

Board of Director (in public)

Item 9 CEO Report

Subject: Health & Safety Annual Report
Date of meeting: 2nd June 2025
Prepared by: Justin Cody & Ellie Modiak, Fire & Safety Team
Presented by: Justin Cody, Fire and Safety Lead

1. Executive Summary

This is an annual report on Health & Safety management with the reporting period of June 2024 – May 2025, the main body of the report details how the health and safety team have performed in the delivery of objectives set by the Board of Directors (as per ToRs) and the effectiveness and operation of the Health & Safety Committee. Included within the report is statistical analysis and key information regarding Health & Safety (H&S) activity, audit/risk assessment programme and progress, training compliance, reported incidents, RIDDOR and investigation outcomes across LHCH, together with monitoring and responding to the health and safety needs of the Trust.

2. Introduction

The Health & Safety annual report covers the period June 2024 23rd May 2025. The report outlines key developments and the work that has been undertaken during this reporting period, and is an opportunity to consider work planned, and the objectives for the year ahead. It reflects the Trust's compliance with the Board of Directors approved 'Statement of Intent' and Health & Safety Policy Statement, which requires those responsible for health and safety within the Trust premises and during Trust activities to:

- Comply with health and safety legislation.
- Implement health and safety arrangements.
- Comply with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies.
- Develop partnership working and to ensure health and safety arrangements are maintained.
- To ensure that the health and safety agenda is not only embedded, but embraced throughout the Trust using a variety of monitoring methods, including:
 - Health and Safety Committee (quarterly), Divisional Governance (monthly) meetings
 - Risk based monitoring sub - groups, such as water and ventilation safety, fire safety, electrical safety.

3. Delivery of KPI's set by the Board of Directors for the H&S Committee

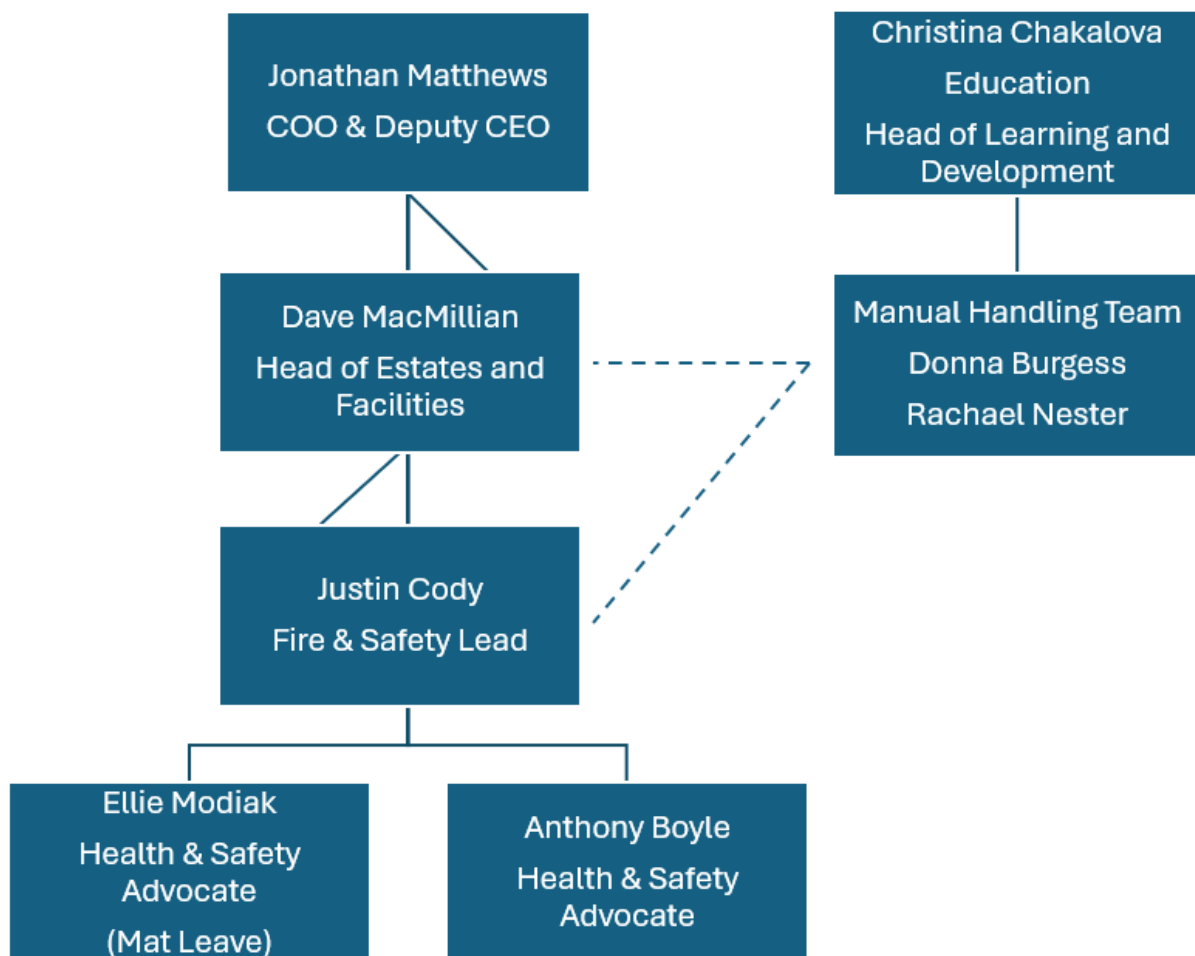
ToRs Ref	Objective	Evidence to Support Delivery	Outstanding Issues / Action Plan
2.1	Approve the Trust's Health and Safety Policy and monitor adherence to it and take assurance that the Trust operates in a way that meets all regulatory requirements.	Trust has a in date H&S policy. Any legislative changes are discussed with key stakeholders such as in H&S committee, Risk management committee and daily safety huddle.	Policy requires updating Oct 2025.
2.2	Continue to improve Health & Safety culture for the Trust by effective management of Health & Safety risks throughout the Trust and the monitoring of Ward / Department Health & Safety annual assessments.	All areas received a H&S workplace inspection in the year 2024. The H&S team devised a 2025 workplan that is currently being adhered to. Any risk assessments actions are recorded on an action log that is reviewed at regular intervals based of risk ratings. Risk Registers are reviewed by Divisional Governance Committee's twice yearly and in the Risk Management and Corporate Governance Committee.	A pilot scheme for Health & Safety risk assessments has been introduced following a review which found that the existing provision did not fully meet the standards of 'suitable and sufficient' as required under the Health and Safety at Work etc. Act 1974.
2.3	To review data on incidents to staff, patients, and visitors, identifying trends and ensuring appropriate action is taken.	Staff, patient, and visitor incidents are reported on the trust's incident and investigation platform In Phase. Any incidents reported and subsequently sent to teams such as Estates, Risk Management, surgery for through oversight and lessons learnt. RIDDOR, Occupational reports and violence and aggression incidents are presented at each meeting. Additionally, the H&S quarterly update paper (item 4.4) aims to provide key stakeholders with statistics from the incident reporting system. Any identified trends or spikes are discussed within the group, and task and finish groups may be	In 2023/4 the H&S team identified scope for improvement in the way the H&S incidents are captured and recorded on the In Phase incident management system. Recommendations were made that there should be multiple subcategories under the H&S umbrella, when this request was made it was enacted so as to avoid inaccurate statistics, and missed important trends or spikes.

		<p>formed to deep dive into these issues. The data is displayed visually using pie charts. The paper also covers escalated incidents and the control measures or actions taken in response.</p> <p>All platforms detail any harm obtained as a result and actions of mitigation taken.</p>	
2.4	To consider reports and other information provided by the Health and Safety Executive and other external bodies and recommend appropriate action.	<p>MIAA external audit completed in November 2022. Liverpool Heart and Chest Hospital received substantial assurance.</p> <p>MIAA provided 6 'Low Risk' recommendations as part of the review. Actions generated by the external audit are being implemented and reviewed regularly by the Health & Safety team via an action log.</p>	Lots of management changes at executive and team level, these changes need to be documented in the H&S policy.
2.5	Monitor the Trust's performance in relation to H&S KPI's	<p>Key performance indicators where set to review numbers of staff absent as a result of back pain, musculoskeletal issues, and stress. Monitoring of these incidents reveal numbers to be low in the Trust.</p> <p>The Safety team completed a deep dive into MSK/MSD works related referrals. Report is attached in the annual report.</p> <p>Occupational Health and Dashboard data are reviewed Quarterly at the H&S committee.</p>	Actions to be addressed.
2.6	To monitor compliance of Health & Safety, Fire Safety and produce an annual report.	The H&S committee receives minutes of sub committees.	
2.7	To review, consult and ratify policies pertaining to H&S.	Policies are reviewed and approved as per work plan.	
2.8	Quarterly updates for key workstreams in safety areas (Fire, Security, and waste management) by relevant	Key stakeholders are members of the H&S committee (such as Security Manager).	

	lead	If a member cannot attend minutes and action logs are sent out in order for members to receive the quarterly updates.	
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An action plan has been developed to manage the actions shown in the above table.

4. Health & Safety Structure



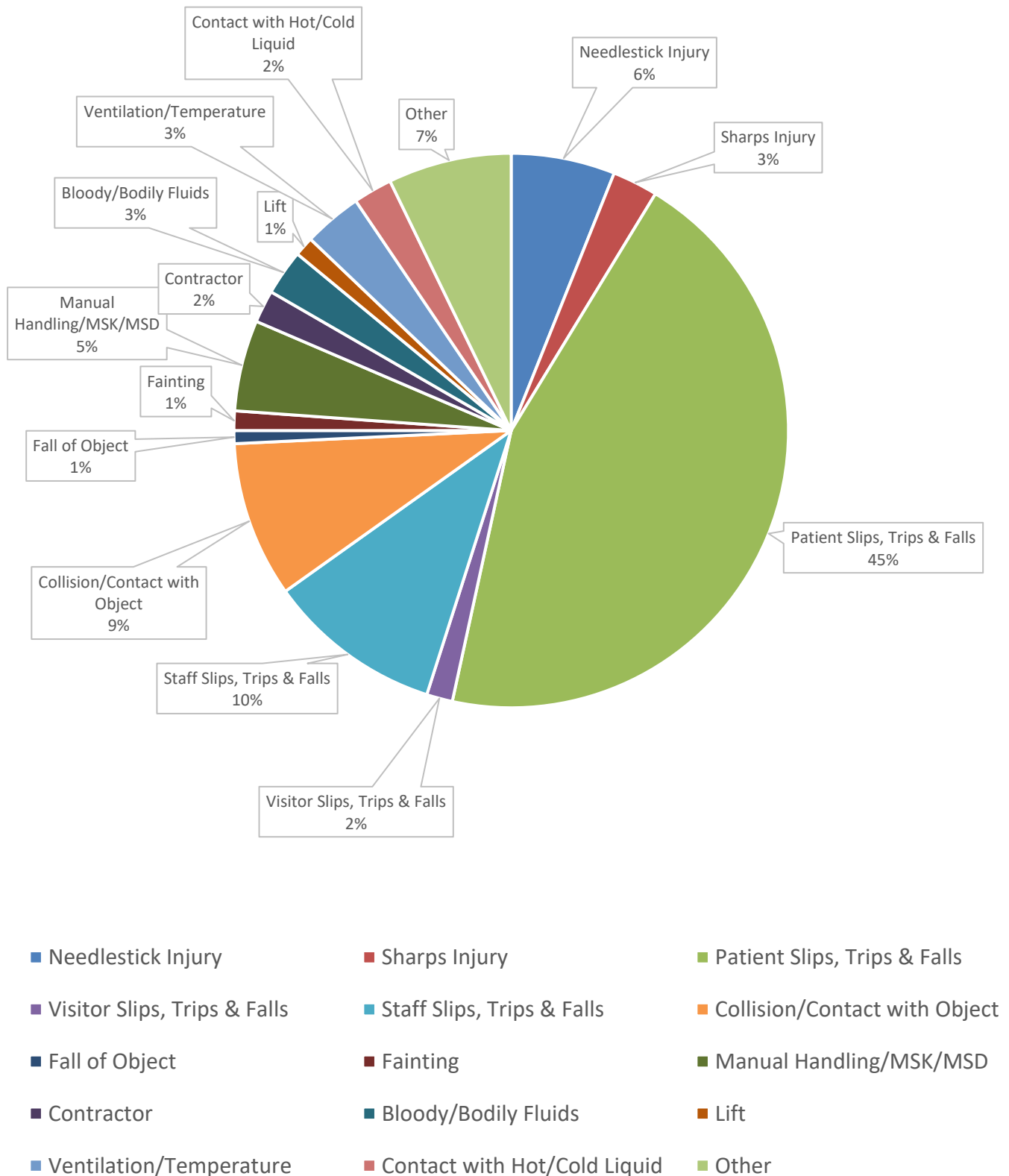
Team Leadership and Development

The team has experienced significant management changes over the past year. This transition has had a positive impact, bringing fresh perspectives, renewed focus, and a stronger emphasis on collaboration and continuous improvement. The new leadership has supported a more proactive approach to safety, communication, and staff development, contributing to improved morale and operational effectiveness across the department.

5. Incident investigation

All Health and Safety Incidents are reported on the LHCH e-reporting In Phase system. There has been a total of **264** Health & Safety related incidents submitted in the reporting period June 24 – May 25.

InPhase submitted June 2024 - May 2025



Cause	Total
Patient Slips, Trips & Falls	118
Staff Slips, Trips & Falls	27
Collision/Contact with Object	24
Needlestick Injury	16
Manual Handling/MSK/MSD	14
Ventilation/Temperature	9
Sharps Injury	7
Bloody/Bodily Fluids	7
Contact with Hot/Cold Liquid	6
Contractor	5
Visitor Slips, Trips & Falls	4
Lift	3
Fainting	3
Fall of Object	2
Other	19

Following a review of Inphase statistics, the number of reported incidents increased by 10% from the 2023-24 reporting period (240 incidents) to the 2024-25 period (264 incidents).

Analysis indicates that patient slips, trips, and falls constitute a significant portion of the reports in the current period. Despite 118 patient slips, trips and falls this reporting period, a review with the falls lead confirmed that the number of such incidents is not alarming, and each accident has been thoroughly reviewed by the falls lead. This is consistent with 23-24 figures, even slightly less than the previous reporting period.

The H&S team believes that the rise in accident reports may reflect a positive shift in the safety culture. The transition to a new, user-friendly reporting platform has likely encouraged more individuals to log incidents. This suggests an improvement in the reporting of safety issues, demonstrating a proactive approach to maintaining a safe environment.

We are unable to determine if this is consistent with occupational health (OH) data at this time due to lack of data from the previous OH provider, however LHCH are currently transferring over to a new OH provider, LUHFT. The HR Team are currently working closely with the LUFT team on the transition plan to ensure a smooth transfer of services. Once established, the H&S team will work closely with LUFT to ensure close monitoring of statistics.

Near Misses – InPhase

Following the Trust H&S Committee meeting dated 02 June 2025, Risk Management confirmed that Near Miss reporting was recorded on the Inphase system. As a result, H&S team will utilise near miss data in order to seek continual improvement the H&S space.

6. RIDDOR

There have been **8 RIDDOR's + 2 external contractors** reported in 2024/25 (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). Please see below for a brief breakdown of RIDDOR's reported:

	Q1 Apr – June 2024	Q2 July – Sept 2024	Q3 Oct – Dec 2024	Q4 Jan – March 2025	Total
RIDDORS reported	1	2	1	4 + 2 external contractors	8 + 2
Themes	Dirty needlestick	Slip. Trip, Fall	Accident	Lifting and handling x2 Accident Fall from same level x1 Fall from height x 2	

- Q1** – Staff member obtained needle stick injury when emptying clinical waste in high-risk patients' room. Needle from midline disposed of incorrectly in the clinical waste bin and not a sharps box.

Action taken – Occupational health policy for high risk needlestick injury followed. Immediately went to RLUH A+E to have bloods taken, Optima Health also informed. Patient is high risk with infective endocarditis due to their recent travels. Patient has had full bloods taken to assess too.

The incident was discussed with the staff member who disposed of the needle. They advise that the needle was disposed of correctly however the sharps bin was overflowing.
- Q2** – 2 Slip, trip, fall - Staff member attended to a patient in the shower which had overflowed. Staff member fell in the shower and fractured her knee cap.

Action taken – Health and Safety Advisor has risk assessed this bathroom and other bathrooms across the hospital where patients shower to ascertain whether there are mitigating actions to help prevent this happening again.
- Staff member was walking between two departments, stepped on a wet patch causing staff member to slip and fall.

Action taken - Usually wet floor signs are put in place but on this occasion, it wasn't used/put out.
- Q3** – In critical care, staff member was moving portable ventilation equipment from the back of the bed and trapped leg in the bed leads. Nature of the injury meant the staff member was off work for more than 7 days.

Action taken – full risk assessment and review of the area completed by H&S Advisor regarding trailing wires. No changes can be made to the set up due to the nature of the equipment and the patients being treated. Staff received treatment for an abrasion and bruise to knee. Reported hip being sore.

Staff up to date with manual handling training.
- Q4** - 1 lifting and handling – staff member repositioning patient in bed, patient pulled themselves up using staff member resulting in strain to the right side of the staff members back. Off work for more than 7 days.

Action – staff member is up to date with manual handling training

1 member of staff jammed finger in the cupboard door. Fractured finger off work for more than 7 days.

Action – no action taken other than to support the staff member

1 member of staff fell due to butter being left on the staff room floor. Aggravated a pre-existing injury to neck and hip. Off work for more than 7 days.

Action – no action taken other than to support the staff member

1 lifting and handling injury as staff was lifting an HF effluent bag. Equipment not available to assist with this lift. Off work for more than 7 days

Action – support offered to staff.

2 falls from ladders – 2 contractors fell from ladders in the same week. 1 RIDDOR report received.

Action – ladder removed from use in one instance.

Contractor lost footing on other case.

In most cases, the incident is related to user error. The Learning and Development Team along with the Manual Handling Champions hold update sessions in the clinical areas in order to improve the number of staff who have received manual handling training.

Occupational health policies followed in support of staff health and wellbeing.

7. Training

Mandatory Training – Competencies

Competency	%
Manual Handling Level 1	98.40%
Health and Safety Risk – Expiry	97.92%
Equality and Diversity - Expiry 3yrly	97.92%
Infection Prevention Level 1 -- 3 Year Refresher	97.47%
Safeguarding Adults Level 1	96.88%
Prevent - Level 1	96.41%
Safeguarding Adults Level 2	95.88%
Conflict Resolution - Expiry 3yrly	95.22%
Prevent WRAP Level 3	94.83%
Safeguarding Children Level 1	94.81%

Competency	%
Fire NEW and 2 Year Combined	93.12%
Infection Prevention - Level 2 - 1 Year Expiry	92.71%
Safeguarding Children Level 2	92.21%
Manual Handling Level 2	91.90%
Information Governance Expiry – Annual	91.70%
ALS - Level 4	91.11%
Basic Resus Level 1	89.95%
ILS - Level 3	84.21%
ANTT	83.90%
Basic Resus Level 2	83.83%

The Health and Safety team are supporting the Education Team with the above mandatory training, where applicable.

8. Risk assessment, Workplace Inspection and Audit Programme

There are currently 44 designated areas listed on the Health & Safety tracker. The frequency of risk assessments is determined by the annual workplans or triggered by significant changes within a specific area that necessitate a review.

All findings identified during assessments are recorded within an action plan, assigned a risk rating (high, medium, or low), and given a completion timescale. The responsibility for monitoring and progressing these actions lies with the designated Responsible Person/s for each area.

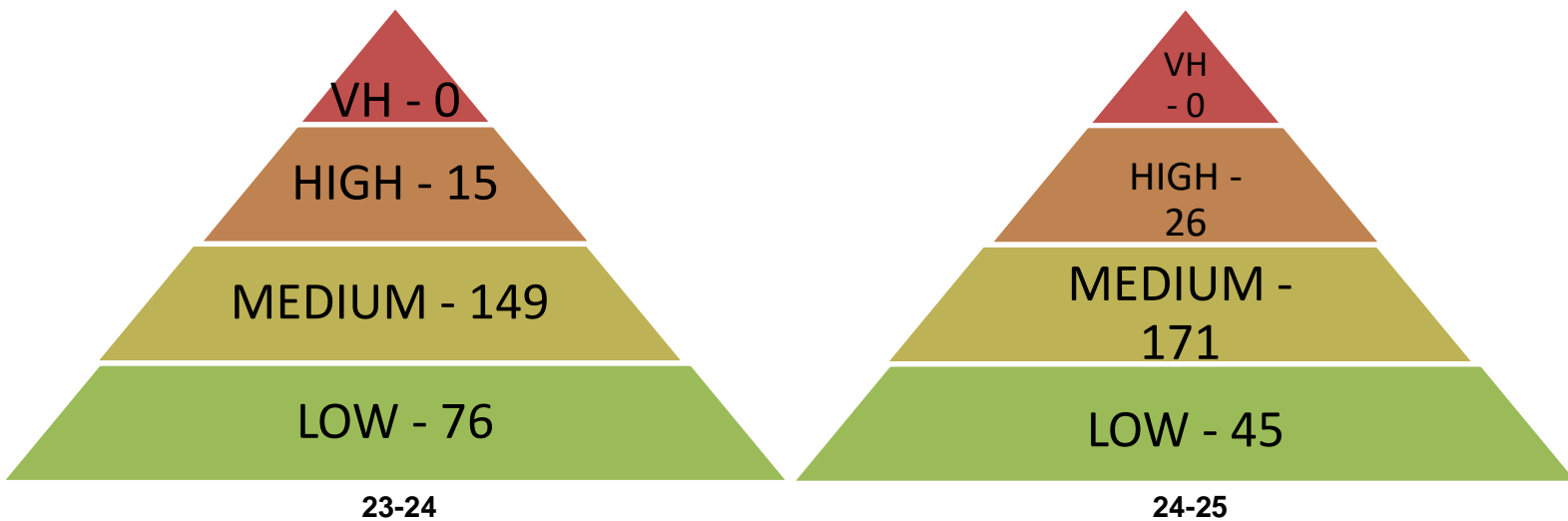
For Health & Safety, the action plan is maintained on an Excel spreadsheet, which is periodically reviewed by the Health & Safety team to monitor progress, prioritise high-risk issues, and ensure timely resolution.

From June 2024 to May 2025, all areas underwent a Health & Safety workplace inspection as per H&S workplan schedule. Out of the 44 work areas, all 44 areas have received a Health & Safety workplace inspection for this reporting period. These inspections identified **242 hazards/risks**, which have been documented in the action log. This is a 0.9% increase from the previous year which had 240. Each identified risk has been assigned a specific timeframe for resolution.

Challenges With Workplace Inspection Programme

However, the Health & Safety team has faced challenges in obtaining action updates from area managers, both clinical and non-clinical. The safety team is currently exploring strategies to enhance engagement and improve communication with these managers, e.g. via H&s software which the team are currently exploring.

Below is a summary of the risk ratings identified on workplace inspections:



Health & Safety Risk Assessment Pilot Scheme

A pilot scheme for Health & Safety risk assessments has been introduced following a review which found that the existing provision did not fully meet the standards of 'suitable and sufficient' as required under the Health and Safety at Work etc. Act 1974.

The Cath Labs department was selected as the first area to implement this new approach. The Health & Safety team collaborated closely with the Cath Labs Matron to develop a comprehensive and specific risk assessment that accurately reflects the risks associated with that environment.

Once finalised, the Cath Labs risk assessment will be used as a template for other departments across the organisation. All new assessments will be completed by the departmental manager for each area and will be subject to an annual review or updated earlier if there are any significant operational or environmental changes.

Health & Safety Audit Programme

At present, there is no formal Health and Safety audit programme in place across the hospital site. This represents a significant gap in our assurance processes, and the Health and Safety team recognises the importance of addressing this.

Work is underway to establish the right foundations before developing a comprehensive audit programme. This includes initiatives such as a risk assessment pilot scheme, which aims to standardise our approach and ensure consistency across departments.

Until these foundational elements are fully embedded, it would not be appropriate or effective to implement an audit checklist or programme. Our focus remains on getting the groundwork right to support the development of a meaningful, robust, and sustainable Health and Safety audit framework.

Health & Safety Software

The Health & Safety team are currently exploring the use of a software platform called 'Safety Culture' as a central system for managing all safety-related processes and documentation. This tool has the potential to significantly enhance how we record, track, and follow up on safety actions across the organisation.

At present, there is a gap in centralised record-keeping, and many actions are tracked across various systems or manually, which makes timely updates and consistent follow-through more difficult. By implementing Safety Culture, we aim to:

- **Create a single, central action log** for tracking safety issues, audits, inspections, and follow-up actions.
- **Improve visibility** of outstanding and completed actions across teams and departments.
- **Enable real-time updates and notifications**, ensuring actions are not missed or delayed.
- **Standardise documentation** and safety reporting, making processes more efficient and easier to audit.
- **Lay the groundwork for wider site implementation**, with the goal of eventually supporting all departments, not just H&S.

We believe this platform will help bridge current gaps and support a more proactive, transparent, and accountable safety culture across the organisation.

More information will follow as we progress with the evaluation and business case.

9. DSE Programme

In 2022, the management of Display Screen Equipment (DSE) at LHCH was transferred from the Manual Handling team to the Health and Safety team. Since then, significant efforts have been made to enhance this service. Key improvements to date include:

Implementation of an Approved DSE Policy: A formal policy has been established to guide DSE management and ensure compliance with health and safety standards.

New Risk Assessment Template: A comprehensive risk assessment template has been developed to standardise and improve the quality of assessments.

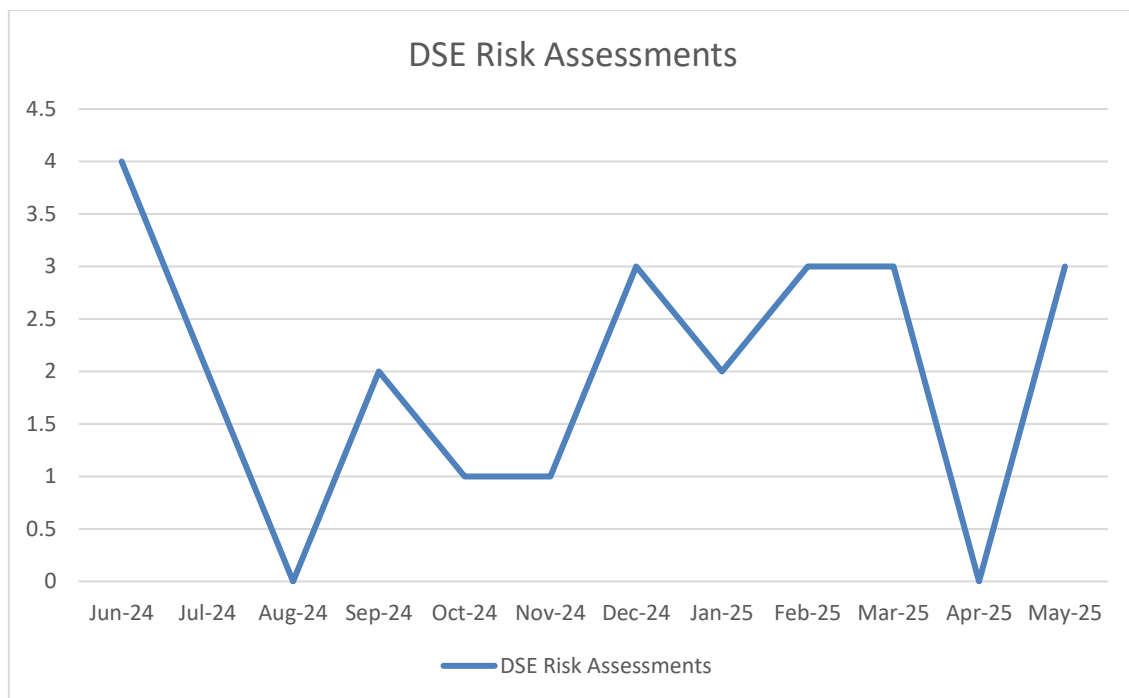
Staff Training: Training to equip staff with the knowledge and skills needed to manage DSE effectively.

E-learning Mandatory Training Package: An e-learning package has been made mandatory for all staff, ensuring widespread awareness, and understanding of DSE practices.

Digital Eye Reimbursement Process: A digital process for eye test reimbursements has been introduced, streamlining the procedure for staff.

During the reporting period from June 2024 to June 2025, there have been 21 requests for DSE risk assessments. This is a consistent amount with last year's figure of 21. These assessments

have included both workplace and home visits to accommodate different working environments. Each assessment undergoes a review within 3 to 6 months to follow up with the user and evaluate any improvements made. Out of the 10 reviews conducted to date, 8 staff members reported that they were comfortable, and no further review was required. This systematic approach ensures ongoing support and continuous improvement in the management of DSE at LHCH.



Challenges

The DSE Team will be focusing on enhancing the accessibility of DSE-related resources for staff by developing a dedicated suite of information on the intranet. While this requirement is outlined in the current DSE policy, it is not yet being fully met. Addressing this gap will support staff awareness, compliance, and overall wellbeing by ensuring clear guidance is readily available across the organisation.

10. Control Of Substances Hazardous To Health (COSHH)

In 2024, the Control of Substances Hazardous to Health (COSHH) function formally transferred from the Risk Management Team to the Health & Safety Team. This transition was made to better align COSHH responsibilities with the broader safety governance framework, ensuring more cohesive oversight and integration with day-to-day health and safety operations.

As part of this change, the Health & Safety Team implemented a new COSHH management system, 'Sevron', replacing the previous system, Sypol. Sevron was selected for its cost-effectiveness, improved user interface, and ease of navigation for staff across all departments.

To support the transition, multiple training sessions have been delivered by Sevron's management team, focusing on system functionality and the platform's role in supporting COSHH compliance within the Trust. While initial feedback has been positive, the system is still relatively new, and the Health & Safety Team recognises that further development and user engagement are essential to ensure full compliance across all areas.

COSHH training was recorded from the live sessions with 'Sevron' and has been made available to managers and deputies who are invited to the COSHH Microsoft outlook group. They can review training videos at their own discretion. There is no way to measure how many staff have followed through and watched this training. The Health & Safety team will continue to work closely with 'Sevron' and staff to ensure full compliance.

Significant Findings

- Storage of COSHH is poor site wide, left on counter tops, not in correct storage containers.

An action plan has been developed to resolve the significant findings found and support departments with COSHH management.

11. Contractor Control

Contractor management is completed via a system called Sky Visitor, which is a sign in/out process that must be completed daily. The system allows LHCH to manage who on site, location, and description of works. This system is not being used to its full potential; the Estates team are looking into how this system can be further utilised to better manage contractors on site.

Regarding Health & Safety with contractors' activity, there are multiple system in place to ensure a safe system of work. The system include (not exhaustive):

- Contractor Working on Trust Policy – We enforce a Contractor Working on Trust Policy, tailored to LHCH's unique requirements. Prior to commencing work, contractors receive this policy outlining our safety expectations and standards, ensuring alignment with our commitment to a safe working environment.
- Permits to Work – Permits are completed by competent persons. Permits to work include (not exhaustive):
 - Medical Gas - 1 x High Hazard Permit 23 x Low Hazard Permits
 - HHTM 06-02 (LV Isolation permit to work) – 23
 - Certificate of authorisation for live working - 2 (UPS Batteries)
 - Limitation of access to switch rooms - 4
 - Hot Work - 43
- Access Control – To ensure site security, contractors must complete a safety briefing and comply with site-specific protocols before collecting a Contractor Pass. They are required to sign in and out using a digital pass system, including Salto, which grants access to designated work areas. Managed by the security team, the system features enhanced measures such as multi-factor authentication and real-time location tracking. Contractors can retain their access badges, including Salto, for up to one week. If not returned, the badge will be suspended, and the contractor must reapply for access, keeping the site secure.

Incidents related to contractor activities on-site are promptly reported using LHCH's incident reporting system, InPhase. Each incident undergoes thorough investigation involving key stakeholders, and the lessons learned are disseminated to all relevant parties.

12. Health and Safety Committee attendance

The membership composition is made up of senior managers and leaders from multi-disciplinary backgrounds across the Trust. The Chairmanship of the committee is performed by the Head of Estates, Health & Safety and Security

Union H&S reps attend the committee from CSP. Discussions are ongoing with HR for further representatives to be appointed and agree to attend the H&S committee going forwards.

The Chairman of the committee has reviewed the membership to ensure that it remains appropriate and relevant.

All meetings in 24/25 have been quorate.

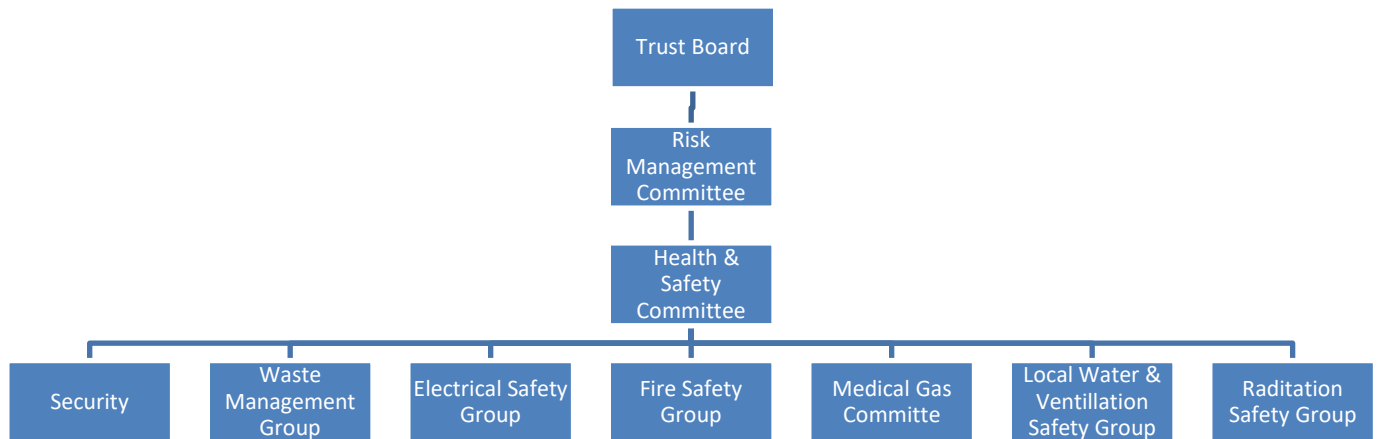
13. Policy & Documentation Review

The following section indicates the status of key policies and procedures which are in development.

Policy Name	Policy Renewal date	Author
Display Screen Equipment	June 2025	Justin Cody Ellie Modiak
Fire	September 2025	Dave MacMillan Justin Cody
Health & Safety	October 2025	Dave MacMillan Justin Cody Ellie Modiak
First Aid	April 2026	Justin Cody Ellie Modiak
Control Of Substances Hazardous to Health (COSHH)	November 2026	Justin Cody Ellie Modiak Ang Li
Latex for Health Workers	March 2027	Justin Cody
Latex for Patients	December 2027	Justin Cody
Mobile Phones	September 2027	Justin Cody
Smoke Free and Nicotine Management	March 2027	Justin Cody
Confined Space	New - In Development	Ross Summers Justin Cody
Working at Height	Not Started	TBD

14. Sub Committees

The committee receives minutes from the Local Water and Ventilation Safety group, the Radiation Safety Group, and the Medical Gas Committee.



15. Conduct of Meetings

The work plan is presented in June on an annual basis and is sent out with papers for each meeting. Papers and reports are sent out at least five working days ahead of the committee meeting.

The minutes are of a consistently high quality and are circulated one week following the meeting.

Action logging is robust and maintained at each meeting with follow on actions taken to each meeting. Responsibilities for completing actions are clear.

Reporting to the Board is via risk escalation reports reporting to Risk Management and Corporate Governance Committee.

15. Key objectives for 2025-2026 Period

Key Objectives for 2025 – 2026 period	Update
To ensure all health and Safety policies for LHCH are reviewed and up to date.	Lacking certain policies such as WFH. H&S needs updating.
To audit, health and safety systems throughout the Trust to ensure compliance with Health and Safety Guidance Note 65 (HSG 65), Health and Safety Management Systems.	Audit process to be developed and implemented.
Upskill LHCH staff members with further Health & Safety training, train a minimum of 10 managers with the 5-day RoSPA IOSH managing safely qualification.	Trained 11 staff. Draft TNA completed, plan to extended to all managers and supervisors as mandatory.
To ensure, so far as reasonably practicable, LHCH is compliant with all relevant H&S legislation.	Ongoing. 'Suitable and Sufficient' Risk Assessments to be completed across the site. Procurement for Noise monitoring and Hand Arm Vibration Equipment ongoing.
Oversee the transfer of COSHH management from the risk team into the health and safety team, secure a new management system contract and conduct a full audit of the current system.	Ongoing.
Implement a GEEP's and PEEP's management system to ensure the trust is fully compliant with fire safety and evacuation regulations.	Implemented. However, there are 0 PEEPs in place.
Continue to support members of staff, visitors and patients who may have sustained injury or been involved in incidents on Trust premises.	Ongoing.
Continue to work closely with the LHCH estates/ capital project managers to ensure all contractors work safely on site, further enhance current contractor safety arrangements by introducing a new Passes & permits management system.	Current contractor management systems require reinforcement to ensure effective contractor management.
The H&S team to explore an electronic safety application which will allow for a central system for managing all safety-related processes and documentation.	New for 2025/26
Plan to be developed to deliver H&S training to relevant LHCH staff.	New for 2025/26

15. Conclusion

During this reporting period, no external audits were conducted. The health and safety team made progress in addressing all actions from the MIAA 22/23 audit. The continued to support the trust in achieving compliance with legislation and regulations. Additionally, the team expanded its responsibilities to include COSHH management and various new policies, such as those on mobile phone use and latex safety. No negative cultural issues or trends were identified. The health and safety team believes the trust is in a strong and compliant position.

The 2025/2026 objectives document the key pieces of work required to improve upon the identified issues and forms the work plans for various departments within the Trust. Progress against these objectives will be reviewed at LHCH Health and Safety Committee and forwarded to the Risk Management Committee and Board for information.

Appendix 1. MIAA Audit 22/23 Actions Update

Risk	Specific Risk	Update	Completed?
1	Insufficient information provided to oversight Committees to highlight all concerns relating to health and safety matters.	The H&S annual report has been updated to include contractor activities from a health and safety perspective. Quarterly H&S reports now focus on incidents from the respective quarter, ensuring relevance to recent events such as RIDDORS and emerging trends. Additionally, training has been added as a standing agenda item in the H&S committee, as well as discussed in the annual report.	
2	Lack of awareness and ownership of issues at the nominated group for health and safety matters may result in inappropriate actions and decision-making.	"Health & Safety Quarterly Update" has been added as Item 4.4 on the Health & Safety Committee agenda. This section examines incidents for escalation, reviews H&S dashboard data, and includes relevant information. Training compliance is now a standing agenda item.	
3	Lack of Board level awareness of issues that may result in delays in action being taken on issues arising.	The H&S Committee reports to the Risk Management Committee, which in turn reports to the Board.	
4	Lack of appropriate monitoring and oversight of contractors' health and safety matters.	The H&S annual report has been updated to include contractor activity. The Estates team now documents spot checks and files them within the shared drive.	
5	Lack of clarity with regard to national regulations and roles and responsibilities. Inaccurate information provided in the trust policy may result in inappropriate actions.	The latest NHS England Health & safety guidance has been circulated throughout the trust. Health & Safety policy has been updated to correctly reflect author, subsequent changes have occurred and the policy requires additional updates.	
6	Potential lack of oversight of risks related to health and safety.	New risk register allows for specific categorisation of risks to provide reporting of overall H&S risks,	

		however, the risks will still sit within division/dept RR.	
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