

Cover Sheet

Trust Board Meeting in Public: Wednesday 10 September 2025

TB2025.80

Title:	Health and Safety team Annual Report 2024 - 2025
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Status:	For Information
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History:	Annual health and safety reporting for assurance, performance and strategy.
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Board Lead:	Chief Nursing Officer
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Author:	Chris Green, Head of Health and Safety
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Confidential:	No
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Key Purpose:	Assurance, Performance, Strategy
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Executive Summary

1. A new health and safety strategy for 2026 – 2030 is being drafted with strategic objectives linked to the strategic pillars of People, Patient Care, Performance and Partnerships described in the Trust Strategic Framework.
2. The report confirms that all Health and Safety team objectives for 2024 - 25 were achieved and provided further details on specific items.
3. An external audit and internal review concluded that the Trust's Occupational Health and Safety Management System (OHSMS) is effective in providing a safe workplace and care environment.
4. Workplace inspections identified health and safety hazards associated with ageing buildings and infrastructure. Corrective actions have been given to local managers or relevant teams and risk mitigations implemented where required
5. Health and safety incidents have slightly increased (+206; +4.3%), mainly due to more reports of violence and aggression (+203; +10.25%) encouraged by the 'No Excuses' campaign. Other incident categories saw minor changes.
6. RIDDOR notifications increased (+21; +52%) due to a matching increase for incidents causing staff to be absent or unable to work for over 7 days. Causes have been identified and actions shared to prevent recurrence.
7. An annual fire safety statement outlines fire safety risks associated with physical defects within buildings and infrastructure and the current mitigations implemented by the Fire Safety Team to reduce these risks.

Recommendations

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

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Health and Safety team Annual Report 2024 - 2025

1. Purpose

- 1.1. This paper provides assurance for the effectiveness of the Trust's health and safety arrangements in meeting legal and other requirements. It provides information on health and safety performance and outlines future strategy.

2. Background

- 2.1. The Trust's Occupational Health and Safety Management System (OHSMS) meets ISO 45001: 2018 standards, recognized globally for occupational health and safety management. The Trust has been certified annually at the Churchill Hospital site since 2022, with processes implemented across all sites.
- 2.2. Aligning the OHSMS to ISO 45001 ensures compliance with health and safety laws. The standards require visible engagement and commitment from all management levels, especially senior leaders. This has helped develop effective Divisional Health and Safety Groups and the Health and Safety Committee, chaired by the Board Lead for Health and Safety, to provide regular assurance at the senior management level.
- 2.3. ISO 45001 and the Trust's OHSMS help identify significant health and safety risks and implement effective risk management processes.
- 2.4. Challenges include ageing buildings and infrastructure, and financial control targets. Current health and safety performance is reported in this context, and future strategy aims to support financial efficiencies.

3. Health and Safety Strategy and Team Objectives

- 3.1. The current H&S Strategy (2020 – 2025) is currently being reviewed and will be updated to cover 2026 – 2030. This new strategy will explore links to the Trust People Plan, the NHS 10-year plan and consider further integration with other business processes.
- 3.2. The revised H&S Strategy will aim to support the Trust's financial targets by incorporating opportunities for financial efficiencies. It will seek to commercialise certain H&S-related areas, for example training and first aid, initially to eliminate external provider costs and then to consider income generation.
- 3.3. The Health and Safety Committee was informed of the plans for the review of the strategy and asked for suggestions. Feedback will be considered in the strategic planning process.

3.4. The following draft strategic objectives are being considered subject to further consultation and approval:

- To reduce staff sickness and absence due to health and safety related incidents by 5% over the period of the strategy (note linked to theme 1 of the People Plan 2025-2028: Health, Wellbeing and Belonging for Our People)
- To reduce health and safety related patient falls by 5% over the period of the strategy (note linked to the Falls Reduction Programme)
- To increase compliance for health and safety requirements at all OUH main sites over the period of the strategy.
- To develop partnerships and collaboration within OUH, with other Trusts and organisations in other industries to monitor and assess our performance and support continual improvement in the health and safety management system over the period of the strategy.

3.5. All Health and Safety team objectives for 2024 - 25 were achieved as set out in table 1.

Objective	Success criteria	Comments
Plan and implement a programme of workplace inspections across all OUH departments (3-year project)	Complete approx. 5 pw /15 per month. Target: May 24 – March 25 = Approx. 150 - 165 inspections completed Yr 1 (accounting for cancellations / leave etc.).	160 inspections completed to March 31 st 2025.
Plan and implement a programme of workplace inspections across all OUH satellite sites (3 yr project)	Complete approx. 1 pw /4 per month. Target: June 24 – March 25 = Approx. 30 - 40 inspections completed Yr 1 (accounting for cancellations / leave etc.).	35 inspections completed to March 31 st 2025.
Seek to exploit entrepreneurial opportunities to reduce H&S expenditure or generate income.	<ol style="list-style-type: none"> 1. Obtain accreditation to deliver IOSH Managing Safely course in house (cease to require external providers). 2. Obtain numbers and comments from Divisions to evaluate options for First Aid provision in house. 	<ol style="list-style-type: none"> 1. IOSH training completed, and accreditation achieved. On track to deliver course in house from Q2 2025. Significant £ savings against external providers. 2. Quantitative data and comments from Divisions collected. Options to deliver in house contingent on financial resources (net cost saving after initial set up outlay)
H&S team to support Trust preparations to meet new Terrorism (Protection of Premises) Bill (also known as 'Martyn's Law').	Head of H&S forms a working group to review and implement new legislation once passed.	Working group with Emergency Planning Officer, Security Manager and Senior Operations Manager (Estates). Initial review of known requirements completed. Awaiting legislation to pass.

Objective	Success criteria	Comments
H&S team to support Clinical Divisions to meet 'SAFE' elements of CQC Single Assessment framework.	H&S team provide guidance for 'what good looks like' relating to H&S requirements of CQC SAF.	H&S team reviewed CQC SAF requirements relating to 'SAFE ENVIRONMENT' and developed a detailed guidance document for how H&S requirements can be met. Guidance issued to divisional H&S Group leads.
Seek to develop collaboration for H&S with other healthcare Trusts, including obtain and contribute to benchmarking data with Shelford, SWIOSH and BOB HS Network if possible.	OUH H&S team to contact former BOB H&S Group and to seek to form a Shelford H&S group. OUH H&S team to host first meetings with BOB /Shelford.	H&S team successfully reinstated BOB H&S Group and hosted group meeting 2024. Quarterly meetings planned for 2025, benchmarking to be developed. Shelford Group – all members contacted, 9 of 10 responded to OUH. Inaugural meeting planned for June 2025 to scope interest, areas for benchmarking and terms of reference.
H&S team to continue with an executive programme of site visits with revised focus on staff interaction and identification of themes.	A regular programme of Executive tours is implemented, led by Head / Dep Head of H&S team.	A programme of 13 Executive Tours was completed in the reporting period. Tours attended by Chief Officers or their representatives, and 1 tour by Non-Executive Director (Paul Dean).
Seek to support the development of local procurement processes to ensure local controls meet all relevant H&S legislation requirements.	Managers have access to suitable information about H&S requirements when purchasing equipment, particularly relating to needs for service, maintenance and statutory inspections and examination.	H&S team updated the Trust's OH&S Management System document to include information about procurement processes. Also provided a guidance document for managers detailing service, maintenance and inspection requirements. All guidance is available from the H&S team intranet site.

Table 1: Health and Safety team objectives 2024- 25

3.6. Health and safety team objectives are developed and agreed with the Chief Nursing Officer for each year. The following H&S team annual objectives are under review for 2025-26 and subject to approval:

- Support reductions in work-related H&S incidents resulting in sickness/absence annually.
- Support reductions in civil claims related to high incidence/cost H&S incidents annually.
- Refine and redesign the Managing H&S course to reduce e-learning time and link more to intranet and ISO processes.
- Implement a programme of re-visits to monitor corrective actions by departments with high level of nonconformities.

- Deliver IOSH Managing Safely training in-house to selected managers and others with specific H&S responsibilities.

4. Assurance

- 4.1. The Trust recertified to the ISO 45001 Standard after a 5-day external audit in May 2024. The audit, conducted at the Churchill site, included departments across the Trust such as Estates and Facilities, Emergency Planning, PFI Contracts, Occupational Health, Clinical Engineering, and Assurance. It covered areas managed by OUH and the PFI, involving both clinical and administrative functions.
- 4.2. The auditor held meetings with the Head of Health and Safety, the Director of Regulatory Compliance and Assurance, and senior leaders from clinical divisions, department managers and staff. The audit identified six nonconformities, which were addressed during the remaining reporting period as shown in Table 1:

Nonconformity	Corrective actions implemented to address
Develop and implement a process to offer statutory health assessments to night workers.	The Head of Occupational Health developed and implemented a process to meet statutory requirements.
Develop a process to improve compliance with the Trust's requirements for departments to complete a monthly workplace safety inspection.	A paper-based process was changed to electronic audit hosted on Ulysses Assurance Hub; enables automated recording and reporting for monitoring purposes. Reports provided by H&S team to Divisional H&S groups.
Develop a process to support management level monitoring of health and safety requirements (e.g. for completion of inspections and audits).	Annual H&S audit redesigned and hosted on Ulysses Assurance Hub. Reports provided by H&S team to Divisional H&S groups. A tracking template for risk assessments was also provided to Divisional H&S Groups.
Develop a non-patient incident investigation process similar to the robust process for patient incidents (based on the Patient Safety Incident and Reporting Framework (PSIRF) process).	A non-patient investigation process similar to the PSIRF patient process was developed by H&S team, approved by the Clinical Policy Group and incorporated to the Incident Reporting, Investigation and Learning Procedure.
Rectify one door in a Churchill Theatres (managed by PFI) to ensure a safety lock function operated correctly.	The PFI implemented a programme of upgrades to doors requiring work from minor repairs to full replacement.
Ensure the monitoring requirements of the Stress Management Policy are implemented.	The monitoring arrangements of the Stress Management Policy were reviewed and updated by Head of Occupational Health. New arrangements implemented.

Table 2: 2024 ISO 45001 audit: nonconformities and corrective actions

- 4.3. The ISO 45001 Standards require an annual formal, independent, internal Management Review of the OHSMS. The Director of Regulatory

Compliance and Assurance (DRCA) completed reviews in November 2024, March 2025, and April 2025. The reviews noted:

- All actions set in November were completed or on track.
- The Trust is generally compliant with OHSMS requirements and health and safety legislation. Further work was identified and monitored locally.
- Audit compliance levels were improving. Divisional H&S meetings were attended by the DRCA, with divisions positively engaged.
- Many continual improvements were implemented, with additional areas identified for the 2026-2030 strategy.
- No further changes to the OHSMS were needed beyond identified actions and improvements. No new resource needs were identified.
- Two opportunities to improve OHSMS integration with other business processes were identified: these were to develop procurement processes to better account for health and safety requirements and to enhance PFI processes to address incidents and nonconformities promptly and manage risks effectively.

4.4. The Head of Health and Safety regularly meets with the Executive Lead for H&S (Chief Nursing Officer) or their deputy to provide updates and advice on health and safety matters, ensuring the Trust meets legal requirements. Additional assurance is provided to Non-Executive Directors and governors for specific health and safety queries.

4.5. The DRCA acts as Senior Responsible Officer for the ISO 45001 Management System and meets with the Head of Health and Safety approximately fortnightly to monitor objectives, actions, and processes. The DRCA supported continual improvement opportunities and strategy, advising on how H&S objectives might support Trust strategic plans and integration with other business processes.

4.6. In April 2025, the OUH H&S team were invited by Mid and South Essex NHS Foundation Trust (MES) to conduct a peer review of MES Trust's health and safety arrangements. The OUH team, consisting of Head and Deputy Head of Health and Safety and the DRCA. This was considered a positive opportunity for further collaboration with a Trust of a similar size seeking to adopt a similar journey to that taken by OUH over recent years. Both trusts identified that ageing buildings and infrastructure presented health and safety related hazards and both recognised similar financial challenges to prioritise remedial measures and maintenance. The OUH certification to the ISO 45001 Standard was one area of difference between the Trusts, overall there were similar processes in place albeit with different approaches for implementation due to organisational structures and staffing. The review enabled areas of shared learning that both OUH and

MES can reflect on and incorporate to future planning. OUH plans to maintain contact with MES to ensure ongoing mutual support and learning regarding our respective health and safety management systems.

5. Performance

- 5.1. Incident reporting rates across all categories remained fairly consistent, with a 4.3% increase in total numbers. The largest increase was in incidents of assault, aggression, and harassment, partly due to the ongoing 'No Excuses' campaign encouraging staff to report incidents, as shown in the table below:

Incident type	Total 2023 - 2024	Total 2024 - 2025	Difference
Manual Handling	128	134	+ 6
Slips, Trips and Falls	2203	2175	-28
Sharps, Needlestick and Splash	464	489	+25
Assault, Aggression and Harassment	1979	2182	+203
TOTAL	4774	4980	+206

Table 3: Incidents 2023/24 – 2024/25

- 5.2. The Trust's OHSMS effectively limits and reduces health and safety incidents despite the growing number of patient contacts. A detailed summary is in Appendix A.
- 5.3. RIDDOR notifications increased from 40 in 2023/24 to 61 in 2024/25, mainly due to incidents causing staff absences over 7 days. These incidents were mostly due to slips, falls involving water, and manual handling related to patient care and equipment use. Divisions were informed of these trends at recent meeting of the Health and Safety Committee and requested to review local actions to reduce recurrence. A breakdown of RIDDOR notifications is in Appendix B.
- 5.4. As noted in the objectives section, since May 2024, the Health and Safety team has completed approximately 160 departmental workplace inspections. The inspections aim to:
- Ensure compliance with trust and legal health and safety requirements.
 - Help local managers identify and control workplace hazards.
 - Review and ensure the quality of risk assessments.
 - Provide reports with local management actions to address issues or nonconformities.

- 5.5. The top 5 areas of nonconformity are shown in Table 3. Actions were raised to report defects to relevant Helpdesks. Issues needing local management, like slips, trips, falls, and storage problems, were included in reports to department managers. The process for Portable Appliance Testing has been reviewed by the Operational Estates Electrical Tea. A schedule for a new inspection program at all main sites has been planned and is due to commence in Q1 2025 once arrangements for the appointed contractor have been approved.

Question	No	Yes	NA
Are all fire doors in good condition / free of defects?	58.3%	40.5%	1.2%
Were all areas free of slip and trip hazards, including floors and stairs.	63.3%	36.7%	
Is equipment in store rooms easily accessible and allow correct manual handling techniques?	51.9%	48.1%	
Were all portable appliances found to have been Portable Appliance Tested (PAT) and sticker still in date?	91%	6.4%	2.6%
Are electrical cables well managed, undamaged and stored tidily?	65.8%	34.2%	

Table 4: Top 5 nonconformities arising from departmental inspections

- 5.6. During the reporting period, the Trust developed and implemented two types of health and safety audits:
- Monthly workplace inspections completed by departments to ensure a safe work environment for staff and a safe care environment for patients and visitors
 - A bi-monthly, six-part annual H&S audit measures compliance with trust and legal health and safety requirements.
- 5.7. The monthly workplace inspection was hosted on the Ulysses Assurance Hub module for the first time. This was initially mapped to approximately 540 locations. This has been subject to review and work to valid locations to departments is ongoing. This work will ensure accurate compliance reporting across the Trust.
- 5.8. Compliance with both audits is generally high for departments that have completed them, though overall compliance is around 50%, for the current list of locations / departments. Divisional health and safety groups have supported the audits well. Noncompliance is monitored and followed up by H&S team reports to Divisions with issues highlighted through internal communications and monthly Divisional H&S group meetings. Summaries of audit compliance are shown in Appendix C (monthly inspections) and Appendix D (annual audits).

6. Annual Fire Safety Statement

- 6.1. Health Technical Memorandum (HTM) 05-01 provides guidance intended to assist in determining the appropriate fire safety management system to be applied to healthcare organisations.
- 6.2. The Trust follows the guidance of HTM 05-01 and relevant legislation, other relevant guidance contained in other parts of the Firecode and advice and approval of external parties including from SOCOTEC, the Trust's appointed Authorising Engineers (AE) for fire; local authority building control and Oxfordshire Fire and Rescue Service.
- 6.3. HTM 05-01 recommends that an organisation should produce an annual statement of fire safety to provide a clear indication in respect of the status of fire safety management within the organisation and a statement of assurance that adequate fire safety measures are in place. An annual statement of fire safety for 2025 is shown in Appendix E.

7. Conclusion

- 7.1. The ISO 45001 standards provide an excellent framework for a robust Occupational Health and Safety Management System (OHSMS). The Trust uses various processes to ensure the OHSMS's effectiveness and to identify areas for improvement. Effective reporting routines exist from ward to Board, with Divisional H&S groups and the Health and Safety Committee increasingly contributing to this reporting.
- 7.2. Plans for a new health and safety strategy could further strengthen and integrate the OHSMS with other Trust plans, objectives, and business processes.
- 7.3. The annual fire safety statement confirms significant risks identified by fire risk assessment and describes the soft mitigations implemented to reduce these risks. The physical defects giving rise to fire safety risks require programmes of investment in fire precautions that are properly accounted for in the trust's annual business plan and reflected in the relevant Trust risk registers.

8. Recommendations

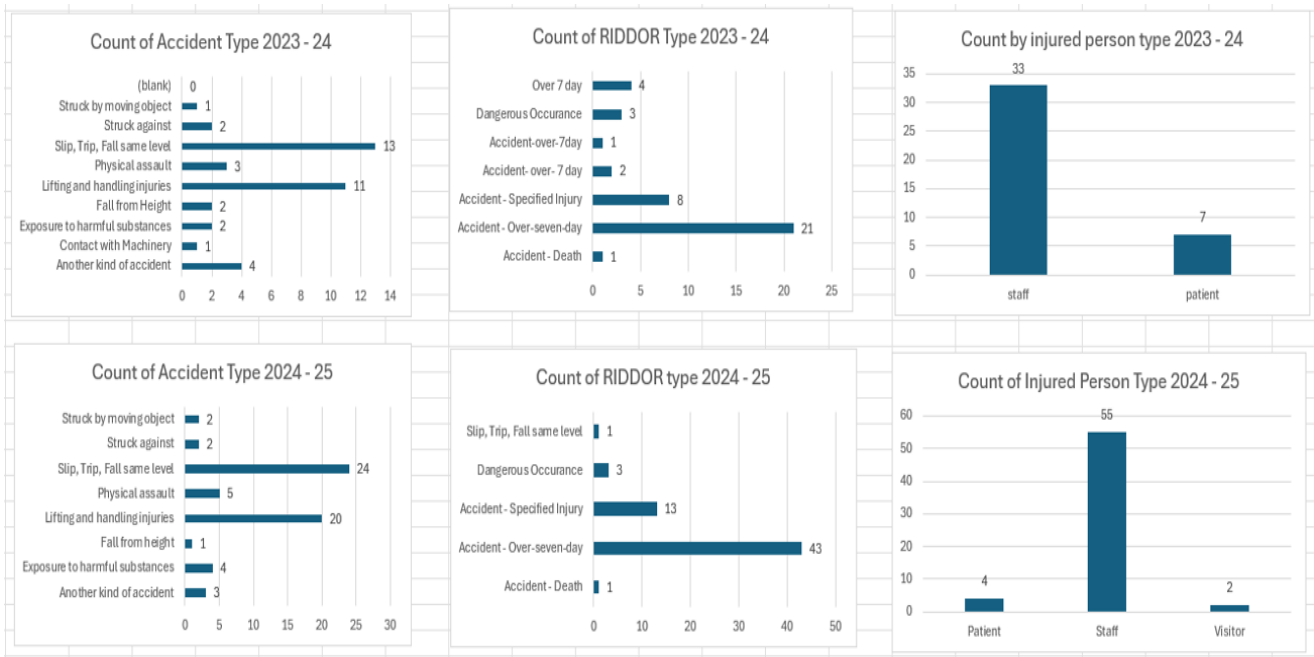
- 8.1. The Trust Board is asked to note the content of this report.

Appendices

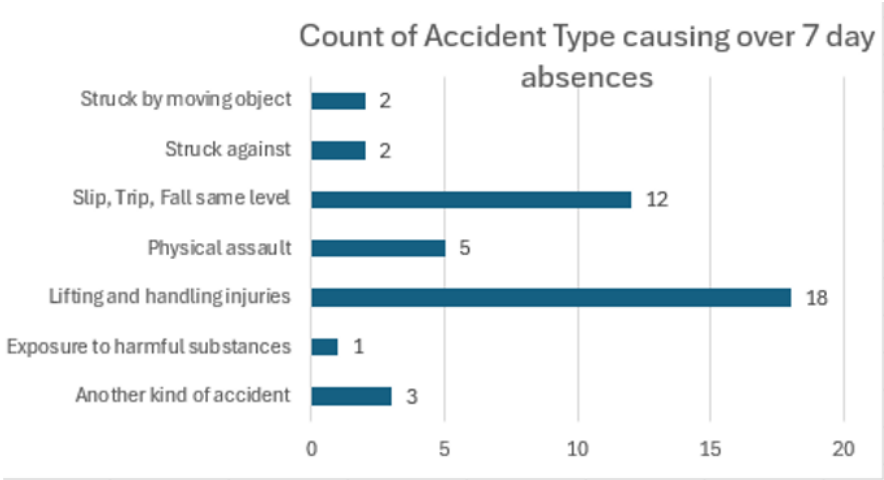
Appendix A: Incident data 2023/24 – 2024/25

	April 2023 to March 2024					April 2024 to March 2025						
Incident category	Staff	Visitor	Contractors	Patient	Grand Total	Staff	Visitor	Contractors	Patient	Grand Total	Difference (Grand Totals)	diff %
Manual Handling	125	0	0	3	128	134	0	0	0	134	6	4.7
No Harm	22	0	0	3	25	12	0	0	0	12	-13	-52.0
Minor	95	0	0	0	95	118	0	0	0	118	23	24.2
Moderate	8	0	0	0	8	4	0	0	0	4	-4	-50.0
Major	0	0	0	0	0	0	0	0	0	0	0	0.0
Death	0	0	0	0	0	0	0	0	0	0	0	0.0
Minor and above	103	0	0	0	103	122	0	0	0	122	19	18.4
Slips Trips And Falls	110	24	1	2068	2203	112	33	1	2029	2175	-28	-1.3
No Harm	32	11	0	1375	1418	28	16	0	1279	1323	-95	-6.7
Minor	75	11	1	645	732	73	13	1	702	789	57	7.8
Moderate	3	2	0	32	37	11	4	0	36	51	14	37.8
Major	0	0	0	11	11	0	0	0	10	10	-1	-9.1
Death	0	0	0	5	5	0	0	0	2	2	-3	-60.0
Minor and above	78	13	1	693	785	84	17	1	750	852	67	8.5
Sharps Needlestick and Splash Incidents	436	3	1	24	464	467	0	3	19	489	25	5.4
No Harm	178	0	0	20	198	192	0	0	11	185	-13	-6.6
Minor	258	3	1	3	265	275	0	3	8	246	-19	-7.2
Moderate	0	0	0	1	1	0	0	0	0	0	-1	-100.0
Major	0	0	0	0	0	0	0	0	0	0	0	0.0
Death	0	0	0	0	0	0	0	0	0	0	0	0.0
Minor and above	258	3	1	4	266	275	0	3	8	246	-20	-7.5
Assault, Aggression & Harassment	1723	29	1	226	1979	1961	21	0	200	2182	203	10.3
No Harm	1008	18	1	144	1171	1084	14	0	114	1212	41	3.5
Minor	552	10	0	81	643	728	7	0	85	820	177	27.5
Moderate	163	1	0	1	165	149	0	0	1	150	-15	-9.1
Major	0	0	0	0	0	0	0	0	0	0	0	0.0
Death	0	0	0	0	0	0	0	0	0	0	0	0.0
Minor and above	715	11	0	82	808	877	7	0	86	970	162	20.0
Grand Total	2394	56	3	2321	4774	2674	54	4	2248	4980	206	4.3

Appendix B: RIDDOR notification 2023 /24 comparison to 2024 / 25



Breakdown of over 7-day absences for staff 2024/25



Appendix C: Monthly workplace audits Oct 24 – March 25

OUH - H&S Monthly Workplace Inspection - New Qs Added Report 01/10/2024 to 16/04/2025

	Yes	No	N/A	Total	%
Are all fire doors in good condition and free of defects?	87	29	4	120	75.83%
Are fire extinguishers sited / located as per fire alarm zone plan?	117	2	-	119	98.32%
Are all fire extinguishers serviceable?	118	2	-	120	98.33%
Is there a fire alarm panel within or immediately outside your department?	92	26	-	118	77.97%
- Is the Fire Alarm Panel clear of faults?	84	7	-	91	92.31%
- Is the Fire Alarm Zone Plan located by the fire alarm panel?	90	2	-	92	97.83%
- Is the Fire Alarm Zone Plan easy to read?	86	6	-	92	93.48%
Are all fire safety equipment and emergency equipment easily accessible?	119	0	-	119	100%
<i>Do you have oxygen / medical gas cylinders within your department? This will NOT affect your score</i>	76	43	-	119	
- Are oxygen/medical gas cylinders located as per the department's fire emergency plan?	72	2	-	74	97.30%
- Are larger oxygen/medical gas cylinders on trolleys?	65	11	-	76	85.53%
<i>Do you have any specialist evacuation aids in your department? This will NOT affect your score</i>	7	113	-	120	
- Are the specialist evacuation aids located as per the departmental Fire Emergency Plan	6	0	-	6	100%
- Are all evacuation aids in a clean and serviceable condition?	5	1	-	6	83.33%
Are evacuation routes free and clear for immediate use, including neighbouring departments where you may need to exit through.	115	3	-	118	97.46%
Are the contents of the first aid kit / box complete and in date?	92	4	20	116	96.55%
During the inspection walk round, were all areas inside and immediately outside of the department free of slip and trip hazards, including floors and stairs. (This includes corridors and access / egress areas to the department).	111	4	-	115	96.52%
Are all areas uncluttered, with equipment and consumables stored appropriately.	108	8	-	116	93.10%
Have all building defects (e.g. floors / floor covering, windows, doors, walls, sinks, taps, etc.) been reported to the relevant Estates Helpdesk?	89	0	28	117	100%
<i>All previously reported building defects (e.g. doors, walls etc) been resolved within a timely manner? (please see Estates response guidance in tooltip). * This question does NOT affect score</i>	64	28	25	117	
Lighting is suitable for people to work and to move around safely and comfortably.	116	1	-	117	99.15%
There is suitable natural ventilation (doors, windows etc.) and / or mechanical ventilation to provide a comfortable working environment?	108	8	-	116	93.10%
Is the temperature comfortable for most people in the area?	101	14	1	116	87.93%
Is all equipment in store rooms easily accessible and allow correct manual handling techniques?	94	4	16	114	96.49%
Are low Risk COSHH items stored safely and only accessible by staff?	93	0	20	113	100%
On inspection, are all other COSHH materials / substances i.e. those used in work activities / processes, stored securely?	73	1	39	113	99.12%
On inspection, were suitable spill kits/materials readily available for use, where required.	62	0	51	113	100%
On inspection, were all portable electrical appliances sampled found to have been Portable Appliance Tested (PAT) and the sticker was still in date.	87	25	3	115	78.26%
Can you confirm that during the inspection there was no prohibited electrical equipment found in use I.E red element / bar heaters; block adapters	100	3	12	115	97.39%
Can you confirm that during the inspection electrical extension leads were being used correctly? (Please see tooltip for this before responding)	102	0	11	113	100%
Electrical cables are well managed, undamaged and stored tidily.	111	3	-	114	97.37%
All work equipment observed during the inspection appeared to be in a safe condition for use?	113	0	-	113	100%
All lifting equipment checked during the inspection was in date for statutory inspection?	44	2	67	113	98.23%
Any gas cylinders noted during the inspection were safely stored and secured.	69	0	45	114	100%

Continued below...

All work at height equipment (step ladders/foldable steps/ kick stools) seen during the inspection were visibly in good condition?	88	0	26	114	100%
During the inspection all 'staff only' / 'restricted access' areas were found to be locked / secure to control access by unauthorised persons (e.g. by patients, visitors and contractors)?	91	3	20	114	97.37%
Have all reoccurring issues / risks been escalated to the Divisional H&S Group for senior management line of sight and support?	47	1	66	114	99.12%
<i>Have you completed any individual work related stress risk assessments this month?</i>	28	86	-	114	
<i>Has this area got any air outlets?</i>	0	0	-	0	
- Are piped air outlets appropriately capped?	0	0	-	0	0%
	Yes	No	N/A	Total	%
<i>Does this area use Orange and Offensive waste disposal bins?</i>	0	0	-	0	
- Looking at up to 6 Offensive waste bins, has the correct waste been disposed of within each of these bins? (only answer Yes if ALL bins have the appropriate waste disposed of within them)	0	0	-	0	0%
- Looking at up to 6 Orange waste bins, has the correct waste been disposed of within each of these bins? (only answer Yes if ALL bins have the appropriate waste disposed of within them)	0	0	-	0	0%
Total	0	0	-	0	0%

Note: Q's for piped air outlets and waste were new questions added for April 25 onwards and not included in data for 2024 – 25.

Appendix D: Annual H&S Audit (Part 1 Dec 24 and Part 2 Feb 25)**OUH - Health & Safety Audit (1/6)**

	Yes	No	N/A	Total	%
Section 3 - Use of Department	Yes	No	N/A	Total	%
Are you aware of the most current H&S Policies, procedures and SOPs, including H&S Committee related P+Ps, as shown in the H&S Intranet site?	238	1	-	239	99.58%
Is the department's General Workplace Risk Assessment complete and in date?	215	24	-	239	89.96%
Has the department completed a departmental walk round inspection to meet the requirement for annual review of ligature risks in the department?	162	25	52	239	89.54%
Has the department identified a specific area within the department where the risk of ligatures and anchor points have been removed or controlled as low as reasonably practicable (ALARP)?	93	31	115	239	87.03%
Has the department completed or updated a Ligature Risk Reduction Risk Assessment? Please upload a copy of this in the Evidence Section of the H&S topic	99	46	94	239	80.75%
Has the department completed a baseline team Work Related Stress Risk Assessment within the last 12 months?	129	110	-	239	53.97%
Are all other risk assessments required by the department complete and in date?	209	30	-	239	87.45%
Have all health and safety related risk assessments been shared with staff so they are aware of hazards and controls needed to eliminate or reduce risks?	217	22	-	239	90.79%

OUH - Health & Safety Audit (2 / 6) Report 01/02/2025 to 28/02/2025

Before commencing this audit, please see H&S AUDIT	Yes	No	N/A	Total	%
<i>Hospital Site:</i>	0	0	-	0	
Use of Department	Yes	No	N/A	Total	%
<i>What is the primary function of the department?</i>	0	0	-	0	
First Aid	Yes	No	N/A	Total	%
Has a First Aid needs assessment been conducted?	180	36	-	216	83.33%
Does the department have sufficient numbers of First Aiders / Appointed Persons as per the First Aids Needs Assessment? (please see guidance in the tooltip).	191	25	-	216	88.43%
Have those first aiders who need a First Aid at Work or Emergency First Aid at Work Certificate completed this training?	61	10	144	215	95.35%
Is suitable First Aid equipment and eye-wash solution identified by the First Aid Needs Assessment readily available?	193	22	-	215	89.77%
Are locations of First Aid boxes and eye wash stations clearly signposted?	176	38	-	214	82.24%
Are first aiders and appointed persons known to all staff in the department? (This does not apply to clinical departments where there will be many qualified registered medical professionals).	189	27	-	216	87.50%
Welfare	Yes	No	N/A	Total	%
Have suitable and sufficient sanitary conveniences and washing facilities been provided for staff?	214	3	-	217	98.62%
Is there an adequate supply of drinking water available for staff?	215	2	-	217	99.08%
Are suitable and sufficient rest facilities at readily accessible places available for staff?	208	9	-	217	95.85%
Is there suitable and sufficient accommodation for the clothing of any person at work which is not worn during working hours?	177	7	33	217	96.77%
Is there Suitable and sufficient accommodation for special clothing which is worn by any person at work but which is not taken home?	103	8	106	217	96.31%
Total	1907	187	283	2377	92.13%

Appendix E: Fire Safety Compliance Statement

I confirm that for the period 1 April 2024 to 31 March 2025, all premises which the organisation owns, occupies or manages have had fire risk assessments undertaken in compliance with the Regulatory Reform (Fire Safety) Order 2005, and:		
	Fire safety statement	Statement response
1.	There are no significant risks arising from the fire risk assessments.	There are some significant risks related to buildings and fire safety infrastructure.
2.	The organisation has developed a programme of work to eliminate or reduce to a reasonably practicable level the significant risks identified by the risk assessment.	At department level, a programme of soft mitigations has been developed and implemented by the Fire Safety Team. These mitigations include risk assessment at department level, training, including enhanced training in some areas, and amended evacuation strategies. These 'soft mitigations' reduce the risk arising from the physical defects.
3.	The organisation has identified significant risks, but does not have a programme of work to mitigate those significant risks.	There are soft mitigations in place to reduce risk as stated in section 2. At present, there is not a programme of work to eliminate physical defects managed by OUH Estates and Facilities (retained estate) e.g. fire dampers, fire doors, alarm systems and compartmentation.
4.	Where a programme to mitigate significant risks has not been developed, please insert the date by which such a programme will be available, taking account of the degree of risk.	Dates for any such programme will be aligned to the Estates back log maintenance plan and the Trust's business plans.
5.	During the period covered by this statement, the organisation has not been subject to any enforcement action by the fire and rescue authority.	No formal enforcement action in this reporting period.
6.	The organisation does not have any ongoing enforcement action pre-dating this Statement.	There is no ongoing enforcement action pre-dating this statement for the OUH managed areas (Retained Estate). The PFI management at the Churchill site (Ochre Solutions Ltd.) do have ongoing enforcement action pre-dating this statement, in the form of an Alterations Notice issued by Oxfordshire Fire and Rescue Service relating to external wall system (cladding).
7.	The organisation achieves compliance with the Department of Health's fire safety policy by the application of Firecode or some other suitable method.	Yes.
Head of Health and Safety: <i>Chris Green</i>		
Fire Safety Manager: <i>Russell Adlam</i>		