

Recommendation <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE <small>(select)</small>	The Trust Board is asked to NOTE the report.
Reporting to:	Trust Board
Date	June 29 2017
Paper Title	Annual report: Health, Safety, Security and Fire Committee 2016/17
Brief Description	<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 2016 until March 2017.</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 2017/18.</p>
Sponsoring Director	Director of Corporate Governance
Author(s)	Health and Safety Team Manager
Recommended / escalated by <small>(Tier 2 Committee)</small>	
Previously considered by <small>(consultation / communication)</small>	Health and Safety, Fire and Security Committee
Link to strategic objectives <small>(see over)</small>	SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm
Link to Board Assurance Framework <small>(see over)</small>	
Equality Impact Assessment <small>(select one)</small>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Stage 1 only (no negative impacts identified) <input checked="" type="radio"/> Stage 2 recommended (negative impacts identified) <ul style="list-style-type: none"> <input checked="" type="radio"/> negative impacts have been mitigated <input checked="" type="radio"/> negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status <small>(select one)</small>	<ul style="list-style-type: none"> <input checked="" type="radio"/> This document is for full publication <input checked="" type="radio"/> This document includes FOIA exempt information <input checked="" type="radio"/> This whole document is exempt under the FOIA

Annual Health and Safety Report 2016/17



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 2016 and March 2017, 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 June 2016 and presented for approval in September 2016. The document was amended to reflect a change in governance arrangements, in that the Committee now reports to the Operational Risk Group and not the Risk Committee as was previously the case. The remit was also changed to include fire safety matters.

The names of Trust management and Staff Side representatives were updated to reflect changes.

4 Meetings

- 4.1 The Committee met three times during the period, in July 2016, September 2016 and December 2016. The March 2016 meeting was postponed to April 2017, and future meetings will be scheduled for April, July, October and January. This change was decided at the December 2016 meeting, and is intended to ensure that reports based on a quarterly schedule are reported sooner after the end of the quarter in question from now on.

- 4.2 Two meetings of the HSSF Policy Group also took place, in November 2016 and March 2017. These meetings were introduced following the September 2016 Committee, after feedback from members that the meetings had become too long and included too many papers for consideration.
- 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	Jul 16	Sep 16	Nov 16 (policy)	Dec 16	Mar 17 (policy)	Actual Attendance	Possible Attendance	% of attendance
Director of Corporate Governance (Chair)*	D	D	D	D	D	0	5	100 (D)
Head of Assurance (Deputy Chair)	✓	✓	✓	✓	✓	5	5	100
Health and Safety Team Manager	✓	✓	✓	✓	✓	5	5	100
Security Manager	✓	✓	✓	✓	x	4	5	80
Fire Safety Advisor	✓	✓	✓	✓	✓	5	5	100
Food Safety/ Hygiene Compliance Advisor	✓	✓	✓	✓	x	4	5	80
Infection Control	✓	x	✓	x	✓	3	5	60
Unscheduled Care Group	✓	x	x	x	✓	2	5	40
Scheduled Care Group	✓	✓	✓	x	D	4	5	80 (D)
Support Services Care Group***	x	✓	✓	✓	x	3	5	60
Women and Children's Care Group	x	x	x	x	x	0	5	0
Corporate Nursing	x	x	✓	x	✓	2	5	40
Estates (Capital and Operational)	✓	✓	✓	D	✓	5	5	100 (D)
Facilities	D	D	D	D	x	4	5	80 (D)
Workforce	x	x	x	✓	x	1	5	20
Finance	✓	✓	✓	✓	✓	5	5	100
Procurement	x	x	x	x	x	0	5	0
Occupational Health Service**	✓	x	x	x	x	1	5	Not compulsory
Training and Development**	x	x	x	x	x	0	5	Not compulsory
Medicine Centre**	✓	x	x	x	x	1	5	Not compulsory
Emergency**	x	x	x	x	x	0	5	Not compulsory
Capacity**	x	x	x	x	x	0	5	Not compulsory
Patient Access and Outpatient Nursing Support**	x	x	x	x	x	0	5	Not compulsory
Surgery**	x	x	x	x	x	0	5	Not compulsory
Oncology and Haematology**	x	x	x	x	x	0	5	Not compulsory
Head, Neck and Ophthalmology**	x	x	x	x	x	0	5	Not compulsory
Anaesthetics, Theatres and Critical Care**	x	✓	x	x	x	1	5	Not compulsory
MSK**	x	x	✓	x	✓	2	5	Not

Title	Jul 16	Sep 16	Nov 16 (policy)	Dec 16	Mar 17 (policy)	Actual Attendance	Possible Attendance	% of attendance
								compulsory
Radiology**	x	✓	✓	✓	x	3	5	Not compulsory
Pathology**	x	✓	✓	✓	x	3	5	Not compulsory
Therapy**	x	x	x	x	x	0	5	Not compulsory
Pharmacy**	x	✓	x	x	x	1	5	Not compulsory
Royal College of Midwives	x	✓	x	x	x	1	5	20
Royal College of Nursing	✓	x	✓	✓	✓	4	5	80
Unison	✓	✓	✓	✓	✓	5	5	100
Unite	✓	✓	x	✓	x	3	5	60
British Association of Occupational Therapists	x	x	x	x	x	0	5	0
British Dietetic Association	x	x	x	x	x	0	5	0
British and Irish Orthoptic Society	x	x	x	x	x	0	5	0
British Medical Association	x	x	x	x	x	0	5	0
Chartered Society of Physiotherapy	x	x	x	x	x	0	5	0
Federation of Clinical Scientists	x	x	x	x	x	0	5	0
Hospital Consultants & Specialists Association	x	x	x	x	x	0	5	0
Society of Radiographers	✓	✓	x	x	x	2	5	40
D – Deputy attended * ToRs state that Director of Corporate Governance chairs the meeting, but in practice the Head of Assurance chairs. Recommend ToRs updated to reflect this in-year change. ** Receives papers, attendance is not compulsory *** Attendance recorded when at least one Centre from the Care Group attended. Green shading indicates attendance of 75% or more ((D) indicates % includes the attendance of deputies)								

5 Assurance Arrangements

The Committee is responsible for providing information and assurance to the Operational Risk Group that the Trust is managing all issues relating to Health and Safety, Fire and Security. (Prior to April 2016 the Committee reported to the now-disbanded Risk Committee.)

The remit, from the September 2016 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.

- Formalin: change in classification (July 2016)
- HSE report April 2016 “Prevention and management of sharps injuries: inspection of NHS organisations” (July 2016)
- 2016 HSE Strategy document: Helping Great Britain Work Well
- HSG262 Managing skin exposure risks at work October 2015 (December 2016)
- HSE Prosecutions update (December 2016)
- L23 Manual Handling (December 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, where appropriate.

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 (July, September and December 2016)
- Updates in HSE interest in asbestos exposure/ control of contractors including a Notification of Contravention relating to an asbestos incident in June 2012 (July, September and December 2016)

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

The Terms of Reference still refer to ratification by the HEC. This is to be changed to “relevant Tier 2 Committee”.

During the year the Committee considered the following policies:

- FS01 Fire Policy and Strategy (last presented November 2016, approved and ratified)
- HS13 Selection, use and maintenance of PPE including gloves and masks (last presented March 2017, awaiting submission to Policy Approval Group)
- HS17 Laser Protection (last presented July 2016, referred to CGE to settle a query re: responsibilities of medical staff for laser equipment, resolved and now awaiting approval)
- HS22 Workplace Transport (last presented November 2016, approved pending amendments since resolved, now awaiting approval)
- HS18 Stress risk assessment and risk management policy (last presented July 2016, minor amendment approved)
- HS19 Electrical safety policy (last presented March 2017, deferred pending resolution of dispute regarding arrangements for visual inspection of appliances)
- HS09 Waste (last presented December 2016, deferred pending submission of accompanying waste management manual)
- HS02 Incidents affecting staff, volunteers, contractors and members of the public (last presented December 2016, approved, awaiting submission to Policy Approval Group)
- SY1 Security Management (last presented December 2016, ratified)
- HS08 Moving and Handling (last presented March 2017, approved, awaiting submission to Policy Approval Group)

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

During the year the Committee received the following items.

- Asbestos policy – update on implementation (July, September, December 2016)

The Estates department presented a progress report regarding the full implementation of the asbestos policy at each of the three main Committee meetings. The Committee heard that work was proceeding, but that a delay in the receipt and actioning of fresh asbestos management surveys had slowed progress towards full compliance. In order to resolve the issue, Estates reported that they had contracted an in-house Asbestos Management Consultant to turn the management surveys into an asbestos register and to oversee remedial works arising. The consultant attended the September meeting in person.

- Legionella policy – update on implementation (July, September, December 2016)

The Estates department presented a progress report regarding the full implementation of the Legionella policy at each of the three main Committee meetings. The Committee heard that work is being undertaken by the Water Safety Group, which reports to the Infection Prevention and Control Committee. A new AP for Legionella was appointed during the year, and the importance of arrangements for flushing outlets was emphasised.

- Control of contractors policy – update on implementation (July 2016)

The Committee heard that the H&S Team had conducted monthly spot-check inspections on contractors working on Trust sites for the previous nine months, and received a review paper based on these. This highlighted the need for Estates to review their contractor induction arrangements to include an assessment element to the presentation, to check understanding. The Committee heard that Estates were considering the purchase of software to support contractor management arrangements.

- EHO inspection at RSH, February 2016 (July 2016)

The Committee heard that RSH food safety arrangements were inspected by the EHO in February, and that actions, including training and the supply of thermometers to wards, had been closed.

- Internal H&S audit action plans (July, September and December 2016)

Throughout the year the Committee heard updates on internal audits using the RoSPA QSA tool, including action plans submitted in response by the relevant Care Groups/ departments.

The table below summarises the dates of audits, first presentations of action plans, and progress at December 2016:

Table 2: RoSPA QSA audits and action plans at end March 2017

Care Group/ department	Date of report	Date action plan first submitted to HSSF Committee	Status at end March 2017
Estates	May 2015	September 2015	Actions outstanding
Facilities	June 2015	September 2015	Actions outstanding
MES	July 2015	December 2015	Actions outstanding
Unscheduled Care	December 2015	None	Actions outstanding
Scheduled Care	January 2016	Partial plan submitted September 2016, nursing only	Actions outstanding
Pharmacy	July 2016	December 2016	Actions outstanding
Therapies	February 2017	Due April 2017	Not applicable

In preparation for the first main Committee meeting of FY 2017/18, Julia Clarke (Director of Corporate Governance) wrote to the action plan owners in early April 2017 to ask them to attend that month's Committee in person to provide an update, and to confirm that all actions would be closed by the time of the planned July 2017 meeting.

- Internal H&S inspection programme (July, September and December 2016)

The Committee received reports concerning inspections of:

- LOLER inspection and testing of patient handling equipment (July 2016) – the December meeting heard that a new company had been given the contract for LOLER inspections of slings and hoists.
- Contractor inspections, which continued to be conducted monthly and the outcome fed back to the contractor and the commissioning manager for action.
- Safer sharps inspections (September 2016) – a consistent theme of wards needing to order the full range of blood collection devices for use by medical staff was observed, and fed back to Ward Managers and Matrons and tracked via 4Action.
- Safer handling training for volunteers (September 2016) – the Committee heard that good practice recommendations were made directly to the Governance and Membership Manager.
- Safe use of Tristel Fuse (December 2016) – the Committee received a paper confirming that a report on an inspection into the use of PPE and general equipment for the safe use of Tristel Fuse had been undertaken and the results discussed at the November Facilities H&S Committee meeting.

- Health surveillance programme overview (December 2016)

The Committee received a paper from Team Prevent which gave an overview of health surveillance activities and outcomes.

5.6 To help resolve Trust issues.

The committee considered the following issues, not already mentioned above.

- Investigation of sharps injuries: tailored Datix report form (September 2016)

The potential for Datix to include a tailored incident reporting form for sharps injuries was discussed. (Due to limitations in the Datix software this was not adopted, and a short investigation report template was introduced into use by the H&S Team instead, in February 2017.)

- Fire risk assessment tool for patients requiring extra help to evacuate in an emergency (September 2016)

The potential to introduce a risk assessment tool to use with patients who would require help in an emergency evacuation was considered. (Outside of the Committee discussions were held with Corporate Nursing to include this in nursing risk assessment documentation for individual named patients, but the proposal was rejected. This issue remains unresolved at the time of writing.)

- Safe use of formalin (December 2016)

The Committee heard that Theatres were considering options to introduce a closed dispensing system for formalin, and a visit to Walsall hospital (where a system was already in use) was being arranged. The Committee also heard that a revised COSHH assessment and spill procedure had been prepared and publicised for the use of formalin pots in Outpatients and Ward areas, and that H&S were undertaking fit-tests for staff who may need to use reusable respirators with formalin filters as a result.

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 Operational Risk Group for consideration and appropriate action.

No items arising from the Care Group reports were escalated to the Operational Risk Group.

However, two issues were regularly escalated to the Trust Board throughout the period, via the High Risk Updates paper. These are summarised below.

The main Committee meetings in July, September and December 2016 all received verbal updates on the progress of the HSE prosecution concerning five patients who fell between July 2011 and October 2012. These informed the Committee that the Trust was served with a Notification of Contravention relating to each of the five incidents and HSE made a decision to prosecute the Trust on a single charge of breach of Section 3 of the Health and Safety at Work Act 1974 for the period from and before July 2011 to and after November 2012. This Section imposes a continuing duty; the charge alleges exposure of non-employees to the risk and names five patients exposed during this period. On 23 June 2016 the Trust appeared at Shrewsbury Crown Court and pleaded guilty to the single charge of breach of Section 3 but did not accept that this breach had a material impact on all the five patients named. (A sentencing hearing is due to take place on 24 April 2017.)

The Committee also heard updates on an ongoing investigation into the management of asbestos and the control of contractors at RSH. The July 2016 received a Notification of Contravention relating to an asbestos exposure incident in 2012. The Committee heard that Estates' implementation plan for the revised asbestos policy formed the remedial actions in response, and were already being tracked by the Committee by the time the notification was received.

5.9 To approve the Health and Safety and Security Annual Reports

The Committee meeting of July 2016 received the annual report relating to the financial year ending 31 March 2016.

5.10 To review Health and Safety, Security, Fire or Food Safety risk register entries

The main Committee meetings of July, September and December 2016 received a summary of risk register entries.

6 Reporting from the Committee

6.1 The Terms of Reference require that the Health and Safety and Security Committee reports to Operational Risk Group.

6.2 The matters identified to be brought to the attention of the Operational Risk Group were as follows.

Key summary points from the meeting held on 4 July 2016

- A trend towards under-reporting of splash incidents, by medical staff.
- That a Procurement process for new equipment was required.
- The Notification of Contravention relating to the asbestos exposure incident in 2012.

These were not discussed at Operational Risk Group.

Key summary points from the meeting held on 26 September 2016

- The revised Fire policy.
- Progress to date against the Asbestos policy implementation plan.

- Concerns linked to asbestos awareness and improvement work.

The minutes of the HSSF Committee meeting were noted at the Operational Risk Group on 6 December 2016, but no discussion of these items appears in the meeting minutes.

Key summary points from the meeting held on 13 December 2016

- Re-launch of lone worker devices
- Lack of progress against Care Group audit action plans
- The revised Waste policy

The minutes were noted at the Operational Risk Group on 7 March 2017, and the lone worker devices and lack of progress against internal H&S audit action plans were discussed and are reflected in the minutes of the meeting.

7 Review of Committee priorities set for 2016/17

7.1 For Care Groups to be required to maintain attendance at 75% throughout 2016/17.

Table 1 (above) indicates that Scheduled Care, Estates, Facilities and Finance did maintain attendance at 75% or above during this year.

Attendance from Unscheduled Care, Clinical Support Services, Women and Children's, Workforce and Procurement was below 75%.

7.2 For Care Groups to be required to provide returns on quarterly Care Group reports at 100% throughout the year.

As per Appendix 2, no Care Group returned 100% of returns during the year.

7.3 For the Committee to continue to receive items as per the agreed forward plan

The Committee did set agendas in accordance with the forward plan, and items were received.

7.4 For matters arising from the Committee to be formally reported to Operational Risk Group in light of the revised Committee structure

The Operational Risk Groups of December 2016 and March 2017 did receive the minutes of the September and December 2016 HSSF Committee meetings respectively. This process therefore was adopted part-way through the year.

7.5 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

The current policy is not due for review until October 2018.

7.6 To continue to develop and deliver the planned audit and inspection programme

Each main Committee meeting received an update on the programme.

7.7 To develop an assurance plan concerning Trust performance against key H&S legislation

This action is recommended for inclusion in the Committee's business for 2017/18.

7.8 To introduce the IOSH Managing Safely 3-yearly refresher course for managers, link workers and staff representatives

The April 2017 Committee will hear a proposal (this meeting having originally been planned for March 2017, prior to the change of dates for reporting purposes).

8 Priorities for FY 2017/18

- 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.
- For Care Groups to reach 75% attendance at the main Committee meetings.
- For Care Groups to send returns for 100% of Quarterly Reports, confirming that the contents were discussed at a Care Group H&S or Governance meeting, and updating the Committee on matters arising.

Kath Titley
H&S Team Manager
13 April 2017

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

Security Incidents	Year			
	2013/14	2014/15	2015/16	2016/17
Quarter 1	187	133	143	148
Quarter 2	142	147	153	140
Quarter 3	162	118	197	158
Quarter 4	186	169	182	141
Total	677	567	675	587
Health and Safety Incidents	Year			
	2013/14	2014/15	2015/16	2016/17
Quarter 1 (April - June)	238	231	214	265
Quarter 2 (July – Sept)	226	244	222	236
Quarter 3 (Oct – Dec)	274	309	275	-
Quarter 4 (Jan – Mar)	242	236	238	495
Total	980	1020	949	996
Patient Falls	Year			
	2013/14	2014/15	2015/16	2016/17
Quarter 1	470	436	397	448
Quarter 2	425	450	405	370
Quarter 3	407	477	477	-
Quarter 4	381	488	472	873
Total	1683	1851	1751	1691
Unwanted Fire Signals incidents	Year			
	2013/14	2014/15	2015/16	2016/17
Quarter 1	12	28	No data	20
Quarter 2	19	23	22	14
Quarter 3	13	20	26	15
Quarter 4	15	No data	22	17
Total	59	61	70	66
Good intent Fire Signals incidents	Year			
	2013/14	2014/15	2015/16	2016/17
Quarter 1	2	5	No data	0
Quarter 2	2	4	2	1
Quarter 3	1	3	3	0
Quarter 4	5	No data	5	2
Total	10	12	10	3

Fire incidents	Year			
	2013/14	2014/15	2015/16	2016/17
Quarter 1	0	0	No data	2
Quarter 2	1	3	1	0
Quarter 3	2	0	3	1
Quarter 4	0	No data	2	1
Total	3	3	6	4

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Appendix 2 Care Group report returns received by H&S Coordinator, reported to April 2017 Committee

NB: The latest reports (Q2) were distributed in January 2017, following the December 2016 meeting. Due to the change in meeting dates, Q3 and Q4 2016/17 reports will be distributed together, following the April 2017 meeting.

Care Group	Q3 2015/16 (Oct- Dec 15)	Q4 2015/16 (Jan- Mar 16)	Q1 2016/17 (Apr- Jun 16)	Q2 2016/17 (Jul- Sep 16)
Clinical Support Services: Pathology	x	x	x	✓
Clinical Support Services: Pharmacy	x	x	x	✓
Clinical Support Services: Therapies	✓	x	x	✓
Clinical Support Services: Radiology	✓	✓	x	✓
Estates and MES	✓	✓	x	x
Facilities	✓	✓	x	x
Scheduled Care	✓	✓	✓	✓
Unscheduled Care	x	x	x	x
Women and Children's	x	x	✓	x

Key

✓ = return received following quarterly report

x = return not received following quarterly report