

Cover Sheet

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Executive Summary

The ISO 45001 Standards continue to provide a globally recognised framework for the Trust's Occupational Health and Safety Management System (OHSMS) and set clear direction for the 'legal requirements' and 'other requirements' that the OHSMS must meet.

The OHSMS has been implemented in many more departments across all sites during the reporting period. This has been achieved through collaboration with the H&S team and a wide range of stakeholders representing clinical functions and the supporting functions from administrative, scientific, engineering and other specialist departments within the Trust as well as external stakeholders, including Private Finance Initiative (PFI) partners, the University of Oxford and Katharine House Hospice.

The Health and Safety team has delivered a broad programme of proactive and reactive monitoring activities and has continued to provide a service of internal consultancy, training and support, through its role as 'competent advisors', to internal and external stakeholders.

Where opportunities for improvement of the OHSMS have been identified, these have been implemented within the reporting period or have been included in planned improvements and projects commencing from April 2024.

All planned health and safety objectives for the reporting period have been met other than where objectives have been amended for revised financial reviews and annual objectives for the next reporting period are presented.

Recommendations

TME is asked to note the content of the report and the information contained in the Appendices before being progressed to Trust Board.

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Health and Safety Annual Report 2023 - 2024

1. Purpose

- 1.1. The purpose of this paper is to provide updates about health and safety (H&S) for the period 1st April 2023 to 31st March 2024.

2. Background

- 2.1. This paper summarises activities that have further developed the Trust's Occupational Health and Safety Management System (OHSMS). The OHSMS has effectively supported departments across the Trust with processes to monitor, mitigate and manage health and safety issues that have arisen in the reporting period, and has supported appropriate structure and processes for the escalation of health and safety related risks for review by relevant groups, senior managers and Executives for appropriate risk management.
- 2.2. There is a summary of progress for health and safety objectives addressed during reporting period and for planned health and safety objectives (2024/25).

3. Health and Safety main report**The Trust's Occupational Health and Safety Management System (OHSMS)**

- 3.1. The Trust's OHSMS is aligned to the ISO 45001: 2018 (Occupational Health and Safety Management Systems) Standard. This international standard is widely accepted to represent the 'gold standard' for occupational health and safety management systems. An OHSMS that meets this standard provides a high level of externally validated assurance that the organisation has robust health and safety processes in place to meet the legal requirements and other requirements to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees and all others affected by our activities.
 - 3.1.1. In July 2023 the Trust was successfully re-certified to the ISO 45001 Standard. The scope of the external audit was limited to the Churchill site but the Divisional Health and Safety groups are responsible for ensuring all departments on all sites implement the required health and safety processes, and are supported in this by the Health and Safety team.
 - 3.1.2. Because certification to the ISO 45001 provides externally validated assurance about the Trust's OHSMS, plans remain in place to extend the scope of ISO 45001 external audits to additional sites from 2024-25; these plans will be reviewed against funding options in the next reporting period.

Health and Safety team monitoring

3.1. Monitoring for health and safety is broadly categorised by two types: proactive monitoring and reactive monitoring. Proactive monitoring is intended to be preventative – identifying and resolving hazards *before* they lead to incidents. Reactive monitoring is conducted *after* an incident has occurred, and often seeks to identify root causes, or other process or system causes, of incidents and to prevent recurrence by implementing corrective actions.

3.1.1. Examples of proactive and reactive monitoring conducted by the H&S team during the reporting period are shown in Table 1:

Table 1: Examples of Health and Safety Team monitoring activities

| Proactive monitoring | Reactive monitoring |
|---|--|
| Conduct external and internal site inspections (of communal areas) to identify hazards and implement corrective actions to eliminate or reduce risks. | Daily review of H&S related incidents (provided by the Trust incident reporting system and related teams). |
| Conduct workplace inspections of departments to ensure safe working conditions; advise on corrective actions if needed. | Investigate H&S related incidents and report to relevant department leads / others. |
| Support departments across the Trust to implement, maintain and continually improve H&S processes required by the Trust OHSMS and ISO 45001 standard. | Report qualifying incidents to the Health and Safety Executive (HSE) under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). |
| Attend and provide H&S information, guidance and support to a range of H&S related groups across the Trust, e.g. Trust Health and Safety Committee; Divisional H&S groups; Estates and Facilities H&S group; Workforce and Union Staff Representative H&S groups; PFI H&S groups. | Provide support and advice to relevant departments for the identification and implementation of suitable control measures and other corrective actions to prevent recurrence of incidents. |
| Attend and provide H&S information, guidance and support to a wide range of Estates Health Technical Memorandum (HTM) related groups (e.g. fire safety, ventilation, electrical, medical gases, water safety, pressure systems, lifts groups etc). | Monitor relevant departments to ensure corrective actions and control measures to prevent recurrence of incidents have been implemented and maintained over time. |
| Monitor and evaluate health and safety performance data, identify trends and areas where further improvement are required or can be made. | Attend relevant multidisciplinary team (MDT) investigation forums for review of incidents and to share learning / revised practice. |
| Monitor health and safety related legislation and guidance and ensure the Trust is compliant with current requirements and relevant departments are aware of changes to relevant legislation and respond accordingly. | Conduct re-inspections of departments, communal areas and site grounds to ensure remedial works to buildings and infrastructure have been completed and that H&S risks have been eliminated or reduced as low as reasonably practicable. |
| Provide H&S training for all staff e.g. Core Skills training for new starters and all staff every 3 years; Managing Health and Safety (managers); H&S Champions (support managers with departmental H&S arrangements). | Provide advice and support for, and report on, Trust level H&S risks to the Trust Board, Trust Management Executive and other Directors / senior managers. |

Opportunities for improvement

3.2. The ISO 45001 Standards require 'continual improvement' of processes within the OHSMS. Processes where improvements have been made during the reporting period include:

- Improving opportunities for workforce engagement and participation through Quarterly H&S meetings to now include H&S Champions (and continue to include Union representatives).
- The ISO 45001 Management Review process has been improved to include more coherent reporting about sources of assurance for compliance with legal requirements for health and safety and to include a wider range of performance related data for review.
- H&S objectives have been more widely disseminated to relevant stakeholders in the Trust to support improved cohesion for planning to achieve the objectives. An action plan to achieve objectives included Trust level and local level initiatives.
- Planning for a Corporate Divisional H&S group was completed. Membership has been identified, terms of reference have been drafted and a senior Director appointed to chair the group. This group (planned to meet from May 2024) will support standardised implementation, monitoring and continual improvement of H&S processes in all five divisions of the Trust.
- The incident investigation process has been developed to include H&S team led investigations of some incidents that are not reportable under RIDDOR.
- A document to support a standardised approach to investigating non-RIDDOR incidents has been developed and implemented. It is planned to embed this as part of the Ulysses incident reporting process in the next reporting period.
- The annual H&S audit has been simplified (6 x mini audits rather than one extended audit) and has been hosted on a Trust electronic platform (Ulysses) to improve access and to automate actions to address nonconformities.
- H&S team has supported the Clinical Engineering team and Estates team to further improve their control of contractors (CoC) processes and to develop related documented procedures.
- Collaboration with PFI H&S teams has been improved through reinstatement of quarterly PFI led H&S meetings for each PFI group and monthly walk round site inspections on all main sites (both attended by H&S team).

Annual Health and Safety Audit

3.3. The H&S Annual Audit was reviewed and refreshed as an audit of compliance with specific H&S legislation and Trust H&S Policy and Procedures. The audit was redesigned as a series of six bi-monthly 'mini audits', to reduce the time needed to complete each audit. The audits have also been hosted on the Trust's electronic 'Assurance Hub' platform to support better access for departments and to simplify administrative functions.

3.2.1. Compliance with legislation and Trust Policy and Procedures after the first three parts of the audit (Oct '23; Dec '23; and Feb. '24) is shown below in Table 2:

Table 2: Compliance with Health and Safety annual audit

| Issue Date | Oct-23 | Dec-23 | Feb-24 |
|--|---|--|---|
| Audit focus (legislation and Trust policy and procedures): | The Health and Safety at Work Etc. Act, 1974; The Management of Health and Safety at Work Regulations 1999. | The Workplace (Health, Safety and Welfare) Regulations 1992; The Health and Safety (First-Aid) Regulations 1981. | The Control of Substances Hazardous to Health Regulations 2002; The Personal Protective Equipment at Work Regulations 1992. |
| % compliance | | | |
| Average compliance by audit | 92.75% | 88.1% | 93.75% |
| Average compliance overall | 91.5% | | |

3.2.1. The dip in compliance for Audit part 2 (Dec-23) was reviewed and it was noted that there was some confusion amongst some responders as to whether they had staff that qualified as first aiders; some clinical departments responded 'no' when, in fact, some nursing and medical staff can be first aiders without a first aider course qualification due to their professional role training. This question will be adapted for the next cycle of audits to clarify the requirements.

Health and Safety training

3.4. The Health and Safety team provided training to all areas of the Trust throughout the reporting periods for health and safety through three main courses:

- The Trust's Core Skills Training Framework (CSTF) course 'Health, Safety and Welfare'. Throughout the reporting period, compliance with this training, which is mandatory for over 15,000 staff mapped to the course, stayed consistently around 93%.
- 'Managing Health and Safety' - a role based, mandatory course for all staff up to Band 8D who manage other staff and / or a workplace /

department (approximately 2,500 staff). This course must be completed every 2 years and was completed by 1,162 staff during the reporting period.

- Health and Safety Champions course – a role-based course for those staff that volunteer to become Health and Safety Champions, a role intended to support department managers with health and safety arrangements. A total of 117 staff completed this training during the reporting period.

Health and Safety Incidents

3.5. The Health and Safety team and the Trust Divisions have focussed monitoring of incidents to the four most prevalent H&S related incident categories; these are:

- Violence and aggression
- Manual handling
- Slip, trips and falls
- Sharps, needlesticks and splashes

3.6. A summary for each category is shown below:

Table 3: Year on Year comparison of H&S incident categories

| | 2022 - 2023 | 2023 - 2024 | Difference |
|--|-------------|-------------|--------------|
| Manual Handling (MH) | | | |
| Total incidents | 147 | 128 | -19 (-12.9%) |
| Moderate harm or worse | 3 | 8 | +5 (+166%) |
| Slip, Trips and Falls (STF) | | | |
| Total incidents | 2417 | 2201 | -216 (-8.9%) |
| Moderate harm or worse | 62 | 47 | -15 (-24%) |
| Sharps, needlesticks and splashes (SNS) | | | |
| Total incidents | 392 | 464 | +72 (+18%) |
| Moderate harm or worse | 1 | 1 | 0 |
| Violence, aggression and abuse (VAA) | | | |
| Total incidents | 1554 | 1975 | + 421 (+27%) |
| Moderate harm or worse | 40 | 167 | +127 (+318%) |

3.7. Total incidents have reduced in 2 areas (MH and STF) and increased for 2 areas (SNS, and VAA).

Manual Handling - the apparently large percentage increase of incidents resulting in moderate harm and above is disproportionately high when viewed

against actual increase of 5 incidents in this category in the Trust overall during the reporting period. The H&S team reviews all MH related incidents and collaborates closely with the Back Care team and other relevant staff to identify areas where learning can reduce future recurrence and to support implementation of risk assessments / changes of practice as required.

Slip, Trip and Falls – a 15% reduction in STF (127 / 110) exceeded the Trust strategic target of a 10% reduction. This may reflect closer monitoring of falls through a number of Trust level and local interventions.

SNS data There has also been a process improvement between H&S team and OH team to ensure all relevant NSS incidents have been reviewed, which may account for some of the increase. The Occupational Health team has recently re-established a Sharps Safety Action group, which H&S team is part of, to monitor SNS related incidents and to oversee practice and policy changes to further reduce incidents. which will be monitored in the next reporting period.

VAA has seen the largest increase for total incidents and for moderate harm and worse outcomes. However, VAA has been a Trust focus for the 'No excuses' campaign to promote reporting amongst all staff groups. All Divisional H&S groups and the H&S Committee have supported the Trust campaign and have promoted reporting of VAA and have raised the awareness of different types of VAA that should be reported, including verbal as well as physical VAA. together with the Trust campaign, this has undoubtedly been reflected in the significant increase in incidents.

RIDDOR Incidents

- 3.8. Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, some incidents must be reported to the Health and Safety Executive (HSE). All RIDDOR notifications for the Trust are made by the Health and Safety team.
- 3.9. In this reporting period, the Health and Safety made a total of 40 notifications to the HSE. This compared with the same number (40) of RIDDOR notifications in the previous year.

3.9.1. Themes from 2022/23 and 2023/24 remain consistent:

- Slip trips and falls (STF) and lifting and handling accidents are the most prevalent RIDDOR accident types.
- Over seven days absences (due to work related incidents) and specified injuries (e.g. fractures) remain the main type of RIDDOR notification.
- Staff are significantly most involved in notified incidents.

All themes will be a focus for monitoring in the next reporting period.

- 3.10. A year on year comparison for RIDDOR incidents is shown at Appendix A.

Objectives

- 3.10. All current Health and Safety team objectives have been reviewed over the year and a summary is provided at Appendix B and Appendix C.
- 3.9.1. Health and Safety team objectives for 2024/25 are provided at Appendix D.

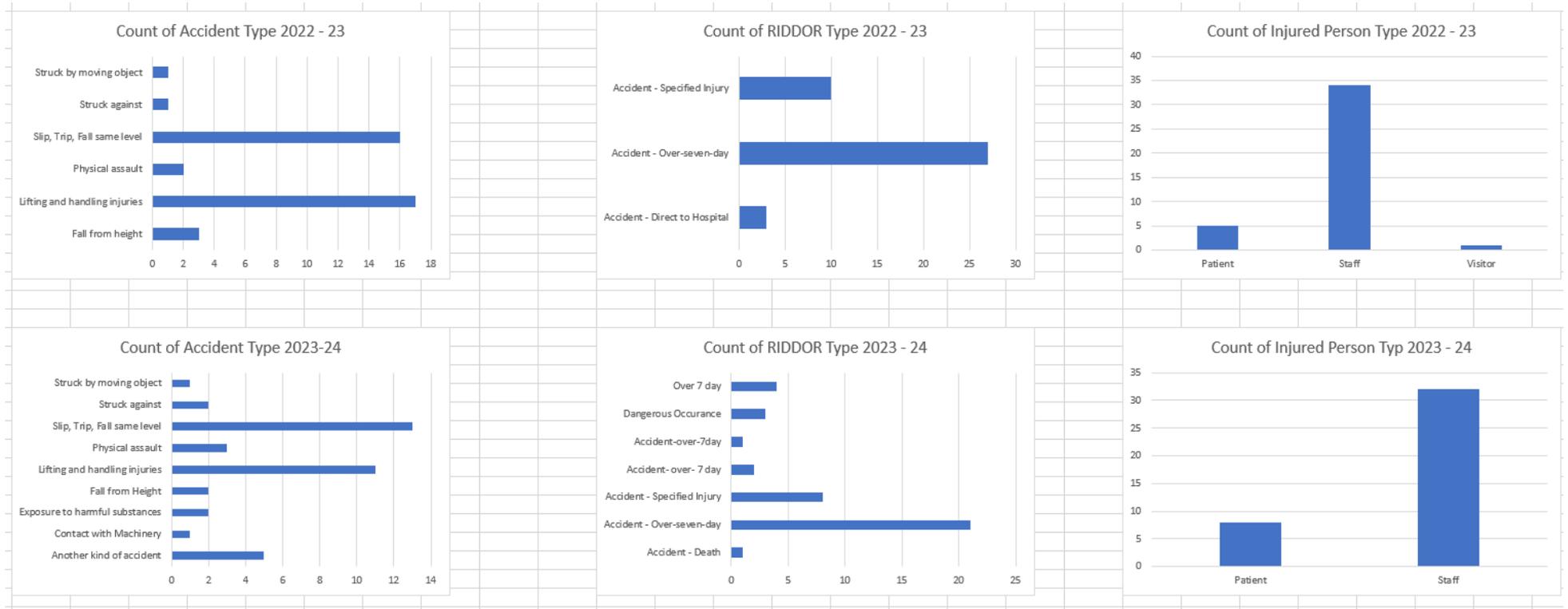
4. Conclusion

The Health and Safety team report provides information about health and safety processes being delivered through the Trust's OHSMS, implemented at all sites as far as possible, to support health and safety of staff and others.

- 4.1. Health and Safety incidents for the period have been reviewed and learning from these has been cascaded to all relevant parties. RIDDOR incidents were within the usual range.
- 4.2. The report summarises the progress against strategic and annual objectives for health and safety, noting where additional resources are required to support the achievement of these.
- 4.3. The Trust Board is asked to note the information in the report and in the appendices.

5. Appendices

Appendix A: Year on Year comparison of RIDDOR incidents



Appendix B: Health and Safety Strategic Objectives 2023/24

| Strategic objective (related to H&S Strategy 2020 – 2025) | Progress update |
|--|---|
| Reduce H&S related incidents resulting in moderate harm or worse by 10% per year for the lifetime of the strategy. | Slip, trips and falls exceeded the objective in the reporting period. Other incident categories have not reduced sufficiently to meet the target although campaigns to promote reporting have affected this. Two categories (MH and SNS) have low frequency of incidents at moderate harm of worse (max. 8) although % increase is disproportionately high against the 10% reduction target. |
| Continually improve processes for identifying and managing health and safety related risks. | A workplace inspection process has been implemented as a key element of the Trust's OHSMS. All Divisional H&S groups have been requested to implement this process in all departments on all sites. A programme of H&S team inspections to monitor implementation and to provide coaching and mentoring to dependents has been planned to commence from May 2024. The H&S team is continuing to collate a 'Golden Thread' of Health and Safety in the organisation to map Trust opportunities to identify and manage H&S related risks. |
| Extend the scope of the OHSMS ISO 45001 requirements at all main hospital sites (Churchill (2022), John Radcliffe (2023) and Horton Hospitals (2024) and Nuffield Orthopaedic Centre (2025). | The Churchill Hospital achieved certification in 2022 and was successfully recertified in 2023. Certification to further sites is paused currently. |

Appendix C: Health and Safety Annual Objectives (2023 – 2024)

| Annual H&S Objectives (2023 – 2024) | Progress updates (March 2024) |
|--|--|
| Continued implementation of the 5-year H&S strategy (2020- 2025), in line with the Trust strategy. | <p>The H&S Strategy has continued to be implemented with a focus on:</p> <p>Compliance (with H&S legislation and Trust policy and procedures), Competence (training), Culture (for health and safety, including engagement and participation of workforce representatives and development of workforce H&S Champions), Communication and Collaboration (with internal and external stakeholders for H&S), and Coherence (through simplifying and aligning H&S processes and documentation with other Trust processes and with relevant regulatory requirements, e.g. HSE and CQC).</p> |
| Monitor and regularly review the H&S resource and technology plan, including proactive participation in setting up the Microsoft 365 SharePoint document management system (DMS) to support compliance across the Trust and with our internal policies and procedures. | H&S team developed and implemented a new H&S SharePoint Intranet site in Aug 23, with improved documents control (Policies and Procedures) A Trust wide DMS solution is not yet in place as implementation of office 365, and use of SharePoint has influenced change in strategy. The H&S team is awaiting Trust led guidance for utilising SharePoint functionality for some DMS requirements. |
| Extend the scope of the H&S management system (ISO45001) to include ISO 45001 certification for the John Radcliffe Hospital site (and retain certification for the Churchill site) | CH site has been recertified (July 2023) to the ISO 45001 standard. Implementation to JR and other main sites has been postponed pending evaluation of financial options. |
| Continue to develop our working partnerships with integrated partners (e.g. PFI's, retail outlets, Oxford University etc.) and further understand the health and safety | PFI partnerships have continued to develop through further collaboration between H&S team and OUH PFI Contracts team, and PFI management. ongoing collaboration with |

| | |
|---|--|
| needs and expectations of our service users and other partners. | Oxford University, including quarterly meetings and ad hoc / project meetings. |
| Continue to review and assist prioritization of the Trust Estates' statutory compliance program, working closely with the Estates Compliance Manager and the Estates senior management team | H&S team supported Estates to close 2 x ISO 45001 nonconformities at the July 23 ISO 45001 audit. Processes for statutory compliance were established and no further nonconformities were raised. H&S team continued to support Estates Compliance Manager as required. |
| H&S team to seek data on the number of staff who are absent from work due to H&S incidents. | H&S team established a working group, to establish a common means of linking data between different Trust and external sources of data. Challenges to align external records of staff absence (held by 'Good Shape') and Trust systems forced a review of planned data expectations. A revised approach will continue as an ongoing workstream in 2024/25. |
| Support the development of a strategy for how Health and Safety can be embedded as a 'Golden Thread' for thinking and decision-making throughout the organisation. | All Divisional Groups have been supported to consider and extend all forums where H&S has been included on the agenda. The H&S team has requested each Division to provide a summary which will be used to inform planning for 2024/25 . |
| Collaborate with the Programme Manager to the Chief Executive Officer to undertake a board visibility programme to map the H&S Board member visits. | Head of H&S has supported monthly executive programme of site visits with our Trust Executives and our Non-Executive Directors. A programme of visits has been delivered regularly throughout the reporting period. |

Appendix D: Health and Safety Annual Objectives (2024 – 2025)

| | Objective | Comments |
|---|---|--|
| 1 | Plan and implement a (3 year) programme of H&S inspections across all OUH main site departments (approx. 540) and for all satellite / off site locations (approx. 120). | This programme of workplace inspections will help to ensure safe places of work for OUH staff and others (an Employer's statutory and Common Law duty) and opportunity to monitor that required H&S processes are in place. |
| 2 | Seek to exploit entrepreneurial opportunities to reduce financial H&S expenditure or generate financial income. | H&S team to progress accreditation to deliver IOSH 'Managing Safely' Training Course and review options and cost effectiveness for providing in-house OUH First Aid training. Both offer potential opportunity to reduce costs to internal OUH departments (avoid outsourcing costs for these courses) and provide income (offering to external collaborative partners on a commercial basis). |
| 3 | H&S team to support Trust preparations to meet new Terrorism (Protection of Premises) Bill (also known as 'Martyn's Law). | Martyn's Law will improve protective security and organisational preparedness across the UK by mandating, for the first time, those responsible for certain premises, including hospitals, to consider the terrorist risk and how they would respond to an attack. OUH will be classified within the 'enhanced tier' category. |
| 4 | H&S team to support Clinical Divisions to meet 'SAFE' elements of CQC Single Assessment framework. | The H&S team will provide advice, guidance and resources for relevant aspects of H&S to support the alignment of H&S processes with CQC requirements. |
| 5 | Simplify Health and Safety Reporting to TME and Board. | The H&S team will seek to further develop and refine health and safety dashboard(s) and other succinct reporting formats to provide simplified information about H&S performance and assurance. |
| 6 | Seek further collaboration for H&S with other health care Trusts. | The H&S team will seek to collaborate with health care Trusts from Buckinghamshire, Oxfordshire and Berkshire (BOB), the Shelford group (a collaboration between ten of the largest teaching and research NHS hospital trusts in England) and the South West IOSH group (a network of around 50 health care providers, all members of the Institute of Occupational Safety and Health - the UK's leading Health and Safety membership organisation and |

| | | |
|---|---|--|
| | | Chartered body). This will support the sharing of learning and best practice and will inform OUH H&S team for local and national initiatives and issues. |
| 7 | H&S team to continue with an executive programme of site visits with revised focus on staff interaction and identification of themes. | H&S team will support development of the executive programme of site visits to include a feedback approach with staff discussions / Q&A and identification of themes across different areas / sites. |
| 8 | Seek to support the development of local procurement processes to ensure local controls meet all relevant H&S legislation requirements. | The H&S team will collaborate with the Procurement team and others and seek to support local managers to ensure local controls meet all relevant H&S legislation requirements, i.e. control of contractors, equipment meets requirements for service and maintenance, statutory inspection, control of hazardous substances etc.). |