actioned by wards/ departments.

- Implementation of the Trust's asbestos policy (papers, September/ December 2015, March 2016) and review of Trust asbestos management plan (paper, September 2015).
The Committee approved a revised asbestos policy in June 2015, and subsequently tracked its implementation. The Committee heard that the Trust had commissioned a new asbestos management survey which was originally due to end in October 2015, but which had been delayed. The completion of a new asbestos register and management plan was dependent on that survey. A related piece of work was the preparation of accurate drawings of each hospital, which would be beneficial to the Trust in many Estates issues.

The Committee also learned that specialist training for key Estates managers in asbestos management in buildings had been provided, and that toolbox talks on asbestos precautions and emergency procedures had been delivered to Estates staff.

5.6 To help resolve Trust issues.

The committee considered the following issues.

- FFP3 Mask fit testing
During the year the Committee received reports on progress with ensuring relevant Trust staff had been fit-tested for FFP3 masks (many used for Infection Prevention and Control reasons). By the end of the year over 500 Trust staff had been fit tested, and had approximately 50 trained fit-testers across the hospitals. The Care Group reports following meetings included information on active and non-active fit-testers, and notice that non-active fit-testers would be contacted by H&S with a view to completing their first fit-tests.
- Fire, H&S risk register entries
Relevant entries from the Trust's Risk Registers were reported to the Committee for information at each meeting.
- M&H training: competency assessment
The Committee supported a proposal for the M&H Team to explore ways to expand the current provision of moving and handling competency assessments in the Trust's workplaces, in order to support good practice at ward and department level. This was to be pursued via M&H Link Workers across the Trust, supported by the M&H Team. The Committee also heard that competency assessments had already been undertaken with staff in CCSD, Catering and Domestic Services, and had been trialled in several clinical areas.
- Assure SHE software/ active monitoring system for Trust compliance with H&S legislation
The Committee heard a review of the RoSPA QSA audits to date, which highlighted that the Trust could improve its active monitoring of H&S performance across the Trust by adopting a software package called Assure SHE, which captured risk assessments, method statements, actions and audits. The H&S Team and a representative from Radiology visited another NHS Acute Trust already using the system for H&S/ IPC/ Fire/ Estates compliance, and recommended that the Committee support a case for its introduction at SaTH, at a cost of c£40k in year 1 and c£20k annually thereafter. A paper was presented in March 2016 rating the risk of not having a system of its kind at 16. (The issue was later added to the Trust's Risk Register rated 12, and is not currently funded.)
- Gantry hoist training
The Committee learned that in response to an MHRA alert, a review of patient hoist training had highlighted a need to train clinical staff in the use of the gantry hoist (for bariatric patients). The Trust owns one hoist, and a proposal for purchase of two more was supported subject to funding becoming available, with an interim option to train using the existing hoist over a two-year period and accepting hire costs where necessary.

- H&S training plan for 2016/17

The Committee received a paper confirming that, for the year 2016/17, the H&S/ M&H Teams would offer Trust managers, H&S Link Workers and H&S Representatives the following open training courses throughout the year:

- IOSH Managing Safely (4.5-day)
- First Aid at Work (3-day) plus refresher courses (2-day)
- Emergency First Aid at Work (1-day)
- Risk assessment (0.5-day)
- Load handling risk assessment (0.5-day)
- Patient handling risk assessment (0.5-day)
- DSE workstation assessment (0.5-day)
- Work-related stress risk assessment (0.5-day)
- COSHH assessment (0.5-day)

The H&S/ M&H Teams would also continue to contribute to Corporate Induction and selected SSU programmes, and would provide other more focused training interventions in response to need.

The H&S Team would also continue to offer the 1-day IOSH Working Safely course to non-clinical staff at a cost to the employing department of £35 per head to cover course and certificate fees.

5.7 To receive responses from Care Group quarterly reports issued following Committee meetings.

Following each meeting, the Clinical Care Groups plus Estates and Facilities received a quarterly report summarising each area's incident reporting history, outstanding items on 4Action, and key news from the Committee's discussions.

Care Groups are required to send returns for each report, which confirms where the report was discussed, and any actions arising.

A summary of Care Group returns is provided at Appendix 2.

5.8 To consider and action exception reports from meetings in 7 above 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.

No specific items were considered by the Committee during the year, other than where the issue already formed an agenda item.

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 identified to be brought to the attention of the Risk Committee were as follows.

Key summary points from the meeting held on 9 June 2015, as reported to August 2015 Risk Committee

- Falls

HSE confirmed their intention to prosecute the Trust following the falls on Ward 7, Apley, Ward 10, Ward 23N and PRH AMU. These falls were reported to HSE under RIDDOR between June 2011 and October 2012. The date for the case had not then been set.

- **Asbestos Management and Control of Contractors**

HSE were currently investigating an incident in June 2012 involving exposure to asbestos in the RSH Accommodation Blocks, which was reported extensively to the Board following a whistleblowing disclosure. To date two members of Estates staff had attended voluntary interviews with an HSE Inspector.

- **Notice of Contravention: COSHH/ chemical burns, RSH Estates**

In late March a member of RSH Estates staff sustained chemical burns while unblocking a drain in the RSH Main Kitchen. This was reported to HSE under RIDDOR, and an HSE investigation followed. This investigation resulted in a Notice of Contravention of section 2 of the Health and Safety at Work etc. Act 1974 as the Trust did not have in place a safe system of work for clearing blocked drains. The Notice also found a contravention of Regulation 6 of the Control of Substances Hazardous to Health Regulations 2005, as the Trust's COSHH assessment relating to the chemical drain cleaner used was not considered to be suitable and sufficient.

The Trust had already released its internal investigation report to HSE for information before the Notice was issued, and the recommendations arising from the internal report were accepted by HSE.

- **Revised asbestos policy**

The Trust's asbestos policy had been extensively revised, and was approved by the June Health, Safety, Fire and Security Committee and the July Policy Approval Group. It was considered by the July Trust Board for final approval prior to publication and implementation.

This policy clarified that only Estates or Capital managers may permit contractors to work on any Trust building. This was communicated via the H&S Care Group reports of July 2015 and was to be reaffirmed during a forthcoming consultation on a revised Control of Contractors policy.

The policy raised the standard of training required by managers/ supervisors who allocate work with the potential to disturb asbestos to Trust staff.

The policy required that an annual review of the Trust's asbestos management plan is presented to the Health, Safety, Fire and Security Committee by the Associate Director for Estates, and that this would form a standing agenda item for each September meeting.

- **Fire Officer in post**

The Committee was pleased to note that the Trust has appointed an interim Fire Officer, Keith Lister, who attended the June meeting in person.

Key summary points from the meeting held on 8 September 2015, as reported to the November Risk Committee

- Received papers relating to Fee For Intervention invoices totalling c.£40,000. Most of the fees related to expert witness reports commissioned by the Health and Safety Executive linked to three patient falls deaths in October 2012, for which the Trust is currently facing prosecution. A smaller sum (c. £500) related to a Notice of Contravention linked to a chemical burn to a member of Estates staff in March 2015.
- Received a paper detailing the progress made towards full implementation of the recently revised asbestos policy. This paper highlighted that this remained work in progress, and that in particular many actions are wholly dependent on the new asbestos management surveys being completed in October 2015, as planned. A further progress report was to be presented to the December Committee.
- Received an outline Health and Safety audit plan, which will be monitored via the Committee. The Committee heard that audits had been conducted and reports issued to Estates, Facilities, and Medical Engineering Services, and a further audit was in progress in the Unscheduled Care

Centre. The Committee was informed that the audit plan required the H&S Team to remain at its current staffing level, and also requires the cooperation of the remaining Care Groups over the winter period. Action plans arising from audits will be monitored by the Committee and via 4Action.

Key summary points from the meeting held on 8 December 2015

- Limited staff time in the H&S Team due to a resignation and recruitment to the post.
- Ward kitchen fridges requiring replacement following EHO inspection.

Key summary points from the meeting held on 16 March 2016

- Support for the adoption of the Assure SHE software package
- Actions arising from the EHO food hygiene inspections
- Fire Advisor vacancy.

As Risk Committee had been disbanded by the time of the December Committee, the issues arising from the December and March meetings were not reported.

7 Review of Committee priorities set 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.*

The March 2016 Committee received a revised 3-year forward plan which included review dates for the HS-, SY- and FS-prefixed policies, which was largely on schedule. These will form agenda items for future meetings.

7.2 *To oversee the on-going audit program and track resulting action plans, with at least one audit carried out per quarter.*

Each meeting received a progress report against the H&S Team's audit and inspection programme. During the year this report included updates on the progress of RoSPA QSA audits for Estates, Facilities, Medical Engineering Services, Unscheduled Care, Scheduled Care and Pharmacy. The report also included forward plans for internal H&S audits of Therapies, Women and Children's, Radiology, Pathology and Corporate areas for FY 2016/ 17.

The report also recorded inspections of contractors working on Trust premises, of "safer sharps" provision across the Trust, and of compliance of patient hoists and slings with LOLER inspection and testing requirements.

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.*

Care Group reports have continued to be developed and issued following each Committee. By March 2016 the standard content of the reports included the following, tailored to each Care Group:

- H&S, Security and Fire incidents in previous quarter
- RIDDOR reports sent to HSE in previous quarter
- Internal and external audit and inspection overview
- Legislation/ guidance updates
- Policy updates
- External (regulatory) interest in the Trust on H&S. Security, Fire and Food Safety matters
- Outstanding actions from 4Action
- Current status of FFP3 mask fit testing and active/ non-active fit testers
- Other items as appropriate.

Care Group returns are tracked by the H&S Team Coordinator and reported to subsequent Committee meetings, as per Appendix 2 to this report.

8 Recommendations

- For Care Groups to be required to maintain attendance at 75% throughout 2016/17.
- For Care Groups to be required to provide returns on quarterly Care Group reports at 100% throughout the year.
- For the Committee to continue to receive items as per the agreed forward plan.
- For matters arising from the Committee to be formally reported to Operational Risk Group in light of new structure.

9 Priorities for FY 2016/ 17

- To revise the Trust's overarching H&S policy in light of the 2015/16 audit findings, with a view to promoting compliance across the Trust.
- To continue to develop and deliver the planned audit and inspection programme.
- To develop an assurance plan concerning Trust performance against relevant H&S legislation.
- To introduce the IOSH Managing Safely 3-yearly refresher course for managers, link workers and staff representatives into the Trust.

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

Security Incidents	Year			
	2012/13	2013/14	2014/15	2015/16
Quarter 1	107	187	133	143
Quarter 2	148	142	147	153
Quarter 3	151	162	118	197
Quarter 4	182	186	169	182
Total	588	677	567	675
Health and Safety Incidents	Year			
	2012/13	2013/14	2014/15	2015/16
Quarter 1 (April - June)	282	238	231	214
Quarter 2 (July – Sept)	292	226	244	222
Quarter 3 (Oct – Dec)	259	274	309	275
Quarter 4 (Jan – Mar)	268	242	236	238
Total	1101	980	1020	949
Patient Falls	Year			
	2012/13	2013/14	2014/15	2015/16
Quarter 1	410	470	436	397
Quarter 2	401	425	450	405
Quarter 3	439	407	477	477
Quarter 4	464	381	488	472
Total	1714	1683	1851	1751
Unwanted Fire Signals incidents	Year			
	2012/13	2013/14	2014/15	2015/16
Quarter 1	22	12	28	No data
Quarter 2	18	19	23	22
Quarter 3	19	13	20	26
Quarter 4	15	15	No data	22
Total	74	59	61	70
Good intent Fire Signals incidents	Year			
	2012/13	2013/14	2014/15	2015/16
Quarter 1	4	2	5	No data
Quarter 2	1	2	4	2
Quarter 3	5	1	3	3
Quarter 4	1	5	No data	5
Total	11	10	12	10

Fire incidents	Year			
	2012/13	2013/14	2014/15	2015/16
Quarter 1	1	0	0	No data
Quarter 2	2	1	3	1
Quarter 3	1	2	0	3
Quarter 4	1	0	No data	2
Total	5	3	3	6

Appendix 2 Care Group report returns received by H&S Coordinator, reported to March 2016 Committee

Care Group	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16
Clinical Support Services: Pathology	✓	x	✓	x	✓
Clinical Support Services: Pharmacy	x	x	x	x	x
Clinical Support Services: Therapies	✓	✓	x	x	x
Clinical Support Services: Radiology	✓	x	x	x	x
Estates and MES	✓	✓	x	✓	✓
Facilities	✓	✓	✓	✓	✓
Scheduled Care	✓	✓	✓	✓	✓
Unscheduled Care	x	x	✓	x	x
Women and Children's	✓	x	x	✓	✓

Key

✓ = return received following quarterly report

x = return not received following quarterly report