



Board of Directors - Public

SUMMARY REPORT

Meeting Date: 23 November 2022
Agenda Item: 21

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| Report Title: | Health and Safety Annual Report 2021- 2022 | |
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| Accountable Director: | Pat Keeling, Director of Strategy | |
| Other meetings this paper has been presented to or previously agreed at: | Committee/Tier 2 Group/Tier 3 Group | Health & Safety Committee Quality Assurance Committee People Committee |
| | Date: | 27 September 2022 / 25 th October 2022 9 November 2022 8 November 2022 |
| Key points/ recommendations from those meetings | Health and Safety Committee members provided feedback and subsequently approved the report at the meeting on 25 th October 2022. The report was subsequently presented to Quality Assurance Committee and People Committee for agreement prior to presentation to the Board. | |

Summary of key points in report

This annual report has been compiled with the assistance of an external consultant by bringing together an overview of the health and safety quarterly reports for 2021/2022.

The purpose of this Health and Safety Annual Report is to:

- Inform the Board on the current position of statutory compliance and health and safety management processes in place within the SHSC premises and services.
- Highlight those areas in need of improvement and the plans in place to achieve a high standard of performance.

Failure to comply with health and safety arrangements may result in incidents which impact Sheffield Health and Social Care NHSFT's (SHSC) service users, staff, and others to whom SHSC owes a duty of care, it has a ripple financial effect, and can be detrimental to the reputation of SHSC. 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 SHSC.

Key Achievements:

- Gap analysis of current processes against the key requirements of the Health and Safety at Work Act (HASAWA) to shape improvements in the management system.
- An improved system of auditing and monitoring through the implementation of a schedule of walkabouts by the health and safety team. This will ensure that all the statutory compliance is embedded within the services and improve visibility and interaction with staff to provide on-going support and guidance.
- Implementation of a health and safety action plan (Appendix 2) to provide assurance of ongoing monitoring and improvements made.
- The identification and development of Key Performance Indicators (KPIs) for health and safety with quantifiable data to allow analysis and identification of areas in need of improvement and of good practice.
- The health and safety team have changed their management process style to achieve a balance between proactive and reactive monitoring to drive quality improvements.

Plans for Improvement:

- Further health and safety legislation and guidance to be scrutinised for level of compliance, this will commence with a review of the current health and safety policies.
- To streamline the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting process and ensure education of staff on the same, to enable incident learning and prevention of reoccurrence.
- To support a growing positive safety culture within SHSC, where services embed health and safety into all management processes. There is a requirement for building the health and safety team to include health and safety champions within all buildings.
- Violence and aggression is a recurring theme as a point of staff concern in reviewing staff surveys and SHSC will have a specific working group (due to be set up in 2022/23).
- To develop the relevant NEBOSH and IOSH qualifications and data analytical skills within the health and safety team.
- To strengthen health and safety compliance across our management of all buildings in SHSC.

Area for Concern:

- Fire door compliance remains an area of concern. Fire door surveys are being undertaken, by an external BMTRADA accredited company but this is not due to be completed until the end of November 2022. Most of the fire doors in the highest risk inpatient wards (Stanage, Maple, DD2, DD1 and Forest Close) have already been replaced with new Kingsway fire doors during 2021 / 2022.

To accurately understand the residual risk level across SHSC, a final figure for the number of fire doors that can be repaired and the number that will require replacement is needed, to enable triangulation with the area i.e., inpatient ward, to ascertain the risk level. This information will then enable a programme of repair/replace to be formulated to ensure that the highest risk area/s are completed first. This will be monitored at the Health and Safety Committee, and it is anticipated that these surveys will be completed by the end of November 2022.

SHSC should remain assured that there are relevant policies, procedures, consultation meetings, compliance meetings, protocols, and documentation available to demonstrate statutory compliance. In addition, there is the Health and Safety Action Plan (attached as Appendix 2) which further demonstrates that SHSC recognises there are gaps and is working towards resolving these.

Health and Safety Executive

The Health and Safety Executive (HSE) completed a visit to the SHSC premise, Michael Carlisle Centre, on 22nd September 2022, this visit is therefore not included within this annual report for 2021/2022. However, the HSE visit was specifically to assess the management of risks to staff from the use of medical sharps. The outcome was that SHSC was served with two improvement notices (management of medical sharps and risk of needlestick injury as a consequence of insulin administration), due to contraventions of health



and safety law and therefore SHSC will also receive an invoice for a fee for intervention (£163 per hour).

Salli Midgley, Director of Quality & Professional Lead for Nursing is the lead for the immediate work required to respond to the improvement notices. Therefore, updates and assurance will be provided to Quality Assurance Committee through the lead for the work to improve our use of medical sharps.

Recommendation for the Board/Committee to consider:

| | | | | | | | |
|----------------------------|--|-----------------|---|------------------|---|--------------------|--|
| Consider for Action | | Approval | ✓ | Assurance | ✓ | Information | |
|----------------------------|--|-----------------|---|------------------|---|--------------------|--|

The Trust Board is asked to approve this annual report provided as assurance regarding the management of Health and Safety within SHSC.

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

| | | | | |
|--|-----|---|----|--|
| Covid-19 - Recovering effectively | Yes | ✓ | No | |
| CQC Getting Back to Good – Continuous improvement | Yes | ✓ | No | |
| Transformation – Changing things that will make a difference | Yes | ✓ | No | |
| Partnerships – working together to make a bigger impact | Yes | ✓ | No | |

Is this report relevant to compliance with any key standards?

State specific standard

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

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 and Experience | Yes | ✓ | No | | <i>Health and safety management underpins all processes for quality staff and user group experience</i> |
| Financial (revenue & capital) | Yes | ✓ | No | | <i>This report indirectly affects SHSC's financial status as the impact of incidents can be far reaching.</i> |
| Organisational Development /Workforce | Yes | ✓ | No | | <i>Staff mandatory training and continuous development are key to ensuring accident prevention and high standards.</i> |
| Equality, Diversity & Inclusion | Yes | ✓ | No | | <i>This report does not directly affect Equality, Diversity and Inclusion</i> |
| Legal | Yes | ✓ | No | | <i>This report demonstrates how SHSC monitors and maintains statutory compliance for Health and Safety.</i> |
| Sustainability | Yes | ✓ | No | | <i>No implications or impact identified.</i> |

Health and Safety Annual Report

2021- 2022

Section 1: Analysis and supporting detail

Background

1.1 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.

Adoption of the following five themes from the HSE's 2016 'Helping Britain Work Well' Strategy and integration into our planning will also allow alignment with the highest possible standards to protect our service users, each other, and the wider communities which we support:

- Acting together
- Tackling ill health
- Managing risk well
- Keeping pace with change
- Sharing our success.

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, who all report to the health and safety manager. The team continues to promote a positive safety culture and monitor current 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. There are plans to further develop the team's health and safety qualifications.

Regulatory compliance

1.2 SHSC health and safety team have assessed compliance in relation to the Health and Safety at Work Act (1974) as partially compliant, as foundational work to identify and address gaps in compliance has been tackled over the last year and is currently in its final stages.

Although currently assessed as partial compliant, it is anticipated that this will be assessed as compliant by January 2023, when the health and safety policies have been fully reviewed and updated to provide a clear framework.

Partial compliance to other key pieces of legislation, including Display Screen Equipment (DSE) Regulations, Provision and Use of Work Equipment Regulations and the Health and Safety (First Aid) Regulations, is also evident and these will be tackled in the same manner - undergoing a gap analysis of our current practice and a review of the associated policies to create a structure of quality practice and compliance.

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's commitment to continual improvement.

Appendix 2 sets out the Health and Safety Action Plan for 2021/2022 and up to January 2023.

The action plan is monitored, monthly, by the Health and Safety Committee and provides assurance of ongoing reviewing, monitoring and identification of actions required to mitigate potential risk areas.

Additionally, SHSC strives to achieve the best practice guidance within the Health Technical Memoranda (HTMs) which give comprehensive information on the design, installation, operation and maintenance of specialised building and engineering technology used in the delivery of healthcare. Although these are focused within an estates and facilities provision, there are several governance standards underpinned and related to health and safety.

Methods of assurance used for monitoring compliance:

- The Director of Strategy is the lead director for health and safety, and will guide and direct on all such matters, with appropriate advice. They will ensure that appropriate internal controls are in place for managing health and safety related risks, and the effectiveness or otherwise of these arrangements is reviewed and formally reported to the Trust Board.
- The Board is alerted to any health and safety matters for escalation through the Alert, Assure and Advise reports from Board sub-committees, and where necessary directly. Additionally, there is an appointed Health and Safety Manager 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 areas. Meetings are held monthly and promote a culture of understanding and co-operation across SHSC. Feedback from this committee is highlighted at the Quality Assurance Committee.
- The Health and Safety Manager produces a Quarterly Health and Safety Report, on progress, which is directed to the Quality Assurance Committee (quarterly) and Peoples Committee (bi-annually), after which it is taken to the Board annually.
- Statistical data is now routinely accessed and key performance indicators (KPIs) have been identified and will support the provision of future assurances of compliance levels; provide a measure of health and safety good practice and any outlying areas which require action or escalation. The implementation of these KPIs is the process to ensure both active and reactive monitoring is taking place as a cornerstone change for 2021- 2022. The KPIs are seen by the Health and Safety Committee every month and is an embedded practice.
- Site inspections and audits schedule in place.
- Training and staff development supported by annual PDRs.

Key issues to note:

- Q1 and Q2 2021 reports identified gaps in the monitoring and review systems within the health and safety team. An on-going schedule of inspections/audits and health and safety site “walkabouts” to support the monitoring and identification of hazards and review of processes commenced in June 2021 to address this gap.
- The previous ‘Annual Fire Compliance Statement’ was changed to a ‘Statement of Intent,’ to support the Health and Safety Policy V6 and is signed by the Chief Executive to reflect SHSCs commitment to health and safety at the highest level.

- The Health and Safety Committee Report content was amended to provide improved reporting and assurance.
- Identification of the requirement for a clear and structured RIDDOR process. This will be reviewed to ensure accurate reporting to Health and Safety Executive (HSE) and the quality of reports submitted show SHSC's commitment to full investigation and incident prevention through learning.
- Of concern, gaps were noted within Section 2 – 2c of Health and Safety at Work Act 1974, regarding policies. Whilst policies are in place and within date, the quality of the content of these policies needs review and update.
- It was also noted with respect to Section C of the Health and safety at Work Act 1974, (the provision of health and safety information), that the Jarvis webpage is in need of an update to allow easy navigation. To support a positive safety culture, update of these intranet pages will ensure that the health and safety team can readily communicate key information and guidance to support staff in their roles. This action is currently being addressed.
- Increased interaction from the health and safety team members with services to improve processes, full partnership regarding health and safety and ensure that statutory compliance is embedded within all processes.

Health and Safety Policies for 2022-2023

- 1.3 The gap analysis of the Health and Safety at Work Act identified that current policies are in need of review to provide more structured guidance to our staff and clearly identify roles and responsibilities.

Health and safety related policies which will be reviewed for quality of content, comprise:

- Display Screen Equipment Policy
- Falls (staff and public) Policy
- Central Alert System (CAS) Policy
- Fire Safety policy and associated protocols.
- Health and Safety Policy
- First Aid Policy
- Lone Worker Policy
- Security Policy

The timeline and resources required for these policy reviews are being determined by the health and safety team.

The reviewing process will follow the appropriate governance route of consultation, prior to approval being undertaken. This will ensure that the policies remain updated on the master policy register.

External report/ Enforcement Agencies

1.4 Q1 2021 Health and Safety Executive (HSE)

The HSE visited several SHSC premises in December 2018. The resulting actions have now been addressed in relation to risk assessment training, development of overarching environmental risk assessments, moving and handling training and maintenance of lifting equipment.

1.5 Care Quality Commission

In May 2021 Care Quality Commission (CQC) inspection rated the service as inadequate and issued SHSC with a Section 29A warning notice indicating areas requiring significant

improvement. December 2021 a reinspection of acute wards found areas relating to the warning notice were now compliant, with an overall improvement in rating.

Remaining issues identified relating to health and safety included security of service users and maintaining strict records of their whereabouts. Whilst mandatory training levels of SHSC staff had improved, there is a need to ensure that bank and agency staff are included in physical intervention training. Lessons Learnt Bulletins will be issued, by the patient safety specialist, to ensure that staff have access to shared learning after incidents, to continually improve the service.

1.6 **External Fire Consultant**

SHSC engaged the services of an alternative external consultant, DRLC Ltd. as an Independent Consulting Engineer who will re-audit the fire safety systems. This will facilitate a reflective comparison to the previous audit actions completion and status and increase assurance.

The previous consultant, Healthfire, completed an audit in February 2019; all but 3 of the 12 actions issued remained by the Q1 2021:

- a. A review of the Fire Risk Assessment Action Plan format, which was completed,
- b. The need to develop a robust procedure to ensure revision of the building fire safety drawings following any changes, and that these changes are communicated to relevant parties. Draft arrangements were developed by the head of estates and interim head of capital development and were provided for consideration to the Interim associate director of estates after which was passed at the Estates Fire Compliance Meeting.
- c. The development of procedures for the planned and unplanned loss or partial loss of any fire safety system or systems. The security and fire officer create a protocol to address the action which was approved by the head of estates and the approved at the Estates Fire Compliance Meeting.

These three outstanding actions have therefore been closed.

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

The South Yorkshire Fire and Rescue Service undertook fire safety audits of the Longley Centre, Michael Carlisle Centre, and Grenoside Grange during Q1 2021/2022 where it was identified that breaches within 6 areas of the Regulatory Reform (Fire Safety) Order 2005 had occurred resulting in 34 actions predominantly relating to the premise infrastructure defects, the actions were all categorised as low or very low risk.

Combined efforts from the health and safety manager, fire safety and security co-ordinator and maintenance management continue to resolve the outstanding overdue actions. By the end of Q4, 50% were completed which was escalated to the Health and Safety Committee and the interim Associate Director of Estates, which then resulted in a 76% completion. This reflects considerable improvement, and completion dates for the remaining 8 actions have been requested and will be monitored by the Estates Fire Compliance Group.

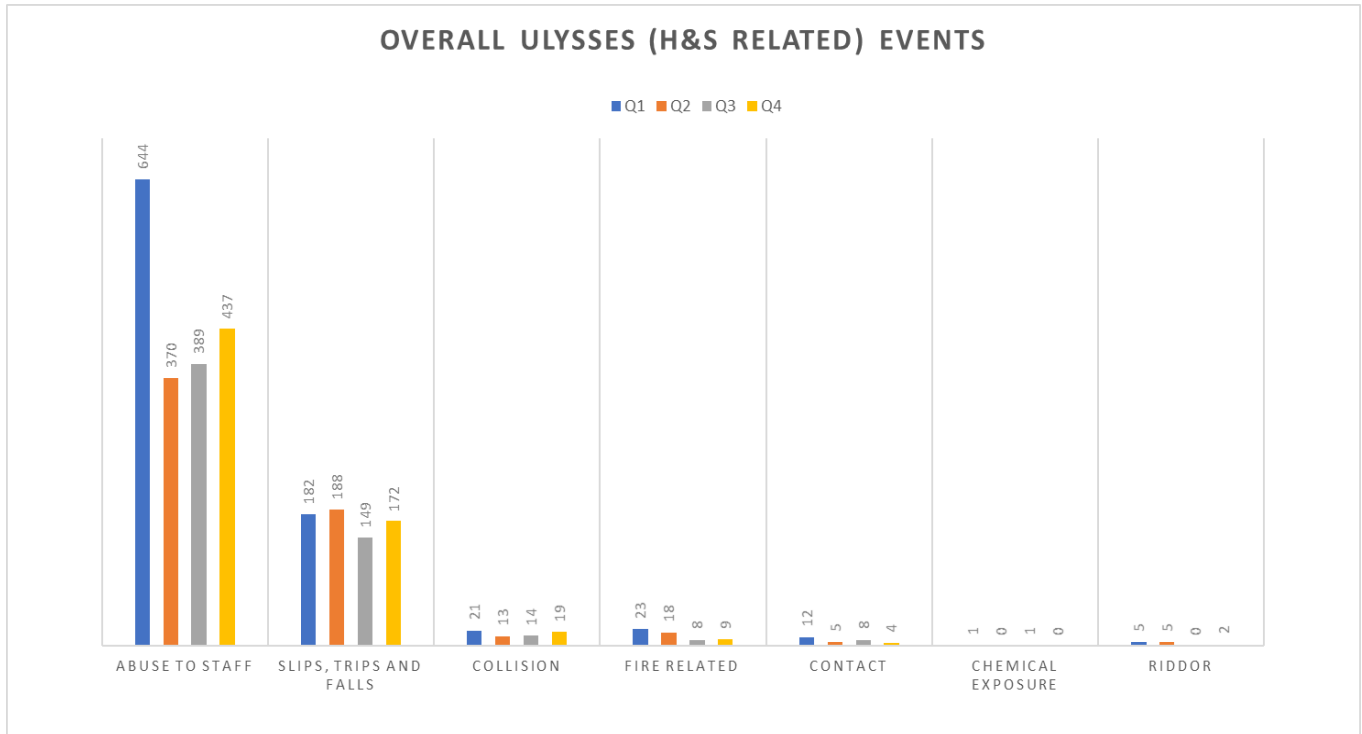
Incident Analysis

- 1.8 It was identified in Q1 2021 that the health and safety team were not able to routinely access data in relation to incidents/accidents specific to health and safety, this included information on RIDDOR reports. This was in part due to access restrictions on Ulysses. Liaison with the risk team resolved this and reports now accessed include statistical trends to share learning and instigate further controls. Statistical information also enabled the health and safety team to triangulate information, identifying trends and themes, areas of good practice, areas of concern and potential personal injury claims.

As seen in the graph below, across the last year whilst there has been a gradual reduction in number of incidents, the highest categories remain consistent:

- abuse to staff
- slips, trips and falls
- collisions

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



▪ **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.

For 2021/2022 there have been a total of 1840 events logged with the “abuse to staff” category. A breakdown of these reports showed the highest reported types of incidents include physical assault, verbal abuse and intimidation. Hotspots of incidents reported were identified as inpatient wards, particularly Stanage Ward (an all-male environment).

It is unknown how many of the events logged have resulted in personal injury claims being submitted against SHSC. However, the Health and Safety Manager does currently intermittently support Capsticks to access relevant documentation. With physical assault events being consistently the highest logged event, the work relating to the NHS Violence and Aggression against staff is a priority for the health and safety team.

Currently the environmental (workplace) risk assessments contain an assessment of violence and aggression, and there continues to be attention within meetings such as the Zero Tolerance Implementation meeting, Restrictive Practice meeting, Staff Health and Wellbeing Group and Health and Safety Committee. Violence and aggression is a recurring theme as a point of staff concern in reviewing staff surveys and SHSC will have a specific working group (due to be set up in 2022/23). Respect Training has also been increased following the face-to-face restrictions imposed by Covid 19.

On the 13th June 2022, NHS violence prevention and reduction standard guidance notes were published. The Health and Safety Committee will now agree on and populate a new specific action plan based on this framework and will ascertain the appropriate strategy to progress this area of concern.

- **Slips, Trips and Falls**

There has been a steady decline 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 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.

The Health and Safety Manager will require specific data on staff related falls in future, to determine any trends that need to be addressed, as currently the data includes both service user and staff related falls. However the incidents logged involving staff slips, trips and falls is of a low number.

- **Collision related incidents**

There was a marginal increase in collision related events. The highest actual impact was a moderately risk rated incident involving a vehicle – vehicle collision, which resulted in several injuries and lost working time. Of the total events, 50% were in relation to staff members with categories include both moving and stationary objects. However, there were no clear trends identified as causative factors have varied.

1.9 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, however, the Health and Safety Manager raised concerns due to the lack of the input requested from the health and safety team into incident/accidents that may or may not meet RIDDOR requirements. This lack of compliance with RIDDOR has been added to the risk register as it became further evident that the process of reporting was unclear, and therefore likely that there has been under-reporting, which puts SHSC at risk of legislative enforcement and open to litigation where individuals have sustained injuries.

From Q4, statistical data started being available to the health and safety team, which evidenced that RIDDOR reports were being submitted, however some concerns remained including the need for a clear process of RIDDOR reporting, ensuring HSE'S timescales are being met for submission and that the quality of the report content should be improved to demonstrate preventative actions to the HSE and to support the learning process. In addition, several RIDDOR submissions can result in a legal claim. If the process is not clear, then it is unlikely that SHSC will successfully be able to defend a case, which has the potential to result in a financial penalty. Therefore, communication and a formal link with the legal department is required to ensure investigations meet requirements, in that, the detail being entered on the submission form clearly ensures that SHSC can defend any future personal injury claims.

A summary guidance page for RIDDOR reporting is being created for Jarvis to clarify what the requirements for reporting are. This will be followed by support, training and guidance for staff.

There have been twelve RIDDOR submissions, during 2021/2022. Stange showed the highest submission with two in 2021, which coincides with the prominent levels of violent incidents there.

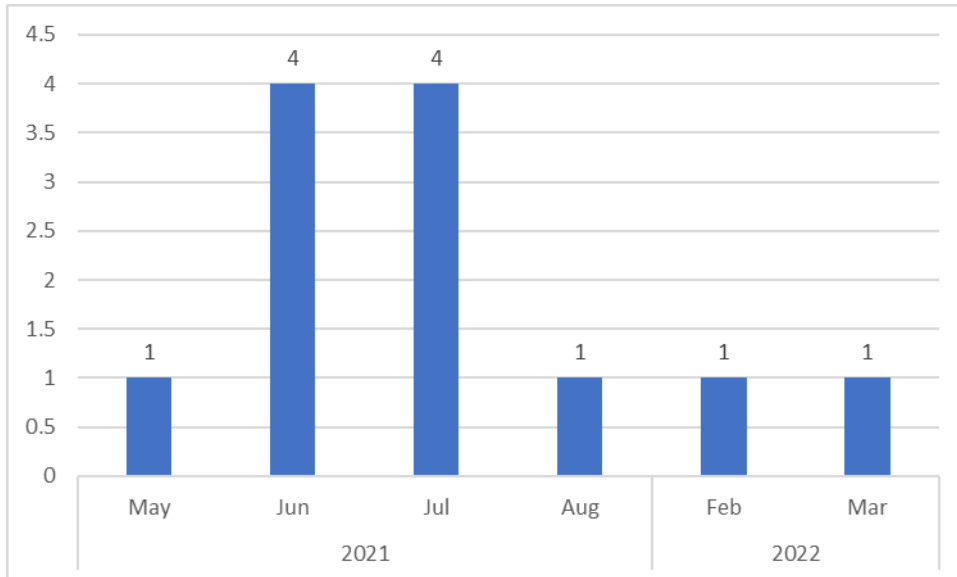


Table above shows the number of RIDDOR reports for the period.

The twelve submissions are broken down into cause groups and physical assault resulted in being the top reporter with 3 events being submitted as RIDDOR, further plans for improvement are in the previous section addressing Violence and Aggression.

Fire safety management

1.10 SHSC has a detailed Fire Safety Policy and related Fire Safety Protocols in place which are supported by the Emergency Planning procedures. Staff are trained in these procedures as part of the mandatory annual programme, and improvements are made from learning identified during fire drills or alarm events. All SHSC owned premises have had a technical fire risk assessment which is completed on a rolling program. The associated fire risk assessment action plans and progress with their completion, is monitored monthly.

Over the last four quarters changes and improvements to the fire safety management process have included:

- Creating a more succinct fire risk assessment action plan format to avoid duplication, allow clear monitoring and allocation of actions and statistical information of completion to ensure it is being managed in a timely manner.
- A combined and streamlined health and safety audit tool was created to ensure it addressed relevant topics accurately, with a clear line of reporting and escalation identified.
- Buildings managers are required to complete a weekly fire alarm check which includes a visual inspection of fire safety matters.
- The question set of the audit tool in relation to environmental safety, has also been updated to avoid any duplication with the Tendable (clinical audit software) process and improve the efficacy of the auditing programme.
- A scheduled programme of health and safety “walkabouts” commenced to support the monitoring and identification of hazards and review of relevant processes. The health and safety team use these site visits not only to address areas of concern, but to also integrate the team with all SHSC staff. In the long term this will support the services to embed these requirements into everyday practice.

- The previous Moving & Handling and Back Care Advisor raised concerns in Q2 that staff were not clear on the procedures for evacuating service users and the requirement for the use of evacuation aids. As a result, training given to staff to ensure confidence in using evacuation aids was identified the Q4 report: The health and safety team purchased several “evacuation sleds” to support individuals with mobility issues to evacuate a building safely, which have placed within any building that is not one level. These all have an asset tag number, and a record is held by the security and fire officer.
- The procurement process for inpatient mattresses was amended to ensure appropriate fire resistance (the crib¹ 7) as specified in BS 7176 and a flowchart has been completed to provide clear guidance on obtaining a new mattress (updated on Jarvis). These new mattresses were purchased, and replacement undertaken during Q3, to ensure compliance.

1.11 Fire Risk Assessments

SHSC fire risk assessment is completed as one risk assessment per building and 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 for each service, this is held on the shared drive.

Recent reports highlighted a deficiency in the monitoring of the fire risk assessment action plan for the past three years, which led to a high percentage of actions duplicated and overdue, as well as evidence of completion that was not recoverable by the team. It was also found that due to the length of time taken to complete actions, some items became irrelevant with building and usage changes.

The health and safety team have 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.

All services are being encouraged to work on the open actions, with the support of the health and safety team who will continue to monitor any open actions to ensure they are closed.

1.12 Fire Drills

The current fire drill provision is completed within daytime hours and the expectation is that 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 of staff to effectively implement emergency evacuation arrangements. During fire drills most sites achieve all the assessment criteria for following procedures.

It was identified that there is a requirement for ‘out of hours’ fire drills (when staffing is at a minimum) to ensure that the process of evacuation is effective for both day and night shifts. The Fire Safety Team liaised with Heads of Inpatient Services to consider the provision of additional day time training to meet the requirements of staff working nights, this continues to be under consideration.

Statistical reporting on fire drills is included within the health and safety team’s KPIs, see Appendix 1.

1.13 Fire related incidents

All fire incidents reported are reviewed by the relevant manager and viewed by the security and fire safety officer and coordinator.

Incidents of service users smoking and maliciously causing fires by using ignition sources (i.e., lighters), within internal accommodation continues to represent a challenge to meet our statutory responsibility to ensure all internal areas of buildings or enclosed spaces are smoke free in accordance with SHSC policy. From Q1 – Q4 2021/2022 there has been a decrease in smoking related incidents recorded on Ulysses, however, this does not reflect verbal reports of significant smoking instances particularly in Stanage Ward. This could be due to items not being formally reported via Ulysses, however there is the provision of a smoking cessation team who support the inpatient wards.

- Q2 (25.8.2021) there was one low rated fire event at Fulwood House involving a faulty electrical cable discharging smoke. Fire procedures were followed, no injuries or damage to property were sustained. Remedial actions were completed.
- Q2 (02.09.21) one moderately rated fire incident at the Longley Centre resulting in fire related injuries to the service user and members of staff. Immediate fire action was undertaken, and assistance sought from the Fire and Rescue Service. It was noted that one of the Fire and Rescue Service Teams did not arrive at the scheduled Attendance Point for the Longley Centre. Liaison with the Fire and Rescue Service has been undertaken to ensure all attending Fire Crews supporting the Longley Area have updated site attendance information.

The fire related figures have remained low (below 23) throughout 2021/2022 and that is reflected in the data, albeit a small number. The three events were related to individual service users setting small fires and staff have enforced the no smoking policy by removing the fire-starting personal effects.

1.14 Fire Safety Planned Preventative Maintenance

To achieve statutory compliance, an annual programme of planned inspection and maintenance is undertaken by the estates maintenance department for fire safety systems, including the automatic fire alarm and detection systems. Where it has been identified that remedial actions cannot be achieved, a program of prioritised replacement is undertaken.

It was identified that many fire doors did not have appropriate installation records to demonstrate compliance with British standards and that there was no clear identification of the number of fire doors that require replacement or repair. To ensure SHSC moves to a position where all its fire doors are certified by approved manufacturers and are compliant, the Head of Estates has appointed an external contractor to complete a fire door survey in all the buildings where the new compliant “Kingsway” doors are not already in situ. It was also established that two external contractors had been appointed to provide drawings plans which are currently being sorted into accessible files to give clear direction for the completion of the fire door survey.

- The fire door surveys are not due to be completed until the end of November 2022. Most of the fire doors in the highest risk inpatient wards (Stanage, Maple, DD2, DD1 and Forest Close) have already been replaced with the new compliant Kingsway fire doors during 2021 / 2022.

To accurately understand the potential risk level, a final figure for the number of doors that can be repaired and the number that will require replacement is needed to enable triangulation with the area i.e., inpatient ward, to ascertain the risk level. This information will then enable a programme of repair/replace to be formulated to ensure that the remaining highest risk area/s are completed first.

The inpatient areas, as part of the recent ward refurbishment programme, have newer fire doors (Kingsway), these will therefore have an installation certificate but will not have undergone a six-monthly inspection, therefore the risk will be lower than those areas with older doors (no installation certificate and no six-monthly inspections).

Currently the maintenance manager provides updates to the health and safety team with the results from any completed fire door surveys. This will continue to be monitored via the Estates Fire Compliance Group.

Control of Substances Hazardous to Health (COSHH)

1.15 A full review of the COSHH policy was carried out in Q4 to ensure guidance for the safe use and management of COSHH items. This was done in consultation with the housekeeping team working across the numerous services. Currently COSHH risk assessments are in place, however the quality of the content is to be improved in relation to key risks, controls in place, storage, disposal, spillages, and PPE requirements. There is a significant amount of work that needs to be completed in relation to the updated COSHH policy, in the housekeeping service. This includes:

1. Reviewing all the current products in use to ascertain if they can be condensed
2. Consideration of suitable alternative environmentally friendly products
3. 'Toolbox talks' with housekeeping staff to highlight "high risk" products
4. Updating the current storage and dissemination on the shared drive to one new folder accessible via the shared drive.

There have been very few events logged within this category during 2021/2022, 2 (May and November 2021) both of which involved a chemical causing an irritant, with remedial actions being completed.

Consideration should be given to implementing a Waste Management Operational Group which would support the implementation of procedures underpinned by COSHH, to ensure regulatory compliance, and adhere to HTM guidance.

Face Filtering protective (FFP) masks and Fit Testing

1.16 The provision of respiratory protective equipment (RPE) for use against chemical or biological hazards requires the user to be 'fit tested' by a competent individual for each brand of Face Filtering Piece (FFP-mask) used. Once fit tested, the individual wearing the mask is then required to "fit check" the mask each time, records for this should be held.

The requirement for the use of FFP3 mask will be dependent on current relevant pandemic guidance, however many individuals do attend other sites where FFP3 requirement is in relation to ventilation issues. In addition to this some information has been provided about potential Monkey pox virus therefore it is likely that SHSC will still require a "fit testing" process.

A list of individuals requiring "fit testing" has been collated, prices have now been received from two external providers in relation to providing "train the trainer" type course or completing the full testing of all the identified individuals with two different masks.

The health and safety manager has drafted a paper outlining the costs and in addition a draft standard operating procedure in relation to the use of FFP3 masks and fit testing, this is not specifically covid related. The draft paper was circulated to the Emergency Planning manager and lead nurse for infection prevention control for comments.

Monitoring: compliance and trends

1.17 As part of the cyclical health and safety management model HSG65, monitoring the processes in place is key to learning and improving controls and the system. It was identified that there was no clear monitoring of processes on sites. The Health and Safety Manager compiled a new excel spreadsheet which has enabled KPI data to be provided in the form of graphs and narrative (see Appendix 1). This includes data on fire risk assessments, fire drills, environmental risk assessments, walkabouts, to provide assurance.

Audits were planned for 2021 to ascertain a baseline of health and safety compliance, across all areas, to facilitate the identification of topics requiring further work. Brief awareness of auditor training was undertaken by the health and safety team facilitated by a SHSC clinical effectiveness manager.

Following this, the Health and Safety Manager has identified that the auditing process will be undertaken on a four-year programme, as follows:

| | |
|------------------|--|
| Year 1 2021/2022 | All topic audit completed to gain baseline information |
| Year 2 2022/2023 | Focused topic audit – Fire safety system |
| Year 3 2023/2024 | Focused topic audit – First aid provision and display screen equipment |
| Year 4 2024/2025 | All topic audit to be completed |

This programme will support the health and safety team to focus on topics that have previously been identified via the baseline audit. For example, as seen from the last audit results, first aid arrangements and display screen equipment were areas identified as in need of further improvement. This process would commence by reviewing and updating the relevant policies to provide a clear framework and then complete a focused topic audit in year three to ensure the changes have enabled the requirements to be fully embedded within all services.

Conducting workplace inspections/audits is another method of facilitating monitoring. The health and safety team compiled a schedule for 2021/2022 of walkabout and inspections/audits at various sites which is now routinely completed with the expectation to complete one for each service within a 12-month period. This will provide evidence-based assurance that policies and procedures are embedded within all the services.

It was also evident that there is no clear process in place regarding the monitoring and review of properties that are not owned by SHSC but where services are provided by SHSC. A questionnaire was created and was being trialled at the two properties that SHSC are now leasing. This will need to be extended for any current leased properties to ensure there is ongoing monitoring; resources will need to be identified to progress this piece of work.

The health and safety team ensure ongoing completion of these inspections/audits of each service to ensure:

- a) Proactive risk management, such as completion of risk assessments
- b) Reactive risk management, such as learning from incidents
- c) Local Management systems such as communication, training, and information
- d) Implementation of controls assessed by inspection and observation.

Furthermore, the continued monitoring will enable the health and safety team to provide statistical information to highlight potential areas of concern and identify and highlight areas of good practice.

Provision and Use of Work Equipment (PUWER)

1.18 PUWER requires that equipment provided for use at work is suitable for the intended use, maintained in a safe condition and inspected to ensure it is correctly installed and used only by people who have received adequate information, instruction, and training.

Across the last four quarters where it was initially identified that there was no clear asset register of equipment provision that ensure that relevant committees have assurance of the continued maintenance of equipment i.e., electric profiling beds, hoists, and slings. The Medical Device Safety Officer has since started providing the health and safety committee with a six-monthly assurance report regarding servicing status of mobile hoists and slings. The estates department present an “Estates compliance tool” to the Committee, for assurance

purposes. This tool is also continually monitored via the Facilities Directorate Management Meeting. This includes elements of equipment maintenance and remedials in progress, however no formal evidence of who has been trained on specific equipment. Additionally, staff are encouraged to use the equipment failure reporting process in place (Planet).

Initial concerns over the maintenance and inspection of electric profiling beds have been addressed by the Quality Team who has revised the Safe Use of Bed Rails Policy, identifying beds as a medical device and therefore within the remit of the medical device safety officer.

Although improvement has been made in the form of provision of reports for assurance purposes there are still areas that remain outstanding or unclear. For example, there are medical devices throughout SHSC and there does not appear to be clear record that identifies that staff have been appropriately trained on the equipment, this is overseen by the Medical Devices Group and reports are now being provided to the Health and Safety on a six-monthly basis.

Physical Security

1.19 To ensure the safety of our staff and service users, closed circuit television (CCTV) is in use in some areas. A recording policy is in place that outlines most of the CCTV requirement. It was agreed that further information would be added to the policy and appendix to include:

- A register of where cameras, monitors and signs are located as well as areas covered, and purpose i.e., monitoring or recording
- The governance process in place to limit recording, to determine how and when cameras are requested
- Ongoing maintenance of cameras and emergency procedure in case of failure of a camera.
- A Data Protection Impact Assessment for each area
- A SOP that outlines the above as well as the responsibilities for operation of the system, notification of data subjects, access to the system and access to recordings (if made)

To support this process the Health and Safety Manager has proposed a steering group to look at proposals for external CCTV, and other items such as car parking concerns. Further work is required to ascertain the full remit, attendees, and governance of the potential group.

Currently the Health and Safety Manager is in communication with the local police to create links for a liaison officer to provide support for our staff and advise on violence and aggression incidents.

There have been concerns regarding the permit system that is in place at Longley Centre car park and where individuals feel vulnerable when accessing the car park following recent reported incidents of damage to and theft from personal vehicles. The Longley Centre car park is open access providing free parking to authorised individuals and visitors. The health and safety team have received information on a CCTV operating system, to provide a secure environment for individuals, and an automatic number plate recognition system to replace the current permit system. Final costings are needed before an option appraisal paper can be written which will be shared with senior clinical colleagues to identify potential areas of concern that can be addressed prior to completing a consultation/communication with all that use the Longley Centre car park.

The Transport / Stores Services Manager led on the project regarding installation of electric vehicle charging points to support the change of fleet vehicles to electric. Several of these have now been installed across SHSC sites. The project is a collaborative effort with the Sustainable Travel and Transport group to look at a phased plan to open the charging points to being used

by staff. To complete this, a structure needs to be devised including a policy or standard operating procedure.

These electric charging points and the vehicles themselves are a fire hazard, due to the nature of the chemical within the batteries and the potential for components to retain a dangerous voltage even when switched off therefore there is also collaboration with the fire safety and security coordinator to ensure fire risk assessments incorporate this element and actions identified are adhered to.

The RESPECT team have recently completed a review of training modules to ensure staff have appropriate training relating to Lone Working and/or personal safety plans. Currently there is level 1 RESPECT training (e-learning) that has an element related to lone working but not all staff within SHSC complete this level. This will be taken into consideration when reviewing and updating the Lone Worker Policy.

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 through our 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.

Fire Warden training has been allocated to team Managers and those members of staff who have volunteered or 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. All courses are site specific and are currently organised locally according to need.

Examination of the data for training compliance shows overall good compliance for specific health and safety training with some improvement that can be made for fire safety and resuscitation modules. The health and safety team support any areas, specifically identified, as falling below compliance levels. The Health and Safety Committee receives the health and safety training statistics monthly for oversight and they are discussed in conjunction with the Ulysses summary of incident statistics to determine if there are any commonalities.

First Aid Provisions

1.20 The First Aid Policy has been identified as in need of update and during walkabouts at sites it was noted signage and provision of first aid equipment are adequate. However, improvement is needed in checking of expiry and restocking of items. Also, a first aid needs-assessment is required to determine the sufficiency of current provisions e.g., numbers and training required for appointed first aiders.

Occupational Health and Well being

1.21 The Health and Safety Manager has been attending the Health and Wellbeing Group and aims to include feedback to the Health and Safety Committee to ensure oversight of progress is maintained.

Occupational health is outsourced, and it was identified that there is currently a gap in communication from this department to coordinate controls and actions on sharps incidents, share learning from incidents that lead to occupational sickness and injury, and provide evidence and support where health surveillance is required. This is being addressed through the new contractual agreement.

Business Continuity and Emergency Preparedness

- 1.22 It is a legal requirement that SHSC ensures there are emergency procedures in place to protect against serious and imminent danger. Following an incident where there was a fault in the nurse call and personal alarm system which led to it being temporarily taken offline, it was highlighted that there was insufficient guidance available to fully demonstrate what mitigation had been implemented to maintain the safety of service users and staff in relation to the loss of a system.

It had previously been suggested that each area has an “Emergency Procedure” booklet that contains information regarding failure of utilities (including alarm systems) that would support identification of aids that may be required i.e., walkie-talkies etc. Additionally, the Business Continuity Policy supports the requirement for each area to complete a business continuity plan template. The current template does provide plans for failure of IT and utilities, and it was proposed that this template be extended for all other potential emergency situations.

However, assurance was provided by the Emergency Planning Manager who audits the plans on an annual basis and provides relevant committees with assurance and therefore additional booklets were deemed unnecessary.

Central Alerting System and Employee Communication

- 1.23 The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others. In addition to the CAS, there are field safety notices (FSNs) sent out by medical device manufacturers or their representatives; these notices do not fall into the remit of the CAS system or the related policy.

360 Assurance have completed a health and safety audit, and this included looking at the alert process. This has resulted in an action plan that the health and safety team will be progressing which includes a review of the current CAS policy.

The Health and Safety Manager has requested, from the Head of Clinical Governance, a demonstration of the “alert module” available from the Ulysses risk management system, as this would be a more appropriate way to capture all alerts coming into SHSC. This approach would also facilitate the recording and distribution of health and safety specific alerts/ bulletins to SHSC staff from the health and safety team.

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.

While there are environmental risk assessments in place which are accessible to all through the “shared” drive, a review of their content was carried out in relation to the development of health and safety key performance indicators. This revealed that these risk assessments have not always been updated, action plans not fully completed, and version control has not always been adhered to.

Consequently, a new template for the environmental (workplace) risk assessments is being finalised to ensure it is fully formatted and ready for a trial use. The new template is inclusive of all relevant health and safety related hazards and incorporates a review sheet that will be used to evidence when the document has been reviewed and if any changes were made. This will

support the need to ensure all risk assessments are relevant and accurate and also provide a clear audit trail of changes.

Risk assessment training is available in the form of “Health and Safety Foundation Course for Managers and Supervisors,” which has had a marginal increase on uptake, however, the risk assessment course will require a review and it is proposed that it becomes mandatory for all staff to be able to identify risk and apply this to workplace risk assessments.

Once the updated template is being used there will need to be a robust process in place to ensure actions are created, monitored, reviewed, and completed. Therefore, completion of these environmental risk assessment is included as a health and safety Key Performance Indicator (KPI) which is presented and monitored at the monthly Health and Safety Committee. A flowchart that outlines the process of reviewing and updating of the environmental risk (workplace) assessment will also be issued at the health and safety page available on Jarvis.

From the statistical data examined to date the areas of risk to note are:

- Violence and Aggression towards staff
- Maintenance of sufficient fire compartmentation i.e., fire doors
- Slips, Trips and falls.

2.2 Risk Register specific to Health and Safety (on the Ulysses system)

The risk domains are safety and statutory compliance, and the risk appetite score is 1 (i.e., the Board seeks to avoid these risks under any circumstances), therefore the target score range should be 1-4. However, all four areas are currently rated at moderate, score range is 9-12. There are actions in place to address the identified areas to reduce the risk rating to an acceptable level.

| Risk description | Rating | Controls/Plans |
|--|----------|--|
| Risk 4615: Reporting of Diseases Dangerous Occurrences Regulations (2013): lack of compliance with reporting and distribution of learnings. | Moderate | <ul style="list-style-type: none"> • SHSC should be assured that RIDDOR reports are being submitted and there are some 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. • To improve understanding of the reporting process which must include connectivity with the health and safety team. • To improve the depth of investigation and quality of reports submitted to HSE to reflect actions taken and lessons learnt. • Distribution of lessons learnt information to all staff. |
| 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 | <ul style="list-style-type: none"> • Clinical staff assess the risk of smoking within inpatient services. • Smoke free policy prohibits smoking on any SHSC premises. • Health and safety team to have full training on Ulysses. • An on-going programme of work to support the cessation of smoking within inpatient areas. |
| 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 | <ul style="list-style-type: none"> • This will likely always remain an area of risk due to the nature of the service provision and the current building stock particularly for inpatient areas. • A task and finish group was set up to look at the potential issue of falls from height for service users on the external areas of SHSC properties. • The health and safety risk advisor has completed a risk assessment (of specific services) with photographs of identified risks, which links with a map of the sites to |

| | | |
|--|----------|--|
| | | <p>indicate the location.</p> <ul style="list-style-type: none"> • Q3 this was de-escalated to a health and safety team level with only one outstanding local action to be overseen and review when required (managed risk) |
| Risk 4744 Fire doors/ Compartmentation requires repair and replacement to ensure protection against the passage of fire and smoke. | Moderate | <ul style="list-style-type: none"> • To ascertain how many fire doors installed meet the required standard, the Head of Estates has engaged with a contractor, Yorkshire Fire Solutions, to complete a fire door survey. • Some surveys have been completed and the maintenance manager is keeping a summary table of the number of doors for repair or replacement to be prioritised within a replacement programme. • Separate risk held on the risk register by Head of Estates. |

The Health and Safety Manager acknowledges that improvement is required for these four items currently entered onto the risk register. The actions need to be more specific and detailed and further discussion will be held to ensure that the health and safety team are named within the risk register. There are some risks that can be held at health and safety team level in the respect of first aid and control of substances hazardous to health and these should be managed risks that are review and updated to reflect any incidents or changes that may occur.

Section 3: Assurance

Benchmarking

- 3.1 The health and safety annual report for the East London Foundation Trust (CQC rated: Outstanding) was used to compare and contrast the SHSC reports in order to identify any gaps in our reporting and provide insight into alternative routes for similar challenges.
- 3.2 The health and safety audit tools (in combination with reduction of incidents in hotspot areas) and KPI information will be used to closely monitor growth and improvement.

Triangulation

- 3.3 The Health and Safety Manager aims 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. This annual report was shared and discussed at the Health and Safety Committee in September and October 2022.
- 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. This supports our aim to have a 'great place to work' and supports our 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 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 will improve service user 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 currently £163 per hour (April 2022).
- 4.5 In addition to 4.4 there could be legal costs and significant 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.

Sustainable development and climate change adaptation

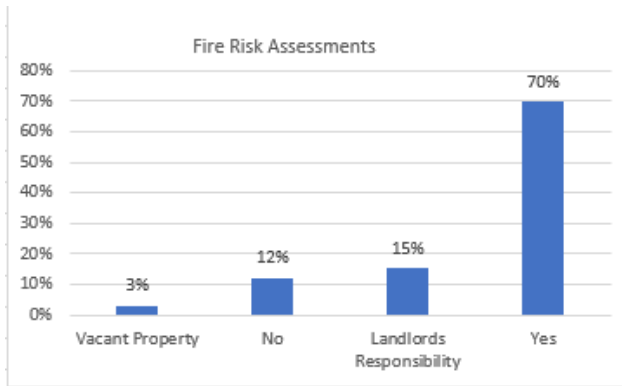
- 4.8 There are currently no issues related to sustainability that the Board needs to be sighted on.

Section 5: List of Appendices

Appendix 1 Health and Safety KPI data as of end of Q4 2021/2022

Appendix 2 Overall Health and Safety Action Plan to January 2023

APPENDIX 1 – Health and Safety KPI data as of end of Q4 2021/2022



Fire Risk Assessments ↓ This is a decrease from the previous data (76% February 2022).

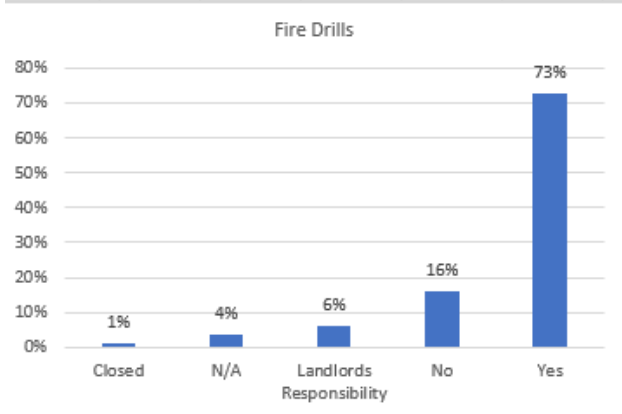
Of the 12% of assessments not completed (Michael Carlisle Centre, Grenoside Grange, Woodland View and Fulwood) it is anticipated these will be completed by the end of April 2022.

Fire Drills ↓ This is a decrease from the previous data (86% February 2022).

The 16% not currently completed are Decisions Unit Out of Hours Service ECT Suite Gender Identity Service (Porterbrook Clinic) Pharmacy Smoking Cessation MH Act Relationship & Sexual Services Non SHSC Citizens Advice Bureau Art Therapy (non SHSC service) Emotional Wellbeing Service it is anticipated these will be completed by the end of May 2022.

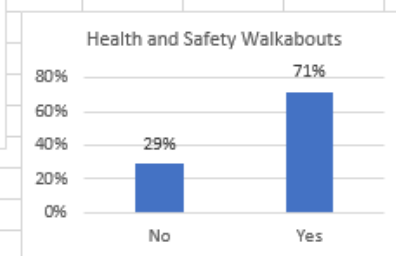
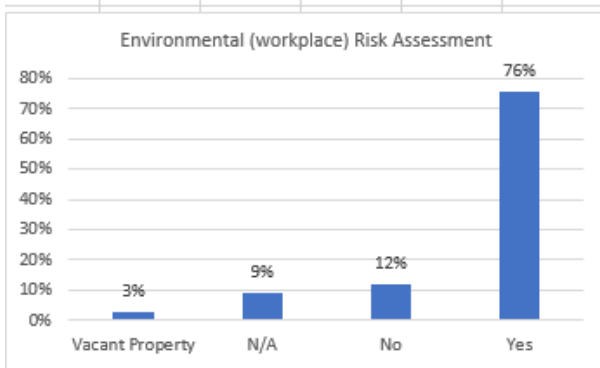
Environmental (workplace) Risk Assessment ↑ This an increase from the previous data (69% February 2022).

There are several areas where the current risk assessment requires amalgamating into one document so it is for the building and including all the services.



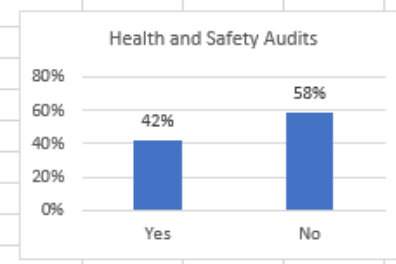
Health and Safety Walkabouts ↓ This is a decrease from the previous data (94% February 2022).

Health and Safety Audits ↓ This is a decrease from the previous data (63% February 2022).



The decrease identified is likely due to the data collection sheet being clearer about buildings and services and in addition containing more detail i.e landlords responsibility.

There is also still more work required to ensure the shared drive is clearly accessible and documentation is clear for the staff.



The health and safety team will work to ensure visits are completed where required, over the next quarter.

Increase or decrease is based on the compliance rated as "yes"

APPENDIX 2 – Health and Safety KPI data as of end of Q4 2021/2022

| Reference | Action | Responsible Role | Target Date for Completion | Days to completion/overdue | Date of actual completion | Action Progress/Update |
|-----------|---|--------------------------------|----------------------------|----------------------------|---------------------------|--|
| 1 | Statement of intent to be developed, incorporating health, safety, and fire, for presentation to the Committee during the next financial year | Health and Safety Risk Advisor | 31 October 2021 | 366 | 30 September 2021 | Update – Statement of Intent has now been completed, further action identified to send to Quality Assurance Committee and then to be implemented. |
| 2 | Implement a programme of inspections/audits to support the monitoring and identification of hazards and review of relevant processes | Security and Fire Officer | 20 June 2021 | 10 | 30 June 2021 | A Programme and audit tool have been developed and audits to start in July. |
| | | Health and Safety Risk Advisor | | | | |
| 3 | Develop and implement a programme of Health and Safety “Walkabouts” to support the monitoring and identification of hazards and review of relevant processes | Security and Fire Officer | 20 June 2021 | -2 | 18 June 2021 | Walkabouts were started at MCC Friday 18 th June |
| | | Health and Safety Risk Advisor | | | | |
| 4 | Ascertain “work groups” in relation to violence reduction standards and violence and aggression towards staff. | Health and Safety Manager | 01 June 2021 | 21 | 22 June 2021 | Health and Safety Manager attends Zero Tolerance Implementation and Restrictive Practice, both groups are working on elements that could support the standards. |
| 5 | Develop a clear action plan format to be implemented to ensure that clear monitoring and review is completed with support of statistical analysis. | Security and Fire Officer | 30 June 2021 | 0 | 30 June 2021 | Action plan template has been developed and will be used for future assessments completed by the team. |
| 6 | Liaise with the “Building Managers” on the Fire checklist process | Security and Fire Officer | 30 June 2021 | -5 | 25 May 2021 | Meeting held with building managers regarding the fire checklist process, and all agreed a way forward with a newly devised monthly checklist. Building managers meetings to continue to support the final version of the checklist and the implementation. |
| 7 | Formally request updated date in relation to the fire door replacement scheme, document via Fire Safety Group | Security and Fire Officer | 28 April 2021 | 0 | 28 April 2021 | This was formally requested at the meeting, therefore action complete. However, the information has not been received and further clarity is required. |
| 8 | Health and Safety Manager to work with the Risk Management Team to either reallocate the RIDDOR reporting responsibility to the Health and Safety Team or ensure that the health and safety Team are fully involved in the decision regarding submission and able to provide the committees with details and statistics | Health and Safety Manager | 19 May 2021 | 34 | 22 June 2021 | This has been discussed with the Patient Safety Specialist, as responsible person for RIDDOR submission. The Health and Safety Manager was attending a daily incident huddle so can see the incidents but there is not a robust process in place for RIDDOR submission. This has been entered on the risk register due to the level of concern and raised at the health and safety Committee (further action now in place) |

| | | | | | | |
|----|---|--------------------------------|-------------------|-----|-------------------|---|
| 9 | Health and Safety Manger to work with the Risk Management Team to understand Ulysses and what data can be provided to enable access to relevant statistical information. | Health and Safety Manager | 19 May 2021 | 42 | 30 June 2021 | Health and Safety Manager attends a daily incident huddle and can access the incidents via an exported excel report. However, reports have been requested on categories within Ulysses but still awaiting these. Highlighted at Health and Safety Committee that this continues to be an area of concern. |
| 10 | Ensure the action plan in relation to the HSE visit (December 2018) is obtained and presented formally to the Trust Health and Safety Committee | Health and Safety Manager | 19 May 2021 | 42 | 30 June 2021 | This was discussed at the Health and Safety Committee on the 25th May 2021 and Associate Director of Patient Safety was going to send the committee all correspondence in relation to the HSE visit. The paperwork has not been received but documentation has been located that confirms HSE actions did go through the committee. |
| 11 | Clarification that SHSC risk register has entries covering Violence and Aggression against staff and Manual Handling risks | Health and Safety Manager | 19 May 2021 | 531 | 16 August 2021 | 16/08/2021 Sarah Bawden to add Violence and Aggression as a corporate risk however the risk register contains 9 open risks regarding this issue. |
| 12 | Training needs analysis to ensure that appropriate levels of training are provided to each staff role, from housekeeping to executive level. | Health and Safety Risk Advisor | 31 July 2021 | 116 | 23 November 2021 | Completed. |
| 13 | Identify fire warden numbers and percentage of training completed. | Security and Fire Officer | 31 October 2021 | 24 | 23 November 2021 | Completed. |
| 14 | Complete a flowchart that clearly shows the process the Environment (workplace) Risk Assessment should follow | Health and Safety Risk Advisor | 01 September 2021 | 208 | 29 March 2022 | Complete - the flow chart will be put on the health and safety page of Jarvis for staff to refer too. |
| 15 | To liaise with the Procurement Department to ensure that mattresses purchased for inpatient areas are fire resistant to crib 7 as specified in BS 7176 | Security and Fire Officer | 20 August 2021 | 438 | 27 July 2021 | Email and updated draft protocol was sent to procurement regarding crib 7 mattresses within specific areas. |
| 16 | Continue to work with the current author to compile a draft Safe Use of Bed Rails Policy | Health and Safety Risk Advisor | 01 November 2021 | 7 | 08 November 2021 | December update -This piece of work is being undertaken within quality due to bed rails being a medical device and also carry quality and patient safety risks, Health and safety team to be appropriately kept in the loop due to bed rails also forming as part of PUWER. |
| 17 | To work with Interim Associate Director of Estates & Facilities to devise a questionnaire/checklist for each of the services regarding areas of compliance requiring supporting evidence. | Health and Safety Risk Advisor | 31 August 2021 | 427 | 26 January 2022 | December Update - Recommend closing as "not complete" and replaced with action 32. 26.01.2022 not complete but now closed and replaced with action 32. |
| 18 | The Health and Safety Manger to attend the Health and Wellbeing Group and feedback to the Health and Safety Committee to ensure oversight of progression is maintained. | Health and Safety Manager | 31 December 2021 | 305 | 14 September 2021 | The health and safety manager continues to attend the various groups |

| | | | | | | |
|----|--|---|-------------------|-----|-------------------|--|
| 19 | Liaise with the Medical Devices Safety Officer to ascertain the reporting structure for maintenance compliance of specific equipment | Health and Safety Risk Advisor | 23 September 2021 | 404 | 29 September 2021 | The health and safety manager has confirmation from the medical devices safety officer that, in regard of compliance assurance for mobile hoists and slings, this will be presented at the Medical Devices Group which the health and safety manager is a member of. |
| 20 | Security and fire officer and fire safety and security co-ordinator to work on the action plan to ensure that all duplicated actions are correctly accounted for and reflected on the action plans and all the actions with an unknown status are fully updated with either completed or outstanding and if outstanding ascertain the reasoning to rectify | Security and Fire Officer Fire Safety and Security Coordinator | 01 October 2021 | 181 | 31 March 2022 | March 2022 - complete. |
| 21 | To look at how to potentially simulate Fire Drills for "night" as this is when the staff is at a minimum and the team must ensure that the process of evacuation is effective for both day and night shift | Fire Safety and Security Coordinator | 01 November 2021 | 365 | Put on hold | Update - a programme did commence but currently has been put on hold. |
| 22 | Liaise with Moving & Handling and Back Care Advisor to give consideration as to whether additional emergency evacuation aids (including Personal Emergency Evacuation Plans) are required to assist service users with mobility restrictions | Security and Fire Officer | 31 August 2021 | 134 | 03 March 2022 | Complete - additional emergency evacuation sledges to assist mobility impaired persons were purchased for all SHSC buildings with accommodation above the ground floor; a quantity are available for the Moving & Handling and Back Care Adviser for use within inpatient areas as deemed appropriate. |
| 23 | Meeting to be arranged with all relevant parties to ascertain what action is required to get an accurate picture of the fire door programme | Health and Safety Manager | 31 July 2021 | 458 | 21 July 2021 | Meeting has been held and ascertained the previous report provided was not accurate therefore head of estates is actively pursuing the appointment of an external contractor. |
| 24 | Task and Finish Group to be implemented to ascertain the current process and identify the gaps with the Trust | Health and Safety Manager | 31 August 2021 | 427 | 02 August 2021 | A RIDDOR task and finish group is in place therefore action complete, began 2nd July 2021. |
| 25 | Final statement of Intent to be presented to the Quality Assurance Committee and then implemented | Health and Safety Manager | 30 November 2021 | -20 | 10 November 2021 | Completed. |
| 26 | Health and safety manager to lead a task and finish group in relation to standardising mattress and evacuation aids (including personal including personal emergency evacuation plans) provision within SHSC services | Health and Safety Manager | 31 December 2021 | -23 | 08 December 2021 | Complete, task and finish group met on 8th December 2021. December update - task and finish group met on 8th December 2021. |
| 27 | A report to be submitted to the Health and Safety Committee relating to identifying the gaps within the current RIDDOR process and actions to address them | Health and Safety Manager | 30 November 2021 | -6 | 24 November 2021 | Completed. |

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| 28 | Request to be made to receive a monthly report regarding open risks, on the risk register, related to health and safety topics, that can then be provided to the Health and Safety Committee | Health and Safety Manager | 10 November 2021 | 2 | 12 November 2021 | Request has been made as per action. |
| 29 | Health and safety team to scrutinize the act and ensure that there is appropriate evidence available to support each element, document evidence via a chart | Health and Safety Manager | 28 February 2022 | 31 | 30 March 2022 | Complete - the team met and will continue with the chart on the report. |
| 30 | Ensure, the ongoing, recording of KPIs is accurate and maintained up to date and the data is monitored by the health and safety committee | Health and Safety Manager | 31 March 2022 | 0 | 31 March 2022 | Complete - the new draft KPI format will be presented to the health and safety committee on 21st April before this can be deemed as complete. |
| 31 | Identify suitable auditor training for the health and safety team | Health and Safety Manager | 31 March 2022 | 215 | 31 March 2022 | Complete - the clinical effectiveness manager is going to provide basic audit awareness training to the team. |
| 32 | Health and safety manager to lead the implementation of a questionnaire/checklist for each non owned SHSC building regarding areas of compliance requiring supporting evidence | Health and Safety Manager | 31 March 2022 | 0 | 31 March 2022 | Complete - the form is being trialled on 2 lease buildings to ensure it captures the required information, this will require monitoring. |
| 33 | Discuss with unions and identified individuals the proposal to complete an "engagement of staff" approach prior to writing a meaningful strategy (violence and aggression towards staff) | Health and Safety Manager | 15 January 2022 | 47 | 03 March 2022 | To close - agreement is in place to complete a short survey to obtain further feedback on a potential strategy in relation to violence and aggression against staff. |
| 34 | The 2021 remedial fire risk assessment action plan to be fully updated and outstanding actions appropriately responded too. | Fire Safety and Security Coordinator | 30 June 2022 | 124 | 15th July 2022 | July 2022 - completed. The action plan that is now regularly and actively monitored by the fire safety and security co-ordinator, this should ensure that actions that are delayed are highlighted in a more appropriate timescale. |
| 35 | Review and fully update the Display Screen Equipment Policy to ensure that roles and responsibilities and processes are clear to all staff | Health and Safety Risk Advisor | 30 November 2022 | -29 | | October 2022 - a draft revision has been written and is currently being consulted upon. Revised target completion date is December 2022 due to staff absence. |
| 36 | Review and fully update the Falls (staff and public) Policy to ensure that roles and responsibilities and processes are clear to all staff | Health and Safety Risk Advisor | 31 October 2022 | 1 | | November 2022 - revision completed and consultation process completed at PGG of 31/10/21 |
| 37 | Review and fully update the Central Alert System (CAS) Policy to ensure that roles and responsibilities and processes are clear to all staff | Health and Safety Risk Advisor | 31 December 2022 | -60 | | October 2022 - this is underway and back on target for its target completion date. |
| 38 | Review and fully update the Fire Safety policy and associated protocols to ensure that roles and responsibilities and processes are clear to all staff | Security and Fire Officer | 31 August 2022 | 62 | | October 2022 - Review of Fire Policy undertaken and in preparation for distribution for consultation October 2022 |
| 39 | Review and fully update the Health and Safety Policy to ensure that roles and responsibilities and processes are clear to all staff | Health and Safety Risk Advisor | 30 November 2022 | -29 | | October 2022 - a draft revision has been written and will be distributed for consultation. Revised target completion date is December 2022. |

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| 40 | Review and fully update the First Aid Policy to ensure that roles and responsibilities and processes are clear to all staff | Health and Safety Risk Advisor | 30 December 2022 | -59 | | October 2022 - a draft revision has been written and is currently being consulted upon. Revised target completion date is December 2022 due to staff absence. |
| 41 | Review and fully update the Lone Worker Policy to ensure that roles and responsibilities and processes are clear to all staff | Health and Safety Risk Advisor | 31 October 2022 | 1 | | October 2022 - a draft revision has been written and will be distributed for consultation. Revised target completion date is December 2022. |
| 42 | Review and fully update the Security Policy to ensure that roles and responsibilities and processes are clear to all staff | Security and Fire Officer | 31 August 2022 | 62 | | October 2022 - Review of Security Policy undertaken and in preparation for distribution for consultation October 2022 |
| 43 | Identify 4/5 specific questions to use with a Qualtrics survey for pre-strategy consultation | Health and Safety Manager | 31 May 2022 | 93 | 23rd August 2022 | July 2022 - this is overdue, health and safety manager to discuss at the H&SC to establish with the members if this action should be closed as incomplete. 202022 H&SC agreed to close this action as incomplete due to new action plan been put in place. |
| 44 | Identify a suitable terms of reference for a working group, to be established, for violence and aggression against staff | Health and Safety Manager | 31 May 2022 | 78 | 17th August 2022 | Completed, draft ToR now written and on agenda for August H&SC can then be formalised after comments received. |
| 45 | Draft a new health and safety Jarvis page to include appropriate information and tools for staff to easily access | Health and Safety Manager | 01 January 2023 | -61 | | October 2022 - delayed new target date of January 2023 to take into account the work that is being completed in relation to the policies. |
| 46 | Further requests to be made to the risk department to ensure that all members of the health and safety team can access the reports sections that the health and safety manager is able to access | Health and Safety Manager | 31 May 2022 | 114 | 22 September 2022 | Complete - reports are now available on the risk management system. |
| 47 | Have a date scheduled to view the "alert" module available on Ulysses to ascertain if it would be suitable | Health and Safety Manager | 30 June 2022 | 124 | | October 2022 - instruction manual and costings provided, flowcharts completed to support the process. Agreed to purchase December 2022. |
| 48 | Finalise the environmental (workplace) risk assessment template to ensure it is fully formatted and ready for a trial use | Health and Safety Manager | 30 November 2022 | -29 | | October 2022 - this is on track for its target completion date. |
| 49 | Contact to made with the emergency planning manager regarding the date and results of the last audit undertaken on the business continuity plans | Health and Safety Manager | 31 August 2022 | -20 | 11 August 2022 | Completed - TG has confirmed that reviews of business continuity plans have been completed between March and July 2022, record is maintained and shared appropriately. |

