

**Public Board of Directors**  
**Item number: 34**  
**Date: 24 September 2025**

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| <b>Private/ public paper:</b>          | Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Report Title:</b>                   | <b>Annual Health and Safety Report April 2024 to March 2025</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Author(s) Accountable Director:</b> | James Drury, Director of Strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Presented by:</b>                   | Samantha Crosby, head of Facilities and Health & Safety                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Vision and values:</b>              | Adhering to health and safety requirements supports all of the SHSC values.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Purpose and key actions:</b>        | <p>The purpose of the Annual Health and Safety Report 2024/2025 is to:</p> <p>Inform the Board of Directors on the Health and Safety Management processes in place within SHSC premises for the period 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Executive summary:</b>              | <p>Failure to comply with health and safety arrangements may result in incidents which impact the Trust's patients, staff, and others to whom the Trust owes a duty of care, it has a ripple financial effect and can be detrimental to the reputation of the Trust. Therefore, this report uses statistical evidence and existing practice learning to assess the health, safety, and fire arrangements in place, and identifies what level of success action plans have achieved as well as what further support is required to address deficiencies. This will provide assurance to the Board that there is adequate control of risks and rigorous assessment of risk status within our Trust.</p> <p>SHSC should remain assured that there are relevant policies, procedures, consultation meetings, compliance meetings, protocols, and documentation available to demonstrate partial statutory compliance and in addition to this there is the health and safety action plan that further demonstrates that SHSC recognises there are gaps and are working towards resolving these.</p> |

| <b>Which strategic objective does the item primarily contribute to:</b>                                                                                                                                                                                                                                                                                         |     |   |    |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|----|--|--|
| Effective Use of Resources                                                                                                                                                                                                                                                                                                                                      | Yes | ✓ | No |  |  |
| Deliver Outstanding Care                                                                                                                                                                                                                                                                                                                                        | Yes | ✓ | No |  |  |
| Great Place to Work                                                                                                                                                                                                                                                                                                                                             | Yes | ✓ | No |  |  |
| Ensuring our services are inclusive                                                                                                                                                                                                                                                                                                                             | Yes | ✓ | No |  |  |
| <b>What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.</b>                                                                                                                                                                                                                                    |     |   |    |  |  |
| <p>1. The Health and Safety at Work Act 1974, Section 2, places a legal duty on employers to ensure, so far as reasonably practicable, the health, safety, and welfare of workers. This includes protecting them from work-related violence.</p> <p>2. The Management of Health and Safety at Work Regulations 1999, require employers to assess the health</p> |     |   |    |  |  |

and safety risks to workers, including the risk of work-related violence.

3. The Regulatory Reform (Fire Safety) Order 2005 requires employers to take steps to prevent fire and protect people from harm.

|                                                            |                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BAF and corporate risk/s:</b>                           | <p>There are currently 1 risk associated with this report.</p> <p>Risk 5344, BAF 0024 - There is a risk that the integrity and safety of the fire doors have been compromised caused by inadequate maintenance through a sufficient Planned Preventative Maintenance (PPM) regime resulting in reduced effectiveness in minimising the spread of fire and smoke.</p> |
| <b>Any background papers/ items previously considered:</b> | <p>The draft annual Health and Safety Report was received by Board of Directors in July 2025. This paper is a revised version to address the feedback provided.</p>                                                                                                                                                                                                  |
| <b>Recommendation:</b>                                     | <p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Review and <b>approve</b> the annual Health and Safety Report for 2024 / 2025.</li> </ul>                                                                                                                                                                                          |

# Sheffield Health and Social Care NHS Foundation Trust

## Annual Health and Safety Report

2024 - 2025

### Section 1: Analysis and supporting detail

#### Introduction

- 1.1 This report provides analysis of the level of health and safety performance throughout the organisation for the financial year 2024 / 2025.

The Health and Safety at Work etc. Act 1974 provides a legislative framework to promote, stimulate and encourage high standards of health and safety at work.

The Act requires organisations to provide and maintain:

- i. A Health and Safety Policy
- ii. A system to manage and control risks in connection with the use, handling, storage and transport of articles and substances
- iii. A safe and secure working environment, including provision and maintenance of access to and egress from premises
- iv. Safe and suitable plant, work equipment and systems of work that are without risks
- v. Information, instruction, training and supervision as is necessary
- vi. Adequate welfare facilities

The legislation is enforced by the Health and Safety Executive (HSE) who have far-reaching powers, which include:

- i. Access to work premises at any reasonable hour
- ii. Freedom to interview staff and visitors, contractors or patients
- iii. Confiscation of equipment and applicable documents
- iv. Taking statements, photographs, measurements and samples
- v. Issuing notices (Improvement and Prohibition) requiring respectively improvements within a certain timeframe or stopping work until improvements are made also within a timeframe
- vi. Initiating criminal court proceedings for alleged breaches of health and safety legislation.

#### Background

- 1.2 This report (including fire safety and security) covers the period 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025, and consolidates key information from the quarterly reports submitted to the Health and safety Committee and assured by the Quality Assurance Committee. The quarterly reports submitted and approved by the Health and Safety Committee are:

- Q1 Health and Safety Report April to June 2024
- Q2 Health and Safety Report July to September 2024
- Q3 Health and Safety Report October to December 2024

The purpose of this annual report is to provide assurance on compliance with legislation, to the Health and Safety Committee, Quality Assurance and People Committee and the Board. Included within the report is key statistical analysis and information regarding Health and Safety activity, audit programme, training compliance, RIDDOR submissions together with monitoring and responding to the health and safety needs of Sheffield Health and Social care NHS Foundation Trust (SHSC).

This is the fourth annual Health and Safety report, and purpose of it conforms to the SHSC Health and Safety Policy, Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996.

- 1.3 All employers have legal responsibilities under the Health and Safety at Work Act 1974 and associated legislation to put suitable arrangements into place for the management of health and safety. To fulfil these statutory duties and create a safe environment for all our users, SHSC's Health and Safety Management framework adheres to the guidance provided by the Health and Safety Executive's HSG65, Managing for health and safety, which identifies key actions in a cycle of:

- Plan determining policies/plan for implementation
- Do profile health and safety risks/organise for health and safety, implement the plan
- Check measure performance (monitor before incidents, investigate after events)
- Act review performance, act on lessons learnt.

During 2024 / 2025 SHSC's health and safety team consisted of a part-time health and safety risk advisor, full time fire and security officer and full-time security and fire co-ordinator led by the head of facilities and health & safety.

The team work together to support and promote a positive safety culture and monitor processes throughout SHSC, which support the mitigation of potential risks and ensure compliance with statutory duties leading to improved health and safety of service users, staff, and others.

It is anticipated that during 2025 / 2026 there will be a need to review the current structure to ensure that it is suitable and sufficient to meets the needs of SHSC.

### Regulatory compliance

- 1.4 A health and safety action plan enables the health and safety team to evidence how it plans to improve the standards of health and safety both for legal compliance and improved risk management. This creates a focus and demonstrates SHSC commitment to continual improvement.

The action plan is monitored by the health and safety committee and provides assurance of ongoing reviewing, monitoring and further identification of actions required to mitigate potential risk areas.

Methods of assurance used for monitoring compliance:

- The Director of Strategy is the Lead Director for Health and Safety and chairs the Health and Safety Committee. They are advised by the Head of Facilities and Health & Safety regarding appropriate internal controls are in place for managing Health and Safety related risks and ensures that the effectiveness or otherwise of these arrangements is reviewed and formally reported to the Trust Board.
- The Head of Facilities and Health & Safety produces a quarterly health and safety report, on progress, which is directed to the Health and Safety Committee.
- The Trust has an appointed a health and safety risk advisor who is dedicated to ensure processes in place to support health and safety are robust, delivered, monitored, and reviewed effectively.
- Authorised engineer (fire) conducts an annual audit in relation to fire safety management.
- The Health and Safety Committee is a well-established forum for communication with members drawn from management and staff as well as clinical and non-clinical. Meetings are held quarterly and promote a culture of understanding and co-operation across SHSC.

- Operational Health and Safety Group and Operational Fire Safety and Security Group established to strengthen the assurance provision of health and safety across the SHSC.
- The Quality Assurance Committee is alerted to any health and safety matters for escalation through the Alert, Assure and Advise summary reports. In turn the Quality Assurance Committee ensures that the Trust Board of Directors receives appropriate assurance on health and safety.
- Statistical data is routinely accessed, and key performance indicators (KPIs) have been updated to demonstrate practices now embedded as “business as usual” but also to support the provision of future assurances of compliance levels; provide measure of health and safety good practice and any outlying areas which require action or escalation. The implementation of these continue to demonstrate both active and reactive monitoring.

## Health and Safety Policies for 2024-2025

1.5 During this reporting period three health and safety related policies were reviewed and updated to provide more structured guidance to our staff and clearly outlines roles and responsibilities.

All health and safety related policies and procedures have been through the Trust’s consultation and ratification process.

| Policy Number | Policy Name       | Version | Ratified      | New Review Date |
|---------------|-------------------|---------|---------------|-----------------|
| DCE 002       | First Aid at Work | 4       | May 2024      | April 2027      |
|               | Dermatitis        | 3       | November 2024 | February 2027   |
| HR 052        | Lone Worker       | 6       | November 2024 | September 2027  |

*Table 1 Health and Safety Policies Ratified during 2024 / 2025*

2024 / 2025 has also seen the introduction of the Supporting New, Nursing and Expectant Mothers in the Workplace (see section 1.6). This was approved by the Executive Management team in March 2025.

| Policy Number | Policy Name                                       | Version | Review Date  |
|---------------|---------------------------------------------------|---------|--------------|
| HR 016        | Control of Substances Hazardous to Health (COSHH) | 5       | April 2025   |
| HR 040        | Falls (staff and public)                          | 9       | August 2025  |
| DCEO 001      | Health and Safety                                 | 7       | October 2025 |

*Table 2 Health and Safety Policies to be reviewed during 2024 / 2025*

All of the health and safety related policies are kept under on-going review and are amended as necessary considering any changes to regulations, statutory requirements, and guidance.

## External report / Enforcement Agencies

### 1.6 Health and Safety Executive

The Health and Safety Executive (HSE), in September 2024 corresponded in regard of an incident that occurred on Burbage Ward on the 16<sup>th</sup> September 2024. An initial request was made for some documents, which were sent and following this in November 2024 an inspector was assigned to investigate the incident. There has been no formal communication for the HSE as to the conclusion of this investigation.

Following this several internal actions were instigated in the form of:

- Review current risk assessment templates **completed**
- Establish emergency review panel **completed**
- Communicate message to staff **completed**
- Collate all current risk assessments for panel **completed**
- Arrange Capsticks training on legal aspects of risk assessment **completed**

- Create Video or find video for risk assessment training **completed through alternate means by revising managers risk assessment training. Roll out commenced in August 2025**
- Develop improved simple guidance for employees and staff on actions to be taken on notification of pregnancy **completed**
- Establish central oversight of all pregnant employees **completed**

In addition, a detailed new, nursing and expectant mother within the workplace policy has been written and approved by Executive Management Team.

A policy implementation group was established to oversee implementation of the processes required to embed the new policy in practice. It oversaw the establishment of a multi-disciplinary panel to review and approve all pregnancy risk assessments, to provide support to managers on completion of risk assessments, and to track compliance with reviews of risk assessments. All staff had the opportunity to share their feedback via a survey, and a series of drop in briefing sessions were held to enable staff to attend and ask any questions. The Trust's ongoing governance arrangements for oversight of the policy form part of the remit of the Management of Violence and Aggression group, which will provide assurance to People Committee, and will share learning including analysis of incident trends with the Health and Safety Committee.

#### 1.7 South Yorkshire Fire and Rescue Service Inspections

Local fire and rescue authorities are the primary enforcing body for the Regulatory Reform (Fire Safety) Order 2005 and therefore conduct visits to non-domestic premises. The South Yorkshire Fire and Rescue Service undertake fire inspections within SHSC premises, and these are part of a risk based generated audit programme:

|               |                                             |
|---------------|---------------------------------------------|
| April 2024    | Longley Centre – familiarisation visit only |
| November 2024 | Woodland View – no actions identified.      |

#### 1.8 Authorised Engineer (fire)

The appointed Authorised Engineer (fire) conducted an audit of the Fire Safety Risk Management Strategy arrangements for SHSC, August 2024 the final report was received December 2024.

The purpose of the audit is to provide assurance to Sheffield Health and Social Care NHS Trust that the Fire Safety Management arrangements are suitable, efficient and effective. The guidance in HTM 05-01 aims to ensure that a suitable standard of fire safety management is maintained in a manner appropriate for healthcare organisations. This audit also seeks to demonstrate that the requirements of HTM 05-01 have been met.

The audit remit was to include specifics in relation to the HTM 05-03 which was updated in April 2024 and included updates to fire risk assessment template and competency of those undertaking the fire risk assessments.

The following staff were interviewed to ensure a good understanding of the role and responsibility they hold, this included:

- Director of Strategy
- Head of Capital
- Security and Fire Officer
- Fire and Security Co-Ordinator
- Head of Estates
- Estates Officer

The auditors also attended a ward area and spoke with staff, on this occasion they visited Grenoside.

The overall level of assurance given by the audit report was limited – Governance, internal control and the management of risk display a general trend of unacceptable residual risk and weakness that must be addresses within a reasonable timescale, appropriate resourcing will be required.

An update was provided to the EMT in March 2025 in regard of the action plan that has been implemented.

The action plan has the following assurance allocation:

- Very Limited – 1 action
- Limited – 18 actions
- Substantial – 24 actions
- Comprehensive – 26 requiring no action

The very limited assurance action was in relation to external fire hydrants. The action was to make the maintenance records available. This has been completed.

The action plan identified leads for each action and updates were provided to the Health and Safety Committee via the quarterly report. By September 2025 over 75% of the actions had been completed and it was planned that the remaining actions would be completed by November 2025. It was understood that the capital programme to replace fire doors would be ongoing over a longer period.

The audit also highlighted new / amended qualification requirements under the relevant Heath Technical Memorandum (HTM) applying to the Fire and Security Officer role. Subsequently the post holder retired, with recruitment underway. As an interim measure the line manager (Fire Safety Manager) enrolled in a suitable qualifying course. This is over and above the requirements of the HTM for this role.

## Incident Analysis

1.9 Accidents and incidents, including near misses are reported via the Ulysses incident management system. There are several categories related to health and safety and reports are accessed regarding these.

A health and safety representative attends the daily incident huddle; however attendance has been affected by absences within the team. A daily report is received and therefore this is reviewed to ascertain if the health and safety team are required to undertake any further actions, but no further specific actions have been required by the team.

The graph below (chart 1) shows the fiscal 2024 / 2025 information for the specific incident categories relevant to health and safety.

As seen in the graph, collision, contact and chemical exposure remain consistently low numbers of incidents as does fire related category, which does not include false alarms or smoking breaches.

This fiscal year continues to see abuse to staff and slips, trips and falls as the highest reporting category, however the annual figure of reported incidents of abuse to staff category has seen a decline from previous year, see table 3, see section 1.9 for details of the decline in numbers.

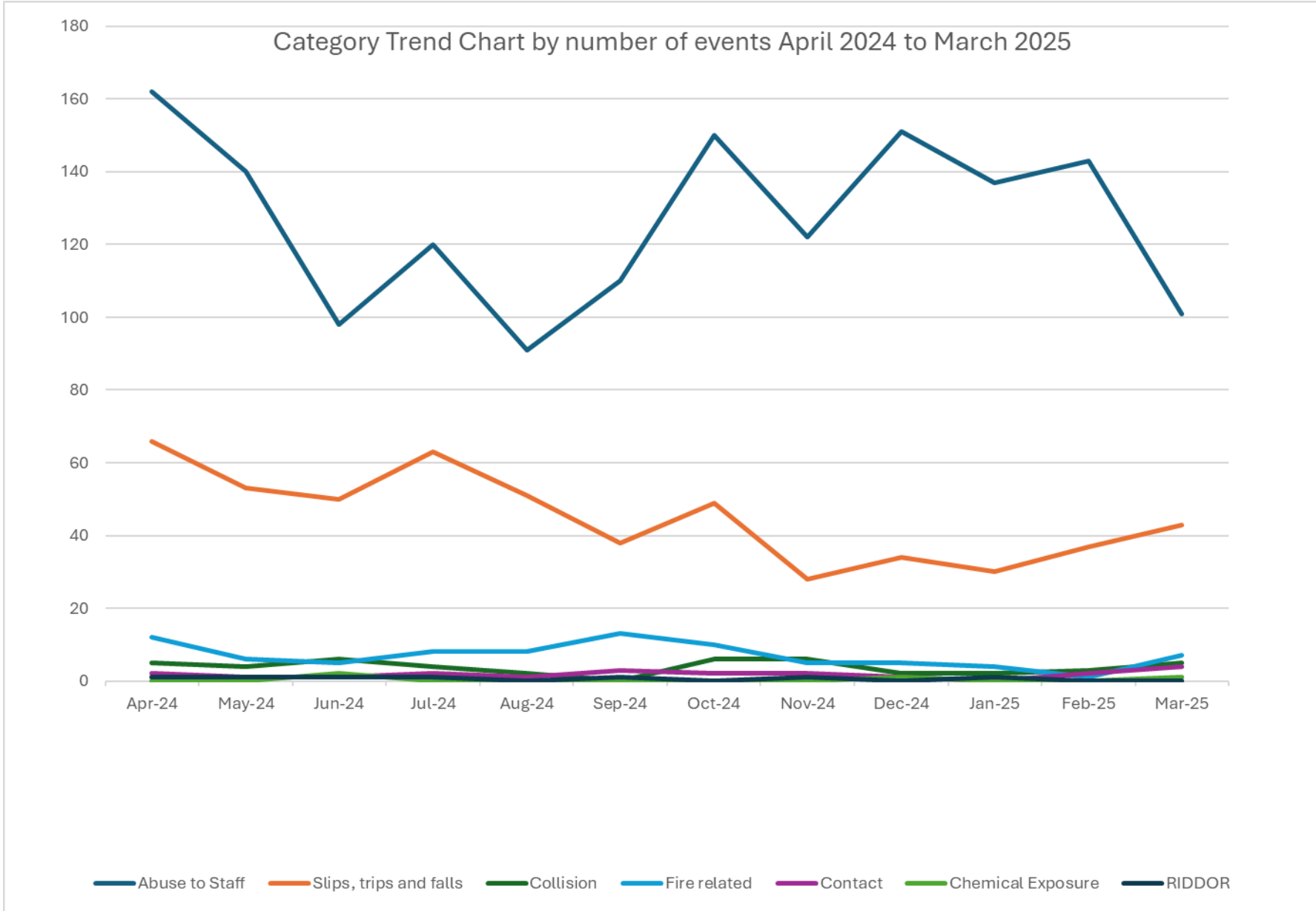


Chart 1 Category Trend Chart by number of events April 2024 to end of March 2025



#### 1.10 Violence and Aggression towards staff

The Health and Safety Executive (HSE) defines work related violence as:

*“Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.”*

The Health and Safety at Work Act 1974 places a legal duty on employers to ensure, so far as reasonably practicable, the health, safety and welfare of workers. This includes protecting them from work-related violence.

The relevant legislation and underpinning regulations are:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations, 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013
- Safety Representatives and Safety Committees Regulations, 1977
- Health and Safety (Consultation with Employees) Regulations, 1996

The Violence and Aggression Reduction Group is led by Deputy Director of People in February / March 2025 the health and safety risk advisor was added to the group's membership.

It is anticipated that during 2025 / 2026 this link will become embedded and supportive of the work that is required to meet the NHS Violence and Aggression Reduction Standards.

Due to the nature of the service provided SHSC staff need be equipped to respond to violent and aggressive behaviour and to have the confidence that their incident reporting leads to relevant actions to ensure safeguarding against abuse, aggression, and violence. To support this there is RESPECT training that is undertaken commensurate to job roles and an e-learning module titled Conflict Resolution.

|                 | 2021/2022 | 2022/2023 | 2023/2024 | 2024/2025 |
|-----------------|-----------|-----------|-----------|-----------|
| Annual total    | 1840      | 1562      | 1619      | 1525      |
| Monthly Average | 153       | 130       | 135       | 127       |

*Table 3 Annual Total number of events logged within “abuse to staff” category*

There has been a decrease of incidents logged from 2021 / 2022 and this reporting period sees the lowest reported over the four-year period. This could be indicative of all of the work that has been undertaken by the various groups including Reducing restrictive practice, Sexual Safety and Zero Tolerance Groups – this trajectory suggests a further decrease during 2025 / 2026.

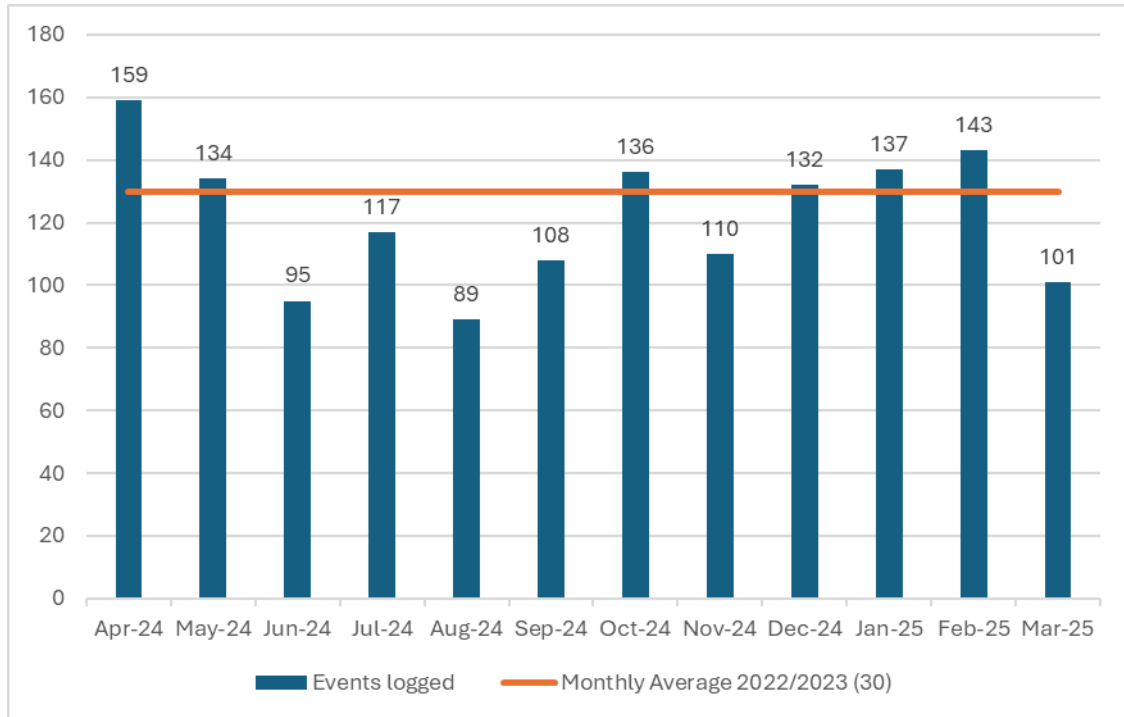


Chart 2 Abuse to staff logged events compared to lowest monthly average 2022 / 2023

There are several subcategories within the abuse to staff category, but the top three categories were as follows:

| Top Category | Q1 2023/2024              | Q2 2023/2024                    | Q3 2023/2024                    | Q4 2023/2024                    |
|--------------|---------------------------|---------------------------------|---------------------------------|---------------------------------|
| 1            | Physical Assault (137)    | Physical Assault (210)          | Physical Assault (151)          | Physical Assault (95)           |
| 2            | Racial/Culture Abuse (45) | Intimidation (72)               | Intimidation (54)               | Intimidation (50)               |
| 3            | Intimidation (44)         | Attempted Physical Assault (67) | Attempted Physical Assault (41) | Attempted Physical Assault (35) |

Table 4 Subcategories Comparison 2023 / 2024

| Top Category | Q1 2024/2025                 | Q2 2024/2025           | Q3 2024/2025           | Q4 2024/2025           |
|--------------|------------------------------|------------------------|------------------------|------------------------|
| 1            | Physical Assault (122)       | Physical Assault (134) | Physical Assault (102) | Physical Assault (120) |
| 2            | Intimidation (55)            | Intimidation (85)      | Intimidation (69)      | Intimidation (66)      |
| 3            | Racial / Cultural Abuse (50) | Sexual abuse (44)      | Sexual abuse (36)      | Verbal Abuse (54)      |

Table 5 Subcategories Comparison 2024 / 2025

Physical assault (patient to staff) is consistently the highest reported event within the “abuse to staff”, this supports the need to continue, engage and promote the work of the groups in order to reduce Violence and Aggression incidents across SHSC.

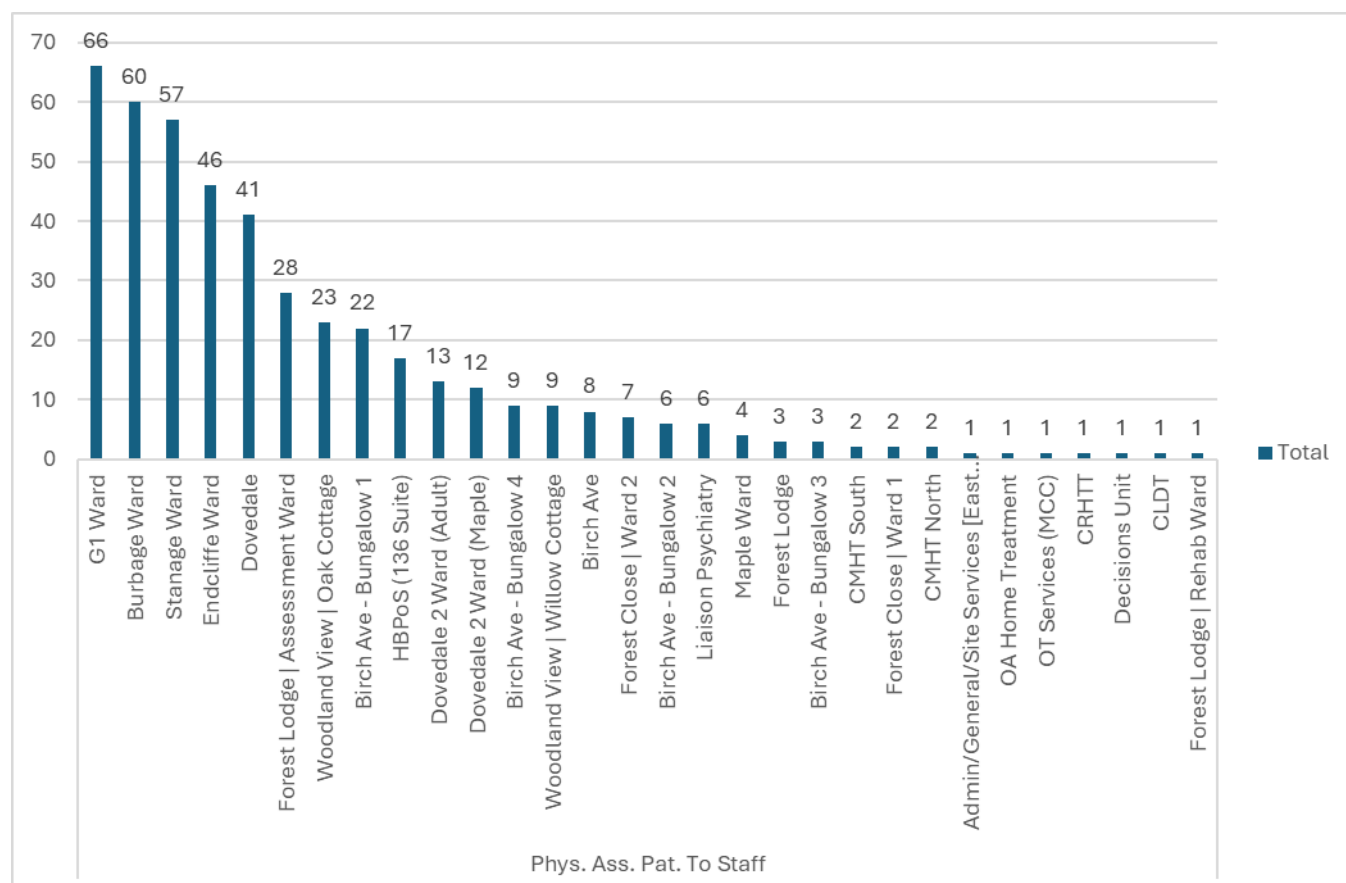


Chart 3 Physical Assault patient to staff by department during 2024 / 2025

| Physical Assault – patient to staff | 2023 / 2024 | 2024 / 2025  |
|-------------------------------------|-------------|--------------|
| 1                                   | Maple       | G1           |
| 2                                   | Dovedale 2  | Burbage Ward |
| 3                                   | G1          | Stanage Ward |
| 4                                   | Endcliffe   | Endcliffe    |
| 5                                   | Birch       | Dovedale     |

Table 6 Top five reported "physical assault – patient to staff category comparison

Of the 453 events logged as physical assault patient to staff during, the inpatients bedded services are consistently reporting the highest number of events.

### 1.11 Slips, Trips and Falls

There continues to be a steady decline (refer to chart 1, section 1.8) in total events logged in this category, with the majority of department figures being expected and consistent for service users within the over 65 years and adults with dementia /complex needs divisions. There is no obvious trend identifying these occurrences with respect to team location or causation of slip or trip.

SHSC maintains an absolute duty to provide floor surfaces and working environments that are safe and without slip and trip hazards. The current workplace environmental risk assessments include the assessment of such hazards and staff are encouraged to report all slips, trips, and falls to enable investigation and enable prevention where practicable. The physical health team and falls prevention lead address falls incidents under the clinical remit, with the involvement and support of the health and safety team if there are environmental causative factors.

| Affected party | 2023 / 2024 | 2024 / 2025 |
|----------------|-------------|-------------|
|----------------|-------------|-------------|

|              | Logged events | %   | Logged events | %   |
|--------------|---------------|-----|---------------|-----|
| Patient      | 583           | 96% | 512           | 94% |
| Staff member | 24            | 4%  | 26            | 5%  |
| Visitor      | 2             | <1% | 4             | 1%  |
| Total        | 609           |     | 542           |     |

In relation to patient falls there are named falls preventions leads who coordinate the falls prevention group. The group reviews best practice guidance monitors staff training and support regular audits.

There are several training resources available, and these include bitesize training for multi-factorial falls risk assessment which supports the identification of risk factors for falling.

The Falls (staff and Public) policy is due for review in August 2025 therefore this will be completed during 2025 / 2026 and ensure correct governance and consultation is completed.

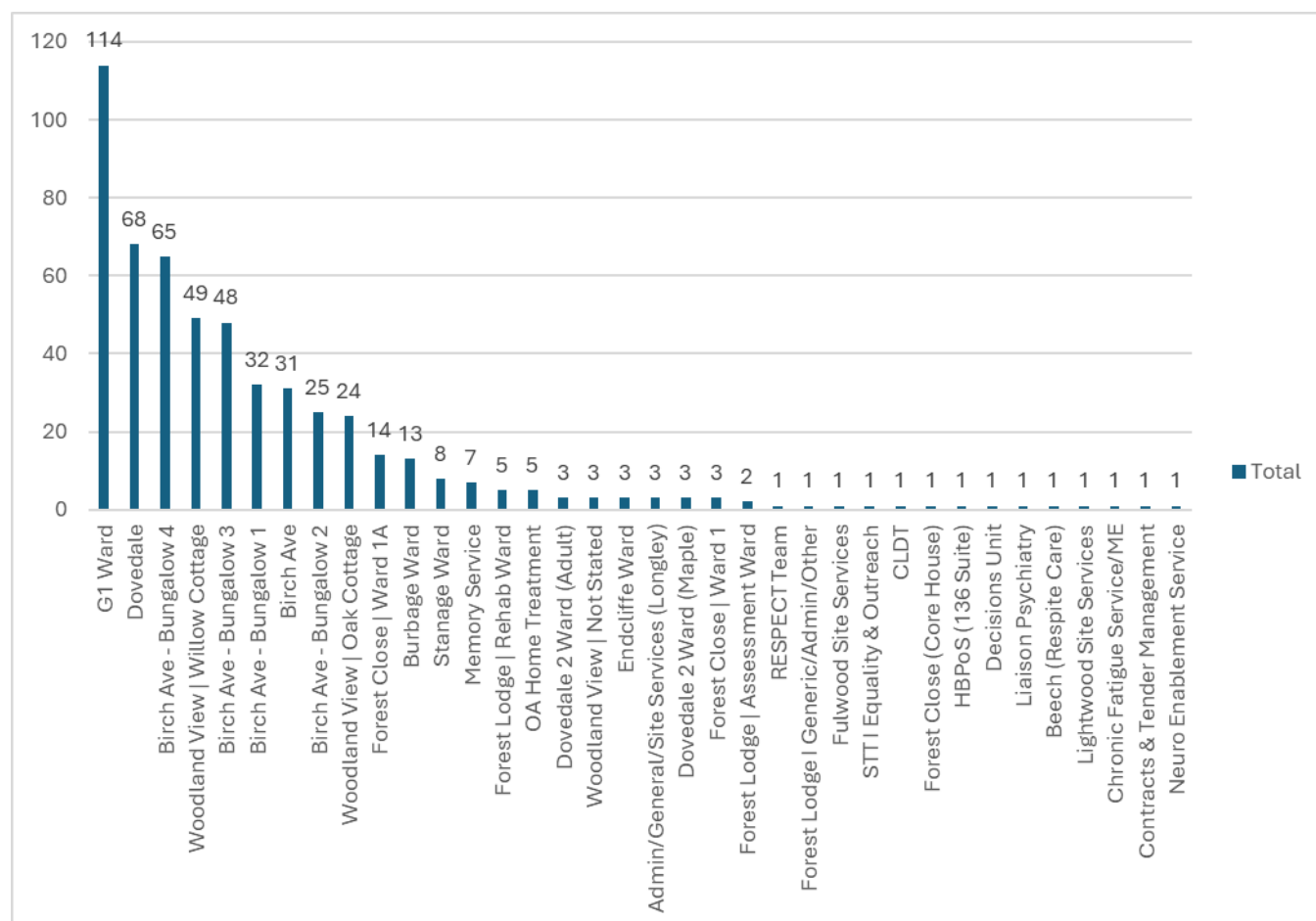


Chart 4 Slips, trips and falls by department during 2024 / 2025

| Department | 2023 / 2024                    | 2024 / 2025                    |
|------------|--------------------------------|--------------------------------|
| 1          | Birch Avenue                   | G1                             |
| 2          | Woodland View – Willow Cottage | Dovedale                       |
| 3          | Dovedale                       | Birch Avenue – Bungalow 4      |
| 4          | Maple ward                     | Woodland View – Willow Cottage |
| 5          | Woodland View – not stated     | Birch Avenue – Bungalow 3      |

The trend of slips, trips and falls continues to demonstrate that the older adults inpatient bedded areas are the highest reporting areas which is consistent with the age range and health needs of the individuals.

| 2021 / 2022 | 2022 / 2023 | 2023 / 2024 | 2024 / 2025 |
|-------------|-------------|-------------|-------------|
| 695         | 696         | 609         | 542         |

Table 7 Annual Slips, trips and falls data

This is a continuing decreasing trajectory within the slips, trips and falls category and it is anticipated that this will continue during 2025 / 2026, with the continued interventions by the falls team and the resources available.

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

RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses). RIDDOR reports are submitted to the HSE by the risk management team.

This year SHSC completed 7 RIDDOR submissions compared to 8 in the previous reporting year, indicating a decreasing trajectory. It is hoped that 2025 / 2026 will see 5 or below incidents reported as RIDDOR.

| 2021 / 2022 | 2022 / 2023 | 2023 / 2024 | 2024 / 2025 |
|-------------|-------------|-------------|-------------|
| 12          | 11          | 8           | 7           |

Table 8 Annual RIDDOR Data

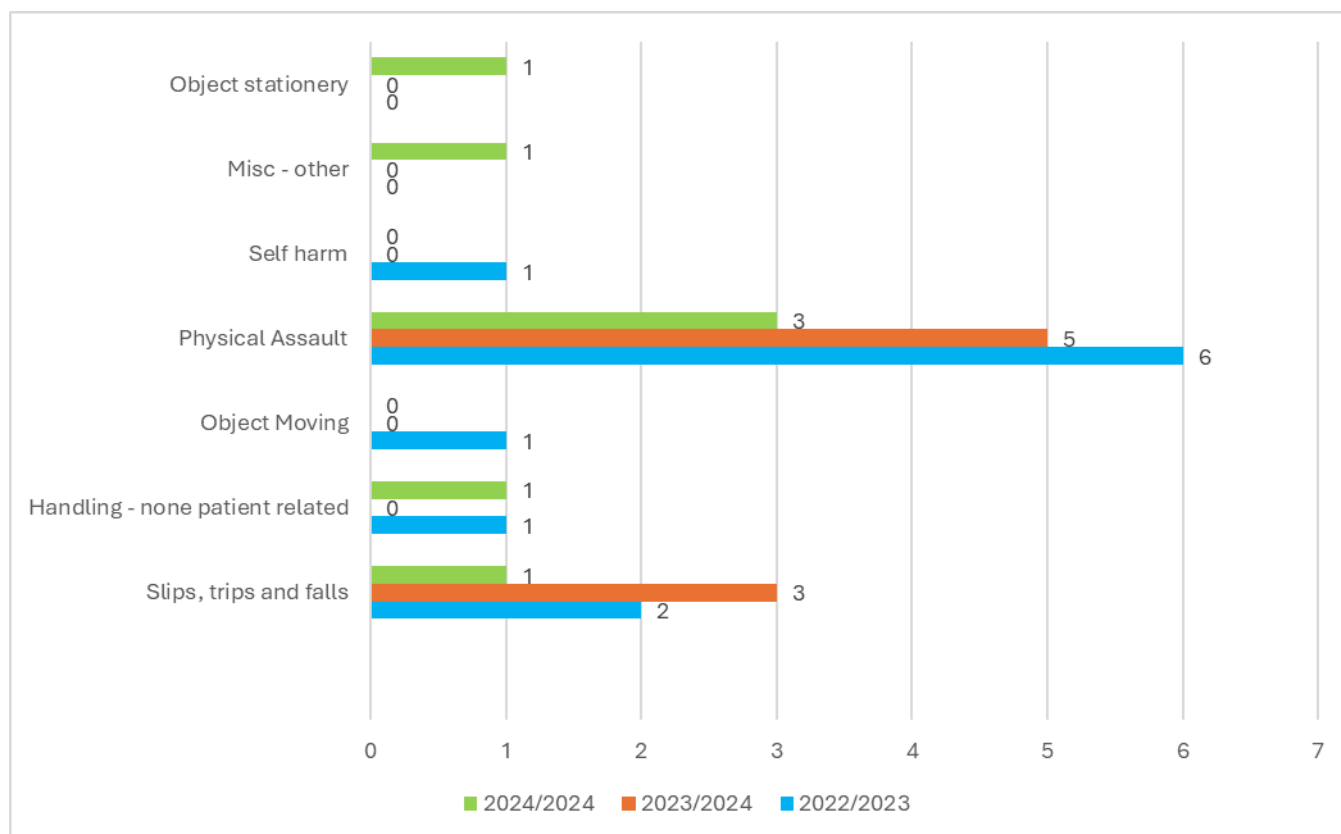


Chart 5 The annual number of RIDDOR submissions comparison

The submissions are broken down into cause groups and physical assault remains the top reason for submitting RIDDOR. However, this is showing as a decreasing trajectory.

| 2022 / 2023 | 2023 / 2024 | 2024 / 2025 |
|-------------|-------------|-------------|
|-------------|-------------|-------------|

|   |   |   |
|---|---|---|
| 6 | 5 | 3 |
|---|---|---|

Table 9 RIDDOR submissions related to physical assault of a staff member

## Internal Fire Safety Processes

- 1.13 SHSC has a Fire Safety Policy and associated Fire Safety Protocols in place and staff are trained in these procedures via mandatory fire safety awareness, fire drills and fire evacuation or alarm events, and improvements are made from learnings identified. All SHSC owned premises have had a technical fire risk assessment which are completed on a rolling programme.

### 1.14 Fire Risk Assessments

Previously the fire risk assessments review period was based on the outcome of the risk rating. However, due to the concerns being raised with fire doors maintenance all fire risk assessments, inpatient bedded areas review period was changed to every 12 months. This will continue until the full programme of works required to the fire doors and fire compartmentation is undertaken.

The final risk assessment is shared with all the services within the building and an action plan is compiled per service provision, this is on the shared drive.

### 1.15 Fire Drills

Under the HTM 05-03 one fire drill, per building, is required in every twelve-month period. But as with the fire risk assessments this has been increased to every 6 months within inpatient bedded areas.

As reported to the Health and Safety Committee the fire drills completion was 100%.

## Training Compliance

- 1.16 Training intends to reduce staff risk of injury or ill health by the education of staff on the creation and use of health and safety risk assessments, on controls in place, safety processes and emergency procedures. SHSC provides several e-learning courses for this area via its training and development team including health and safety awareness and display screen equipment use.

The courses are determined by the roles the individual staff member carries out and are pre-agreed by their line manager and the Training and Development Team. Mandatory Health and Safety (3 yearly) and Fire Awareness (2 yearly) training are via e-Learning and levels of compliance have remained consistently above the 80% (as set by SHSC) for the past two years.



Chart 6 Fire Training Compliance (Trust wide) 2024 / 2025

- 1.17 Previously fire warden training was undertaken by those that volunteered and were nominated by their manager to complete.

However, in 2023 / 2024 a paper was received at the Health and Safety Committee that highlighted possible gaps in the Trust's arrangements for fully trained fire wardens at each site at all times of operation. This situation has arisen due to changes in post-pandemic working practices, where blended hybrid working arrangements are more common, resulting in the possibility that nominated fire wardens may be working off-site.

Following this the health and safety team noted that the mandatory fire safety training incorporates all the requirements of the fire warden role and therefore there was no need to undertake an additional e-learning module.

This will move forward in 2025 / 2026 with the relaunch of the fire warden role which will involve a communications plan and in addition drop in fire related sessions that staff can attend. These sessions will enable any questions to be asked by individuals

The health and safety risk advisor and the fire safety team provide reactive support to all areas, specifically identified, as falling below compliance levels or incident occurred. The committee receives the health and safety training statistics for oversight and is discussed in conjunction with the Ulysses summary of incident statistics to determine if there are any commonalities. One common theme is that of vaping and or smoking of patients – the head of facilities and health & safety has been facilitating meetings specifically at Michael Carlisle Centre of operational colleagues, including QUIT team, as to how to address some of the issues this has resulted in a change to section 17 leave forms where the roads are now included rather than just ground (which is against policy) and in addition a quality improvement programme is being looked into by the QUIT team.

## Section 2: Risks

- 2.1 Workplace environmental risk assessments must be conducted under Regulation 3 of Management of Health and Safety Work Regulations 1999, which places a legal requirement for every employer to assess health & safety risks arising out of their work and these must be recorded.

There are workplace environmental risk assessments undertaken and reviewed which are accessible to all via the “shared” drive, these are monitored via the KPI See Appendix 1 and reported at the Health and Safety Committee.

- 2.2 Health and Safety Team Level on the risk register

The risk domains for safety has a risk appetite of Low (minimal) and for statutory there is a zero-risk appetite (adverse).

| Risk description                                                                                                                                                                                                                                                                                           | Rating<br>2023 /<br>2024 | Rating<br>2024 /<br>2025 | Controls/Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk 4615:<br>Reporting of<br>Diseases<br>Dangerous<br>Occurrences<br>Regulations (2013):<br>lack of compliance<br>with reporting and<br>distribution of<br>learnings.                                                                                                                                     | Low                      | High                     | <ul style="list-style-type: none"> <li>SHSC should be assured that RIDDOR reports are being submitted and there are control measures in place in the form of daily incident huddles, human resources receiving automatic notifications when it is logged that a staff member is injured, and statistical information is shared supporting openness and transparency.</li> <li>Distribution of lessons learnt information to all staff.</li> <li>Regular statistics received by the health and safety Committee.</li> <li>Inclusion of data by Risk Management on IPQR report received at QAC.</li> <li>The risk rating increased due to change in the matrix table, but all control measures are in place and appropriate to the risk.</li> </ul> |
| Risk 4883: The Health and Safety Committee (for the Trust) has identified that the figures it is receiving regarding work related absence may not be accurate. This means that reporting could be compromised and if not accurate actions regarding supporting this provision may not be being identified. | High                     | High                     | <ul style="list-style-type: none"> <li>Sickness absence is recorded via ESR but the field is not marked as mandatory</li> <li>HR and union representation attend Health and Safety Committee</li> <li>HR provide a report which highlights all absences related to sickness and is able to identify “hot spots”</li> <li>Occupational Health is in place for support</li> <li>Health and Wellbeing pages are available on Jarvis to support staff</li> </ul> <p>Inaccuracy is noted as the union representatives have indicated that they are aware of more of there members absence due to work related causes, but they is currently no way of verifying this with the data currently available.</p>                                            |

Table 10 Summary of Health and safety specific risks identified

In addition, a specific risk is held on the Corporate Risk register in regard of the fire door concern by Estates and Facilities Directorate:

Risk 5344: There is a risk that the integrity and safety of the fire doors have been compromised caused by inadequate maintenance through a sufficient Planned Preventative Maintenance (PPM) regime resulting in reduced effectiveness in minimising the spread of fire and smoke.

Initial Risk Score 20 (extreme), in March 2025 this was reduced to 15 but remains within the extreme category.



There are sixteen open risks on the corporate risk register, the fire doors, initially the risk rating was 20 and this was the highest risk on the corporate register. The reduction to 15 means that this is no longer the highest risk.

The risk was reduced due to the receipt of all the surveys. Following the surveys the overall risk rating has been identified as moderate:

- Effectiveness of compartmentation = Medium.
- Potential consequences of fire = Moderate Harm

Mitigations in place:

- Fire risk assessments are being conducted annually rather than the previous risk-based approach, reported via Health and Safety Committee as of 31<sup>st</sup> March 2025 at 100%.
- Fire drills within inpatient services have been increased to every six months rather than annually, reported via Health and Safety Committee as of 31<sup>st</sup> March 2025 at 100%.
- Additional fire education sessions are undertaken following an incident of fire related concern.
- Planned Preventative Maintenance programme continues to be in place that the task and finish group have clear oversight.
- Fire Door task and finish group takes place to ensure the actions identified remain on track.
- Executive Management Team have oversight and receive reports from the Associate Director and / or Head of Estates Services/Hard FM.
- Capital programme, 2.2 million over 2 years has been agreed and appropriate programme is being devised

There are two outstanding actions that are recorded on the risk register entry, due for completion at the end of April 2025:

- Renew the Kingsway Doors service contract and ensure that any additional doors, which may have been installed since the contract's inception, are included in the service visits.
- Implement a comprehensive fire door maintenance regime on all standard fire doors. Integrate data from the asset tagging project into the department's PPM management system, with each door scheduled for six-monthly PPM, or more frequently if deemed necessary by a risk assessment as per NHS standards guidance.

The Capital Project in regard of the required schedule of works and it is anticipated that the work will begin September / October 2025.

## Section 3: Assurance

### Benchmarking

- 3.1 The health and safety audit tools in combination in reduction of incidents in hotspot areas and KPI information delivered at the Committee meeting will be used to closely monitor growth and improvement.

### Triangulation

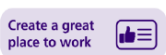
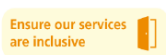
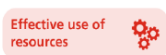
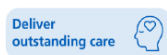
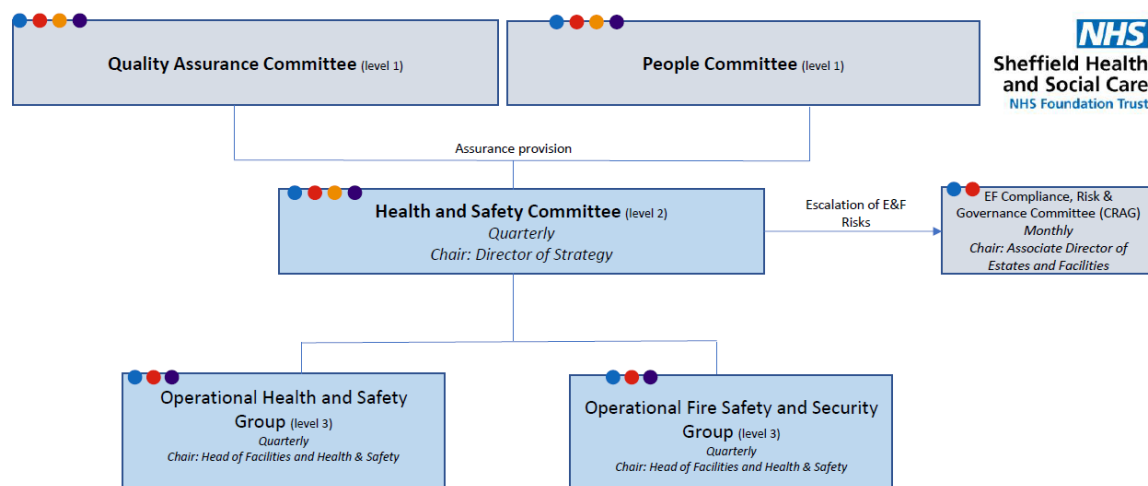
- 3.3 The health and safety team continue to create closer working relationships with the IPC and Occupational Health Teams to ensure overlapping areas are discussed and that plans for improvement are aligned.

## Engagement

- 3.4 All new processes and documents are sent out for consultation with the relevant employee groups using the intranet or email systems, aimed at building a positive health and safety culture of compliance through ownership and involvement in health and safety.
- 3.5 Health and Safety Committee meetings also function as a forum for discussion of health and safety related issues between staff and management and these views are taken into consideration within the decision-making process.

### 3.6 Health and Safety Committee

The Health and Safety Committee has been established since 2018, and has continued to progress a positive health and safety culture therefore in November 2024 the head of facilities and Health & safety outlined a proposal to update the governance structure of the existing committee by introducing two level 3 sub-groups, Operational Health and Safety group and Operational Fire Safety and Security Group, this was approved by the Health and Safety Committee in January 2025.



The Health and Safety Committee shall act as the focal point for all matters relating to the management of fire, security and health and safety:

- Advise and assure the Trust Board and its committee structure on all matters relating to fire safety, security, health and safety.
- Reviewing performance of the Trust against compliance with regulations, policies and procedures and communicate concerns through the committee structure.
- Providing expert advice, guidance and policy throughout the organisation on all matters pertinent to fire safety, security, health and safety.

Both the operational Health and Safety Group and Operational Fire Safety and Security Group will provide a consultative forum to discuss and monitor implementation of the Trust health and safety, fire safety and security policies that will ensure the staff health, safety and welfare is protected and promoted within t:

- monitoring the safety system and the work of the Staff Consultation Group, to ensure that safety precautions are integrated into the strategic and operational management of the Trust.
- Advising and assuring the Health and Safety Committee on all matters relating to health and safety.
- reviewing performance of the Trust against compliance with regulations, policies and procedures and communicate concerns through the Health and Safety Committee.
- providing expert advice, guidance and policy throughout the organisation on all matters pertinent to fire safety, security and health and safety.

Therefore, it is anticipated that 2025 / 2026 will see both new groups embedded within everyday practice.

To further strengthen the governance there will also be discussions regarding the Violence and Aggression Reduction Group becoming a formal sub-group of the Health and Safety Committee this will support a collaborative approach.

## Section 4: Implications

### Strategic Priorities and Board Assurance Framework

- 4.1 Health and Safety legislation is to protect people at work and those affected by work activities which supports all the strategic priorities and Board Assurance Framework.
- 4.2 Health and Safety team to align work tasks with the Health and Safety Executive for 2025 initiatives:
  - Reduce Work-Related Ill Health: With a specific focus on mental health and stress, the HSE aims to improve employee well-being.
  - Increase Trust and Safety: The HSE wants to ensure people feel safe in their workplaces, homes, and environment.
  - Enable Safe Innovation: The HSE is supporting industry to innovate safely, particularly in areas like net zero and hydrogen technologies.

Therefore during 2025 / 2026 the health and safety team will look to aligning these initiatives with the work already being undertaken within the Trust particularly in relation to reducing violence and aggression against staff.

### Equalities, diversity and inclusion

- 4.3 In responding to the regulatory Health and Safety requirements, SHSC aims regarding equality, diversity and inclusion are considered when developing and implementing action plans.

### Culture and People

- 4.4 Workplace health and safety is all about managing risks to protect the workforce and SHSC. This will support cultivation of a positive Health and Safety culture that can aid the reduction of employee absences and enhances the productivity of staff which in the long term can improve patient care and experience.

## Financial

- 4.5 If the Health and Safety Executive (HSE) attend workplaces and find that there is a material breach of health and safety law, the workplace will be required to pay a fee for intervention (FFI), this is put things right, this is currently £183 per hour (April 2025).
- 4.6 In addition to 4.5 there could be legal costs and fines incurred due to breaches of Health and Safety Legislation.

## Compliance - Legal/Regulatory

- 4.7 If a health and safety offence is committed or is attributable to any neglect on the part of, any director, manager, secretary or other similar officer of the Trust, then that person (as well as the Trust) can be prosecuted under section 37 of the Health and Safety at Work etc Act 1974.

Those found guilty are liable for fines and imprisonment. In addition, the Company Directors Disqualification Act 1986, section 2(1), empowers the court to disqualify an individual convicted of an offence in connection with the management of a company. This includes health and safety offences. This power is exercised at the discretion of the court; it requires no additional investigation or evidence.

- 4.8 Under the Corporate Manslaughter and Corporate Homicide Act 2007 an offence will be committed where failings by an organisation's senior management are a substantial element in any gross breach of the duty of care owed to the organisation's employees or members of the public, which results in death. The maximum penalty is an unlimited fine and the court can additionally make a publicity order requiring the organisation to publish details of its conviction and fine.

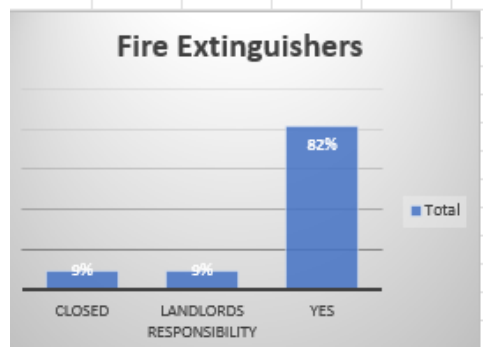
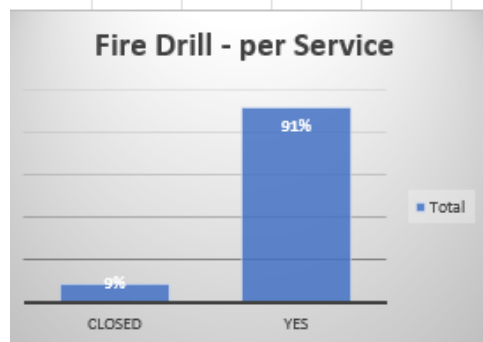
## Environmental sustainability

- 4.9 There are currently no issues related to sustainability that the Committee/Board needs to be sighted on.

## Section 5: List of Appendices

|            |                                                                                                       |
|------------|-------------------------------------------------------------------------------------------------------|
| Appendix 1 | Key Performance Indicators as of end of Q4 2024 / 2025                                                |
| Appendix 2 | Health Technical Memorandum (HTM) 05-01 Managing Healthcare Fire Safety<br>Annual Summary 2024 / 2025 |





Fire Safety KPI as at: 1/4/2025

#### Fire Risk Assessments (FRA)

The frequency of FRA being undertaken has been changed to every twelve months, as per actions required for Risk 5344 - scheduling will be required to undertake these in a timely manner.

Currently all SHSC FRAs are completed at the time of refresh. 100%

There are currently 3 closed properties: St Georges, Longley Meadows and Fulwood House. These will indicate an increased negative percentage.

Some premises identified as landlord responsibilities, indicates an increased negative percentage.

#### Fire Drills (FD) per Service

Fire Drills are split into 2 divisions- Services and Buildings. Some premises are identified as vacant/ closed premises which will show an increased negative percentage. All fire drills are currently in date at the time of refresh. 100%

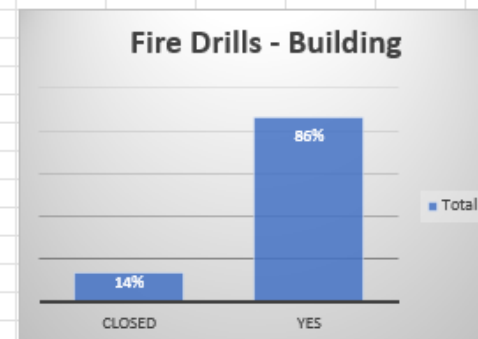
#### Fire Extinguishers

All Trust owned and occupied premises have had an annual fire extinguisher service conducted and are currently in date. 100%

#### Fire Drills (FD) per building

For inpatient services, fire drill frequency has been increased to every six months, as per actions required for Risk 5344 - scheduling will be required to undertake these in a timely manner. All are currently completed.

Fire Drills are separated into 2 groups- Buildings and Services. ALL building fire drills are completed. There are some premises identified as closed premises, combined Yes/closed/ indicates 100% of all trust building fire drills have been completed.



## APPENDIX 2

### Health Technical Memorandum (HTM) 05-01 Managing Healthcare Fire Safety Annual Summary 2024 / 2025

#### Introduction

The reporting on “fire related incidents” is aligned with the reporting requirement of the Health Technical Memorandum 05-01.

#### Annual Fire Statement of Fire Safety 2024 / 2025

|                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                          |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| For the period 1 <sup>st</sup> January 2024 to 31 <sup>st</sup> March 2025, all premises which the organisation owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and: |                                                                                                                                                                                                                                          |     |
| 1                                                                                                                                                                                                                                           | There are no significant risks arising from the fire risk assessments.                                                                                                                                                                   |     |
| OR<br>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.                                                                     |     |
| OR<br>3                                                                                                                                                                                                                                     | The organisation has identified significant risks but does not have a programme of work to mitigate those significant risks.                                                                                                             | ✓   |
| * 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.<br>Date: July 2025                                      |                                                                                                                                                                                                                                          |     |
| 4                                                                                                                                                                                                                                           | During the period covered by this statement, the organisation has not been subject to any enforcement action by the fire and rescue authority.<br><br>If Yes - Please outline details of the enforcement action in Annex A – Part 1. N/A | No  |
| 5                                                                                                                                                                                                                                           | The organisation has/has not* any ongoing enforcement action pre-dating this Statement.?<br><br>If Yes Please outline details of unresolved enforcement action in Annex A – Part 2. N/A                                                  | No  |
| AND<br>6                                                                                                                                                                                                                                    | The organisation achieves compliance with the Department of Health's fire safety policy by the application of Firecode or some other suitable method.                                                                                    | Yes |

A schedule of works is required to outline the work required in regard of the fire doors and fire compartmentation that has been identified as a risk to SHSC. A Capital Project has been implemented, and this schedule should be completed by June 2025.

#### Statistical data

There were a total of 84 fire related events logged in 2024 / 2025 this is an increase from 2023 / 2024 which saw 77 events reporting – therefore this is an increasing trajectory however the monthly reporting is consistently below 20 events each month.

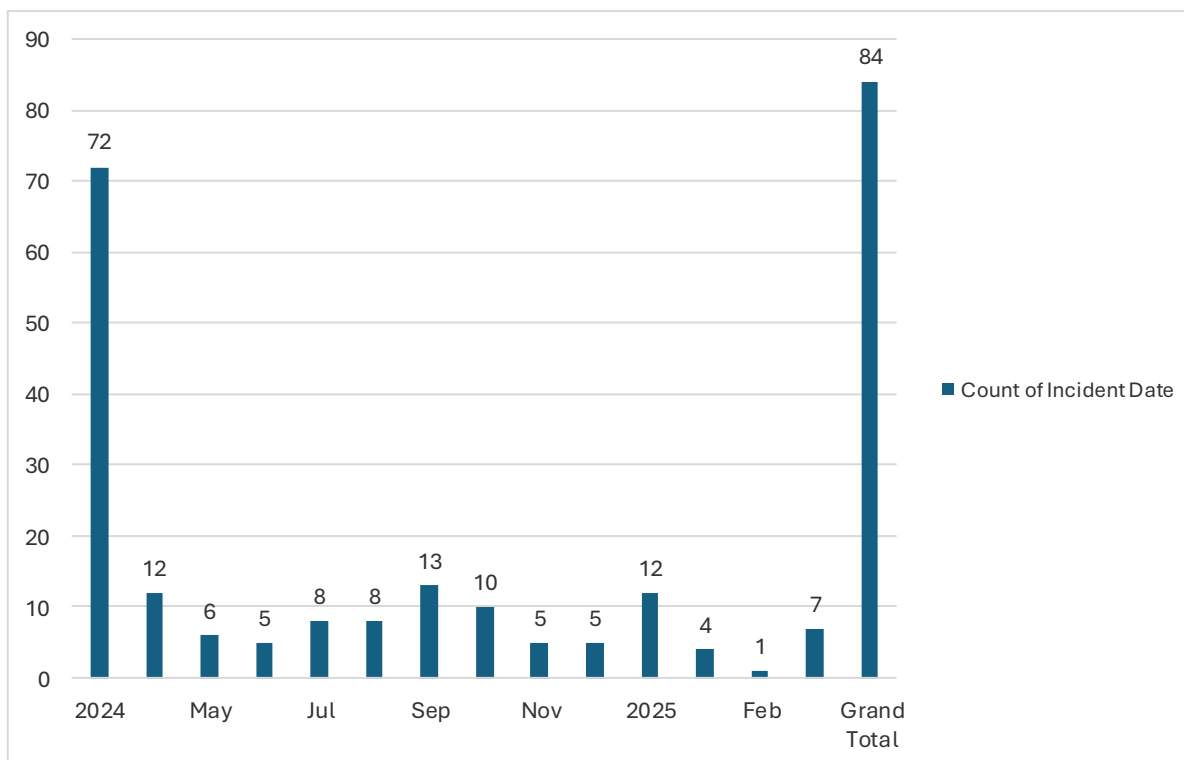


Chart 1 Monthly "Fire related" events logged 2024 / 2025

### Number of Fires

Of the 84 events, 36 were logged as "fire source".

| Identified Cause subgroup          |           |
|------------------------------------|-----------|
| Fire - Arson/Doubtful Origin       | 4         |
| Fire - Equipment/Machinery Related | 2         |
| Fire - Smoking Related             | 24        |
| Other - Fire Source                | 6         |
| <b>Grand Total</b>                 | <b>36</b> |

### Number of False Alarms

Of the 84 events, 48 were logged as false alarm.

| Identified Cause sub-group           |           |
|--------------------------------------|-----------|
| Fire False Alarm - Electrical Defect | 1         |
| Fire False Alarm - Faulty Equipment  | 5         |
| Fire False Alarm - Good Intent       | 4         |
| Fire False Alarm - Smoking Related   | 34        |
| Other - False Alarm                  | 4         |
| <b>Grand Total</b>                   | <b>48</b> |

The "smoking related" categories, logged as 62 events this is 74% of the overall events this is an increase of 29% from 2023 / 2024.

There is also an additional reporting category of "smoking breach" there were 436 incidents logged within this category and 355 are attributed to the patients smoking in the grounds of Michael Carlisle Centre.



The QUIT team are looking to implement a Quality Improvement Programme that will support the reduction of smoking incidents.

Unwanted Fire Signals

An unwanted fire signal is where the alarm is activated, because of anything other than a real fire, and the local fire and rescue service are mobilised to attend the site, therefore the aim is to not have this occur.

| 2022 / 2023 | 2023 / 2024 | 2024 / 2025 |
|-------------|-------------|-------------|
| 4           | 2           | 7           |

This is a significant increase; therefore, some work will be undertaken to analysis the trend as to what situation is occurring in order for the unwanted signal to occur.

Fire Safety Training

This is mandatory, for all staff, via ESR that is completed online and has consistently remained above the required 80% compliance.

The fire team members continue to monitor the training levels, each month, and provide additional support when required.

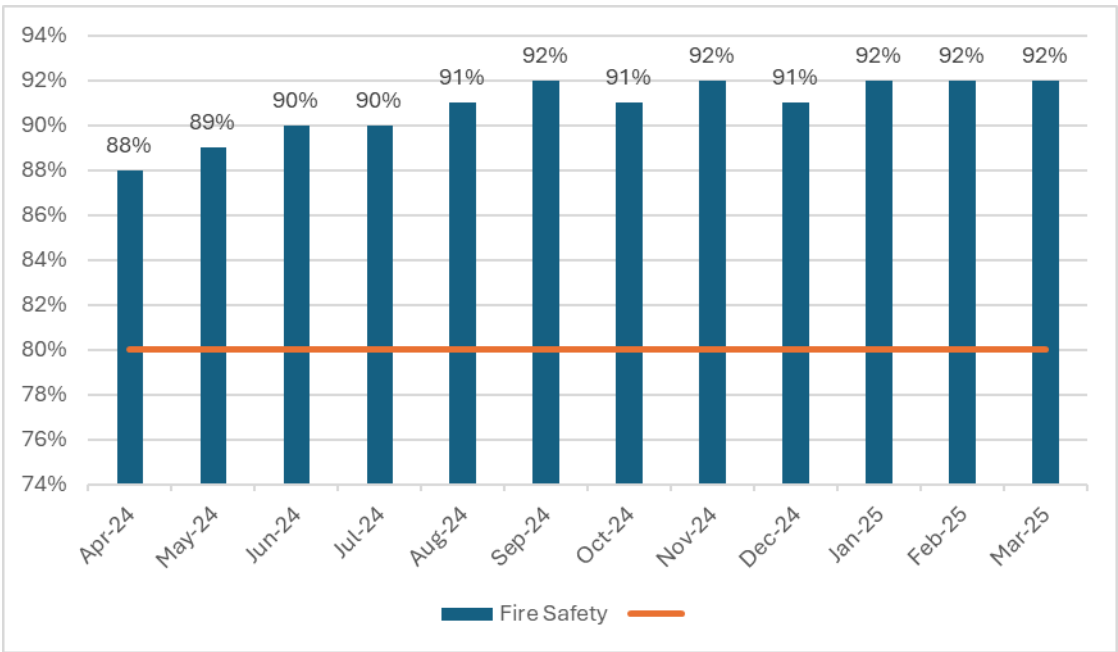


Chart 2 Mandatory Fire Safety Training Compliance 2024 / 2025

Audits undertaken by fire and rescue service:

Local fire and rescue authorities are the primary enforcing body for the Regulatory Reform (Fire Safety) Order 2005 and therefore conduct visits to non-domestic premises. The South Yorkshire Fire and Rescue Service undertake fire inspections within SHSC premises, and these are part of a risk based generated audit programme:

- April 2024
- November 2024
- Longley Centre – familiarisation visit only
- Woodland View – no actions identified.