

REPORT TO THE TRUST BOARD - PUBLIC
14 SEPTEMBER 2017

Title	Health, Safety and Security Annual Report 2016-2017
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Purpose of the Report:

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

Summary of Key Issues:

Following the introduction of the new Health and Safety (Offences) Act 2008, the Institute of Directors (IoD) published guidance on the leadership actions expected of Directors and Board members. There is also guidance from the NHS Protect pertaining to the role of the Local security Management Specialist (LSMS) and the Security Management Director (SMD).

The role of the LSMS is to address all security issues within the Trust, such as crime reduction surveys, and collecting and reviewing incidents of violence and aggression. The SMD sits at Board level to oversee and support the LSMS and interface with NHS Protect. To ensure the Trust reflects and implements HASAWA requirements, the Health, Safety & Security Team assess and monitor compliance across the organisation.

The attached report identifies the work undertaken in 2016-2017.

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

Improving service user satisfaction	<input checked="" type="checkbox"/>	Through identifying risk and providing the control measure to remove or reduce them.
Improving staff satisfaction	<input checked="" type="checkbox"/>	Empowering and supporting staff in providing them with the tools, correct policies and procedures, documentation and training to carry out their roles safely.
Maintaining financial viability	<input checked="" type="checkbox"/>	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

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

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Glossary

Abbreviation	In full
IoD	Institute of Directors
ACOP	Approved Codes of Practice
HSE	Health and Safety Executive
H & S	Health and Safety
SMD	Security Management Director
HASAWA	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

Health, Safety and Security Annual Report 2016/17

1.0 Introduction

- 1.1 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.
- 1.2 '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.
- 1.3 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.
- 1.4 Under the original guidance of the Secretary of State NHS Protect was formed and guidance is distributed to NHS bodies to highlight the best possible protection for patients, staff, professionals and property
- 1.5 Health and safety, fire and NHS Protect guidance also cites that as 'good practice' H & S should appear regularly on the agenda for board meetings. It recommends that the Chief Executive can appoint an H&S 'champion' to represent the board and act as a scrutiniser to ensure processes to support H&S are robust, delivered, monitored and reviewed effectively. NHS Protect requires an Executive Director as a Security Management Director (SMD) who sits on the Trust Board.

2.0 The Trust

- 2.1 The East London NHS Foundation Trust (formerly East London and the City University Mental Health Trust) was originally formed in April 2000. In April 2007, the Trust was awarded University status in recognition of the extensive research and education undertaken in the Trust. On 1 November 2007, the Trust was authorised to operate as an NHS Foundation Trust under the National Health Service Act 2006.
- 2.2 In February 2011, the Trust integrated with community health services in Newham which means that we are now a trust which provides mental health and community health services.

- 2.3 The Trust's headquarters are located in Tower Hamlets.
- 2.4 The Trust provides a wide range of community and inpatient services to children, young people, adults of working age, older adults and forensic services to the City of London, Hackney, Newham and Tower Hamlets. Forensic Services are also provided to Barking and Dagenham, Havering, Redbridge and Waltham Forest and the Trust provides some specialist mental health services to North London, Hertfordshire and Essex. The specialist Forensic Personality Disorder service serves North London and the specialist Chronic Fatigue Syndrome/ME adult outpatient service serves North London and the South of England. Our specialist Mother and Baby Psychiatric unit receives referrals from London and the South East of England. In addition, the Trust also provides psychological therapies to Luton and Richmond together with children and young people's speech and language therapy to Barnet. Furthermore since April 2015, ELFT has provided mental health, learning disabilities and psychological services to Luton and Bedfordshire.

3.0 Background

- 3.1 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
- 3.2 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
- 3.3 The Trust also has to comply with Directions of NHS Protect which include:
- The importance of prioritising physical assaults against NHS staff
 - Give assurance that to deliver a properly secure environment for all who work, or receive treatment in the NHS
 - Create an effective structure to engage with security issues ensuring high standards of professionalism within this work to ensure lasting improvements
 - The role of the Security management Director (SMD)
 - The role of the Local Security Management Specialist (LSMS)
- 3.4 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 is mandatory detailed Fire Risk assessments for all Trust premises which are duly submitted to the local Fire Authority.

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

4.0 The Health and Safety and Security Team

- 4.1 There is an Executive Director – The Chief Nurse & Deputy Chief Executive who sits at board level who is responsible for H&S and security activity. He is also the Security Management Director (SMD) as required by NHS Protect. The H&S and Security team sits within the Governance and Risk Management department and consists of two staff members currently the Trust's Health, Safety, Security and Emergency Planning Manager and Health, Safety and Security Advisor.
- 4.2 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.

5.0 The Quality Committee

- 5.1 The Quality Committee is chaired by the Chief Nurse & Deputy Chief Executive with all service areas and directorates being represented, meeting on a monthly basis. A report is presented to the Committee by the Health, Safety and Security Team every quarter advising them of updates and proposals.
- 5.2 In addition, a trust wide Health, Safety and Security Working Group has been established and is attended by staff side representatives, operational director, Health and Safety Lead for the Trust and is chaired by the Chief Nurse & Deputy Chief Executive. This group discusses and promotes trust wide health and safety issues which remain unresolved at directorate level. This group will also promote 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 will be highlighted at the Quality Committee.

6.0 Health and Safety Policy

- 6.1 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.
- 6.2 The H&S policy is reviewed in line with HSE guidance and ratified by the Quality Committee.

7.0 Security Policy

7.1 The security policy is reviewed in line with NHS Protect guidance and ratified by the Quality Committee.

8.0 Incident Reporting and Follow Up

8.1 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?

8.2 The Trust monitors every incident of actual or potential violence 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.

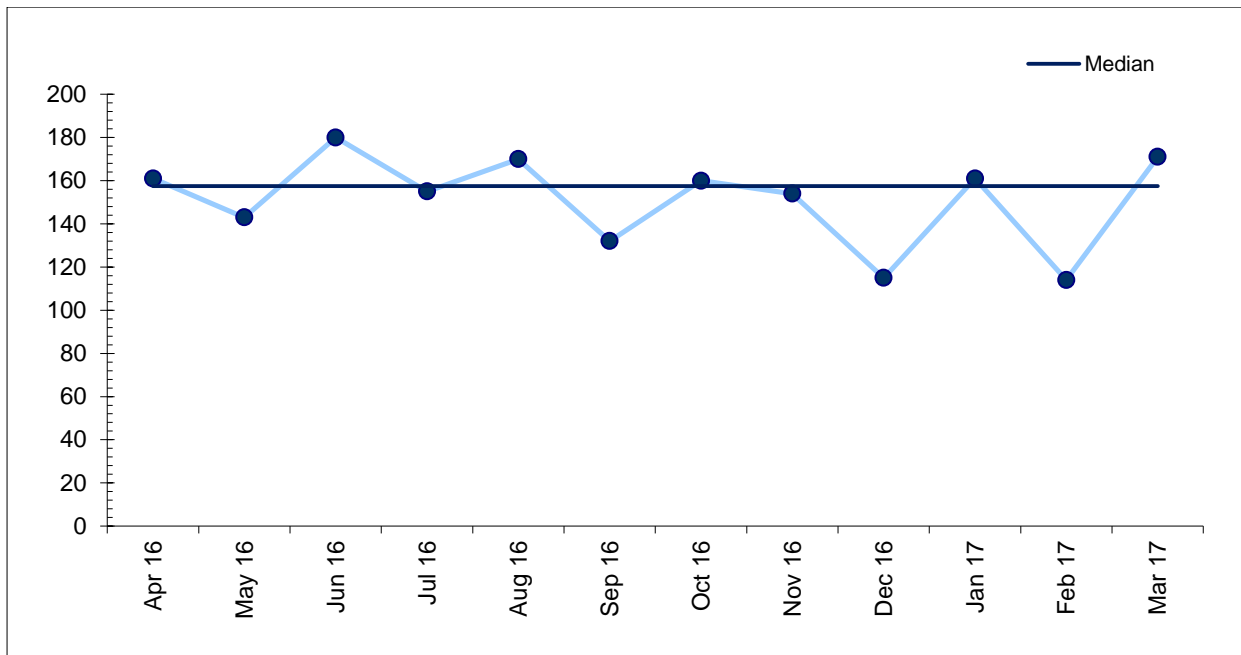
8.3 In addition, the H&S and Security Team is automatically notified of all H&S and security incidents so that they can be followed up to ensure that appropriate action is being taken to implement assessments and control measures to minimise future reoccurrence of similar situations.

8.4 Highlighted below is a summary of the year for:

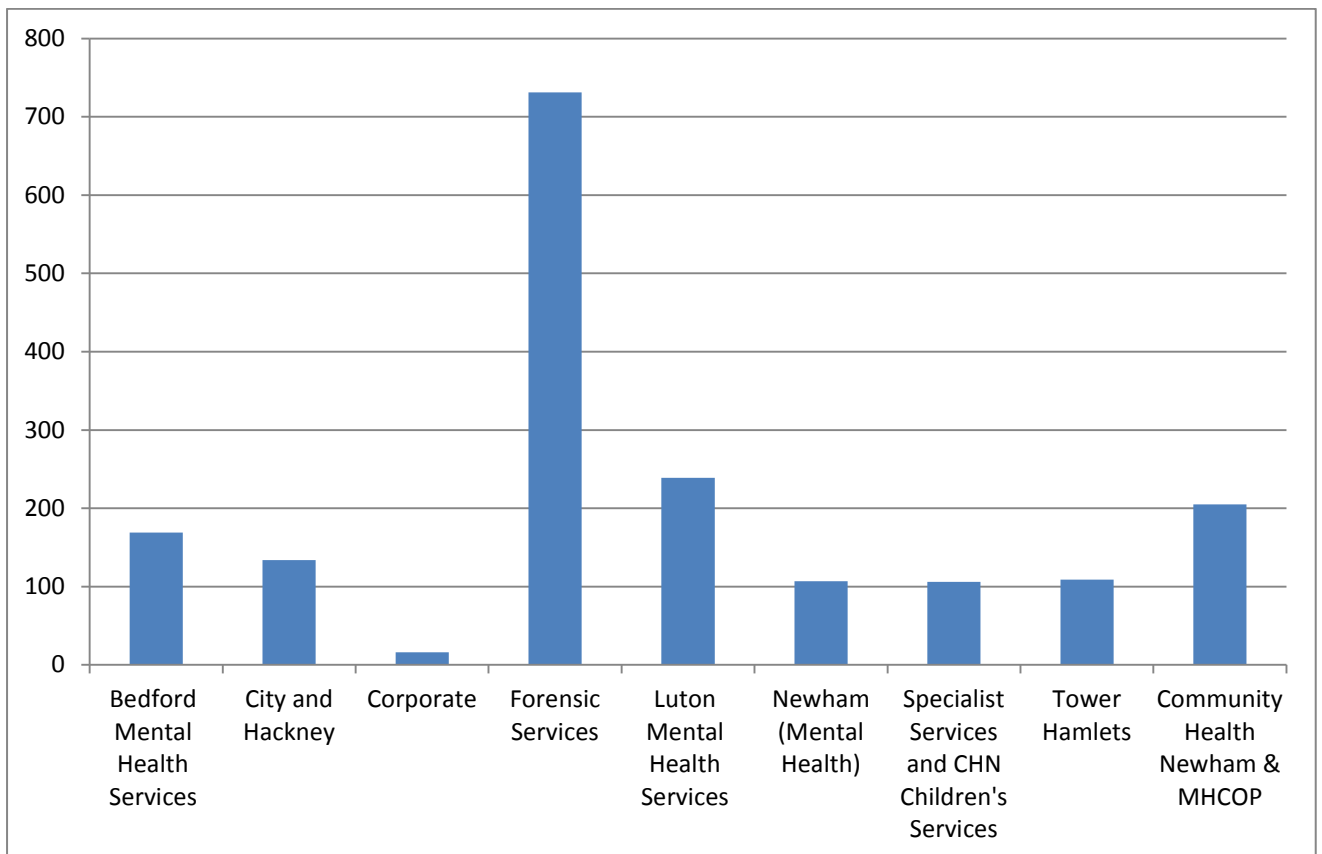
- Health, safety and security incidents by directorate and by month (involving staff and patients)
- Smoking in an unauthorised are by directorate and by month
- Fire incidents by directorate and by month
- Non-clinical slips, trips and falls by directorate and by month
- RIDDOR incidents by directorate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

8.5 Health, Safety and Security incidents

8.5.1 All reported Health, Safety and Security incidents – Trust-wide:

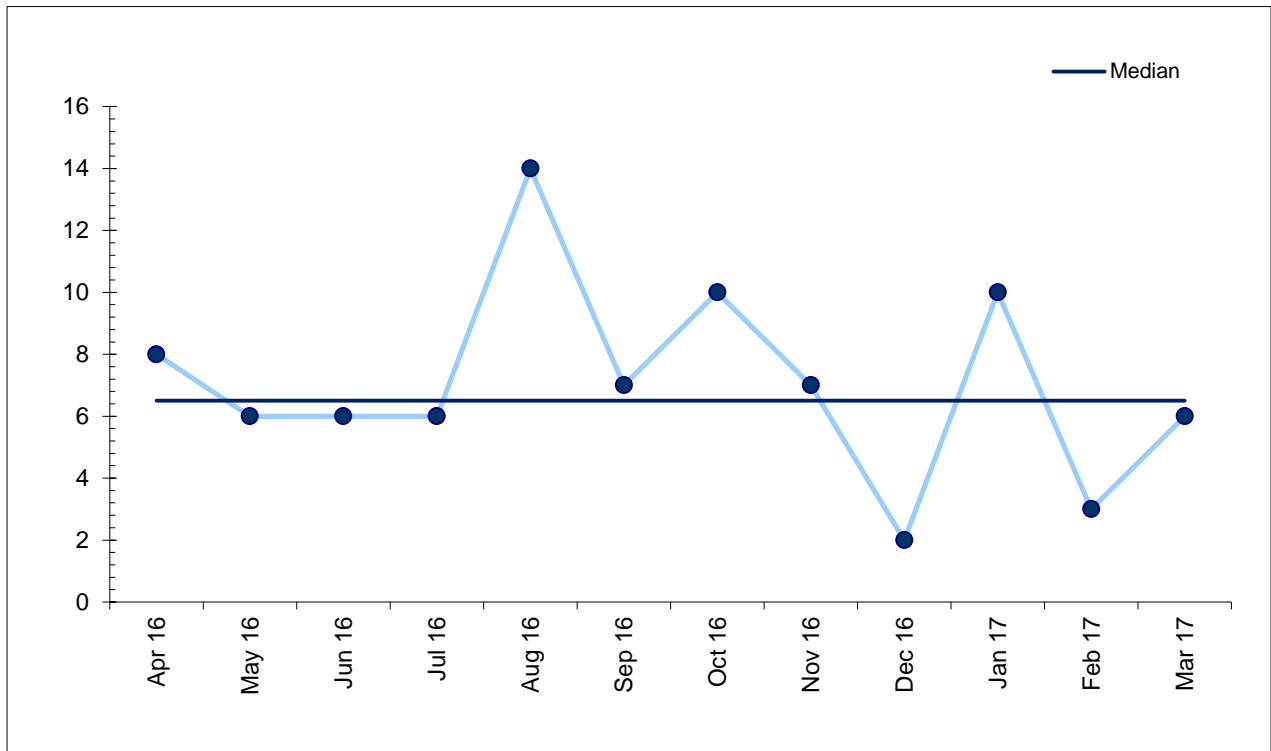


8.5.2 All reported Health, Safety and Security incidents by Directorate:

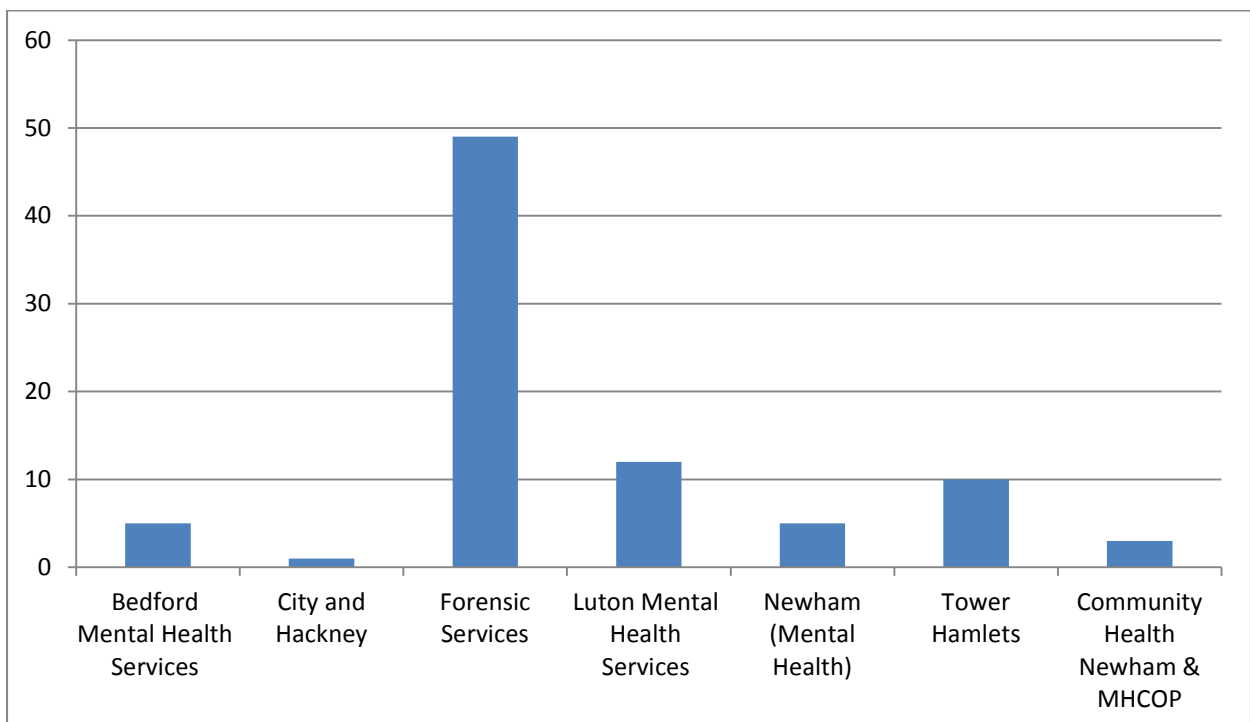


8.5.3 The significantly larger number of incidents within Forensic services reflect security breaches such as reports of finding prohibited items and other breaches such as doors being left unlocked and associated housekeeping. In addition, incidents of violence and aggression acts as a contributory factor within this setting.

8.6 Smoking in an unauthorised area Trust-wide



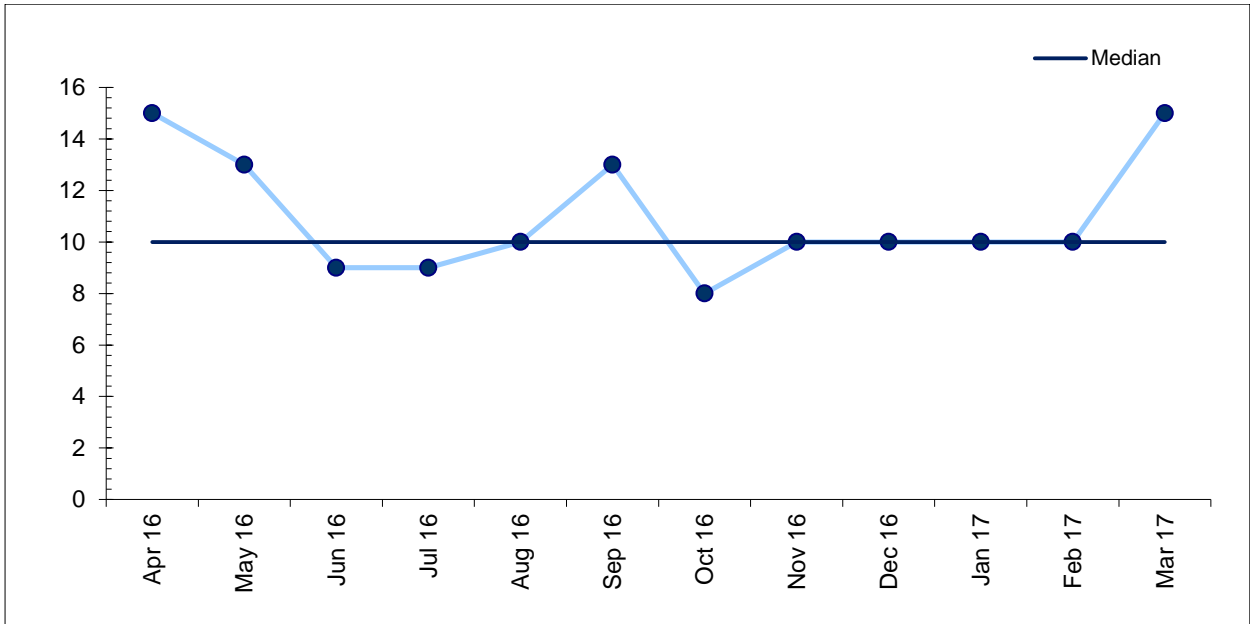
8.7 Smoking in an unauthorised area by Directorate



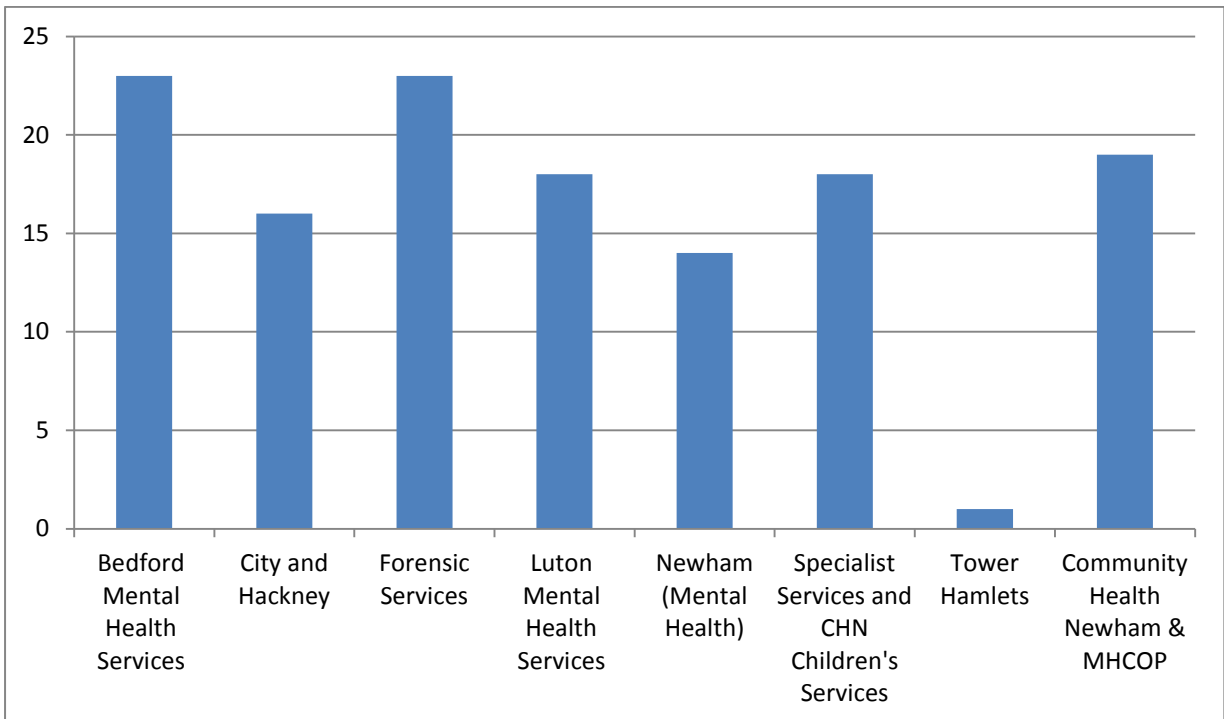
8.7.1 The vast majority of incidents occur in the Forensic Directorate, due to the nature of the service and its patient population. The trust has moved to a no-smoking environment on all sites.

8.8 Fire incidents - All fire incidents reported

8.8.1 All fire incidents (including false alarms) reported Trust-wide:



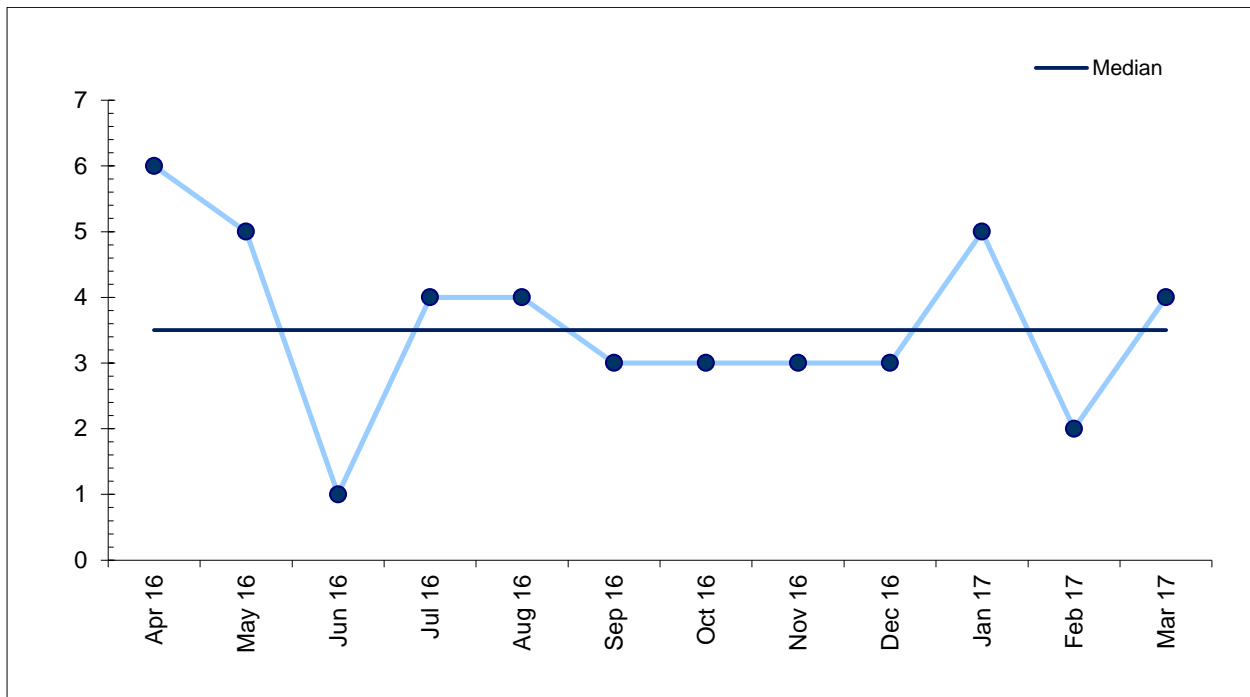
8.8.2 All reported fire incidents (including false alarms) by Directorate:



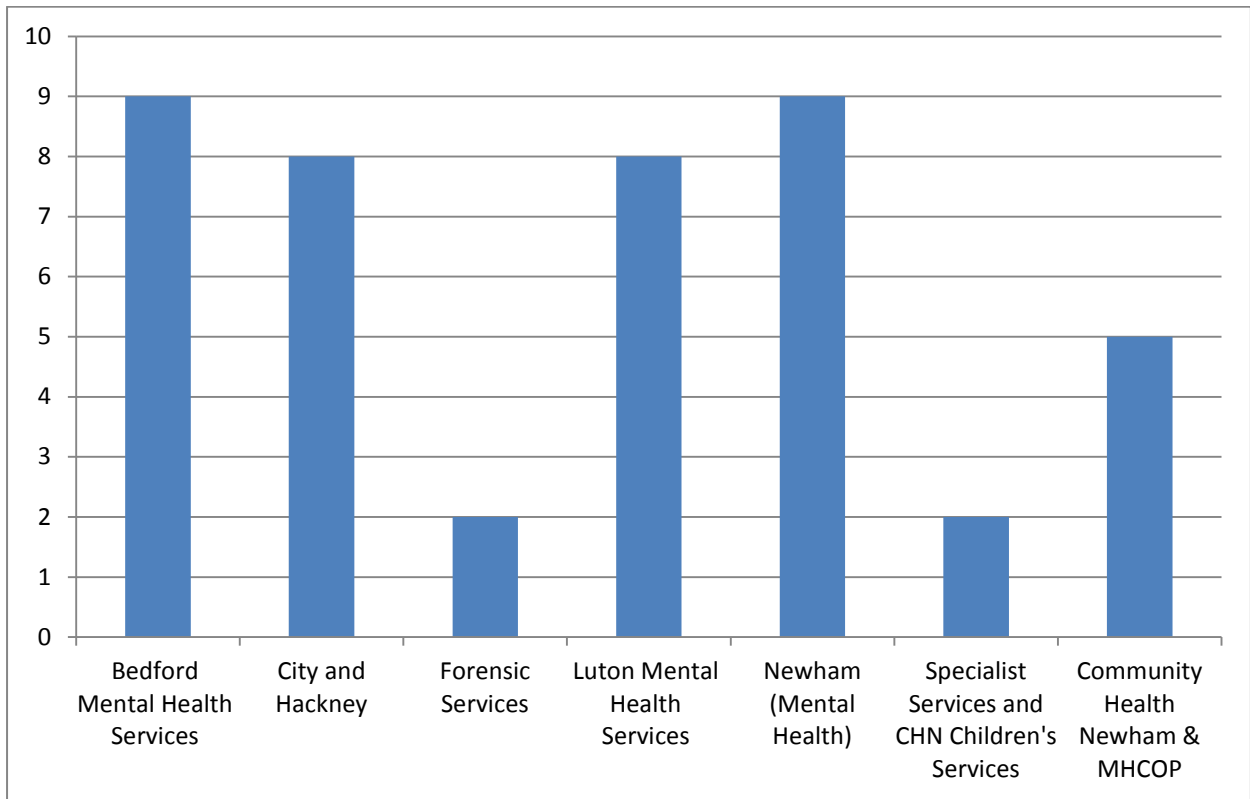
8.8.3 The majority of fire incidents relate to 'false alarms' such as a smoke detector being activated by covert smoking in bed areas or set off from steam from en-suite shower rooms.

8.9 **Fire incidents - Actual fire**

8.9.1 **All actual fires reported across the Trust:**



8.10 All reported actual fires by Directorate:

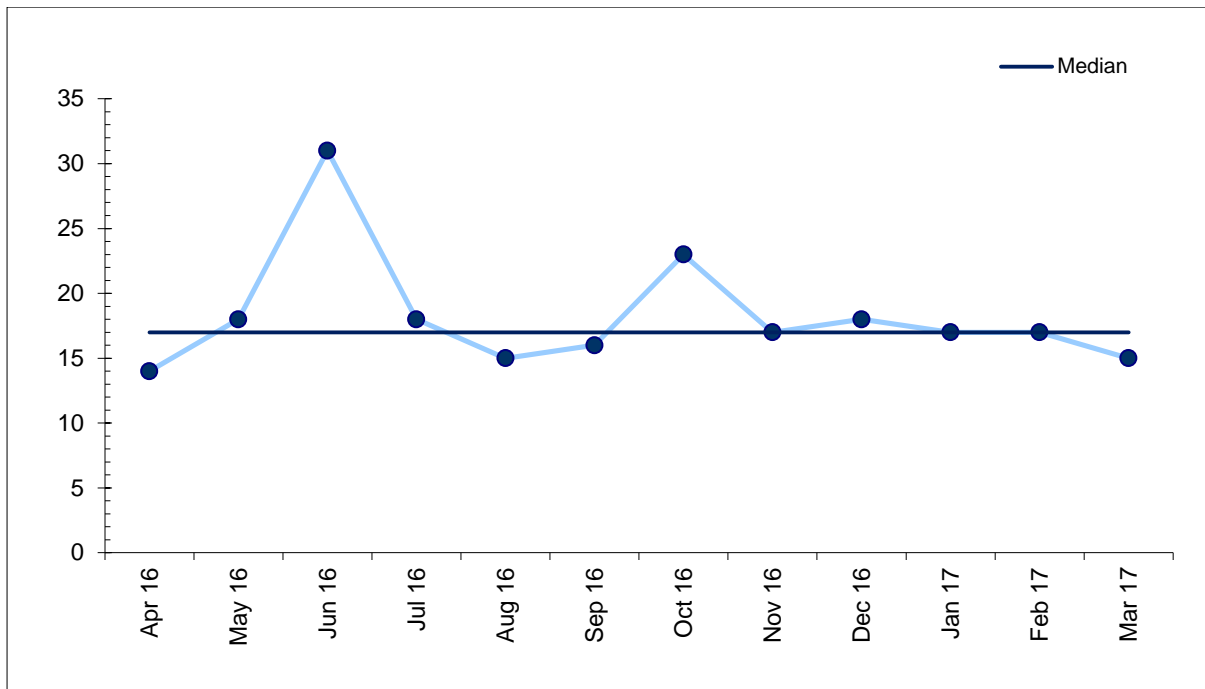


8.10.1 All fire incidents reported are reviewed by the trust fire officers.

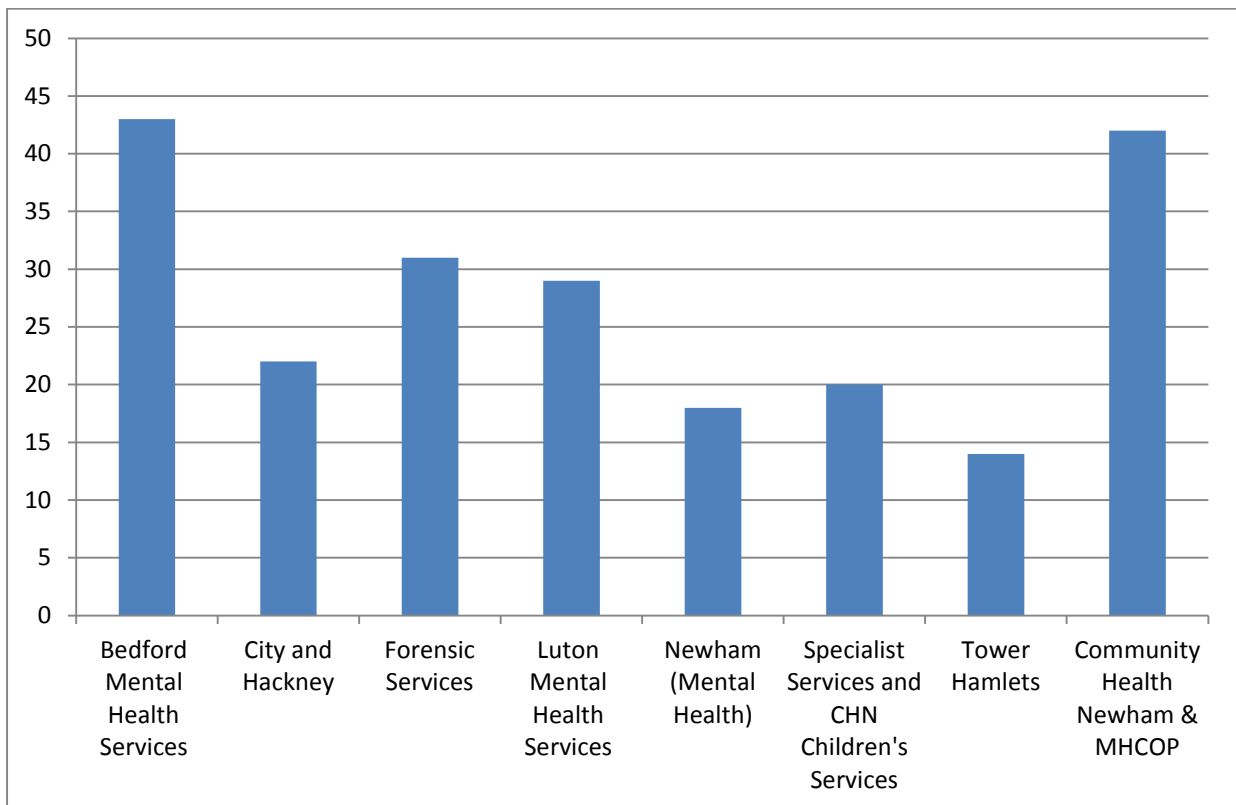
8.10.2 There was one incident of a serious nature caused by suspected initiation by patients. In June 2016 the Coburn Unit required a full evacuation after items had been set alight allegedly by a patient in the dining area. A lighter was identified as the source. Fire service attended and extinguished the fire and a police investigation was raised as the perpetrator was identified by statements from both staff and other patients.

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

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



8.11.2 All reported non-clinical slips, trips and falls by directorate:



8.11.3 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.

8.11.4 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 as proactive use of banisters, appropriate footwear and use of wet floor signs.

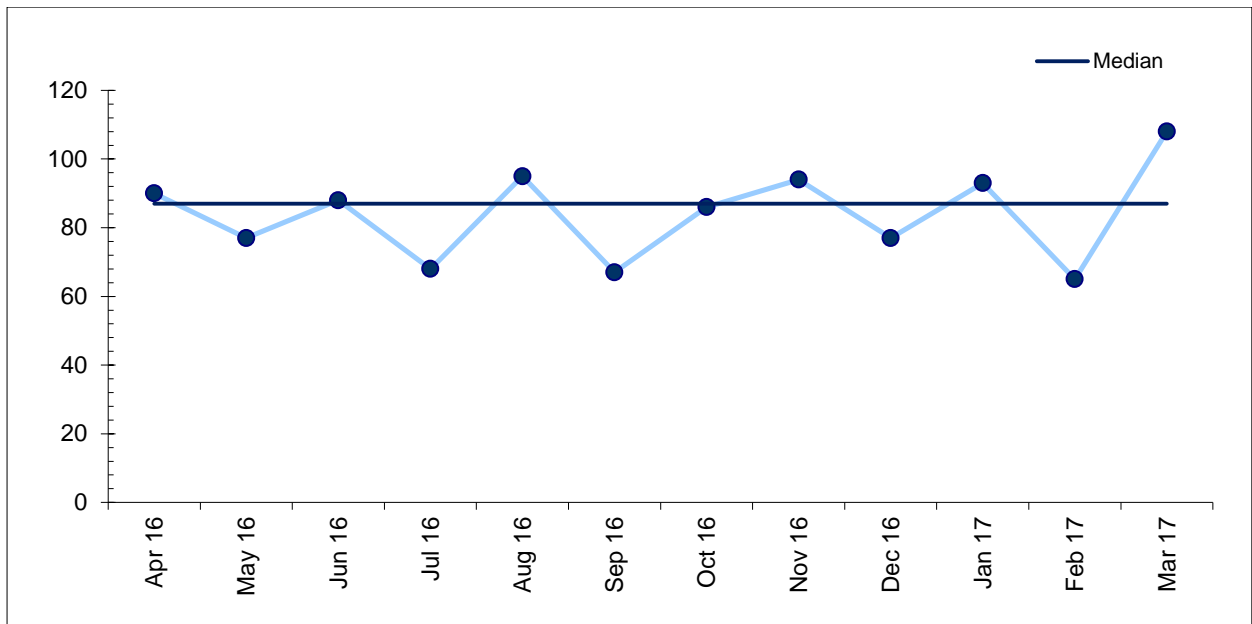
8.12 **RIDDOR**

Directorate	2014/15	2015/16	2016/17
City & Hackney	4	10	3
Newham	5	6	3
Tower Hamlets	4	3	4
Forensic Services	10	12	7
Newham Adult Community Services and MHCOP	5	2	3
Specialist Services and CHN Children	1	1	3
Corporate	0	1	1
Other	0	1	0
Bedford	-	3	3
Luton	-	1	2
Total	29	40	29

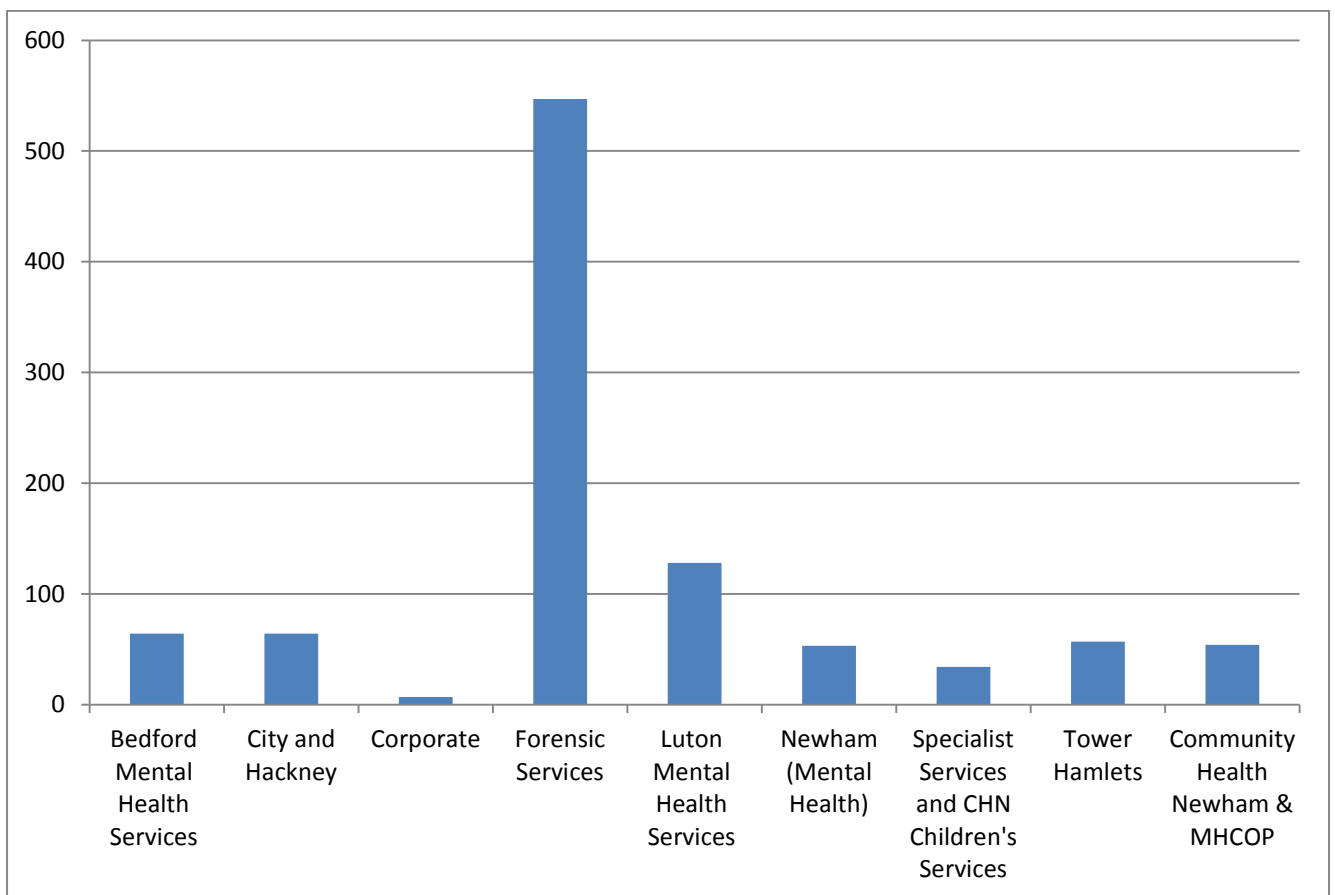
8.12.1 The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) require the reporting of work-related accidents, diseases and dangerous occurrences to the Health and Safety Executive. Each RIDDOR report that is submitted to the HSE is categorised by type. Assaults on staff are the most widely reported H & S related incident and this is reflected by the number of RIDDOR assault incidents submitted to HSE; assaults accounted for 70% of all RIDDOR reports in 2015/16. The second most common type of H & S related incident reported within the Trust were slips, trips and falls which accounted for 24% of all RIDDOR reports submitted to HSE.

8.13 Security Incidents

8.13.1 All reported security incidents – Trust-wide:



8.13.2 All reported security incidents by directorate:



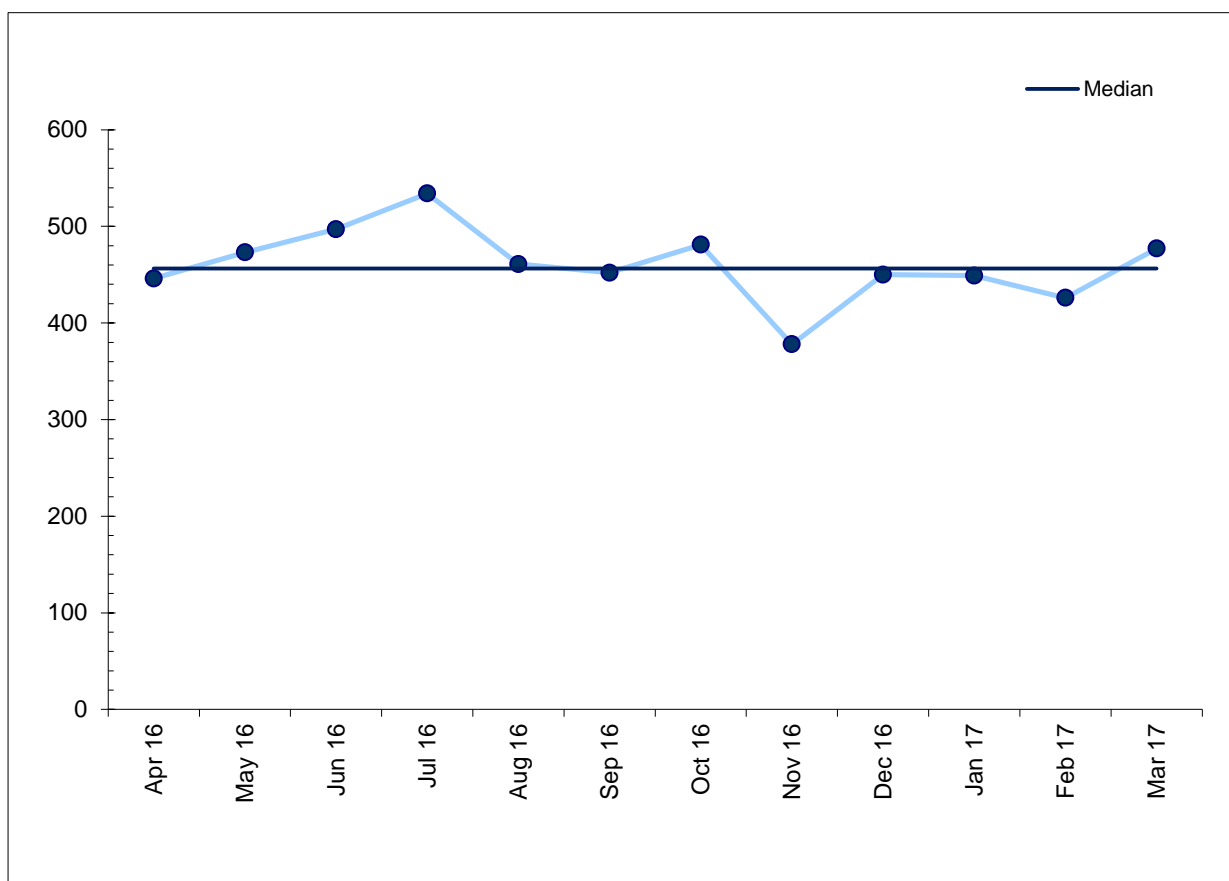
8.13.3 The Trust promotes a pro-security culture through a range of arrangements including policies and procedures as well as via awareness training sessions by the Health and Safety team.

8.13.4 The higher number 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. Other breaches include doors being left unlocked in buildings and associated general housekeeping.

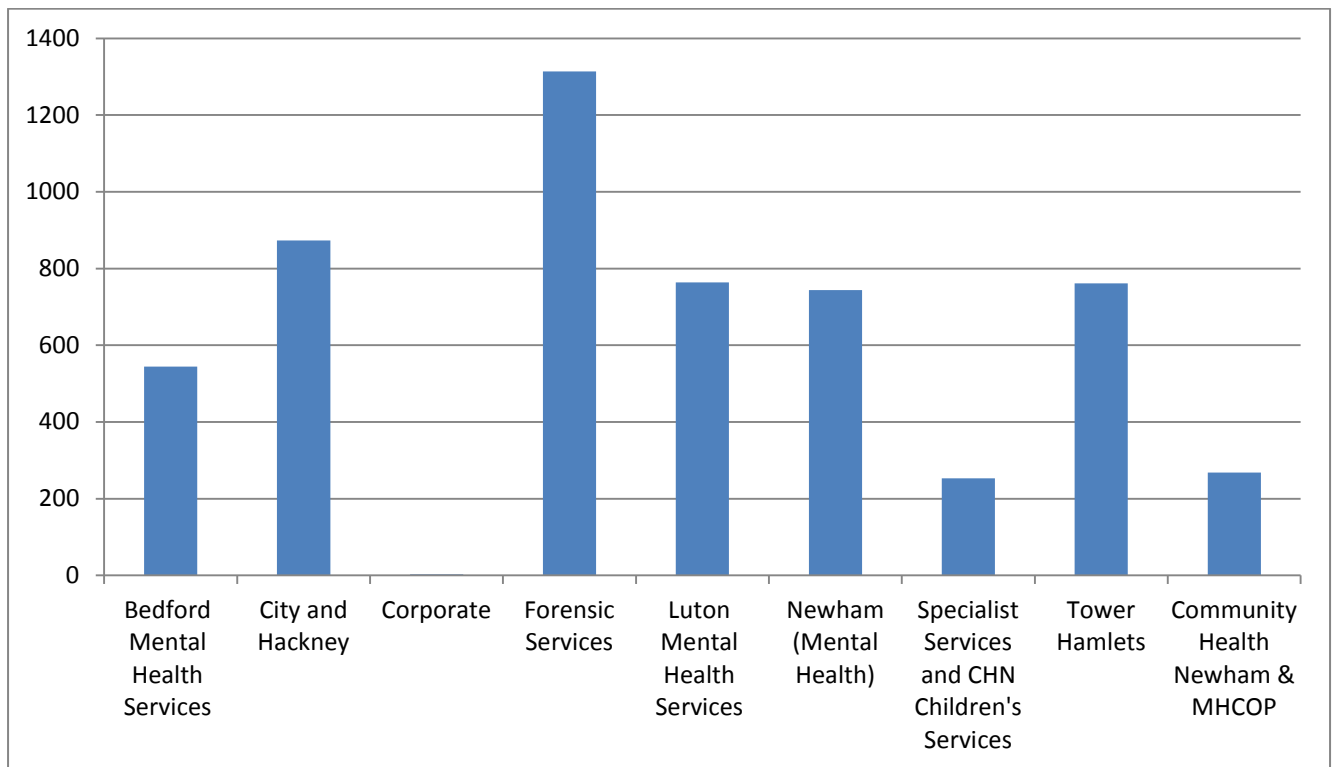
8.13.5 There are two fully staffed security teams – both at the John Howard Centre and Wolfson House who review and investigate all reported security incidents.

8.14 Violence and Aggression

8.14.1 All reported violence and aggression – Trust-wide:



8.14.2 All reported violence and aggression incidents by directorate:



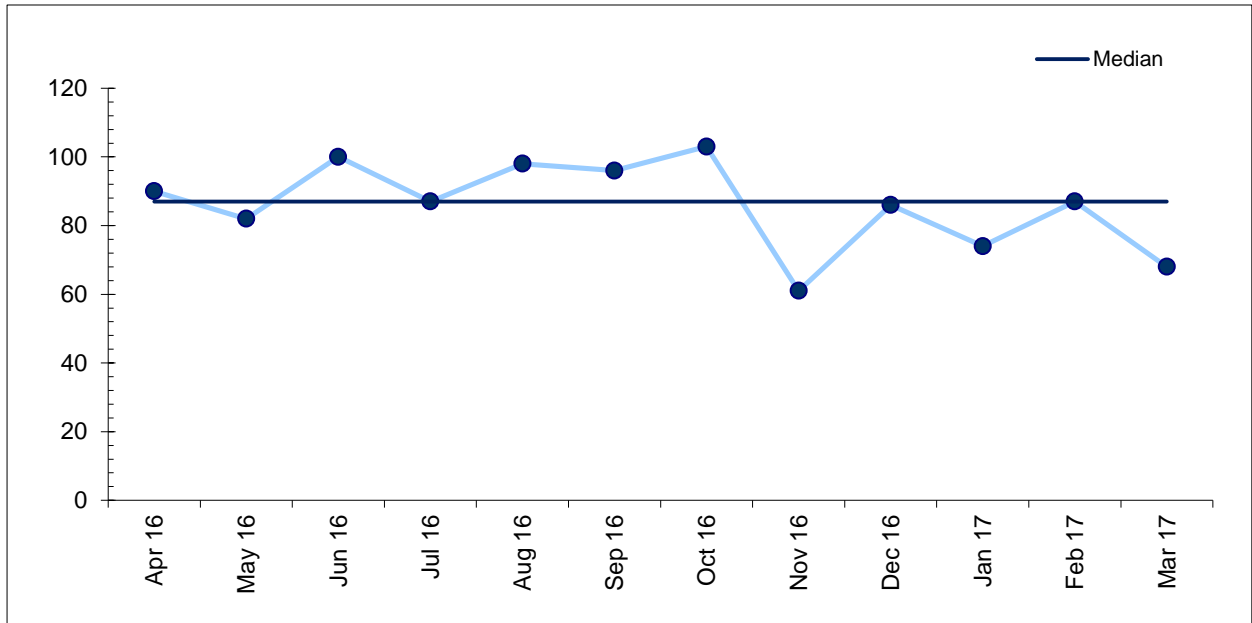
8.15 Violence and Aggression Incidents comparison

Directorate	Incidents reported 2015/16	Incidents reported 2016/17
City & Hackney	624	873
Newham	758	744
Tower Hamlets	735	761
Forensic Services	1123	1314
Newham Adult Community Services and MHCOP	216	268
Specialist Services and CHN Children	253	253
Corporate	6	3
Luton	476	764
Bedfordshire	306	544
Total	4497	5524

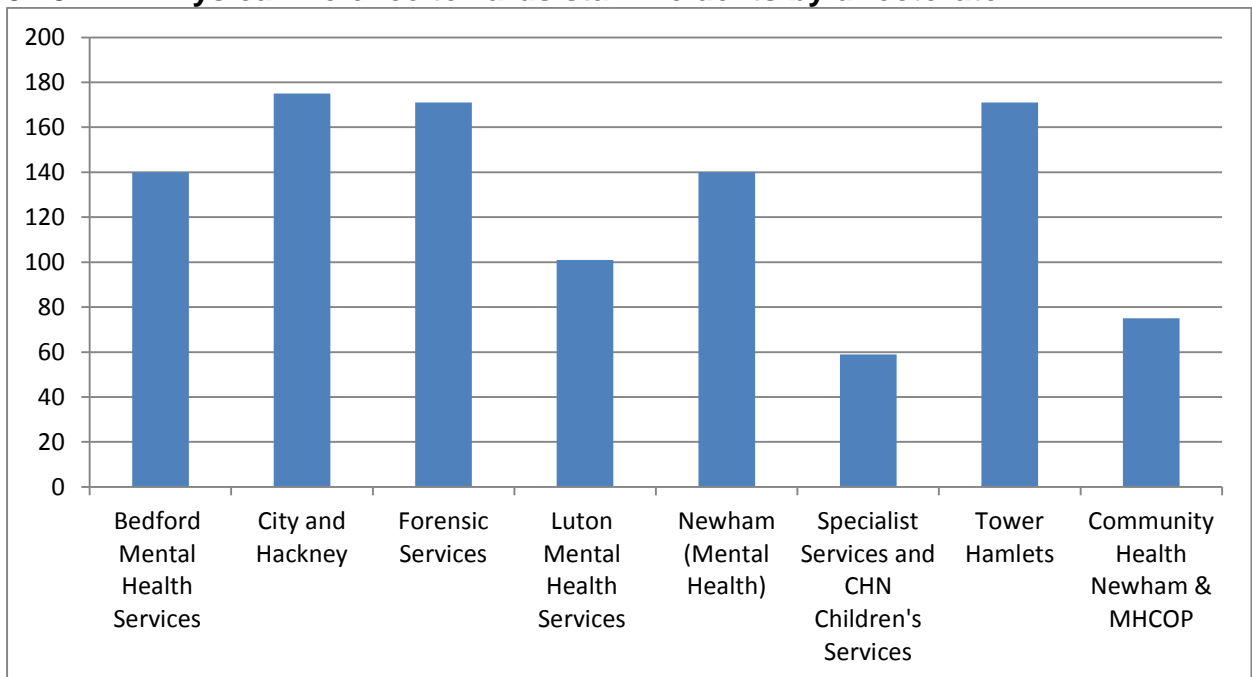
8.15.1 Whilst the increase in violent and aggressive incidents can be partly attributed to the acquisition of Luton and Bedfordshire mental health services, directorates are now more actively reporting criminal damage and non-physical incidents, such as threatening and verbally abusive behaviours as well as racial aggression. Staff are actively encouraged to report all incidents where they, a colleague or a service user has felt threatened or intimidated.

8.16 Violence and Aggression - Physical Violence towards staff

8.16.1 All reported physical violence incidents – Trust-wide:



8.16.2 All Physical Violence towards staff incidents by directorate:



8.16.3 Directorates continue to also actively report non-physical interventions, such as threatening and verbally abusive behaviours, which can account for the increase in **reporting** in the majority of areas. Staff are actively encouraged to report all incidents where they, a colleague or a service user has felt threatened or intimidated.

8.16.4 Since the appointment of then Trust's Security and Police Liaison Advisor (now its Health, Safety, Security and Emergency Planning Manager) there has been a marked **increase** in both reporting of incidents to the police and the progression of those cases via the Crown Prosecution Service. Furthermore, there has been a marked 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.

8.16.5 The following table illustrates the number of assaults on staff and subsequent sanctions the Trust secured in connection with those assaults from 2011/12.

East London NHS Foundation Trust					
	Total Number of Assaults on Staff	Staff	Assaults per 1000 staff	Sanctions	Sanctions per 1000 staff
2011/12	620	3576	173	10	2.8
2012/13	808	3498	231	26	7.4
2013/14	1153	3629	318	27	7.4
2014/15	670	4808	139	50	10.4
2015/16	905	6001	150	66	11
*2016/17	1032	6155	168	-	-

*Please note we await the publication of the sanctions figures from the police for 2016/17.

8.16.6 The table below shows police sanction figures of mental health trusts in London for 2015/16.

8.16.7 *Please note figures for 2016/17 have not been released at this stage however we envisage a further increase in sanctions for the last financial year.

2015/16 (*latest available figures)				
London MH Trust	Assaults	Staff	Ratio per 1000	Sanctions
Barnet, Enfield and Haringey	583	2900	201	5
Camden and Islington	362	1716	211	0
Central and North West	1194	8145	147	10
East London	873	6001	145	66
North East London	372	9757	38	2
Oxleas	416	3663	114	3
South London & Maudsley	1342	4734	283	32
SW London & St George's	509	3201	159	48
West London	882	3339	264	43

8.16.8 The above sanction figures do not include other offences such as criminal damage, **verbal** abuse or anti-social behaviour as well as assaults by patients on patients. The sanction figures for West London MH Trust include those from Broadmoor, which has its own police team to investigate assaults.

8.16.9 Of note is the increase in assaults from 2014/15 to 2015/16 which can be attributed to the acquisition of Luton and Bedfordshire services.

8.16.10 The Trust continues to maintain and develop very close collaborative working relationships with the relevant policing boroughs. Each borough has retained its own mental health liaison police officer with both Newham and Tower Hamlets looking at **replicating** the policing model in Hackney of its own dedicated NHS Intervention Officer. The aim of this initiative is to reduce levels of violence at each site, increase levels of confidence in the police and to further increase positive outcomes for victims.

8.16.11 Whilst our London sites continue to benefit from achieving criminal sanctions we are finding that a vast majority of reports to Bedfordshire Police are being inappropriately closed, claiming the progression of such cases not to be in the public interest. Visits to all the wards in L&B have been carried out to gauge concerns from both staff and patients and a meeting has been arranged with senior officers from Bedfordshire Police to drive this forward.

8.16.12 We are also currently awaiting details of the newly appointed mental health liaison officer for Luton and Bedfordshire. In the meantime we have commenced joint working with their hate crime lead with a view to establishing both staff and patient workshops to address such issues.

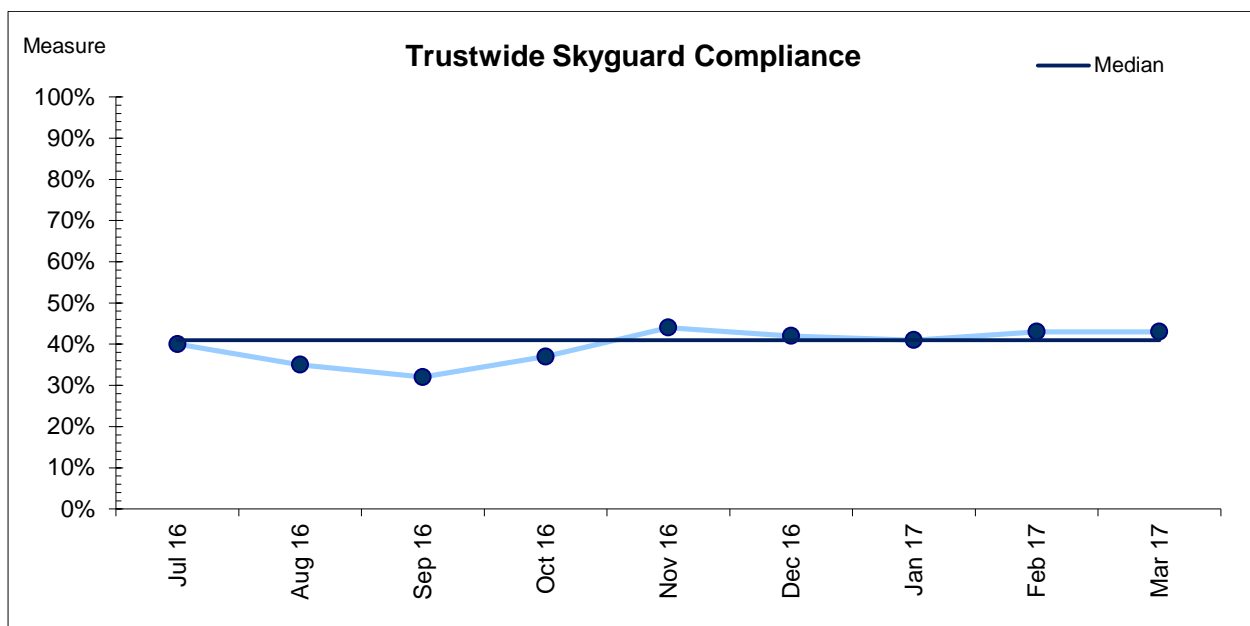
8.16.13 Such actions are publicised across the trust and encourage more staff and service users to report to police by highlighting its positive outcomes.

9.0 Lone Working

9.1 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.

9.2 Part of this drive has included the dissemination of 1360 Skyguard lone worker devices. This new key fob with the latest GPS technology tracks staff's whereabouts 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.

9.3 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 will be monitored by the Health & Safety Team to ensure obligations are met under the HASAWA 1974.



9.4 The H&S team recently met with Skyguard and have devised actions to increase the compliance which should ideally be at around 80%.

- The H&S team are currently revisiting teams to conduct refresher training/ awareness sessions and to receive feedback from staff members as to possible reasons for low usage – Luton and Bedfordshire teams have been prioritised due to their current low compliance.

- Monthly usage reports continue to be sent to directors/lone working leads.
- Publicity campaign via the communications department on the intranet, bulletin and Trustalk.
- Weekly compliance figures are being provided to Chief Nurse and Deputy Chief Executive who in turn will be raising them at the Directors weekly meeting.

10.0 Health, Safety and Security Inspections

10.1 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 trust wide Committee. This provides a framework for actions to be undertaken to maximise the delivery of a safe workplace.

10.2 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.

11.0 Training

11.1 Health & Safety/Security awareness

11.1.1 The Trust provides a number of e-learning courses for this area (Health & Safety, Fire Safety Awareness, Display Screen Equipment and Manual Handling). 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.

11.1.2 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 Competency	6 Months	1,151	796	355	69%
Fire Safety	Yearly	3,333	2,457	876	74%
Fire Course	2 Yearly	1,151	920	231	80%
Fire Warden	2 Yearly	248	159	89	64%
Health & Safety	3 Yearly	4,160	4,274	336	93%
Manual Handling	3 Yearly	3,865	3,553	312	92%

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

11.1.4 The health, safety and security awareness presentation has now been placed back on to the new starters induction programme and is provided by the Health and Safety team.

11.2 Fire training

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

11.2.2 Non ward based staff:

11.2.3 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.

11.2.4 Fire WARDEN (Generic) Course: the provision for those key personnel within each premise 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 by the Training Dept. Courses are facilitated by the Trust Fire Officer (0.5 day).

11.2.5 Clinical ward based staff:

11.2.6 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. Courses are arranged locally with the Trust Fire Officer. The structure of training is as follows:

Fire Training	Structure	Content
FIRE COURSE (in-patient staff) Carried out by Trust Fire Officer	0.5 day All ward based clinical staff (including OTs) Two yearly requalification Venue - site of employment	General fire awareness Local fire procedures Fire extinguisher training (practical) Fire drill on ward (practical)
FIRE COMPETENCY ASSESSMENT (FCA) Carried out by line manager	All Ward based clinical staff (including OTs) 6 monthly assessment	Q&A on all aspects of fire duties in relation to ward environment on site of employment, including: Fire alarm system. Evacuation strategy. Fire extinguishers etc.

12.0 Priorities for 2016/17

2016/17	Progress	Status
Development of health, safety and security intranet page, ensuring it is informative and user-friendly.		Not fully delivered to be carried forward to 2016/17
Design and distribute LSMS leaflet for both staff and patients	Leaflet distributed	Complete
Design and distribute poster for victims of assault.	Poster distributed	Complete
Ensure all units have in place trained risk officers.	Risk officer training dates arranged and training delivered.	Objective reviewed for 2017/18.
Reconvene quarterly trust wide senior management meeting with Police.	Meeting reconvened	Complete
Achieve and maintain 80% compliance for usage of lone worker devices.	Training continues to be delivered to staff. Usage is monitored and compliance reports provided to directorates.	Carry forward to 2017/18

13.0 New Priorities for 2017/18

2017/18	Progress	Status
Development of health, safety and security intranet page, ensuring it is informative and user-friendly.	Review to be undertaken of existing materials displayed on the intranet. Agree materials to be included and ensure that these are uploaded and easily accessible.	Part of a wider review of governance & risk management pages scheduled for Q3
Ensure all units have in place trained risk officers.	Review to be undertaken of existing sites and those recently acquired to ascertain if any gaps. Further training dates to be arranged as necessary.	Training to be rolled out Q3 / 4
Achieve and maintain 80% compliance for usage of lone worker devices.	Lone worker action plan developed and presented to the Health Safety Group.	Ongoing

	This will be implemented during 2017-18.	
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14.0 Action

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