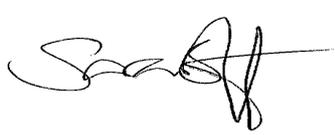


Board of Directors' Meeting 10 November 2022

Agenda item	218/22		
Report	Health, Safety, Security and Fire Committee Annual Report 2021/22		
Executive Lead	Chief Operating Officer		
Report Author	Health and Safety Team Manager		
	Link to strategic pillar:		Link to CQC domain:
	Our patients and community		Safe √
	Our people		Effective
	Our service delivery		Caring
	Our partners		Responsive
	Our governance	√	Well Led √
	Report recommendations:		Link to BAF / risk:
	For assurance		
	For decision / approval	√	Link to risk register:
	For review / discussion		
	For noting		
	For information		
	For consent		
Presented to:	2022.06.29: Health, Safety, Security and Fire Committee 2022.08.16: Quality Operational Committee 2022.08.31: Quality and Safety Committee		
Executive summary:	<p>The Health, Safety, Security and Fire Committee considered and approved the draft Annual Report of the work of the Health, Safety, Security and Fire Committee for the period 1 April 2021 to 31 March 2022, at the 29 June 2022 meeting.</p> <p>The Quality Operational Committee accepted the report at the 16 August 2022 meeting.</p> <p>The Quality and Safety Committee of 31 August 2022 approved the report for submission to the Trust Board.</p> <p>The Trust Board is asked to accept this report as the Annual Report of the Health, Safety, Security and Fire Committee for the year 2021/2022.</p>		
Appendices	Appendix 1: Health, Safety, Security and Fire Committee Annual Report 2021/22		
Executive Lead			



The Shrewsbury and
Telford Hospital
NHS Trust

Health, Safety, Security and Fire Committee

Annual Report

2021/2022

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DRAFT

1 Executive summary

This report addresses the work of the Trust's Health, Safety, Security and Fire Committee in the period 1 April 2021 to 31 March 2022.

The report assesses the Committee's performance against its own Terms of Reference, reviews performance against the previous year's objectives, and sets priority objectives for the year 2022/2023.

The main Committee met six times in the year as per planned schedule. All meetings reported key issues to the Quality Operational Committee. The Committee was quorate for four meetings, and not quorate for two as only one member of staff side was present. These two meetings went ahead as planned with the agreement of the lone staff side member.

The Committee received updates on developments in legislation and guidance at each meeting and recommended appropriate actions in response.

Relevant policies were considered for consultation and approval, and each meeting received an update on current policy review status.

The meetings received updates on internal audit and inspection work, as per previously agreed priorities.

The Committee was regularly updated on the Trust's interactions with the Health and Safety Executive, the Shropshire Fire and Rescue Service, and the local authority Environmental Health Officers.

Trust-wide H&S, Fire, Security and Food Safety issues were considered by the Committee each meeting and recommendations for action were agreed.

The Committee received reports from Divisions and Corporate Departments with varying compliance and content, and this will remain a focus for improvement in 2022/2023.

Annual reports for the year 2020/2021 addressing the Committee's performance, Security and Fire Safety and Emergency Planning and Resilience were received and approved.

Finally, this report makes recommendations for improvements in Trust H&S management in 2022/2023, which highlight future monitoring activities and resourcing issues.

2 Introduction

- 2.1 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, food safety and fire issues and to consider matters that have not been resolved by Centre or Departments, Health and Safety Committees.
- 2.2 The purpose of this report is to review the work undertaken by the Committee between April 2021 and March 2022, 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.

3 Committee Membership

- 3.1 The Committee's Executive Lead at the start of this reporting period was Nigel Lee, Chief Operating Officer and the chair was Sara Biffen, Deputy COO. At the January and February 2022 meetings Matt Powls, Deputy COO was chair, due to personnel moves. All meetings were chaired by the Deputy COO.
- 3.2 The general makeup of the Committee is to reflect the following:
- A Division Director (or their nominated deputy) from each Division
 - 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
 - Food Safety Advisor
 - Other specialist advisors including Infection Control, and Moving & Handling.
- 3.3 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.
- 3.4 Attendance at meetings is monitored by means of an attendance matrix. (See Table 1, Section 4.)

4 Terms of Reference

- 4.1 The Terms of Reference for the Committee (see Appendix A) were reviewed at the June 2021 meeting, and approved without comment. This review confirmed that the HSSF Committee would meet bi-monthly (6 times a year), and formally reports to QUOC.

5 Meetings

- 5.1 The Committee met six times during the period, in April, June, September and November 2021, and in January and February 2022. The first three meetings were chaired by Sara Biffen (Deputy Chief Operating Officer) and the final three meetings were chaired by Matt

Powls (Interim Deputy Chief Operating Officer). All meetings were chaired by the designated Chair at the time.

5.2 Four of the six meetings met the obligations regarding membership and quorum, two were attended by only 1 staff side representative but went ahead as planned with the agreement of the staff side member present. (For the meeting to be quorate two management representatives and two staff representatives need to be present in addition to the Chair.)

5.3 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, Safety Security and Fire Committee

Title	28 Apr 21	30 Jun 21	9 Sep 21	1 Nov 21	6 Jan 22	28 Feb 22	Actual Attendan	% of attendan
Deputy Chief Operating Officer (Chair)	Y	Y	Y	Y	Y	Y	6	100
Health and Safety Team Manager	Y	Y	Y	Y	Y	Y	6	100
Security Manager	Y	Y	Y	Y	Y	Y	6	100
Fire Safety Advisor	Y	Y	Y	Y			4	67
Food Safety Advisor	Y		Y	Y	Y	Y	5	83
Infection Prevention and Control	Y					Y	2	33
Medicine and Emergency Division	Y					Y	2	33
Surgery, Anaesthetics and Critical Care Division	Y	Y	Y	Y	Y	Y	6	100
Clinical Support Services Division**	Y	Y	Y	Y	Y	Y	6	100
Women and Children's Division	Y	Y	Y	Y	Y	Y	6	100
Corporate Nursing							0	0
Estates (Capital and Operational)	Y	Y	Y	Y	Y	Y	6	100
Facilities	Y	Y	Y	Y	Y	Y	6	100
People and OD	Y	Y	Y			Y	4	67
Emergency Planning and Resilience Officer*			Y	Y			2	33
Finance*							0	0
Operations Directorate/ Capacity	Y				Y		2	33
Procurement*	Y		Y				2	33
Occupational Health Service*		Y	Y	Y	Y		4	67
Corporate Education*							0	0
Senior Moving and Handling Advisor*		Y	Y	Y	Y		4	67
Medicine Centre*							0	0
Emergency Care*	Y					Y	2	33
Patient Access and Outpatient Nursing Support*							0	0
Surgery*	Y						1	17
Theatres, Anaesthetics and Critical Care*							0	0
Oncology and Haematology*							0	0
Trauma and Orthopaedics							0	0
Head, Neck and Ophthalmology*							0	0
MSK*							0	0

Title	28 Apr 21	30 Jun 21	9 Sep 21	1 Nov 21	6 Jan 22	28 Feb 22	Actual Attendance	% of attendance
Radiology*				Y	Y	Y	3	50
Pathology*	Y	Y		Y	Y		4	67
Therapy*	Y	Y	Y	Y	Y	Y	6	100
Pharmacy*	Y	Y	Y	Y		Y	5	83
Royal College of Midwives***	Y	Y		Y	Y		4	67
Royal College of Nursing***							0	0
Unison***	Y	Y	Y	Y(x2)	Y(x2)	Y	6	100
Unite***	Y						0	0
British Association of Occupational Therapists***							0	0
British Dietetic Association***							0	0
British and Irish Orthoptic Society***							0	0
British Medical Association***							0	0
Chartered Society of Physiotherapy***							0	0
Federation of Clinical Scientists***							0	0
Hospital Consultants & Specialists Association***							0	0
Society of Radiographers***							0	0

* Receives papers, 75% attendance not compulsory

** recorded as "in attendance" if any Centre represented

*** Staff side representative, 75% attendance not compulsory (2 members required for quoracy)

6 Assurance Arrangements

The remit from the Terms of Reference as at June 2021 are stated in the following section, with commentary on the work of the Committee below each point.

6.1 To review new legislation and guidance on health, safety, security, fire and food safety issues, and give advice to the Trust Board, Quality Operational Committee, Divisions and Corporate Departments management and staff on actions required to ensure compliance.

Each meeting received an update on evolving legislation and guidance, with a view to assessing implications for Trust arrangements. Key items discussed during the year were as follows.

6.1.1 Covid-19 risk reduction measures

Throughout the year guidance relating to Covid-19 was updated regularly, with a shifting emphasis away from social distancing/ cleanliness and PPE alone and moving towards increased ventilation and a hierarchy of control approach to risk assessment as evidence of airborne transmission emerged. These updates informed ongoing reviews of covid-secure risk assessments through the year.

6.1.2 RPE fit testing requirements

During the year in review HSE highlighted the importance of fit testing to ensure that our RPE (mainly in the form of FFP3 respirators) was capable of adequately protecting the wearer. The Committee heard regular updates on FFP3 fit test numbers and trends in linked incident reports, and that the Trust's fit testing service was resourced to run 5 days per week at PRH and RSH until 31 March 2023 via covid funding.

6.1.3 RPE resilience principles/ NPSA safety alert re: valved FFP3s

In June 2021 DHSC issued a letter “FFP3 Resilience in the Acute setting” outlining a range of ways to safeguard future supplies of RPE to NHS staff. These included the principles that UK Made FFP3s should be prioritised over products manufactured overseas, and that staff should be fitted to 2, preferably 3 FFP3s and rotate their use over time for sake of familiarity. In August 2021 an NPSA safety alert was published which, with input from the national PPE Cell, was understood to require the Trust to prioritise unvalved FFP3s for use over sterile fields wherever possible. Together, these sources informed the H&S Team’s FFP3 fit testing priority orders, and regular reports to the Committee and to other Trust forums were amended to track progress towards compliance with these requirements.

6.1.4 Amended PPE Regulations 1992 and Limb B workers

The Committee heard that an amendment to the PPE Regulations would come into effect on 6 April 2022. The key change would be that employers would owe additional duties to provide PPE to limb (b) workers in the same way as to other employees. The Committee heard that following review with input from People Advisory Team colleagues, no changes to Trust practice were required.

6.1.5 Homeworking

HSE issued refreshed guidance on homeworking at key stages of the year as covid-secure guidance at times included requirements to work from home where possible. The Trust’s existing policy W2 Homeworking (which includes a homeworking H&S risk assessment template) was considered to adequately address the guidance.

6.1.6 Structural integrity of reinforced autoclaved aerated concrete (RAAC) buildings

The Committee was informed of an HSE alert concerning buildings containing RAAC components, thought to include many schools and hospitals of the same build era as the Royal Shrewsbury Hospital, which were likely to be at risk of losing structural integrity due to age. The Head of Capital Estates was able to confirm following review that RSH does not have RAAC components in the building’s fabric.

6.1.7 New ladder guidance

The Committee heard that the Ladder Association had revised existing ladder guidance with HSE, and a fresh document was issued which would be used to support a review of the Trust’s work at height arrangements in due course.

6.1.8 Noise calculators

During the year HSE published new noise calculators which the Committee heard would be used in future occupational noise risk assessments, but that no changes to HS24 Control of Noise at Work were required.

6.1.9 Food allergens

The April meeting received an amended food safety procedure in response to the introduction of “Natasha’s Law”, concerning the management of food allergens and in anticipation of the new regulations coming into force in October 2021.

6.2 To review quarterly health, safety, security, fire and food safety incident reports and trends, and to ensure that action is taken to prevent recurrence so far as it is reasonable to do so.

Reported incidents were discussed at the April, September, November 2021 and February 2022 meetings. These were presented in the form of reports on the following categories.

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

The reports included an overview of recommendations made to reduce the likelihood of recurrence, where appropriate. A summary of incidents reported are published at Appendix B.

6.2.1 H&S incident reports

Figure 1 (Appendix B) outlines all incidents reported via Datix which were coded to health and safety-related categories (excluding inpatient falls), broken down by category and Division/Corporate Department. Note that each quarterly report focused on the top 5 most commonly reported reasons for incidents, and that Figure 1 closely reflects the consistent pattern across quarters.

Across all quarters chemical and biohazards was the most common reason for a Datix report. The majority of these incidents were dirty sharps injuries, and quarterly reports to the Infection Prevention and Control Operational Group examining the underlying causes of these incident revealed that the majority resulted from the use of “safer” (guarded) sharps in areas where high volumes of sharps are typically used, in Theatres and Wards. During the year a review of sharps bin provision by Sharpsmart was initiated, and the H&S Team continue to monitor the effectiveness of post-exposure protocols including follow-up care by TP Health. No incident led to actual transmission of any blood-borne virus. (Note that a separate category, Hospital acquired infection, appears in this report as a separate but related category, and only a sub-section of this category is reported here. These incidents represent times when PPE breaches occurred, typically with potential for occupational exposure to Covid-19.)

Arising from these two Datix report categories, eight RIDDOR reports of occupational diseases were reported in year, which is an usual pattern for the Trust. These comprised occupational dermatitis linked to increased handwashing and extended glove use, and occupationally acquired Covid-19. These represent impacts on staff health relating to the ongoing Covid-19 pandemic.

Second most commonly reported were issues concerning the quality of the work environment. These included issues concerning high ambient temperatures in areas without air conditioning, waste management, and space constraints. In response to high temperatures exacerbated by higher than usually worn levels of PPE and RPE, the Trust’s Heatwave Plan was written and first issued in July 2021. Regarding waste management, the Committee has received reports on progress towards resolving reports of insufficient waste bins since the problem was identified, conversations with the waste carrier have taken place and enhanced monitoring arrangements were implemented by Facilities. Space constraints have proved more difficult to solve with limited unoccupied space available at RSH and PRH, and managers advised to consider hybrid working with hot-desking where appropriate, to prioritise highest demands on space on site, and housekeeping exercises to minimise space-reducing clutter and stockpiling where present.

Third, fourth and fifth most commonly reported incidents concerned slips and trips, manual handling and strike/ trapping injuries, these mainly affecting staff members and reflected in RIDDOR reporting trends within the year.

6.2.2 RIDDOR reports to HSE

During the year the H&S Team made a total of 64 RIDDOR reports to HSE, of which three were fatalities affecting patients (managed via RALIG and Serious Incident reporting and investigation arrangements), twenty-three were Specified Injuries, 19 were Over 7-Day Injuries, 8 were Occupational Diseases and eleven were reports of a Dangerous Occurrence. 40 affected “workers” (staff, contractors) and the remaining 24 affected patients and visitors.

Figure 2 at Appendix B shows RIDDOR reports by report type and Datix category, and from this the reader will note that the top five most common incidents leading to a RIDDOR report were slips and trips, then Covid-19 related IPC incidents, then exposure to chemicals or biohazards, then clinical aggression, then strike/ strapping injuries in equal number to manual handling injuries.

The H&S quarterly incident reports included a comparison of the Trust’s reporting rate for “worker” (staff, volunteers, contractors) RIDDOR reports of over 7-day and specified injuries compared to HSE’s published benchmarking data for the “Human Health” sector, calculated over a rolling 12-month period at the end of each quarter (Table 2). This demonstrates that in the rolling 12-month period ending 31 March 2022, the Trust was reporting staff RIDDOR reports of non-fatal injuries at a rate comparable to the national benchmark compared to HSE’s statistics for the “Human Health” sector overall. This is true for Specified Injuries and Over 7-Day injuries.

Table 2 “Worker” RIDDOR reports compared to HSE benchmarking data

Category	HSE*	Rolling 12 months ending 31 March 2022**	Raw number of “worker” RIDDOR reports submitted by Trust***
Fatal injuries	0	0	0
Specified injuries	59	56	4
Over 7-day injuries	255	252	18
Total: all non-fatal injuries	314	308	22
Dangerous occurrences	No benchmark data	140	10
Occupational diseases	No benchmark data	112	8

* HSE data for years 2015/16 to 2020/21, Standard Industrial Classification code 86 “Human health activities”, published at <http://www.hse.gov.uk/statistics/tables/index.htm#riddor> and last checked for updates on 17 February 2022.

** Derived using formula (number of RIDDOR reports/ headcount) x 100000 where ESR headcount = 7142 on 31 March 2022, and number of RIDDOR reports recorded in Datix in period 1 April 2022 to 31 March 2022.

*** Datix records injured person as staff member or volunteer, or contractor working on Trust sites.

To illustrate the current position, Figure 3 (Appendix B) displays the Division/ Directorate and HSE Accident Kind of RIDDOR reportable incidents reported to HSE in the past 12 months. This shows that most worker incidents occur in the Medicine and Emergency Division, which is a stable pattern over time.

Looking at Figure 4 (Appendix B) compared to the available HSE “Human Health” sector benchmarking data, the Trust is reporting types of incidents which are very broadly comparable to those reported nationally, except for overrepresentation of slips and trips within the year.

6.2.3 Fire Safety incident reports

See Figure 5 (Appendix B) for a summary of trends in fire safety incident during the year. The most common reason for incident reports was unwanted fire signals. The next most common reason for reports was issues identified with evacuation routes or fire escapes, then smoking in hospital buildings not resulting in fires.

Four incident reports relate to alarms raised with good intent, but without an actual fire. All took place at PRH, three in ED and one in ITU. Two related to food preparation, and one to a suspected electrical fault. The fourth was traced to an alarm activation point in a toilet area.

Note that 5 deliberate ignition/ actual fire incidents were reported during the year. Of these, all 5 took place at RSH. Four happened in inpatient ward areas and one in a public toilet. The materials involved included magazine paper, an IV line, plastic bags, toilet tissue and blue privacy curtains, with one incident also including an unsuccessful attempt to set light to a staff member's uniform. All were thought to have been started by patients using lighters brought into hospital in their personal possessions. None escalated into a fire affecting anything other than the materials described above.

6.2.4 Food Safety incident reports

See Figure 6 (Appendix B) for a summary of trends in food safety incidents during the year.

The graph demonstrates that the most common reason for food safety-related incident reports was food stored in ward kitchen fridges (such as sandwiches) found to be past its use-by date, risking the food being served to patients past its safe shelf life.

The second most commonly reported reason concerned aspiration risk from foods and fluids, and these issues are monitored jointly with Therapies, and were discussed at the Nutritional Steering Group in year.

The third most commonly reported incidents concerned issues surrounding the management of food allergies. The management of food allergens has been the subject of scrutiny during EHO inspections within the year, and is expected to continue to be a high profile topic given the introduction in October 2021 of "Natasha's Law" (The Food Information (Amendment) (England) Regulations 2019).

The fourth most commonly reported incidents concerned food being brought in by visitors for patients to eat in hospital. These are monitored in order to ensure that acceptable menus are provided for all patient groups, and Food Safety Code of Practice 13 guides staff in finding solutions for specific patients to discourage food being brought in, in order to abide by food safety requirements.

The fifth most commonly reported incidents concerned issues with food service/ availability, typically delays in food service or insufficient food being delivered, particularly to PRH ED. (Catering Management have worked with with ED staff to find solutions to ensure that patients with long ED stay times have adequate access to food and drinks.)

Within the year no incident led to an Environmental Health Officer investigation, nor a Serious Incident report arising from food safety concerns.

6.2.5 Security incident reports

Figure 7 (Appendix B) displays the broad Datix incident categories assigned to Security-related incidents throughout the year (noting that not all incidents involving Security staff will be represented here). This demonstrates that the most common reason for reporting related to clinical aggression incidents, in the Medicine and Emergency Division.

The reader is referred to the annual Security Management report for further insights into Security incident reporting trends.

6.3 To review and update Trust Policies on health and safety, security, fire and food safety before submission to Policy Approval Group and the relevant Tier 2 Committee for adoption.

Throughout the year the Committee considered the following documents:

- FSO01 Fire Policy
- FS01 Food Safety Policy
- Food Safety Code of Practice 4 Personal Hygiene
- Food Safety Code of Practice 5 Purchasing/ Receipt of Goods/ Storage
- Food Safety Code of Practice 6 Safe Food Handling
- Food Safety Code of Practice 8 Temperature Monitoring
- Food Safety Code of Practice 9 Vending
- Food Safety Code of Practice 12 Pest Prevention and Control
- Food Safety Code of Practice 13 Food Safety in Ward Kitchen and Food Handling Practices
- Food Safety Code of Practice 14 Premises Design, Structure and Maintenance
- Food Safety Code of Practice 16 Customer Complaints Procedure and Catering Quality Monitoring
- Food Safety Code of Practice 17 Food Safety Instruction for Volunteers – League of Friends Shrewsbury Hospital and Friends of Princess Royal Hospital
- Food Safety Code of Practice 18 Maintenance of Catering Equipment/ Structure for in-house staff and contractors
- Food Safety Code of Practice 19 Food Allergens and Intolerances
- Food Safety Code of Practice 20 Control of Non-Catering Department Supplied High Risk Food
- Heatwave Plan
- HS08 Safer Moving and Handling Policy
- HS16 Prevention and Management of Sharps Injuries Policy
- HS19 Electrical Safety and Lightning Policy
- HS20b Asbestos Management Plan
- HS21 Control of Contractors Policy
- HS22 Water Safety Policy (formerly Control and Management of Legionella)
- HS26 Management of Ligature Points
- HS27 Pressure Systems Safety Policy
- HS28 Passenger and Goods Lift Management Policy
- HS32 Management of Ventilation Systems Policy
- HS33 Medical Gas Pipeline Systems Policy
- HS36 Pest Control Policy
- SY04 Lockdown Policy
- SY05 Counter Terrorism Procedures
- RPE01 Open Fit Testing Sessions RSH
- RPE02 Open Fit Testing Sessions PRH

- RPE03 Safe use, cleaning, storage and maintenance of reusable 3M half-mask and full-face respirators
- RPE04 Universal Momentum Horizon PAPR system
- RPE05 Weltek Airkos Navitek PAPR system
- RPE06 Out of hours guide for staff: Universal Momentum Horizon - step-by-step guide to assembly
- RPE07 Out of hours guide for staff: Weltek Airkos Navitek - step-by-step guide to assembly

Each meeting received an update on the current status of policies prefixed HS-, SY-, F(ire)SO- and F(ood)S- plus related documents and codes of practice/ standard operating procedures.

See Appendix C for the update presented to the final meeting of the year, noting that work to bring all policies, COPs and SOPs back into date will continue into FY2022/23.

6.4 To review health, safety, security, fire and food safety internal audit and inspection programmes, and ensure that remedial action is taken so far as it is reasonable to do so.

6.4.1 Audit of training on delivery of rental bariatric beds

By way of learning from incidents in 2020/21, the H&S then M&H Teams undertook audits throughout the year of the extent to which evidence could be found of ward staff taking up the offer of training on delivery of rental bariatric beds, first reported to the April 2021 meeting. Training evidence was scarce, and feedback was given to Ward Managers and Matrons plus the Clinical Governance Team outside of the meeting. Divisional representatives were asked to highlight the findings within their own Divisions and to share that a bariatric hire bed folder had been devised for use by Ward Staff to support safe equipment rentals.

6.4.2 H&S policy compliance check audits

The Committee had previously been informed that the H&S Team's programme of policy compliance audits (forming the H&S element of the Exemplar Ward programme in relevant areas) had been suspended during the pandemic due to competing pressures on the H&S Team's time. The Committee heard that the programme resumed in Q4 2021/22, beginning with a focus on Pathology and Facilities areas. Department Managers were asked to complete remedial actions identified within 3 months.

6.4.3 Control of contractors inspections: annual review

The June 2021 meeting received a summary report addressing contractor works inspections carried out in the previous 12 months by the H&S Team. The Committee heard that most works were found to be satisfactory with only minor remedial actions required, and that these were fed back to the contractor and the Estates Commissioning Manager and rectified at the time of the inspection.

6.4.4 Waste management audit and actions arising

The Committee has received verbal and written reports concerning waste management issues since September 2021. The Senior Logistics Manager (Facilities) reported that an external audit of waste management arrangements had revealed remedial actions required which would require the appointment of a dedicated Waste Manager to address. In the meantime, Facilities strengthened arrangements for the secure storage of clinical waste on site pending collection, to include secure skips and arrangements for safer waste bag transfer by a facilities contractor. Underlying issues leading to insufficient supply of clinical waste bins on site included the need to reduce the production of clinical waste at source via improved waste segregation and staff education arrangements. The Committee will continue to monitor this issue.

6.4.5 Lone worker devices: review of usage

The Security Manager presented a review of off site lone worker device usage to the September 2021 meeting. The Committee heard that of 207 devices issued, 96 were not active, leaving staff working remotely in the community at risk. Divisional representatives were asked to ensure that where devices were issued, they were activated and used on a routine basis. This was included in the standard items for the Division/ Corporate Department quarterly report template implemented in November 2021.

6.4.6 Reusable respirator audit

In November 2021 the Committee received an audit report addressing the safe cleaning, storage and maintenance of the small number of reusable respirators introduced as a last resort measure in Critical Care areas in late 2020. The report found that arrangements were generally satisfactory, and remedial actions were fed back to wearers and managers at the time of the audit.

6.4.7 Covid-secure risk assessments: monitoring of completion and review dates

The requirement for covid-secure risk assessments began in late spring 2020, and throughout 2021/22 the Committee monitoring the extent to which Trust arrangements to reduce the transmission of Covid-19 for staff, patients, contractors, visitors and volunteers. Risk assessments were tracked by the H&S Team and reported via the intranet and to Committee. By the end of the year the vast majority of risk assessments were in place, but required review. The Committee will continue to monitor changing guidance and the requirement for covid-secure risk assessments throughout 2022/23.

6.4.8 Ligature points audits and risk assessments

Throughout the year the Committee monitored the conduct of ligature points audits by the H&S Team, resulting in a series of ligature points risk assessments drafted on behalf of wards and clinical departments. By the end of the reporting period these were largely complete with some awaiting local sign-off by Ward and Department Managers.

6.4.9 Patient handling equipment LOLER inspection and testing

The M&H Team presented the outcomes of audits of LOLER inspection and testing of patient handling equipment. Working with Estates colleagues they highlighted items which had been missed during inspection visits by the specialist contractor, and worked to bring them back into inspection date. A key issue identified was the need to permit contractor access to overhead hoists, noting that several hoists were taken out of use pending return visits.

6.4.8 RPE usage audit

The February 2022 meeting received a report of an audit of 17 RPE-using wards/ departments across the Trust, noting two key remedial actions. Donning stations did not routinely stock all available FFP3s, leading staff to mistakenly believe “their” make/ model was unavailable. Donning stations did not routinely have a suitable mirror present to support visual checks before proceeding into hazardous areas. Divisional representatives were asked to communicate these requirements to their own relevant areas with a view to local remedial action.

6.4.9 Welfare arrangements: changing rooms

The January 2022 meeting received a report concerning the Trust’s compliance with the Workplace (Health, Safety and Welfare) Regulations 1992 requirements for changing and washing facilities at PRH and RSH. The audit had found that the Trust had insufficient changing rooms for use by everyone who would need to access them at shift changeover times, and lacked secure storage for clothing and inadequate arrangements for privacy and any additional needs (e.g. pregnant staff members requiring extra space, or staff with disabilities requiring additional seating, etc.). The Committee recommended that the issue be escalated to Silver Command and then Senior Leadership Committee – Operational for consideration of provision of additional facilities

including mobile units in the short term. By the end of the year the matter was left with the Chief Operating Officer and Finance Director to arrange a costing to inform a business case.

6.4.10 Food Safety audits

Throughout the year the Committee was updated on Food Safety audits conducted at PRH and RSH. A total of 16 ward/ department kitchens were subject to spot check inspections by the Food Safety Advisor on at least one occasion. Four Red Tray audits and two Protected Mealtimes audits took place, and four wards/ departments were audited in support of Exemplar Ward accreditation activities. The main kitchens at PRH and RSH were audited twice during the year. Following all audits, remedial actions required were communicated to local managers.

6.5 To be advised on live matters and/ or reports from the Health and Safety Executive, Shropshire Fire and Rescue Service and/ or Environmental Health Officers, and confirm/advise on action to ensure compliance with relevant legislation.

6.5.1 Health and Safety Executive

Regarding Health and Safety Executive interest, the Trust was selected for three Covid spot-check exercises. One was a physical inspection at Atcham Business Park, two others were telephone calls with key personnel in the Shropshire Education and Conference Centre and Douglas Court (focusing on the Procurement department). None led to enforcement action.

6.5.2 Shropshire Fire and Rescue Service

Regarding Shropshire Fire and Rescue Service, the Committee received updates at each meeting. One key event during the reporting period was an unannounced inspection of the RSH Ward Block which was reported to the June and September 2021 and January 2022 meetings. Remedial actions included housekeeping, keeping exit routes clear of stored items, maintenance of fire doors, and fire safety training plus attention to mental health assessments and arson risk. The Fire Service repeat visit in December 2021 found that satisfactory progress with remedial actions had been made.

The June meeting also heard that a visit to Shrewsbury Business Park had resulted in a report that the site was broadly compliant with requirements for fire safety arrangements.

6.5.3 Environmental Health Officers

Regarding the local Environmental Health Officers from Shropshire County Council and Telford & Wrekin Council, each meeting received an update on progress with remedial actions identified during inspections. Key improvements this year included ward kitchen refurbishments in Wards 4, 6/7, 8/9, 10/11 and ITU at PRH plus RSH AMU, with cooling units installed in the kitchens in PRH Ward 17 and RSH Ward 32.

An EHO food safety inspection took place at PRH in December 2021 including visits to the main kitchen and Apley Restaurant and dining area plus the ward 6/7 kitchen. Remedial actions were identified with respect to food allergen management and ward kitchen ventilation, however the hospital maintained its level 5 food safety rating.

An EHO food safety inspection at RSH took place on 3 February 2022, visiting the main kitchen, Mytton Oak Restaurant and dining area plus Caffe Bistro. Remedial actions were identified with respect to allergen labelling of loose foods and a review of hot-probe checking for high risk foods, and the hospital also maintained its level 5 food safety rating.

6.6 To monitor and review matters associated with health, safety, security, fire and food safety; to monitor and review health, safety, security, fire and food safety improvement or risk reduction projects; to help resolve Trust health, safety and welfare issues.

6.6.1 H&S/ Patient Handling training programmes: annual review of priorities

In April 2021 the Committee approved proposals for H&S training priorities for the year, with a previous shift towards online training methods to continue to be reflected in H&S, Food Safety and Manual Handling induction and refresher training interventions where appropriate. Longer events such as the 4-day IOSH Managing Safely course and the CIEH Foundation Food Safety course would be held in classroom sessions with appropriate covid-secure measures in place. Practical skills courses, including patient handling induction training and First Aid at Work courses were also to continue as classroom-based events.

6.6.2 RPE provision/ FFP3 fit testing

Each meeting received an update on current status of RPE provision across the Trust, with respect to staff access to properly fitted respirators or loose-fitting RPE. By the February 2021 meeting the H&S Team reported that:

- 3800 staff members were fitted to at least one FFP3, of whom 43% were fitted to more than one make/ model, and 57% were fitted to at least one unvalved variant.
- The most commonly used FFP3s were UK Make variants, in line with resilience principles.
- Arrangements remained in place at PRH and RSH for fit testing agency/ locum staff, new starters and visitors, plus staff from other system partners by agreement including GP surgeries, in dedicated fit testing venues.

6.6.3 Health surveillance programme review

Health surveillance arrangements (including night workers health assessments) were the subject of 4Risk risk register entry 2035. In June 2021 the HSSFC accepted a proposal to adopt a fresh health surveillance needs matrix developed by the H&S Team, with future screening questionnaires to be administered electronically by TP Health. The Committee continued to receive updates throughout the year, though the new system was not in place by March 2022 due to a funding issue awaiting resolution.

6.6.4 SHE Assure software demonstrations

The requirement for a method to manage and monitor H&S/ Fire/ Food Safety/ Security risk assessment and audit documentation was addressed in 4Risk risk register entry 1090. The November 2021 meeting received a paper outlining the outcome of demonstrations of a package called SHE Assure (later Evotix Assure), and the Committee supported the development of a business case for purchase, which remained in progress by the end of the financial year.

6.6.5 Reports from other forums

The Committee received updates on Estates Compliance issues in April and September 2021 and February 2022, for information. Key issues discussed concerned the development of the Estates Compliance staff structure as the year progressed.

The minutes of the Radiation Protection Committee were presented in June 2021, including the Radiation Protection Advisor's annual report, for information. No items were escalated by exception.

The Fire Safety Committee's minutes were presented in June and September 2021, and in January and February 2022, for information. Issues escalated focused on the need to recruit into key Fire Safety posts, and to continue to maintain focus on improvements to fire safety arrangements in the RSH Ward block including vertical evacuation training.

6.7 To receive responses from Division/ Corporate Department quarterly reports issued prior to Committee meetings; to consider exception reports from Division/ Corporate

Department meetings where non-compliance with statutory duties is reported, and to refer items to the Quality Operational Committee for consideration and appropriate action.

The Committee's forward plan called for reports on local H&S matters from Divisions and Corporate Departments. These were taken as verbal items at the April and September meetings, and then from November 2021 using an agreed written template. The table below lists the reports received by the Committee and the key issues raised.

DRAFT

Table 3 Quarterly reports from Divisions and Corporate Departments

Division Corporate Department	Apr 21 (verbal)	Sep 21 (verbal)	Nov 21 (written)	Feb 22 (written)	Issues escalated
Clinical Support Services	Y	Y	Y	Y	<ul style="list-style-type: none"> • Work was ongoing to keep covid-secure risk assessments up to date. First aiders required refresher training, and were attending courses as they became available. • A trend was identified in Datix reports concerning failures to comply with SALT recommendations for modified texture diets, for discussion with Divisional Leads and Ward Managers with a view to improved compliance. Later in the year a training package was devised, addressing the key issues. • A business case was submitted to increase Therapy Teams workspace via short-term occupation of William Farr House, in order to improve covid-secure arrangements. A longer term plan for the future location of Therapies would be required. • Work was ongoing in Radiology to close out fire risk assessment actions, noting that the current Excel-based fire risk assessment tracker required attention to keep an accurate record of progress. • Radiology had identified that they were unable to implement a lock-down of the RSH department pending refurbishment works. • Radiology identified that a centrally administered method of managing H&S/ Fire/ Security/ Food Safety etc. risk assessments would aid Centre-level monitoring and reporting on H&S matters. • Pharmacy identified that they required a current H&S lead within the Centre.
Estates	Y	N	N	N	

Division / Corporate Department	Apr 21 (verbal)	Sep 21 (verbal)	Nov 21 (written)	Feb 22 (written)	Issues escalated
Facilities	Y	Y	Y	Y	<ul style="list-style-type: none"> • Work was ongoing to keep covid-secure risk assessments up to date. • First aiders required refresher training, and were attending courses as they became available. • Waste management issues had been identified, resulting in waste bags outside of yellow bins in clinical and service areas across PRH and RSH. Plans were being developed to appoint a Waste Manager, to be funded from related efficiency savings. • Staff had raised H&S issues via the Freedom To Speak Up Guardians, and those were being addressed by Portering Management. • Manual handling risks for Portering staff moving Pharmacy fluids at RSH were identified and remedial actions were planned. • Fire risk assessment actions arising were the focus of attention in PRH accommodation. • Manual handling risks in PRH Catering Stores were addressed, including improvements to the freezer/ cold room stores. • The Cleanliness Team had two risks with a risk score of 15 relating to staffing at RSH, and non-compliance with HTMs.
Medicine and Emergency Care	N	N	N	N	
Operational	Y	Y	N	N	<ul style="list-style-type: none"> • Work was ongoing to keep covid-secure risk assessments up to date. • DSE workstation assessors had identified the need to contact the H&S Team for refreshed competency assessments. • The need to comply with surgical mask use in non-clinical areas was highlighted, in light of ongoing covid-related staff sickness absence and pressures resulting.

Division / Corporate Department	Apr 21 (verbal)	Sep 21 (verbal)	Nov 21 (written)	Feb 22 (written)	Issues escalated
Procurement	Y	N	N	N	<ul style="list-style-type: none"> • Ongoing support was provided by the H&S Team to improve the safety of the Stores environment at RSH, with a focus on fork lift truck operations and segregation of vehicles and pedestrians within the building.
Surgery, Anaesthetics and Cancer	Y	Y	Y	N	<ul style="list-style-type: none"> • Lack of storage space and poor housekeeping had been identified as a concern and was being addressed. • Compliance with PPE in clinical areas and the use of the clear plastic curtains to mitigate against inadequate physical distancing between bedspaces was identified as an issue requiring ongoing reiteration. • Covid-related absences and vacancies were leading to staff pressures, as were general site pressures and awareness of work-related stress risk generally was heightened. • Ligature points audits and risk assessments were being progressed with support from the H&S Team.
Women and Children's	Y	Y	Y	Y	<ul style="list-style-type: none"> • A baby tagging inspection in Q1 2021/22 highlighted several issues which were being addressed within the Division. • An issue regarding audibility of patient buzzers in Paediatrics was highlighted via a CQC inspection. • Maternity had identified the need to ensure staff attended lone worker device training by the end of October 2021, as training session uptake had been slow. Thirty lone worker devices were in use, with another 30 being brought into service. • Ongoing attention was required to keep covid-secure risk assessments up to date.
Workforce	Y	Y	N	N	<ul style="list-style-type: none"> • Work was ongoing to keep covid-secure risk assessments up to date. • A review of first aid provision within the Department was required. • DSE workstation assessors had identified the need to contact the H&S Team for refreshed competency assessments.

6.8 To approve the Health and Safety, Security, Emergency Planning and Resilience, and Fire Annual Reports.

The Security Annual Report was considered at the April 2021 meeting, and approved.

The Health, Safety, Security and Fire Committee Annual Report was considered at the June 2021 meeting, and approved.

The Emergency Planning and Resilience Annual Report was considered at the September 2021 meeting, and approved.

No annual report relating to Fire Safety was received in FY 2021/22.

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

In previous years the Committee had received prioritised lists of risks arising from the Operational Risk Group, and this practice ceased before the start of the year. It was originally hoped that a fresh method for presenting relevant risks could be devised and implemented before the end of the reporting year, however escalation pressures led to the inaugural meeting of the new Risk Management Committee being delayed until after the final Committee meeting of the year. This will be an issue requiring resolution in FY 2022/23.

7 Reporting from the Committee

Reports on Committee business were presented to QUOC in September 2021 and March 2022 by the author, addressing all six meetings within the year.

The HSSFC Annual Report for 2020/21 was approved by QUOC at the September 2021 meeting, and then approved by the Trust Board at the November 2021 meeting.

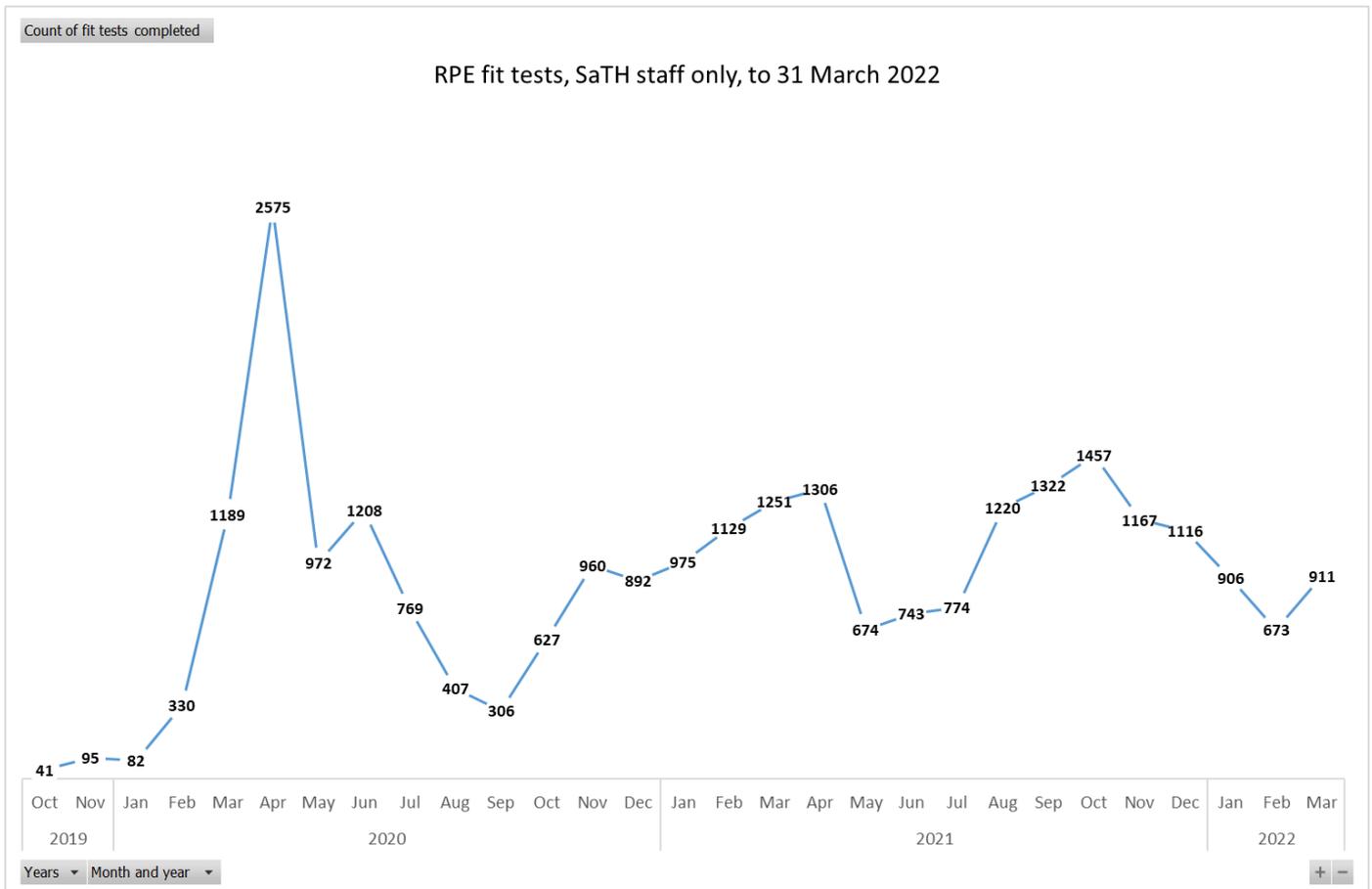
8 Review of Committee priorities set for 2020/21

Please see Appendix D for a review of progress against objectives as presented to the February 2022 Committee meeting.

In summary, 11 objectives were set. Of these four were RAG-rated as Green, as follows:

- To continue to provide an RPE fit testing service at RSH and PRH (and see Figure 8 below for activity levels for SaTH staff, supporting routine staff turnover, repeat fit testing, and resilience principles work to 31 March 2022).
- To resume an internal H&S audit programme.
- To resume an internal H&S training programme.
- To include quarterly reports from Divisions and Corporate Departments using an agreed template, incorporated into the Committee's forward plan.

Figure 8 RPE fit testing activity (excluding agency/ locum, visitor, GP fit tests)



Five objectives were judged to be Amber, these being work in progress by the February 2022 meeting. There were as follows:

- To resume a comprehensive health surveillance programme. By the February meeting a revised health surveillance needs matrix had been written by the H&S Team and shared with Workforce and TP Health colleagues, and was awaiting resolution of funding issues to begin.
- To introduce improved arrangements for H&S management information and record-keeping within the Trust. The November 2021 received an update on demonstrations of a risk assessment and audit management software package called Evotix Assure, and by the February 2022 meeting a business case was in development awaiting clarification of correct governance routes.
- To devise a fresh way to update the Committee on H&S/ Security/ Fire/ Food Safety risk register entries. By the February meeting the development of the Datix risk register module was firmly in progress, and this question was to be revisited after the inaugural meeting of the Risk Management Committee in March 2022.
- To bring all relevant policy and COP/ SOP documents back within review date. Appendix C records the status of documents at the time of the February meeting, and review work delayed during the Covid-19 pandemic will continue into 2022/23.
- For Trust Board members to undertake the 1-day course “NEBOSH HSE Certificate in Health and Safety Leadership Excellence”. By the February 2022 meeting a course provider (HSE Buxton) had been identified and on-site training courses had resumed, but training dates had not been settled.

One objective was judged to be Red, this relating to the ambition to introduce a BAF-style framework for monitoring key H&S/ Security/ Fire/ Food Safety issues via the HSSF Committee. This action was pending at the February 2022 meeting.

9 Priorities for FY 2022/23

- To pursue the priorities from 2021/22 which remain outstanding or in progress (above).
- To adopt a Board Assurance Framework-style framework for H&S, Security, Food Safety and Fire matters - potentially based on the NHS Staff Council Health, Safety and Wellbeing Partnership Group's Workplace Health and Safety Standards ([hswpg_workplace-health-safety-standards_may_2022_final.pdf \(nhsemployers.org\)](#)) - to be monitored by the Committee.
- To continue to pursue initiatives to improve the availability and quality of H&S/ Food Safety/ Fire/ Security management information available to Divisions and Corporate Departments by means of adopting an electronic H&S risk management system – with the existing business case to progress.
- To continue to improve health surveillance arrangements, to include management information on the status of health surveillance reported by ward/ department and individual in order to support high levels of participation.
- To develop a business case for a resilient RPE fit testing programme post-Q4 2022, to support the Trust's actions in response to the publication of the National Infection Prevention and Control Manual ([C1636-national-ipc-manual-for-england-v2.pdf](#)) in April 2022.
- To ensure that Fire Safety arrangements address the risks arising from materials brought onto hospital sites by patients, to reduce the frequency of deliberate fires in 2022/23.

Kath Titley
Health & Safety Team Manager
30 June 2022

Appendix A: HSSFC Terms of Reference at June 2021

HEALTH, SAFETY, SECURITY AND FIRE COMMITTEE TERMS OF REFERENCE				
Constitution				
<p>The Committee is established in accordance with the Trust's Health & Safety Policy and in compliance with statutory requirements under Section 2(7) of the Health and Safety at Work etc. Act 1974 and Section 9 of the Safety Representations and Safety Committee [SRSC] Regulations, 1977.</p> <p>With agreement of staff side, fire, food safety and security management are also addressed and the Committee is known as the Health, Safety, Security and Fire Committee.</p> <p>A key purpose of the Committee is to consult staff on matters related to health, safety, fire, food safety and security issues and to consider matters that have not been resolved by Division, or Corporate Department meetings, or local Health and Safety Committees or equivalent governance meetings. The Committee also has the function of keeping under review the measures taken by the Trust to ensure, as far as is reasonably practicable, the health, safety and security at work of all staff, patients, contractors and visitors.</p> <p>Its constitution and terms of reference is as set out below. As a Committee of the Trust, the Standing Orders of the Trust shall apply to the conduct of the Health, Safety, Security and Fire Committee.</p> <p>The Health, Safety, Security and Fire Committee supports the Trust's governance Committees in ensuring risk assessment and risk reduction plans are in place across the Trust.</p>				
Membership				
The membership of the Health, Safety, Security and Fire Committee will be:				
Division / Department	Corporate	Role		Deputy
Operational Directorate		Deputy Chief Operating Officer (Chair)		(Deputy Chair)
Operational Directorate		Health and Safety Team Coordinator (Committee Administrator)		
Operational Directorate		Health and Safety Team Manager		Senior Health and Safety Advisor
Operational Directorate	Corporate Services Directorate	Trust Security Manager Fire Safety Manager		Fire Safety Advisor
Corporate Nursing		Director of IPC		Lead Nurse Infection Prevention and Control
Operational Directorate		Food Safety Advisor		
Operational Directorate		Moving and Handling Lead		Senior Moving and Handling Advisor
Operational Directorate		Emergency and Resilience planning Officer		
Medicine and Emergency Care		Assistant Chief Operating Officer		Division Head of Nursing

Surgery, Anaesthetics and Cancer	Assistant Chief Operating Officer	Division Head of Nursing
Clinical Support Services	Division Director	Centre Manager
Women and Children's Estates	Division Director	Deputy Head of Midwifery
	Associate Director of Estates & Hospital Transformation	Head of Operational Estates
Facilities	Head of Facilities	Senior Logistics Manager
Workforce Directorate	Deputy Workforce Director	Associate Workforce Director
Resources Directorate		
Team Prevent	Clinical Performance Manager	
Education	Corporate Education Manager	
Unite	H&S Representative	H&S Representative
UNITE (Pathology Representative)	H&S Representative	H&S Representative
British Dietetic Association	H&S Representative	H&S Representative
British and Irish Orthoptic Society	H&S Representative	H&S Representative
British Medical Association	H&S Representative	H&S Representative
Chartered Society of Physiotherapy	H&S Representative	H&S Representative
Federation of Clinical Scientists	H&S Representative	H&S Representative
Hospital Consultants & Specialists Association	H&S Representative	H&S Representative
Royal College of Midwives	H&S Representative	H&S Representative
Royal College of Nursing	H&S Representative	H&S Representative
Society of Radiographers	H&S Representative	H&S Representative
Unison / British Association of Occupational Therapists	H&S Representative	H&S Representative

Other managers/staff may be required to attend meetings depending upon issues under discussion with the prior approval of the Committee Chair. The Committee has the power to co-opt, or to require to attend, any member of Trust staff as necessary.

The Committee will be chaired by Deputy Chief Operating Officer.

Responsibilities of Members

- Identify agenda items for consideration by the Chair and the Committee Administrator at least 10 working days before the meeting.
- Prepare and submit papers for a meeting at least 7 working days before the meeting.
- If unable to attend, send their apologies to the Chair and Committee Administrator prior to the meeting and, if appropriate, seek the approval of the Chair to send a deputy to attend on their behalf.
- When matters are discussed in confidence at the meeting, maintain such confidences.
- At the start of the meeting, declare any conflicts of interest/potential conflicts of interest in respect of specific agenda items (even if such a declaration has previously been made in accordance with the Trust's policies and procedures).

Attendance
<ul style="list-style-type: none"> • If unable to attend a meeting, the members may be represented by a nominated deputy, but this must be agreed before the meeting with the Committee Chair. • It is expected that a member or their nominated deputy will normally attend for a minimum of 75 % of meetings in a year.
Quorum
<p>The Committee will be deemed quorate to the extent that the following members are present:</p> <ul style="list-style-type: none"> • The Chair or nominated deputy from the management representatives; and • 2 members of the management representatives; and • 2 members from the staff representatives.
Frequency of meetings
<ul style="list-style-type: none"> • The Committee will normally meet bi-monthly. The Chair may convene additional meetings of the Committee to consider business that requires urgent attention. • The Agenda will be circulated with papers at least 5 working days before the meeting. The Agenda will be approved by the Committee Chair prior to circulation. Requests for non-routine agenda items are to be forwarded to the Committee Chair normally at least 10 working days prior to the meeting. • Additional meetings may be held at the discretion of the Chair of the Committee.
Authority
<ul style="list-style-type: none"> • The Health, Safety, Security and Fire Committee is authorised by the Trust Board to act within its terms of reference. The Committee is authorised to investigate any Trust activity within its Terms of Reference and is expected to make recommendations to the Quality Operational Committee. All members of staff are directed to co-operate with any request made by the Health, Safety, Security and Fire Committee. • The Health, Safety, Security and Fire Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its terms of reference. • The Committee has no executive powers other than those specifically delegated in these Terms of Reference.
Duties
<ul style="list-style-type: none"> • To review new legislation and guidance on health, safety, security, fire and food safety issues, and give advice to the Trust Board, Quality Operational Committee, Divisions/ Corporate Departments management and staff on actions required to ensure compliance. • To review quarterly health, safety, security, fire and food safety incident reports and trends, and to ensure that action is taken to prevent recurrence so far as it is reasonable to do so. • To review and update Trust Policies on health and safety, security, fire and food safety before submission to the relevant Tier 2 Committee for adoption. • To review health, safety, security, fire and food safety internal audit and inspection programmes, and ensure that remedial action is taken so far as it is reasonable to do so. • To be advised on live matters and/ or reports from the Health and Safety Executive, Shropshire Fire and Rescue Service and/ or Environmental Health Officers, and confirm/advise on action to ensure compliance with relevant legislation. • To monitor and review matters associated with health, safety, security, fire and food safety. • To monitor and review health, safety, security, fire and food safety improvement or risk reduction projects. • To help resolve Trust health, safety and welfare issues. • To receive responses from Division/ Corporate Departments reports issued prior to Committee meetings. • To consider exception reports from Division or Corporate Department meetings where non-compliance with statutory duties is reported, and to refer items to the Quality

Operational Committee for consideration and appropriate action.

- To approve the Health and Safety, Security and Fire Annual Reports.
- To review Health and Safety, Security, Fire or Food Safety risk register entries.

Reporting

The Health, Safety, Security and Fire Committee will have the following reporting responsibilities:

- To distribute meeting minutes to all members of the Committee, with copies of the minutes to be posted on Trust's intranet page and retained on the intranet for a period of three years.
- The Health, Safety, Security and Fire Committee Chair shall report to the Quality Operational Committee on how it discharges its responsibilities by: quarterly summary.
- Ensuring that a summary of its meetings is formally recorded and submitted to the Quality Operational Committee. This shall be presented by the Chair who will bring to the Quality Operational Committee's specific attention any significant matters under consideration and make recommendations on any area within its remit.

Administrative arrangements

The Health and Safety Team Coordinator has responsibility for:

- Keeping a record of matters arising and issues to be carried forward.
- Producing an action list following each meeting and ensuring any outstanding action is carried forward on the action list until complete.
- Producing a schedule of meetings to be agreed for each calendar year and making the necessary arrangements for confirming these are dates and booking appropriate rooms and facilities.
- Producing appropriate support to the Chair and Committee members.
- Providing notice of each meeting and requesting agenda items no later than 15 working days before a meeting.
- Agreeing the agenda with the Chair prior to sending the agenda and papers to members no later than 5 working days before the meeting.
- Posting minutes of the meeting on the Trust's intranet.

Review

The terms of reference will normally be reviewed annually, with recommendation on changes submitted to the Trust Board for ratification.

Approved:

30 June 2021

To be reviewed:

30 June 2022

Appendix B Trends in incident reports considered by HSSF Committee FY 2021/22

Figure 1: H&S-related Datix reports by Division and category

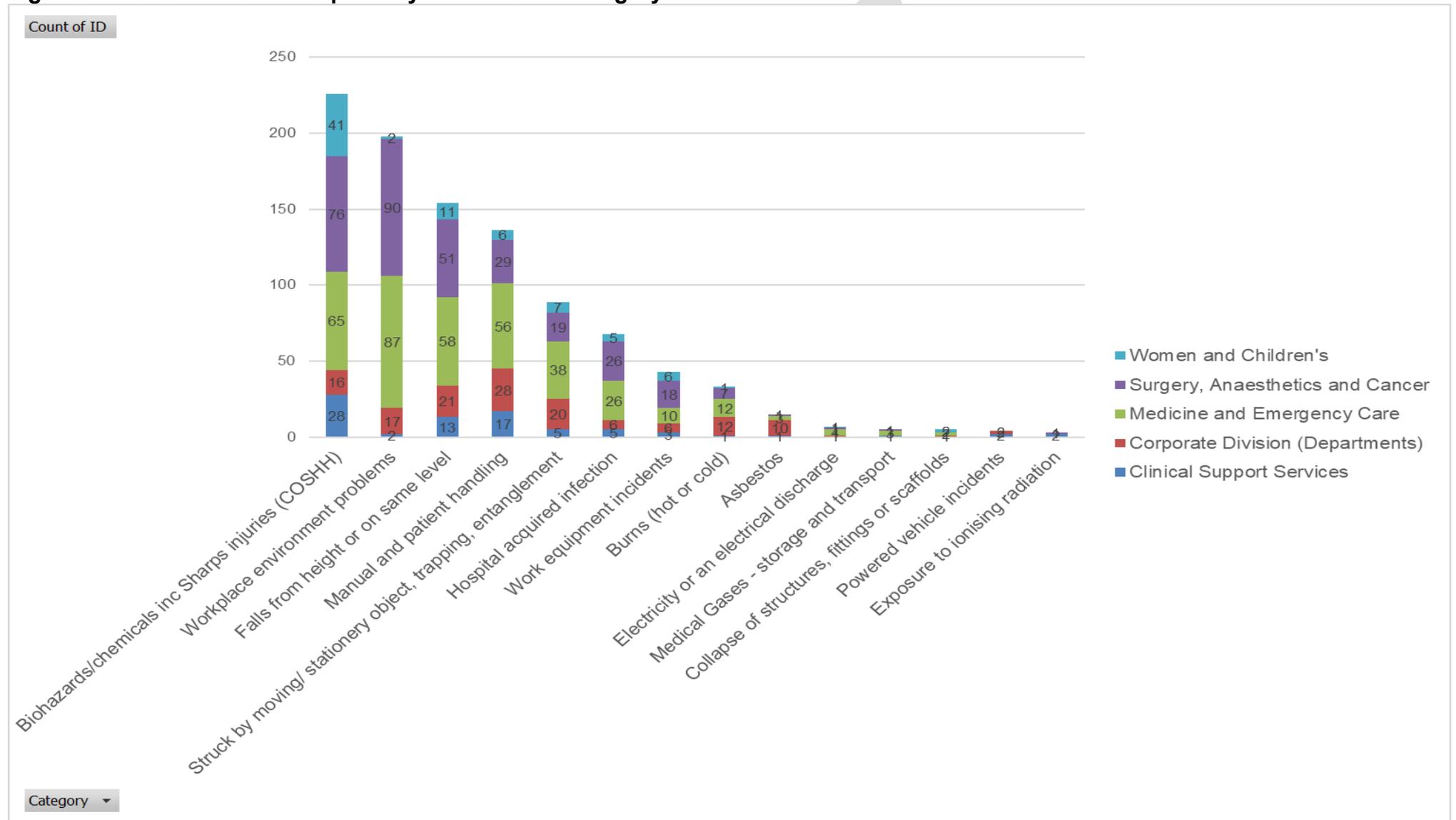


Figure 2: All RIDDOR reports to HSE by report type and category

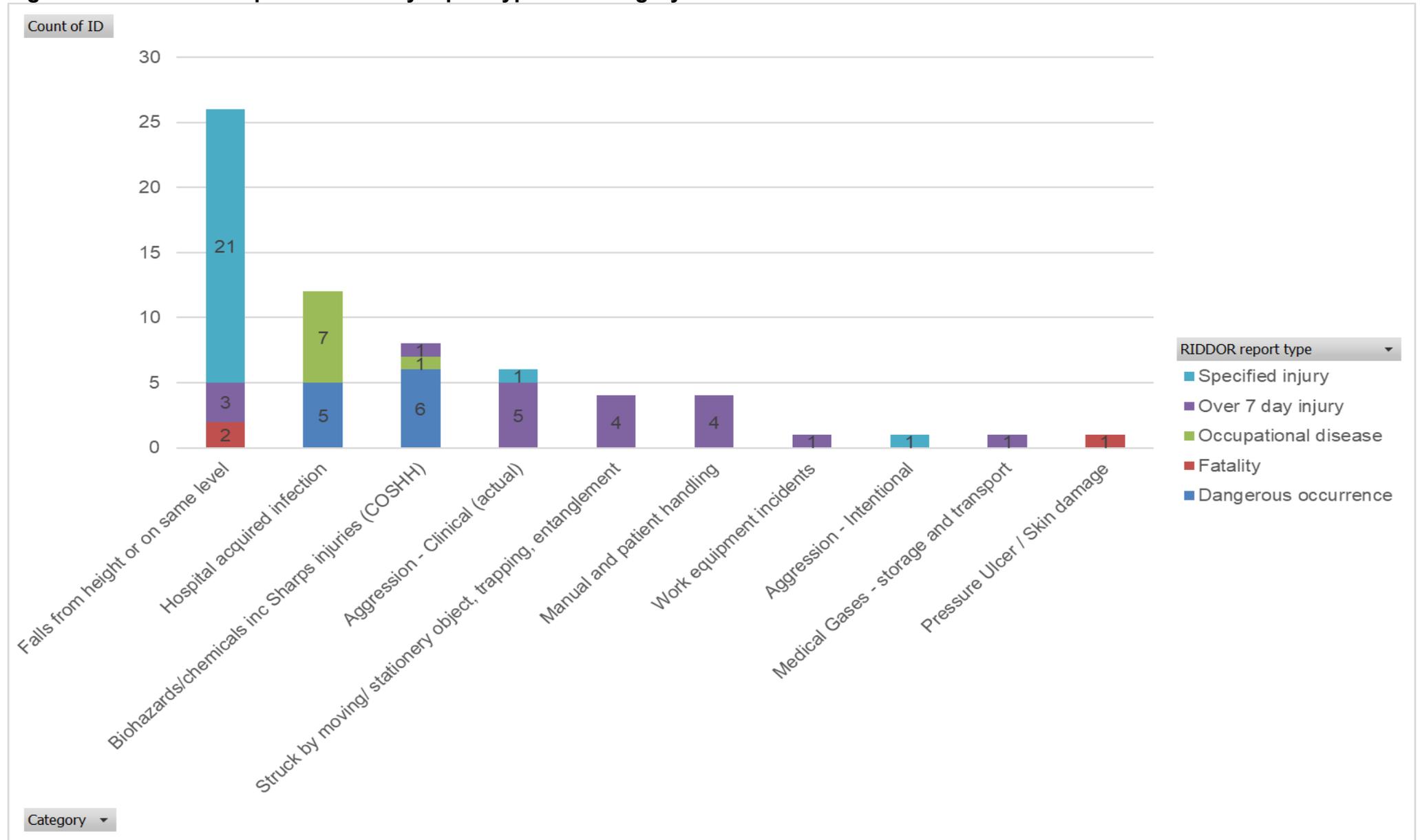


Figure 3: Worker RIDDOR reports by Division and HSE accident kind

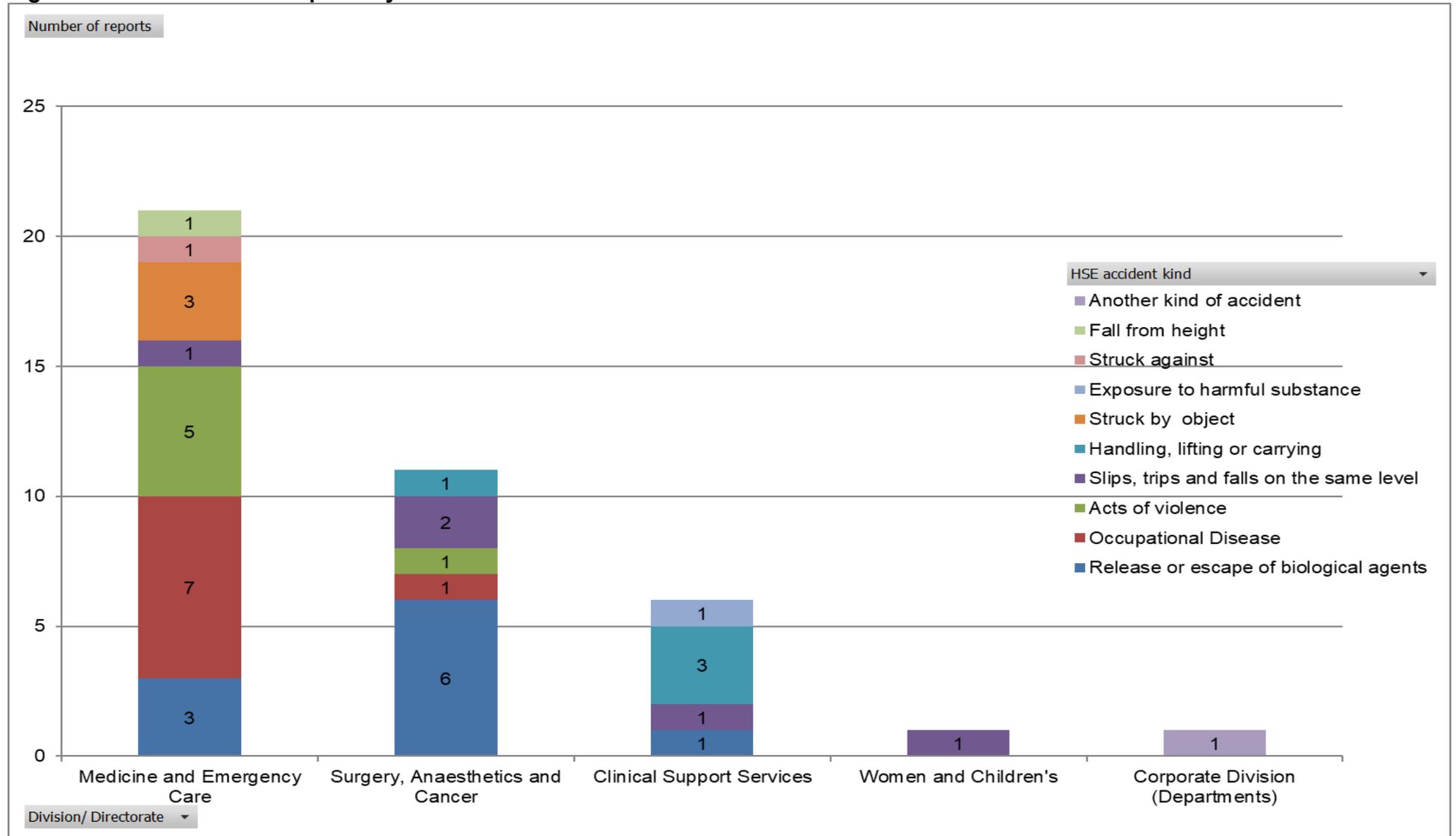


Figure 4: Worker RIDDOR reports by HSE accident kind and HSE “Human Health” sector benchmarking data

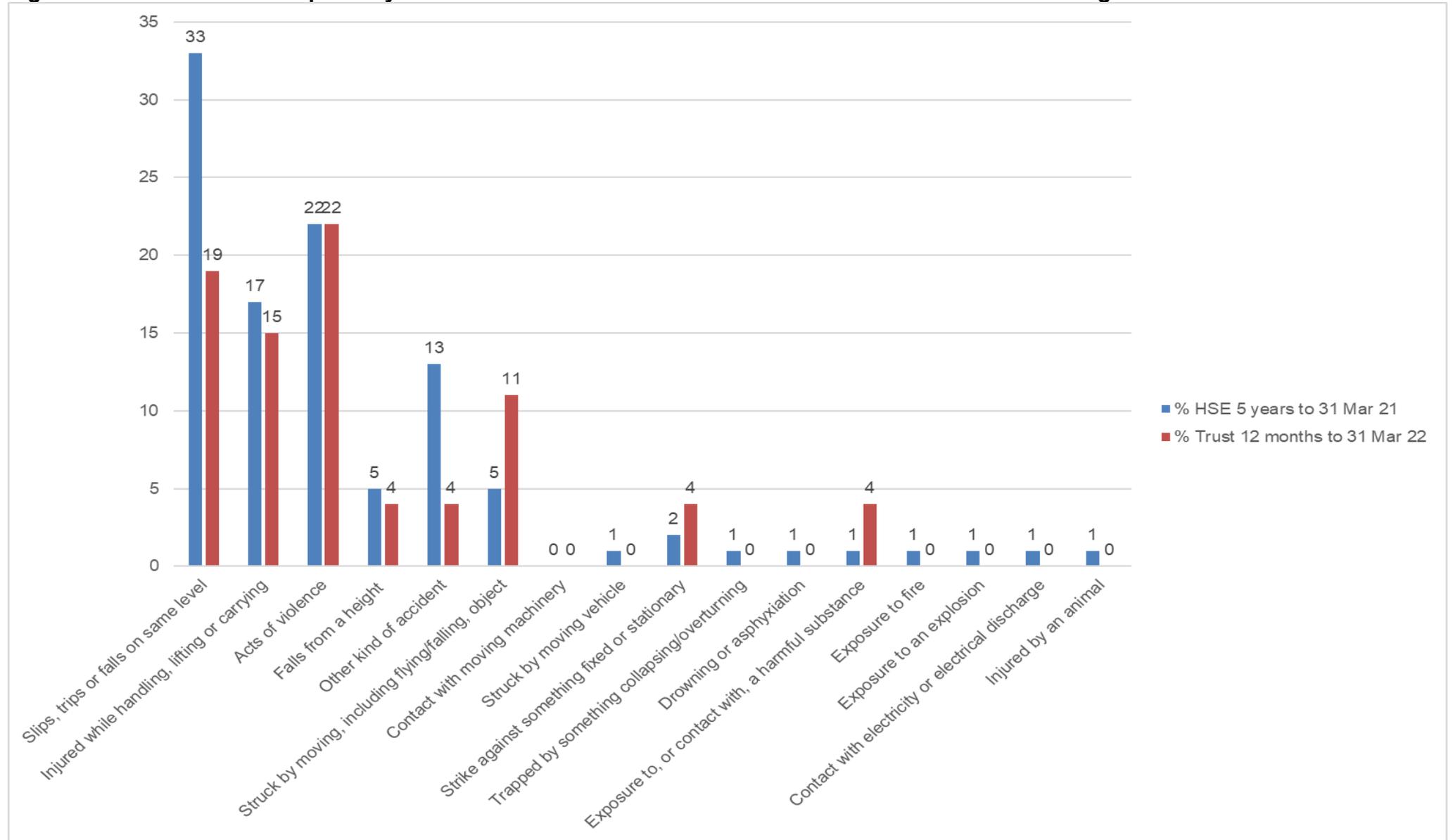


Figure 5: Fire Safety-related Datix reports by Division and subcategory

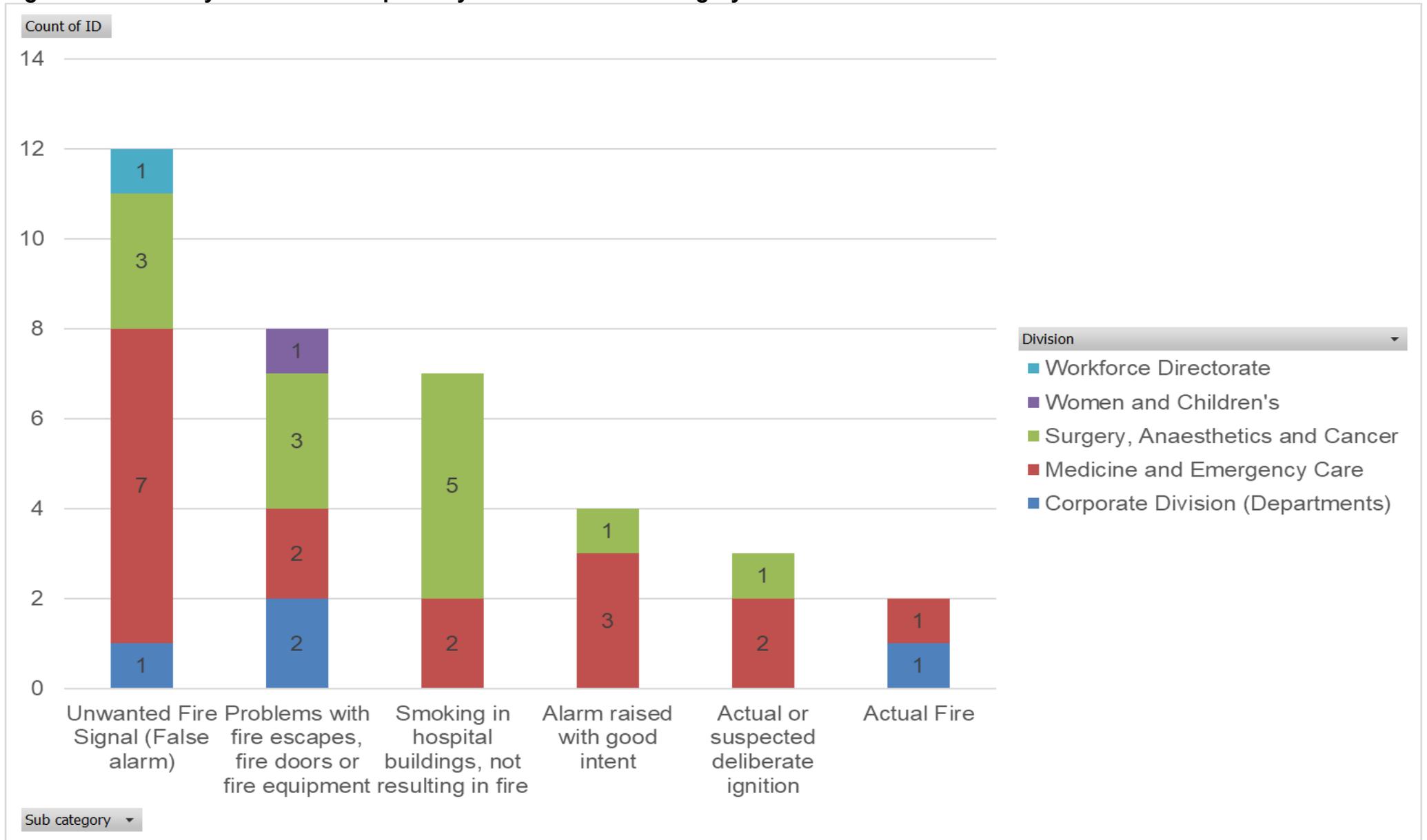


Figure 6: Food Safety-related Datix reports by Division and subcategory

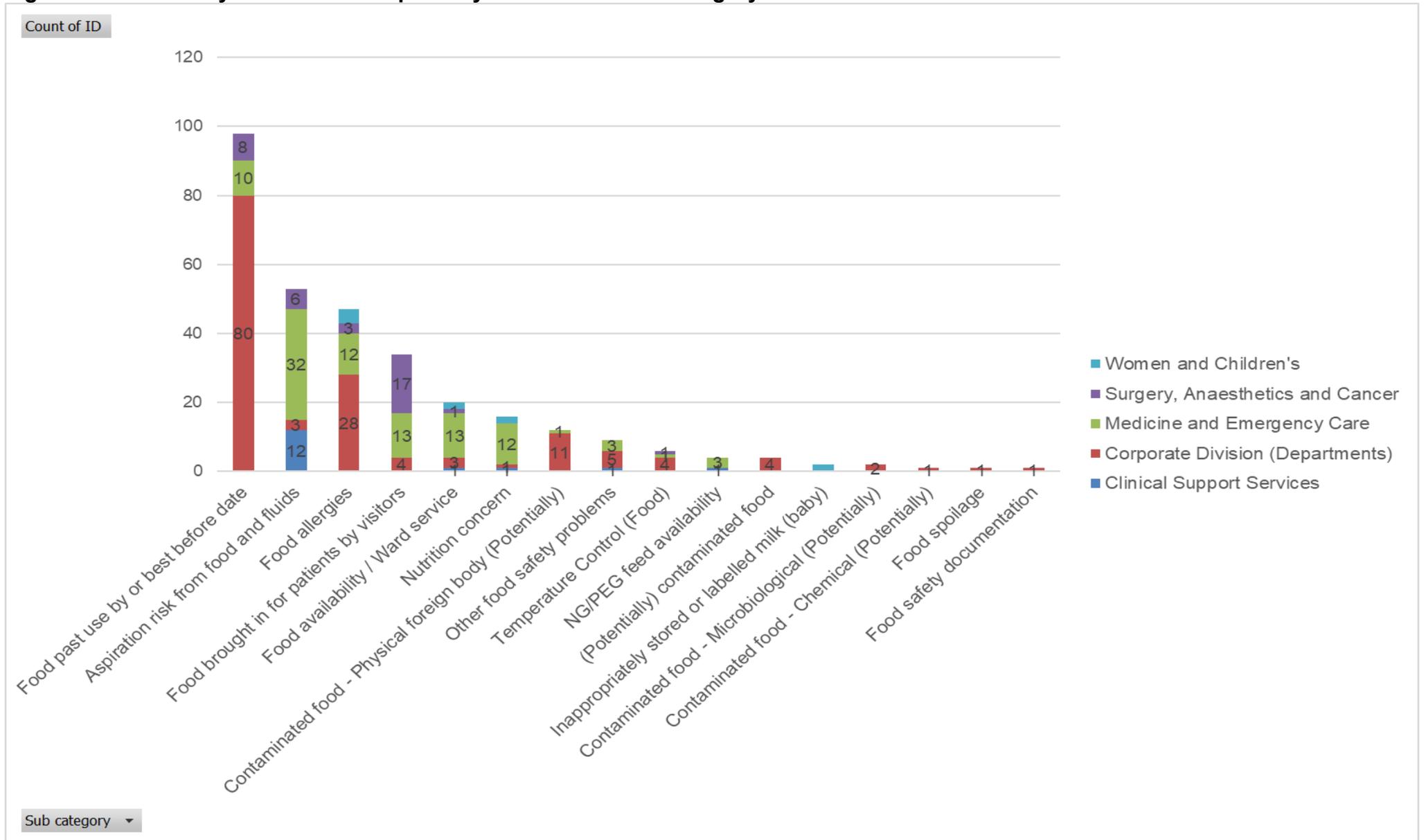
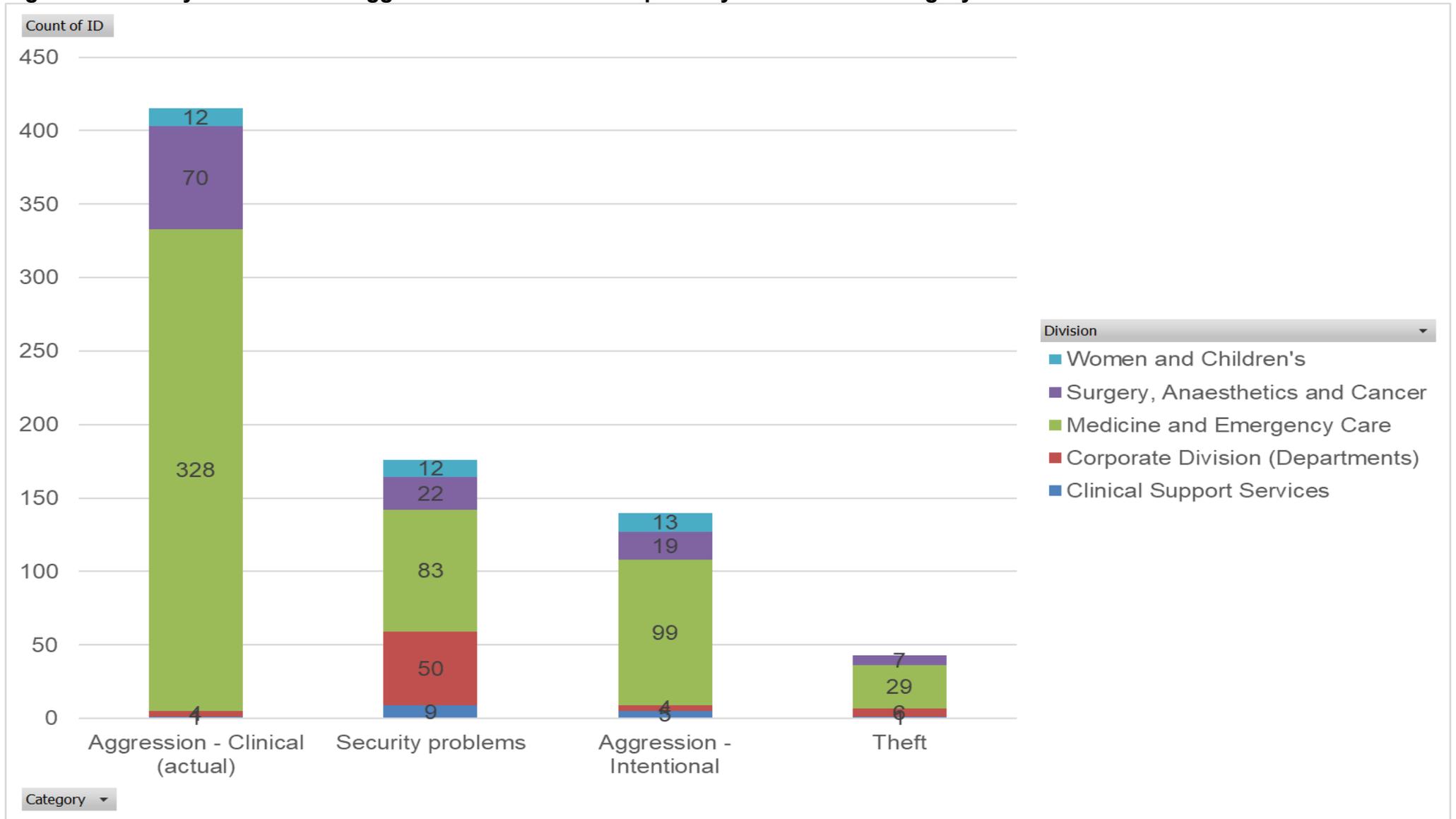


Figure 7: Security/ Violence and aggression-related Datix reports by Division and category



Appendix C: Policy status, as presented to February 2022 meeting

Item	Document type	Status at 18 Feb 22	Document review date	Notes
EPRR005 Heatwave Plan	Policy	Approved	01 April 2022	To April 2022 HSSFC
Fire Incident Procedures - Fire Response Team PRH	Code of practice/ standard operating procedure	Published	01 May 2022	To April 2022 HSSFC
Fire Incident Procedures - Fire Response Team RSH	Code of practice/ standard operating procedure	Requires review	01 December 2019	To April 2022 HSSFC
Fire Incident Procedures - Switchboard: PRH site	Code of practice/ standard operating procedure	Requires review	01 January 2022	To April 2022 HSSFC
Fire Incident Procedures - Switchboard: RSH site	Code of practice/ standard operating procedure	Requires review	01 December 2019	To April 2022 HSSFC
FS01 Food Safety Policy	Policy	Approved	01 June 2024	
FSCOP01 - Food Safety Policy Code of Practice & Procedure No. 1 Reporting & Notification of Conditions of Illness Employment Practices	Code of practice/ standard operating procedure	Approved	01 June 2025	
FSCOP02 - Food Safety Policy Code of Practice & Procedure No. 2 - Inspection of Premises	Code of practice/ standard operating procedure	Requires review	01 December 2012	To September 2022 HSSFC
FSCOP03 - Food Safety Policy Code of Practice & Procedure No. 3 - Food Safety Training for Food Handlers [Revised Sept 2018]	Code of practice/ standard operating procedure	Requires review	01 September 2021	To April 2022 HSSFC
FSCOP04 - Food Safety Policy Code of Practice & Procedure No. 4 - Personal Hygiene	Code of practice/ standard operating procedure	Approved	01 June 2024	
FSCOP05 - Food Safety Policy Code of Practice & Procedure No. 5 - Purchasing, Receipt of Goods, Storage	Code of practice/ standard operating procedure	Approved	01 June 2024	

Item	Document type	Status at 18 Feb 22	Document review date	Notes
FSCOP06 - Food Safety Policy Code of Practice & Procedure No. 6 - Safe Food Handling	Code of practice/ standard operating procedure	Approved	01 April 2024	
FSCOP07 - Food Safety Policy Code of Practice & Procedure No. 7 - Microwave Ovens	Code of practice/ standard operating procedure	Requires review	01 December 2012	To April 2022 HSSFC
FSCOP08 - Food Safety Policy Code of Practice & Procedure No. 8 - Temperature Monitoring	Code of practice/ standard operating procedure	Approved	01 June 2024	
FSCOP09 - Food Safety Policy Code of Practice & Procedure No. 9 – Vending	Code of practice/ standard operating procedure	Approved	01 June 2024	
FSCOP10 - Food Safety Policy Code of Practice & Procedure No. 10 - Food Waste and Refuse	Code of practice/ standard operating procedure	Requires review	01 December 2012	To June 2022 HSSFC
FSCOP11 - Food Safety Policy Code of Practice & Procedure No. 11 - Cleaning of Equipment and Premises	Code of practice/ standard operating procedure	Requires review	01 December 2012	To June 2022 HSSFC
FSCOP12 - Food Safety Policy Code of Practice & Procedure No. 12 - Pest Control	Code of practice/ standard operating procedure	Approved	01 November 2024	
FSCOP13 - Food Safety Policy Code of Practice & Procedure No. 13 - Food Safety in Ward Kitchens and Safe Food Handling Practices	Code of practice/ standard operating procedure	Approved	01 June 2024	
FSCOP14 - Food Safety Policy Code of Practice & Procedure No. 14 - Premises Design, Structure and Maintenance	Code of practice/ standard operating procedure	Approved	01 June 2024	
FSCOP15 - Food Safety Policy Code of Practice & Procedure No. 15 - Procedure for Dealing with Outbreaks of Food Poisoning	Code of practice/ standard operating procedure	Requires review	01 December 2012	To September 2022 HSSFC

Item	Document type	Status at 18 Feb 22	Document review date	Notes
FSCOP16 - Food Safety Policy Code of Practice & Procedure No. 16 - Customer Complaints Procedure and Catering Monitoring	Code of practice/ standard operating procedure	Approved	01 August 2024	
FSCOP17 - Food Safety Policy Code of Practice & Procedure No. 17 - Food Safety Instruction for Volunteers: League of Friends	Code of practice/ standard operating procedure	Approved	01 November 2024	
FSCOP18 - Food Safety Policy Code of Practice & Procedure No. 18 - Maintenance of Catering Equipment/Structure for In House Staff and Contractors	Code of practice/ standard operating procedure	Approved	01 June 2024	
FSCOP19 - Food Safety Policy Code of Practice & Procedure No.19 - Allergies/Food Intolerance	Code of practice/ standard operating procedure	Approved	01 June 2024	
FSCOP20 - Food Safety Policy Code of Practice & Procedure No. 20 - Control and Consumption of Non Catering Department Supplied Food	Code of practice/ standard operating procedure	Approved	01 August 2024	
FSCOP21 - Food Safety Policy Code of Practice & Procedure No. 21 - Food Safety and Dietary Requirements for Neutropenic Patients	Code of practice/ standard operating procedure	Requires review	01 December 2012	To September 2022 HSSFC
FSCOP22 - Food Safety Policy Code of Practice & Procedure No. 22 - Food Safety Rules for providing low risk food such as cakes and biscuits	Code of practice/ standard operating procedure	Approved	01 March 2025	
FSCOP23 Food Safety Policy Code of Practice & Procedure No. 23 Contingency controls during pandemic for supply of donated food to the Trust for staff	Code of practice/ standard operating procedure	Approved	01 May 2025	
FSO00 Trust Fire Safety Policy	Policy	Approved	01 April 2026	
FSO09 Trust Fire Risk Assessments	Policy	In development	Not applicable	
HS01 Trust H&S policy	Policy	Requires review	01 December 2021	To April 2022 HSSFC

Item	Document type	Status at 18 Feb 22	Document review date	Notes
HS02 Incident reporting and investigation (staff, contractors and members of the public) including RIDDOR	Policy	Approved	30 September 2022	To September 2022 HSSFC
HS04 First Aid at Work	Policy	Approved	31 August 2022	To September 2022 HSSFC
HS06 Control of Hazardous substances	Policy	Approved	30 June 2022	To June 2022 HSSFC
HS07 Work with Display Screen Equipment	Policy	Approved	30 November 2023	
HS08 Safer Moving and Handling	Policy	Approved	31 March 2022	To February 2022 HSSFC
HS09 Waste Management	Policy	Approved	30 September 2022	To September 2022 HSSFC
HS10 Lone Working	Policy	Approved	30 June 2022	To June 2022 HSSFC
HS11 H&S risk assessment templates	Policy	Requires review	01 December 2021	To April 2022 HSSFC
HS12 Stress risk assessment and risk management	Policy	Approved	30 November 2023	
HS13 Selection, use and maintenance of PPE	Policy	Approved	31 October 2022	To November 2022 HSSFC
HS14 Ionising Radiation Protection	Policy	In review	01 February 2024	
HS15 Slips, trips and falls	Policy	Approved	28 February 2025	
HS16 Needlestick injuries	Policy	Approved	01 February 2025	
HS17 Laser Protection	Policy	Approved	31 October 2022	To November 2022 HSSFC
HS18 Work at Height	Policy	Requires review	01 December 2021	To April 2022 HSSFC
HS19 Electrical Safety and Lighting Policy	Policy	Approved	01 June 2024	To November 2022 HSSFC
HS20a Asbestos policy	Policy	Approved	01 April 2024	
HS20b Asbestos Management Plan	Policy	Approved	01 May 2022	To April 2022 HSSFC

Item	Document type	Status at 18 Feb 22	Document review date	Notes
HS21 Control of contractors	Policy	In review	01 December 2021	
HS22 Water Safety Policy	Policy	In review	01 December 2021	
HS23 Workplace Transport	Policy	Requires review	01 December 2021	To April 2022 HSSFC
HS24 Noise at Work	Policy	Approved	30 June 2024	
HS25 Vibration at Work	Policy	Approved	30 June 2024	
HS26 Management of Ligature Points	Policy	Approved	31 December 2024	
HS27 Pressure Systems Safety Policy	Policy	Approved	01 June 2024	
HS28 Passenger and Goods Lift Management Policy	Policy	Approved	01 July 2024	
HS29 Confined spaces	Policy	In development	Not applicable	
HS30 Natural Rubber Latex (NB: originally same number as PPE, change to HS30)	Policy	Requires review	01 December 2021	To April 2022 HSSFC
HS31 Permits to Work	Policy	In development	Not applicable	
HS32 Management of Ventilation Systems Policy	Policy	In development	Not applicable	To February 2022 HSSFC
HS33 Medical Gases Pipeline Systems Policy	Policy	In development	Not applicable	To February 2022 HSSFC
HS34 Decontamination	Policy	In review	Not applicable	
HS35 Window Safety	Policy	In development	Not applicable	
HS36 Pest Control	Policy	Approved	01 September 2024	
RPE01 SOP for open fit testing sessions at RSH	Code of practice/ standard operating procedure	In review	01 February 2022	To February 2022 HSSFC
RPE02 SOP for open fit testing sessions at PRH	Code of practice/ standard operating procedure	In review	01 February 2022	To February 2022 HSSFC
RPE03 SOP Safe use, cleaning, storage and maintenance of reusable 3M half-mask and full-face respirators	Code of practice/ standard operating procedure	In review	01 December 2021	To February 2022 HSSFC

Item	Document type	Status at 18 Feb 22	Document review date	Notes
RPE04 SOP Universal Momentum/ Horizon PAPR system	Code of practice/ standard operating procedure	In review	14 May 2021	To February 2022 HSSFC
RPE05 SOP Weltek Airkos Navitek Clear PAPR system	Code of practice/ standard operating procedure	In review	14 May 2021	To February 2022 HSSFC
RPE06 SOP Out of hours guide for staff Universal step by step guide to assembly	Code of practice/ standard operating procedure	In review	01 December 2021	To February 2022 HSSFC
RPE07 SOP Out of hours guide for staff Weltek step by step guide to assembly	Code of practice/ standard operating procedure	In review	01 December 2021	To February 2022 HSSFC
SOP Drager X-plore 8000 hood	Code of practice/ standard operating procedure	Withdrawn	Not applicable	
SOP Out of hours guide for staff Drager step by step guide to assembly	Code of practice/ standard operating procedure	Withdrawn	Not applicable	
SY01 Security Management	Policy	Approved	31 July 2022	To June 2022 HSSFC
SY02 Violence and Aggression	Policy	Approved	31 December 2023	
SY03 CCTV	Policy	Approved	30 November 2023	
SY04 Lockdown	Policy	Approved	01 November 2022	To February 2022 HSSFC
SY05 Counter terrorism procedures	Policy	Approved	01 November 2022	To November 2022 HSSFC
SY06 Hosting of prisoners on Trust premises	Policy	Withdrawn	Not applicable	
SY07 Patient Search Policy	Policy	Ratified but not presented at HSSF	01 July 2025	

Appendix D: Review of HSSFC 2021/22 objectives, as presented to February 2022 meeting

Key: Red = not started, Amber = in progress, Green = complete.

Objective	Update 15 Feb 22	Status
<p>To recommend that Board Directors attend externally accredited health and safety training to a nationally recognised syllabus.</p>	<p>The course “NEBOSH HSE Certificate in Health and Safety Leadership Excellence” was identified as the relevant course for Board Directors, with HSE Buxton identified as the preferred course provider and with a strong preference for a face-to-face course delivery.</p> <p>The course “NEBOSH National General Certificate in Occupational Health and Safety” was identified as the correct course for the Chief Operating Officer as Director responsible for H&S, with face to face, online and distance learning options available via training provider RRC.</p> <p>Details provided to COO and recommendations accepted, courses yet to be booked.</p>	<p>Amber</p>

Objective	Update 15 Feb 22	Status
<p>To ensure that all F(ire)S-, F(ood)S-, SY- and HS-prefixed policies are within review dates, via consultation and agreement by Committee members</p>	<p>Policy status updates are sent to every HSSFC meeting as a standing agenda item.</p> <p>Policies/ Codes of Practice/ Standard Operating procedures reviewed by HSSF Committee FY2021/22 to date:</p> <ul style="list-style-type: none"> • FS01 Food Safety Policy and associated Codes of Practice 4, 5, 6, 8, 9, 12, 13, 14, 16, 17, 18, 19, 20 • Heatwave Plan • FSO01 Fire Safety Policy • HS19 Electrical Safety and Lightning Policy • HS28 Passenger Goods and Lift Management Policy • HS27 Pressure Systems Safety Policy • HS36 Pest Control Policy • HS21 Control of Contractors Policy • HS16 Prevention and Management of Sharps Injuries Policy • HS20b Asbestos Management Plan • HS22 Water Safety Policy • SY05 Counter Terrorism Procedures • HS26 Management of Ligature Points <p>Ratification/ publication has been delayed due to changes in Trust procedure including the end of the Policy Approval Group process, so some of the above are yet to be published to the intranet Document Library. Progress is tracked at each meeting and will be updated again at the 28 Feb 22 meeting.</p> <p>Policies/ documents now requiring review (noting that some are agenda items for the 28 Feb 22 HSSFC meeting):</p> <ul style="list-style-type: none"> • Food Safety COPs 2, 3, 7, 10, 11, 15, 21 • HS01 Trust H&S Policy • HS11 Health and Safety Risk Assessment Templates • HS18 Work at Height • HS23 Workplace Transport • HS30 Natural Rubber Latex • Safe use, cleaning, storage and maintenance of reusable 3M half-mask and full-face respirators SOP • Weltek Navitek PAPR SOP • Universal Momentum Horizon PAPR SOP • Out of hours use Weltek Navitek PAPR SOP • Out of hours use Universal Momentum Horizon PAPR SOP 	<p>Amber</p>

Objective	Update 15 Feb 22	Status
To devise a Board Assurance Framework-style document for H&S, Security, Food Safety and Fire matters, to be monitored by the Committee.	To carry forward into 2022/23.	Red
To devise a report on H&S, Food Safety, Security and Fire risks for monitoring by the Committee.	To review following the first meeting of the newly formed Risk Committee, inaugural meeting planned for 14 February 2022 postponed, next meeting planned for 16 March 2022. (The previous version of this report to HSSFC was derived from the Operational Risk Group risk prioritisation list published at each meeting.)	Amber
To improve the quality and scope of quarterly Division/ Corporate Department reporting into Committee.	Divisions/ Directorates are now asked to report on a quarterly basis using a defined template, and supported by data published at SaTH Intranet - Health and Safety Committee . Compliance with this requirement will be addressed in the 2021/22 HSSFC annual report, as will the quality of management information available to authors and the extent to which this is reflected in the reports.	Green

Objective	Update 15 Feb 22	Status
<p>To pursue initiatives to improve the availability and quality of H&S/ Food Safety/ Fire/ Security management information available to Divisions and Corporate Departments, to enable the item above by means of adopting an electronic H&S risk management system.</p>	<p>The H&S software package Evotix Assure has been discussed at HSSFC and evaluated by representatives from H&S Team, Security, Food Safety, Fire Safety, Emergency Planning and Business Continuity plus representatives from Radiology and Pathology, with a recommendation to develop a business case for purchase for use specifically to manage risk assessment records and associated linked actions.</p> <p>A business case for purchase of the core, risk [assessment] and audit modules is currently under discussion internally with COO, Director of Governance and Communications, and Director of Finance.</p> <p>At the date of writing, it remains unclear whether there is Exec support to present a business case for consideration, and if so via which governance route. The business case will be finalised for submission when this is clarified, to meet the specific requirements of submissions to the correct governance route.</p>	Amber
<p>To design and implement a comprehensive H&S training programme, post-pandemic.</p>	<p>H&S training courses resumed by end Q4:</p> <ul style="list-style-type: none"> • First aid at work • First aid at work refresher • Emergency first aid at work • IOSH Managing Safely • IOSH Managing Safely refresher • DSE workstation assessors • Individual stress risk assessment (ad hoc) • Hand-arm vibration awareness (ad hoc) • Work-related stress risk assessment (ad hoc) • COSHH spill procedures (ad hoc) <p>Induction and refresher training is delivered via the Skills for Health e-learning package “Health. Safety and Welfare – Level 1”. This e-learning course was introduced during the pandemic to replace classroom sessions, and this measure will continue.</p>	Green

Objective	Update 15 Feb 22	Status
<p>To improve health surveillance arrangements, to include management information on the status of health surveillance by ward/ department and individual.</p>	<p>A health surveillance matrix (including night workers health assessments) has been devised and populated by the H&S Team in consultation with Divisions/ Directorates. This has been shared with TP Health, along with the ESR data necessary to support administration.</p> <p>Discussions are currently in progress with TP Health to begin delivery of health screening questionnaires according to the matrix, with support from Simon Balderstone who is the Trust's key OH contract liaison. Current discussions focus on TP Health funding for this task. A launch date is yet to be determined.</p> <p>This will continue to be monitored by the HSSF Committee.</p>	Amber
<p>To resume a comprehensive H&S audit/ inspection programme, post-pandemic.</p>	<p>Primary H&S Team focus in year:</p> <ul style="list-style-type: none"> • Ligature points audits (to inform ligature points risk assessments) <p>Other streams in year:</p> <ul style="list-style-type: none"> • Covid-secure arrangements • Reusable RPE management • RPE donning areas • Food Safety ward kitchen audits • Food Safety red tray audits • Bariatric bed (training on delivery/ handover) SOP audits • LOLER inspections of patient handling equipment • Policy compliance audits (with an initial focus on Pathology and Facilities Centres, Q4) 	Green
<p>To develop a business case for a resilient RPE fit testing programme post-Q4 2021.</p>	<p>Funding was secured via Silver and Gold Command meetings to retain 3 WTE Band 3 H&S Team Assistants, to continue to provide a service through FY 2022/3. In addition, 2 WTE Ashfield fit testers will remain available.</p> <p>Fit testing venues have been secured in the Ironbridge Suite PRH and the Copthorne Building RSH.</p> <p>This allows sufficient capacity to maintain valid RPE fit tests for Trust staff, visitors, and volunteers plus agency and locum staff, and to continue respond to system requests for support when required (with a current focus on GP practices, hospice, and Nuffield staff at Feb 22).</p>	Green

Appendix E: Committee forward plan 2022/23, presented to February 2022 meeting

Item	Feb-22	Apr-22	Jun-22	Sep-22	Nov-22	Dec-22	Mar-23
Annual report: Fire		X					
Annual report: Health, Safety, Security and Fire Committee		X					
Annual report: Security		X					
Annual report: EPPR		X					
Asbestos Management Plan: annual review					X		
Audit/ inspection programme update	X	X	X	X	X	X	X
Control of Contractors inspections: annual review			X				
Division and Directorate reports	X	X		X	X	X	X
Environmental Health interest in the Trust	X	X	X	X	X	X	X
Estates compliance report	X	X		X	X	X	X
FFP3/ RPE updates	X	X	X	X	X	X	X
Health surveillance programme review		X					
HSE interest in the Trust	X	X	X	X	X	X	X
HSSF Committee forward plan including current policy status	X	X	X	X	X	X	X
Legislation/ guidance updates	X	X	X	X	X	X	X
Minutes of the Fire Safety Group*							
Minutes of the Radiation Protection Committee*							
Policies for consultation and approval (as required)	X	X	X	X	X	X	X
Policy status update	X	X	X	X	X	X	X
Quarterly report - Fire	X	X		X	X	X	X
Quarterly report - Food	X	X		X	X	X	X
Quarterly report - H&S	X	X		X	X	X	X
Quarterly report - Security	X	X		X	X	X	X
Shropshire Fire and Rescue Service interest in the Trust	X	X	X	X	X	X	X
Terms of Reference: annual review		X					
Training programme: annual review		X					
Waste management	X	X	X	X	X	X	X
* Following meeting dates							