NHS

Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

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Title:	**Health and Safety Annual Update Report April 2022 – March 2023**

Status:	**For Information**
History:	**Regular Reporting**

Board Lead:	**Chief Nursing Officer**
Author:	**Chris Green, Head of Health and Safety**
Confidential:	**No**
Key Purpose:	Assurance

Executive Summary

1. This report provides the Trust Board with information relating to the management of health and safety at Oxford University Hospitals NHS Foundation Trust (OUH) for the period 1st April 2022 – 31st March 2023.

2. Following the successful certification to the ISO 45001 Standard (Occupational Health and Safety Management Systems) for the Churchill Hospital in April 2022, the Health and Safety team (H&S team) continued to develop the Trust's Occupational Health and Safety Management System (OHSMS) to ensure that key health and safety processes had been maintained and, where possible, have been improved.

    2.1. This reporting period commenced 'Phase 2' of a planned five-phase ISO 45001 certification process across all main hospital sites in line with the Health and Safety Strategy (2020 – 2025) and subsequently to key off site locations (H&S Strategy 2026 – 2030). The planned implementation of processes continued across all sites where possible but were especially focussed to ensure these were implemented by departments at the Churchill and John Radcliffe sites, which are due to be audited for certification to the ISO 45001 standard in 2023 - 2024.

    2.2. Essential to the effective implementation of the OHSMS across sites has been the development and implementation of Divisional Health and Safety Groups in all four clinical divisions. These groups, led by Divisional Directors of Nursing (DDoN), or their deputies, have supported a more standardised approach to implementation of key processes, especially for workplace inspections, risk assessment and collation of health and safety related documentation across the clinical divisions.

    2.3. Collaboration between the Health and Safety team and departments in Corporate Division has supported similar implementation of the processes as in clinical divisions; this work has also extended to key external stakeholders, particularly the PFI and The University of Oxford health and safety teams.

Recommendations

The Trust Board is asked to note the content of the report.

Contents

1. Purpose

The purpose of this report is to provide the Trust Board with information for the period 1st April 2022 – 31st March 2023 for health and safety related achievements and new initiatives. The report also includes a summary of some new and emerging health and safety health and safety risks for Board.

2. Background

Throughout the reporting period, the Trust continued a transition to a 'living with COVID-19' normality which saw a decline in the control measures required for COVID-19 in many areas of the Trust and a return to much increased patient and visitor presence on all sites. The Health and Safety team supported departments across the Trust to ensure, so far as possible, that workplaces provided a safe environment for our staff, patients, visitors and contractors, and that work activities were conducted safely.

3. Health and Safety Team Report

3.1. The Head of Health and Safety presented a Corporate Performance Review (CPR) to Executive and Divisional Directors in March 2023. The CPR meeting summary report noted the good financial and workforce performance of the team, and the reports given throughout the meeting of the culture and Trust Values represented by the Team. The Chair also noted the significant progress with the team's objectives. The Chair commended the team on an excellent review.

ISO 45001

3.2. Following the successful certification to the prestigious ISO 45001 Standard during 2021/22, the Health and Safety team continued to develop the Trust's Occupational Health and Safety Management System (OHSMS) in order to ensure that the standards achieved were not only maintained but improved. This work was focussed to the Churchill Hospital (CH) site, in preparation for a 'surveillance audit' (required for re-certification to the ISO 45001 Standard), and also to the John Radcliffe (JR) site, in preparation for an 'extension to scope' audit that will include both sites to the certification award.

3.3. Although the development and implementation of the OHSMS was focussed at the CH and JR sites, the key health and safety processes have been implemented across all sites, including some community location sites, in order to ensure, so far as is reasonably practicable, the health, safety and welfare of staff, patients and others.

3.4. The development of the OHSMS has included work by the H&S team to:

- ensure that the Trust is compliant with legal requirements and other requirements for health and safety
- provide competent advice to the Trust's Senior Leaders and all relevant parties for health and safety matters
- support the establishment of Divisional Health and Safety Groups in all clinical divisions
- support Trust level health and safety related projects, including Body Cameras and Lone Working Devices projects; review of safe use of Entonox; suicide prevention and assessment of risks for falls from height including areas at height such as stairwells, balconies and from the Emergency Department (ED) parapet area; as well as a number of major refurbishment and new build construction projects
- Support to Divisional leaders and department managers to establish, implement, maintain and improve health and safety processes and local health and safety arrangements
- collaborate with external stakeholders, especially the Private Finance Initiative (PFI) management team and the University of Oxford health and safety team to ensure suitable health and safety arrangements are in place in the areas under their management control
- carry out inspections and audits
- review and investigate health and safety related incidents and nonconformities
- develop training courses and materials to ensure suitable competence for identified roles

Health and Safety achievements

3.5. A summary of Health and Safety team achievements during the reporting period is shown in **Table 1:** Health and Safety achievements 2022 – 2023 (mapped to ISO 45001 clauses and PDCA framework).

3.6. This table shows the Health and Safety team's achievements for the relevant component of the OHSMS, which is mapped against the Health and Safety Executive (HSE) guidance document: HSG 65 'Managing for health and safety' and to the requirements of the ISO 45001:2018 (Occupational Health and Safety Management Systems) Standards.

3.6.1. HSG 65 is based on the 'Plan, Do, Check, Act' (PDCA) framework. Clauses 4 -10 of the ISO 45001 standards are the clauses subject to audit and therefore are the clauses incorporated to the OHSMS (clauses 1 – 3 are introduction, normative references and definitions respectively).

Table 1: Health and Safety achievements 2022 – 2023 (mapped to ISO 45001 clauses and PDCA framework).

HSG 65: PLAN			
ISO 45001: 4. Context of the organisation			
4.1 Understanding the organization and its context	4.2 Understanding the needs and expectations of workers and other interested parties	4.3 Determining the scope of the Occupational Health & Safety Management System (OHSMS)	4.4 OH&S management system
The Health and Safety Strategy (2020 – 2025) was updated to reflect changes to strategic objectives and to add planned completion dates for the phased implementation of ISO 45001 certification across main hospital sites and for community locations.	The record of internal and external parties was updated to include the H&S related needs and expectations provided to the Trust by the University of Oxford. Other stakeholders identified for further updates include the Patient Experience team and the Patient Liaison Advisory Service (PALS) to obtain patient related views to input to the OHSMS.	The scope of the OHSMS is defined by the sites that are within the audit for ISO 45001, even though the OHSMS is implemented across all sites as far as possible. In the reporting period, the scope remained as: *The Occupational Health and Safety Management System in operation at the Churchill Hospital covering the non-clinical activities.*	The Occupational Health and Safety Management System (OHSM) continued to be maintained and improved as far as possible. Actions to address nonconformities raised in the 2022 ISO 45001 audit report were implemented and monitored to ensure process improvements were made to meet the requirements of the ISO 45001 standards. An OHSMS document was updated and retained on the H&S Intranet site.

ISO 45001: 5. Leadership and worker participation			
5.1 Leadership and commitment	**5.2 OH&S policy**	**5.3 Organizational roles, responsibilities and authorities**	**5.4 Consultation and participation of workers**
The Executive lead for Health and Safety (Chief Nursing Officer) and the Director of Regulatory Compliance and Assurance provided strong leadership and support to the Head of Health and Safety throughout the reporting period. The Trust Management Executive (TME) monitored H&S arrangements through regular reporting, senior management meetings and a Corporate Performance Review, and provided support and resources as requested for the OHSMS. Divisional Health and Safety Groups were established in four Divisions. These groups are chaired by Divisional Directors and are attended by managerial workers from clinical and non-clinical departments.	The Trust Health and Safety Management Policy was reviewed to ensure it remains compatible with the requirements of ISO 45001. No changes were required. Awareness and compliance with the Policy was included as part of the H&S annual audit.	The H&S team completed a review of the H&S policy and other documents to ensure that key roles, responsibilities and authorities for health and safety were in place. Divisional Health and Safety groups have provided opportunity for H&S leadership and management responsibilities at Divisional and Directorate level to be confirmed and to be refreshed. A new role of 'Health and Safety Champion' was established for non-managerial staff. This role supports non-managerial input to the OHSMS and adds an important tier to the structure for communication and awareness of H&S between operational workforce and management.	The Health and Safety Committee continued to be very well attended and provided an important function for the consultation and participation pf workers. Workers representatives also had opportunities via Union representatives attending the Workforce H&S group, which continued to meet monthly with H&S team. Consultation and participation has also been supported via the Divisional H&S groups.

ISO 45001: 6. Planning	
6.1 Actions to address risks and opportunities	**6.2 OH&S objectives and planning to achieve them**
The H&S team planned actions (or supported teams in the Trust) to address H&S risks through a range of key actions including: • attendance at Trust and Divisional health and safety task and finish project groups, safety action groups and 'harm free' meetings • developing a risk-based workplace inspection process, including with PFI partners	The H&S team developed planning to achieve H&S objectives set by the Executive Lead for Health and Safety All objectives were achieved or have been realigned to meet change of Trust strategy for a document management system. (see 'H&S Objectives').

- collaboration with Oxford University to identify hazards and risk controls in areas of shared occupation
- developing Trust level risk assessments (e.g. falls from height; lone working; respiratory viruses)
- supporting Divisions and key teams (e.g. Estates) to address ISO 45001 nonconformities, including developing hazard identification process, particularly by a regular workplace inspection process
- producing resources to support hazard identification and risk assessment processes
- developing a legal register, identifying all relevant H&S related legislation
- regular liaison with risk management team / Assurance team.

Strategic objectives were amended to reflect ISO 45001 audit comments to specify level of reduction for incidents (set at 10%).

Additional objectives were focussed on process improvements to address ISO 45001 audit findings.

ISO 45001: 7. Support

7.1 Resources	7.2 Competence	7.3 Awareness	7.4 Communication	7.5 Documented information
Resource requirements for H&S were continually evaluated. H&S team resource requirements were met to support the effective implementation of the OHSMS.	The ISO 45001 audit identified a need to ensure managers had the relevant competence to complete risk assessments to a suitable standard. To address this, the Managing Health and Safety course was reworked to provide a greater emphasis on the risk assessment process. This course was approved as mandatory training for all staff up to Band 8D with direct reports (circa 2,300 staff). Compliance for the Trust's Core Skills Health, Safety and Welfare course averaged 93% against a Trust floor target of 85%. total of 20 Divisional Health and Safety representatives were trained as Internal Auditors for	Awareness for health and safety processes and requirements has been expanded via a number of forums including: - The Health and Safety committee - Divisional H&S groups - Workforce (Union) representatives' group - Staff Bulletins - Use of 'Yammer' platform for OUH email addresses - Collaborations (e.g. PFI; Oxford University) and through H&S awareness	There was continued collaboration with the Trust Communication team to identify relevant internal and external stakeholders for H&S communications. The communications process to ensure relevant health and safety information is disseminated was confirmed with the University of Oxford H&S management team.	The H&S team has encouraged the centralisation of H&S related documentation within Divisions and key departments (e.g. Estates). H&S team has commenced development of a SharePoint web-based document management system for H&S information. This will progress further in 2023. The H&S team supported the review and updating of existing documentation and created new documentation (including lone working risk

	the ISO 450-01 Standards; these staff are now able to support the ISO 45001 internal audit programme.	sessions for groups on request.		assessment and safe system of work, to support the implementation of the Trust Lone Working Devices).

HSG 65: DO
ISO 45001: 8. Operation

8.1 Operational planning and control	**8.2 Emergency preparedness and response**
The H&S Team continued to support departments across the Trust to identify hazards and to assess risks, including support to escalate risks where required • H&S team signposted departments to the need to use procedures and safe systems of work and to create or update these as required • All H&S training courses were updated and implemented to ensure the competence of workers (see 7.2) • H&S team monitored relevant teams to ensure that planned preventative maintenance was carried out as required and that any defects arising were addressed in a timely manner • H&S Team met with director of Procurement to review health and safety processes within the procurement department; opportunities for improvement were noted and will be developed in 2023 • The H&S Team has supported major projects across the Trust, including many major refurbishment and new build construction projects; this work has included scrutiny and approval of external contractors' risk assessments and method statements (RAMS), pre-site visits and inspections, monitoring of contractors whilst work is in progress (to ensure safe working practices as per RAMS submitted) and collaboration with all relevant parties throughout the projects to ensure that all Trust services are able to continue operating safely without risk to staff, patients, visitors or contractors, and to ensure ongoing compliance with legal and other requirements • H&S team provided health and safety related information to a senior leadership project for a 'Managers' Landing Page' intended to inform new to role managers of their	In conjunction with the Emergency Planning Officer, the H&S team supported Divisional Groups to review and update Service Continuity Plans. These plans were tested in live events (e.g. power outages, mains water leaks; industrial action etc.) and in desktop exercises. The status of updates was reported to the Health and Safety Committee as part of the Divisional Reports. The Fire Safety Team conducted a range of training activities to train staff for emergency situations and to practise emergency procedures. The FST collaborated with Oxfordshire Fire and Rescue Service for their attendance to site for routine and emergency scenarios.

responsibilities and to signpost relevant courses, systems, processes and related materials.		

HSG 65: CHECK

ISO 45001: 9. Performance evaluation

9.1 Monitoring, measurement, analysis and performance evaluation	9.2 Internal audit	9.3 Management review
Divisional Health and Safety incident reports supported Divisions to review H&S incidents and to develop and implement suitable actions to prevent recurrence and risk mitigations and / or risk escalation where required. These reports were presented to the H&S Committee (bi-monthly) for information and discussion / shared learning. Patient Safety related H&S incidents (e.g. patient falls, and needlesticks, sharps and splashes) were reviewed in conjunction with relevant persons including Clinical Governance Risk Practitioners (CGRPs), the Trust Patient Safety Team, the Trust Falls Practitioner and relevant forums, including e.g. Serious incident Requiring Investigation (SIRI) meetings, Harm Free meetings and After Action review meetings. The H&S team reviewed H&S incidents against criteria for statutory notification, making notifications to the Health and Safety Executive when required. Analysis of H&S incidents observed an increase across all categories. This was expected as an outcome of a drive to raise levels of reporting, especially for incidents of violence and aggression, as part of the Trust's 'No Excuses' campaign.	An internal audit programme was planned and implemented, with the Assurance team acting as independent auditors of the OHSMS, as required by the ISO 45001 Standards. An internal audit against all clauses (4-10) of the ISO 45001 standard and a 'deep dive' audit of some nonconformities raised during the ISO 45001 audit was completed by the Assurance team. The Internal Audit of the OHSMS confirmed processes required by the ISO 45001 standards are in place within the OHSMS and confirmed that audit nonconformities had been addressed or were in progress. The H&S team issued an audit to review compliance with the Trust Health and Safety Policy and Procedures.	Two independent senior management reviews of the OHSMS were conducted by the Director of Regulatory Compliance and Assurance, who judged the OHSMS was adequate, suitable and effective to meet its intended outcomes. The most recent Management Review (January 2023) produced an action plan for further improvement of the OHSMS. Actions to address these actions will be reviewed at the next planned Management Review (December 2023).

HSG 65: ACT		
ISO 45001: 10. Improvement		
10.1 General	**10.2 Incident, nonconformity and corrective action**	**10.3 Continual improvement**
Key improvements to the OHSMS were implemented for: • Leadership of Health and Safety through development of four Divisional H&S Groups. • Engagement of non-managerial workers through recruitment to Health and Safety Champions role. • Improved processes for hazard identification (workplace inspection process) and risk assessment. • Mapping of 'Managing Health and Safety' training as mandatory for c. 2,300 staff with health and safety responsibilities. • Improved processes to monitor health and safety arrangements managed by the PFI and Oxford University. • Implementation of actions to address nonconformities raised in ISO 45001 audit.	H&S incidents are reviewed daily by the H&S team and where required investigations have been conducted. Where corrective actions were required, or other learning, these have been communicated to relevant management for implementation. RIDDOR incidents are reviewed and investigated in conjunction with CGRPs and others as required (e.g. department managers). Nonconformities raised during the ISO45001 audit have been regularly monitored to ensure these have been satisfactorily addressed. A review of existing processes noted a need to improve the incident reporting process for those incidents that are investigated at local level (department manager). A process improvement has been scoped. The Workplace Inspection Checklist has supported a process improvement for departments to identify nonconformities and to implement appropriate actions, including corrective actions.	Further continual improvement opportunities identified include: • Continued development and implementation of a H&S (and Fire Safety) SharePoint site • Develop incident investigation process (especially for incidents below 'moderate harm' investigated at local manager level) • Develop a Clinical Governance Risk Practitioner (CGRP) Network group to support Trust level incident review and shared learning • Continued development and implementation of a H&S (and Fire Safety) SharePoint site to enhance accessibility to H&S resources • Support to all relevant departments for improved (and coordinated) control of contractor processes • Support to all relevant parties to improve the provision of portable appliance testing (PAT), to include IM&T / remote working equipment • Clarification of departments / line management within Corporate Division to support coordination of H&S processes within the Division • Liaise with Assurance team to develop the internal audit programme to include group of (22) trained ISO 45001 internal auditors.

![NHS Oxford University Hospitals NHS Foundation Trust logo]

3.7. Table 2 below shows new and emerging risks currently being addressed by relevant departments in conjunction with the Health and Safety team.

Table 2: Health and Safety Team: new and emerging risks and actions to address

New and emerging risks Specific issue(s)	Measurable outcome	Is this achievable?	How is this relevant?	Timescale for completion	Who needs to carry out the actions?	What evidence / success criteria is required?	Action completed and evidenced (date and details)
Lack of a centralised Trust document management system (DMS) for health and safety documented information. This creates risk for version control, unavailability of relevant documentation if requested by a regulator or legal representative and does not support use of pre-populated templates to ease workload.	A Trust Document Management System for H&S information is in place.	Yes. The Trust Digital team is currently developing an Office 365 based system for implementation across the Trust.	It is not currently possible to access H&S documentation held in networked locations (e.g. Divisional drives). Although H&S documentation is secure, current arrangements prevent ready access to documentation for review, monitoring or when required by Regulators.	As determined by Digital team.	Trust Digital team. H&S team to engage with Trust project and become early adopters.	A functional Trust document management system is in place for H&S documentation.	

New and emerging risks Specific issue(s)	Measurable outcome	Is this achievable?	How is this relevant?	Timescale for completion	Who needs to carry out the actions?	What evidence / success criteria is required?	Action completed and evidenced (date and details)
The Divisional Health and Safety Groups established in Clinical Divisions are not in place for Corporate Division.	A Corporate Divisional H&S Group is established.	Yes. To achieve this, there will be a need to accurately understand the departments and contacts within Corporate Division (this work is in progress via Assurance Team for internal audit purposes).	There is a risk that the Health and Safety Management System is not effectively implemented in Corporate Division.	Q4, 2023 – 2024 (subject to information from Assurance team and Department leads engage in project).	Assurance team to provide departmental information. H&S team support Corporate H&S rep (currently Head of IT) to establish a Corporate Divisional H&S Group.	A Corporate Divisional H&S Group is established. Evidenced by meeting records.	
Low compliance for completion of the H&S Annual Audit (of Policy and Procedures).	Compliance improves from 24% (2022 – 23) to at least 50% (2023 – 2024).	Yes. H&S team to amend the audit so that it is more user friendly (e.g. reduce question bank consider scheduling e.g. avoid winter pressures and utilise Ulysses Audit Module to automate and track actions.	Low compliance does not provide assurance that the Health and Safety policy and procedures are adequately known or are followed by staff.	Revised audit to be available via Ulysses by 31st October 2023.	H&S team to revise audit content. Assurance team to establish Ulysses audit module and to upload H&S audit to this system	Revised audit issued via Ulysses audit module and completion data shows increased compliance (at least 50%).	

New and emerging risks\n\nSpecific issue(s)	Measurable outcome	Is this achievable?	How is this relevant?	Timescale for completion	Who needs to carry out the actions?	What evidence / success criteria is required?	Action completed and evidenced (date and details)
					when operational.		
The Workplace Inspection Checklist (WIC) is a key tool within the workplace inspection process. It is currently unable to support automated recording and tracking of nonconformity and actions to address these.	The WIC is hosted on Ulysses Audit Module / action tracker with automated functionality.	Yes. H&S team to liaise with Assurance team and upload WIC to Ulysses action tracker module when operational.	The lack of automated process adds additional time and effort to the process, which presents a risk to the sustainability of the workplace inspection process for busy staff.	WIC to be hosted on Ulysses by 31st October 2023.	Assurance team to establish Ulysses audit module and to upload H&S WIC to this system when operational.	WIC records are available on Ulysses Audit Module.	

4.   Recommendations

4.1.   The Trust Board is asked to note the contents of this report.