

Trust Board Meeting in Public: Wednesday 11 July 2018
TB2018.68

Title	Health and Safety Annual Report 2017/18
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Status	For Information
History	Trust Health and Safety Committee Members, May 2018 Trust Management Executive, June 2018

Board Lead(s)	Professor Peter Knight Chief Information and Digital Officer			
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 2017 to 31 March 2018. The report 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 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.
3.	The Health and Safety team supported the coordination and completion of 17 statutory and mandatory inspections within the Operational Estates function. An ongoing program of departmental auditing continues with performance results provided to the Board on a quarterly basis.
4.	The reporting period saw a drop of 88% in the total number of reported accidents and incidents compared to the previous year from 4,209 to 4,121.
5.	During the reporting period the Trust received a Fire Enforcement Notice for level 0 at the John Radcliffe. The notice required the Trust to make specific improvements to the fire protection arrangements within a specified time frame. With support from the Trust Fire Safety Compliance Advisor, the Operational Estates team project managed the delivery of the works within the target date and the enforcement notice lifted.
6.	As with all public buildings fire compartmentalisation remains a priority, specifically cladding issues which have been identified on Trauma Building, JR Academic Block, West Wing / CHOX Building, and the Churchill Cancer Centre. Revised protocols have been formally agreed with the Fire Authority to ensure cladding issues are adequately monitored and the buildings remain safe for use by patients and staff. The upper floors of the Trauma Building are currently not being used for patient care services and detailed engineering design work is underway to assess the cost of correction to allow the Trust Board to take an informed decision on future use of the building.
7.	Additional resource has been embedded within the Health, Safety and Fire team to ensure proactive functions are achieved.
8.	The Trust Board is asked to review and note the contents of the annual report.

Health and Safety Annual Report 2017/18

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 2017 to 31 March 2018.

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. The arrangements used by the Trust are aligned with the principles of the guidance issued by the Health and Safety Executive (HSG65) which is represented by four key components of health and safety management: '*Plan, Do, Check, Act.*'

3. 'Plan'

- 3.1 In 2017/18 all key objectives were achieved to maintain health and safety standards within the Trust. Planned and additional objectives are summarised under principal themes, as follows:

Principal Theme	Key Objectives achieved in 2017/18
Fire Safety	Investigated best practice into high rise evacuation of healthcare premises, conducted gap analysis of our procedures and provided reporting setting out potential improvements including identification of structural fire resistance and flammable materials, e.g. cladding.
	Attended annual liaison meeting and hosted quarterly liaison visits with the Fire Authority in accordance with the agreed Memorandum of Understanding.
	Recruited and embedded a fire safety compliance advisor to support a range of proactive preventative functions and statutory duties. This included local departmental fire safety and evacuation tool box talks and planned fire risk assessments.
	Completed review of relevant fire risk assessments and updated fire risk assessment documents into a simplified and more comprehensive new format.
	Ensured all actions arising from Enforcement Notices issued by the Fire Authority were closed out fully to their satisfaction and on time by working with relevant Trust departments.

	Completed an annual training needs analysis for 2018 and developed and updated the training programmes to meet new emerging needs as necessary.
Operational Estates Health and Safety Management	Ensured all required statutory and mandatory inspections were prioritised and completed within prescribed timescales.
	Implemented water treatment measures, resulting in significant reduction in legionella being detected during testing.
	Conducted a review of the Trust asbestos register and identified areas requiring action, resulting in the submission of two business cases.
Manual Handling and Back Care	Improved workplace manual handling compliance via improved training and additional risk assessments.
Occupational Health and Wellbeing (COHWB)	The COHWB has continued to offer advice, support and treatment for staff experiencing health issues as a result of their work or impacting on their ability to work.
	The COHWB has worked closely with the Infection Prevention and Control Team to help identify, train and support areas which have been noted to have a high level of skin problems.
	Continuation of the Needlestick Safety Action Group and implementation of safety devices.
	Continued provision of health surveillance within the Trust e.g. skin, asbestos, IRR and COSHH.
Radiation Safety	Ensured all 'qualified advisors' prescribed within the relevant legislation were formally appointed and all regulatory inspections were completed within the specified timeframe.

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 Trust wide fire safety remains a key focus across all areas of operation. In addition to specific objectives achieved in 2017/18 (See 3.1), the following activities were undertaken:

- The Fire Safety Policy has been updated to ensure it reflects the Trust's aims and objectives to meet legislative requirements and is due to be submitted to TME for approval
 - Delivered statutory and mandatory fire safety training (both induction and refresher) for staff at all sites, along with Fire Incident Co-ordinator and Fire Marshal training
 - Continued to assist clinical departments in updating emergency evacuation plans and conducting fire simulation exercises
 - Continued to work with the Trust estates department, building owners and Fire Authority on cladding issues. This work is on-going at present
 - Attended an annual liaison meeting to review and update the Memorandum of Understanding with the Fire Authority on enforcement issues, inclusive of hosting quarterly liaison visits with them during the year.
- 4.3 Cladding issues on Trauma Building, JR Academic Block, West Wing / CHOX Building, and the Churchill Cancer Centre have been identified. Mitigation - revised protocols have been formally agreed with the Fire Authority to ensure cladding issues are adequately monitored and the buildings remain safe for use by patients and staff. The upper floors of the Trauma Building are currently not being used for patient care services
- 4.4 Fire alarm upgrades on the JR site are ageing and information provided on a historic basis regarding configuration is limited, however, the Fire team are working with Estates and contractors to support a timely and smooth transition.
- 4.5 The fire dampers in JR Women's Centre following investigation are damaged and currently locked open to allow the ventilation to function. However, in assessing the risk it is clear this would enable a more rapid spread of smoke and fire if not corrected. Mitigation – Operational Estates are to undertake the works to remedy the issue in 2018.
- 4.6 Arrangements for vertical evacuation of bed bound patients across the Trust estate have been reviewed. The Trust Fire team are working with departments to strengthen departmental emergency evacuation planning.
- 4.7 Collective issues have been identified relating to management of stores, waste and linen across the sites in all common areas, including external spaces. Mitigation – a working group led by the Director of Procurement and Supply Chain has been set up to strengthen the operational management of the common areas, with the JR Level 0 as the key priority.
- 4.8 Fire safety objectives for 2018-19;
- Continue to update the Trust fire procedures and arrangements
 - Work with Trust Governance and Assurance Departments to ensure all current fire safety risks are on relevant risk registers
 - Complete development of retrospective fire strategies for the Main Building, Women's Centre and Heart Centre at the JR, and the Medical Block at the Horton

- Continue to assist clinical departments in updating emergency evacuation plans and conducting fire simulation exercises
- Develop programme for practical fire extinguisher training, identify resources required and if these are provided introduce new practical course to selected staff in first year
- Commence first phase of the Fire Risk Assessment update programme across the Trust
- Continue to work with the Fire Authority on fire safety audits, practical exercises and local information gathering visits etc.
- Continue to work with the Capital Projects team and the Estates team to develop adequate fire safety arrangements for new and altered buildings.

Trauma Inpatient Unit Update

4.9 The Trust is currently investigating and preparing a fully costed remedial plan for the building to address all concerns about cladding and other fire safety measures for the premises for consideration of the Trust Board in due course. This report is due in the autumn of 2018.

To note: this building is not being used for inpatient service at this time having taken the advice of Oxford Fire and Rescue Service.

Operational Estates Health and Safety Management

4.10 The annual estates health and safety audit, carried out in conjunction with Operational Estates and their external Independent Advisor (IA) for health and safety, with review by the Health and Safety team, was recently completed. Overall it was consistent, with slight improvements in some areas, compared with recent years.

4.11 The Operational Estates and Health and Safety team have further developed the internal software tool (OPUZ12), which is used to enhance internal monitoring for specialist areas including statutory and mandatory auditing purposes. This tool will be used to generate data that will be used for quarterly reporting to the Trust Board.

4.12 With limited capital programme due to the Trust's fiscal position the funding of future legionella remedial works is at risk. Mitigation to raise the risk profile on the Trust's risk register and seek funding from the capital contingency budget if the risk assessment highlight the need for immediate action. During the reporting period, incidents of legionella detected within Trust water systems at both the John Radcliffe and Churchill has decreased considerably, likely due to the installation of a new copper/silver water treatment process; the ongoing annual programme of legionella remedial works; the regular servicing, inspection and testing regime undertaken by the in-house team.

4.13 At the end of 2017 the Fire Authority served the Trust with a Fire Enforcement Notice for level 0 at the John Radcliffe. The notice required the Trust to make specific improvements to the fire protection arrangements within a specified

time frame. With support from the Trust Fire Safety Compliance Advisor, the Operational Estates team project managed the delivery of the works to timely completion.

- 4.14 Over the years physical changes have been made to many of the Trust buildings and its fire protection systems. In light of the issues relating to the Trauma Building, it has been agreed with the Trust Fire Safety team, that a review will be undertaken. The review will take a further detailed look at the Trust's existing fire protection arrangements and how these are managed and will provide a gap analysis where improvements or changes need to occur. Mitigation - The Trust Operational Estates team are appointing an independent Authorising Engineer for Fire (HTM -005) to support the review.
- 4.15 The Trust has asbestos present in many of its buildings on all of its sites, which is not unusual in relation to the age of some of the estate. Annually inspections are completed on the condition of asbestos by an approved specialist company. The presence of asbestos impacts on delivery of capital projects and maintenance works by increasing the costs and time it takes to undertake what would otherwise be fairly straightforward. Mitigation - asbestos analysts and removals contractors are in place to address emergencies and small ad-hoc works. Large capital projects include costs to deal with asbestos removal as part of their business case. The Trust also maintains an asbestos register and this is updated on an annual basis, which operational estates will continue to facilitate.
- 4.16 A comprehensive 'permit to work' system supported by a Trust policy and procedure document is in place across the Trust. These documents are Estates related although require other directorates and departments to adopt the Estates "template" where applicable. Further work is needed to strengthen the departmental adopted permit to work system. Mitigation – Operational Estates will continue to monitor the compliance of the Estates permit to work system but will also require other departments to provide evidence that they have a robust system in place where permits to work are not directed through the Estates system.
- 4.17 The John Radcliffe is experiencing ever increasing pipework blockages and leaks, which are a combination of ageing and scaled-up pipework, plus blockages caused mainly by wipes. This does result in damage to the building fabric and the loss of patient and staff areas for periods of time due to foul water. Mitigation - A communications initiative has been implemented to ensure the public and staff refrain from disposing of wipes. Operational Estates will oversee a condition survey of pipework and present a prioritised business case to the Board for funding in due course.
- 4.18 The Operational Estates management team are facing challenges in recruiting staff despite the posts being advertised on three separate occasions without successful appointments. The shortage of managers has affected the department's capabilities and availability of Authorised Person`s (AP) for HTM specialisms such as medical gases, ventilation, lifts etc. Mitigation - recruitment work will continue for the vacant roles and the Operational Estates team have engaged with service contractors to provide interim AP cover.

- 4.19 Following the Trust Board's decision to close the Trauma Building at the John Radcliffe, the Operational Estates team were given a very tight timeframe in which to prepare ward 7F for occupation. The ward had previously been used for storage purposes and required considerable works. All works were completed over a 7 day period, working 24 hours a day in 12 hour shifts to achieve the target. All patients were successfully transferred to ward 7F on the 1st August 2017.
- 4.20 The main cooling towers at the John Radcliffe were replaced with a new adiabatic system, which more than doubled the Trust's current cooling capacity for the main block. The new system also greatly reduced the legionella risk by removing the site's only wet cooling system.
- 4.21 During February and March 2018 Oxfordshire experienced unusually low temperatures accompanied by snow and ice, which caused widespread disruption throughout the county. Presented with the challenges, Operational Estates kept all Trust sites open for business and safe for patients, staff and visitors to access.
- 4.22 Operational Estates' health and safety objectives for 2018-19;
- Develop internal auditing systems to provide assurance to the Board
 - Seek to campaign for legionella remedial works programme as required
 - Review fire safety systems in detail
 - Ongoing asbestos monitoring and removal
 - Monitor permit to work system and assist others with development of their bespoke system
 - Present drainage condition survey to the Board for consideration of funding plus conduct the communication campaign on not flushing wipes down the drainage system.

Manual Handling and Back Care

- 4.23 The back care team is responsible for the provision of up-to-date, evidence-based back care advice and manual handling training for all staff, both clinical and non-clinical, throughout the Trust. The advisory capacity of the team was limited throughout this reporting period and so mechanisms were put in place to signpost queries to appropriate managers across the Trust when required. Two new trainers were appointed to strengthen then advisory capacity in 2017 and have been able to refresh the approach to training.
- 4.24 During the reporting period, 1897 places were booked on training courses and 1365 staff attended, representing 72% utilisation of places booked. Training included induction for care support workers, nurses, midwives and allied health professionals; updates for clinical staff; Back Care Facilitator training and updates; and managers' responsibilities courses.
- 4.25 Training provision has been restricted over the last year leading to occasional cancellations or reduction in training capacity. Mitigation - The team are

seeking short term contracts and / or use of an external training company to be put in place.

4.26 Back Care Team health and safety objectives for 2018-2019;

- Streamline training provision to ensure flexibility and responsiveness to demand
- Improve the manual handling training environment for staff
- Secure funds for Hoverjack flat lift kits and associated spinal equipment
- Transfer management of bariatric equipment to Clinical Engineering
- Review and update the Manual Handling policy.

Centre for Occupational Health and Wellbeing (COHWB)

4.27 The COHWB has continued to offer advice, support and treatment for staff experiencing health issues as a result of their work or impacting on their ability to work. The following information will show the activity of the COHWB for 2017/18 (figures for 16/17 shown in brackets in the text below), identify key issues and highlight priorities for 2018/19. The report focuses on the 4 main work related issues: mental health, musculoskeletal, skin and exposure to body fluids.

4.28 The COHWB was instrumental in the Trust achieving the Flu CQUIN this year by vaccinating 70.2% of front line staff between October 2017 and February 2018. The COHWB worked alongside over 80 ward-based vaccinators to achieve this target which was nearly 5% higher than last year's figures.

4.29 The COHWB has successfully renewed SEQOHS accreditation for the second year running and have provided specialist OH advice regarding health surveillance to several departments, for example: use of chemicals for perfusionists, estates and legionella exposure and radio pharmacy concerns regarding ionising radiation exposure levels.

Musculoskeletal issues (MSK)

4.30 In 2017/18 there were 509 members of staff seen for MSK issues (529 in the previous period). This is split into 2 categories; Caused or made worse by work 211 (224); Not work related 298 (305), however this still impacts many individuals ability to undertake their work. CSS had the highest number of work related MSK issues as well as being the only division except corporate to have an increase this year.

4.31 COHWB has worked to reduce waiting times by introducing a fast track physio referral for staff to be seen and treated. Physiotherapy has been shown to have the most cost effective outcome of any employer funded employee intervention in terms of reducing absence costs. It was observed that in parallel there was a reduction in the average length of time staff are off sick with MSK issues to 4.53 days (6.38). The OH Physiotherapist delivered over 1150 treatment sessions to 539 (580) members of staff. The average waiting time to see an OH Physiotherapist is 8 days.

4.32 The Display Screen Equipment (DSE) online training programme has been accessed by 255 members of staff. Mitigation – further promotion of training will aim to capture all DSE users.

Mental health Issues (MH)

4.33 There were 532 (430) members of staff seen for MH issues, of these 284 (218) were caused or made worse by work. This is a 24% increase in MH cases seen / supported through COHWB with MRC and CSS having the highest increases. All employees now have access to an Employee Assistance Programme (EAP). The number of staff accessing EAP for counselling in 2017/18 was 440 (305), an increase of 40% from 16/17 and reflects the increases seen by the COHWB.

4.34 The COHWB has continued to run a well-received Health and Wellbeing programme for all staff including mindfulness courses and workshops with 1258 staff attending a workshop on resilience or improving mental health in the workplace. Although the number of staff off sick due to mental health issues has increased this year by 16%, the average duration has reduced to 12.13 (19.10) days.

Skin issues

4.35 In 2017/18 there were 95 (109) members of staff seen for skin problems, of these 73 (84) were caused or made worse by work. There has been a reduction across all the divisions, excluding corporate. The COHWB has worked closely with Infection Prevention and Control to help identify, train and support areas which have been noted to have a high level of skin problems. Mitigation - the COHWB is setting up a safety action group to address some of these issues and also identify a Trust wide health surveillance programme for all staff.

Exposure to Body fluids

4.36 The Needlestick Safety Action Group met quarterly to review the needlestick data and identify any areas of concern. During the year there were a total of 372 (424) exposures reported to COHWB. This is a decrease of 12% from 2016/17.

4.37 Areas currently under review include:

- The increase in the number of staff experiencing mental health issues
- Delayed access to treatment for non-work related MSK issues via Healthshare
- Lack of formal health surveillance for skin.

4.38 COHWB health and safety objectives for 2018-19;

- Maintain fast track access to MSK and mental health resources from the COHWB
- Work closely with First Care and the EAP to ensure that staff are signposted or referred to the most appropriate service in a timely manner

- Offer resilience and mindfulness courses and explore new programs to support staff mental wellbeing
- Increase the proactive service offered by the OH Physiotherapists to identify workplace issues and work with staff to decrease risk of MSK issues occurring
- Work with leading clinicians on issues that impact on staff health and wellbeing e.g. rostering, recruitment and retention and breaks within the working day
- Identify and continue a programme of specific health surveillance within the Trust e.g. skin, asbestos, IRR and COSHH.

Radiation Safety

4.39 The Radiation Physics and Protection Department of Medical Physics and Clinical Engineering (MPCE) develop and maintain a framework for radiation safety across all areas of the Trust. This framework is applicable to all staff using and working with radiation within the Trust, and is implemented via Directorates and monitored via the Radiation Protection Committee (RPC), qualified advisers required by statute and statutory safety training. The regulation pertaining to staff radiation safety, and their ongoing compliance with the regulations, is being managed via the Trust audit programme.

Regulatory changes

4.40 Revised Ionising Radiations Regulations (IRR17) were enacted on the 1st January 2018, replacing IRR99. The Trust was required to apply to the Health and Safety Executive (HSE) in order to be permitted to continue to use ionising radiations diagnostically and therapeutically under transitional arrangements after the 5th February 2018. MPCE obtained positive assurance, at Divisional level, that all Directorates using ionising radiation were compliant with agreed conditions of practice prior to submission on their behalf to HSE. Certificates to continue with radiation work were successfully received and work will continue to ensure compliance is maintained.

Regulatory inspections

4.41 In 2017/18, the Trust has been inspected by the HSE (IRR99), The Environment Agency and the Thames Valley Counter Terrorist Police (EPR 2016) and Office for Nuclear Regulation (CDG 2009).

4.42 IRR99 inspection: The HSE issued a notice of contravention pertaining to contingency arrangements and parity between risk assessment and local rules and issued prior advice relating to the management of equipment downtime. Actions have been managed with oversight by RPC. No formal close off has been received but it is understood that the HSE do not issue these as standard.

4.43 Environment Permitting Regulations 2016 inspection: The Environment Agency found both Churchill and John Radcliffe sites compliant with EPR and the management system well run and made minor recommendations.

4.44 CDG 2009 inspection: The inspection found aspects of the Trust's operations fully met the requirements but identified two Annex A Statutory Deficiencies and nine Annex B Areas for Consideration. Following actions undertaken by the Trust, these have now been formally closed out by the inspector.

4.45 A Trust wide Optical Radiation Policy was in final stages of ratification at Clinical Policies Group on the 6th February 2018.

4.46 Radiation health and safety objectives for 2018-19;

- Review of Trust documentation under IRR17
- MPCE aims to achieve external accreditation for its documentation management in summer 2018
- Embed statutory safety training into Trust Learning and Development processes and programmes
- Further embed the Trust Audit programme and strengthen process to provide assurances of compliance with the relevant regulations
- Support the Trust in improving radiation monitor wearing compliance amongst wearers.

5. 'Check'

Auditing

5.1 The Health and Safety team have commenced auditing of all departments using the recently procured OPUZ12 SMS auditing and documentation software. Auditing began at the end of January and OPUZ12 is continuously being customised to provide a platform for audit control with key data readily available within the dashboard for communication to stakeholders. Quarterly updates are being provided to the Board on progress and findings.

Health and Safety Policies and Procedures

5.2 During the reporting period, all documentation within the health and safety policies and procedures framework were reviewed and, where required, updated. A new driving at work procedure has been written and passed through the health and safety committee ready for submission to TME.

Accidents and Incidents

5.3 The total number of accidents and incidents reported in the reporting period was 4,121. This represents a decrease of 3% compared to the previous year. Table 1, below, shows that the majority (4,108 / 99.7%) of all accidents and incidents resulted in either 'no harm' or 'minor harm' being sustained. 'Moderate harm' resulted from 13 reported accidents and incidents.

5.4 Excluding the 'no harm' incidents, of the remainder, 157 related to assault and aggression; 143 to sharps needlestick and splashing; 107 to manual handling; 94 to slips, trips and falls.

Table 1: Reported Accidents and Incidents - 2017/18

Designator	No Harm	Minor Harm	Moderate Harm	Total
Contractors	37	6	0	43
Property	1,270	42	0	1,312
Staff	1,962	700	12	2,674
Visitor	66	25	1	92
Total	3,335	773	13	4,121

RIDDOR Reportable Incidents

5.5 The reporting period saw a total of 27 RIDDOR reportable incidents, compared to 25 in the previous year. A total of 4 incidents related to manual handling; 1 to exposure to harmful substances; 12 to slips, trips and falls, 1 to falling from a height, 1 to physical assault, 6 to another kind of accident, 1 to struck by moving object, and 1 trapped by something collapsing. All incidents were investigated to ensure that organisational learning was captured and follow up remedial actions were executed.

6 'Act'

6.1 In line with HSG65 '*Plan, Do, Check, Act*' the Health and Safety team have set out a continuous improvement action plan for 2018/19, based on information and data collated within the previous year, as follows in Table 2.

Table 2: Key Objectives for 2018/19

Action Plan for 2018/19	Produce new Trust health and safety strategy document.
	Provide IOSH (Institution of Occupational Safety and Health) training for Directors, Health and Safety Committee members, Departmental managers/personnel with significant health and safety responsibilities within their job role. A business case has been approved.
	Provide condensed version of IOSH managing safely/health and safety for managers training as requested within each Division.
	Conduct and act on findings of 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.
	Conduct initial market testing, feasibility and a business case for the implementation of a centralised quality management system to build capacity and capability for the team to have a monitoring function for document control relating to risk assessments across different

	departments of the Trust.
	Support the Estates' JR level 0 project through the Trust health and safety committee.
	Explore means by which to communicate permit to work (PTW) responsibilities and procedures across the Trust. In addition, the Health and Safety team will incorporate PTW procedures into the training packages being developed for Managers.
	Gain final approval of the Trust driving procedure from TME and Board ratification before communicating and publishing the procedure.
	Work with the Learning and Education Department to ensure statutory requirements for health and safety and fire training are incorporated within the Trust's framework of training provision.
	Commence internal benchmarking of health and safety performance, within the PFI and retained estate using a pre-determined compliance checklist.
	Scope out a satellite site health and safety questionnaire / audit ready to be completed upon receipt of all satellite site locations, contacts and relevant information from the Trust property management team.
	Continue planned programme of health and safety walk round inspections/tours across all sites with the Board Lead for Safety.
	Follow up via the Health and Safety Committee all actions agreed for completion in 2018/19 by relevant departments. All actions are detailed in Section 4 'Do' of this report.

7 Summary

- 7.1 During the 2017/18 reporting period, Board-level lead for health and safety management transferred to the Executive Director, (Chief Information and Digital Officer). The profile of the team continues to be raised and over the course of the reporting period its members worked closer with wards and departments in providing health and safety education, coaching, guidance and support for line managers and staff.
- 7.2 All in-year key objectives were achieved and, with one exception relating to local extract ventilation, which is being addressed; all elements of the statutory and mandatory inspection requirements within the Operational Estates' function were met within the prescribed timescales.
- 7.3 The information gained from the health and safety audit activity conducted to date further informed the key areas of priority associated with this current year's programme of work, highlighted within the report, which are being actively pursued.

7.4 The report seeks to reassure the Trust Board that health and safety management is recognised by staff as being an important consideration of their work, and one which is everyone's responsibility. Awareness across the organisation is generally good, but ensuring that all staff receive regular fire and health and safety training can be challenging given the size and complexity of the Trust along with workload pressures.

8. Conclusion

8.1 Significant improvements are being made in relation to the management of health and safety at the Trust and continue to have a strong and ambitious programme in place for 2018/19.

9. Recommendation

9.1 The Trust Board is asked to review and note the contents of the annual report.

Appendix 1: Statutory and Mandatory Inspections 2017/18

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Chief Information and Digital Officer
July 2018

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Appendix 1: Statutory and Mandatory Inspections 2017/18

 Compliance Achieved

 Compliance Achieved Outside of Required Timescale

 Compliance Not Achieved

ELEMENTS	STATUTORY / MANDATORY	JOHN RADCLIFFE HOSPITAL	CHURCHILL HOSPITAL	HORTON GENERAL HOSPITAL	NUFFIELD ORTHOPAEDIC CENTRE	PERIODICITY	STATUS
Fire Risk Assessment Review	Statutory					Annually	
Asbestos Survey	Statutory				N/A	Annually	
Electrical Installation Condition Testing	Statutory					20% Annually	
Gas Natural Annual Gas Safety Certification	Statutory					Annually	
Water Quality and Legionella Risk Assessment	Statutory					Annually	
Lift Operations Examination Report	Statutory				N/A	Annually	
Generator Maintenance and Testing	Mandatory				N/A	Annually	
Pressure Vessels System of Examination	Statutory					Annually	
Piped Medical Gases Scheme of Examination	Statutory					Annually	
Hot Surfaces Risk Assessment	Mandatory					Annually	

ELEMENTS	STATUTORY / MANDATORY	JOHN RADCLIFFE HOSPITAL	CHURCHILL HOSPITAL	HORTON GENERAL HOSPITAL	NUFFIELD ORTHOPAEDIC CENTRE	PERIODICITY	STATUS
Lightning Protection and Lightning Conductor Certification	Statutory	●	●	●	●	Annually	●
Restrictor Risk Assessment or Survey Report	Mandatory	●	N/A	●	N/A	Annually	●
Local Extract Ventilation Thorough Examination and Testing	Statutory	●	●	●	●	Annually	●
PAT Testing	Statutory	●	●	●	●	Annually	●
Fire Extinguisher Testing	Statutory	●	●	●	●	Annually	●
Emergency Lighting Testing	Statutory	●	●	●	●	Monthly	●
Fire Smoke Detector Testing	Statutory	●	●	●	●	Quarterly	●