

## Board of Directors - Public

### SUMMARY REPORT

Meeting Date: 24<sup>th</sup> July 2024  
Agenda Item: 23

<b>Report Title:</b>	<b>Annual Health and Safety Report 2023-2024</b>	
<b>Author(s):</b>	Samantha Crosby, Head of Facilities and Health & Safety.	
<b>Accountable Director:</b>	James Drury, Director of Strategy	
<b>Other meetings this paper has been presented to or previously agreed at:</b>	<b>Committees:</b>	Health and Safety Committee Quality Assurance Committee People Committee
	<b>Date:</b>	24 <sup>th</sup> May 2024 12 June 2024 9 July 2024
<b>Key points/ recommendations from those meetings</b>	Quality Assurance Committee requested: 1. Key points to be summarised on the cover sheet 2. Strengthen the section of the report that addresses previous audit findings regarding board level assurance on fire safety.	

### Summary of key points in report

The purpose of the Annual Health and Safety Report 2023/2024 is to:

- **Provide assurance to the Board with regards to the statutory compliance and Health and Safety Management processes in place within SHSC premises for the period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024.**

The report highlights that:

- The internal assessment of compliance with health and safety legislation has assessed that the Trust is compliant due to the review and update of policies, associated procedures and the audit programme in place ensuring frequent monitoring (proactive and reactive monitoring) enabling lessons to be learnt.
- A health and safety action plan is in place. This enables the health and safety team to demonstrate how it plans to improve the standards of health and safety both for legal compliance and improved risk management.
- During the reporting period external assurance has been received in relation to fire safety. South Yorkshire Fire and Rescue Service undertook fire inspections at three SHSC premises and did not identify any required actions. Our external Authorised Engineer (fire) conducted an audit of the Fire Safety Risk Management Strategy arrangements. Resulting actions were monitored via the Estates Fire Compliance Group, and they were completed within the specified timescale.
- The Health and Safety Committee regularly reviews analysis of incidents. The top categories are consistently slips, trips and falls, and abuse to staff. New arrangements have been introduced in 23/24 to drive improvements including the Violence and Aggression Reduction Group.
- Fire Safety assurance measures are set out at sections 1.12 – 1.17 of the report. Of particular note is

the strengthening of board level assurance on fire safety as detailed at section 1.13. The provision of a AAA report that includes specific fire safety data is noted as the key improvement addressing this audit finding.

Appendices attached:

- Appendix 1 Health and Safety Actions Identified April 2023 to March 2024
- Appendix 2 Key Performance Indicators as of end of Q4 2023/2024
- Appendix 3 Health Technical Memorandum (HTM) 05-01 Managing Healthcare Fire Safety Annual Summary 2023/2024

**Recommendation for the Board/Committee to consider:**

<b>Consider for Action</b>		<b>Approval</b>	✓	<b>Assurance</b>	✓	<b>Information</b>	
The Board is asked to review and approve the annual Health and Safety Report for 2023 to 2024.							

**Please identify which strategic priorities will be impacted by this report:**

Effective Use of Resources	Yes	✓	No	
Deliver Outstanding Care	Yes	✓	No	
Great Place to Work	Yes	✓	No	
Ensuring our services are inclusive	Yes	✓	No	

**Is this report relevant to compliance with any key standards? State specific standard**

<b>Care Quality Commission Fundamental Standards</b>	Yes	✓	No		Safety, premises and equipment and staffing.
<b>Data Security and Protection Toolkit</b>	Yes		No	✓	N/A
<b>Any other specific standard?</b>					

**Have these areas been considered? YES/NO**

If Yes, what are the implications or the impact?  
If no, please explain why

Service User and Carer Safety, Engagement and Experience	Yes	✓	No		Health and safety management underpins all processes for quality staff and user group experience. Improving staff skills, knowledge and providing a safe environment for all will improve this area.
Financial (revenue & capital)	Yes	✓	No		This report indirectly affects SHSC's financial status as the impact of incidents can be far reaching.
Organisational Development /Workforce	Yes	✓	No		Staff mandatory training and continuous development are key to ensuring accident prevention and high standards.
Equality, Diversity & Inclusion	Yes	✓	No		This report does not directly address Equality, Diversity and Inclusion
Legal	Yes	✓	No		The Trust has duties and responsibilities under Health and Safety Legislation.
Environmental sustainability	Yes	✓	No		No negative implications or impact on environmental sustainability noted.

# Annual Health and Safety Report

2023-2024

## Section 1: Analysis and supporting detail

### Background

1.1 This report (including fire safety and security) covers the period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024, and should be read in conjunction with the following reports (and associated Alert, Advise and Assure Highlight reports):

- Q1 Health and Safety Report April to July 2023
- Q2 Health and Safety Report August to October 2023
- Q3 Health and Safety Report November to December 2023
- Q4 Health and Safety Report January to March 2024

The purpose of this report is to provide assurance on compliance with legislation and Sheffield Health and Social Care (SHSC) policies to the Health and Safety Committee, Quality Assurance and People Committee and the Trust 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 SHSC.

This is the third 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.

1.2 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 HSG 65, Successful Health and Safety Management, which identifies key actions in a cycle of:

- Plan determining policies and planning for its implementation
- Do profile health and safety risks, organise for health and safety management, and implement the plan
- Check measure performance, investigate accidents and incidents
- Act review performance, apply learning.

SHSC's health and safety team consists of a part-time health and safety risk advisor, full time fire and security officer and associated co-ordinator, all report to 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 will support the mitigation of potential risks and ensure compliance with statutory duties leading to improved health and safety of service users, staff, and others.

### Regulatory compliance

1.3 SHSC health and safety team had previously completed an internal assessment of compliance with the following, main legal framework:

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Regulatory Reform (Fire Safety) Order 2005
- Provision and use of Work Equipment Regulations 1998 (PUWER)

As of Q1 2023/2024 the internal assessment of compliance with health and safety legislation was deemed to be compliant due to the review and update of policies, associated procedures and the audit programme in place ensuring frequent monitoring (proactive and reactive monitoring) enabling lessons to be learnt.

The health and safety action plan enables the health and safety team to demonstrate 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. Appendix 1 shows the health and safety actions identified during 2023/2024.

The action plan is monitored, bi-monthly, 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.
- 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 bi-monthly and promote a culture of understanding and co-operation across SHSC.
- The Quality Assurance Committee/People 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.
- Audit schedules in place.

### Health and Safety Policies for 2023-2024

1.4 During this reporting period several health and safety related polices were reviewed and updated to provide more structured guidance to our staff and clearly outlines roles and responsibilities.

Health and safety related policies which have undergone review for quality of content:

Policy Number	Policy Name	Version	Date of Next Review
DCE 002	First Aid at Work	3	(2 <sup>nd</sup> extension) end of April 2024

	Dermatitis	2	(2 <sup>nd</sup> extension) end of April 2024
HR 052	Lone Worker	5	June 2024
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
HR 043	Safety Alerts Management Policy	4	April 2026
EST 009	Fire Safety	8	April 2026
HR 039	Display Screen Equipment (DSE)	6	May 2026
FIN 008	Security	9	September 2026

*Table 1 Summary of Health and Safety Policies*

The policies are kept under on-going review and are amended as necessary considering any changes to regulations, statutory requirements, and guidance.

A case for need has been identified regarding the need for a Management of Falls from Height Policy, this will be led by the Head of Facilities and Health & Safety and will focus on staff working from height and ladder safety management processes, this will be undertaken during Q1 2024/2025.

## External report/ Enforcement Agencies

### 1.5 Health and Safety Executive

The Health and Safety Executive (HSE) sent a letter (March 2023) to all NHS Trusts and Boards regarding "Recommendations for Managing Violence and Aggression and Musculoskeletal Disorders in the NHS."

The HSE summary findings were based on an inspection programme carried out between 2018 and 2022 regarding the management of risks from workplace violence and aggression (V&A) and musculoskeletal disorders (MSDs) in the NHS.

The HSE recommended consideration of four main categories where management failings have been identified, to satisfy that your Trust / Board is managing these areas in such a way as to comply with health and safety law:

- Risk Assessment
- Training
- Roles and Responsibilities
- Monitoring and Review

For HSE to be assured that suitable action has been taken, they will be undertaking further interventions with the NHS over the next 12 months. These interventions will follow a two-step approach as follows:

**Step One:** Several high-level interventions by appointment between NHS Trust Chief Executives and HSE Field Operations Division (FOD) Operational managers, to discuss what is being done at senior management level to address the risks from V&A and MSDs.

In addition, they will explore the following areas:

- steps taken by your organisation over recent years at senior level to address the risks from V&A and MSDs;
- leadership in ensuring that sufficient organisational attention, resources and priority are given to the reduction of V&A and MSD risks.

**Step Two:** Inspectors will carry out several site inspections to seek assurance that what was described to us, in the high-level interventions, is being delivered on the ground. Inspectors will engage with a cross-section of management and the workforce to assess the measures taken. Feedback on findings, including details of any action required, will be given at the end of the visits, at senior level where possible.

#### Q1

The Head of Facilities and Health & Safety compiled an action plan in response and this, the action plan had been formulated by using The Health, Safety and Wellbeing in Healthcare Partnership Group (HSWPG) standards that were developed with the support of the Health and Safety Executive (HSE).

#### Q3

The populated evidence table was shared with Executive Director of Nursing, Professions and Quality and Executive Director of People and at the Health and Safety Committee on 21<sup>st</sup> November 2023. And the proposal was to monitor this within the Violence and Aggression Reduction Group (established January 2023) and assurance of progression provided.

In December 2023 the Head of Facilities and Health & safety circulated a draft policy relating to Management of Violence and Aggression towards staff with the group for comments, feedback and further sharing amongst interested parties.

The group, and therefore the associated standards and the HSE letter of recommendation moved forward under the leadership of the Deputy Director of People. There is an indication that a new group will be formed that is a combination of current group running, a draft terms of reference has been circulated.

### 1.6 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. Therefore, The South Yorkshire Fire and Rescue Service undertake fire inspections/audits within SHSC premises, and these are part of a risk based generated audit programme:

25 <sup>th</sup> May 2023	Forest Lodge
10 <sup>th</sup> October 2023	Eastglade
9 <sup>th</sup> November 2023	Woodland View

The fire service did not identify any required actions at any of the visits.

### 1.7 Authorised Engineer (fire) –

The appointed Authorised Engineer (fire) conducted an audit of the Fire Safety Risk Management Strategy arrangements for SHSC, November 2022 but the report was significantly delayed and not formally received until June 2023.

The delay was due to ensuring relevant parties were interviewed to ensure a good understanding of the role and responsibility they hold, this included:

- Director of Strategy
- Head of Capital
- Head of Facilities and Health & Safety
- Security and Fire Officer
- Fire and Security Co-Ordinator
- Interim Maintenance Manager

- Maintenance Manager
- Various ward visits

An action plan was required, and this resulted in two actions with a high priority level, and these were both in relation to working in collaboration with the Capital team to ensure that fire safety is considered at the earliest stages of the programme development.

A formal, written process is now in place, and this has been further strengthened by the fire safety team being involved at the early meetings in relation to the programme planning. The actions were therefore complete.

Actions were monitored via the Estates Fire Compliance Group, and they were completed within the specified timescale.

## Incident Analysis

1.8 Health and Safety Incidents are reported on the Ulysses incident management system.

The graph below shows the overall quarterly information for the specific incident categories relevant to health and safety Q1- Q4:

As seen in the graph below, across the last year whilst there has been fluctuation in number, the highest categories remain consistent:

- abuse to staff
- slips, trips and falls

Category Trend Chart by number of events April 2023 to end of March 2024

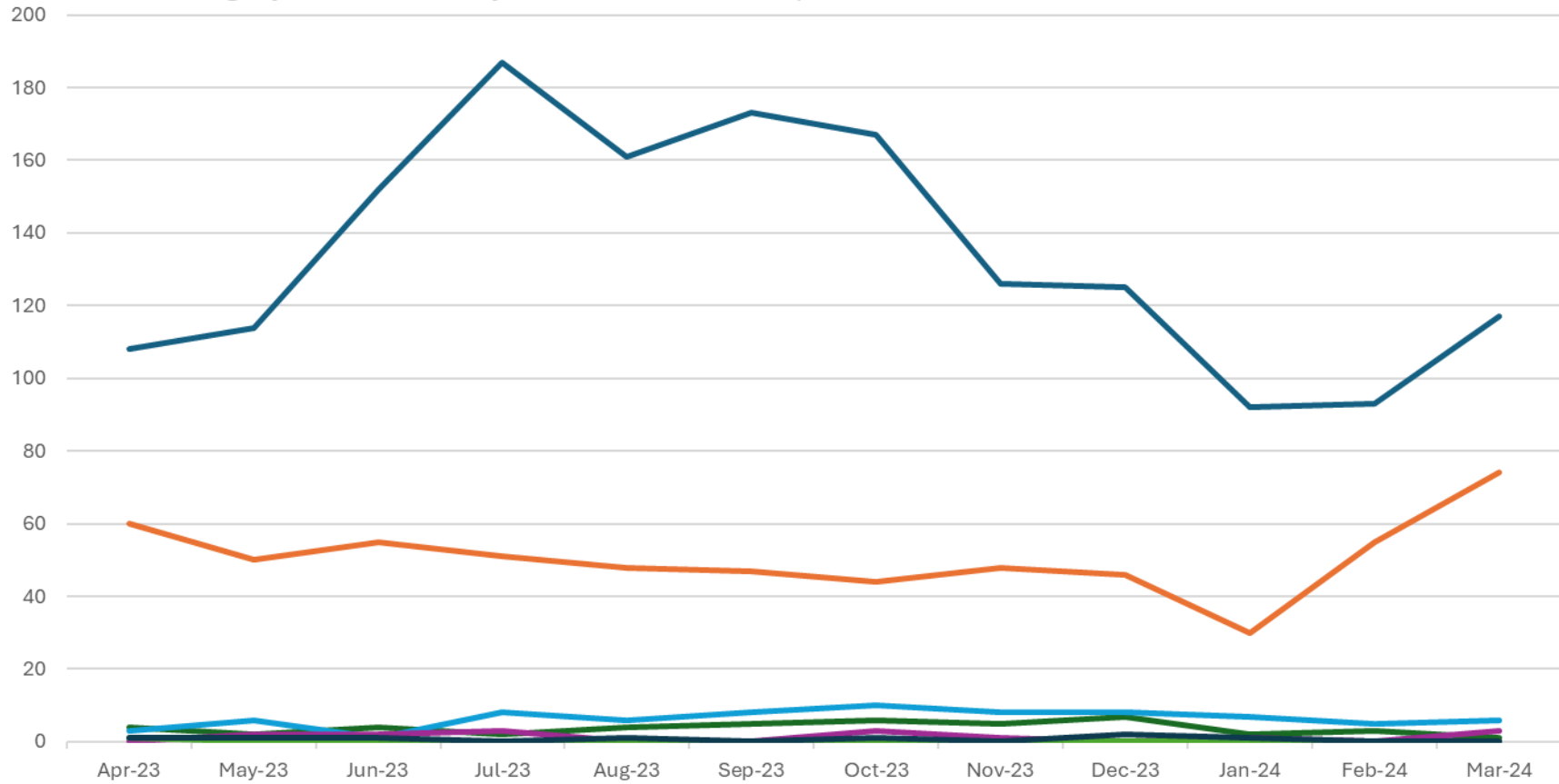


Chart 1 Category Trend Chart by number of events April 2023 to end of March 2024



This fiscal year has seen abuse to staff and slips, trips and falls as the highest reporting category both showing decreasing trend in January 2024 but then a gradual increase through to March 2024.

### 1.9 Abuse to Staff

Due to the nature of the service provided our 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.

2021/2022	2022/2023	2023/2024
1840	1562	1619

Table 2 Total number of events logged within "abuse to staff" category

During 2021/2022 the average monthly number of events logged was 153, 2022/2023 sees this decrease to 130, 2023/2024 sees a slight increase to 135.

The overall figures have shown a decrease from 2021/2022 and it is anticipated that with the continuing work of Violence and Aggression Reduction Group, reducing restrictive Practice and Zero Tolerance groups that these will decrease further and improve the support to staff where there is physical and/or psychological harm.

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 3 Subcategories Comparison

Physical assault (patient to staff) has continued to be the highest reported event within the "abuse to staff" category (cause 1) however attempted physical assault and racial/cultural abuse also have high reported numbers.

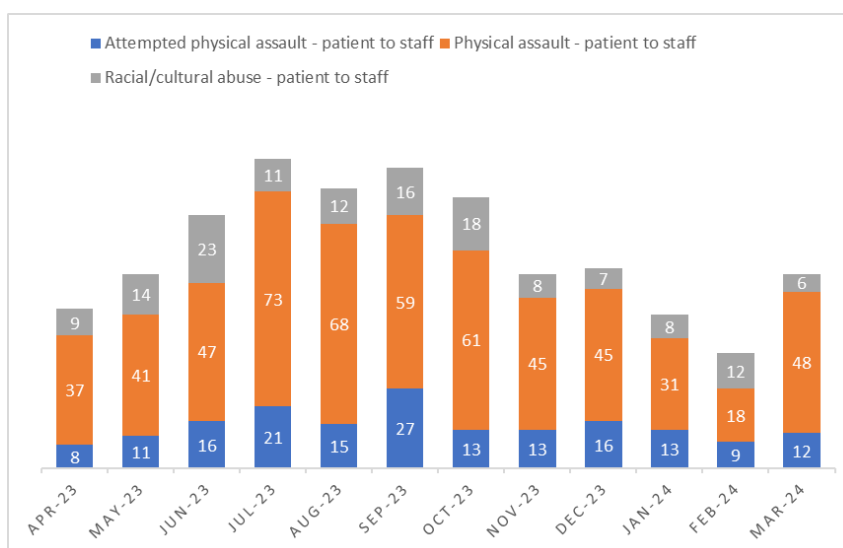


Chart 2 Physical assault patient to staff category (cause 1)

Of the 573 events logged as physical assault patient to staff during 2023/2024, the inpatients services were consistently reporting the highest number of events.

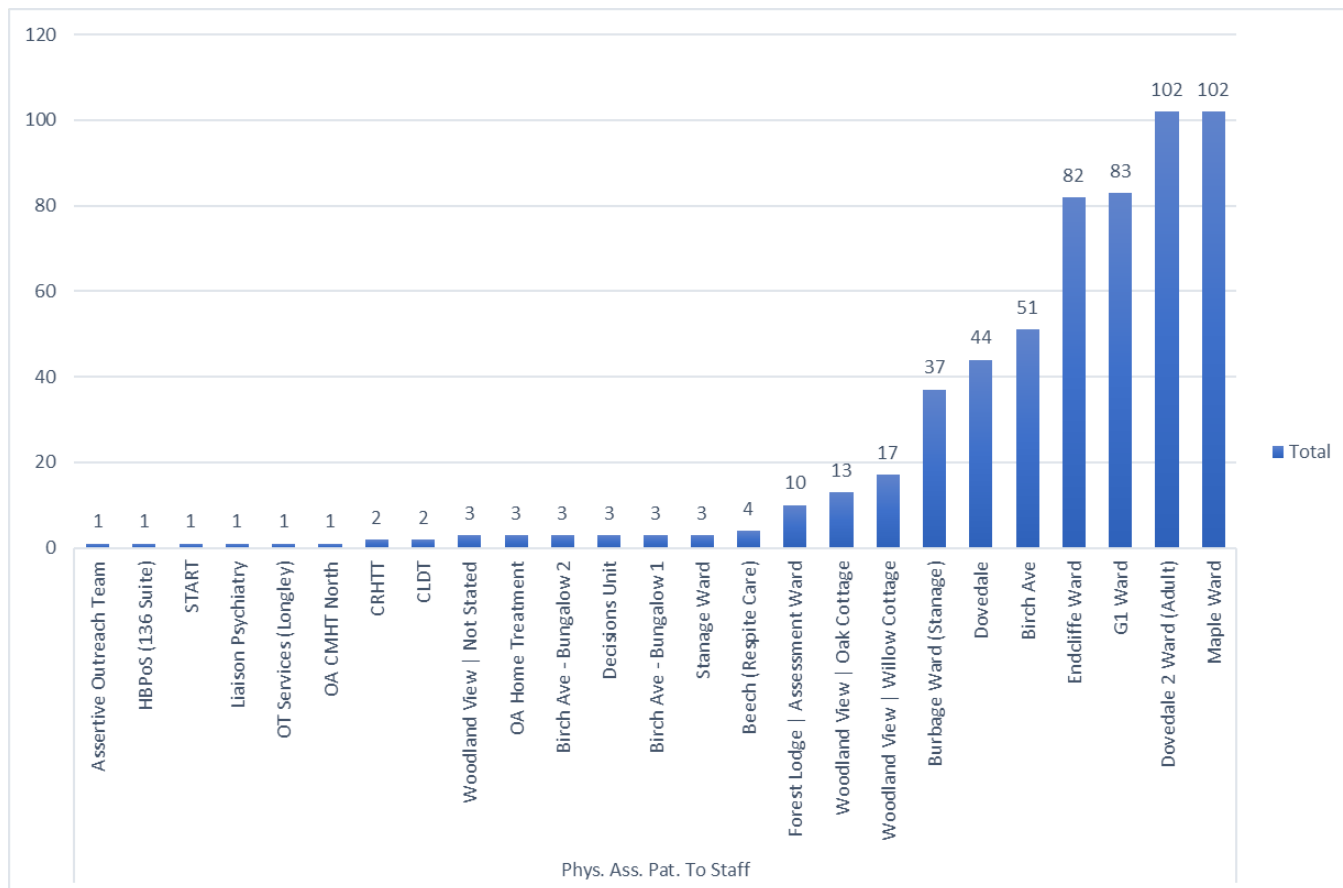


Chart 3 Physical Assault patient to staff by department during 2023/2024

### 1.10 Slips, Trips and Falls

There had been a steady decline (refer to chart 1, section 1.8) in total events logged in this category, with the exception of January to March 2024, 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 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.

Of the 609 events logged:

- Patient affected, 583 95.7%
- Staff member affected, 24
- Visitor affected, 2

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.

### Slips, trips and Falls by department 2023/2024

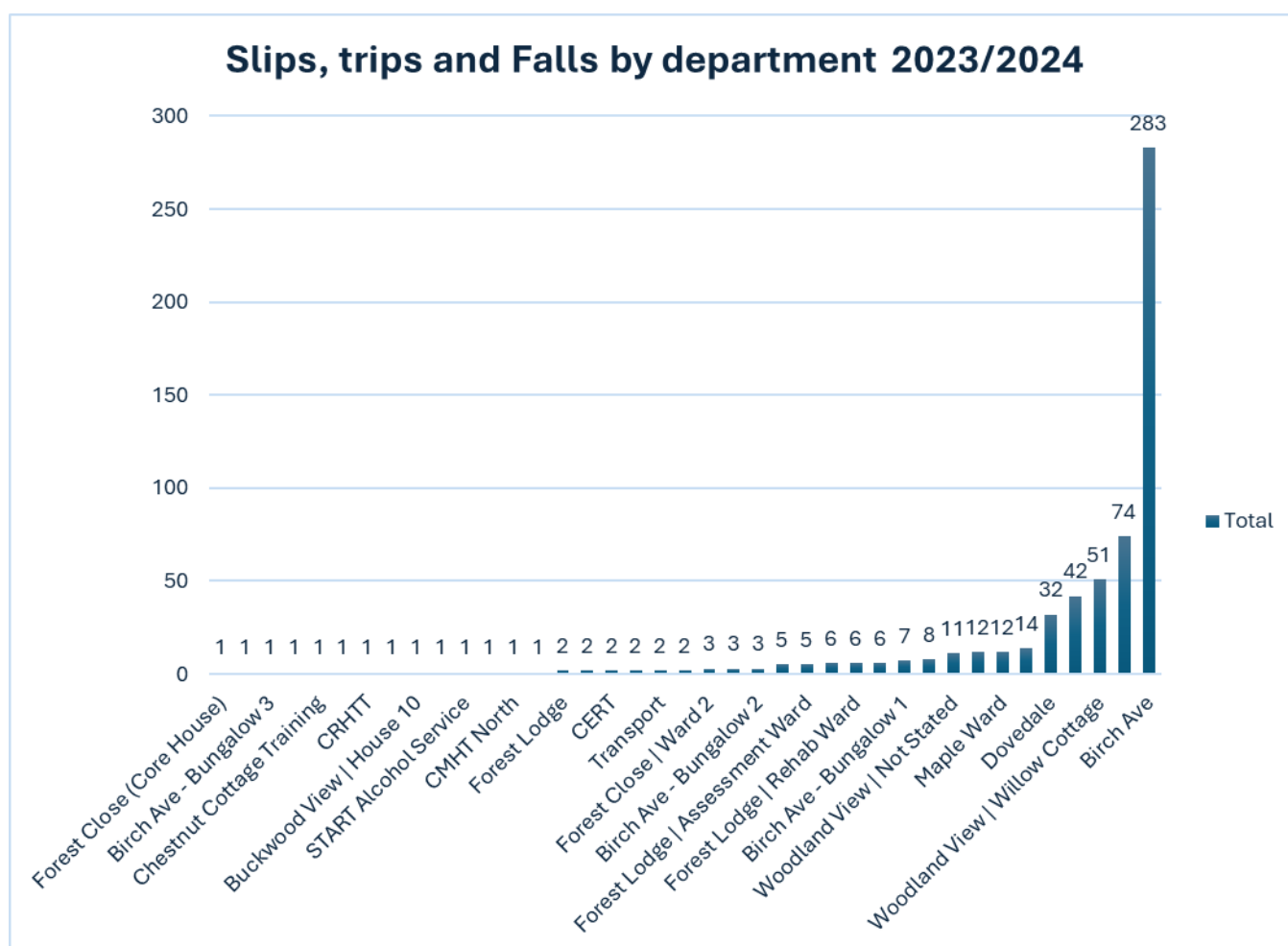


Chart 4 Slips, trips and falls by department during 2023/2024

Of the of the 4% of events that affected staff one event had an actual impact of moderate and one event of major. Both events resulted in over seven-day injury and were therefore submitted as RIDDOR.

2021/2022	2022/2023	2023/2024
695	696	609

Table 4 Annual Slips, trips and falls data

With the decrease in 2023/2024 it is hoped that with the continued interventions by the falls team and the resources available will continue with a decreasing trajectory.

#### 1.11 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 8 RIDDOR submissions compared to 11 in the previous reporting year, indicating a decreasing trajectory.

2021/2022	2022/2023	2023/2024
12	11	8

Table 5 Annual RIDDOR Data

The submissions are broken down into cause groups and physical assault remains the top reason for reporting with 5 events being submitted in 2023/2024. Although a decrease of 1 event from 2022/2023 there is still a continuing need to increase the visibility regarding the work being undertaken regarding the reduction of violence and aggression in the workplace.

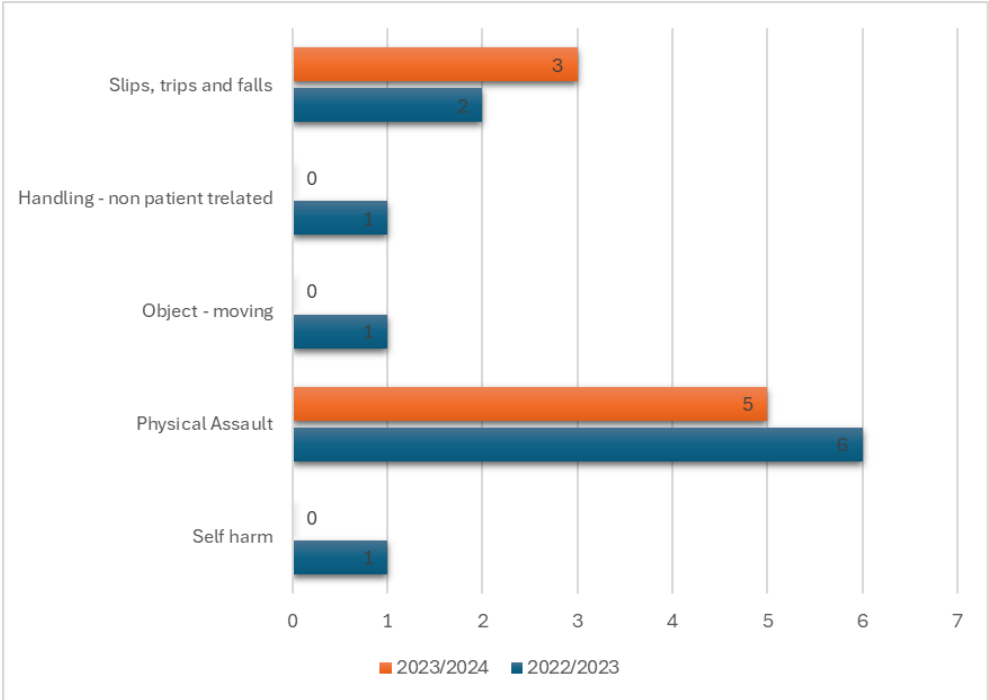


Chart 5 The number of RIDDOR submissions 2022/2023 compared to 2023/2024

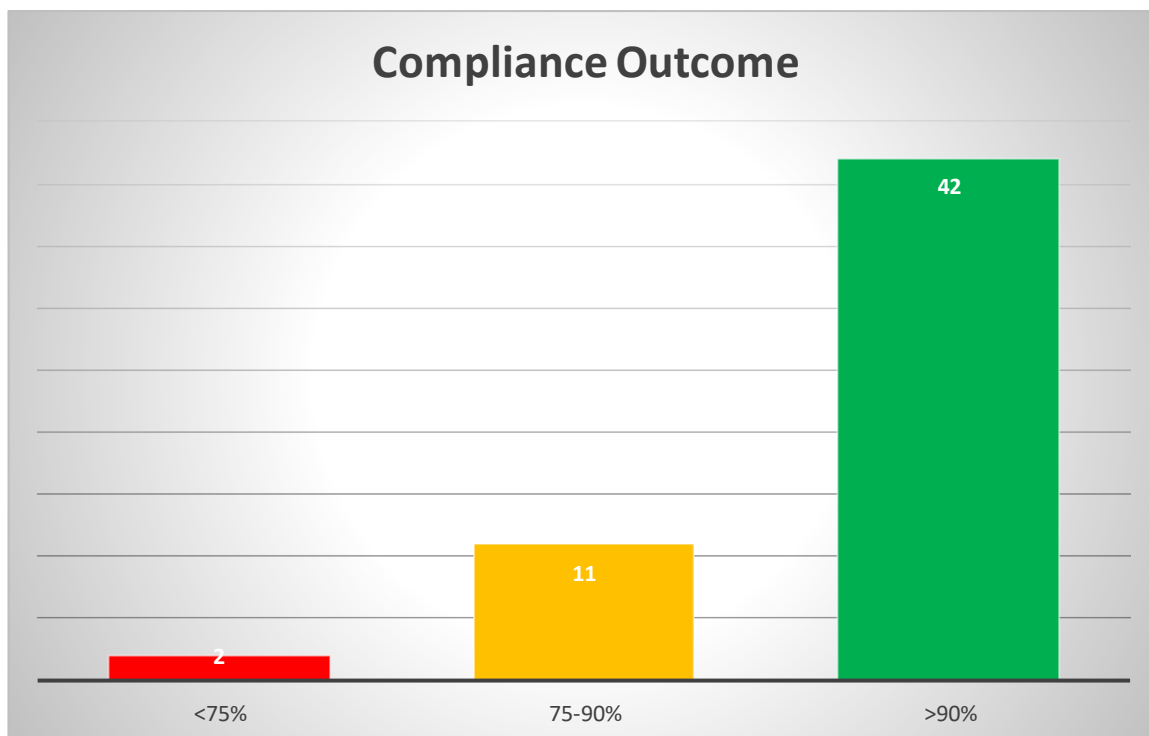
**Fire safety management**

1.12 SHSC has a detailed Fire Safety Policy and associated Fire Safety Protocols in place and staff are trained in these procedures via mandatory fire safety awareness, fire warden (see section 1.19), 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.

Within Q2 the Fire safety audit was undertaken and the result collated within Q3 reporting, with a total of 55 audits completed, the topics audited were:

- Fire Safety Management
- Fire Related Signage
- Fire Equipment Provision
- Testing Records
- Training
- Evacuation System
- Combustible materials.

The compliance requirement was 90% and the results were as follows:



*Chart 6 Fire Safety Audit undertaken during Q2*

The two services scoring <75% were Hanover Medical Centre – HAST and The Circle – STEPS, both failed due to a lack of available records, both of which is the landlords responsibility to provide assurance. HAST has since relocated to Trust premises. The Circle will continue to be followed up to ensure a process is in place to provide ongoing assurance.

The audit summary and required actions were sent to each service manager however a request has been made to the Security Lead (acts of fire safety manager) to complete a formal action plan that can be monitored, it is anticipated that this will be complete with Q2 2024/2025.

#### 1.13 360 Assurance

In March 2023, internal auditors 360 Assurance completed a review in respect of Estates Health Technical Memoranda (HTMs). They examined the effectiveness of controls in place in accordance with the Public Sector Internal Audit Standards (PSIAS) to provide an objective and unbiased opinion.

Limited assurance was provided overall, but this was not specific to Fire Safety Management.

The actions that related to fire safety were as follows:

1. Review of the documentation for the appointment of the Authorised Engineer (fire), evidence of all required documentation submitted therefore closed 17/04/2023.
2. Health and Safety Committee work planner to document oversight of the authorised engineer audits, evidence of health and safety committee work planner submitted therefore closed 30/09/2023.
3. Board level oversight of fire data to be improved, evidence of the AAA report, which includes specific fire reporting data, submitted therefore action closed 28/04/2023.

Reporting on progress was undertaken through internal audit tracking reports received at Quality Assurance Committee and People Committee and reported through for oversight at the Audit and Risk Committee in 2023-2024.

Since the audit, to provide assurance regarding Fire Safety Management, the following arrangements are now in place:

1. Every quarter the Health and Safety Committee provides an Alert, Advise, Assure Summary report to Quality Assurance Committee, this report includes an appendix (which is also highlighted in the Assure section) that details (in line with the guidance in the HTM):
  - the number of fires in the quarter
  - the number of false alarms for the quarter
  - the number of unwanted fire signals for the quarter
  - the outcome on any audits undertaken by the fire and rescue service.
2. The annual health and safety report is provided to the Board and contains the fire management data and management arrangements.
3. The number of fires and false alarms are submitted via the Estates Returns Information Collection (ERIC) which is a mandatory requirement via NHS Digital and is overseen by the Director of Strategy and Associate Director of Estates and Facilities.

#### 1.14 Fire Risk Assessments

The fire risk assessment has a review period based on the outcome of the risk rating. 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.

The fire safety team members have previously reviewed and updated the fire risk assessment action plan as one fully populated succinct document which is held on the shared drive and ensures that all previously duplicated actions are correctly accounted for; all actions with an unknown status are fully updated with either completed or outstanding status with the reasoning to rectify. This review is required again and will be completed by the Head of Facilities and Health & Safety and further training provided to the team to facilitate the provision of outstanding actions; this will be undertaken in Q2 2024/2025.

#### 1.15 Fire Drills

A fire drill is undertaken, during daytime hours, and one drill is completed for each service provision within a 12-month period (in accordance with HTM 05-03) by the Fire and Security coordinator to assess the ability to staff to effectively implement emergency evacuation arrangements. There were no fire drills assessed as poor therefore no further actions visits were required by the Fire and Security Coordinator.

Statistical reporting on drills is included within the health and safety team's KPIs, see Appendix 2.

#### 1.16 Fire Safety Planned Preventative Maintenance

To achieve full statutory compliance, an annual programme of planned inspection and maintenance should be undertaken on fire safety systems including fire doors, automatic fire alarm and detection systems.

During 2022 South Yorkshire Fire Solution undertook surveys on all fire doors, this has provided a figure for the number of doors that can be repaired and the number that will require replacement.

The acute inpatient areas, as part of refurbishment, have newer fire doors (Kingsway), and there is a service level agreement in place regarding on going works required.

Regarding Fire Safety measures there are a number of control measures in place, fire control panels, smoke/heat detectors, fire training, fire drill, evacuation plans, fire risk assessments, smoke free policy, planned preventative maintenance (within the competent skill set of

maintenance team), and six-monthly door inspection (mandatory) and incident logging and monitoring. These all support the statistical information where fire related incidents remain low.

The assurance required is in relation to the provision of a formal planned programme that incorporates timescales for the repair/replacement of identified doors.

A paper was received at the March 2024 Health and Safety Committee regarding assurance on the assessment of fire doors and the associated programme for their maintenance and replacement. Subsequently the Associate Director of Estates and Facilities has led a review and will present the findings to EMT on 20<sup>th</sup> June. An external independent review of fire safety will be recommended to EMT by the Associate Director.

## 1.18 Physical Security

There have been concerns raised via staff side and acute and community general managers regarding the permit system that is in place at Longley Centre car park and in addition individuals feeling vulnerable when accessing the car park. There have been incidents reported in regard to incidents of damage to and theft from personal vehicles.

The health and safety team have developed plans for a CCTV operating system, to provide a secure environment for individuals, and an automatic number plate recognition system to replace the current permit system. This will be shared with senior clinical colleagues prior to completing a consultation/communication with all that use the Longley Centre car park. It is anticipated that a paper will be completed by Q1 2024/2025.

## Training Compliance

1.19 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 and Fire Awareness training are via e-Learning and have remained consistently above the 80% (as set by SHSC).

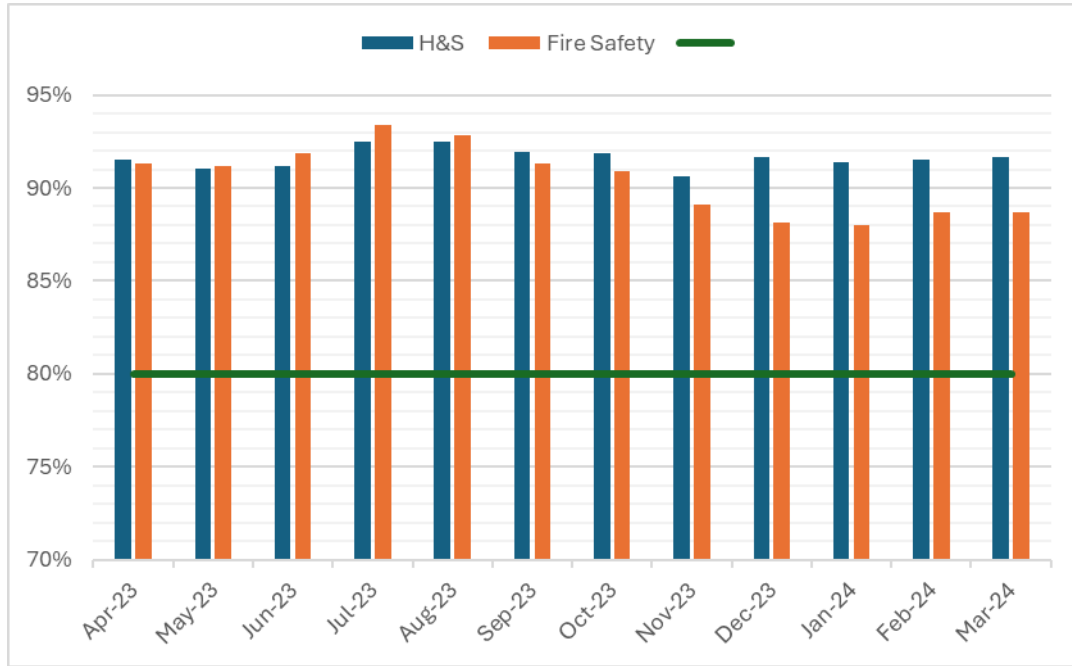


Chart 7 Fire Training Compliance (Trust wide)

This reporting period saw the improved monitoring of the “non mandatory” course, Health and Safety Foundation (risk assessment) and Fire Warden training.

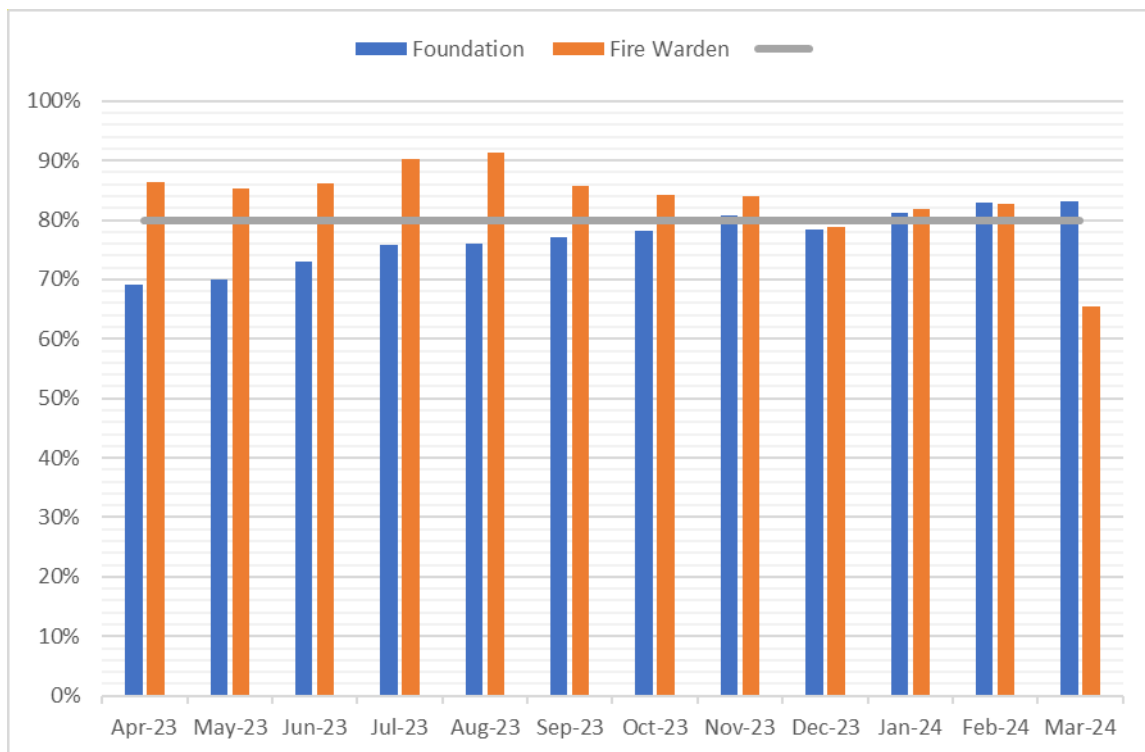


Chart 8 Fire Training Compliance (Non-mandatory Trust wide)

Fire Warden training has been allocated to team Managers and those members of staff who have volunteered or have been nominated by line management to control and coordinate the safe evacuation of occupants from work premises to a place of safety in the event of a fire emergency.

The Health and Safety Committee has reviewed the Trust’s arrangements to ensure there are fully trained fire wardens at each site at all times of operation. A need has been identified to revise arrangements to reflect post-pandemic working practices, where blended hybrid working



arrangements are more common. The Committee commissioned the Fire and Security team to develop a proposed solution so that A) the responsibilities of managers in relation to the provision of fire wardens are communicated and understood. B) Assurance is provided that every Trust site has appropriate fire warden arrangements in place, and C) Assurance is provided that fire wardens are appropriately trained.

The Foundation Health and Safety training (risk assessment) is allocated to those with a “manager” role, and this has predominately been below 80% but promotional work was undertaken in collaboration with training and development, and this resulted in compliance been achieved in November 2023.

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.

## Section 2: Risks

2.1 Workplace 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 environmental (workplace) risk assessments undertaken and reviewed which are accessible to all via the “shared” drive, these are monitored via the KPI See Appendix 2 and reported at the Health and Safety Committee.

2.2 Risk Register specific to Health and Safety 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 2022/2023	Rating 2023/2024	Controls/Plans
Risk 4615: Reporting of Diseases Dangerous Occurrences Regulations (2013): lack of compliance with reporting and distribution of learnings.	Moderate	Low	<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>Improved communication with the Health and Safety team regarding some submissions.</li> <li>Distribution of lessons learnt information to all staff.</li> <li>Regular statistics received by the health and safety Committee.</li> </ul>
Risk 2177: Staff, service users or other persons may suffer injury or harm from the effects of a fire within a premise for which the Trust holds a duty of care	Moderate	Low	<ul style="list-style-type: none"> <li>Clinical staff assess the risk of smoking within inpatient services.</li> <li>Smoke free policy prohibits smoking on any SHSC premises.</li> <li>Fire safety Policy in place</li> <li>Fire Risk Assessments undertaken (Statutory requirement)</li> <li>An on-going programme of work to support the cessation of smoking within inpatient areas.</li> <li>Automatic fire alarm systems installed in premises and inspections and tests undertaken as per requirement.</li> <li>Mandatory Fire safety training.</li> <li>Authorised Engineer appointed as per the HTM guidance.</li> <li>Fire equipment provided and maintained.</li> </ul>

			<ul style="list-style-type: none"> <li>• Fire drills and evacuation plans checked in every 12-month period.</li> <li>• Incident management system in place.</li> </ul>
Risk 4605: There is a risk that patients, especially inpatients, may fall from a height in their care environment, especially in courtyards or gardens, caused by the existing configuration of the environment.	Moderate	Low	<ul style="list-style-type: none"> <li>• This will likely always remain an area of risk due to the nature of the service provision.</li> <li>• Risk assessments maintained by Health and safety in relation to the specific external of identified premises.</li> <li>• Local risks held by identified premises with support of health and safety.</li> <li>• Clinical assessment of patients undertaken where required.</li> </ul>
Risk 4744: A number of Fire doors throughout SHSC services do not meet The Regulatory Reform (Fire Safety) Order 2005 17-(1) Order, are subject to a suitable system of maintenance and are maintained in an efficient state, in efficient working order and in good repair.	Moderate	Moderate	<ul style="list-style-type: none"> <li>• Fire door survey undertaken in 2022 to ascertain the status of the fire doors (repair or replacement required).</li> <li>• Maintenance reporting process and system in place.</li> <li>• Six monthly door inspections undertaken as required by in-house maintenance team.</li> <li>• Kingsway contractor is in place in regard of doors within acute inpatient services and a service level agreement in place.</li> <li>• Specific repairs are undertaken by in-house maintenance team (within identified skill set).</li> </ul>

Table 6 Summary of Health and safety specific risks identified

## 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.

## 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.

### Equalities, diversity and inclusion

- 4.2 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

- 4.3 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

- 4.4 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 £166 per hour (April 2023).
- 4.5 In addition to 4.4 there could be legal costs and fines incurred due to breaches of Health and Safety Legislation.

### Compliance - Legal/Regulatory

- 4.6 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.

- 4.7 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

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

## Section 5: List of Appendices

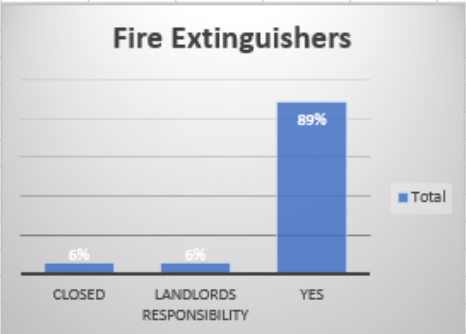
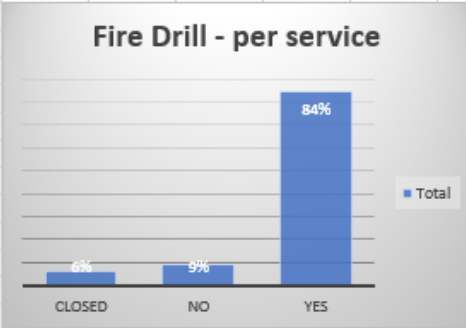
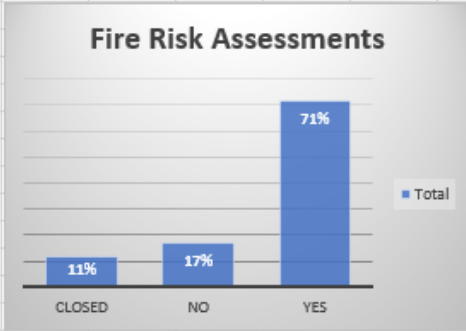
Appendix 1	Health and Safety Actions Identified April 2023 to March 2024
Appendix 2	Key Performance Indicators as of end of Q4 2023/2024
Appendix 3	Health Technical Memorandum (HTM) 05-01 Managing Healthcare Fire Safety Annual Summary 2023/2024

## APPENDIX 1 – Health and Safety Actions Identified April 2023 to March 2024

Reference	Action	Responsible Role	Target Date for Completion	Days to completion/overdue	Date of actual completion	Action Progress/Update
50	Compile a "shared" action plan monitoring tool to be able to identify the outstanding actions that may require further support for completion	Health and Safety Risk Advisor	30 July 2023	271	11 September 2023	October 2023- A new template to monitor H&S environmental risk assessment action plans has been completed and will be implemented on revised WERA Assessments.
51	Work in collaboration with the Estates Compliance Officer in regarding to a written process to ensure monitoring of safety is completed within non owned or leased properties used by SHSC.	Security and Fire Officer	31 August 2023	126	04 January 2024	December 2023 - Recommendation to mark as "incomplete" and replace with action 55.
52	Update the Health and Safety Statement of Intent and share with the new Chief Executive	Head of Facilities and Health and Safety	31 August 2023	239	26 September 2023	October 2023 - to be discussed at the September Health and Safety Committee meeting.
53	Update the Health and Safety Committee terms of reference to reflect the change of Executive Director Responsibilities	Head of Facilities and Health and Safety	31 August 2023	239	26 September 2023	October 2023 - to be discussed and approved at the September health and safety committee meeting.
54	Compile the Health and Safety annual report for the period of April 2022 to March 2023	Head of Facilities and Health and Safety	30 September 2023	209	26 September 2023	October 2023 - has been completed and is on the agenda for the 26th September 2023.
55	The Health and Safety team to collate a clear list of documentation required to provided Health and safety assurance in relation to non-owned premises.	Health and Safety Team	01 April 2024	25		March 2024 - this is current work in progress and will link to a wider project in relation to the leases/licence to occupy to gain clarification on responsibilities
56	The Health and Safety team to review the KPI data and ensure that the specification is clear and achievable and provides an accurate position	Health and Safety Team	31 January 2024	82	31 March 2024	March 2024 - KPI data has been updated and is being provided this will continue to be monitored to ensure the data is driving performance.
57	The health and safety team members to undertake a training needs analysis regarding specific training required by different roles to support the clear identification of what training development is required during 2024	Health and Safety Team	01 April 2024	25		March 2024 - a training needs analysis has been drafted but I requires further exploration and discussion.
58	The Health and Safety team to review the monitoring arrangements required under health and safety related policies and provide a list of how, when and where these will be complied with	Health and Safety Team	19 March 2024	38		March 2024 - this is due for completion by the end of April, a list was drafted but some queries have been raised.
59	Health and Safety Risk Advisor to ascertain what is the process in relation to the self-assessment audit tool undertaken (those services not within tenable) and how this is regularly monitored and action plans identified and/or supported	Health and Safety Risk Advisor	01 May 2024	-5		March 2024 - this is on track for completion.

**APPENDIX 2 – Key Performance Indicators data as of end of Q4 2023/2024**





Fire Safety KPI as at: 01 April 2024

**Fire Drills (FD) per building**

Fire Drills are split into 2 groups- Buildings and Services . All building fire drills have been completed.

**Fire Risk Assessments (FRA)**

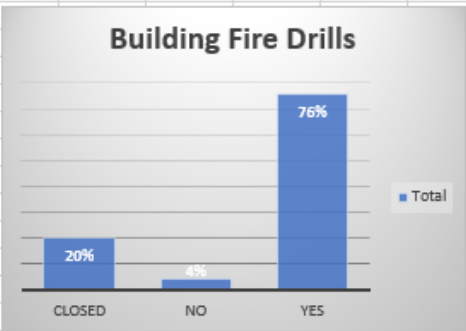
6 premise FRAs have not currently been reviewed within the previous 12 months but are scheduled to be completed by 20.04 2024. Netherthorpe, MCC-SAANs, Edmund Road, MCC-LTNC has been conducted, currently being written up. Closed properties are: Fitzwilliam Centre,, Wainwright Crescent, Longley Meadows and Fulwood House.

**Fire Drills (FD) per Service**

Fire Drills are split into 2 groups- Services and Buildings. 3 Services, MCC-Burbage ward, MCC-CERT and Longley Centre Respect have not had fire drills conducted within the previous 12 months. Drills are scheduled to be completed by 16/04/2024

**Fire Extinguishers**

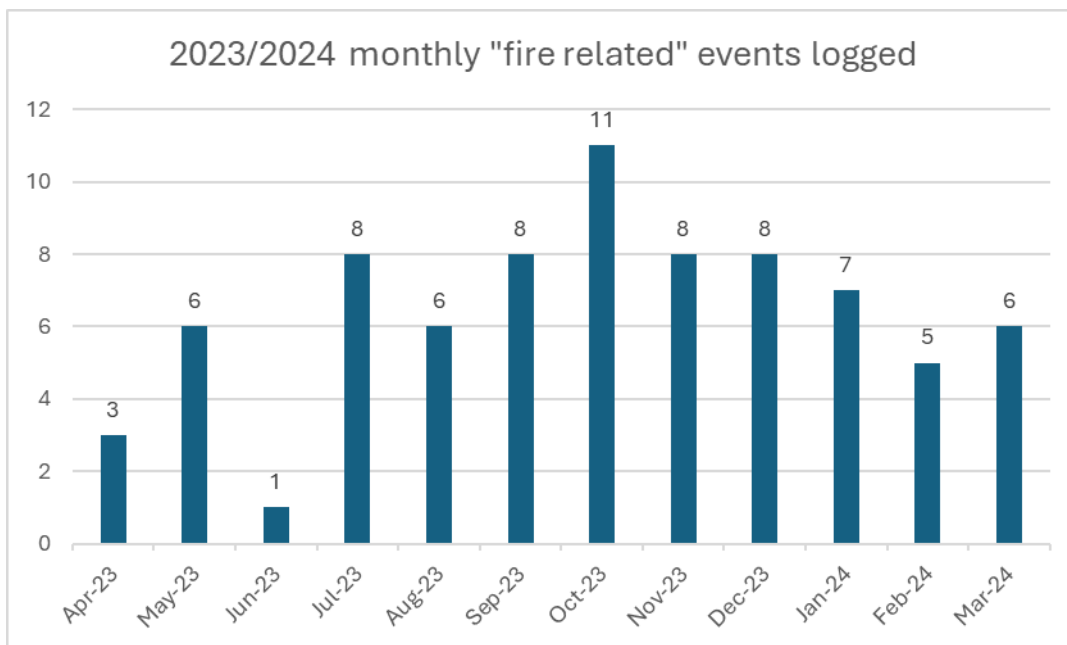
All Trust occupied premises have had an annual fire extinguisher service including premises occupied by SHSC Staff under the control of Landlords.



### APPENDIX 3 – Health Technical Memorandum (HTM) 05-01 Managing Healthcare Fire Safety Annual Summary 2023/2024

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

There were a total of 77 events logged within this category during 2023/2024 which is an increase of thirteen events logged, but is consistently a lower reported category.



#### Number of Fires

Of the 77 events, 25 were logged as “fire source”.

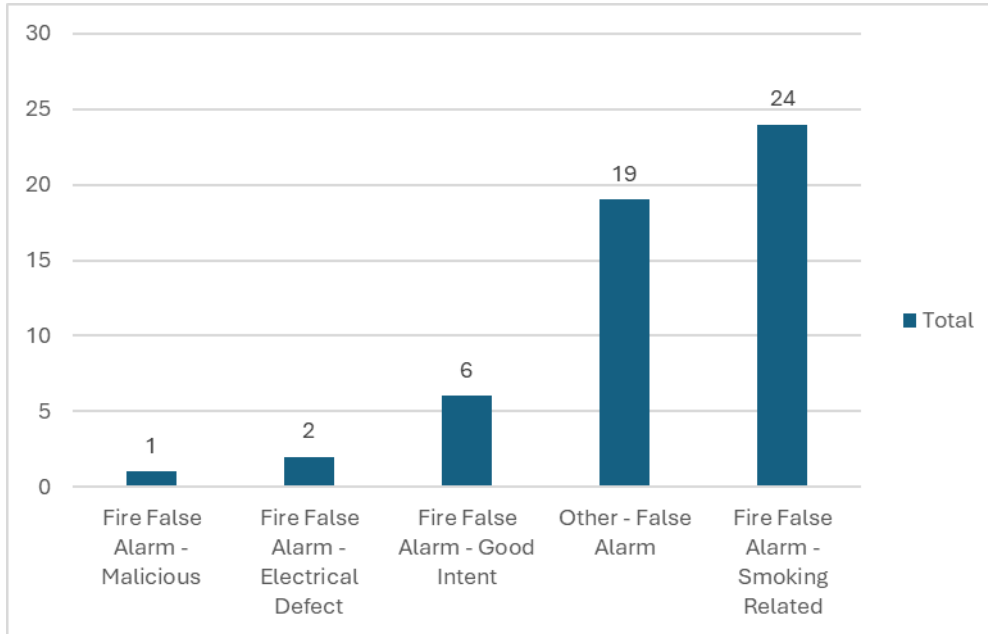
Row Labels	Count of Cause
	<b>1</b>
Fire - Equipment/Machinery Related	6
Fire - Flammable Substance	1
Fire - Smoking Related	11
Other - Fire Source	7
<b>Grand Total</b>	<b>25</b>

Of the 25 events five stated there were small, contained fires:

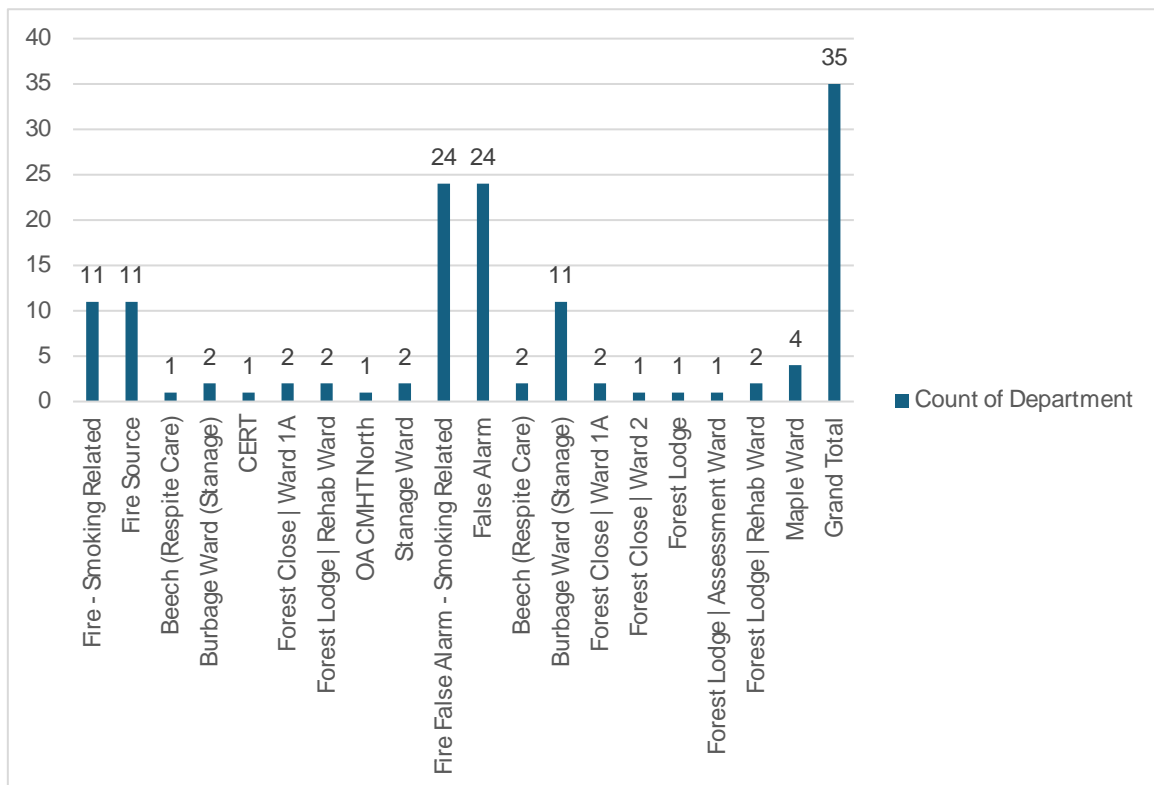
1. Patients home (not SHSC premises), lit cigarette dropped resulting in small fire
2. Cooker left on; paper napkins caught fire (Birch Avenue)
3. Patient cooking sprayed more oil into pan which caught fire (Maple Ward)
4. Patient lit some paper on fire and placed on floor (Dovedale 2)
5. Bin in courtyard noted to have small flames (Forest Close)

#### Number of False Alarms

Of the 52 events logged as false alarm the categories were as follows:



The “smoking related” categories attribute to 45% of the overall events logged during 2023/2024:



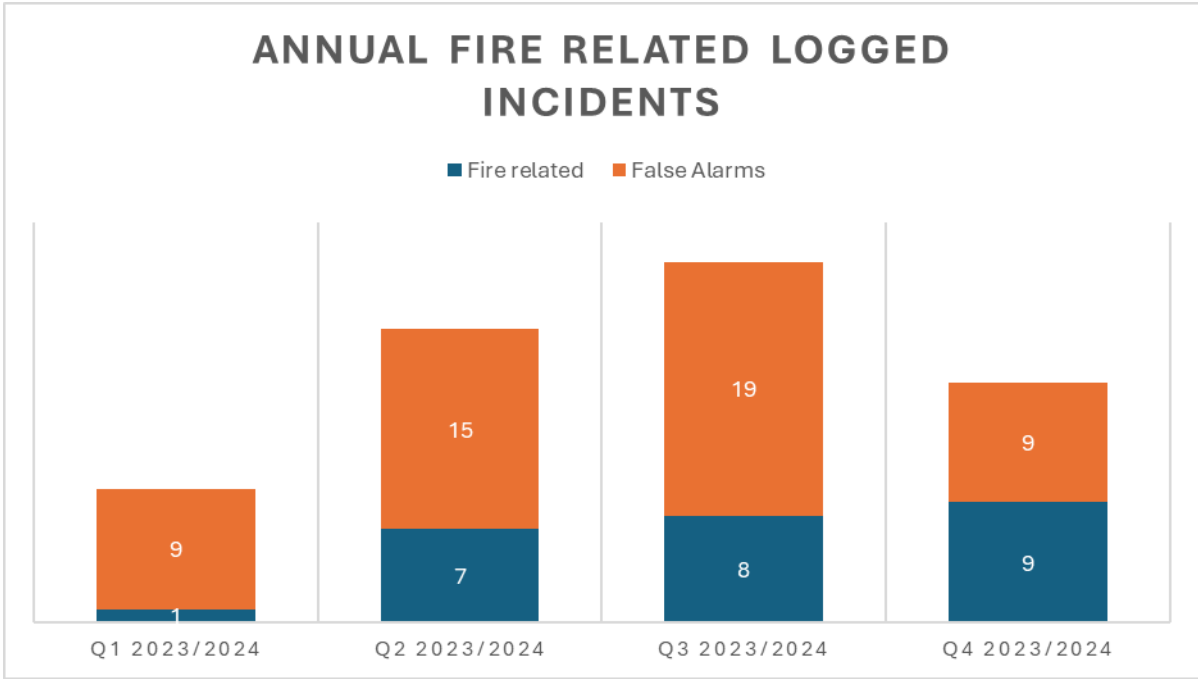
### Unwanted Fire Signals

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.

During 2023/2023 there were 4, reported mobilisation of the fire and rescue service this reporting period sees a decrease to 2, the aim is to get this at zero.

Annual Figures for fire related and false alarms:

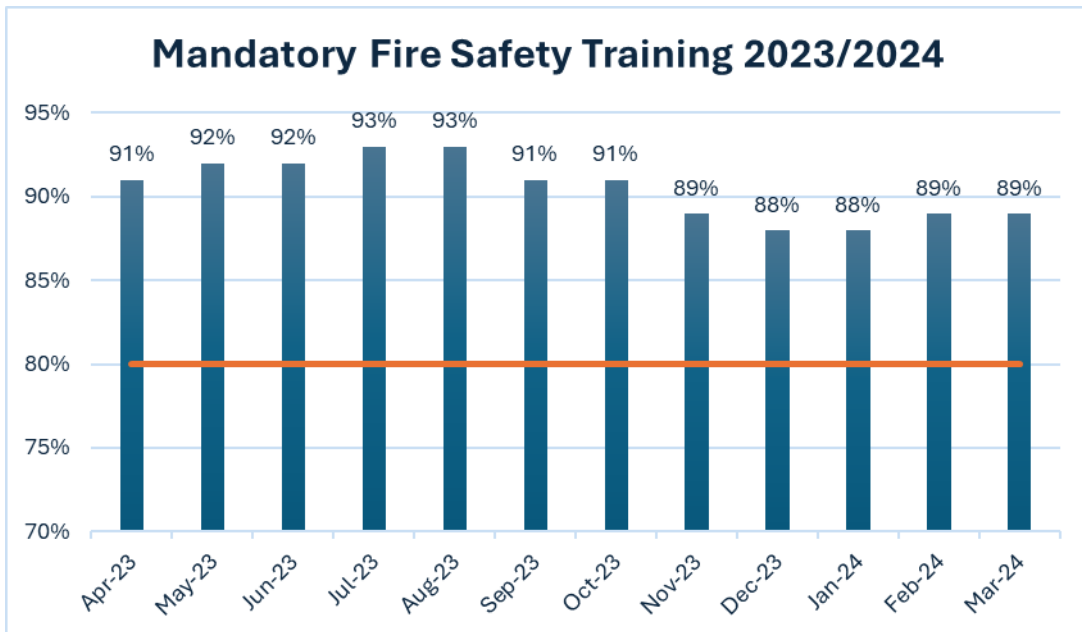




**Fire Safety Training**

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.



**Audits undertaken by fire and rescue service:**

No fire safety management audit, by the Fire and Rescue Service, has occurred during Q4.