### Title
Health and Safety Annual Report 2015/16

<table>
<thead>
<tr>
<th>Status</th>
<th>For Information</th>
</tr>
</thead>
</table>
| History  | Trust Health and Safety Committee, October 2016  
|          | Workforce Committee, 3 November 2016         |

| Board Lead(s) | Mark Power  
|               | Director for Organisational Development and Workforce |
| Key purpose   | Strategy  
|               | Assurance  
|               | Policy   
|               | Performance |
Executive Summary

1. The purpose of this report is to provide the Trust Board with summary information relating to principal activities associated with the promotion and management of health and safety issues, for the period 1 April 2015 to 31 March 2016. The report also highlights the current key priorities for the health and safety team in delivering a programme of work during this current financial year.

2. The report summarises the prevailing legislative framework within which health and safety concerns are managed and addressed, and outlines the local governance arrangements that underpin health and safety management within the Trust.

3. During the reporting period the health and safety team broadened its influence beyond a primary focus on managing operational estates health and safety issues to better support all other areas of the organisation. Activity included the completion of a large number of audits to assess the extent of awareness of, and compliance with the Trust’s health and safety related policies and procedures. Outcomes demonstrated a good degree of awareness and a positive level of interest in local health and safety management, but a lack of clarity relating to particular roles and responsibilities in some areas.

4. The report provides information relating to key activity undertaken by the health and safety team with respect to: fire safety; operational estates health and safety management; manual handling and back care; occupational health and wellbeing; radiation safety; and health and safety training provision.

5. The health and safety team supported the co-ordination and completion of 16 statutory and mandatory inspections within the operational estates function. With the exception of one element, compliance was achieved within the required timescales for all inspections. The reporting period saw a small reduction in the total number of reported accidents and incidents compared to the previous year. Only three incidents resulted in ‘major harm’ being sustained - in all cases this harm was to property and service provision, rather than to individuals.

6. A total of 25 RIDDOR reportable incidents occurred, compared to 20 in the previous year. Of these, ten incidents related to manual handling; seven to exposure to harmful substances; six to slips, trips and falls, one to falling from a height, and one to contact with a moving object. None of the incidents resulted in serious harm, but all were investigated and organisational learning captured.

7. During the reporting period the Trust received two HSE improvement notices, both of which related to the management of needlestick exposures: Following the completion of remedial action, both notices were removed.

8. The Trust Board is asked to note the contents of the annual report.
1. PURPOSE

1.1 The purpose of the report is to provide the Trust Board with a summary of principal activity and outcomes relating to the promotion and management of health and safety within Oxford University Hospitals NHS Foundation Trust (OUH). The reporting period is 1 April 2015 to 31 March 2016.

1.2 The report also highlights the current programme of work being delivered by the health and safety team. This programme aims to achieve further improvements in health and safety management, whilst also highlighting and mitigating associated risks. An important focus of current activity is to encourage and support an organisational culture in which a positive and proactive approach to health and safety management is developed and maintained.

2. BACKGROUND AND CONTEXT

2.1 All organisations have a legal duty to put in place suitable arrangements to manage for health and safety. Ideally, this should be recognised as being a part of the everyday process of conducting business and/or providing a service, and an integral part of workplace behaviours and attitudes. Notwithstanding, a comprehensive legislative framework exists, within which the main duties placed on employers are defined and enforced.

Health and Safety at Work Act 1974

2.2 The foundation of the current health and safety system in Great Britain was established by the Health and Safety at Work Act 1974 (HASAW, or HSW) which remains the UK’s principal health and safety legislation. Under the main provisions of the Act, employers have legal responsibilities in respect of the health and safety of their employees and other people who may be affected by their undertaking and exposed to risks as a result. Employees are required to take reasonable care for the health and safety of themselves and others.

2.3 In promoting, stimulating and encouraging high standards of health and safety at work, the Act requires the governing bodies of all employing organisations to ensure:

- safe operation and maintenance of the working environment, plant and systems;
- maintenance of safe access and egress to the workplace;
- safe use, handling and storage of dangerous substances;
- adequate training of staff to ensure health and safety;
- adequate welfare provisions for staff at work.

Essentially, the HSW Act is based upon the principle that those who create risks to employees or others in the course of carrying out work activities are responsible for controlling those risks.

2.4 Particular Regulations governing the management of health and safety in the workplace are as follows:
Management of Health and Safety at Work Regulations 1999

2.5 These regulations place a duty on employers to assess and manage risks to their employees and others arising from work activities. Under the Regulations, employers must also make arrangements to ensure the health and safety of the workplace, including having in place plans for responding to emergency situations, and providing adequate information and training for employees, and for health surveillance, where appropriate. Similarly, a responsibility is placed upon employees to work safely in accordance with the training and instructions given to them. Employees must also notify their employer of any serious or immediate danger to health and safety, or any shortcomings in health and safety arrangements.

Workplace (Health, Safety and Welfare) Regulations 1992

2.6 These regulations are concerned with the working environment. They place a duty on employers to ensure the workplace is safe and suitable for the tasks being carried out within it and that it does not present risks to employees and others. The regulations cover all aspects of the working environment, including:

- maintenance of the workplace; equipment, devices and systems
- ventilation; temperature; lighting
- cleanliness and waste materials
- room dimensions and space; work stations; seating provision
- condition of floors and traffic routes
- escalators and moving walkways
- sanitary conveniences; washing facilities; drinking water
- facilities for rest.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

2.7 Known as RIDDOR, these regulations require employers and other people in charge of work premises to report and keep records of: work-related accidents which cause deaths; work-related accidents which cause certain serious injuries (reportable injuries); diagnosed cases of certain industrial diseases; and certain ‘dangerous occurrences’ (incidents with the potential to cause harm).

Health and Safety Executive

2.8 The presiding legislation is enforced by the health and safety regulator, the Health and Safety Executive (HSE), which has far reaching powers, including:

- access to work premises at any reasonable hour;
- freedom to interview staff and visitors, contractors or patients;
- confiscation of equipment and applicable documents;
- taking statements, photographs, measurements and samples;
- issuing notices (Improvement and Prohibition) requiring respectively improvements within a certain timeframe or stopping work until improvements are made, also within a timeframe;
initiating criminal court proceedings for alleged breaches of health and safety legislation.

2.9 The HSE also fulfils a major role in producing advice on health and safety issues, and practical guidance on the interpretation and application of the provisions of the legislative framework. In fulfilling its responsibilities, the Executive consults extensively with organisations representing professional interests in health and safety, business managers, trade unions, and scientific and technological experts. This is managed through a network of advisory committees and by public invitation to comment on particular proposals.

**Effectively Managing for Health and Safety**

2.10 Regardless of the size, industry or nature of an organisation, the keys to effectively managing for health and safety are:

- leadership and management (including appropriate and effective processes);
- a trained/skilled workforce;
- an environment in which people are trusted and involved.

Essentially, this is also the philosophy of the HSE, which recently moved away from using the POPMAR (policy; organising; planning; measuring performance; auditing, and review) model for managing health and safety to a simpler and more pragmatic ‘Plan, Do, Check, Act’ (PDCA) approach. This is described in detail within the HSE’s ‘Managing for Health and Safety Guidance’ (HSG65).

2.11 The key components of the PDCA framework that is being applied within OUH are summarised, as follows:

- Plan - determine policy; plan for implementation.
- Do - profile health and safety risks; organise for health and safety management; implement the plan.
- Check - measure performance; investigate accidents and incidents.
- Act - review performance; apply learning.

2.12 This shift in favour of PDCA principles achieves a balance between the systems and behavioural aspects of management and, importantly, treats health and safety management as an integral part of good management generally, rather than as a stand-alone system. The remaining sections of this report provide details relating to each element of the PDCA cycle, as they apply to the Trust’s health and safety activity.
3. ‘PLAN’

Local Health and Safety Governance Arrangements

3.1 The Trust Board is responsible for providing leadership in the recognition and management of principal health and safety risks, and in the continuous improvement in health and safety performance. The Board fulfils its obligations through the designated Board lead for health and safety management (an executive director) who, in turn, is responsible for the activities of a team of health and safety qualified professionals, including Institute of Occupational Safety and Health (IOSH) chartered members. The team is led by the Trust’s Head of Health and Safety.

3.2 With the support of the Board lead, and under the direction of the Head of Health and Safety, the principal responsibilities of the health and safety team are as follows:

- developing and reviewing associated Trust policies, procedures and guidance;
- assisting the Board lead in the development of strategic health and safety objectives;
- establishing and implementing a programme of health and safety risk assessments;
- co-ordinating and monitoring the effectiveness of safety arrangements across the Trust;
- identifying health and safety risks and implementing response plans;
- providing accessible and responsive advice and guidance to Trust staff on all health and safety-related matters;
- ensuring that all health and safety training needs and competence reviews are identified and met;
- reporting RIDDOR incidents to the HSE and liaising with external statutory bodies.

3.3 The Board lead chairs the Trust Health and Safety Committee, which meets on a quarterly basis. Accountable to the Trust Management Executive (TME), the Committee is responsible for ensuring the development, implementation and maintenance of a health and safety policy, and supporting procedures, and for overseeing all aspects of health and safety management. The Committee membership includes all members of the health and safety team, representation from the Occupational Health and Wellbeing Service, nominated representatives of the clinical and corporate Divisions, and trade union representation.

3.4 A number of health and safety sub-committees routinely report to the main Committee. The sub-committees cover PFI and estates-related issues, including Health Technical Memorandums (HTMs) requirements. HTMs provide comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare. The focus of HTM guidance remains on healthcare-specific elements of standards, policies and current best practice. They are applicable to new and existing sites, and are for use at various stages during the whole building lifecycle. Healthcare providers have a duty of care to ensure that appropriate governance arrangements are in
place and are managed effectively. The HTM series provides best practice engineering standards and policy to support the achievement of this duty of care.

**Key Objectives**

3.5 The Trust aims to establish and maintain sensible and proportionate standards of health and safety management that will ensure the welfare of employees and others who may be affected by its activities, and to minimise its losses (both financial and reputational) arising from ill health and injury. In 2015/16 the achievement of this principal aim was supported by a number of key objectives, which are summarised under principal themes, as follows:

<table>
<thead>
<tr>
<th>Principal Theme</th>
<th>Key Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Safety</td>
<td>Review and update the Fire Safety Policy to ensure it reflects the Trust’s aim and objectives and meets legislative requirements.</td>
</tr>
<tr>
<td></td>
<td>Host quarterly liaison visits by the Fire Authority and update the associated Memorandum of Understanding.</td>
</tr>
<tr>
<td></td>
<td>Ensure all actions arising from Fire Deficiency Notices are promptly and effectively completed.</td>
</tr>
<tr>
<td>Operational Estates Health and Safety Management</td>
<td>Ensure all required statutory and mandatory inspections are completed within prescribed timescales.</td>
</tr>
<tr>
<td></td>
<td>Review contractor management systems for high risk activities where a Permit to Work is required.</td>
</tr>
<tr>
<td></td>
<td>Deliver Permit to Work training for operational estates managers and capital programmes teams.</td>
</tr>
<tr>
<td></td>
<td>Improve the delivery of Asbestos Awareness training across all sites.</td>
</tr>
<tr>
<td></td>
<td>Conduct health and safety audits within the operational estates function and implement all identified remedial actions.</td>
</tr>
<tr>
<td>Manual Handling and Back Care</td>
<td>Develop and implement a Bariatric Handling Policy.</td>
</tr>
<tr>
<td></td>
<td>Improve the Manual Handling eLearning facility.</td>
</tr>
<tr>
<td>Occupational Health and Wellbeing</td>
<td>Support the achievement of the standards required for Safe Effective Quality Occupational Health Service (SEQOHS) accreditation.</td>
</tr>
<tr>
<td></td>
<td>Complete all actions arising from the HSE Improvement Notice</td>
</tr>
</tbody>
</table>
(306250832) relating to the Sharp Instruments in Healthcare Regulations 2013 and effectively communicate the associated learning outcomes.

Develop display screen equipment/ergonomics awareness training for Trust managers.

Radiation Safety

Ensure all ‘qualified advisors’ prescribed within the relevant legislation are formally appointed, and the associated legislative duties are reflected within revised role descriptions.

Continuous Improvement

Undertake audits, across all Divisions, in order to assess the level of awareness of health and safety policies and procedures, and the extent to which they are being appropriately applied. Use the audit outcomes to prioritise the resourcing and application of future health and safety activities.

Review the operation and function of the (former) Non-Clinical Risk team to ensure comprehensive health and safety advice and support is provided to all Divisions.

Identify collaborative opportunities arising from NHS networks and partnerships for information and best practice sharing, and peer benchmarking.

Improve the delivery of health and safety management training.

4. ‘DO’

4.1 Performance and achievements against these key objectives, and in other areas of principal activity, are summarised below.

**Fire Safety**

4.2 Fire safety across all Trust sites is a main focus for the health and safety team. During the reporting period the following activity was undertaken:

- Reviewed and improved the Fire Safety Policy, with the aim of promoting and maintaining a safer working environment for staff, patients and visitors.

- Conducted quarterly liaison visits with the Fire Authority, which included an annual review of the Memorandum of Understanding between the Trust and the Authority regarding enforcement.

- Completed all outstanding actions arising from Deficiency Notices.
• Provided support for the planned replacement of the fire alarm infrastructure in JR1 and JR2 areas, including improvements in evacuation planning and safety of staff and patients in high rise buildings.

• Completed reviews of fire risk assessments.

• Assisted clinical departments in updating emergency evacuation plans and conducting fire simulation exercises.

• Delivered fire safety training (both induction and refresher) for staff at all sites.

**Operational Estates Health and Safety Management**

4.3 The health and safety team supported the co-ordination and completion of 16 statutory and mandatory inspections within the operational estates function. Appendix 1 details these inspections and confirms that, with the exception of one element, compliance was achieved within the required timescales.

4.4 As part of a commitment to improve safety during construction projects, a Permit to Work training programme was developed and delivered to retained estates and capital programmes managers. ‘Permit to Work’ is a formal written system used to control certain types of work that are potentially hazardous, and which allows work to be undertaken only after safe procedures have been defined and foreseeable hazards identified. A permit is needed when maintenance work can only be carried out if normal safeguards cannot be maintained, and/or when new hazards are introduced by the work (examples include entry into confined spaces, and pipeline breaking).

4.5 Comprehensive health and safety training was delivered for staff and contractors who, through the course of their work, are exposed to potential hazards and risks. This training included individual responsibilities; risk assessment; working at height; confined space awareness; control of substances hazardous to health; exposure to asbestos; personal protective equipment, and audit. Training information has been consolidated within a locally-produced handbook for individual retention.

4.6 An estates health and safety group was established. A key focus for the group has been the management of risks associated with asbestos, which is present across the wider Trust estate. Work has included the completion of asbestos surveys, and the development and implementation of an asbestos management plan and register.

4.7 Other activity undertaken during the reporting period included:

• Review of all estates-related work activity risk assessments, and standard operating procedures (SOPs) for all sites.

• Development of plant room inspection and contractor audit forms, and baseline work activity risk assessments and supporting SOPs, and delivery of associated staff training.
• Completion of annual work environment audits and reinstatement of inspection processes.

• Implementation of a suite of estates-related health and safety compliance procedures, and production of signage templates.

**Manual Handling and Back Care**

4.8 The work undertaken by many members of staff exposes them to the potential risk of sustaining back injuries and developing musculoskeletal disorders. Nationally, injuries caused through manual handling account for one third of all reported health and safety incidents and this statistic is reflected within the Trust’s workforce. Within this context, the support and intervention provided by the Trust’s back care team is an important component of overall health and safety activity. During the reporting period, the programme of work undertaken by the back care team included the following:

• Development and implementation of a Bariatric Patient Handling Policy.

• Inclusion of standardised manual handling techniques within clinical and non-clinical safe systems of work training.

• Further development and improvement of the manual handling theory eLearning package, to include an ‘eBook’ and transferable PowerPoint presentation.

• Delivery of training for all newly appointed staff (as part of induction) and refresher training for existing members of staff.

• Delivery of comprehensive Back Care Facilitator Programme, and Managers’ Responsibilities Programme.

**Occupational Health and Wellbeing**

4.9 Throughout the reporting period, the Occupational Health and Wellbeing Service continued to work towards meeting the standards associated with ‘Safe Effective Quality Occupational Health Service’ (SEQOHS) accreditation. The SEQOHS scheme is managed by the Royal College of Physicians, on behalf of the Faculty of Occupational Medicine. SEQOHS aims to:

- enable services to identify the standards of practice to which they should aspire;
- credit good work being done by high quality occupational health services, providing independent validation that they satisfy standards of quality;
- raise standards where they need to be raised;
- help purchasers differentiate occupational health services that attain the desired standards from those that do not.

4.10 A comprehensive and successful site assessment undertaken in July 2016 marked the culmination of several years of preparation, including an initial self-assessment and remote assessment. Following this achievement, the Trust’s
Occupational Health and Wellbeing Service is now SEQOSH accredited for five years, subject to an annual renewal of accreditation. The annual renewal is designed to assess the service's continued compliance with the standards. After the fourth year annual renewal assessment, the Service will begin building its evidence for a second full assessment, but will remain accredited throughout.

4.11 The Needlestick Safety Action Group continued to meet on a quarterly basis to review the statistics, identify areas of concern and oversee the conversion to needle safe devices within the Trust. This was a key action arising from the receipt of two HSE improvement notices in March 2015, both of which were fully complied with by May 2015. As a consequence of the introduction of needle safe devices, the number of reported hollow bore needlestick exposures reduced by 41% compared to the previous year (2014/15). The overall number of all reported exposures reduced by 14% (24% for medical staff), whilst exposures associated with the use of an insulin pen or needle reduced by 24%.

4.12 The Occupational Health and Wellbeing team also led the provision of a physiotherapy triage clinic for all members of staff and increased the number of available appointments (the average waiting time is now 7-10 days), and workplace ergonomic assessments and training (including display screen equipment).

**Radiation Safety**

4.13 The Department of Medical Physics and Clinical Engineering (MPCE) develops and maintains a framework for radiation safety across all areas of the Trust. This framework is applicable to all staff who use radiation within the hospital environment, and is implemented and maintained via the Radiation Protection Committee, qualified advisers required by statute and statutory safety training. Compliance with regulation is managed via internal departmental audit and external radiation safety compliance review. N.B: Ionising Radiation (Medical Exposure) Regulations (IRMER) is not covered here, as it relates to patient safety and is monitored via the clinical governance framework. The regulations pertaining to staff radiation safety are outlined below:

- Environmental Permitting Regulations (EPR 2010) - govern the receipt, use and disposal of radioactive materials, and is regulated by the Environment Agency and Office for Nuclear Regulation.

- Ionising Radiations Regulations 1999 (IRR99) - govern the ionising radiation safety of staff in the workplace, and is regulated by the HSE.

- Control of Artificial Optical Radiation at Work Regulations (CoAORWR 2010) - govern the optical (UV, Light and IR) radiation safety of staff in the workplace, and is regulated by the HSE.

- Control of Electromagnetic Fields (EMF) at Work Regulations 2016 - govern the safety of staff in the workplace with regard to electromagnetic fields, and is regulated by the HSE.

4.14 Regulatory requirements are fulfilled by MPCE through:
appointments of qualified advisers (see Table 1, overleaf) to provide local advice and act as points of contact with regulatory bodies;

- prior risk assessment for all radiation work (assessment of shielding requirements, control systems, training, and documentation);

- staff radiation dose monitoring (systems for whole body, extremity, and contamination);

- area designation: Controlled Radiation Areas, Supervised Radiation Areas;

- local Rules for all Controlled Areas;

- critical examination of all equipment producing radiation;

- environmental radiation monitoring programmes, including radon exposure;

- delivery of radiation safety training;

- implementation of the Radiation Protection Quality Management System.

4.15 The MPCE documentation system holds several hundred documents, all in current use by the Department and by user departments across the Trust, on all sites. In order to effectively control and govern this documentation, MPCE is implementing an externally accredited quality system. MPCE aims to achieve external accreditation for its documentation management in 2017.

Table 1: Qualified Advisors Required by Statute

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Role</th>
<th>Regulatory Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRR99</td>
<td>Radiation Protection Adviser</td>
<td>HSE</td>
</tr>
<tr>
<td>EPR 2010</td>
<td>Radioactive Waste Adviser</td>
<td>EA</td>
</tr>
<tr>
<td>CoAORWR 2010</td>
<td>Laser Protection Adviser</td>
<td>HSE</td>
</tr>
<tr>
<td>IRMER</td>
<td>Medical Physics Expert</td>
<td>CQC</td>
</tr>
<tr>
<td>Control of EMF at Work Regulations 2016</td>
<td>MR Adviser</td>
<td>HSE</td>
</tr>
<tr>
<td>MHRA (Medical Devices)</td>
<td>Medical Device Liaison Officer</td>
<td>MHRA</td>
</tr>
</tbody>
</table>

**Continuous Improvement**

4.16 During the reporting period the health and safety team completed a large number of audits, across all Divisions, to assess the level of awareness of health and safety policies and procedures, and the extent to which they are being appropriately applied. The audit process highlighted a reasonable level of awareness, overall, and evidence of good practice in many areas. However, this was not replicated in all areas and the audit activity, to date, is informing the development of a programme of prioritised interventions. Further information is provided in Section 5, below.
4.17 A ‘Health and Safety for Managers’ (half day) training programme was developed and implemented. The intended outcome of this programme is for participants to be able to demonstrate a good understanding of essential health and safety management, including their particular responsibilities as managers, and an awareness of the key provisions of the prevailing legislative framework, including the Health and Safety at Work Act 1974 and its ‘working arm’, referred to as the European Health and Safety Six, namely:

- Personal Protective Equipment at Work Regulations 1992.

4.18 During the course of the year, the health and safety team became an active member of the South West Institute of Occupational Safety and Health (IOSH) Healthcare Group collaboration. Key benefits of membership include the mutual sharing of information and learning; discussion on topical issues; the review of new legislation; and the provision of benchmarking data. The Group currently consists of 17 acute and mental health Trusts across the South West region.

5. ‘CHECK’

Auditing

5.1 As referred to in paragraph 4.16, above, the health and safety team conducted a total of 85 audits, using a standardised checklist, in order to assess awareness of, and compliance with, the main provisions of the Trust’s health and safety related policies and procedures. Audits were undertaken within all Divisions and across all main sites, with the full assistance and engagement of matrons, ward managers, operational service managers and heads of departments. Key outcomes arising from the audit process are summarised, as follows:

- Whilst there was a good level of general awareness amongst managers and their staff, not everyone fully understood their particular roles and responsibilities regarding health and safety management.

- An overwhelmingly positive attitude to health and safety matters was evident, together with an interest in learning more about the subject matter.

- There was inconsistency in the completion of risk assessments and first aid checklists.

- Staff commented on the health and safety policies and procedures framework (highlighted below), which is perceived as being complex and difficult to navigate.

- Staff demonstrated a good understanding of local procedures for reporting accidents and incidents, and emergency planning processes.
Health and Safety Policies and Procedures

5.2 During the reporting period, all documentation within the health and safety policies and procedures framework was reviewed and, where required, updated. Those policies and procedures for which the health and safety team has direct responsibility are detailed in Table 2, below. N.B: the overarching Trust Health and Safety Policy is currently being improved and will be re-issued in November 2016.

Table 2: Health and Safety Team - Managed Policies and Procedures

<table>
<thead>
<tr>
<th>Policies</th>
<th>Next Review Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Health and Safety Policy</td>
<td>November 2016</td>
</tr>
<tr>
<td>Fire Safety Policy</td>
<td>December 2017</td>
</tr>
<tr>
<td><strong>Procedures</strong></td>
<td></td>
</tr>
<tr>
<td>First Aid Provision</td>
<td>March 2019</td>
</tr>
<tr>
<td>Dangerous Substances and Explosive Atmospheres (DSEAR)</td>
<td>August 2018</td>
</tr>
<tr>
<td>Slips, Trips and Falls Prevention Procedure (Staff, Contractors, Visitors and Others)</td>
<td>August 2019</td>
</tr>
<tr>
<td>Confined Spaces</td>
<td></td>
</tr>
<tr>
<td>Lone Working</td>
<td></td>
</tr>
<tr>
<td>Personal Protective Equipment (PPE)</td>
<td></td>
</tr>
<tr>
<td>Working at Height</td>
<td></td>
</tr>
<tr>
<td>Control of Substances Hazardous to Health (COSHH)</td>
<td></td>
</tr>
</tbody>
</table>

Accidents and Incidents

5.3 An accident or incident is deemed to be ‘any unplanned event that resulted in injury or ill health of people, or damage or loss to property, plant, materials or the environment, or a loss of business opportunity’. The total number of accidents and incidents reported in the twelve-month period was 3,926. This represents a reduction of 4% compared to the previous year. Table 3, overleaf, shows that the majority (3,896; 99%) of all accidents and incidents resulted in either no harm, or minor harm, being sustained. Moderate harm resulted from 27 reported accidents and incidents, whilst three resulted in major harm (against two in the previous year).

5.4 All three major harm incidents related to water leaks/ingress into clinical service units, thereby causing service disruption:

- In May 2015, a plant room situated above two operating theatres on the John Radcliffe Hospital site suffered flooding. This resulted in substantial damage, which led to the closure of both theatre facilities. Decontamination and repainting was required prior to reinstatement.

- In July 2015, a water leak occurred at the Churchill Hospital site, causing damage to electrical installations.
In October 2015, the main dialysis facility at the Churchill Hospital site was closed due to flooding, but was reopened in the same day. Subsequently, the resulting damage required a temporary closure of the facility to enable remedial repair work to be undertaken.

Excluding the ‘no harm’ incidents, of the remainder, 162 related to manual handling; 155 to sharps needle stick and splashing; 123 to assault and aggression, 101 to slips, trips and falls.

Table 3: Reported Accidents and Incidents - 2015/16

<table>
<thead>
<tr>
<th>Designator</th>
<th>No Harm</th>
<th>Minor Harm</th>
<th>Moderate Harm</th>
<th>Major Harm</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractors</td>
<td>38</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>Property</td>
<td>995</td>
<td>31</td>
<td>7</td>
<td>3</td>
<td>1,036</td>
</tr>
<tr>
<td>Staff</td>
<td>1,991</td>
<td>722</td>
<td>19</td>
<td>0</td>
<td>2,733</td>
</tr>
<tr>
<td>Visitor</td>
<td>80</td>
<td>33</td>
<td>1</td>
<td>0</td>
<td>114</td>
</tr>
<tr>
<td>Total</td>
<td>3,104</td>
<td>792</td>
<td>27</td>
<td>3</td>
<td>3,926</td>
</tr>
</tbody>
</table>

RIDDOR Reportable Incidents

5.5 The reporting period saw a total of 25 RIDDOR reportable incidents, compared to 20 in the previous year. A total of 10 incidents related to manual handling; seven to exposure to harmful substances; six to slips, trips and falls, one to falling from a height, and one to contact with a moving object. None of the incidents resulted in serious harm, but all were investigated to ensure that organisational learning was captured.

6. ‘ACT’

6.1 Over the course of the reporting period, the health and safety team collated much useful information and data via audit; frequent interaction with staff during advisory and inspection visits, and through the delivery of direct support and training. Analysis of this information and data identified a number of key priorities relating to health and safety compliance and improvement, which therefore informed the current year’s work programme. The principal activity associated with these priorities is summarised, as follows:

**Communication and Understanding of Health and Safety Requirements and Potential Risks**

6.2 The Trust employs a large, multi-professional workforce, across a significant geographical footprint. As a consequence, there will always be a requirement to ensure line managers and their teams remain aware of the Trust’s health and safety priorities and understand their responsibilities with respect to the maintenance of a safe and healthy working environment, and the correct action to take in the event of an accident or incident. This requirement is being achieved by:

- conducting regular visits to wards, departments and other working areas;
- providing more staff training - capitalising on opportunities to expand the eLearning portfolio, but also recognising when face-to-face contact is more appropriate;
- reviewing and further improving all documentation relating to health and safety policies and procedures.

### Proactive Health and Safety Monitoring, and Support

6.3 An important element in demonstrating the effectiveness of a robust health and safety management system, consistent with the provisions of HSE guidance, is to establish and maintain a regime of planned audits across all areas of the Trust. Auditing activity (as described in paragraph 5.1, above) is increasing and is being complemented by advisory visits and ‘educational’ safety tours of departments. In this way, the health and safety team is now being recognised as providing a responsive and supportive ‘consultancy service’ to individuals and teams.

### Fire Safety

6.4 Fire safety considerations embrace fire prevention, fire protection and emergency planning. The principal risks associated with fire safety within the Trust’s older estate relate to dated fire detection and suppression systems, fire compartmentalisation (including worn and damaged fire doors), and potential difficulties with the evacuation of staff and immobile patients from high rise areas. These risks reinforce the need to provide regular and comprehensive awareness training for all staff, but particularly for line managers and departmental fire marshals, who have designated duties and responsibilities regarding fire safety management and incident control. This remains a high priority for the health and safety team, but also represents a significant demand on current resources. In response, the team is being augmented, such that sufficient training and support is maintained.

### Water Hygiene and Asbestos Management

6.5 There is an increased risk within healthcare of exposure to waterborne contaminants, including legionella and pseudomonas, which is often attributed to the susceptibility of vulnerable patients, the age and volume of the water system, and the number and type of outlets, particularly those creating airborne water droplets and aerosols. Implementation of the Trust’s Water Safety Management Plan aims to mitigate this risk.

6.6 Many parts of the Trust’s estate, where buildings were erected or refurbished prior to 2000, are known to contain varying amounts of asbestos. Providing this material is not disturbed, it does not present a hazard to staff, patients, contractors, or visitors. The main concern relating to the presence of asbestos is the safe management of contractors and internal trade staff, who may have cause to disturb the fabric of a building, for example when re-wiring or installing IT cabling. This risk is managed through the application of the Trust’s Asbestos Policy and the provision of awareness training, advice and guidance by the health and safety team.
Manual Handling and Sharps Safety

6.7 Injuries sustained by manual handling are predominant within the total number of reported accidents and incidents, including those which are reportable under RIDDOR. Due to the nature of the work carried out by many members of staff, this will always present a risk. Therefore, staff training in manual handling (which is a mandatory requirement) remains a key function of the Trust’s dedicated back care team. The team is sufficiently resourced and is relocating to a more suitable and permanent location, from which training can be provided to larger groups of staff.

6.8 Similarly, an important consideration is to further reduce the number of reported needlestick exposures. Therefore, the work being carried out by the Needlestick Safety Action Group continues to be a priority.

Driving at Work Safety

6.9 Under health and safety legislation, the Trust has a duty to safeguard its employees and others affected by its activities. This duty extends to any members of staff who are required to drive a private vehicle as part of their employment. Furthermore, the Trust is vicariously liable for the actions of these individuals, especially where insufficient steps have been taken to ensure that drivers hold, as a minimum, a full and valid driving licence, valid business insurance and an up-to-date MOT. The effective monitoring of workplace drivers was highlighted to the Health and Safety Committee as a risk to the Health and Safety Committee, which does not have assurance that adequate formal procedures are in place. In response, a task and finish group has been established in order to establish effective mechanisms which will mitigate the risk.

7. SUMMARY

7.1 The Trust has a legal obligation to establish and maintain effective arrangements for the promotion and management of health and safety considerations. This report summarises the prevailing legislation and explains the local governance structure by which health and safety is managed, and compliance maintained, within the Trust. Consistent with current HSE guidance, the Trust manages for health and safety within a PDCA framework, which aims to embed health and safety activity and compliance as an integral part of good management practice, rather than as a separate task.

7.2 During the 2015/16 reporting period, Board-Level responsibility for health and safety management transferred to the Director of Organisational Development and Workforce, who provides executive support and direction to the health and safety team. The profile of the team continues to be raised and, over the course of the reporting period, its members worked more closely with wards and departments in providing education, guidance and close support to line managers and staff. Of particular note, the team completed a large number of audits which sought to assess the level of awareness and understanding of health and safety priorities and responsibilities across all areas of the organisation. The attainment of SEQOHS accreditation by the Trust’s Occupational Health and Wellbeing Service is also
considered to be a significant achievement, which recognises the high standard and quality of the activity delivered by the occupational health and wellbeing team.

7.3 All in-year key objectives were achieved and, with one minor exception, all elements of the statutory and mandatory inspection requirements within the operational estates function were met within the prescribed timescales. The Trust received two HSE improvement notices, which related to the management of needlestick exposures: Following the completion of remedial action, both notices were removed. The number of reported accidents and incidents reduced when compared to the previous reporting period. Only three major harm incidents occurred, all of which impacted upon property and service provision, rather than individuals.

7.4 The information gained from the health and safety audit activity, to date, further informed the key areas of priority associated with this current year’s programme of work, which are highlighted within the report: These are being actively pursued.

7.5 The report seeks to reassure the Trust Board that health and safety management is recognised by staff as being an important consideration, and one which is everyone’s responsibility. Awareness across the organisation is generally good, but ensuring that all staff receive regular training updates is challenging. Similarly, a number of issues associated with the size and age of much of the Trust’s estate, are placing additional demands upon the health and safety team. The recent provision of some additional resource will assist in this respect, but a wider review of capacity and capability is being undertaken by the executive lead.

8. **RECOMMENDATION**

8.1 The Trust Board is asked to note the contents of the annual report.

**Appendix:**

1. Statutory and Mandatory Inspections 2015/16

**Mark Power**  
**Director of OD and Workforce**

Report prepared by:

Chris Green, Head of Non-Clinical Risk
### Appendix 1: Statutory and Mandatory Inspections 2015/16

<table>
<thead>
<tr>
<th>ELEMENTS</th>
<th>STATUTORY/MANDATORY</th>
<th>JOHN RADCLIFFE HOSPITAL</th>
<th>CHURCHILL HOSPITAL</th>
<th>HORTON GENERAL HOSPITAL</th>
<th>NUFFIELD ORTHOPAEDIC CENTRE</th>
<th>PERIODICITY</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Risk Assessment</td>
<td>Statutory</td>
<td>☢</td>
<td>☢</td>
<td>☢</td>
<td>☢</td>
<td>Annually</td>
<td>☢</td>
</tr>
<tr>
<td>Asbestos Survey</td>
<td>Statutory</td>
<td>☢</td>
<td>☢</td>
<td>☢</td>
<td>N/A</td>
<td>Annually</td>
<td>☢</td>
</tr>
<tr>
<td>Electrical Installation</td>
<td>Statutory</td>
<td>☢</td>
<td>☢</td>
<td>☢</td>
<td>☢</td>
<td>5 Years - Fixed Installation Testing - 20% annual inspection</td>
<td>☢</td>
</tr>
<tr>
<td>Condition Testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas Natural Annual Gas</td>
<td>Statutory</td>
<td>☢</td>
<td>☢</td>
<td>☢</td>
<td>☢</td>
<td>Annually</td>
<td>☢</td>
</tr>
<tr>
<td>Safety Certification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Quality and Legionella</td>
<td>Statutory</td>
<td>☢</td>
<td>☢</td>
<td>☢</td>
<td>☢</td>
<td>Annually</td>
<td>☢</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELEMENTS</td>
<td>STATUTORY/MANDATORY</td>
<td>JOHN RADCLIFFE HOSPITAL</td>
<td>CHURCHILL HOSPITAL</td>
<td>HORTON GENERAL HOSPITAL</td>
<td>NUFFIELD ORTHOPAEDIC CENTRE</td>
<td>PERIODICITY</td>
<td>STATUS</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>---------------------</td>
<td>-------------------------</td>
<td>--------------------</td>
<td>-------------------------</td>
<td>-----------------------------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td>Lift Operations Examination Report</td>
<td>Statutory</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>Generator Maintenance and Testing</td>
<td>Mandatory</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>Pressure Vessels System of Examination</td>
<td>Statutory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>Piped Medical Gases Scheme of Examination</td>
<td>Statutory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>Hot Surfaces Risk Assessment</td>
<td>Mandatory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>Lightning Protection and Lightning Conductor Certification</td>
<td>Statutory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>ELEMENTS</td>
<td>STATUTORY/MANDATORY</td>
<td>JOHN RADCLIFFE HOSPITAL</td>
<td>CHURCHILL HOSPITAL</td>
<td>HORTON GENERAL HOSPITAL</td>
<td>NUFFIELD ORTHOPAEDIC CENTRE</td>
<td>PERIODICITY</td>
<td>STATUS</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------</td>
<td>-------------------------</td>
<td>--------------------</td>
<td>-------------------------</td>
<td>-----------------------------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td>Restrictor Risk Assessment or Survey Report</td>
<td>Mandatory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>Annually</td>
</tr>
<tr>
<td>PAT Testing</td>
<td>Statutory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Extinguisher Testing</td>
<td>Statutory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Lighting Testing</td>
<td>Statutory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Smoke Detector Testing</td>
<td>Statutory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>