

Trust Board Meeting in Public: Wednesday 10 July 2019

TB2019.77

Title	Health and Safety Annual Report 2018/2019
--------------	---

Status	For Information
History	Trust Health and Safety Committee Trust Management Executive

Board Lead(s)	Sam Foster, Chief Nurse			
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 2018 to 31 March 2019. 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. During the reporting period the Health and Safety team has continued to broaden its influence to better support all areas of the organisation, particularly clinical areas, with managing health and safety. The appointment of the Chief Nurse to Board Lead for Safety has proved highly effective for the Health and Safety team to facilitate the efficiency with which safety messages are transferred to clinical areas. In addition, health and safety surveys in these areas and the team's involvement with a variety of clinical safety action groups and committees have enabled improved collaboration with clinical departments.

Outcomes of health and safety surveys show 76% overall compliance with the survey criteria. Areas for improving compliance have been identified and are described in the main report. The surveys also identified a very positive level of willingness by staff for local health and safety management, but some lack of clarity was noted relating to particular roles and responsibilities in some areas; actions to address this are included in the main report.

3. During the reporting period the Health and Safety team identified ten key health and safety risks and implemented, or supported others to implement, actions to eliminate or reduce these risks. Two risks remain a concern to the team: 1) the accurate identification of all off site locations where the Trust operates (and where a duty of care is owed to employees at these locations) and 2) the level of vacant roles within Operational Estates and the potential for exposure to risks relating to critical services in the event of further Estates' management losses.

4. The team liaised with the Learning and Development team (L&D) to enable a 'Health and Safety for Managers' course to be added to the Trust's essential to role training framework. Further development for the provision of health and safety training included a number of bespoke seminars and courses for supervisors, managers and Board members. A number of positive outcomes arising from this training are reported in the main report.

5. The Health and Safety team have continued to participate in the sharing of benchmarking with other health care Trusts. Benchmarking conducted during the reporting period showed that Oxford University Hospital NHS Foundation Trust (OUH; The Trust) to be broadly in line with a large number of health trusts for policies and procedures relating to health and safety and for Trust structures. Where significant differences were noted, these have been reviewed and, where required, mitigating actions implemented. The team has submitted benchmarking data for accidents and incidents, including notifications made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013, (RIDDOR).

Data provided from OUH is broadly in line with previous returns and in the previous reporting period, RIDDOR notifications were below the benchmarking group mean average. Confirmation of 2018/2019 data has not yet been provided to the Health and Safety team but it is expected that RIDDOR notifications will fall below the group average for the current reporting period. It is felt by the Health and Safety team that a rigorous procedure for RIDDOR notification used at OUH reduces unnecessary RIDDOR notifications to the Health and Safety Executive (HSE) and this is described further in Section 5.

6. Throughout the reporting period the Fire Safety team have continued to address reactive fire safety issues and continued to work through planned fire risk assessments and reviews of emergency evacuations plans. The team has delivered statutory and mandatory fire safety training sessions and has supported ad hoc local training needs. The team has worked with all relevant Trust stakeholders, partners and the Oxfordshire Fire and Rescue Service to address fire safety concerns during the reporting period.

7. During the reporting period, a Fire Enforcement Notice and Fire Alterations Notice have been in force regarding ongoing fire safety patrols as part of the mitigation for potential cladding issues on the West Wing building. The Fire Safety team have continued to liaise with The Hospital Company (THC) to monitor that THC continue to comply with the Notices.

8. The report provides further information relating to key health and safety related activity undertaken with respect to: Operational Estates health and safety management; manual handling and back care; occupational health and wellbeing; and radiation safety. Other health and safety related information (for example, security and infection prevention and control) is reported within other reports to the Board and, to avoid duplication of reporting, is not detailed within this report.

9. The reporting period saw a small increase in the total number of reported accidents and incidents compared to the previous year from 4,121 to 4,367 (+ 6%). The top four categories of accidents and incidents remain consistent with 2017/2018 (needlestick and sharps; violence, aggression and harassment, manual handling and slips, trips and falls). Measures taken by the Health and Safety team to support reduction of the incidents in these categories are detailed in Section 5.

10. Health and safety objectives for 2019 / 2020 have been identified following a review of the work programme during the reporting period and are reported in Section 6.

11. Recommendation

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

HEALTH AND SAFETY ANNUAL REPORT 2018/19

1. Purpose

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 2018 to 31 March 2019.

2. Background and Context

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.

The Health and Safety Executive (HSE) are the regulatory body with responsibility for enforcing health and safety legislation. 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.

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.

The HSE provides guidance to support organisations of all sizes to effectively manage health and safety based on the principles of 'Plan, Do, Check, Act.' (PDCA). This is described in detail within the HSE's 'Managing for Health and Safety Guidance' (HSG65). 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.

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

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.

With the support of the Board Lead for Health and Safety, 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 surveys;
- 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.
- 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.
- 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

- 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 2018/2019 the achievement of this principal aim was supported by the achievement of a number of key objectives, which are summarised under principal themes, as shown in Table 1:

Table 1: Key Objectives 2018 / 2019

Principal Theme	Key Objectives
Health and Safety	Complete a programme of health and safety surveys, across all Divisions, in order to measure compliance for key health and safety requirements.
	Provide health and safety training for Board members and for increased numbers of local managers and ward leaders.
	Evaluate options for a suitable electronic quality management system to enhance monitoring and document control of key health and safety documentation across the Trust.
	Liaise 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 OUH retained estate.
	Follow up via the Health and Safety Committee all actions agreed for completion in 2018/19 by relevant departments.
Fire Safety	Continue to update the Trust's fire policy, 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 Women's Centre and the Heart Centre at the JR, and the Medical Block at the Horton General Hospital.
	Continue to assist clinical departments in updating emergency evacuation plans and conducting fire simulation exercises.
Operational Estates Health and Safety Management	Develop internal auditing systems to provide assurance to the Board.
	Seek to re-instate legionella remedial works programme.
	Present asbestos business case to the Board for funding.
	Review fire safety and present business case to the Board for funding.
	Monitor permit to work system and assist others with development of theirs.
Manual Handling and Back Care	Present drainage condition survey to the Board for funding.
	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.
Occupational Health and Wellbeing	Maintain fast track access to musculoskeletal (MSK) and mental health resources from the Centre for Occupational Health and Wellbeing (COHWB).
	Work closely with First Care and the Employee Assistance Programme (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	Review of Trust documentation under Ionising Radiations Regulations (IRR) 17.
	Medical Physics and Clinical Engineering (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.

4. 'DO'

Health and Safety

- 4.1 A work programme to meet key objectives for health and safety has been part of a wide range of activities undertaken by the Health and Safety team during the reporting period. Performance and achievements for key objectives and in other areas of principal activity, are summarised below:
- 4.1.1 A Trust health and safety strategy produced by the Health and Safety team was reviewed and accepted by the Trust Board.
 - 4.1.2 Health and Safety related policies and procedures were reviewed and updated where required.
 - 4.1.3 The Health and Safety team completed a programme of surveys for departments across all Divisions. A total of one hundred and six surveys were completed during the reporting period.
 - 4.1.4 Health and Safety training for Trust Board members was completed in February 2019.
 - 4.1.5 A series of Health and Safety training courses and seminars was provided throughout the reporting period. These courses were well attended by department managers, ward leaders and others with health and safety roles within the Trust.

- 4.1.6 A programme of health and safety strategy meetings commenced in April 2019. These meetings are led by the Board Lead for Safety, supported by the Head of Health and Safety and the Health and Safety team, and are attended by various representatives from teams and departments across the Trust. A cycle of health and safety strategy meetings will continue throughout the next reporting period.
- 4.1.7 The Health and Safety team completed training and a gap analysis to enable commencement of a programme of work towards achieving accreditation of ISO 45001, the international 'gold standard' of Occupational Safety and Health.
- 4.1.8 The Health and Safety team collaborated with the Learning and Development team to add a health and safety for managers course and courses for fire incident coordinators and fire marshals to the Trust's 'essential to role' training framework.
- 4.1.9 A number of electronic quality management systems were evaluated during the reporting period and a preferred system identified. However, planned replacement of the Trust's electronic accident and reporting system and a clinical assurance system recently acquired by the Trust have been added to the evaluation programme in order to ensure the most efficient and effective system is implemented within the next reporting period.
- 4.1.10 The Health and Safety team have regularly attended a number of groups and committees in order to provide competent health and safety advice across the Trust. These include: the Health and Safety Committee; PFI Committee; Projects, Compliance and Coordination Committee; JR Level 0 User Group; Needlestick Safety Action Group; Genetically Modified Organisms Safety Committee; Ligature Safety Action Group; a number of Operational Estates Committees (e.g. water safety; asbestos safety; lift committee); and weekly attendance at Serious Incidents Requiring Investigation (SIRI) meetings.

Fire Safety

- 4.2.1 Trust wide fire safety remains a key focus across all areas of operation. In addition to specific objectives achieved in 2018/19 reported above, the fire safety team have completed a wide range of additional activities during the reporting period to ensure the Trust is meeting statutory requirements and in response to ongoing fire safety needs.
- 4.2.2 Trust fire procedures and arrangements have been continually updated, including: fire safety policy, fire safety arrangements and procedures, emergency evacuation plans, risk assessments, fire strategies for buildings where required and fire safety training.
- 4.2.3 All significant fire safety risks have been identified and work is in progress with relevant departments to escalate these to relevant Trust risk registers.
- 4.2.4 The Fire Safety team continue to liaise with all relevant partners and external agencies to mitigate risks and to resolve the fire safety issues associated with external cladding on some Trust buildings (West Wing CHOX building, Churchill Cancer Centre and the JR Academic Block) of the aluminium containing material (ACM) type, which presents a particular fire safety risk.
- 4.2.5 All fire strategies for the Main Building, Women's Centre and Heart Centre at the John Radcliffe Hospital (JR) and for the Medical Block at the Horton General Hospital (HGH) have been completed in draft form. These are currently being reviewed and assessed prior to issue.

- 4.2.6 The Fire Safety team has provided support for emergency evacuation planning, evacuation drill practise, simulation exercises and additional training where relevant, e.g. ski-sheet training for HGH Medical Block.
- 4.2.7 Fire extinguisher training has commenced at HGH and for fire response teams on all sites.
- 4.2.8 All desktop annual reviews of fire risk assessments were completed during the reporting period.
- 4.2.9 Audits with the Fire Authority have been completed for JR and Churchill (CH) to date.
- 4.2.10 The Fire Safety team has continued to work with the Capital Projects team and the Estates team to develop adequate fire safety arrangements for all new and altered buildings work currently completed during the reporting period and currently in progress.

Operational Estates

4.3. Development of internal auditing system to provide assurance to Trust Board

- 4.3.1 Internal audits are undertaken annually by independent Authorising Engineers/Independent Advisors and actions plans developed. Actions plans are reviewed on a quarterly basis and escalated to the Director of Estates & Facilities for action or entry onto the Operational Estates section of Health Assure, Trust risk management software.

Note: Premises Assurance Model (PAM) is the NHS software (not mandatory) used to provide assurance to the Board; currently there is no available funding or resource to adopt and develop this model. However it should be noted that the CQC appears to be moving towards a position where the information provided by PAM becomes mandatory.

- 4.3.2. **Re-instatement of Legionella remedial works programme**
The programme has been restarted and is being partially funded from capital and revenue sources.
- 4.3.3 **Fire Safety business case**
To assist with the production of the business case a specialist fire consultancy was commissioned to undertake an initial Audit of all fire safety systems trust wide. This appointment however was put on hold by the previous Interim Estates & Facilities Director, pending re-drafting of the brief.
- 4.3.4 **Asbestos**
Following a review by an external specialist asbestos consultancy a business case was developed and a case made for a five year rolling programme to address the outstanding asbestos issues plus the engagement of an Asbestos Manager and a Deputy. Following the approval to proceed by Trust Business Planning, these appointments have been put on hold by the previous Interim Director of Estates & Facilities, pending a decision to proceed.
- 4.3.5 **Monitoring of Permit to Work system**

Meetings and ad-hoc workshops have been arranged by Operational Estates in conjunction with the Health & Safety team. Ongoing support has also been made available for those departments requiring additional help setting up their own permit to work systems. Operational Estates are currently searching for an online system that could replace their paper based system which could also be used trust wide.

4.3.6 **Drainage Condition Survey**

A condition survey undertaken by the Oakleaf Group has identified and quantified the drainage issues. This information has been incorporated into an Infrastructure re-newel business case for funding consideration. The awareness campaign regards not flushing wipes down the drainage system is on-going.

4.3.7 **Operational Estates issues:**

4.3.8 **Recruitment**

The Operational Estates team are under considerable pressure due to the vacancy of five senior management posts remaining unfilled. Two key management posts have remained vacant for over 6 months.

4.3.9 **Responsible Persons**

Due to recent management changes at trust board level, clarification is required as to who will take on the duties of Trust Responsible Person for Estates issues as per the NHS Health Technical Memorandums (HTM) and other key regulations such as the Control of Asbestos Regulations 2012. This risk has been entered onto the Estates Risk Register and has been escalated to the Interim Director of Estates & Facilities.

4.3.10 **Authorised Persons**

NHS Health Technical Memorandums (HTM) requires the Trust to appoint Authorised Persons (AP`s) for differing specialisms such as; medical gases, water systems, lifts, ventilation, electrical etc. Only these appointed persons are authorised to work on Trust systems. Due to the ongoing level of management vacancies, the numbers of available AP`s has fallen below acceptable safe levels. There is a distinct possibility that patient service will be affected should the vacancies remain unfilled in the short term. This risk has been entered onto the Operational Estates Risk Register and has been escalated to the Interim Director of Estates & Facilities on a monthly basis.

4.3.11 **Interim Director of Estates & Facilities**

The former post-holder left the Trust at the end of April 2019 and the new Interim Director of Estates took up the post on the 1st May 2019.

4.3.12 **Unauthorised connections into hospital infrastructure**

There have been a few incidents of unknown and unauthorised persons accessing and connecting into hospital infrastructure without the correct Risk Assessments, Method Statements and appropriate Permits to Work. This is less frequent than in the past but this still occurs from time to time. Actions have been taken by Operational Estates to prevent unauthorised works

taking place however this only applies to works that they have been made aware of by members of staff or are noted during unscheduled inspections.

4.3.13 **Achievements:**

Annual Estates Health & Safety Audit, undertaken in conjunction with external Independent Advisor was recently completed for John Radcliffe & Churchill (*Feb 2019 - 84.31%*) with the Horton Hospital (*Feb 2019 - 92.02%*). Both scores have dropped marginally when compared with their previous 2018 levels JR/CH - 85.21% & HH – 94.79% respectively. Actions plans have been developed and are being progressed to improve scores in areas such as specialist training.

4.4. Manual Handling and Back Care

- 4.4.1. 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. Once again the team have had a year that has involved a number of changes to staffing, leading to ongoing challenges within the service. However we now have 2 new back care advisors working alongside our trainers as well as a newly appointed team leader due to start in June 2019. It is therefore anticipated the team will be in a much stronger position to move forward this year in order to strengthen the service.
- 4.4.2. Our training team are now providing a more flexible approach to training. Mandatory clinical induction training remains a central part of our provision, and additional support was gained through an external training company for some of this year to ensure our provision was not compromised through reduced staffing in the team. In addition to this, more bespoke training is being offered to specialist areas and Back Care Facilitators to enable teams to be trained together and we now have a dedicated trainer for therapists. Being able to address specific local manual handling issues in these ways has received positive feedback.
- 4.4.3. The manual handling training room in the stable block at the JR has been refurbished, now providing a more welcoming and suitable environment for staff. Additional training space at the Horton Hospital is used at regular intervals by the team.
- 4.4.4. The team were able to secure charitable funding for 2 Hoverjack flat lift kits (including spinal boards) during the year. There is ongoing work to ensure this equipment is made available on all 4 main hospital sites.
- 4.4.5. The Manual Handling Policy has been updated this year.
- 4.4.6. Throughout this year, 1590 training places were available, 1394 booked, and 1209 attended, representing 76% utilisation of available places. Training has included induction for Care Support Workers, Nurses, Midwives and Allied Health Professionals, Updates for clinical staff and Back Care Facilitator training.

Current health and safety issues

- The Back Care Team has a range of centrally-stored bariatric equipment for clinical use. On the JR site this is currently located in the old trauma centre. The team are continuing to seek financial support for this equipment management function to be moved across to the clinical engineering team.
- We continue to seek funding to purchase a *Hoverjack* flat lifting kit for each hospital site to enable the safe lifting of fallen patients with suspected injury.
- We are working with clinical engineering to review the hoist equipment being used across the Trust. Some of these items are old and will be requiring replacement.
- We will be commencing a review of key elements of our mandatory training programmes over the coming months to ensure they remain fit for purpose.

4.5. Centre for Occupational Health and Wellbeing (COHWB)

4.5.1. COHWB delivers services to protect and promote the health and wellbeing of the OUH Trust workforce, ensure compliance with relevant health and safety legislation, report health and safety breaches and support HR in reducing sickness absence and staff turnover. This report outlines our health and safety related work undertaken in 2018-2019 although a significant proportion of our work also supports the Trust Human Resources service but this work is outlined elsewhere.

Occupational Health activities to prevent work-related ill health in employees. Immunisation of staff against work related infectious disease:

4.5.2. The current immunisations offered to staff on a risk assessment basis include: Hepatitis B, Meningococcus (Laboratory Staff), BCG (high risk staff), MMR, VZIG, Typhoid, Hepatitis A and DTP.

Hepatitis B vaccination issues:

4.5.3. After nearly 2 years of reduced/restricted Hepatitis B supply worldwide this immunisation is now available. We require an urgent catch-up programme for employees; however the immunisation backlog stands at circa 2364 doses for first doses (the schedule for Hep B vaccination is 3 or 4 doses plus serology) on top of our regular vaccination programmes which have also seen shortages. With no additional resources to undertake this, the catch up is progressing slowly and may take several years to complete.

Rapid assessment and management of needlestick injuries:

4.5.4. Any needlestick sharps or splash incident or injury involving possible exposure to Blood borne viruses is managed within a 72 hour time frame. Employees have 24 hour advice access via the Occupational Health team or on-call Microbiology team (depending on time of contact). In 2018-2019, 416 (372) injuries were reported and managed by COHWB; this is a 12% increase on the previous year. As part of the follow up process, OH requests

root cause analyses of high risk needlestick injuries and those where injuries are sustained by ancillary staff such as domestics or porters. During 2018/2019 OH highlighted inappropriate practice via the Sharps Safety Action Group after it was identified that in some areas safe needle systems were being disabled due to difficulties with carrying out procedures with guards in place. This was raised with the area at the time. Unfortunately a second incident did occur shortly after this but following this, an exemption risk assessment was submitted to the SAG for approval, allowing the use of non-safety devices for specific procedures where a safety option is not possible.

- 4.5.5. The Needlestick Safety Action Group aims to meet quarterly but only two meetings occurred in the reporting period. The role of this group is to review the needlestick and sharps data and identify any areas of concern. The following are highlighted as areas for further action:
- 4.5.6. Monitoring the use of non-safe needles and ensuring a risk assessment has been completed if there is an exemption required e.g. research programmes and radiology.
- 4.5.7. Continuing training in the use of needle safe insulin pens in all areas, as the number of exposures due to this cause continues to be a concern.
- 4.5.8. Further work is planned to explore options in relation to training and the exemptions.

Acute assessment and management of musculoskeletal symptoms in relation to work with rapid access physiotherapy for injuries caused / exacerbated by work

- 4.5.9. Rapid access to physiotherapy and case management reduces employer liability costs and improves return to work times in work-related musculoskeletal disease. In 2018/19 there were 460 members of staff seen and advised for MSK issues by the OH multi-disciplinary team (509 in the previous period). The reasons cited when seen are separated into 2 categories; Caused or made worse by work 186 (211); not work related but impacting on ability to undertake work: 274 (298). A further 600 employees (539) received an initial physiotherapy treatment appointment with 438 review appointments also attended. The average waiting time to see an OH Physiotherapist is 13 days.
- 4.5.10. Display Screen Equipment on-line training is now mandatory for the Trust and as a result, COHWB is providing managers with increasing support regarding appropriate ergonomic adjustments. There were 60 workplace assessments completed across the OUH for teams and individuals with complex ergonomic issues.
- 4.5.11. A bid for funding for an MSK prevention plan for theatres was unsuccessful for a charity grant (£3k) but options for this continue to be explored via alternative sources.

On-going employee health surveillance programmes as per COSHH Regulation 11 to identify early signs of ill health caused by work e.g. for work with Ionising Radiation (Radiopharmacy), Formaldehyde (Chemical Pathology) enzymatic detergents (Endoscopy), work with other sensitisers (Orthotics, Estates,) respiratory irritants (Perfusionist Team)

4.5.12. Skin surveillance: COHWB has taken significant steps to improve the training, rapid assessment and management of skin issues caused by work, including production of a training video, a new in house management process and direct referral to Dermatologist for complex/severe issues. All new cases of work related dermatitis generate a detailed advice sheet for managers regarding improving ward practices. In 2018/9 there were 80 (95) members of staff seen for skin problems, of these 40 were categorised as “*made worse by work*” and 8 “*caused by work*” (73 total for these two categories in the previous reporting period). Since the training video was introduced it has been viewed 6500 individual times as well as being viewed in the Brookes healthcare training induction programme.

4.5.13. There has been a reduction in occupational dermatitis across all the divisions, excluding corporate. The COHWB works with Infection Prevention and Control to help identify, train and support areas which have been noted to have a high level of skin problems as identified by COHWB case monitoring. However some significant organisational issues exist which if addressed could reduce occupational dermatitis further, in particular:

- Removal of irritant foaming on wall alcohol gel dispensers which contain detergent. Many other UK trusts have removed these from their stock and replaced them with non-foaming alcohol gel with considerable staff benefit
- Inconsistencies in the provision of moisturisers between areas
- Lack of a formal ward-based skin surveillance programmes

COHWB is in the process of setting up a skin safety action group to address these issues.

Work-related stress

4.5.14. In 2018-2019 713 (532) members of staff were seen for mental health (MH) issues, of these 291(284) were caused or made worse by work. This is a 2.5% increase in MH cases seen. Comparison of divisions is not possible due to changes in structures but from a statistical point of view, NOTSS, SUON and MRC have seen similar appointment levels: 178, 173 and 157 respectively. Management referrals for stress, anxiety and depression continue to be the most common reason for referral and this is mirrored by the sickness absence data provided via Firstcare.

Employee Assistance Programme (EAP)

4.5.15. Usage continues to increase with the number of staff accessing the service for counselling in 2018 totalling 518 (440), an increase of 17% from 17/18 and reflects the increases seen by the COHWB.

4.5.16. Wellbeing: The COHWB runs a 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. The following is a summary of COHWB mental health initiatives/activities:

- Stress management courses
- Line management training in “creating a mentally healthy workplace”
- Mindfulness courses x 3 per year
- Resilience training within teams
- Induction session on raising awareness of mental health and emotional wellbeing *start well stay well* sessions
- COHWB has been working as part of a *sleep and rest* group exploring to find ways of improving staff rest and sleep options
- Launched and promoted Think, Pause, Recharge campaign

4.5.17. In addition the COHWB continues to promote increasing physical activity and healthy lifestyles by:

- Raising awareness in monthly newsletters
- Offer a range of opportunities for staff to engage in physical activities on site.

4.5.18. *Managing stress building resilience* team sessions have been requested by both managers and practice development nurses and have been well received. There is now a waiting list for this training.

4.5.19. Nursing staff from the COHWB plus 4 divisional nursing colleagues attended Mental Health First Aid training aimed at improving the understanding of factors affecting mental health, providing a better understanding of signs and symptoms for a range of mental health conditions and in particular understanding the mental health first aid measures to consider for someone experiencing a mental health crisis. Further work is planned with regard to this as part of the wider Mental Health Framework including improvement of our website guidance for managers dealing with an acutely suicidal member of staff.

4.5.20. Induction of new clinical staff now includes a shorter “awareness raising” session on managing stress building resilience called “*start well stay well*” including sign posting to resources. 1545 staff attended these sessions from April 1st – March 31st 2019.

4.5.21. Stress next steps:

- The Trust Policy for Managing Work – Related Stress is being revised. As it is 42 pages long COHWB have developed a briefer manager’s resource to summarise action points to support distressed staff.
- COHWB are concerned that staff who are off work experiencing work-related stress are not able to access any of the Trust information and resources to help them manage this because this is all sited on the Trust Intranet which is not accessible from outside of the Trust

COHWB recommends that steps are taken to identify how our staff can access Trust specific employee health and wellbeing guidance from home as well as work.

- OH is working with divisional representatives to improve signposting and structure to mental health advice across the Trust.

Prevention of harm to patients from employee health issues

4.5.22. In 2018/2019 COHWB screened a total of 4528 employees' at the pre-acceptance stage. Assessment includes consideration of general fitness for work, and screening for serious communicable disease, addictions and serious mental health issues.

4.5.23. Assessment of staff with complex mental health matters requires liaison with their treating specialists, production of relapse management safety plans for fluctuating complex mental health disease and arrangement of on-going support and advice regarding fitness for work.

Flu Programme

4.5.24. For the 2018/2019 flu programme was 67% for frontline staff. This is an 8% decrease in uptake from the previous year's programme. The target set for 2019/2020 is 80% of frontline staff and a working party is being set up to address the issues/challenges identified from this year's programme.

Other matters:

4.5.25. The COHWB again successfully renewed its SEQOHS (Safe Effective Quality Occupational Health Services) Royal College of Physicians' accreditation.

4.5.26. GMO work advice – The COHWB is being asked to provide increasing levels of advice to research groups undertaking trials involving genetically modified organisms. All such work is accepted by Research and Development. COHWB senior physician feels that this increased demand for advice is in part due to the lack of a Trust Biological Safety Officer. Although the trials generally involve highly attenuated organisms that are unlikely to cause human health effects the lack of a single appointed Biological Safety Officer is likely to lead to poor oversight of such work in the Trust and is not a safe arrangement for the amount of research work being undertaken. This also results in the COHWB senior physician being used to act as a BSO which is not possible. The senior physician has written to the chair of the Trust GMO committee and R&D about her concerns.

4.5.27. Staffing and funding issues: The COHWB continues to experience a shortage of consultants with only 0.6 FTE since the departure of two part-time consultants in 2018. Two rounds of recruitment failed to have a single applicant. A third recruitment round is in progress. The loss of 1/3 of the COHWB clinical space in 2016 and year on year funding cuts has contributed to the resignation of the lead clinician/management team in April of this year. The service remains underfunded relative to other similar Trusts and the lack

of space continues to impact on our ability to deliver essential Trust health related services.

4.6. Radiation Safety.

4.6.1. The Radiation Physics and Protection (RP&P) 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 using and working with radiation within the Trust, and is implemented via Directorates and monitored via the Radiation Protection Committee, qualified advisers required by statute and statutory safety training. The regulations pertaining to staff radiation safety are outlined below and their ongoing compliance with the regulations is being managed via the Trust Audit programme:

- Environmental Permitting Regulations (EPR 2016) - govern the receipt, use and disposal of radioactive materials, and is regulated by the Environment Agency and Office for Nuclear Regulation.
- Ionising Radiations Regulations 2017 (IRR17) - govern the ionising radiation safety of staff and members of the public in the workplace. It is enforced by the Health and Safety Executive (HSE) in the UK.
- 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.
- Carriage of Dangerous Goods 2009 (CDG 2009) - governs the safe transport of radioactive materials in the workplace, and is regulated by the Office for Nuclear Regulation.

Regulatory inspections

4.6.2. In the report review period, the Trust has been inspected by the Environment Agency and the Thames Valley Counter Terrorist Police (EPR 2016), on the 6th of March 2019. No non-compliances were found but required actions were issued in their report. These included:

- the requirement for holding live electronic records Trust wide,
- ongoing matters relating to drains in the Cancer centre,
- actions relating to the main waste store at the Churchill Hospital,
- a required permit variation to the Churchill site Permit due to increase in some special therapies.

Radiation Safety Policies update

4.6.3. A Trust wide Radiation Protection Policy is in final stages of ratification at Clinical Policies Group and at Trust Health & Safety Committee in May 2019. Key Updates include – compliance with the HSE Graded Approach system and the requirements for Outside workers; strengthening of the

responsibilities on managers and staff for radiation badge wear compliance; the removal of Optical Radiations as they are now covered by the Trust Optical Radiation Protection Policy; and the addition of the requirements under Control of Electromagnetic Fields at Work Regulations 2016 as relates to the use of Magnetic Resonance imaging (MRI) and ultrasound devices only.

4.6.4. A Trust wide policy for the Transport of Radioactive Materials is in place.

Radiation Protection Training

4.6.5. RP&P are responsible for the training of staff in a wide range of ionising and non-ionising radiation subjects. The Trust Governance committee made radiation training 'Essential to Role' on the 11th October 2017.

4.6.6. Therefore, where staff work directly or indirectly with radiation, e.g. as normal part of their role or that they may come into contact with Controlled Areas due to their role - it is imperative that they undertake the appropriate RP training. Each Division is responsible for the governance of this.

eLMS hosted training

4.6.7. Several E-Learning assessments have been made available on eLMS. This was with the close support of the Learning and Development team.

Benchmarking

4.6.8. Unfortunately we are unable to assess how many persons *should* be completing each course, although for Basic Radiation Protection module, as required under IRR17, it has been estimated to be ~1500 – 2000 staff members. As of April 2019, 923 members of staff have passed the course since going live. Divisions are responsible for ensuring that their radiation workers, or those that work in close proximity to radiation controlled areas, receive this training.

Training for outside workers under IRR17

4.6.9. This is being managed via a Survey Monkey hosted presentation and an accompanying quiz that they must pass to assure competence. As of April 2019, there have been 15 persons completing the training with average score of 93%. The responses are mainly from locum staff so no other Outside workers have yet been captured, such as industrial applications specialists.

4.6.10. Directorates are reminded to ensure that Outside Workers such as an engineer or applications specialists, where the Controlled Area is not handed over to them, complete this training prior to working in the Trust.

Training for laser safety

4.6.11. Laser Core of Knowledge training (MHRA requirement for Authorised Users) is delivered via E-Learning for Health. New staff will be required to complete

and pass this course before equipment and procedural training takes place. It cannot be linked at this time via eLMS.

Classroom based training

- 4.6.12. As well as provision of eLearning materials and eLMS booked classroom sessions, RP&P have trained an additional 300 staff members in their required subject areas in 2018.

Medical Physics and Clinical Engineering certification to ISO 9001:2015 standard

- 4.6.13. The department successfully achieved ISO 9001:2015 accreditation in November 2018. ISO 9001 is an international standard that focuses on quality management principles, helping us to continually improve through: internally auditing; tracking the effectiveness of key areas of our services; controlling our documentation; boosting customer satisfaction; managing risk; and emphasising leadership.

Trust Audit programme

- 4.6.14. The Trust audit programme for radiation assurance is ongoing to assure compliance with the regulations listed above. The 2019 Audit programme was agreed at Radiation Protection Committee (RPC). The aim of the programme is to assure compliance audit actions should be embedded in existing Governance structures within the reporting Divisions.
- 4.6.15. To assure compliance, audit actions should be embedded in existing Governance structures within the reporting Divisions. Audit action points have not been communicated back so it is unclear if these management structures have been put in place effectively by Divisions.
- 4.6.16. Audit tools are written by RP&P are cascaded Divisionally to the appropriate auditor who is expected to respond within the agreed timescale. Where audits do not apply to a particular department, auditors are expected to respond with confirmation of such and this is recorded. Non returns are recorded. Where audits are not returned in the agreed time period, a reminder email is sent out Divisionally.
- 4.6.17. Where reports have been generated they have been distributed Divisionally. These reports contain relevant actions addressing any non-compliances or issues raised in each area that participated in the audit. Results are analysed by RP&P and actions issued in liaison with local clinical governance leads where appropriate. Once these actions have been completed, evidence will need to be provided in order to sign the action off as 'complete' on the audit action log.
- 4.6.18. However, to date action feedback has generally been poor. This must be addressed via existing Governance structures and communicated back to RP&P.

4.6.19. The audit schedule has seen some slippage and analysis has taken some time due to resource issues. However, RP&P have now offered the position of Radiation Assurance manager who we hope to be in post prior to September 2019. This post will provide managerial and operational support to the audit programme and help considerably with resource. The department is also testing audit software to help to streamline the audit process.

4.6.20. Health and Safety Objectives

Period 1 st April 2018 to 31st March 2019	Outcome
Review of Trust documentation under IRR17	Reviewed and ongoing
MPCE aims to achieve external accreditation for its documentation management in Summer 2018	Achieved in November 2018
Embed statutory safety training into Trust Learning and Development processes and programmes	Achieved
Further embed Trust Audit programme and strengthen process to provide assurances of compliance with all the relevant regulations	Achieved and improvements to process are ongoing
Support the Trust in improving radiation monitor wearing compliance amongst wearers	Employee responsibility strengthened in Trust Radiation Protection policy. Still evidence of poor compliance amongst some staff groups. Exploring avenues to help raise compliance levels but requires Divisional and Directorate level action.

5. 'CHECK'

Health and Safety surveys

- 5.1. During the reporting period, the Health and Safety team completed one hundred and six surveys, 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 survey process indicated a reasonable level of health and safety compliance, overall, and evidence of good, and some excellent, practice in many areas.
- 5.2. The surveys highlighted observable improvements towards a positive attitude to health and safety by many managers and ward leaders across all Divisions and a general willingness by managers and ward leaders to develop their understanding for health and safety responsibilities and to seek assistance and support from the Health and Safety team where required.
- 5.3. A review of the survey process identified some areas where the process could be developed to improve compliance for the next cycle. These include:

- Developing information and resource packs for managers and ward leaders to support them to produce risk assessments and locate relevant health and safety information.
- Further development of health and safety training provision for managers, to include increased availability of classroom based training, a new E-Learning 'Health and Safety for managers' course available via E-LMS and bespoke training to meet the needs of groups and individuals as required and as requested.
- Development of the survey process to incorporate some self-assessment by clinical ward leaders to enable a much larger data capture of compliance across the Trust.
- Development of the survey tool to ensure survey items are within a manager / ward leader's expected health and safety knowledge and understanding (for example, remove some items related to more specialist knowledge about the maintenance and testing of equipment).

Health and Safety Culture

- 5.4. Throughout the reporting period, the Health and Safety team have noted observable improvements in the development of a positive culture for health and safety throughout the Trust.
- 5.5. Evidence of an improving culture for health and safety has included:
- Requests to the Health and Safety team for unscheduled health and safety surveys from departments who have wanted a health and safety survey to be completed for their areas.
 - Managers and ward leaders seeking further advice and support from the team to implement knowledge gained during health and safety training courses
 - Increasing numbers of staff attending health and safety training and seminar sessions throughout the year.
 - The development of executive level leadership for health and safety, including Board level training and health and safety focussed Board seminar sessions
 - Board level identification of safety related functions within executive and senior management roles.

Health and Safety Policies and Procedures

- 5.6. During the reporting period, all documentation within the health and safety policies and procedures framework was reviewed to ensure they reflect current legislation and practice within OUH. Where required, documents have been updated.
- 5.7. The Trust's Driving Procedure was amended to include a wider range of Trust driving at work, including the use of taxis for employees, and to reflect amended practice for monitoring of driver entitlement to drive and related requirements for appropriate licences, business insurance and M.O.T. certificates when relevant.

- 5.8. The Driving Procedure underwent a period of staff consultation and, subsequent to this, was approved by the Health and Safety Committee and by the Trust Management Executive (TME).

Benchmarking

- 5.9. The Health and Safety team have collaborated with health care trusts forming the South West Institute of Occupational Safety and Health social care group (SWIOSH). Comparison of benchmarking data for RIDDOR reporting for the previous reporting period showed OUH to be reporting at a lower level per thousand employees than many other Trusts. One interpretation of this finding can be attributed to a very rigorous RIDDOR reporting protocol used by OUH which requires potential notifications to be reviewed by the Health and Safety team. This prevents over-reporting (due to routine reporting regardless of circumstances).
- 5.10. Close collaboration between clinical departments and the Health and Safety team via the Serious Incidents Requiring Investigation forum (SIRI) further aids accurate RIDDOR reporting, however the level of reporting will continue to be monitored.
- 5.11. Internal benchmarking was implemented to compare OUH retained Estates and SPV performance. The benchmarking tool used is a questionnaire developed in collaboration between the Health and Safety team, Infection Prevention and Control, retained Estates and PFI providers and the Fire Safety team.
- 5.12. Initial data obtained from the internal benchmarking indicated refinement to the weighting and content of the questionnaire was required in order to provide accurate responses. The questionnaire has been amended and re-issued for data collection.
- 5.13. The Health and Safety team will continue to collect and analyse internal benchmarking data in the 2019 / 2020 period.

Accidents and Incidents

- 5.14. The total number of health and safety incidents (excluding patients) reported for 1st April 2018 – 31st March 2019, including near miss incidents, was 4,367. This represents an increase of 246 (6%) reported incidents on the number reported for 2017 / 2018 (4,121).
- 5.15. Incidents categorised as no harm equated to 82% of all incidents reported within the Trust.
- 5.16. There were 785 health and safety incidents where harm occurred, including 777 minor and 11 moderate incidents. The four highest categories were: a) sharps, needlestick and splash (22%, n=174); b) assault, aggression and harassment (15%, n=123), c) manual handling (15%, n=123) and d) slips, trips and falls (13%, n=109).
- 5.17. The four highest categories for incidents where harm occurred remain consistent with the last two previous reporting periods. The Health and Safety

team have liaised with the Learning and Development team to ensure training is in place to ensure staff are aware of the hazards associated with these categories and understand how to work safely.

- 5.18. Training for each of the highest four incident categories was confirmed to be in place and is included as part of health and safety induction training and ongoing refresher training. This training is monitored for completion by the L&D team.
- 5.19. The Health and Safety team continued to liaise with relevant specialist groups, e.g. SIRI, Occupational Health (for needlestick and sharps injuries) and the Trust Falls Educator (staff and patient related falls incidents) to complete accident investigations and to identify areas where practice could be developed. The team supported the ongoing development of procedures, information and communication for incidents in the highest four categories.
- 5.20. Training courses provided by the Health and Safety team have been amended to incorporate information relating to the four highest incident categories and will aim to support staff to understand relevant hazards, controls and Trust procedures.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

- 5.21. RIDDOR Regulations require specified injuries, diseases and dangerous occurrences to be notified to the Health and Safety Executive (HSE).
- 5.22. The number of RIDDOR reportable incidents for the period 1st April 2018 – 31st March 2019 was 29 (Staff = 22; Patients = 5; Contractor = 1; Visitor = 1) compared to 27 in the previous year.
- 5.23. The 29 RIDDOR reportable incidents by 'RIDDOR accident type' were: thirteen incidents related to slip, trip, falls; eight arising from exposures to hazardous substances (blood-borne viruses in connection with sharps / needlestick incidents); two related to incidents arising from injuries sustained by being struck against an object; two incidents related to persons who were struck by a moving object; two incidents involved physical assault; one incident arose from a lifting / handling injury and one incident was categorised as 'another kind of accident'.
- 5.24. The 29 reported incidents by 'RIDDOR reporting category' were: ten incidents related to accidents resulting in over seven day absences; nine related to accidents resulting in a specified injury; eight incidents related to dangerous occurrences (exposures to hazardous substances – see 5.23.) and two incidents related to accidents resulting in persons being taken direct to hospital.

6. 'ACT'.

- 6.1. In line with *Plan, Do, Check, Act* a number of key objectives for 2019 / 2020, based on information and data collated within the previous year, as follows in Table 2.

Table 2: Key Objectives for 2019 / 20

Principal Theme	
Health and Safety	Develop analysis of accident and incident data to include estimates of costings related to work related staff absence.
	Develop health and safety related document control and monitoring function via acquisition and implementation of a suitable electronic safety management system.
	Develop the process of health and safety audits across all Divisions, to include some surveys by self-assessment.
	Commence the implementation of ISO 45001 project.
	Commence a survey programme for satellite site locations.
	Complete the implementation of 'Essential to role' health and safety E-Learning course for managers.
Fire Safety	Complete the Fire Strategy for main JR building Industrial Block and Academic Block.
	Commence programme of developing building fire strategies for all smaller buildings as part of Fire Risk Assessment process.
	Conduct Fire Risk Assessments for all buildings and update as required.
	Provide action plans to all relevant managers to address any fire safety deficiencies noted.
	Continue to support quarterly fire audit meetings with Retained Estate and PFI partners.
Operational Estates Health and Safety Management	To maintain current Health & Safety Audit compliance levels and to develop strategies to further improve areas where levels of compliance fall short of desired outcomes.
	Recruitment to all vacant senior management posts within 3-4 months.
	Recruitment to Asbestos Managers & Deputy positions within 3-4 months.
	To appoint Responsible Person within 3-4 months. To fill and formally appoint all vacant Authorised Person positions within 3-4 months.
Manual Handling and Back Care	Review training provision and content in 2018-19 to ensure it is more flexible and responsive to demand.
	Ensure the introduction and safe use of hoverjack flat lift kits and associated spinal equipment across all 4 sites, securing additional funds where required.
	Identify a solution to enable the transfer of management of bariatric equipment to the equipment library (Clinical engineering).
	Review and update the Bariatric Handling policy.
Occupational Health and Wellbeing	Ongoing work in relation to the increasing number of staff experiencing/reporting mental health issues.
	Consider options in relation to delayed access to treatment and assessment for non-work related MSK issues via Healthshare and specialist appointments for employees – Rapid access.
	Improvement in health surveillance across the Trust - for skin in particular.
	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	Continual review of relevant regulatory documentation.
	Further embed Trust Audit programme and strengthen process to provide assurances of compliance with all the relevant regulations. Testing of audit software to refine the audit process (ongoing from previous year).
	Support the Trust in improving radiation monitor wearing compliance amongst wearers (carried from previous year).

7. Summary

- 7.1. During the 2018/19 reporting period, Board-level lead for health and safety management transferred to the Chief Nurse. The profile of the team continued 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.
- 7.2. All in-year key objectives were achieved or remain ongoing to the next reporting period. All elements of the statutory and mandatory inspection requirements within the Operational Estates function are reported as 'partial compliance', to reflect that all records have been received but not yet checked.
- 7.3. 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, 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, and one which is everyone's responsibility. Awareness across the organisation is generally good, but ensuring that all staff receive their regular training updates and effective communications for health and safety will form key aspects of the ISO 45001 project during the next reporting period.

8. Conclusions

- 8.1. Significant improvements are being made in relation to the management of health and safety and for developing a positive health and safety culture at the Trust, despite ongoing challenges, and we continue to have a strong ambitious programme in place for 2019 / 2020.

9. RECOMMENDATION

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

Paper prepared by:

Sam Foster, Chief Nurse, Board Lead for Health and Safety.

Chris Green, Head of Health and Safety.

Grant Grinham, Health and Safety Advisor

Steve Wain, Fire Safety Advisor

Fiona Warren, Lead Occupational Health Advisor

Alex West-Oram, Deputy Associate Chief Nurse: Practice Development and Education

Mark Pitt, Operational Estates Compliance Manager

Helen Amatiello, Head of Imaging and Non-Ionising Physics.

June 2019