

## Appendix:

<b>REPORT TO:</b>	Quality and Governance Assurance Committee
<b>REPORT BY:</b>	Adrian Pickles (Fire Health & Safety Manager)
<b>PRESENTED BY:</b>	Fire, Health & Safety Manager, Yeovil District Hospital / Simply Serve Ltd
<b>TITLE:</b>	Fire, Health & Safety and Security Annual Report
<b>DATE:</b>	06/10/2023

**Action Required**

(Please select any which are relevant to this paper)

For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Approval	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>
--------------	--------------------------	---------------	--------------------------	--------------	--------------------------	-----------------	-------------------------------------

**Executive Summary**

(Include the history, purpose of the report, any key issues to note and recommendations)

Annual report for Fire, Health & Safety and Security management arrangements in place across all Yeovil District Hospital NHS Foundation Trust areas to maintain safe workplaces and staffing. The reporting period is for the year 2022/23 (before merger). The report highlights areas of the Safety Management System in place to meet the requirements of the Health & Safety at Work Act 1974 and other relevant legislation.

**Links to Strategic Priorities / Board Assurance Framework**

(Please select any which are impacted on / relevant to this paper)

Strategic Objectives 2 – Provide the best care and support to people	Strategic Objective 6 – Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture	Strategic Objective 8 – Develop a high performing organisation delivering the vision of the trust
--	---	---

**Specific risks addressed by this paper**

(Include relevant risks and/or links to the corporate risk register/department risk register)

**Fire Safety risk identified at 12+ Significant to High Risk**

**Risk No 45** - Delay in evacuating patients cross level on the wards 6 to 9 of the main hospital building exposing patients to unacceptable fire safety risk. This risk has been compounded in 22/23 due to additional patients being placed in bathrooms and corridors increasing the issues with patient evacuation numbers. This risk has been raised to **High Risk = 15**

**Due to:** The numbers of patients (over 36) on a ward to move cross level away from a fire as well as the dependency levels of patients requiring bed movement would delay progress past the acceptable tolerable level to be exposed to heat sources or smoke.

**Mitigation:**

- Improvements in upgrading fire compartmentation within ward Level 8 (Remaining wards Levels 6 to 9 to be completed under Capital improvements (Level 6 to 7 in 2023/24, Level 9 in 2024/25)
- High level of face to face staff evacuation training to maintain skills however access to staff for training challenging with Low numbers per session.

**Risk No 696 - Risk of:** Smoke spread in Office / Residential Convamore building affecting emergency staircase. This risk was scored as a **Significant Risk = 12**, however this has been reduced due to the mitigating action.

**Due to:** Fire compartmentation breaches in residential building. Fire doors from Flat entrances in living accommodation not compliant to provide full 30min fire / smoke standard.

**Mitigation:**

Fire Doors installed on residents flats to upgrade 30min fire safety standards 22/23, Capital funded project. **Risk now Archived**

Implications/Requirements (Please select any which are relevant to this paper)									
Financial	<input checked="" type="checkbox"/>	Legislation	<input checked="" type="checkbox"/>	Workforce	<input type="checkbox"/>	Estates	<input checked="" type="checkbox"/>		
ICT	<input type="checkbox"/>	Patient Safety / Quality of Care	<input checked="" type="checkbox"/>						
Reference to CQC domains (Please select any which are relevant to this paper)									
Safe	<input checked="" type="checkbox"/>	Effective	<input type="checkbox"/>	Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>	Well Led	<input checked="" type="checkbox"/>
Is this paper clear for release under the Freedom of Information Act 2000?						Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## 1. Introduction

The purpose of this report is to provide an oversight of the processes and systems in place for managing Fire, Health & Safety and Security within the Trust and highlight key areas of compliance. The Trust outlines its commitment through the Health and Safety and Risk Management Strategy.

The Health and Safety Executive (HSE) uses a structured approach to successful health and safety management and treats this as an integral part of good leadership. By following this approach, the organisation meets its legal requirements in respect of health and safety.

The key elements defined by the HSE are:

- **Plan** – commitment at Board level, policies to be in place and implemented
- **Do** – to undertake 'suitable and sufficient' assessment of significant risks, with controls in place to mitigate the risk, including training. Effective communication and consultation with employees to promote a positive, visible approach.
- **Check** – measuring health and safety performance, effectiveness of controls and developing a positive health and safety culture.
- **Act** – to measure and review performance, incident investigation and learning

This report focusses on the CQC Fundamental Standards and covers the breadth of specialist health and safety topics which also link to the CQC outcomes, including:

Outcomes	Regulation 12 – Safe Care and Treatment
	Regulation 15 – Premises and Equipment
	Regulation 18 – Staffing (training / competence)

## 2. Overall Management of Health and Safety Structure

### 2.1 Leadership and Competency

During 2022/23 a positive health and safety culture was evidenced with proactive management leadership from the Fire, Health & Safety team supporting managers and employees in workplace safety audits and risk assessment. As well as audits, concerns and incidents were monitored and responded to with improvements and risk mitigation actions put in place. Safety training was a focus on higher risk departments in Simply Serve Ltd (SSL) to support managers and supervisors in safety management and risk assessment. During 22/23, low levels of harm were recorded from health and safety incidents with consistent levels of incident reporting year on year.

The Fire, Health & Safety and Security structure during the year was as follows:

- Fire, Health and Safety Manager (*Part Time (P/T)*)
- Security Manager / LSMS (*Full Time (F/T)*)
- Manual Handling (MH) Lead and Ergonomics Advisor (F/T), supported by Academy Trainer
- Fire Officer (P/T)
- Fire, H&S, Security Coordinator (P/T)

Mid-year the Manual Handling Lead & H&S Advisor left YDH which left a gap in service with a reduced level of manual handling and ergonomics specialist input, including health and safety led audits. This resulted in the wider Fire, H&S team taking on additional areas of cover to support management teams which continues to date. The focus shifted to supporting managers to complete safety audits in place of the H&S Advisor leading safety audits with the programme much reduced.

In late 2022, work took place on aligning work streams with SFT in merger preparation to map the processes in the management of health and safety. Display Screen Equipment (DSE) assessment and OH advisory Return to Work support was provided through improved guidance and on-line support which has been a change in approach with demand being managed in a different way. COSHH assessment and support was maintained as well as First Aid training.

The Health and Safety Executive (HSE) carried out a formal visit to inspect the implementation of the Health & Safety (Sharps Instruments in Healthcare) Regulations 2013 at Yeovil Hospital during 2022. This resulted in an Improvement Notice being issued for the Theatres management team in relation to the management of safer sharps resulting from a lack of evidence of implementation of the regulations to protect workers from the risk of sharps injuries. An action was put in place to make changes to processes for risk assessing non safer sharps with a focus on safer sharps implementation and staff education. The action plan was implemented and the Trust received a closure letter from the HSE in March 2023 for Main Theatres.

Fire safety management grew from strength to strength in year with improvements in the way records, risk assessment and evidence is provided relating to fire safety compliance with the development of a reporting template. Specific patient safety risks around evacuation were highlighted through pressures on the services with patients being cared for outside of normal in-patient areas which continues to date at times of escalation. The risk of delay in evacuation due to the numbers and dependency of patients continues to be a real risk with building safety improvements taking place alongside fire drills, education and training.

Security management led from within SSL engaged with managers and staff across YDH to address offenders of crime alongside police and prosecuting authorities. Risk reduction actions were taken with multidisciplinary teams to manage higher risk patients and repeat offenders of verbal and physical abuse against staff. A focus on security guarding was maintained including with improving lockdown measures for wards and buildings. In 2023, the Security Manager moved across under management direct through SFT instead of SSL.

### **2.2 Committee Structure**

A combined YDH Fire, Health, Safety & Security Committee met quarterly with good participation from a defined group of members including Simply Serve Ltd. Meetings were not attended consistently by Union Safety Representatives at Yeovil however under merger preparations the membership of the SFT Health & Safety Committee included the Fire, Health & Safety Manager for YDH and integration took place across sites. The chair of the committee being the Director of Corporate Services under merger changes that aligned responsibilities and committee oversight.

The following Fire, Health, Safety and Security meetings at YDH took place on the dates below:

- April 2022
- July 2022
- November 2022

In 2023, the Committees formed together and in March 2023 a joint meeting took place which ratified a revised Health & Safety policy.

## Enclosure 12

Security management changed in early 2023 with the newly formed joint Security Committee being formed combining YDH and SFT security risks. Formal reporting is now focussed through the SFT Security Committee.

A targeted risk based approach was adopted in year looking at incident trends and collecting data from safety audits completed to enable priorities to be set aimed at preventing and reducing harm.

During the year a number of gaps were identified in overall management of safety related topics to identify leadership priorities and these were reported to the Quality Assurance Committee including management and oversight of workplace Stress Management Standards, Safer Sharps implementation, COSHH management and Occupational Health support.

Minutes of meetings were presented to the YDH Quality Assurance Committee in line with topic setting, see Section 3.

Other specialist safety groups in YDH convened to review incident data and safety audits such as the Fire Capex Meeting (SSL Estates), SSL Committees including Asbestos Management, Water Safety Group and the Medical Gasses Committee. All groups look at incident consequence, trends and make recommendations for action, learning and improvement.

### 2.3 Strategic Objectives

The Fire, Security and Health & Safety Objectives delivered for 2022/23 are attached at Appendix 1 aligned with the Trust Objectives. Compliance reports developed to monitor progress with standards were presented at the Fire, H&S and Security Committee.

### 3. NHS Health and Safety Standards overview

The Fire, Health & Safety Manager, in collaboration with relevant topic leads and safety representatives supports the YDH Quality Assurance Committee reporting process against the relevant standards set out below.

<b>Green</b>	<b>Excellent</b> – good evidence identified across all criterion in the standard
<b>Blue</b>	Good evidence identified against the majority of criterion in the standard. <b>No significant areas of risk identified</b> within any criterion that were not fully met
<b>Amber</b>	Good evidence identified against the majority of criterion in the standard. <b>Areas of potentially significant risk identified</b> within any criterion that were not fully met but work is known to be underway
<b>Red</b>	<b>Significant gap identified</b> within the criterion - further work required

The following table highlights the reviews reported at the Quality Assurance Committee during year 2022/23:

Topic	Last Assessed	Comments
<b>Fire Safety</b>	(May 22 & Nov 22)	Fire Safety Management arrangements are strong with limited assurance around addressing the fire safety risks with Amber assessment
<b>Health and Safety Management</b>	(May 22)	Good levels of audit and safety improvement actions managed in 2022
<b>COSHH</b>	(May 22 & Nov 22)	Weaknesses exist in the assessment and recording of COSHH and monitoring of exposure to certain products used in Theatres and Maternity; i.e. Nitrous Oxide, Formaldehyde and Anaesthetic Gasses. Other COSHH management areas not included i.e. Safer Sharps and Skin surveillance as these have been covered under Infection Control
<b>Slips, trips and</b>	(Sept 23)	Slips, Trips and Falls remain low for staff and visitors. Working at Height

## Enclosure 12

<b>falls (Other) including working at height</b>		arrangements managed through SSL. Good levels of slip reduction through Housekeeping cleaning and Estates floor maintenance. Health & Safety Committee. Patient Falls are not reported here, but through the Patient Safety Group
<b>Moving and Handling Patients / Staff</b>	(Feb 22)	Good level of compliance with training and staff engagement with low handling incidents and injuries reported. Good levels of training in place. <b>Note:</b> From Oct 22, the gapping of MH trainer would have led to a reduction in assurance and overview of compliance
<b>Radiation</b>	(July 22)	Not reported through the Fire, H&S Committee this is reported through the Radiation Safety Lead
<b>Waste and Environment</b>	(July 22)	Not reported through the Fire, H&S Committee. Facilities reporting through SSL
<b>Food Safety</b>	(Feb 23)	Not reported through the Fire, H&S Committee. Facilities reporting through SSL
<b>Cleanliness of the Environment</b>	(Apr 22)	Monitored by the Patient Environment and Action Group (PEAG) and Infection Prevention and Control Committee
<b>Security, Violence and Aggression</b>	(Apr 22 & Jan 23)	Improved assurance requiring to meet emerging standards. Current areas of improvement around capturing incidents where restraint has been used. Safeguarding have overview of restrictive interventions (non-physical)
<b>Asbestos Management</b>	(April 22 & Feb 23)	Monitored through SSL processes. Improvements required in policy and survey of Asbestos Containing Materials to be in date
<b>Control of Contractors</b>	(Sept 22)	Monitored through SSL processes. Safety video and Contractor Safe Working Procedures enhanced
<b>Confined Spaces</b>	(Sept 22)	Monitored through SSL processes. Removal of hazards in confined spaces part of a programme of safety improvement. Access procedures in place.
<b>Electrical Safety</b>	(Sept 22)	Monitored through SSL processes. Electrical safety policy developed.
<b>Legionella Management</b>	(Nov 22)	Monitored through the Water Safety Committee. Legionella safety improvements and policy developed.
<b>Sharps Safety</b>	(Nov 22 & June 23)	Safer Sharps implementation and risk management process require improvement across all areas to reduce the likelihood of sharps injuries

**Note:** This list is limited to the key areas related to Fire, H&S Management and does not include Infection Control or HR Health & Wellbeing (Management of Work Related Stress). Noise, Vibration and Working at Height Regulations not covered in year.

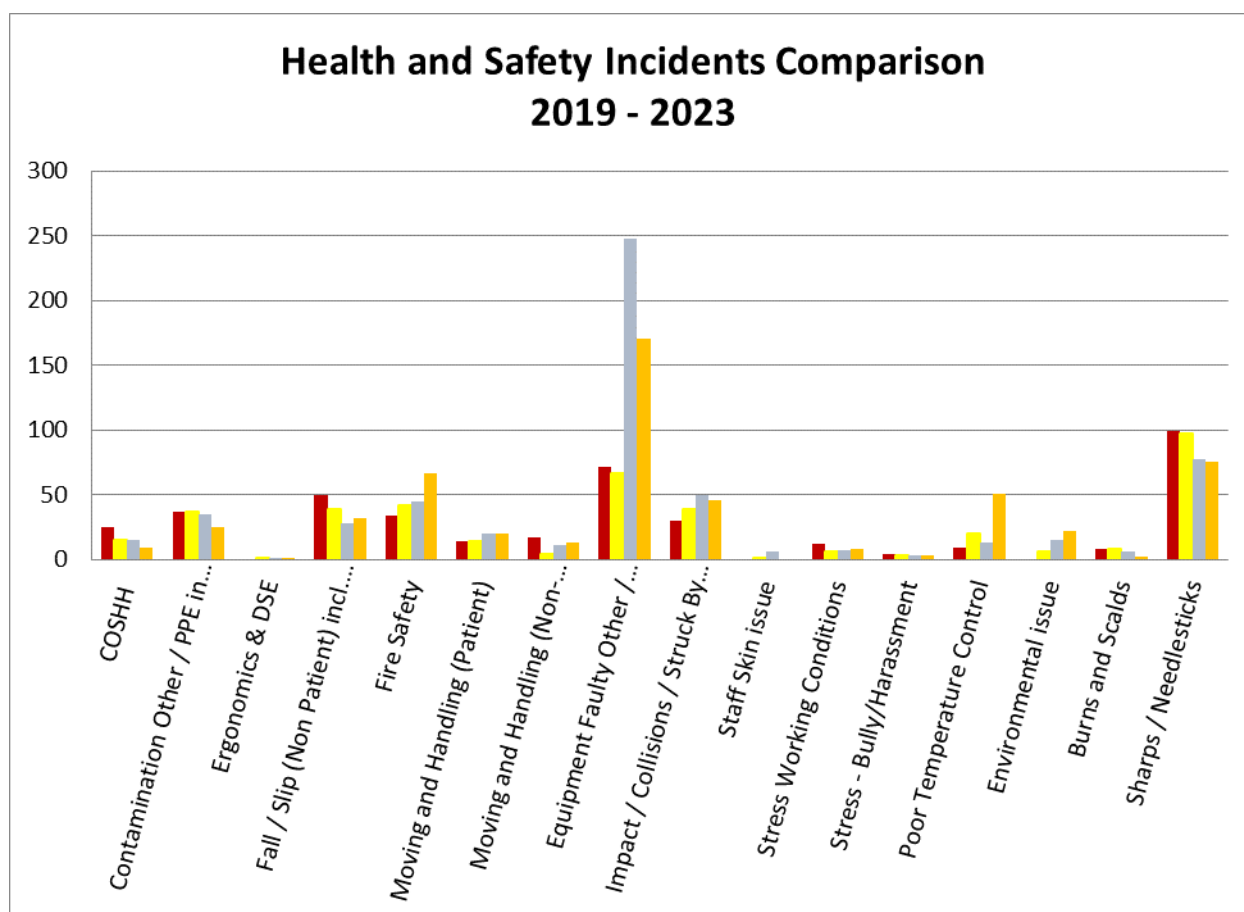
#### 4. Incident / RIDDOR's

##### 4.1 All incidents / near misses

During 2022/23 – 11,827 incidents / near misses have been reported in total, of which 543 were reported against health and safety categories (excluding Security incident reporting). The following tables provide an overview of the number of reported incidents.

Category	2019-20	2020-21	2021-22	2022-23
COSHH	25	15	15	9
Contamination Other / PPE in use / Not in use	37	37	35	25
Ergonomics & DSE	0	1	1	1
Fall / Slip (Non Patient)	50	39	28	32
Fire Safety	34	42	45	66
Moving and Handling (Patient)	14	14	20	20
Moving and Handling (Non- Patient)	17	4	11	13
Equipment Faulty Other / Untrained Operator/ Inadequate Maintenance / Inappropriate Use / Lack of Equipment <i>Note: This category was expanded in 2021-22</i>	71	66	248	170
Impact / Collisions / Struck By or Against	30	39	50	46

Staff Skin issue	0	1	6	0
Stress Working Conditions	12	6	7	8
Stress - Bully/Harassment	4	3	3	3
Poor Temperature Control	9	20	13	51
Environmental issue	0	6	15	22
Burns and Scalds	8	8	6	2
Sharps / Needlesticks	99	97	77	75
<b>Total</b>	<b>410</b>	<b>398</b>	<b>580</b>	<b>543</b>



The grade (Actual Impact) of incident is reported in the following table. The majority of incidents reported are of low impact, Grade 1 including 'Near Misses'. A number of Grade 3 incidents have been subject to RIDDOR reporting, see section 4.2.

Harm level	2019-20	2020-21	2021-22	2022-23
1 = Insignificant incl. Near Miss	324	270	434	405
2 = Minor	82	115	136	133
3 = Moderate	4	13	10	5
4 = Major	0	0	0	0
5 = Catastrophic	0	0	0	0
	<b>410</b>	<b>398</b>	<b>580</b>	<b>543</b>

#### 4.2 Incidents reported to the Health and Safety Executive (HSE) under RIDDOR

During 2022/23, the Trust reported 6 incidents to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. The most significant of which were:

Department	Type of Incident and Injury	Review
AAU – Ward Staff	Slip and fall – Fractured wrist	Environment reviewed
Convamore Toilets	Slip and fall – Fracture Patella	Cleaning review has taken place as reported wet floor

Portering (Estates & Facilities)	Manual Handling – Sprain/ Strain Back	Manual Handling review and training has taken place
Ward 6A – Ward Staff Ward 9B – Ward Staff	Manual Handling – Sprain/ Strain Back	
Canteen – Facilities, HCA	Struck by Object – Sprain / Strain wrist	Door closed on closer and staff member trapped hand. No improvement identified that could reduce the risk of a reoccurrence.

**4.3 Safety Improvements** - The following points summarise a number of risk reduction actions which have taken place across the Trust.

**4.3.1 Fire, Health and Safety Management**

Fire, Health & Safety Coordinator role newly established in 2022 improved visibility in departments with supportive auditing being completed combining Fire, H&S and Security checks. At the end of March 2023 this role changed and the coordinator became one of the Fire Safety Advisors to meet the fire safety risk requirements.

The Manual Handling & Ergonomics (H&S) Advisor led a process of department safety audits and risk assessments with manager’s engagement across Yeovil department areas during 2022 until this post was gapped in October 2022 of that year. As earlier reported the Fire, H&S Manager has backfilled support to departments on a part time basis with manual handling support provided from within the team. This situation highlights in some way the lack of progress made in key areas of H&S although many areas of improvement have been seen.

Fire, H&S Objectives ([see Appendix 1](#)) identify the achievements during the reporting period with those highlighted in ‘Green’ as completed and ‘Yellow’ for partially completed with progress. In addition the following Health and Safety Improvements were carried out in 2022/23 including:

- Re racking and shelving stability reviewed in the fluid store with handling equipment provided and staff trained in use to minimise heavy handling
- Changes made to the layouts of storage areas for enablement equipment to facilitate home discharge and to reduce handling concerns
- Revised contractor induction procedures updated and delivered
- Patient Hoists replaced that were out of life cycle to maintain good coverage and access

**4.3.2 Fire Safety Unwanted Fire Alarms / Fire Related Incidents**

- **Unwanted Fire Alarms / Incidents** – In 2022/23 the amount of unwanted fire alarms in residencies has remained frequent with activations due to cooking fumes. None of these incidents resulted in a fire or harm but each requiring an Estates response to manage the fire alarms. Mitigation has taken place in Housekeeping monitoring kitchen extraction systems being turned off by residents with changeover of detection from smoke to heat being implemented. Out of 66 fire safety related incidents, 24 were as a result of residential alarms.
- There were 21 fire alarm incidents in the Main Hospital / Women’s Hospital & Maternity Unit, 9 of which resulted from detection identifying smoke or other contamination. Each alarm was responded to by the Fire Team in line with procedures. All incidents were low risk with no direct fire development. The types of alarm incidents caused by:
  - incorrect isolation of smoke detectors for works going outside of the permit system
  - visitors / patients activating alarms on restricted access doors

- use of deodorants near detection systems
  - toast cooking causing smoke
  - dust caused by contractors, and
  - one patients attempting to set fire to paper materials
- During 2022/23 no fire alarm activations resulted in attendance of the Fire & Rescue Services.

**4.3.3 Fire Safety Improvements** – A programme of fire safety works has been prioritised in line with risks raised to the risk register through fire risk assessment, including:

- Level 8 has seen upgrades in the standards of fire compartments around kitchens, sluice and treatment rooms being maintained at 30 min to allow delay in evacuation. In addition the fire and detection system was upgraded throughout these areas.
- Fire Fighting and Fire Evacuation lifts have been installed and fire compartmentation works carried out to support this.
- Installation of a fire suppression systems for ICU electrical room has reduced the risk of fire developing and placing escape routes at risk.
- The Convamore building accommodation has had fire doors changed on the evacuation staircase due to non-compliance of existing doors.
- Workshops buildings had fire detection upgraded
- Implementation of an improved fire alarm & detection control system allows real time fault finding and fire alarm cascading.

## 5 Training

There are specific training requirements detailed within legislation and other NHS standards across health and safety. The Fire, Health and Safety Manager works in collaboration with the Academy to establish the standards for induction and mandatory training. New ways of delivery are part of the review process feeding into the Training Needs Analysis.

**5.1 Induction and Mandatory Training** – During 2022/23 the following training sessions were delivered. Training delivery revised as part of the merger from April 2023 not reflected here:

Topic (Mandatory Training)	Covered by attendance or completion of:
Health and Safety	15 min on Induction and e-learning for mandatory training
Fire Safety (Non Clinical)	30 min face to face training
Fire Safety and Practical Evacuation (Clinical)	45 mins face to face training
Security, Conflict Resolution awareness	E-learning Level 1 with Face to face in Mandatory & Transition incl. Specific Conflict Resolution Training courses provided to patient facing staff groups at Level 2.
Patient Handling and Positioning (Clinical Only)	Induction; 2 hour taught practical session with refresher training on mandatory training (75 mins)
Manual Handling and Ergonomics (Non-Clinical)	15 mins provided on Induction with e-learning on mandatory refresher

**NB:** This list shows key topics only and does not show all other induction and mandatory training elements. Records of attendance and compliance is not recorded here but is available through Academy reporting to the Workforce Committee.

## 5.2 Fire, Health and Safety Training



Training courses accredited through 'Qualsafe' are provided aimed at delivering specific skills and knowledge for safety representatives to proactively identify and manage risks in support of managers. The following course types are delivered through SSL to support staff at Yeovil Hospital:

- Level 2 – Fire Safety Principles (for Fire Wardens), ½ day course
- Level 2 – Principles of COSHH (for COSHH Assessors) ½ day course
- Level 2 – Emergency First Aid at Work (1 day) and 3 Day First Aid at Work training for those requiring greater competency levels such as Electricians to meet competency requirements.
- Level 3 – IOSH Managing Safely 3 day course

### **5.3 Fire and Emergency Evacuation Exercises**

A programme of department based fire evacuation training and exercises enhance fire safety mandatory training. Fire drills delivered by the Fire Safety Advisor against a programme reportable to the Fire, H&S Committee in 2022/23. Carried out 6 monthly for inpatient areas and annually for all other departments. In early 2023 the programme of drills were placed into compliance audit software based record to schedule fire drills to support compliance evidence.

Training of Fire Wardens continued with some weaknesses in 2022 due to department staff availability to attend training. A revised training programme is now delivered with improved attendance. Floor plan exercises take place with Fire and Rescue Service crews led by the Fire Safety Advisor to ensure crews are familiar with building layouts and higher risk areas.

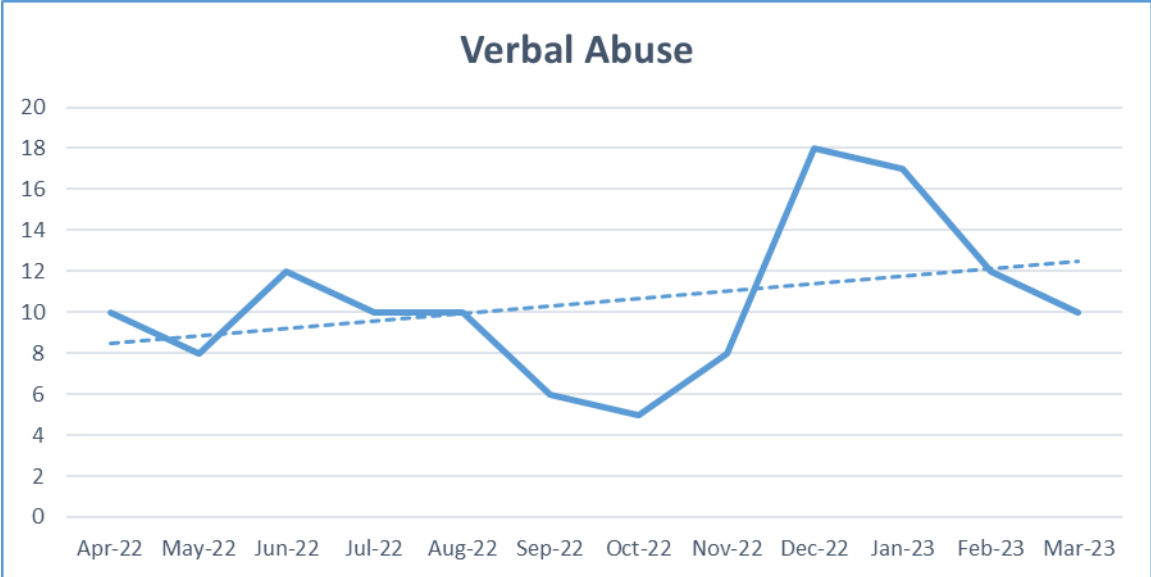
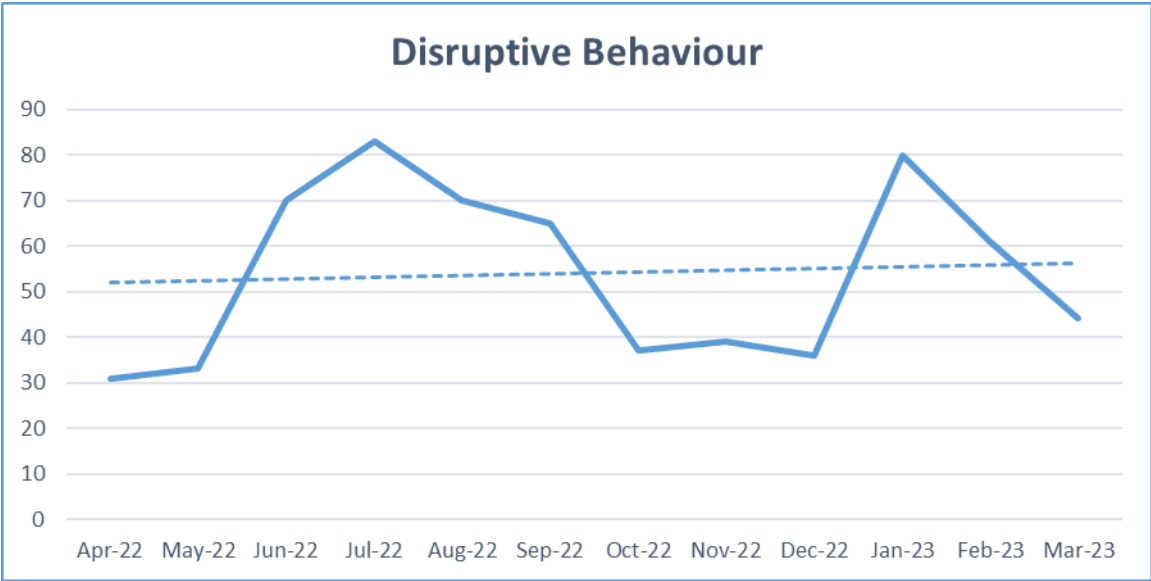
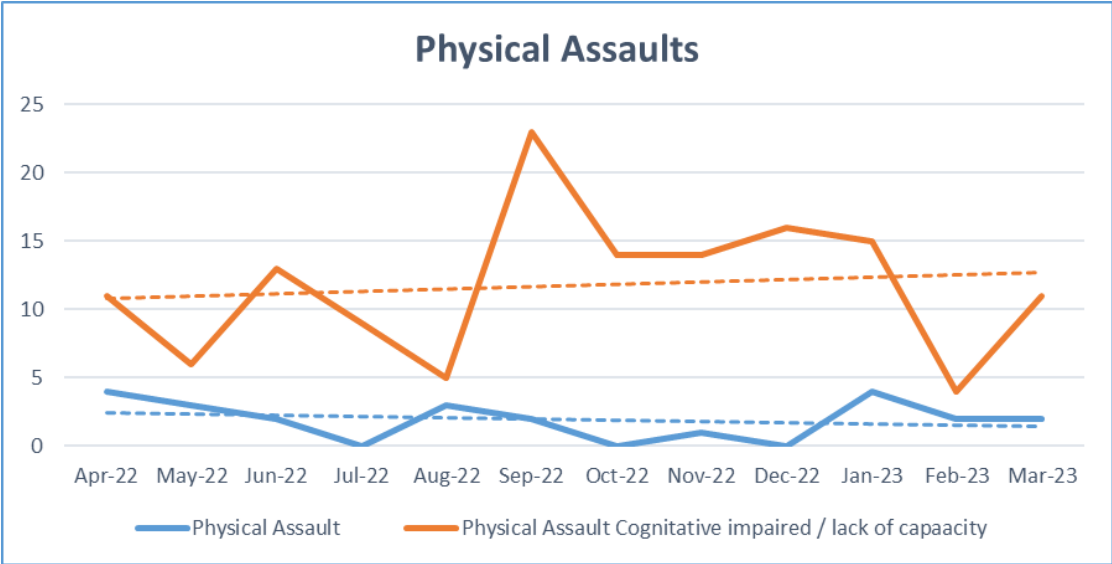
### **6. First Aid at Work arrangements**

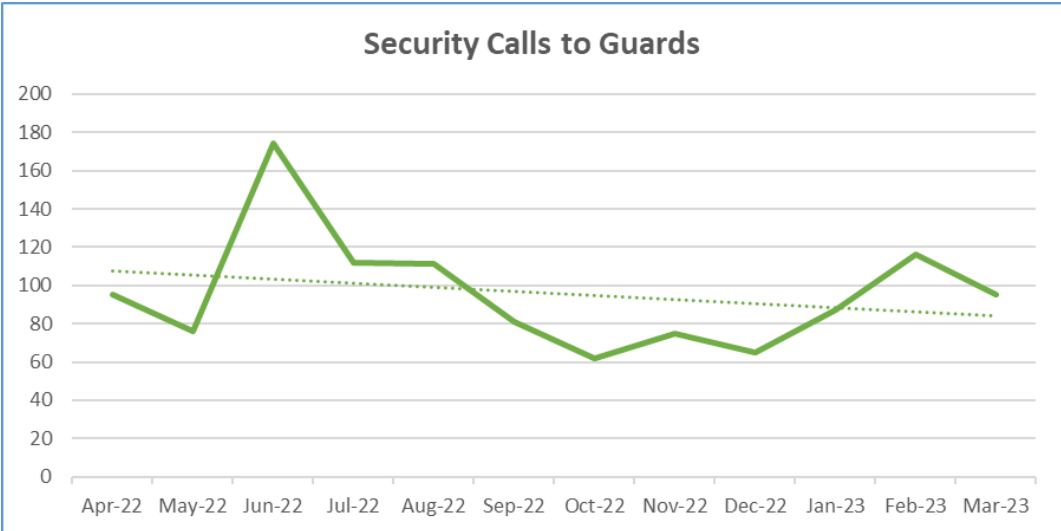
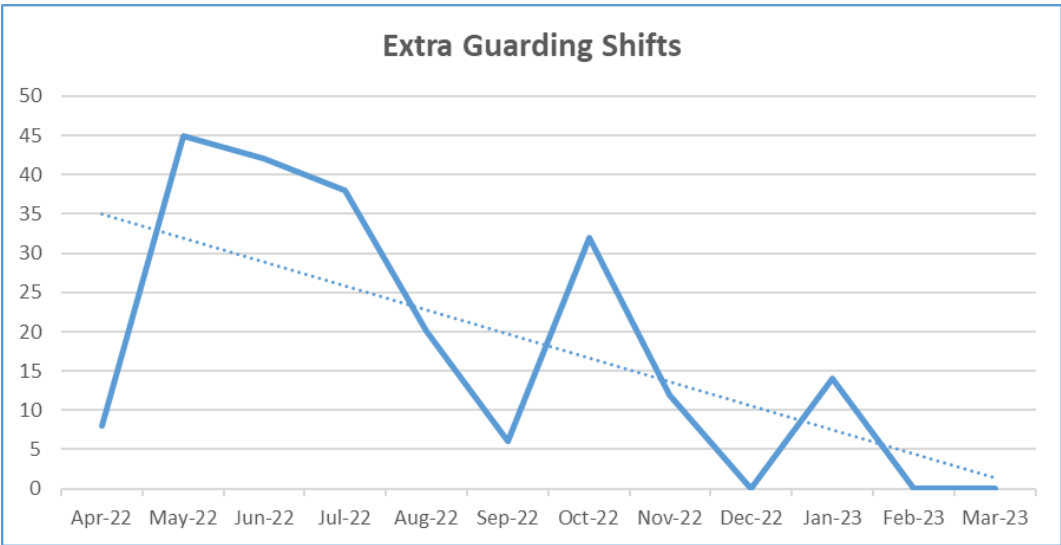
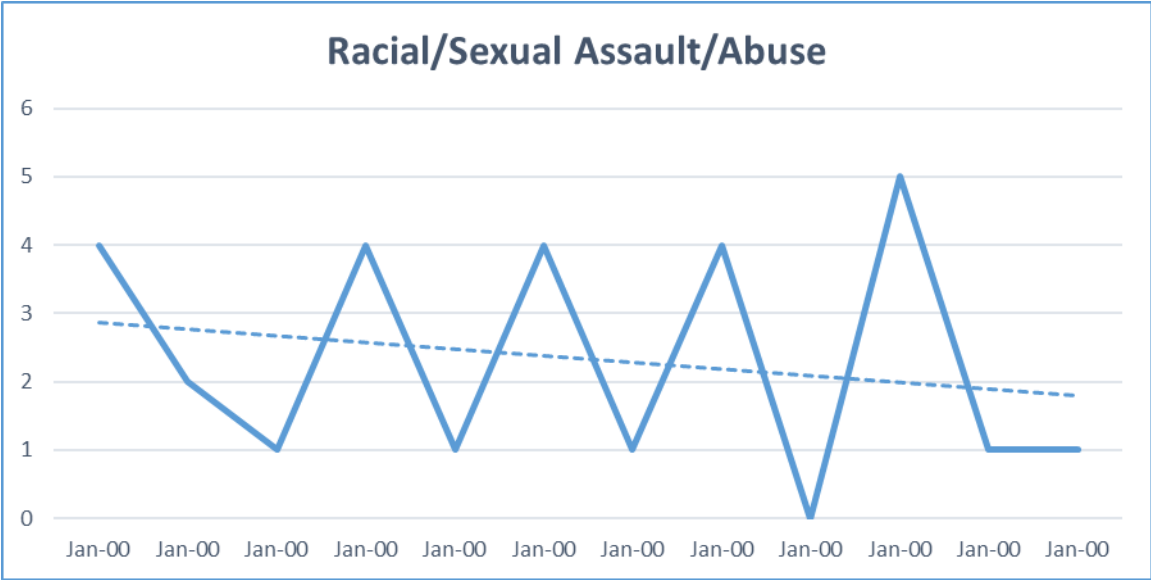
A number of First Aid first responder staff have been trained to cover non clinical departments and higher risk work activities. Courses are run in house and records of staff and locations of first aid boxes are maintained. First aiders are responsible for review of first aid kits located around YDH premises. During 2023 evidence and audit in this area has dropped off due to staff gaps in the H&S team to oversee this area.

### **7. Security Overview**

2022/23 has seen consistent reporting of Violence and Aggression (V&A) incidents with an overall increase of incidents reported with calls to the Security guards for early intervention. Due to intervention the rate of actual harm is Low and no RIDDOR injuries have been reported in year. Patients with cognitive impairment account for most incidents of V&A. Some incidents and crimes are due to persons who have no impairment and these are dealt with through enforcement action in line with the Security Policy. In 2022/23 – 37 Crimes were reported to the Police. On merger there is now a standalone Security meeting taking place across SFT to monitor this area.

Data collection on Security areas reported in 2022/23.





**8. External Regulator Activity**

- 8.1 Health and Safety Executive (HSE) Visits** – The Health and Safety (Sharps Instruments in Healthcare) Regulations inspection has been covered within this report for reference.
- 8.2 Devon and Somerset Fire & Rescue (D&SFRS) Services** – 2 Inspections / audits in 2022/23 through the F&RS have not raised any serious incident reports or concerns. No external formal audits took place in year. The Authorised Engineer Fire Safety report due in year 2023/24.

### 9. Conclusion and Look Forward

This report for 2022/23 highlights a continued proactive health and safety management system in place with some improvements to be made in responsibility and overview of risk management topics. System weaknesses in the management and overview of safer sharps led to an improvement notice being issued by the HSE. This audit highlighted a proactive safety commitment and actions were resolved promptly through Theatre teams. Further extensive work on improvements are required across all other patient service areas.

The internal audit system led by the Fire, H&S team continued to deliver audits and many safety improvements in 2022 until gaps in the team required a change of approach and focus. Moving on into 2023/24 the rerolling of the governance arrangements and spilt between fire safety and health & safety will see a change in approach and restructuring of management arrangements. Gaps in the health and safety related topics are evident and focus should be based on the Topic leads assessments and recommendations to the Quality Assurance Group.

#### **Appendices:**

1. Fire, Security, Health & Safety Objectives 2022/23

Appendix 1 – Fire, Health & Safety Objectives 2022/23

Vision	Objectives – 2022 / 2023	Key Actions
<p><b>Care for Our Population</b></p>	<ul style="list-style-type: none"> <li>Review Fire Risk Assessments (FRAs) for the Trust and establishing gaps in compliance and identifying progress and priorities</li> <li>Improve building fire compartmentation standards including records</li> <li>Improve the fire alarm and detection systems to prevent failure and ensure safe premises</li> <li>Improve staff skills in patient handling and use of aids</li> <li>Improve physical security access to in- patient wards</li> </ul>	<ul style="list-style-type: none"> <li>Carry out fire door reviews to target improvements and identify and upgrade building fire compartment standards – <b>Completed</b></li> <li>Install main entrances fire doors to wards to meet fire-fighting requirements for 60min fire compartmentation – <b>Awaiting Contractor Install due in 2023/24</b></li> <li>Improve the fire compartmentation in Main Theatres to aid evacuation - <b>Included in Theatre 5 Project to be completed</b></li> <li>Improve fire detection and fire compartmentation protection in Pathology / AEC areas - <b>Completed</b></li> <li>Carry out smoke damper servicing and ventilation cleaning with upgrade advised through audit - <b>Completed</b></li> <li>Improve physical security of accommodation buildings – <b>Ward door replacement and lockdown installed</b></li> <li>Develop staff in handling training resources with Academy – <b>Training video's developed for handling equipment</b></li> </ul>
<p><b>Develop our People</b></p>	<ul style="list-style-type: none"> <li>Deliver accredited Health and Safety courses to provide individuals with the knowledge and skills to support managers in workplace safety</li> <li>Improve staff awareness in security events and fire safety procedures for emergencies</li> <li>Develop policy and procedures related to handling safety for the Bariatric patient</li> </ul>	<ul style="list-style-type: none"> <li>Provision of Fire Warden, COSHH, First Aid and Risk Assessment courses – <b>Delivered through SSL across departments</b></li> <li>Delivery of targeted behavioural de-escalation and breakaway training – <b>ED Training taking place as stand-alone training</b></li> <li>Practice lockdown procedures with Emergency Planning and Resilience involvement and liaise with Police and Fire &amp; Rescue Services to test response – <b>Lockdown and Fire Exercises completed</b></li> <li>Raise awareness of assessment and equipment management to enable the management of larger persons related to Manual Handling – <b>Bariatric policy and training for staff delivered in 2022</b></li> <li>Ensure staff are trained and practiced in fire safety evacuation drills – <b>Ongoing drills and training delivered in line with Academy Trg 2022/23</b></li> </ul>
<p><b>Pioneer the Future</b></p>	<ul style="list-style-type: none"> <li>Increase competency of the Health &amp; Safety team to deliver a wider range of services and skills</li> <li>Improve Lone Working arrangements and procedures</li> <li>Develop the Security and Safety Committee to involve and inform</li> </ul>	<ul style="list-style-type: none"> <li>Developing staff to carry out safety auditing (Incl. Fire, Security and H&amp;S) and COSHH monitoring to coordinate actions – <b>SSL Staff training in place and brought up to date</b></li> <li>Review the Terms of Reference for the Security &amp; Safety meeting - <b>Completed</b></li> <li>Adopt new processes linked to existing nurse call system and mobile radios to be utilised for lone working alarms. – <b>Completed</b></li> </ul>

<p><b>Put Technology at the Heart</b></p>	<ul style="list-style-type: none"> <li>• Adopt on-line audit tools to carry out safety inspections for ease of reporting and tracking</li> <li>• Provide remote access and alerting systems linked to the Fire Alarm system to monitor locations and faults</li> <li>• Carry out passive and active sampling in areas where harmful gasses are present that need to be controlled below an acceptable level.</li> </ul>	<ul style="list-style-type: none"> <li>• Introduce an alerting system direct to switchboard to combine fire alarm alerts for multiple building locations – <b>CLSS installed in 2023 with further development to take place in 2023/24</b></li> <li>• Introduce and develop Fire Risk Assessment safety auditing software to provide real time reporting – <b>Improvements made in use of Zetasafe</b></li> <li>• Develop Manual Handling training equipment videos to support staff learning – <b>Completed and loaded onto the learning and development site</b></li> <li>• Carry out exposure monitoring in Main Theatres / DCUK and Midwifery utilising air sampling systems – <b>Limited monitoring in place, risk to take forward</b></li> </ul>
---	---	--