

Health and Safety Committees

Trust Health, Safety and Fire Committee - Terms of Reference

1.	Purpose and Aims of the Group/Committee
	<p>The Health and Safety Committee shall act as the focal point for all matters relating to the management of Fire, Security, health and Safety. More specifically the Committee aims:-</p> <ul style="list-style-type: none">• To advise and assure the Trust Board and its committee structure on all matters relating to Fire, Security, Health and Safety.• To review performance of the Trust against compliance with regulations, policies and procedures and communicate concerns through the Committee structure.• To provide expert advice, guidance, and policy throughout the organisation on all matters pertinent to Fire, Security, Health and Safety.
2.	Duties/Core Delegated Responsibilities and Accountabilities
	<ul style="list-style-type: none">• To develop, consult upon and implement health and safety policies, procedures and related strategies and ensure that these documents are reviewed at least every 3 years to ensure fitness for purpose.• To establish a Training Needs Analysis and monitor the effectiveness of all training related to security, fire, health and safety including manual handling and EBME.• To consider submissions by Trade Unions, H&S advisors and other group participants including submissions from operational health and safety groups• To monitor the performance of operational level health and safety groups, recognising and sharing good practice and identifying and supporting areas for improvement• To receive reports relating to Health and Safety related incidents including RIDDOR. Identify trends and learning points and provide expert advice for mitigation and strengthened controls.• To receive reports relating to the status of CAS and Patient Safety Alerts and govern effective implementation.• To consider findings from regulatory inspections/reports nationally pertinent to the Fire, Security and Health and Safety agenda to identify any learning opportunities for the Trust.• To receive, consider and act upon findings from any local inspections/audits (either internal or via external bodies) pertinent to the Fire, Security and Health and Safety agenda.• To govern effective compliance with Environmental Risk Assessments and Ligature Risk Assessments ensuring that these are completed to a high standard within required timeframes.• To consider and discuss National Guidelines for the NHS on health and safety management as they arise.• To consider the general prioritisation of Health and Safety issues and timescales for completion• To identify issues of a pressing nature and consider justification for escalation in terms of resources and timescales.

	<ul style="list-style-type: none"> • To feed into corporate processes for business planning and the capital programme in support of key risks identified across the Health and Safety agenda • To establish an annual programme of communications and publicity in the workplace relating to Fire, Security and health and safety and monitor effectiveness. • To produce an Annual Report for receipt by the Trust Board
3.	Membership
	<ul style="list-style-type: none"> • Chair: Executive Director of Quality and Safety (Chief Nurse) • Deputy Chair: Executive Director of Finance • Deputy Director for Nursing and Quality • Associate Director for Secure Care and Offender Health • Associate Director for ICCR • Associate Director for Acute and Urgent Care • Associate Director for Specialties • Chair of Corporate Health and Safety Committee • Head of H&S and Regulatory Compliance • Local Security Management Specialist • SSL Representative • Staff Side Representatives • Fire Safety Advisor • Occupational Health Representative <p>In Attendance as required:</p> <ul style="list-style-type: none"> • Infection Control Representative • Physical Health Representative • Mental Health Act Legislation Manager • Learning and Development Representative • Legal Services Representative • Human Resources Representative
4.	Quoracy
	The Chair or Deputy Chair plus 50% of the membership including at least two representatives from Operational health and safety groups.
5.	Meeting Arrangements
	<ul style="list-style-type: none"> • Members will attend at least 75% of meetings. • The Committee will meet at least every three months. • Administrative functions of the Committee will be governed by the Head of H&S and Regulatory Compliance. This includes agenda setting, collation and distribution of papers and minute taking. Minutes will be circulated no later than 10 working days after close of the meeting. • Meeting dates must be arranged annually in advance and be supported by a work programme.
7.	Reporting Arrangements

	<p>The Committee shall be accountable and report into the Quality, Patient Experience and Safety Committee, on a quarterly basis by means of an escalation report.</p> <p>Health and Safety Operational Groups for each service area, plus corporate teams will report into the Trust Health and Safety Committee on a quarterly basis.</p>
9.	Effectiveness of the Group/Committee Function
	<p>The Committee will carry out an annual effectiveness review using a standardised Trust template.</p>

Operational Health and Safety Committees – Terms of Reference

1.	Purpose and Aims of the Group/Committee
	<p>The Operational Health and Safety Committee shall act as the focal point for all matters relating to the management of Fire, Security, Health, and Safety. More specifically the Committee aims:-</p> <ul style="list-style-type: none"> • To advise and assure the Trust Health, Safety and Fire Committee on all matters relating to Fire, Security, Health, and Safety • To review performance of the Service Area against compliance with regulations, policies and procedures and communicate concerns up to the Trust Health, Safety and Fire Committee
2.	Duties/Core Delegated Responsibilities and Accountabilities
	<ul style="list-style-type: none"> • To consider the practical application and implementation of health and safety policies and the introduction of new health and safety legislation at an operational level. • To identify health and safety priorities within their local business plans and integrate health and safety management within general management functions. • To develop local procedures which promote the safety and health of personnel within their operational are. • To ensure that systems exist so that any delegated responsibility is accompanied by a training programme suitable for the role. • To develop and monitor the delivery of an operational level annual health and safety plan which is linked and central to the business planning cycle. • To set targets and have monitoring in place for their achievement. This is to include effective performance management in terms of risk assessments and safe systems of work, accident, near-miss and injury reduction targets. • Ensure that systems exist at an operational level to accommodate training for new staff, those who have moved roles, those who have new responsibilities. • To ensure that incidents are reported, recorded, and monitored e.g., for trends and appropriate action is taken if deemed necessary at an operational level. • To ensure that data from incident / accident reports is considered as part of risk management strategy of the business area.

	<ul style="list-style-type: none"> • To ensure that short / long term management of problems arising from incidents are considered i.e., revised risk assessment, return to work policies, working with occupational health and HR within the Trust • To identify issues of a pressing nature and to consider justification for escalation in terms of resources and timescales to the Strategic Health and Safety Committee. • To consider submissions by Trade Unions, H&S Advisors, and other group participants. • Consider and report quarterly to the Strategic Health and Safety Committee on the performance of the business area against the Operational Health and Safety Plan. • To distribute its minutes to members, notice boards, Connect and other local committees. • To consider, determine and implement any appropriate operational level actions in respect of force wide accident / incident statistics and ill health statistics. • To learn from the outputs from accident / incident / ill health/ major incident investigations where applicable. • To consider, determine and implement any appropriate operational level actions arising from inspections / observations or notices from enforcement agencies and auditing bodies such as CQC/ HSE • To raise awareness of health and safety issues and monitor the adequacy of health and safety communication and publicity in the workplace.
3.	Membership
	<ul style="list-style-type: none"> • Chair: Service Area Manager/ CNM/CSM • Deputy Chair • Representatives from services/ wards <p>In Attendance:-</p> <ul style="list-style-type: none"> • Health and Safety/ Fire/ Security Representative • Union Representative
4.	Quoracy
	<p>The Chair or Deputy Chair plus 50% of the membership including at least two representatives from Operational health and safety groups.</p>
5.	Meeting Arrangements
	<ul style="list-style-type: none"> • Members will attend at least 75% of meetings. • The Committee will meet at least every three months. • Administrative functions of the Committee will be governed by the Service Manager/ CNM/ CSM. This includes agenda setting, collation and distribution of papers and minute taking. Minutes will be circulated no later than 10 working days after close of the meeting. • Meeting dates must be arranged annually in advance and be supported by a work programme.

7.	Reporting Arrangements
	The committees shall be accountable and report into the Trust Health, Safety and Fire Committee on a quarterly basis by means of an escalation report and copies of minutes.
9.	Effectiveness of the Group/Committee Function
	The Committees will carry out an annual effectiveness review using a standardised Trust template.