**REPORT TO THE QUALITY ASSURANCE COMMITTEE
17 SEPTEMBER 2020**

Title	Health, Safety and Security Annual Report 2019-20
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Accountable Executive Director	Lorraine Sunduza, Chief Nurse

Purpose of the Report:

To brief the Trust Board on progress made to ensure the Trust is meeting its obligations under the Health and Safety at Work Act 1974.

Summary of Key Issues:

The attached report identifies the work undertaken in 2019-2020 with the following key points:

- Total of 77 RIDDORs reported of which physical assaults accounted for 66%. (pg. 15)

- Hackney and Tower Hamlets policing boroughs have now merged to form the Central East Basic Command Unit (C.E. BCU) whilst Newham and Waltham Forest forces merged to form The North East Basic Command Unit (N.E. BCU). Both Borough Command Units now have a dedicated mental health liaison officer who attends monthly crime management meetings with senior staff. (pg. 25)

- Bedfordshire police have appointed a Mental Health Investigator officer to deal with incidents which occur on the wards in L&B. This has resulted in a 45% increase in reports of offences to the police, which in turn has resulted in 37 charges for assault – compared to the one charge for last year. (pg. 25)

- Skyguard compliance for the lone worker alarm device has ranged between 23%-38%. As compliance has remained relatively low, the Trust have decided to adopt the Skyguard Smartphone App as part of its contract with Skyguard. (pg. 26)

- A full implementation and training programme has taken place from February 2020 including extensive publicity on the intranet and an official Skyguard App launch at Trust HQ. There are also a series of webinars planned for July-August 2020 open to all staff to provide further training, to raise awareness and to receive feedback from staff. (pg. 27)

Strategic priorities this paper supports (Please check box including brief statement)

Improved patient experience	☒	Through identifying risk and providing the control measure to remove or reduce them.
Improved health of the communities we serve	☒	Ensuring the Trust meets HSE Statutory regulations and CQC guidelines.
Improved staff experience	☒	Empowering and supporting staff in providing them with the tools, correct policies and procedures, documentation and training to carry out their roles safely.
Improved value for money	☒	Ensuring the Trust meets HSE Statutory regulations and CQC guidelines. Monitoring accidents and incidents Reducing potential risk where possible by providing robust control measures and in house training.

Committees / Meetings where this item has been considered:

Date	Committee / Meeting
15/07/2020	Health, Safety and Security Committee
15/07/2020	Quality Committee

Implications:

Equality Analysis	This report has no direct impact on equalities
Risk and Assurance	Mitigating actions are in place in relation to the risks identified within the report.
Service User / Carer / Staff	Monitoring and supporting health and safety at work is fundamental to good staff and service user experience.
Financial	There are no direct financial implications associated with the report.
Quality	There are no implications for Quality Improvement raised in this report.

Supporting Documents and Research material

Glossary

Abbreviation	In full
ACOP	Approved Codes of Practice
HSE	Health and Safety Executive
H & S	Health and Safety
HASWA	Health and Safety at Work Act 1974
LSMS	Local Security Management Specialist
CLG	Communities and Local Government
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations
CHN	Community Health Newham
BCHS	Bedfordshire Community Health Services

1.0 Introduction

Following the introduction of the Health and Safety at Work Act (1974) various Approved Codes of Practice (ACOP), guidance and regulations have been introduced to compliment the Act.

'Successful health and safety management' (HSG65) was first prepared by the Health and Safety Executive (HSE) accident advisory unit (now operations unit) in 1991 as a practical guide for directors, managers, health and safety professionals and employee representatives who want to improve H&S in their organisations.

The Regulatory Reform (Fire Safety) Order 2005 came into effect in October 2006 and consolidated all fire safety legislation for non-domestic premises into a single Order. Whilst it abolished the requirement for healthcare premises to hold a fire certificate, under the Order, NHS Trusts are required to actively pursue and maintain fire safety and take responsibility for staff and others visiting their premises.

Health and safety, fire and NHS Protect (now disbanded) guidance also cites that as 'good practice' health and safety should appear regularly on the agenda for board meetings. It recommends that the Chief Executive can appoint a Health and Safety 'champion' to represent the board and act as a scrutiniser to ensure processes to support H&S are robust, delivered, monitored and reviewed effectively.

2.0 Background

The trust has a statutory duty under the HASAWA (1974) to (in particular):

- **Section 2** General duties of employers to employees
- **Section 2(3)** To provide a H&S Policy
- **Section 2(4) to (7)** Functions of safety representatives and the H&S committee
- **Section 3** Duties to other persons other than employees
- **Section 7** General duties of employees at work
- **Section 37** Offences by bodies corporate

Additionally, the trust has a statutory duty under the management of Health and Safety at Work Regulations 1999 to (in particular):

- **Regulation 3** Provide suitable and sufficient risk assessments
- **Regulation 5** Provide health and safety arrangements
- **Regulation 10** Provision of information to employees
- **Regulation 13** Assurance of the employees capabilities and provide training

Furthermore the Trust has a duty under the Regulatory Reform (Fire Safety) Order 2005 to focus on risk reduction and fire prevention. The instrument to fulfil this responsibility are mandatory detailed Fire Risk assessments for all Trust premises which are duly submitted to the local Fire Authority.

The Department for Communities and Local Government (CLG) provides additional guidance in order to assist with the preparation of fire risk assessments in specific premises – including healthcare (Department of Health).

3.0   The Health, Safety and Security Team

There is an Executive Director – The Chief Nurse who sits at board level who is responsible for H&S and security activity. The H&S and Security team sits within the Governance and Risk department and consists of two staff members currently the Trust's Health, Safety, Security and Emergency Planning Manager and Health, Safety and Security Advisor.

Within the Estates, Facilities and Capital Development Directorate are three Fire Officers who are responsible for carrying out Fire Risk Assessments, fire investigations, training of staff, in addition to advising on a wide range of matters relating to fire safety across the Trust.

4.0   The Quality Committee

The Quality Committee, chaired by the Chief Nurse with all service areas and directorates being represented, meets on a monthly basis. An exception report is presented to the Committee by the Health, Safety and Security Team every quarter providing H&S updates and proposals for action.

5.0   The Health, Safety and Security Committee

In addition, a trust wide Health and Safety Committee, chaired by the Chief Nurse has been established and is attended by staff side representatives, operational directors, estates and facilities and the Health and Safety Lead for the Trust. This group discusses and promotes trust wide health and safety issues which remain unresolved at directorate level. This group also promotes a culture of understanding and co-operation across the trust to ensure the health, safety and welfare of all staff, patients and visitors. Feedback from this working group is highlighted at the Quality Committee.

6.0   Health & Safety Policy

Within the H&S policy and in line with H&S guidance it is recommended that each service area has a risk officer and each directorate has a risk facilitator who oversees each directorate's H&S issues.

The H&S policy was reviewed in February 2018, in line with HSE guidance, and ratified by the Quality Committee.

7.0   Security Policy

The security policy was reviewed in June 2020 in line with relevant guidance and ratified by the Quality Committee.

8.0   Incident Reporting and Follow Up

The Trust electronic incident reporting form (datix) includes the following mandatory fields which require a yes or no answer:

- Likelihood and severity of reoccurrence
- Is the incident RIDDOR reportable? ('over seven days' incapacitation - not counting the day on which the accident happened or specified injuries).
- Has the incident been reported to the police?
- Were the police contacted to attend in the event of an emergency?

The trust monitors every incident of actual or potential violent acts which are reported via the datix system and act as a trigger, at the time of the incident, for the H&S and security team to consider appropriate follow up.

In addition, the H&S and Security Team is automatically notified of all H&S and security incidents so that they can be followed up to ensure that appropriate action is being taken to implement assessments and control measures to minimise future reoccurrence of similar situations.

Highlighted below is a summary of the year for:

- Health, safety and security incidents by month and directorate (involving staff and patients)
- Smoking in an unauthorised area by month and directorate
- Fire incidents by month and directorate
- Non-clinical slips, trips and falls by month and directorate
- RIDDOR incidents by directorate (involving staff and patients)
- Security incidents by month and directorate (involving staff and patients)
- All incidents of violence and aggression by month and directorate (involving staff and patients)
- Physical violence towards staff by month and directorate

Health, Safety and Security incidents

All reported Health, Safety and Security incidents – Trust wide:
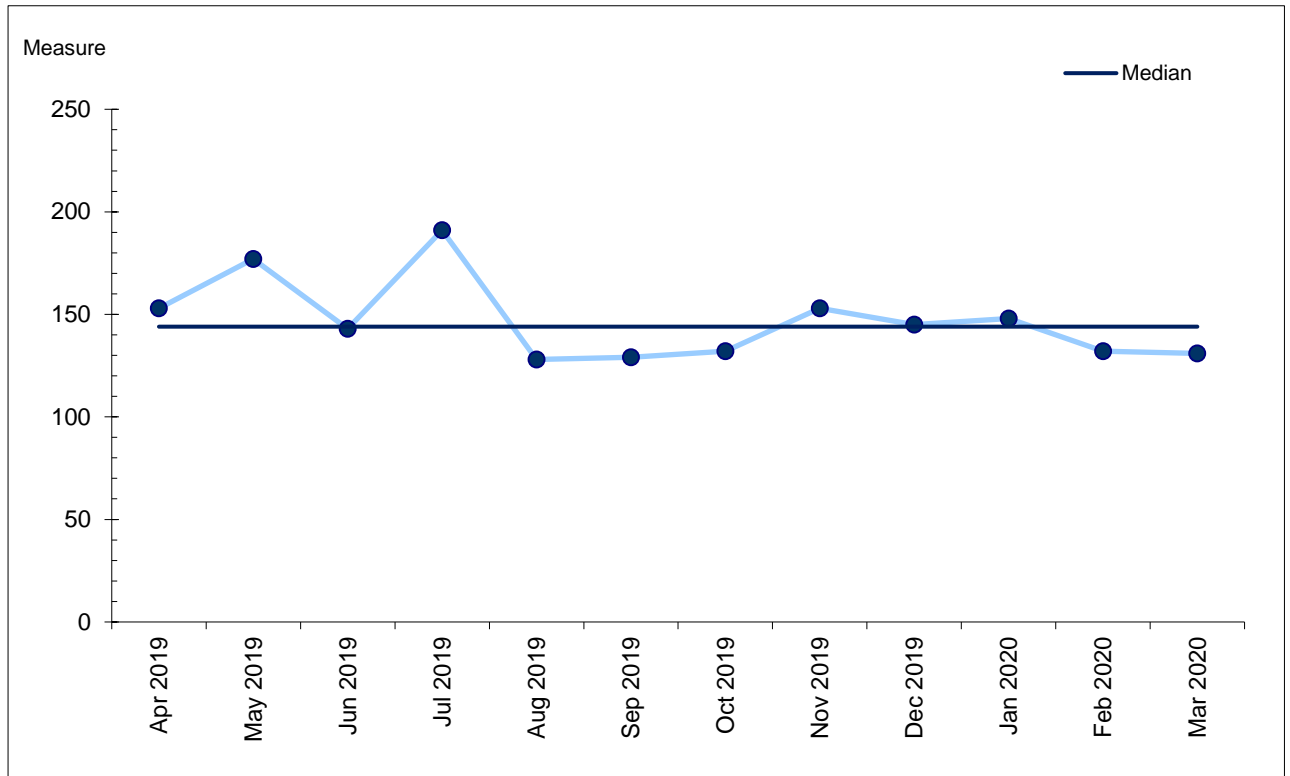
A total of 1762 Health, Safety & Security incidents were reported for 2019/20. This has risen slightly in comparison with the 1580 reported incidents in 2018/19.

There was no obvious trend of category or site for the peak in July 2019.

**All reported Health, Safety and Security incidents by Directorate**
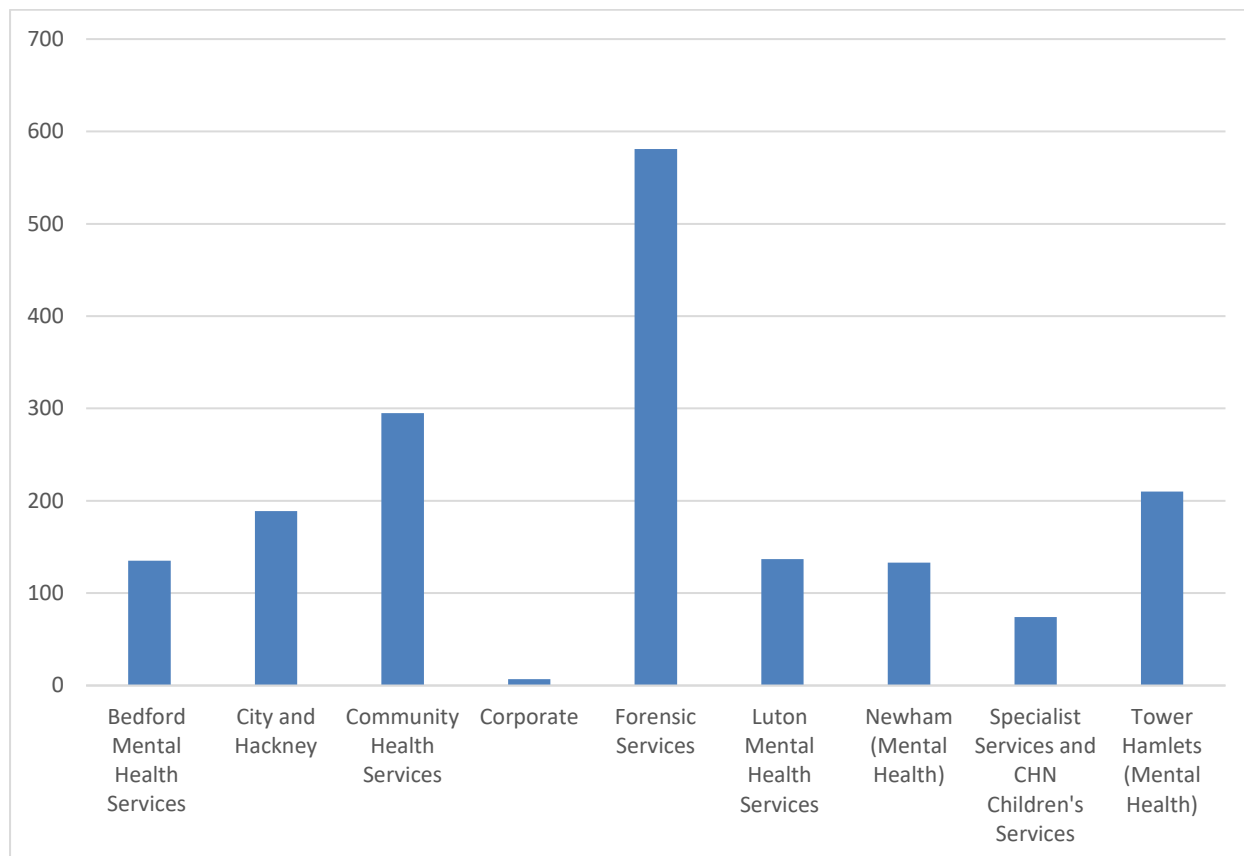
The significantly larger number of incidents within forensic services reflect security breaches such as reports of finding prohibited items as well as other breaches such as doors being left unlocked and associated housekeeping. In addition, incidents of violence and aggression act as a contributory factor within this setting. The comparatively large number of these incidents within Forensics services is not unusual due to the acuity of the patients/services users in receipt of care within Forensics.

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Smoking in an unauthorised area Trust-wide
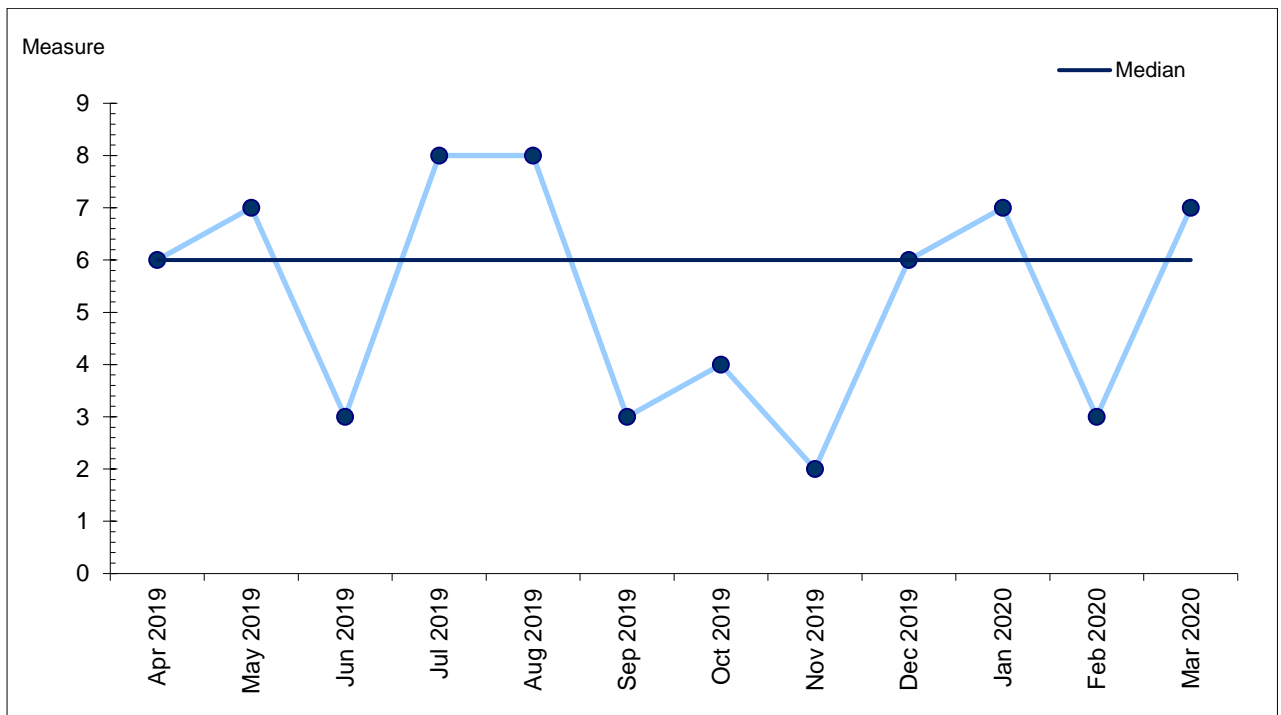
## Smoking in an unauthorised area by Directorate
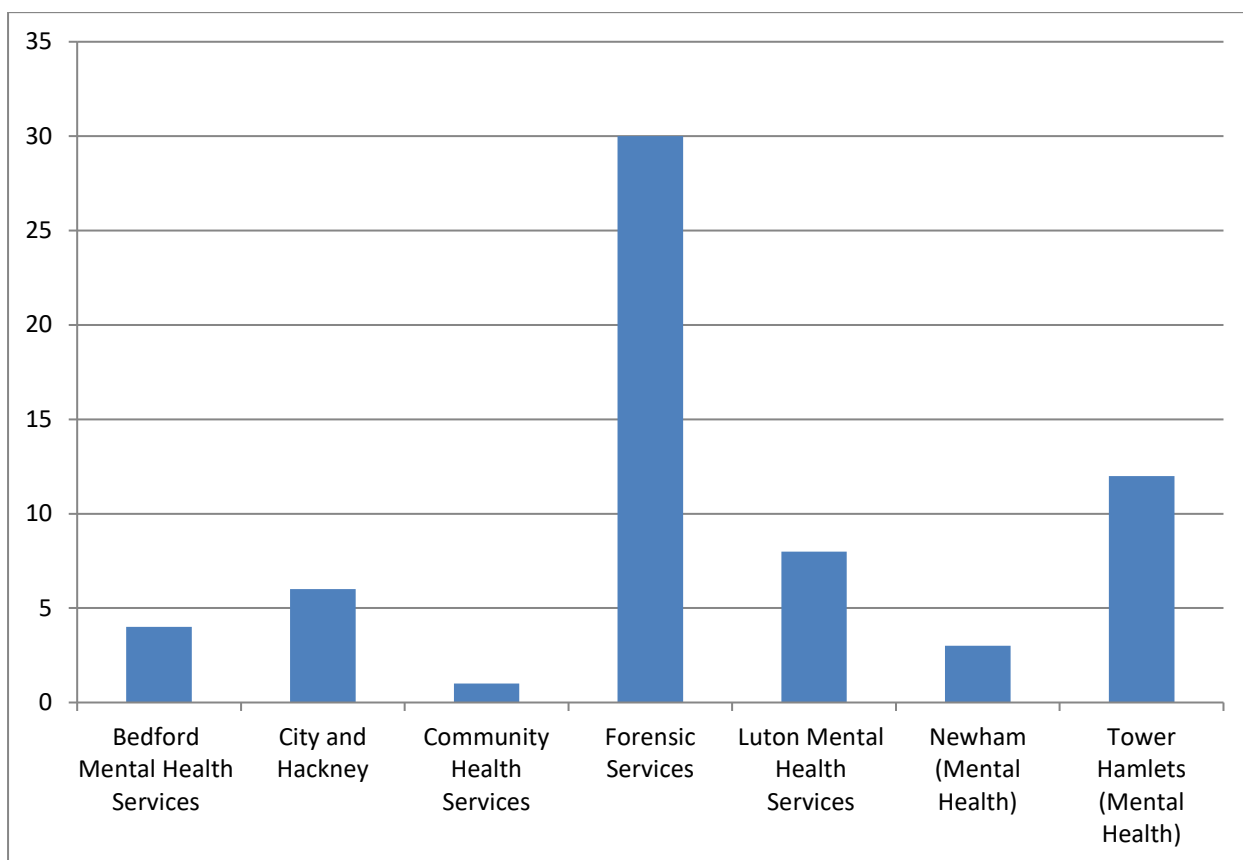
The vast majority of incidents of smoking in an unauthorised area occur in the forensic directorate predominantly due to the nature of the service and its patient population. The trust has moved to a no-smoking environment on all sites.

Fire incidents - All fire incidents reported

**All fire incidents (including false alarms) reported Trust-wide:**
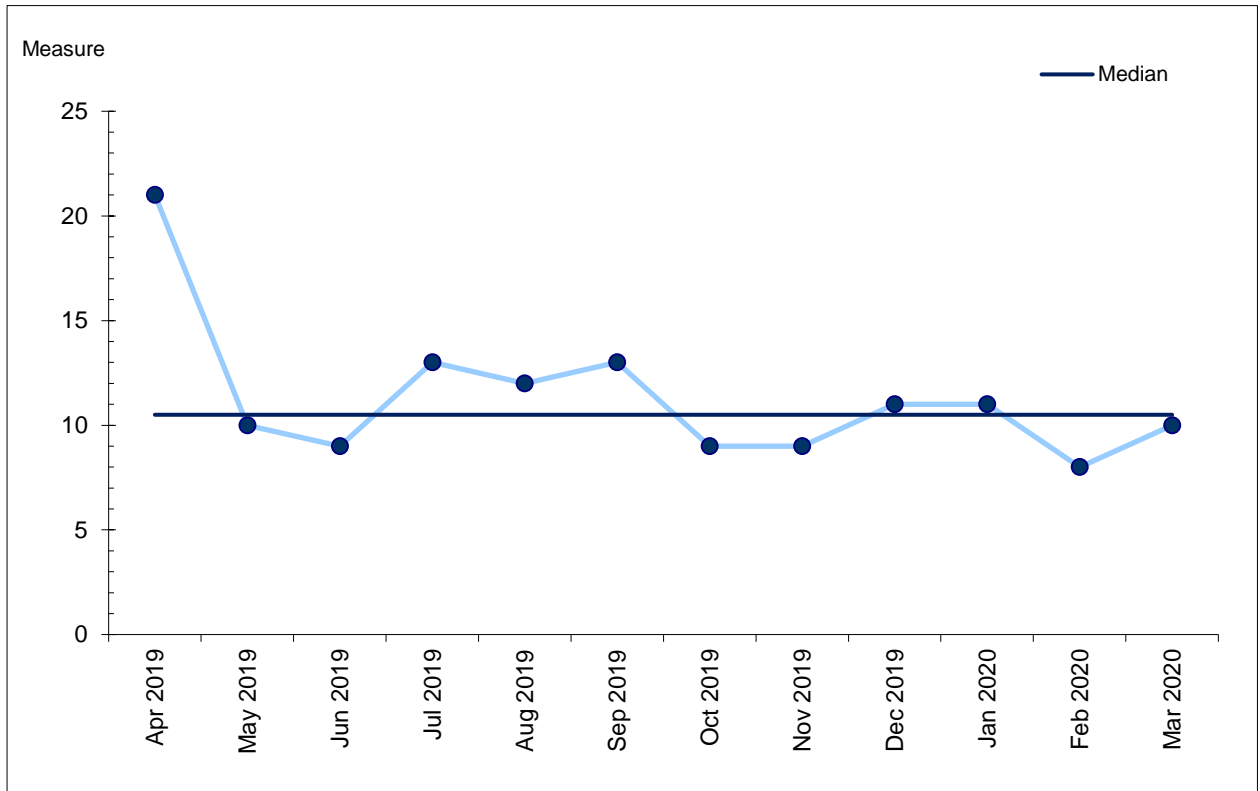
All reported fire incidents (including false alarms) by Directorate:
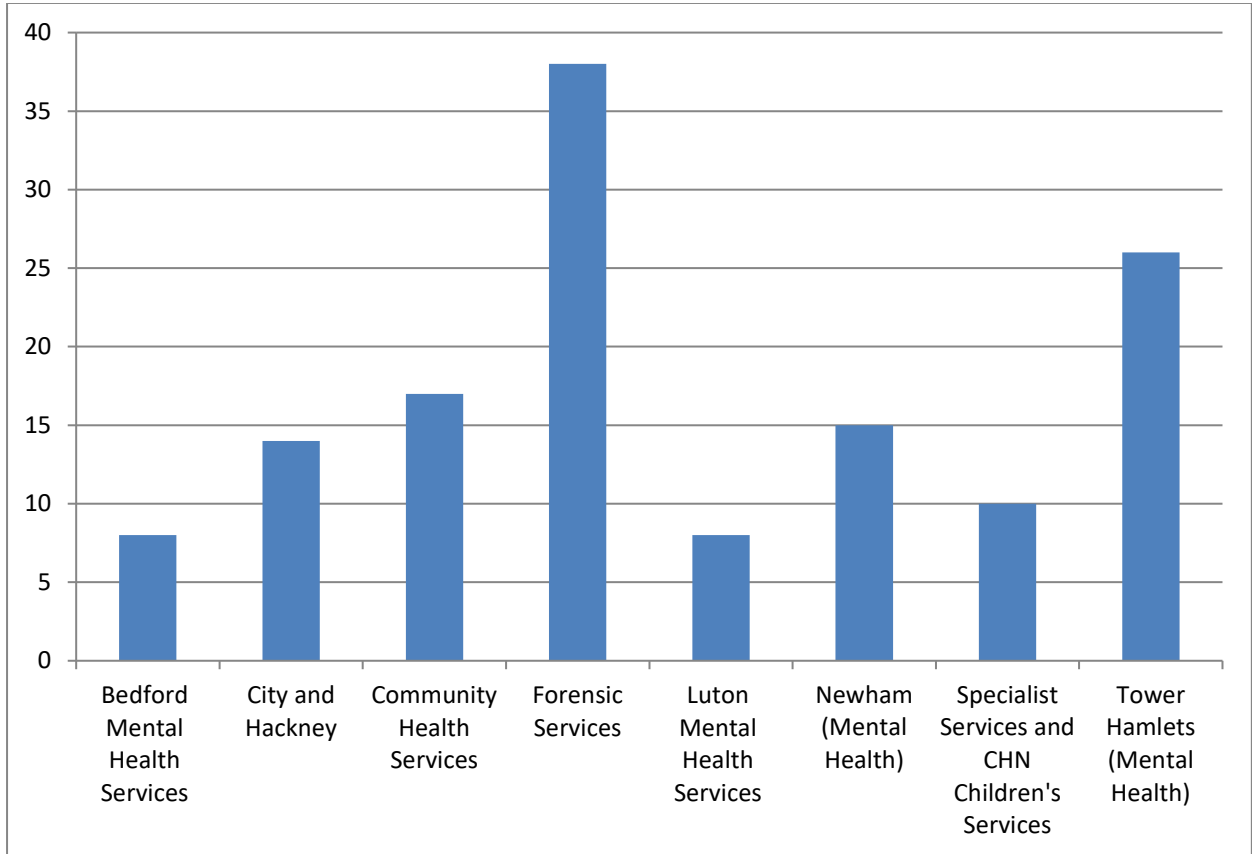
The majority of fire incidents relate to 'false alarms' such as a smoke detector being activated by covert smoking in bed areas or set off from steam from en suite shower rooms.

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All reported actual fires by Directorate:
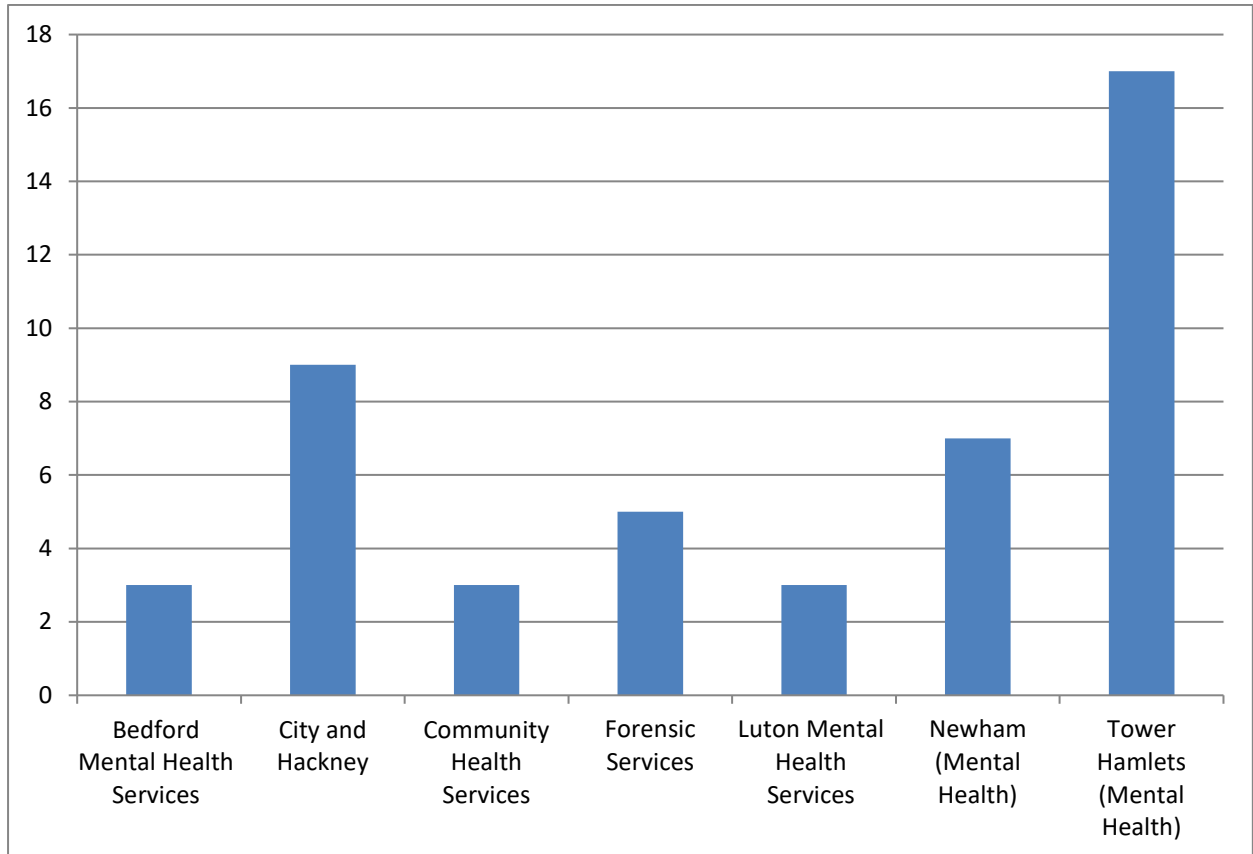
All fire incidents reported are reviewed by the Trust Fire Safety Advisors and, where deemed appropriate, a Fire Investigation is carried out with a report detailing the details of the occurrence, the cause and any issues relating to building or staff performance. From this recommendations may arise.

Whilst the number of fires in Tower Hamlets are in excess of elsewhere in the organisation there is no attributable cause. The number of actual fires in each Directorate varies in subsequent years and can sometimes be accounted for by repeated incidences involving a small number of individual patients.
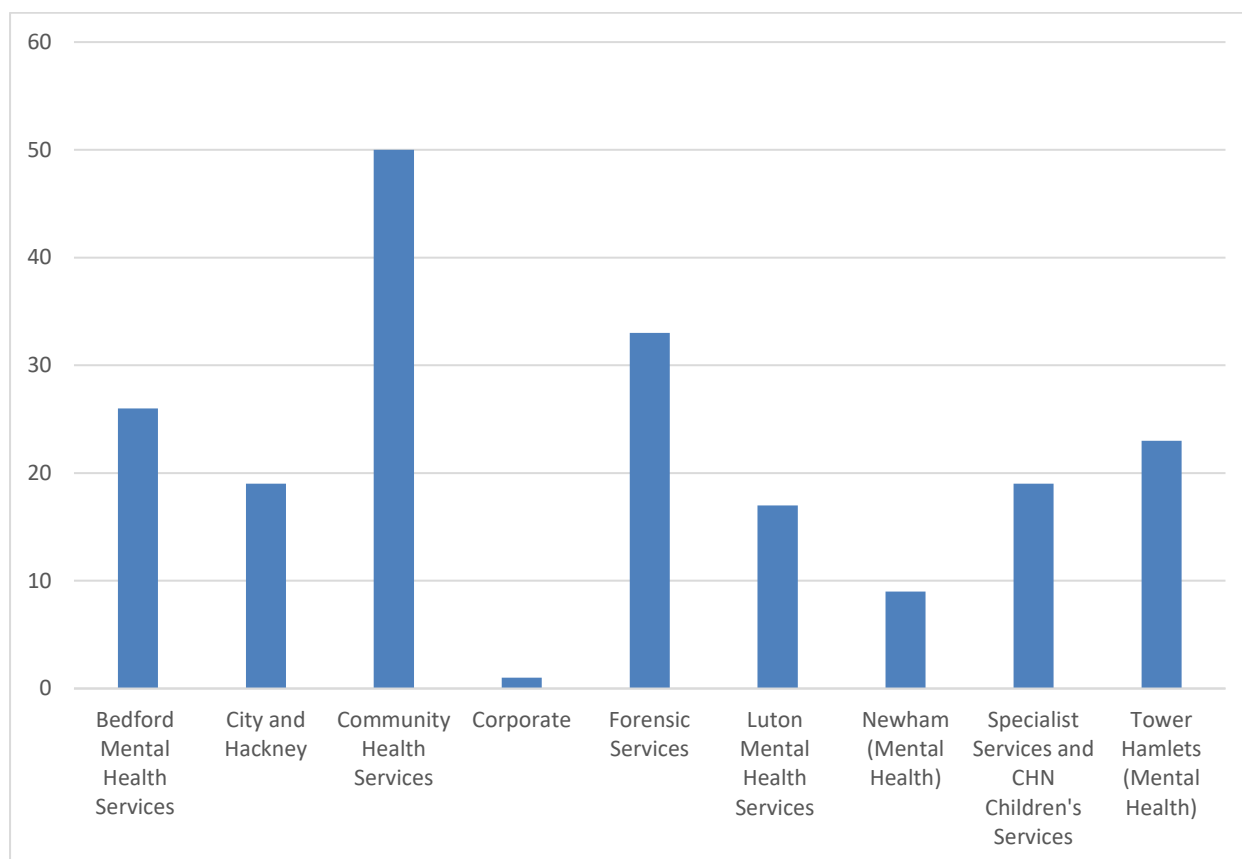
Whilst there were numerous fire incidents during this reporting period, there were no incidents within the category of a 'serious nature' (i.e. with patient or staff injury).

Slips, trips and falls – non-clinical (as a result of accident or hazard)

All reported non-clinical slips, trips and falls – Trust-wide:
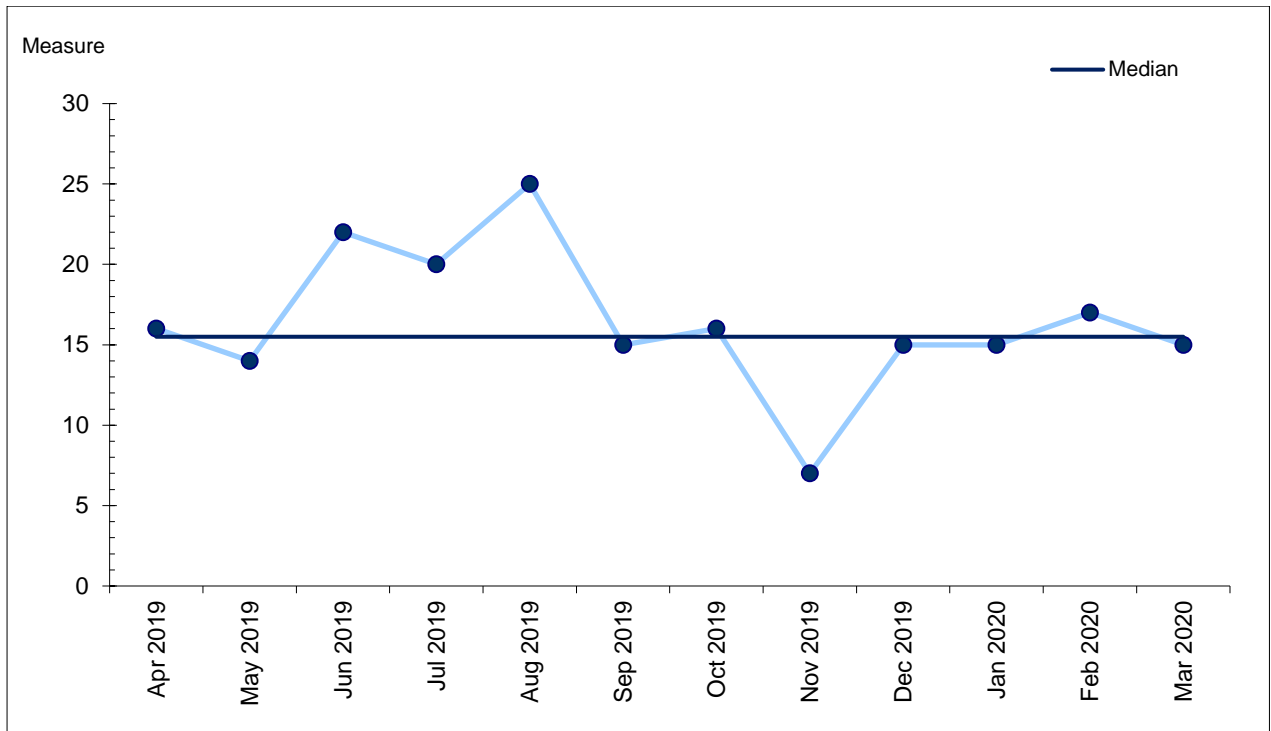
All reported non-clinical slips, trips and falls by directorate:

As regards the higher number of incidents in community health services, there is no obvious trend of team or causation of slip or trip.

The statutory health and safety duties of the Trust include an absolute duty to provide floor surfaces and working environments that are safe and without slip and trip hazards.

Staff are encouraged to report all slips, trips and falls to enable the H&S leads locally and corporately to conduct an investigation, where practicable and helpful, to look at ways to prevent reoccurrence of such incidents.

RIDDOR

Directorate	2017/18	2018/19	2019/20
Bedfordshire Community Health Services	-	4	7
CAMHS	1	4	0
City & Hackney	12	10	13
Community Health Newham	3	1	6
Corporate	1	3	3
Forensic Services	25	42	22
Luton & Beds (Mental Health)	9	12	10
Newham (Mental Health)	10	15	8
Specialist Services and CHN Children	0	0	0
Tower Hamlets (Mental Health)	14	13	7
Tower Hamlets Community Health Services	0	0	1
Total	75	104	77

The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) require the reporting of work-related accidents, diseases and dangerous occurrences to the Health and Safety Executive (HSE). RIDDOR puts duties on employers, the self-employed and people in control of work premises to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences

Each RIDDOR report that is submitted to the HSE is categorised by type. Physical assaults on staff are the most widely reported H & S related incident and this is reflected by the number of RIDDOR reports for assaults submitted to HSE.

Assaults accounted for 66% (51) of all RIDDOR reports in 2019/20. The second most common type of H & S related incident reported within the Trust were slips, trips and falls which accounted for 17% (13) of all RIDDOR reports submitted to HSE. The remaining incidents were lifting/handling and being struck by object which accounted for 18% (14). The total number of RIDDOR reports for the period were 77.

RIDDOR Report of COVID-19

The HSE has published guidance which states that these are only reported under RIDDOR if a person at work has been diagnosed as having COVID-19 and it can be attributed to an occupational exposure to coronavirus. When deciding if a report is required, a judgement has to be made as to whether or not there is reasonable evidence that a work related exposure is the likely cause of the disease

The H&S team has set up a process to investigate each staff diagnosis of COVID-19 to ascertain if there is reasonable evidence that it had been due to exposure whilst at work. To date no cases have been identified which would warrant reporting under RIDDOR.

Furthermore, the latest communication from HSE stated: "HSE do not anticipate many cases of RIDDOR reportable incidents, as such cases will not be easy to identify, and are anticipated to be rare, especially as prevalence of COVID-19 increases in the general population."
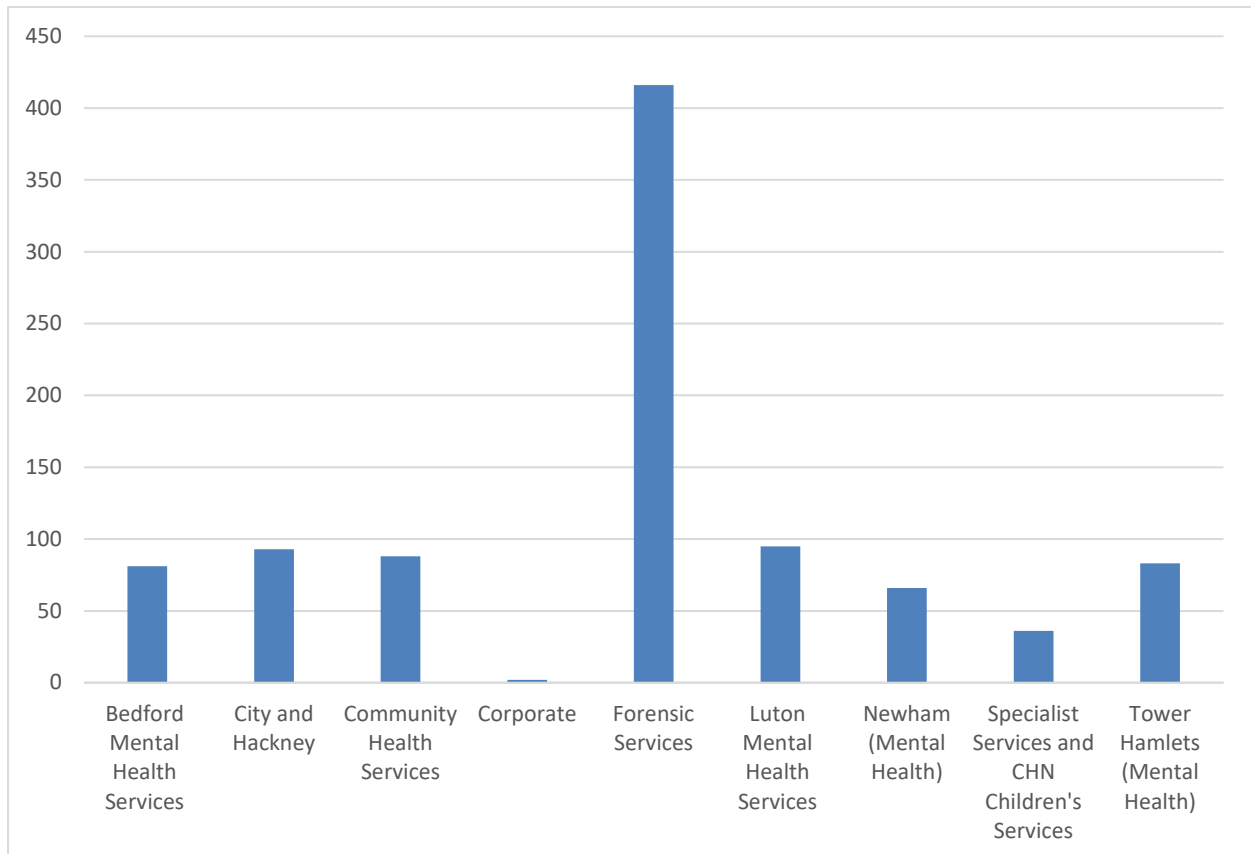
Security Incidents

All reported security incidents – Trust-wide:
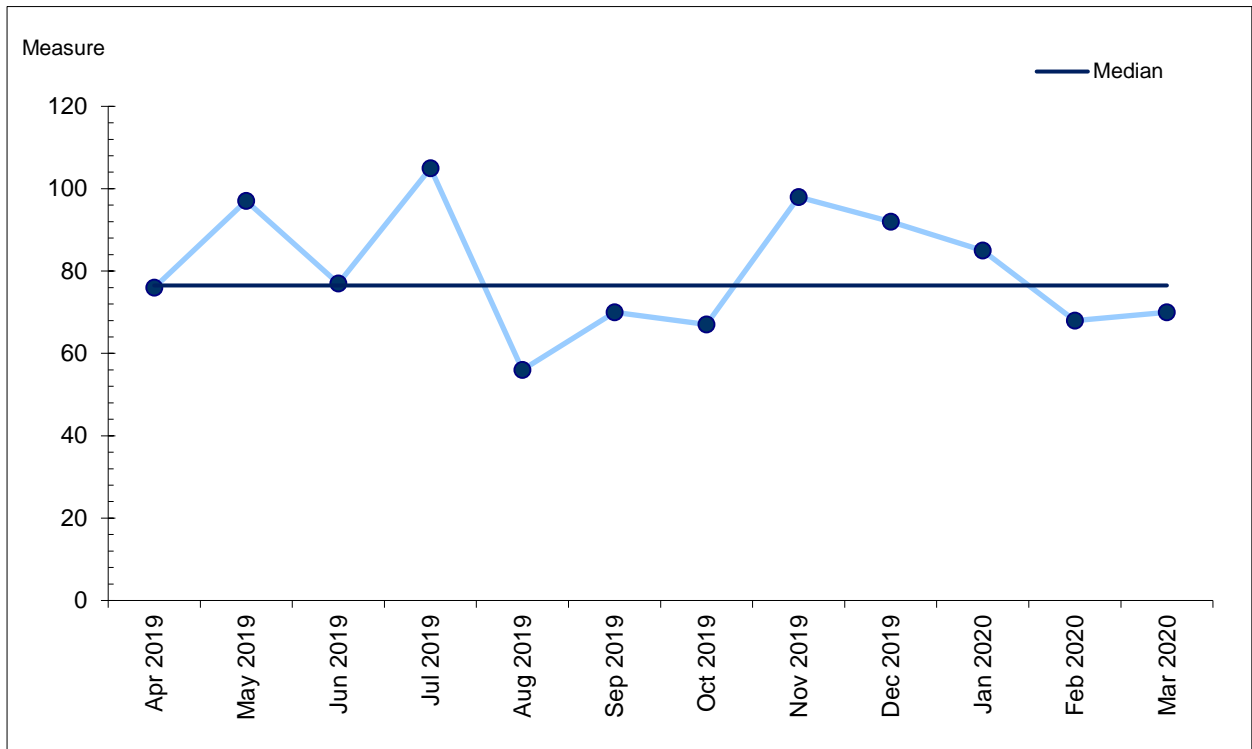
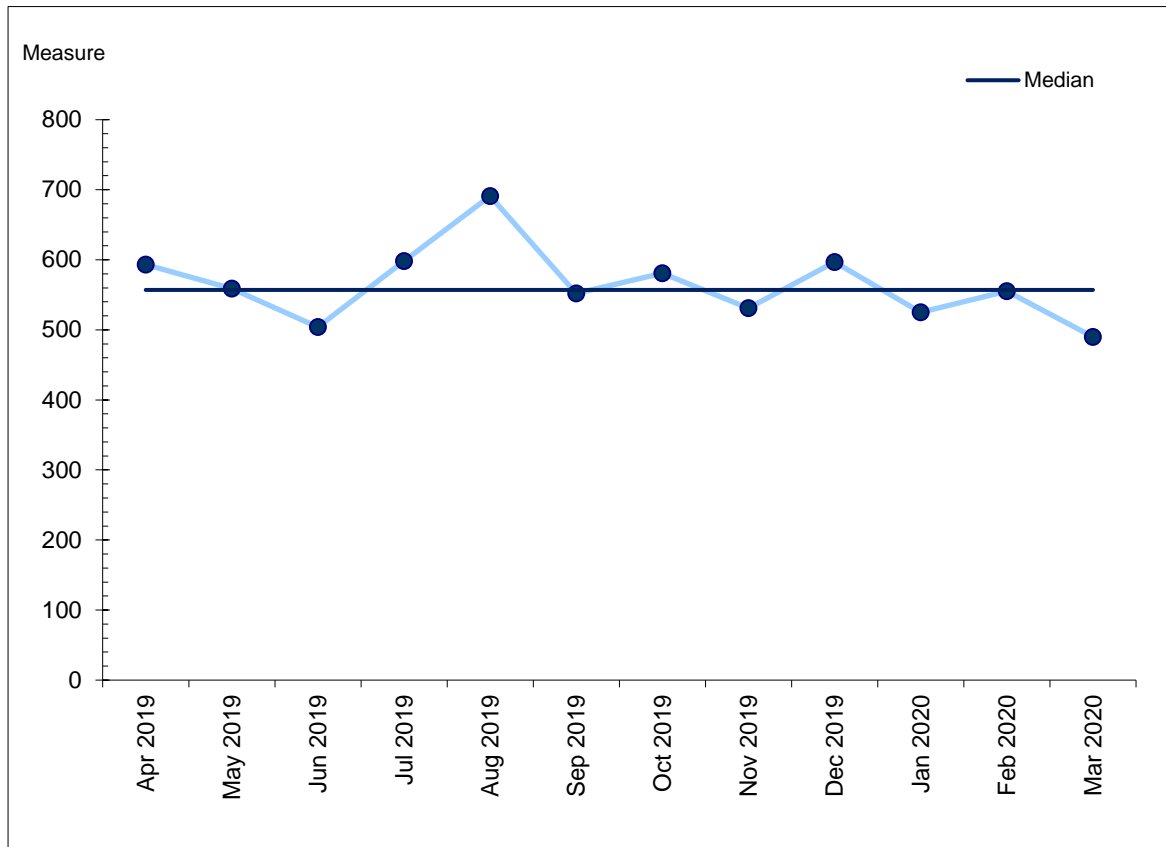**All reported security incidents by directorate:**

The Trust promotes a pro-active-security culture through a range of arrangements including policies and procedures as well as via awareness training sessions by the Health and Safety team at induction and as part of the Prevention and Management of Violence and Aggression(PMVA) training.

The higher numbers in forensic services reflect security breaches such as reports of the finding of prohibited items, such as lighters and tobacco, during both random searches and as part of risk management initiatives. Other breaches include doors being left unlocked in buildings and associated general housekeeping.

There are two fully staffed security teams – located both at the John Howard Centre and at Wolfson House who review and investigate all reported security incidents.

Violence and Aggression

All reported violence and aggression – Trust-wide:

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All reported violence and aggression incidents by directorate:

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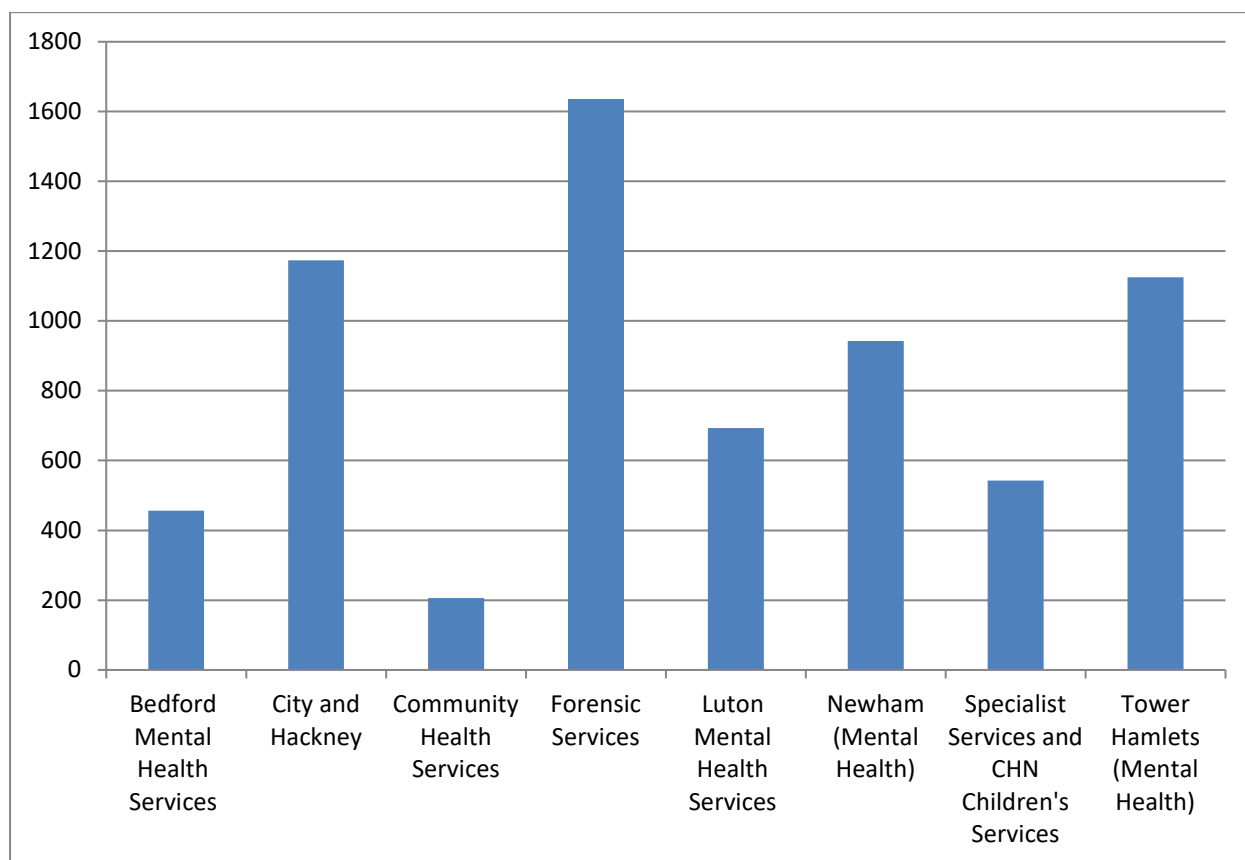
All Violence and Aggression Incidents comparison

Directorate	Incidents reported 2017/18	Incidents reported 2018/19	Incidents Reported 2019/20
Bedfordshire Community Health Services	-	33	43
Bedfordshire (MH)	421	476	456
City & Hackney	844	926	1174
Community Health Newham	81	119	115
Corporate	4	3	0
Forensic Services	1432	1801	1636
Luton (MH)	501	534	693
Newham (Mental Health)	723	784	943
Tower Hamlets (Mental Health)	1201	1080	1125
Tower Hamlets Community Health Services	27	21	48
Specialist Services and CHN Children	300	554	543
Total	**5534**	**6331**	**6776**

Directorates are now continually advised to actively report criminal damage and non-physical incidents, such as threatening and verbally abusive behaviours as well as racial aggression. Furthermore, staff are actively encouraged to report all incidents where they, a colleague or a service user has felt threatened or intimidated.

This can account for the increase in numbers in a number of directorates.

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Violence and Aggression - Physical Violence towards staff

All reported physical violence incidents – Trust-wide:
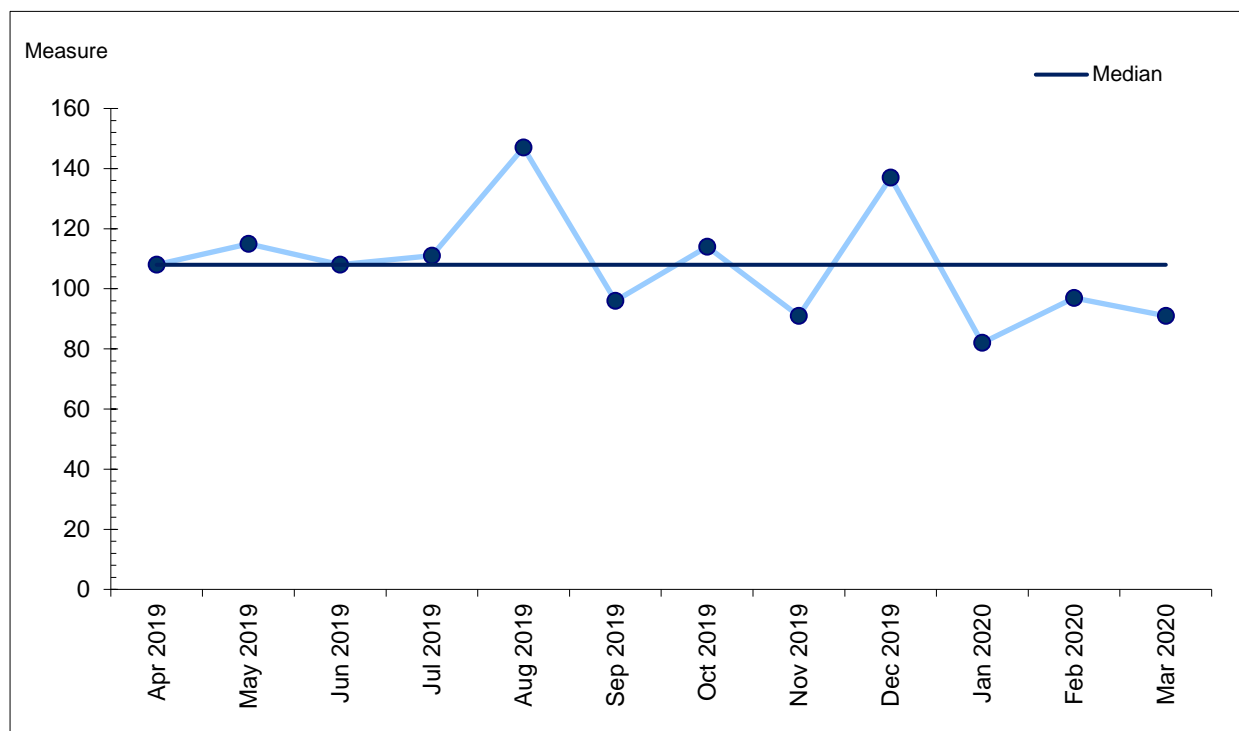
All Physical Violence towards staff incidents by directorate:
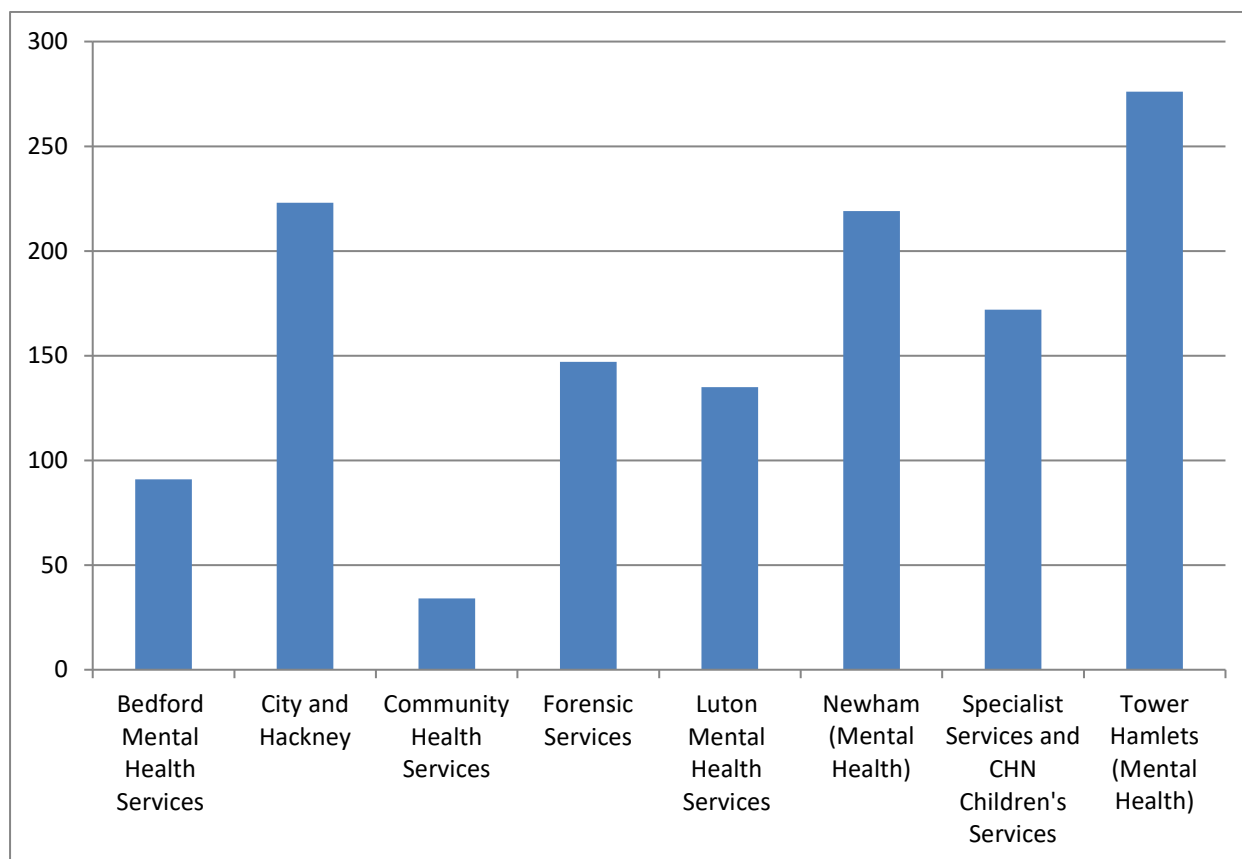
The higher number of physical violent incidents towards staff in Tower Hamlets can be attributed to the fact that the PICU wards in particular had been extremely busy by way of the number of admissions and the significant number of patients with challenging behaviours. The violent incidents on the PICU wards accounted for 50% of those for Tower Hamlets. Both wards are actually on an improving trajectory at present with a resulting reduction in all restrictive practices and violence and aggression

Since the appointment of the Trust's Security and Police Liaison Advisor (now called Health, Safety, Security and Emergency Planning Manager) there continues to be a marked increase in reporting of incidents to the police.

For the period of 2019-20, 462 incidents of violence and aggression were reported to the police for further investigation – this was an increase from 430 for 2018-19. The Health & Safety team continues to monitor the progression of these police investigations to ensure they are proportionately investigated and are not closed inappropriately. Furthermore, there continues to be an improvement in the support available to staff and patients who are victims of assault. This has ranged from support when reporting incidents to police right up to and including support whilst giving evidence at court.

Hackney and Tower Hamlets policing Boroughs have now merged to form the Central East Borough Command Unit (C.E. BCU) whilst Newham and Waltham Forest Police Forces merged to form The North East Basic Command Unit (N.E. BCU).

Currently C.E. BCU consists of a sergeant and two police officers for incidents occurring in Forensics, City & Hackney and Tower Hamlets. They do not investigate any of the crimes but will generally facilitate a response. The investigations would be carried out by the initial response officers – unlike previously when they would have been carried out by a dedicated team of investigators. Additionally, there is a single supervising point of contact for all crimes reported within mental health services in City & Hackney and Tower Hamlets. Below is the current work stream to further develop ELFT's collaborative work with C.E. BCU.

- Escalation process is now in place to assist in the investigation of crimes.
- Creation of impact statements to assist in progressing cases to CPS.
- Monthly crime management meetings now take place at JHC, Tower Hamlets Centre for Mental Health and at the East Wing, City and Hackney to discuss crimes, investigations of cases, anti-social behaviour, AWOLs, and illicit drugs.
- Introduction of PND (Penalty Notices for Disorder) fee for criminal damage under £300, cannabis use and Communication Act Offences continue to be issued on a case-by-case basis.
- Police attendance at professional meetings to offer guidance and support.

N.E. BCU currently has one MH liaison officer who is part of their safeguarding. He has recently been appointed to the post and has established monthly crime management meetings with senior staff at Newham Centre for Mental Health.

In contrast, Bedfordshire Police has its own Mental Health Investigator who has been in the role since February 2020. He forms part of the Bedfordshire Police Mental Health Hub and investigates offences which occur on wards, including any pro-active work in relation to anti-social behaviour/drug dealing.

Since being in post, this collaborative work has resulted in a significant improvement on the safety on our wards for both patients and staff.

For the calendar year of 2019, the total number of offences reported to police across all sites in Luton and Bedfordshire was 213. In contrast 154 offences have been reported to police between the months of February and June - this reflects a 45% increase in reporting offences. This is due to the fact that staff are now willing to report such offences to the police knowing that they will be investigated appropriately - there is a far higher confidence in staff to make reports, knowing that action will likely follow.

Since February 2020 there have been 37 positive outcomes for offences of assault, public order and criminal damage - this is against just 1 positive outcome for the same period in 2019.

Furthermore, there are a further 36 reports where staff or patients have told police upon filing a report that they did not wish to support a prosecution - this is in contrast to 202 out of 213 reports for 2019.

Two joint QI Projects with Bedfordshire Police are now established – one aiming at increasing the number of appropriate incidents reported to the police with subsequent resulting sanctions whilst the second project will be looking at addressing criminal damage committed on our wards in Luton and Bedfordshire.

The Mental Health Investigations Officer is now an active member of both QI project teams.

9.0 Lone Working

There has been a drive to improve Lone Worker safety at ELFT, with the development of new safety initiatives and encouragement of improved protocols and practice.

Part of this drive has included the dissemination of 1360 Skyguard Lone Worker devices. This new key fob with the latest GPS technology tracks the whereabouts of staff and includes an alarm system to support safe working with patients out in the community. Any alarm calls are sent to controllers at an incident management centre who can use the device to have a two-way conversation with the user or listen to what is happening. They can then decide a course of action, for example calling the emergency services.

Staff identified as a Lone Worker have been provided with the device and have received the relevant training by the Health & Safety Team in both their use and administration. Usage of the devices is monitored by the Health & Safety Team to ensure obligations are met under the HASWA 1974.

The chart below shows the percentage compliance for 2019/20.
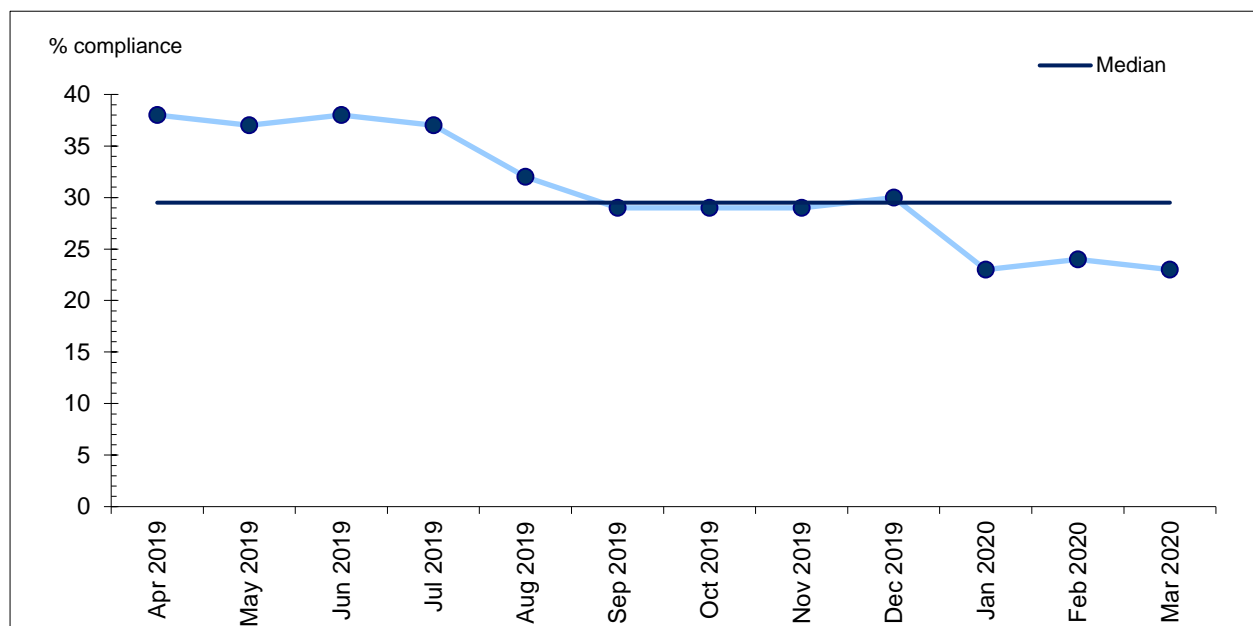
Compliance with these lone worker devices has been variable since their acquisition. In response to this, the H&S team put in place the following measures to increase compliance:

- Revisiting teams to conduct refresher training/awareness sessions and to receive feedback from staff members as to possible reasons for low usage.

- Monthly usage reports sent to directorate/team leads to identify those staff who have not used their devices.

- There has been an extensive campaign via the communications department on the intranet, bulletin and Trusttalk with Skyguard having its own dedicated intranet page.

Despite this, compliance has remained relatively low so the Trust have decided to adopt the Skyguard Smartphone App as part of its contract with Skyguard. In essence, the lone worker alarm is incorporated in the staff member's mobile telephone with the alarm being activated via a Bluetooth smart button which is worn on the person. Pilots for the apps were successfully trialled in both BCHS and Forensics

- The intention is for those staff who are regular Lone Workers to be issued with the Skyguard Smartphone App in place of their current SOS device. Each team will also have a pool of shared SOS devices to be used for those staff who lone work on an occasional basis, such as doctors, students and Occupational Therapists.

- The app is compatible with all android phones and iPhones.

- Compliance reports will be run as before and will be able to be accessed by skyguard champions.

- A full implementation and training programme has taken place from February 2020 including extensive publicity on the intranet and an official Skyguard App launch at Trust HQ. There are also a series of webinars planned for July-August 2020 open to all staff to provide further training, to raise awareness and to receive feedback.

- To date 975 staff members have access to the Skyguard App.

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10.0   Safety Workshops for Community Staff

In response to staff training concerns around safety in the community, a programme of staff safety workshops has been introduced for community staff with the following objectives:

- Raising awareness of safety in the community.
- Overview of dynamic risk assessments.
- Roles and responsibilities of staff.
- De-escalation techniques and safety do's and don'ts.
- Escalation process and importance of reporting to police where appropriate.

These workshops were the postponed due to the COVID-19 outbreak but will continue to be provided to community staff either in person where practicable or via a series of webinars.

11.0   Health, Safety and Security Inspections

Each area/ward/department is required to undertake an annual health, safety and security inspection, usually being carried out by each risk officer. The risk officer training has been revised to ensure it meets current legislation and requirements. Currently, the findings are reported both locally and at corporate Committees. This provides a framework for actions to be undertaken to maximise the delivery of a safe workplace.

The common concerns raised are:

- No identified risk officers or requirement for refresher training – risk officers will be identified for each site and training provided by the Health & Safety Team.
- No up to date HSE law, LSMS or Trust anti-violence posters on the site – the H&S team are redistributing Trust posters to sites and providing appropriate advice.

12.0   Workplace Risk Assessments

Workplace risk assessments must be carried out under Regulation 3 of Management of Health and Safety Work Regulations 1999. There is a legal requirement for every employer to make an assessment of health & safety risks arising out of their work and these must be recorded.
These have been completed for all sites in the Trust and will now be reviewed in light of the risks from the COVID-19 pandemic.

13.0   Training

Health & Safety/Security awareness

The Trust provides a number of e-learning courses for this area. The courses will be determined by the roles the individual staff member carries out and are pre-agreed by their line manager and the Training and Development Team.

The following table outlines the current training compliance for the mandatory courses in relation to health & safety:

Current training compliance		TRUST TOTAL (ELFT)			
Total Number of staff		6,155			
Course Title	Frequency	Target Audience	Compliant	Outstanding	PCT of Compliance
Fire Safety	Yearly	4,331	3,663	800	85%
Fire Course (ward based)	Yearly	2,120	2,013	109	70%
Health, Safety & Welfare	3 Yearly	5,559	5,236	459	94%
Moving & Handling	3 Yearly	4,346	4,053	1165	93%

The Trust Fire Officer is currently working very closely with managers to increase and improve all areas of fire training compliance.

Fire training

There are two alternative pathways for fire training dependent on staff responsibilities, namely:

Non ward based staff:

- Annual Fire Awareness Training: the mandatory requirement for compliance is fulfilled by individuals completing an E-learning programme. Alternatively, face-to-face sessions may be arranged locally should sufficient numbers of staff require training in one premises.

- Fire Warden (Generic) Course: the provision for those key personnel within each premises that are designated to take on additional responsibilities relating to fire procedures in their workplace. Regular courses are run at central venues within the organisation and are arranged via the Training Dept. Courses are facilitated by a Trust Fire Officer (0.5 day).

Clinical ward based staff:

Those with direct responsibilities for patient welfare and safety, undergo a higher standard of training in response to the high risk environment of mental health in-patient facilities. All courses for ward-based staff are site specific and are programmed for the year ahead in liaison with the Training Dept. The structure of training is as follows:

Fire Training	Structure	Content
Fire Course (ward staff) Carried out by Trust Fire Officer	- All ward based clinical staff (including OTs) - Annual (2 hour course) - Venue - site of employment	- General fire awareness - Local fire procedures - Fire extinguisher training (practical – when able) - On-site Fire evacuation (practical - when able)
Fire Competency Assessment (FCA) Carried out by line manager	- All Ward based clinical staff - 6 monthly assessment	Q&A on all aspects of fire duties in relation to ward environment on site of employment, including: - Fire alarm system. - Staff response. - Evacuation strategy. - Fire extinguishers etc.

14.0 Progress against Work plan 2018/19

KEY ACTION	STATUS AS AT 31/03/2019
Review all policies relating to health & safety to ensure they reflect current guidance and legislation.	Completed
Quarterly/exception reports to Quality Committee	Completed
Risk officer training needs analysis completed and training completed.	Completed
Complete pilot for Skyguard lone worker Smartphone App.	Completed
Process in place to ensure RIDDOR reports are submitted to HSE to timescale.	Completed
Establish process to carry our DSE Assessments.	Completed
Ensure completion of annual h&s inspections.	Completed
Ensure workplace risk assessments are in place and reviewed if required.	Completed
Establish implementation and training plan for Skyguard lone worker smartphone apps.	Completed
Ensure that each directorate has its own local h&s meeting.	Completed

15.0   Key actions to be taken forward during 2019-20

Key Action	Outcome measure	TCD	Lead
Review all policies relating to health & safety to ensure they reflect current guidance and legislation.	Approved Trust wide policies in place.	January 2021	Health & Safety Manager
Quarterly/exception reports to Quality Committee	Submission of reports	Ongoing	Health & Safety Manager
RIDDOR reports submitted to timescale	Submitted to HSE to timescale	Ongoing	Health & Safety Manager
Risk facilitators and officers in place	All officers in place for the sites	December 2020	Health & Safety Manager
Risk officer training needs analysis completed and training completed	Training delivered and attendance recorded	December 2020	Health & Safety Manager
Ensure completion of all annual h&s environmental inspection forms	Completion of all annual h&s inspection forms	November 2020	Health & Safety Manager
Ensure review of all workplace risk assessments in light of COVID-19.	Completion of review of all workplace risk assessments	September 2020	Health & Safety Manager
Full implementation of Skyguard Smartphone App alarm	Trust wide implementation completed.	July 2020	Health & Safety Manager/IT
Delivery of Skyguard Webinar	Delivery of webinar	October 2020	Health & Safety Manager
Delivery of staff safety workshops to community staff	Workshops delivered and attendance recorded	October 2020	Health & Safety Manager

16.0   Action

The Board is asked to **RECEIVE** and **NOTE** the annual report**.**