

# Annual Health & Safety report

## 2024/25



## Executive Summary

This report outlines health and safety performance at Buckinghamshire Healthcare Trust (BHT) for 2024/25 and sets out key priorities for 2025/26.

There were six health and safety objectives set for 2024/25, of which three were delivered, two were partially delivered and one was not delivered owing to a lack of funding.

2024/25 Objective	Achieved?
To achieve a year-on-year reduction of accidents and near misses across the Trust.	Yes
Improve Accident Investigation competencies across Supervisory and Middle Manager levels.	Partially
Maintain colleague competencies through accredited Institution of Occupational Safety and Health training programme.	No
Maintain proactive Health and Safety Audits through all Care Groups within the Trust.	Partially
Maintain knowledge and understanding of the Coshh management system across all Care Groups.	Yes
Maintain levels of managerial support by providing suitable training based on identified need.	Yes

Key updates include:

There has been a significant decrease (40.3%) in Slips, Trips, Falls & collisions this year, compared to last year. Needlestick and incidents connected with 'Sharps' has decreased by 9% this year. Verbal abuse and physical assault of our colleagues decreased by 5.4%.

The number of incidents that must be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 has slightly increased from 13 to 14 reports.

The annual Health & Safety survey recorded a 90% compliance rate, with 128 completed returns submitted by Care Groups. Further work is underway to accurately determine the total expected submissions as some areas are used by multiple teams. Additionally, H&S compliance training surpassed the 90% target, achieving a completion rate of 94.21%.

There are five objectives for 2025/26 as follows:

2025/26 Objective
To achieve a year-on-year reduction of accidents and near misses across the Trust.
Maintain colleague competencies through accredited Institution of Occupational Safety and Health training programme.
Maintain proactive Health and Safety Audits through all Care Groups within the Trust.
Maintain knowledge and understanding of the Coshh management system across all Care Groups.
Maintain levels of managerial support by providing suitable training based on identified need.

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## 1. INTRODUCTION

All organisations have a legal duty to put in place suitable arrangements to manage 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
- providing access to competent H&S advice

This report outlines health and safety performance at Buckinghamshire Healthcare Trust for 2024/25 and sets out key priorities for 2025/26.

The purpose of the report is to inform the Health and Safety Committee, the Executive Management Committee (EMC) and Trust Board of any health and safety issues, incidents and trends in the Trust since the last report and provide a general update on relevant health and safety developments.

## 2. DELIVERY OF 2024/25 OBJECTIVES

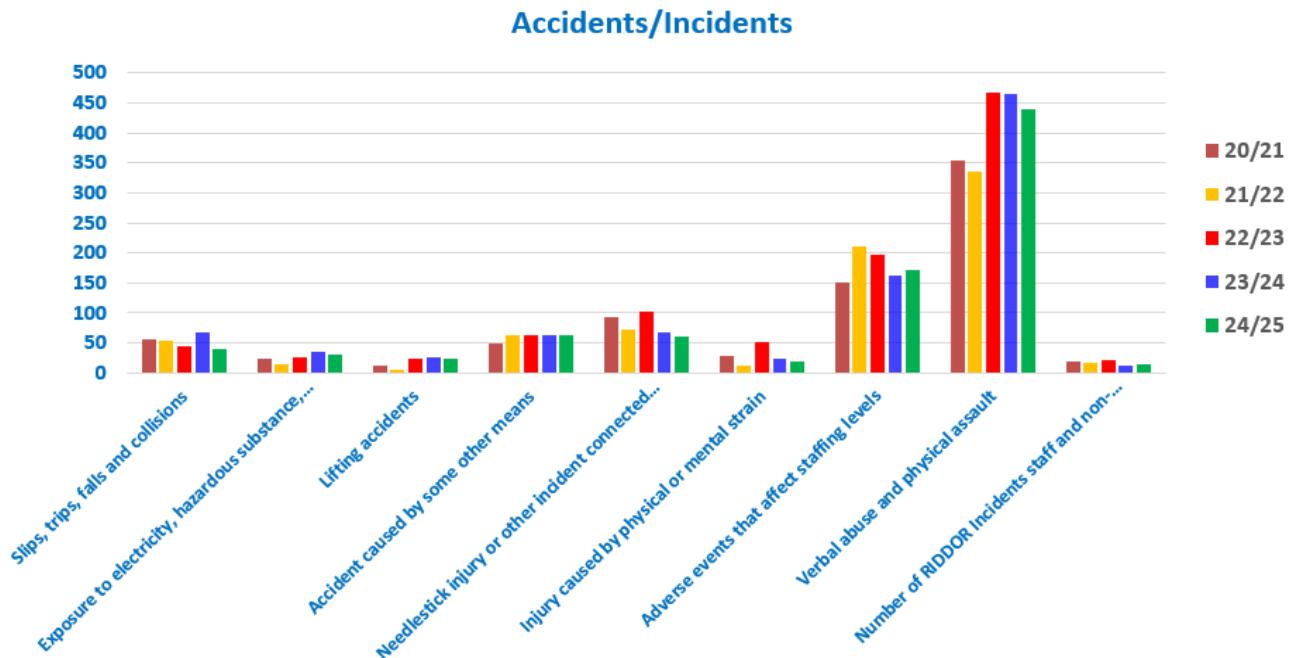
2024/25 Objective	Achieved?	Evidence	Further action needed
To achieve a year-on-year reduction of accidents and near misses across the Trust.	Yes	Section 2 table 7  Clearly shows a reduction over a 5-year period in all areas except for “adverse events affecting staff levels”	Ongoing work for 2025/26 to continue downward trend.
Improve Accident Investigation competencies across Supervisory and Middle Manager levels.	Partially	With the introduction of PSIRF and updates to the DATIX incident reporting system there is training in relation to accident/incident investigations provided through Patient Safety Forums.	Maintain collaborative approach with Patient Safety Team to ensure training available.
Maintain colleague competencies through accredited Institution of Occupational Safety and Health training programme.	No	No central source of funding was identified so the training was unfortunately unable to be progressed.	Assessment to be undertaken on risk of not delivering training to inform prioritisation for funding.

Maintain proactive Health and Safety Audits through all Care Groups within the Trust.	Partially	As a result of the two existing members of the Health and Safety leaving the Trust in short succession this programme was not fully implemented.	Continue to maintain proactive Health and Safety Audits through all Care Groups within the Trust.  Distribute self-assessment tool for 2025/26 cycle and identify sample audits across the care groups.
Maintain knowledge and understanding of the COSHH management system across all Care Groups.	Yes	Sypol COSHH database in situ with completed assessments uploaded.  The Health & Safety Team have continued to support colleagues across the organisation in setting up and conducting COSHH assessments.	Continue to maintain knowledge and develop understanding of the COSHH management system across all Care Groups.
Maintain levels of managerial support by providing suitable training based on identified need.	Yes	8 training sessions entitled "Managers Health and Safety Responsibilities" were successfully delivered.	Continue to maintain levels of managerial support by providing suitable training based on identified need including delivery of the "Managers Health and Safety Responsibilities" Training

### 3. ACCIDENTS & INCIDENTS

Below is a summary of reported accidents/incidents to colleagues in the last five years by category:

**Graph 1 – Accidents and incidents by category**



The last year has shown a reduction in all categories apart from “adverse events affecting staffing levels”. Below is the breakdown of each category showing the downward trend, apart from the needlestick showing stable trend, and adverse events that affect staffing levels. The table below provides further explanation of the details:

**Table 1 – breakdown of each accident category**

Category	20/21	21/22	22/23	23/24	24/25	Trend
Slips, trips, falls and collisions	55	53	45	67	40	⬇️
Exposure to electricity, hazardous substance, infection etc	24	15	25	34	31	⬇️
Lifting accidents	13	4	23	26	23	⬇️
Accident caused by some other means	48	63	63	62	63	↔️
Needlestick injury or other incident connected with Sharps	93	71	101	67	61	⬇️
Injury caused by physical or mental strain	28	13	52	23	20	⬇️
Adverse events that affect staffing levels	151	211	198	162	171	⬆️
Verbal abuse and physical assault	355	335	467	464	439	⬇️
Number of RIDDOR Incidents staff and non-employees	18	17	22	13	14	↔️

## Key points to highlight:

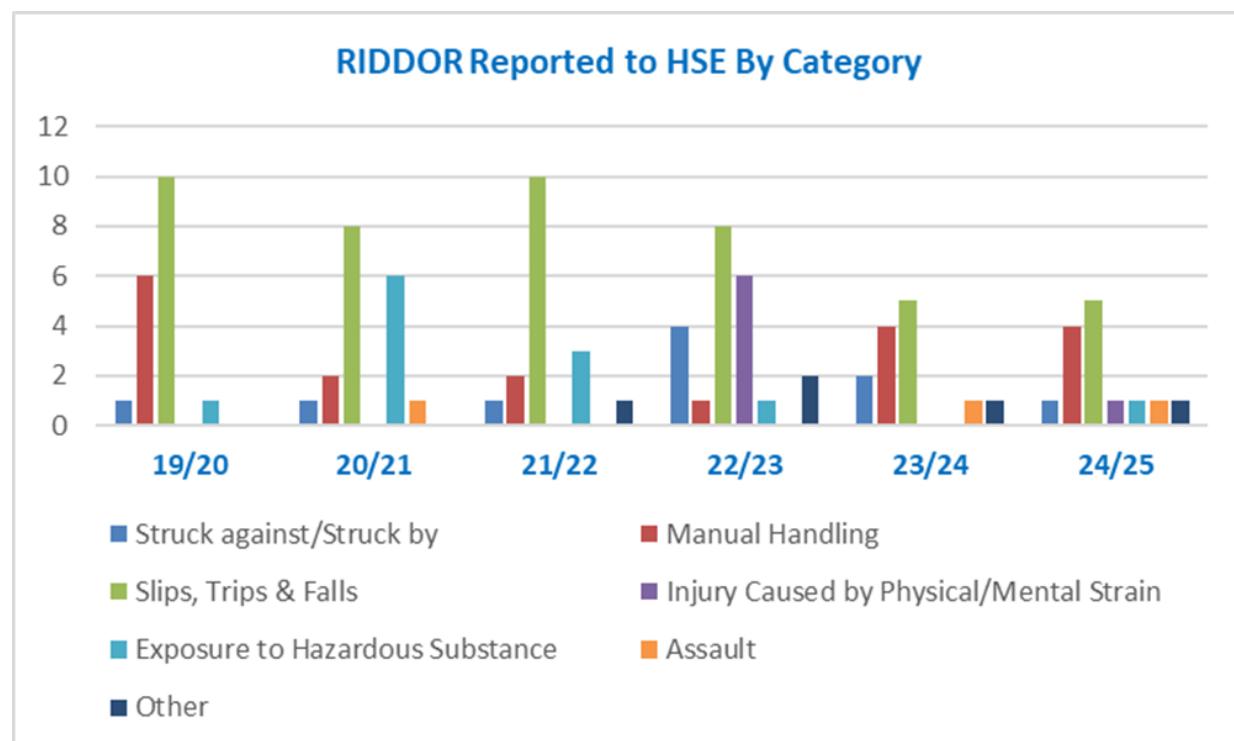
- **Slips, Trips, Falls and collisions** have decreased in 2024/25 showing the downward trend compared to last year.
- **Needlestick or other incidents connected with Sharps** fell to an all-time low this year which is a positive trend. The Health and Safety Team have worked with Infection / Prevention Control, clinical colleagues and Occupational Health in an effort to reduce and minimise these types of incidents.
- **Adverse events that effect staffing levels** There has been an increase in adverse events affecting staffing levels. However, after thorough review, no specific trends or root causes have been identified. As observed in previous years, incident numbers fluctuate considerably due to multiple contributing factors—such as sickness absence, seasonal pressures, high-acuity cases, and increased patient dependency on the wards. Most incidents reported in the period are logged as no harm incidents.

## RIDDOR REPORTABLE INCIDENTS

As indicated in Table 1 in the previous section, there have been only 14 RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) incidents reported to the Health and Safety Executive in 2024/25. Five of these were attributable to Slips, Trips and Falls.

Eight of the reports were 'Over Seven Day' sickness reports with one member of staff reporting "specified injuries" – being fractures caused by a trip and fall. The below graph shows the detailed analysis:

**Graph 2 – RIDDOR by category**



## 4. TRAINING

All induction training regarding Health and Safety has been conducted online. The Health and Safety Team have recommenced attending 'Pay Day' training face to face every month.

Care Group compliance with the Health and Safety module is detailed below. Overall compliance with training is currently **94.21%**.

**Table 2 – Compliance with Health, Safety and Welfare Training**

Health, Safety & Welfare – 3 Years	Target 90%
Corporate	95.32%
Community and Rehabilitation	95.55%
Integrated Medicine	93.45%
Specialist Clinical Services	93.33%
Surgery & Critical Care	93.43%
<i>Average Compliance Training Rate</i>	<b>94.21%</b>

Following the managers self-assessment audit, Health and Safety training has been formulated based on and tailored to the results.

**Eight sessions** of training were given entitled '**Managers Health and Safety Responsibilities**'. This focused on First Aid, Display Screen Equipment, Ligature Risk Assessment, COSHH, Red Emergency Folder responsibilities and how to complete a Risk Assessment. This training was aimed at newly appointed junior managers and those wishing to develop their understanding of Health and Safety responsibilities.

Alongside delivering structured training, the Health and Safety team remained actively engaged with colleagues across all levels, providing guidance, support, and on-the-spot training whenever and wherever needed to promote a strong safety culture.

## 5. REQUESTS FOR INFORMATION AND / OR VISITS FROM THE HSE

There has been no direct contact and / or visits from the Health and Safety Executive (HSE) this year.

## 6. HEALTH & SAFETY UPDATE

### Control of Substances Hazardous to Health (COSHH)

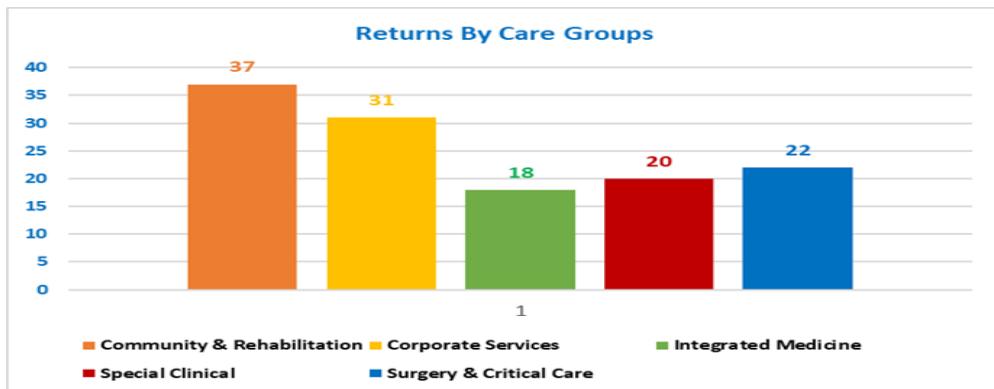
Following the successful launch of the SYPOL COSHH management software, in the last reporting period, the Health and Safety team continue to embed the system into all Trust departments providing ongoing support for assessors, resulting in **94.5%** statutory compliance across the Trust.

### Health and Safety Annual Managers 'Self-Assessment'

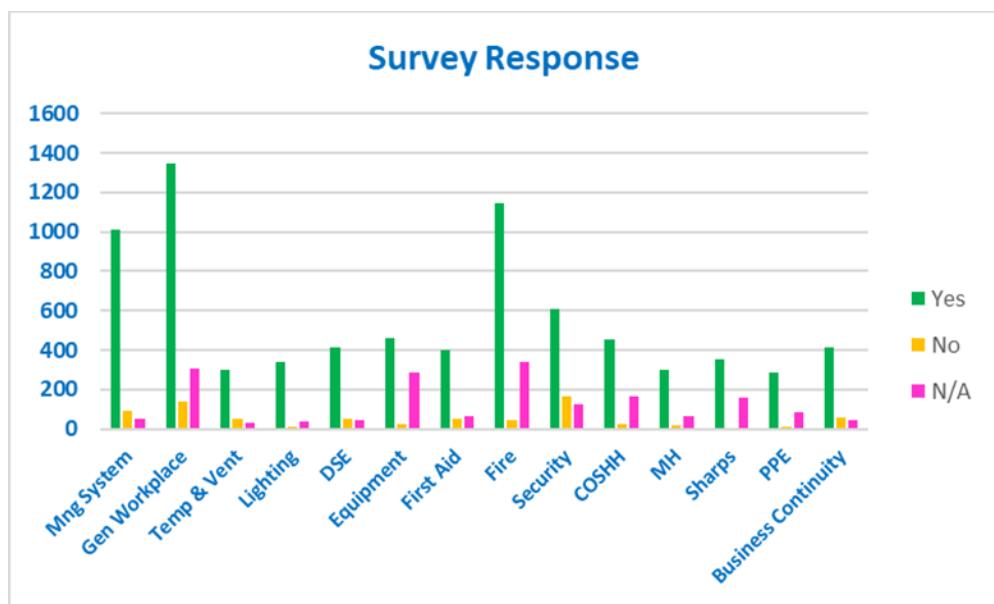
The annual self-assessment audit was carried out in the Autumn of 2024, with **128** returns being received which was higher than FY 2022 where 109 returns were received and lower than FY 2023-24 where **174** returns were received. Unfortunately, whilst we have recorded the total number of self-assessments received, we currently do not have a definitive list of areas required to complete the return. As a result, we are unable to accurately determine the total expected submissions or calculate a compliance percentage. Work is ongoing with Care Group and Corporate colleagues to establish a clear baseline for future reporting and where possible avoid duplication e.g. assessments where multiple teams utilise the same space and for communal areas.

Of the 128 returns submitted, there is a 90% compliance rate with health and safety requirements. The audit questions were designed to address key aspects of these requirements, providing a reliable indication of overall compliance.

### Graph 2 – Self-Assessment returns by Care Group



### Graph 3 – Self-Assessment compliance/non-compliance by category



The common areas of non-compliance were related to gaps in general workplace cleaning, access control or physical measures and DSE (display screen equipment).

The Health and Safety Team continue to support:

- Risk and Compliance Monitoring Group
- Pathology Health and Safety Group
- Microbiology Health and Safety Group
- Property Services Health and Safety Group
- Technical Safety Groups
- Space Committee (being re-established)
- Property Services Director Assurance Meeting
- Medical Gas Safety Committee

- Departmental support on request
- SI investigations and compensation claims
- Providing Health and Safety advice to all Capital Projects

Policies agreed at Health and Safety Committee 2024/25:

- BHT POL 039 – First Aid Policy
- BHT POL 060 – Latex Policy
- BHT POL 142 – Skin Exposure Risks Policy
- BHT POL 067 – Manual Handling Policy
- BHT POL 299 - Animals on Trust Property
- BHT POL 198 - Policy for unacceptable Behaviour
- BHT POL 082 – Trust Security Policy
- BHT POL 328 – Searching Patient Property Policy
- BHT POL 101 – Trust Health and Safety Policy
- BHT POL 169 – Trust Asbestos Policy

## 7. REVIEW OF LEGISLATION ENFORCED BY THE HEALTH AND SAFETY EXECUTIVE

Each year, the Trust undertakes an internal exercise to assess its compliance with relevant regulatory and legislative requirements. This process involves Executive Directors or their nominated management leads reviewing compliance against individual legislative and regulatory items, confirming whether the Trust is compliant or non-compliant. Where gaps are identified, action plans must be developed to address these.

The scope of this annual compliance review includes all health and safety legislation relevant to staff and patient safety. Currently, there are 24 pieces of legislation enforced by the Health and Safety Executive that ensure staff can deliver safe, accessible, and effective care while maintaining their own safety and wellbeing.

The next annual compliance report will be presented to the Executive Management Committee, Audit Committee, and Trust Board in Quarter 3 of the 2025/26 financial year.

The previous year's external audit of health and safety compliance, conducted by RSM, concluded with an overall satisfactory level of compliance. Importantly, no significant changes to health and safety legislation have occurred in the past 12 months that would impact the Trust's health and safety management processes. Therefore, the current compliance status is expected to remain unchanged.

Legislation Identified	
1) The Health and Safety at Work Act 1974	13) The Construction (Design and Management) Regulations 2015
2) The Management of Health and Safety at Work Regulations 1999	14) The Confined Spaces Regulations 1997
3) The Manual Handling Operations Regulations 1992	15) The Control of Noise at Work Regulations 2005
4) The Workplace (Health, Safety and Welfare) Regulations 1992	16) The Control of Vibration at Work Regulations 2005
5) The Personal Protective Equipment Regulations 1992 (Amended 2022)	17) The Electricity at Work Regulations 1989
6) The Health and Safety (Display Screen Equipment) Regulations 1992	18) The Health and Safety (First Aid) Regulations 1981
7) The Provision and Use of Work Equipment Regulations 1998	19) The Ionising Radiation (Medical Exposure) Regulations 2017

8) The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013	20) The Lifting Operations and Lifting Equipment Regulations 1998
9) The Control of Substances Hazardous to Health Regulations 2002	21) The Work at Height Regulations 2005
10) The Regulatory Reform (Fire Safety) Order 2005	22) The Working Time Regulations 1998
11) The Control of Asbestos Regulations 2012	23) The Food Safety Act 1990
12) The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013	24) The Health and Safety (Consultation with Employees) Regulations 1996

## 8. 2025/26 OBJECTIVES – ‘PROMOTING A POSITIVE HEALTH & SAFETY CULTURE’

<b>2025/26 Objective</b>	<b>How will this be achieved</b>
To achieve a year-on-year reduction of accidents and near misses across the Trust.	<p>A holistic approach linking together control measures using both pro-active and reactive risk management strategies.</p> <p>This would involve both acquisition and maintenance of skills training to improve colleague competencies and awareness, hazard identification during audit and safety tours / inspections and improve incident investigation competencies to inform organisational learning.</p>
Maintain colleague competencies through accredited Institution of Occupational Safety and Health training programme.	<p>Assessment to be undertaken on risk of not delivering training to inform prioritisation for funding and delivery of IOSH accredited training programme – ‘Principles of Safety Management in Healthcare’.</p>
Maintain proactive Health and Safety audits through all Care Groups within the Trust.	<p>Maintain the established ‘Managers self-assessment health and safety audit’ programme.</p> <p>The Health and Safety team will sample audits across all care groups and support identified breaches.</p> <p>Develop an ongoing/rolling programme of inspections based on risk priorities identified through audit tool completion</p>
Maintain knowledge and understanding of the COSHH management system across all Care Groups.	Ongoing monitoring and administration of the Sypol Chemical Management System to identify gaps in assessment completion and compliance across Care Groups.
Maintain levels of managerial support by providing suitable training based on identified need.	Continue to maintain levels of managerial support by providing suitable training based on identified need including delivery of the “Managers Health and Safety Responsibilities” Training.

## APPENDIX A – Abbreviations

BHT	Buckinghamshire Healthcare NHS Trust
COSHH	Control of Substances Hazardous to Health
DSE	Display Screen Equipment
HSE	Health & Safety Executive
IOSH	Institution of Occupational Health & Safety
EMC	Executive Management Committee
PAM	Premises Assurance Model
PIRSF	Patient Safety Incident Response Framework
RIDDOR	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
SI	Serious Incident