Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 18 January 2023

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Title:	**Health and Safety Quarterly Update Report, July to October 2022**

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

Board Lead:	**Chief Nursing Officer**
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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 July 2022 – 30th September 2022.

2. The Health and Safety team has continued to develop health and safety processes to support the planned extension of scope of ISO 45001:2018 certification to include both the Churchill and the John Radcliffe hospital sites in the next certification audit (expected January / February 2023).

3. To support the effective implementation of health and safety processes, the Health and Safety team has collaborated closely with all clinical divisions to support the formation of Divisional Health and Safety Groups. Both SUWON and CSS Divisions have their groups in operation and have monthly meetings attended by representatives of each directorate. MRC and NOTSSCaN have their groups in development, with first meetings planned for November 2022.

4. Corporate Division has been included in the continual improvement of health and safety processes by collaboration with key departments, especially Estates and Facilities, Clinical Engineering, PFI Contracts team and, recently, the Procurement team. Monitoring of processes has included:

   - Control of contractor processes

   - Compliance with statutory testing requirements

   - Processes to improve the effectiveness of communication and awareness.

5. The structure of Corporate Division is not represented in any current Trust documentation or process that has been identified by the Health and Safety team. The Assurance team have work in progress to develop an 'organogram' for the Corporate Division to support continual improvement of communication and awareness of health and safety (and other) issues throughout the division

Recommendations

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

Contents

Health and Safety Quarterly Update Report, July to October 2022

1.   Purpose

1.1.   This report provides a summary of the most significant health and safety related matters during the reporting period and signposts new or emerging risks and opportunities that may not yet have been formally escalated through the Trust Risk Management process.

2.   Background

2.1.   This report continues the approach adopted by the Health and Safety team to limit reporting to the most pertinent updates and achievements during the reporting period, with 'business as usual' activities omitted unless of particular relevance to this report.

2.2.   The Estates and Facilities team and Occupational Health team continue to report through other routes and are not included in this report.

3.   Health and Safety Team Report

3.1.   The Health and Safety team has continued to monitor processes for health and safety required by the ISO 45001 standard, which is now established as the framework for the Health and Safety Management System, to ensure the Trust is as prepared as possible for the next ISO 45001 audit expected to take place in January / February 2023, and which will include both the Churchill (CH) and John Radcliffe (JR) sites.

3.1.1.   Although planning for the next ISO 45001 audit is focussed towards the CH and JR sites, process improvements have been implemented across all sites wherever possible, including where processes are managed by the PFI. The Trust's PFI Contracts team has worked very closely, and very effectively, with the H&S team to ensure suitable arrangements are in place in PFI managed areas and to ensure that any gaps identified have been addressed in a timely manner.

3.1.2.   Similarly, collaboration and regular meetings with University of Oxford (UO) H&S representatives has continued. This process has supported ongoing development of health and safety arrangements including updating knowledge for areas of shared occupation (to re-confirm areas of occupation after some relocations that arose during the pandemic period and subsequently) so that health and safety related hazards and risks

can be identified and then jointly monitored, managed and mitigated by both organisations.

3.2.   The SUWON and CSS Divisional Health and Safety Groups each request attendance by at least one representative from each directorate at the monthly group meetings, which has usually been achieved. This broad representation at meetings has supported improved communication and awareness of health and safety matters into the Divisions and across SUWON and CSS directorates.

3.2.1.   Both Divisions have used their meetings to:

- Receive updated information about health and safety (and fire safety) matters and updates about the implementation of the ISO 45001 standard

- Disseminate health and safety information throughout the Division

- Implement a workplace inspection process

- Request all Departments to complete a General Workplace Risk Assessment

- Create Divisional health and safety folders to retain documented information (supporting improved centralised access, not currently facilitated by a Trust Document Management System)

- Review the Divisional H&S Incident reports ahead of H&S Committee bi-monthly meetings, including setting actions as required to address themes or specific causes of incidents and to reduce incidents with harm outcomes.

- Review the Divisional Service Continuity Plan (SCP) compliance (SCP compliance is contained within bi-monthly Divisional Incident reports)

- Review risks escalated by departments or directorates

- Identify / share awareness of any new and emerging risks that have not yet reached formal escalation

3.2.2.   The H&S team has assisted MRC and NOTSSCaN with planning to establish Divisional Health and Safety Groups and to commence meetings in November 2022. An update will be provided in Q3 report.

3.3.   In line with the H&S team's philosophy to simplify and integrate processes where possible, the workplace inspection process checklist has been cross-referenced to the internal OxSCA audits conducted in clinical areas and updated to include 22 questions directly from the OxSCA question bank items, thereby supporting clinical areas to ensure

regular (ideally monthly) checks against these items and aid preparedness for OxSCA audits and inspections.

3.4. The Health and Safety team has provided advice to a number of departments and project groups, including the:

- Chief Nursing Officer's Business Manager in relation to the Lone Working Devices project

- Capital Projects team for Dignity fence / ambulance parking options at Emergency Department (ED), and for ED parapet fencing and vehicle / pedestrian segregation measures

- Estates / Capital Projects teams for H&S advice whilst refurb options are considered for ageing infrastructure at Manor House and continued use of the building in the interim

- Estates team to repair local exhaust ventilation equipment in University of Oxford laboratories

  3.4.1. One area for development noted at the last ISO 45001 audit included monitoring of contractors whilst working (i.e. sampling of some contractors to ensure they are working safely and in accordance with risk assessments and method statements submitted to the Trust before attending site). The H&S team has included the monitoring of contractors during their work as part of a suggested update to current procedures for the control of contractors provided to the Estates team. An update will be provided in Q3 report.

  3.4.2. The H&S team recommended the use of the 'SkyVisitor' electronic system (used by Estates to record contractor activity on sites) to the Clinical Engineering team and they have recently adopted this. The same system has been recommended to the Information Management and Technology (IM&T) team (a demonstration of the system is being sought for November 2022). An update will be provided in Q3 report.

3.5. The Health and Safety team issued an annual H&S audit to departments via the MyAssure app in October 2022. The H&S audit is a key tool for measuring compliance with the Health and Safety policy and procedures. It serves a secondary purpose to signpost department leads to key processes including hazard identification, risk assessment, safe systems of work and suitable information, instruction, training and supervision for all workers where these are not already in place.

3.6. Other new or significant activity conducted by the Health and Safety team during the reporting period is summarised in Table 1 below. Table 1

shows activity aligned to both ISO 45001 requirements (clauses 4 – 10 are auditable) and the 'Plan, Do, Check, Act' cycle.

Table 1: Health and Safety Achievements (July-September 2022)

ISO 45001 CLAUSES 4 -10	PLAN
4 Context of the organisation - Understanding the organisation and its context - The H&S management system and processes - Understanding the needs and expectations of interested parties	• H&S team collaboration with University of Oxford (UO) health and safety representatives has stimulated completion of a 'needs and expectations' document from the University. This will inform ongoing work between UO and OUH H&S teams and other relevant teams, e.g. OUH Estates and Facilities teams, Security, Emergency Planning. • The Health and Safety Management System has continued to be developed to meet the requirements of ISO 45001, with processes implemented at the JR site as well as the Churchill including: workplace inspections by departments; H&S team site inspections of communal and exterior areas; joint H&S team / PFI management site inspections.
Leadership and commitment - Leadership and commitment (to H&S) - Roles and responsibilities - Worker participation and consultation	• Divisional Directors of Nursing (DDoN) for SUWON and CSS chaired monthly Divisional Health and Safety groups, both attended by H&S and Fire Safety teams. • H&S team has supported DDoN (or Deputy DDoN) for MRC and NOTSSCaN with planning to commence Divisional H&S group meetings from November 2022. • The H&S team has used training sessions for managers to promote participation and consultation of non-managerial workers in local health and safety matters.
Planning - Actions to address risk and opportunities - Hazard identification - H&S objectives and planning to achieve them - Determine legal and other requirements	• H&S team supported the Occupational Health(OH) and IPC teams to develop a risk assessment (RA) and safe system of work for non-needle safe type needles (RA awaiting review by from head of OH). • H&S team organised 2 x ISO 45001 Lead Auditor training courses for H&S representatives from all clinical Divisions and other teams. This course provided trainees with understanding of the risk based approach used by ISO 45001 auditors, and included a live audit which required trainees to identify hazards and risks, nonconformities against the ISO 45001 standards and opportunities for improvement. A total of 20 staff completed the training. • H&S team completed training to use an electronic legal update service (legislation register) to support ongoing monitoring of Trust compliance with legal requirements and any changes to health and safety legislation that may affect the Trust.
Support - Resources - Competence - Awareness & Communication - Documented information	• The Managing Health and Safety course has been mapped to all staff up to Band 8D with direct reports. This training was approved for this audience by the Clinical Governance Committee as role based training and is planned to go live in November 2022. • H&S team members completed risk management training arranged by the Assurance Team and training for using the Ulysses system for risk management. • H&S team produced new H&S documentation – a Lone Working Risk Assessment and Lone Working Safe System of Work template, with associated guidance (to support the Lone Working Devices project); a suite of COSHH risk assessments for 'low risk' substances (to reduce the need for departments to produce these).
	DO
Operation - Operational planning and control - Eliminating hazards and reducing H&S risks - Management of change - Procurement - Emergency preparedness and response	• H&S team assisted Divisional Health and Safety Groups (SUWON and CSS) with improvements for operational planning and control (e.g. the use of policies and procedures; risk assessments and safe systems of work; competence of workers; inspection programmes etc.). • H&S team has supported Capital Projects team, Estates team and many departments to manage changes (which can introduce new hazards and risks), e.g. arising from new build or refurbishment projects, change of location, or change in local management (with H&S responsibilities).
	CHECK

Performance Evaluation - Monitoring, measurement, analysis and performance evaluation - Evaluation of compliance - Internal audit - Management Reviews	• H&S team has continued to support the Estates team to know the processes and documented evidence requirements of the ISO 45001 standards to support their preparedness for 2023 audit. • A similar consultation has been conducted with the Clinical Divisions and other teams involved in the previous audit, e.g. Clinical Engineering team. • The H&S team has supported the Acting Chief Assurance Officer to refine and confirm the Health and Safety Internal Audit programme for 2022/23.
	ACT
Improvement - General - Incident, nonconformity and corrective actions - Continual improvement	• The H&S team updated the Workplace Inspection checklist, to include some OxSCA audit questions, and to better support department managers with the process of identifying and eliminating hazards in the workplace and to implement corrective actions to address nonconformities. • Nonconformities from the January 2022 ISO 45001 audit have continued to be monitored and closed out as far as possible. Remaining nonconformities relate to process improvements that are in progress (e.g. sample monitoring of contractors whilst working; reviewing the process to ensure relevant electrical items are 'portable appliance tested' (PAT) as required; and ensuring display screen equipment (DSE) users complete DSE training and the workstation checklist).

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

3.7.1.   The risks and opportunities in Table 2 are not formally captured elsewhere and are, therefore, risks which may not yet have Board level awareness.

Table 2: Health and Safety Team: new and emerging risks and opportunities

Area of emerging risk / opportunity	Outline description LOW RISK MEDIUM RISK HIGH RISK	Potential impact	Opportunity	Additional Comments
Control of contractors	Processes for the control of contractors onboarded and managed by various teams in the Trust (e.g. Estates and Facilities, Clinical Engineering, IM&T and others) do not all use the same system (e.g. SkyVisitor) to record and monitor contractors on site.	There is a risk that some processes are not able to manage contractors in 'real time' (i.e. delays in updating non-electronic systems could introduce delay in information about contractors arriving or leaving site).	There is opportunity for all teams employing contractors to use a common electronic system (Sky Visitor). There is a further opportunity to investigate if the various teams can collate contractor information across Sky Visitor system (so all contractors can be monitored by all Trust SkyVisitor users).	The Health and Safety team has provided a suggested process for control of contractors to the Estates team for comment. Once agreed, this could be a template for all teams who manage contractors. The H&S team are continuing to support Estates, Clinical Engineering and IM&T to establish, implement and maintain robust processes.

4. Recommendations

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