

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 23 JULY 2019

Title:	ANNUAL HEALTH AND SAFETY REPORT
Responsible Director:	David Burbridge, Chief Legal Officer
Contact:	Adam Aucutt, Health And Safety Lead x 42639

Purpose:	This report provides evidence of the level of compliance with the management of health and safety for the period 1 st April 2019 to 31 st March 2020	
Confidentiality Level & Reason:	None	
Strategy Implementation Plan Ref:	#4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories	
Key Issues Summary:	<p>Compliance against key requirements of the Trust's Health and Safety Policy remains robust with the focus for the Health and Safety Team being:</p> <ul style="list-style-type: none"> ▪ Continued support to operational colleagues in providing health and safety training, advice, inspection and audit; ▪ Developing, implementing and ensuring compliance with an integrated Trust Health and Safety Policy; ▪ Increased support to investigating managers and handlers in order to improve learning from incidents; ▪ Provision of a Quarterly Health and Safety Report, enabling Divisions to: accurately report compliance with health and safety audit/inspection regimes; capture comprehensive data providing increased oversight, transparency and control and; provide learning from incidents which can be shared. 	
Recommendations:	The Board of Directors is asked to: RECEIVE the report and associated actions.	
Approved by:	David Burbridge, Chief Legal Officer	July 2020

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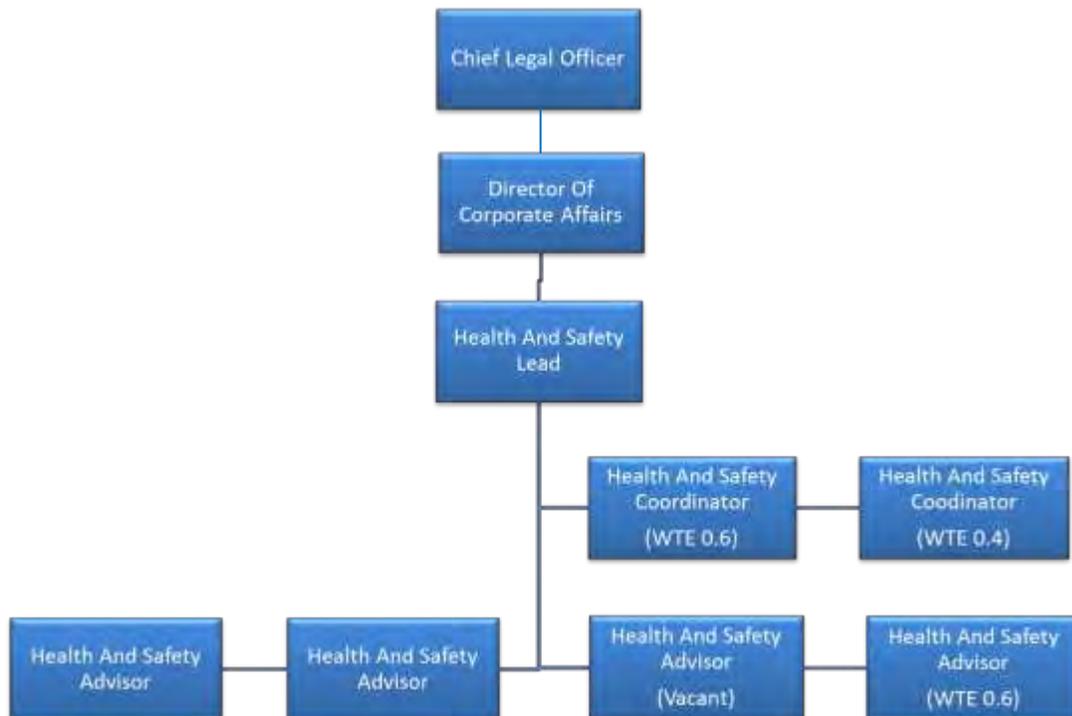
HEALTH AND SAFETY ANNUAL REPORT

PRESENTED BY CHIEF LEGAL OFFICER

1 Introduction

During the reporting period, a consultation exercise was completed: a new health and safety structure was implemented in August 2019. Recruitment to the Health and Safety Coordinator post (WTE 0.4) was completed in March 2020. The vacant Health and Safety Advisor post will be recruited to. Throughout the period, the Health and Safety Team (Team) has continued to utilise the skill-mix and capacity of the team to focus on priority health and safety areas including the national emergency

Oversight has been provided by the Director of Corporate Affairs who, with the Chief Legal Officer, continues to monitor RIDDOR incidents and general compliance with internal and statutory requirements



2 Compliance with Health and Safety Policy

2.1 Appointment of Nominated Managers

366 nominated managers were appointed to manage health and safety arrangements in 403 wards/areas during the reporting period; some nominated managers cover more than one ward/area

2.2 Mandatory Health And Safety Training

Completion of the Managing Risks course is mandatory for nominated managers. Of the 366 nominated managers, 222 have completed the Managing Risks course which is the highest number on record and training compliance is 61%. In addition to nominated managers, 240 other employees also completed the Managing Risks course during the reporting period and again this is the highest number on record. More than 1,500 employees ($n=1,535$) have completed Managing Risks training since its introduction although some of these employees have since left the Trust. Following the declaration of a national emergency, all face-to-face health and safety training, including Managing Risks was suspended

2.3 Risk Management

Since October 2018, risks relating to health and safety hazards were categorised as operational risks and documented on the Trust risk management system (DATIX). Risk management compliance is confirmed during workplace health and safety audits as part of the audit cycle.

2.4 Health and Safety Audits/Inspections

The Team completed 172 health and safety audits/inspections during the reporting period. Following the declaration of a national emergency, all proactive health and safety interventions including audits and inspections were suspended

From April 2019, a triennial cycle of leadership interventions was introduced consisting of: -

2.4.1 Health and safety audit

Formal health and safety audits are conducted with the nominated manager and review: -

- a) Proactive risk management, such as completion of risk assessments and escalation of risk
- b) Reactive risk management, such as learning from incidents
- c) Local management systems such as communication, competency, supervision, training and information; administration; degree of integration of risk management into operations
- d) Implementation of controls, assessed by employee interviews, inspection and observation.

2.4.2 Environmental Inspections

The Team visit wards/areas to carry out environmental inspections to determine whether the physical environment is safe and free from significant risks.

2.4.3 Divisional inspections

Divisional health and safety inspections are performed by Directors Of Operations (DOps)/Senior Managers. 131 inspections were completed during 2017/20 which is an increase of 44 on the previous period.

2.5 Inspections

In addition to the leadership interventions, other inspections are performed by the Team and/or other teams consisting of: -

2.5.1 Themed inspections

Themed inspections focus on specific workplace issues such as preventing inoculation injuries, falls (low level), wheelchair access, patient safety, medical gas management, thermal comfort etc.

2.5.2 Staff Side inspections

Staff Side Health And Safety Representatives are authorised to perform health and safety inspections. None were completed during the reporting period

2.5.3 Joint Estates Risk Management Group inspections

Joint health and safety inspections are performed by the Team, Estates and relevant Facilities Management Provider. None were completed during the reporting period

2.5.4 Health and safety self-assessments

From April 2019, six-monthly self-assessments have been required in all wards/areas confirming compliance of both environmental safety and health and safety management. During the reporting period 363 self-assessments were completed.

2.6 Health, Safety and Environment Committee (Committee)

The Committee, chaired by the Chief Legal Officer, met on four occasions during the reporting period and each Division in attendance provided a report of health and safety compliance and activity. Regular reports to committee included security, occupational health and estates. In April 2019, Committee membership was revised to reflect the new Trust structure and include representation from all Divisions.

3 Incidents

3.1 Reports to Health And Safety Executive (HSE)

The Trust reported 79 incidents to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) during the reporting period. This is a decrease of 30 on the previous period (2019/20)

All reportable incidents are forwarded to the Chief Legal Officer, Director of Corporate Affairs and the appropriate DOp. In addition, actions following RIDDOR reportable incidents are also included in Divisional reports to Committee which monitors compliance.

3.2 External audits and visits by the HSE

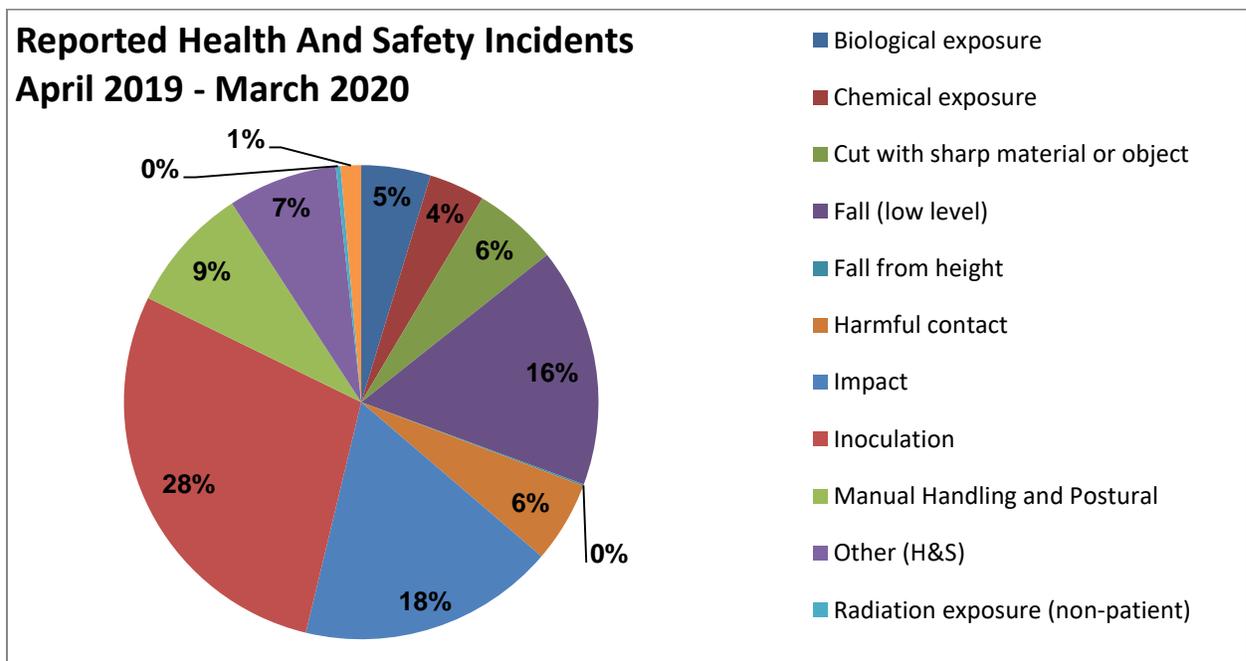
The HSE performed one investigation of Trust activities during the reporting period.

On 31st July 2019, the HSE visited RRPPS as part of a scheduled review. Following the visit the Trust was issued with a Notice Of Contravention and Improvement Notice for a material breach of Regulation 8 of the Ionising Regulations 2017 due to the lack of a suitable and sufficient risk assessment of the calibration facility in the RRPPS laboratories. The HSE confirmed that the Improvement Notice has been complied with and no further action is required.

The HSE continue to investigate/enquire about individual RIDDOR reports and additional information is provided upon request.

3.3 Incidents – Most Reported

During the reporting period a total of 1864 health and safety incidents were reported and the most frequently reported categories were inoculation injuries at 28% of all reported incidents ($n=531$), impact incidents at 18% ($n=326$) and falls (low level) at 16% ($n=304$).



All reported health and safety incidents were reviewed by the Team and contact made with the investigating manager/handler regarding investigations where appropriate.

4. Recommendation

The Board of Directors is requested to receive this report and associated actions.

**David Burbridge
Chief Legal Officer
July 2020**