

Board of Directors (Public)

SUMMARY REPORT

Meeting Date: 22nd November 2023
 Agenda Item: 22

Report Title:	Annual Health and Safety Report 2022 to 2023	
Author(s):	Samantha Crosby, Head of Facilities and Health & Safety	
Accountable Director:	Neil Robertson, Executive Director of Operations & Transformation	
Other meetings this paper has been presented to or previously agreed at:	Tier 2 Group	Health & Safety Committee – 26 th September 2023
	Tier 3 Committee:	People Committee – 7 th November 2023 Quality Assurance Committee – 8 th November 2023
Key points/recommendations from those meetings	Both People and Quality Assurance Committees accepted the report and feedback in the main summary.	

Summary of key points in report

The purpose of the Annual Health and Safety Report 2022/2023 is to:

- **Inform the Board on the current position of statutory compliance and Health and Safety Management processes in place within SHSC premises for the period 1st April 2022 to 31st March 2023. Both People and Quality Assurance Committees received quarterly Health and Safety update in year.**
- **Highlight plans in place to attain a high standard of performance.**
- **Quality Assurance Committee comments**
 - o the monitoring around RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations reporting has improved along with the relationship with the risk department for a more effective and unified approach.
 - o Further discussion is to take place on future reporting dates for alignment with reporting to Board.
 - o Work is currently underway on the Work Plan with the possibility of the annual report going to Committees in April prior to the Board in May 2024.
 - o Committee were alerted to the slight delay in the fire door development for Grenoside and Woodland View due to personnel changes however there is a clear programme of work.
 - o Committee approved the Health and Safety Group Annual Report for submission to Board.
- **People Committee comments**
 - o Committee agreed that it was good to see the reported incidents as it indicates that staff recognise that these reports are being taken seriously and actions are taking place to tackle

them. The Zero Tolerance work has been a great example of getting actions in place to reduce racism.

- o Committee approved the Health and Safety Group Annual Report for submission to Board.

Appendices attached:

Appendix 1 Health Technical Memorandum (HTM) 05-01 Managing Healthcare Fire Safety, Board report

Appendix 2 Health and Safety – Board Overview Assurance

Appendix 3 Health and Safety – Key Performance Indicators as of 3rd April 2023

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	✓	Assurance	✓	Information	
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The committee is asked to review and approve the annual Health and Safety Report for 2022 to 2023.

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

Recover services and improve efficiency	Yes	✓	No	
Continuous quality 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		Safety, premises and equipment and staffing.
Data Security and Protection Toolkit	Yes		No	✓	N/A
Any other specific standard?				✓	N/A

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 the Trust'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 affect Equality, Diversity and Inclusion
Legal	Yes	✓	No		The Trust could be found to be in breach of Health and Safety Legislation.
Environmental sustainability	Yes	✓	No		No negative implications or impact on environmental sustainability noted.

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Section 1: Analysis and supporting detail

1 Introduction

This annual report (including fire safety and security) has been prepared to inform the Board of the Health and Safety management activities that occurred from 1st April 2022 to 31st March 2023.

All employers have legal responsibilities under the Health and Safety at Work Act 1974 and associated statutory legislation to put suitable arrangements into place for the management of health and safety. Failure to comply with health and safety arrangements may result in incidents which impact the service users, staff, and others to whom Sheffield Health and Social Care NHS Foundation Trust (SHSC) owes a duty of care.

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 approach and framework are intended to give visibility and assurance that SHSC has measures in place to limit the impact of health and safety issues on service users, employees and members of the public.

This report provides a summary assessment of existing health and safety management at SHSC, based on available statistical evidence and existing practice. Where deficiencies are identified, an action plan is in place. This is to provide assurance to the Board that there is adequate control of risks and rigorous assessment of risk status.

In March 2023 the board were presented with Health and Safety – Board Overview as a result from the director training, see Appendix 2. This was the first time “health and safety assurance” was outlined on a page.

2 Regulatory Compliance

During this year, SHSC remained partially compliant to the Health and Safety at Work Act (1974), this was due to the work that was required to review and update the health and safety related policies, this took longer than anticipated. However, this is expected to be completed by quarter 1 2023 to 2024.

SHSC continues to strive 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 provision, there are several governance standards underpinned and related to health and safety. This continues to be an area for development and is within the key priorities for 2023 to 2024.

3 Governance Structure and Responsibilities

The Executive Director of Operations & Transformation chairs the well-established Health and Safety Committee (H&SC), with representation from both the staff side and management across a wide range of departments; the committee currently meets monthly, and we are now exploring changing this to bi-monthly.

The H&SC reports, via quarterly reports and annual report to both the Quality Assurance Committee and People Committee.



Diagram 1: Governance Structure of the Health and Safety related groups/committees

There are reporting lines from each group to the relevant committee. All group/committees have relevant and accurate up to date terms of reference to support the functions of each of the groups/committees.

Ultimate responsibility for Health and Safety, within SHSC, rests with the board and the Chief Executive however the Director of Strategy had appropriate delegated responsibility for Health and safety during this reporting period.

These responsibilities are managed via the relevant roles within the Health and Safety team (see diagram 2) alongside the H&SC and the Health and Safety Policy.

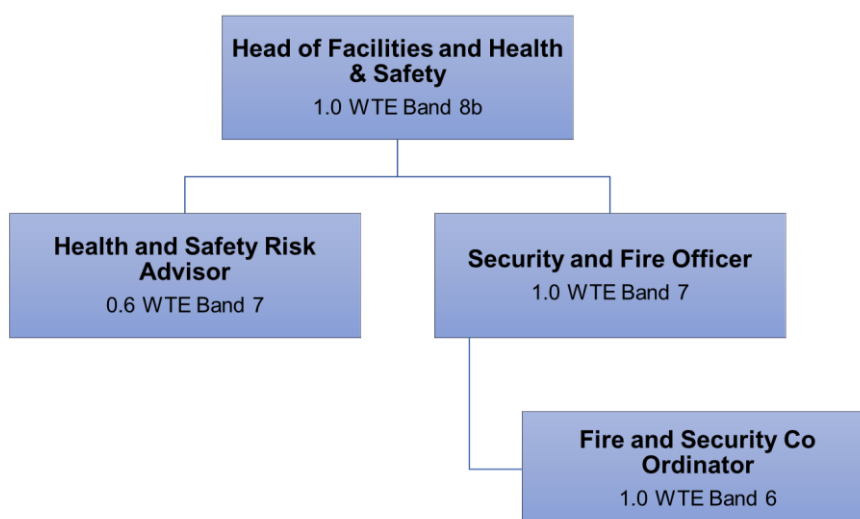


Diagram 2: Health and Safety team provision

4 Assurance Tools

4.1 Methods of assurance used for monitoring compliance:

- The Board continues to be alerted to any relevant Health and Safety matters for escalation through the quarterly reports/Alert, Assure and Advise reports. In some circumstances the Board will also be alerted through Flash Reports.
- 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 currently held monthly and promote a culture of understanding and co-operation; annual effectiveness of this committee is completed.
- The Head of Facilities and Health & Safety produces a Quarterly report on progress which is directed to the Quality Assurance Committee and People Committee.
- An annual report is completed and shared with all the relevant committees.
- Statistical data is routinely accessed, and key performance indicators (KPIs) continue to support the provision of assurance of compliance levels; provide measure of health and safety good practice and any outlying areas which require action or escalation.
- Site inspections and audits embedded into business as usual.

4.2 Health and Safety Policies

In Q3, the gap analysis of the current policies identified that several of the polices need review to provide increased structured guidance to our staff and clearly define all roles and responsibilities.

Nine of the policies have expired during this reporting period. The task to review the policies has taken longer than anticipated and it anticipated to be concluded within Q1 2023 to 2024.

Policy Number	Policy Name	Version	Date of Next Review
HR 043	Central Alert System (CAS)	3	28/02/2023
HR 039	Display Screen Equipment	5	01/05/2026
EST 009	Fire Safety	7	30/04/2023
DCEO 001	Health and Safety	6	30/06/2023
DCE 002	First Aid	3	31/07/2023
HR 052	Lone Worker	5	01/06/2024
FIN 008	Security	8	01/12/2024
HR 016	Control of Substances Hazardous to Health (COSHH)	5	04/2025
HR 040	Falls (staff and public)	9	01/08/2025

Table 1: Status of Health and Safety related policies during 2022 to 2023

4.3 Health and Safety Mandatory Training

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 the relevant health and safety related subjects via e-Learning.

The Health and Safety team members can also undertake bespoke training sessions, including additional fire training dependent on staff responsibilities.

Examination of the data for training compliance continues to show overall good compliance for specific mandatory health and safety training.

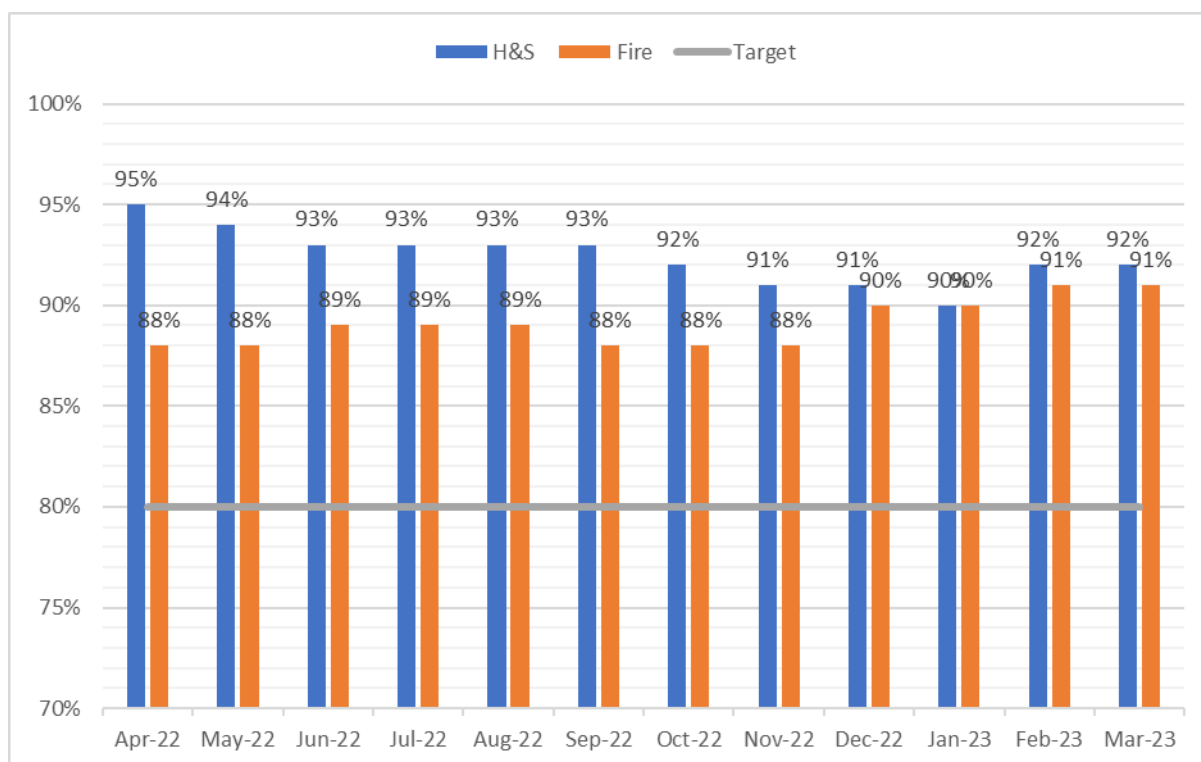


Chart 1: Mandatory Health and Safety and Fire e-Learning

The health and safety and fire mandatory training has remained consistently above the compliance level.

There are several other health and safety related training (see table 2), where there is clear evidence of decreasing compliance, with the exception of Preventing Falls, Conflict Resolution and Level 2 Moving and Handling. It must be noted that both conflict resolution and preventing falls are both completed via e-learning. The Immediate Life Support training is provided and monitored by the Physical Health Team.

Each of the subject owners receive monthly statistics to support the identification of areas of concern.

The mandatory health and safety training statistics are received by the H&SC, monthly, for oversight and is discussed in conjunction with the Ulysses summary of incident statistics to determine if there are any commonalities.

Subject	Level	Frequency	Compliance	Current Compliance against Previous Compliance %	
Preventing Falls		3 Years	91.85%	Increase	0.34%
Resuscitation	1	1 Year	82.74%	Decrease	-1.47%
Resuscitation (BLS)	2	1 Year	69.73%	Decrease	-0.63%
Immediate Life Support		1 Year	64.59%	Decrease	-5.41%
Conflict Resolution		3 Years	90.08%	Increase	0.13%
Respect	3	1 Year	74.96%	Decrease	-0.08%
Moving and Handling	1	3 Years	88.83%	Decrease	-0.39%
	2	2 Years	77.14%	Increase	1.39%
Overall compliance			87.35%	Decrease	-0.08%

In addition to the mandatory training provision, in October 2022, David Firth Partner at Capsticks delivered training to the Board of Directors regarding their duties for Health and Safety.

4.4 Violence and Aggression Reduction Group

In June 2022, NHS violence prevention and reduction standard guidance notes were published to work alongside the already published standards.

As part on the ongoing recognition that violence against staff was a significant issue the Violence and Aggression Reduction Group was formed with the purpose of:

- Effectively monitor acts of violence and aggression towards staff within SHSC which will ensure that staff, service users and the public feel safe.
- Provide the Health and Safety Committee with an overarching view of the violence and aggression reduction programme and provide assurance that identified risks are being effectively managed.
- Promote a culture of “non acceptance” of violence or aggression within SHSC.
- Promote co-ordination, co-operation, consultation, and communication between all SHSC staff and recognised Trade Unions in matters relating to violence and aggression towards staff, whilst at work, to help to build and maintain a positive safety culture throughout SHSC.
- Monitor and escalate any significant risks to the Health and Safety Committee.

The first meeting was held in January 2023 with the following meeting scheduled for April 2023, meetings are scheduled quarterly.

A specific action plan has been formulated to ensure SHSC is working towards the violence prevention and reduction standard; and which provides a risk-based framework that supports a safe and secure working environment for NHS staff.

It was recognised that a policy was required in the first instance but due to the group being relatively small this has been difficult to progress. Therefore, the group members agreed to expand the membership of the group to support the work that required to be undertaken.

The key priorities currently are:

- Identify the date for completion of appropriate policy.
- Populate the action plan with completion dates and responsible role.

4.5 Health and Safety Inspections

The two, senior, health and safety team member continue to undertake an inspection of each area/ward/department.

The findings continue to be reported locally unless an escalation is required.

This provides a framework for actions to be undertaken to maximise the delivery of a safe workplace and continues to support the integration of the health and safety team into the wider teams.

Combined proactive planning of inspections has ensured that the required inspections have been completed. Assessment forms are used to record inspections, actions relevant to issues identified at the point of assessment are assigned to relevant team leaders to complete. Within high-risk areas (e.g., inpatient wards) team members ensure regular repeat visits to support clinical colleagues with progression or escalation of any action exceptions.

4.6 Workplace Environmental Risk Assessments

Workplace risk assessments must be carried out under Regulation 3 of Management of Health and Safety Work Regulations 1999. There is a legal requirement for every employer to assess health & safety risks arising out of their work and these must be recorded.

These have been completed for sites in SHSC and are reviewed as appropriate with the involvement of local team members.

There is an ongoing need to develop the current risk assessment template further to include additional tabs relevant to health and safety. These topics have relevant policies in place and separate risk assessments. The addition of the tabs into one template will promote and support the ongoing review process and ensure ease of access. Health and safety support is required for the different areas to monitor the action plan that stems from the risk assessment process.

There is a need to review the current Health and Safety Foundation Course for managers, as this specifically relates to the risk assessment process but on preliminary analysis this is not easily understandable and should be available to all staff.

5 Performance During 2022-2023

5.1 Health and Safety Incident Reporting

In the previous annual report 2021 to 2022, it was identified that the Health and Safety team members were not routinely accessing data in relation to incidents/accidents specific to Health and Safety, this included information on RIDDOR reports. This was resolved and the team can undertake analysis of statistical trends to share learnings and instigate further controls and in addition the team members attend the Daily Incident Huddle, each weekday morning to participate in discussions regarding incident/accidents logged via the Ulysses management system.

As seen in the graph below, across the last year, the highest reported health and safety categories remain consistent with the previous report:

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

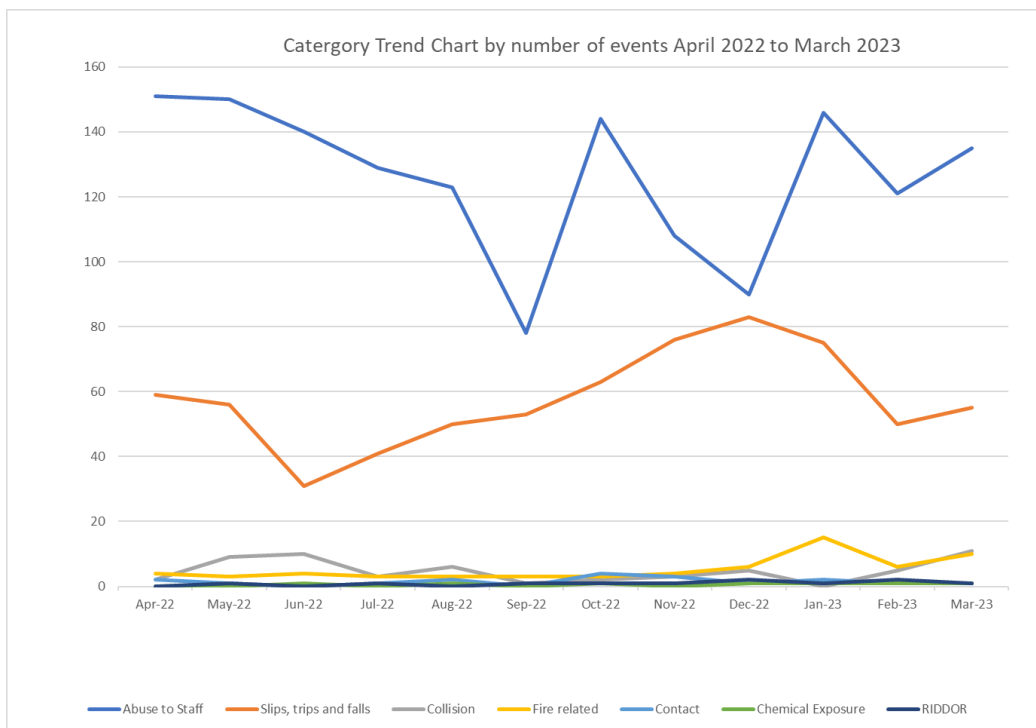


Chart 2: overall quarterly information for the specific incident categories relevant to health and safety Q1- Q4

Abuse towards Staff Category

Due to the nature of the service provided, staff need be equipped to be appropriately trained to use de-escalation techniques in response to incidents of 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.

During 2021 to 2022 there were a total of 1840 events logged within the “abuse to staff” category, 2022 to 2023 has seen a reduction to 1562 reports.

The monthly average number of events, abuse to staff, during 2021 to 2022 was 159. As evidenced in chart 3 2022 to 2023 has seen eleven months report below the 2021 to 2022 average.

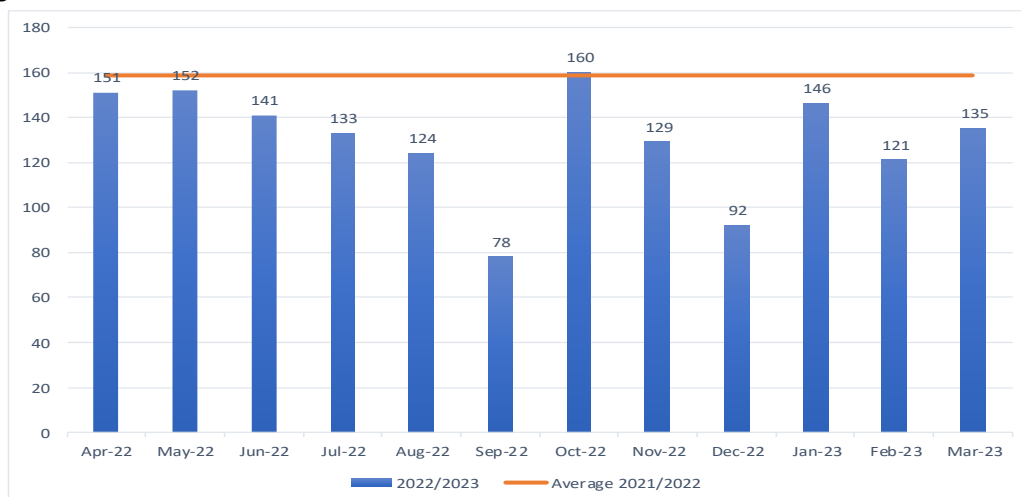


Chart 3: The number of overall (monthly) “Abuse to staff” events 2022/2023 with the average rate during 2021/2022 being 159

Physical Assault Against Staff

During 2021 to 2022 there were a total of 709 events logged within the “physical assault” category, 2022 to 2023 has seen a reduction to 610 reports.

The monthly average number of events, physical assault to staff, during 2021 to 2022 was 59. As evidenced in chart 4 2022 to 2023 has seen eleven months report below the 2021 to 2022 average.

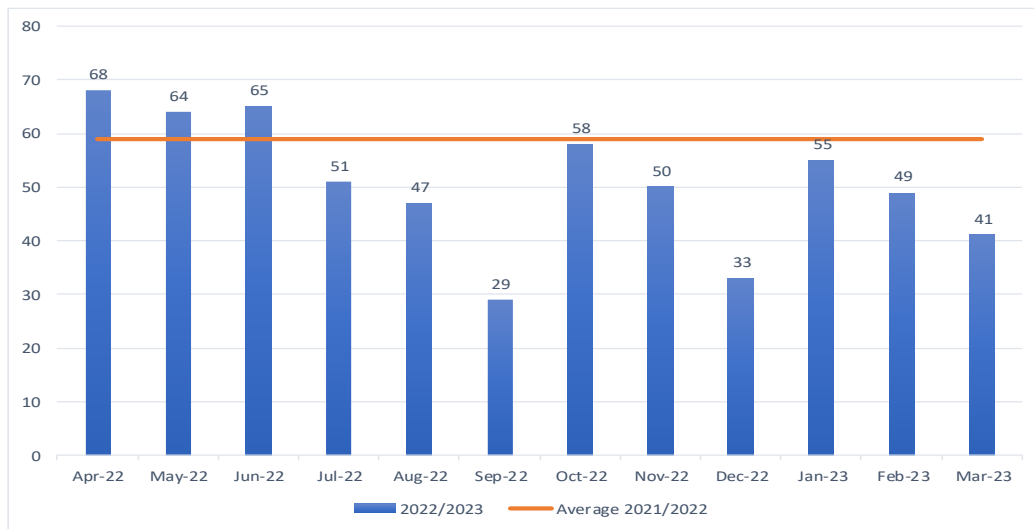


Chart 4: The number of overall (monthly) "physical assault" events 2022/2023 with the average rate during 2021/2022 being 59

The Head of Facilities and Health & Safety continues to support Capsticks (solicitor representing SHSC in claims) to access relevant documentation in relation to some of the claims received.

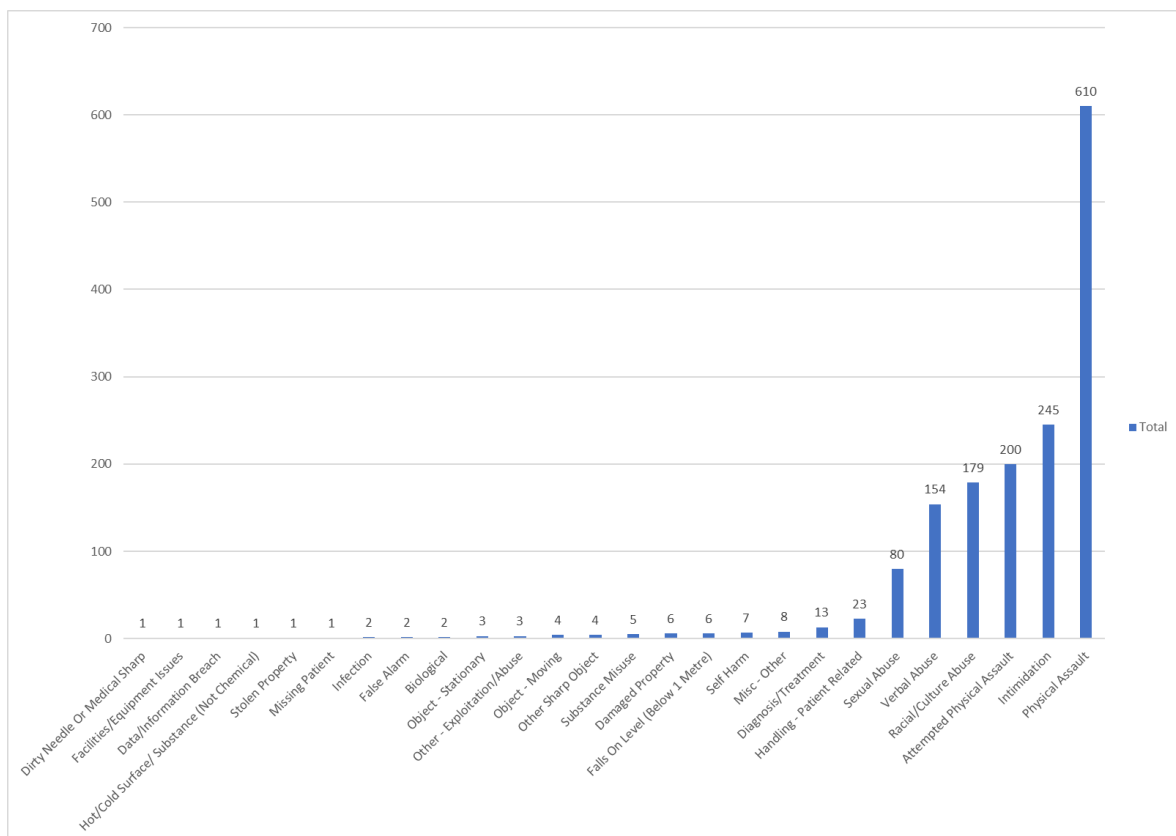


Chart 5: Physical Assault events are 39% of the total incidents logged within abuse to staff category

Slips, Trips and Falls

There continues to be fluctuation within the slips, trips, and falls, however, the incidents specifically involving staff falls has remained consistently low.

Most department figures being expected and consistent for service users within the over 65 years and adults with dementia /complex needs service lines. There is no obvious trend identifying these occurrences with respect to team location or causation of slip or trip.

SHSC continues 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 their clinical remit, with the involvement and support of the health and safety team.

Future work is required in regarding to ascertaining the falls within both service user areas and staff specific as the reporting system, via Ulysses has now been updated to enable this data to be clear.

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

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).

The previous annual report highlighted that although the RIDDOR reports are submitted to the Health and Safety Executive (HSE) by the Risk Management Team, there were concerns raised regarding the lack of the input from the Health and Safety team into incident/accidents that may or may not meet RIDDOR requirements. This lack of compliance with RIDDOR was added to the risk register as it became further evident that the process of reporting is unclear. It was, 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.

Q4 2021 to 2022 saw clear statistical data being available to the to the Health and Safety team which evidenced that RIDDOR reports were being submitted, however, some concerns remained including ensuring HSE'S timescales were met for submission.

This collaborative work has seen the implementation, from the Risk Management Team, of a specific item within the Integrated Performance Quality Report, to the relevant committee, that provides a summary of the RIDDOR reports submitted and if they are within the recommended timescale. These improvements are demonstrated within the risk register entry which had been reduced from moderate to low.

There were twelve RIDDOR submissions, during 2021 to 2022 this reduced to eleven in 2022 to 2023.

The submissions are broken down into cause groups and physical assault remains the top reporter with three events being submitted in 2021/2023 with an increase to six in 2022/2023. This further supports the need to increase the visibility of the Violence and Aggression Reduction Group.

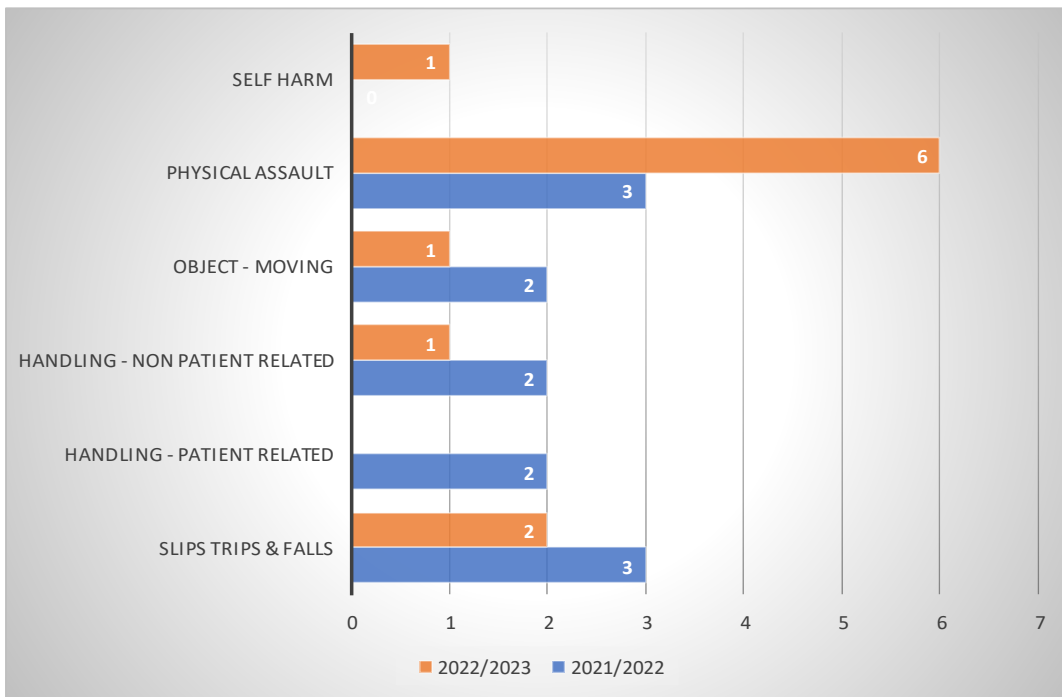


Chart 6: The number of RIDDOR reports 2021/2022 comparison to 2022/2023

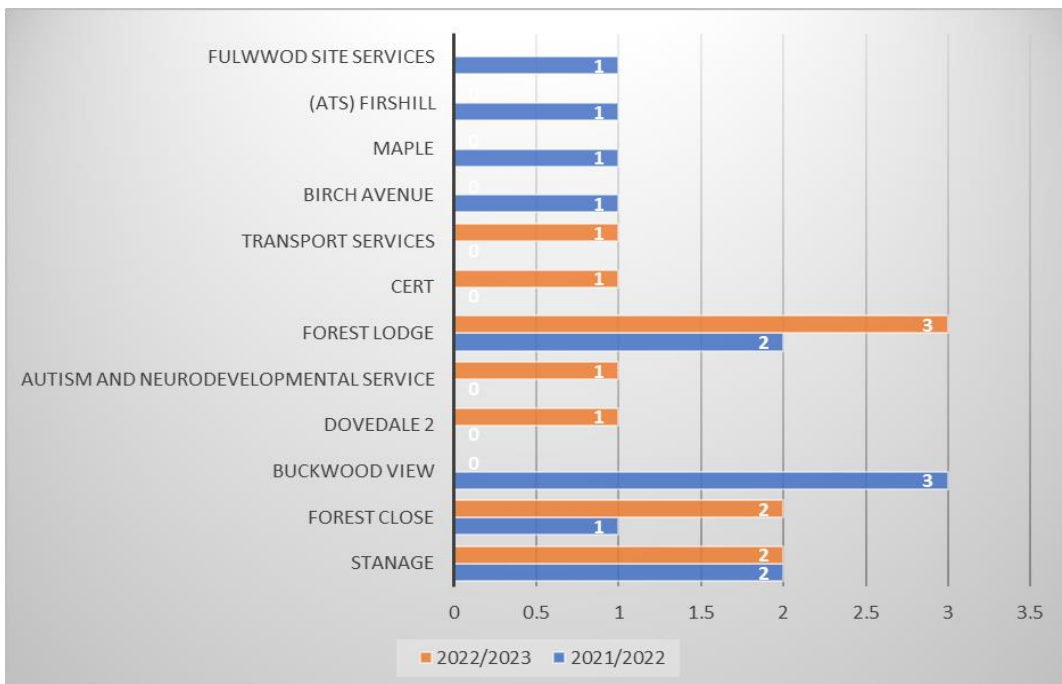


Chart 7: The number of RIDDOR reports 2021/2022 comparison to 2022/2023 by department/area

6 Fire Safety Management

Article 11 of the Regulatory Reform (Fire Safety) Order 2005 (“the Fire Safety Order”) states that the Responsible Person (SHSC in this case) must:

‘Make and give effect to such arrangements as are appropriate, having regard to the size of the undertaking and the nature of the activities, for the effective planning, organisation, control, monitoring and review of the preventive and protective measures’.

An effective organisational fire risk management system is a key means of achieving this.

The Health Technical Memorandum (HTM) 05-01: Managing healthcare fire safety, sets out guidance that recognises the nature of healthcare organisations and the need for a robust system of fire safety management. The guidance and recommendations should allow the current statutory regulations to be applied sensibly within a framework of understanding.

The HTM details roles and responsibilities that are required to adequately address fire safety management; SHSC continues to ensure best practice is maintained. There is and Authorised Engineer (fire) appointed, the Security and Fire Officer acts as the Fire Safety Manager and the Fire and Security co-ordinator undertakes the role of Fire Safety Advisor.

The appointment Authorised Engineer (fire) acts as an independent consultant, as part of this an annual independent review of the fire safety management was undertaken during January to March 2023, with the scope of the review covering:

- Management information and control systems; and
- Sample testing compliance with regulations.

The draft report and associated action plan is expected in May 2023. This annual review provides SHSC with an independent review of the fire safety management.

During Q3, 1st October to 31st December 2022 the health and safety quarterly report continued to highlight the concerns in relation to the fire doors within SHSC premises. The maintenance manager had supplied a definitive list of all doors requiring replacing and repairing.

Of the new doors (Kingsway) fitted on refurbishment, a total of 182 doors were surveyed and 57 (31%) require a repair.

Of the older style door (non-Kingsway), 1244 were surveyed, 446 (36%) require repairs and 411 (33%) require replacement. A detailed planned programme was required to ensure the higher risk areas are addressed in the first instance. However, a request was placed for a detailed paper outlining the difference between the British standard used to install and maintain doors and BM Trada which is the gold standard, independent accreditation in regard of fire doors and a clean planned programme of repair and replace.

- Fire doors, paper to be present to the April 2023 health and safety committee that clarifies:
 - Dates of when the replacement and or repair work will or has already been completed
 - Narrative in relation to the alternative option and cost to achieve British Standards rather than BM Trada standard.
 - Confirmation of the level of risk we are currently holding and when this risk will reduce to an acceptable level
 - Priority areas should see immediate dates or confirm work that has already been completed.

This continues to be an area of concern and discussion continues to ensure appropriate action is taken to mitigate the risk, however a draft planned programme of repair and replacement has been provided that indicated that the high-risk areas would be completed by the end of September 2024 however this was dependant on not only sufficient funding but capacity of the workforce as well.

Q4 saw the implementation of separate fire reporting figures within the Health and Safety quarterly report to ensure clear compliance with the reporting on “fire related incidents” is as per the requirement of the Health Technical Memorandum 05-01 (see Appendix 1).

Fire Risk Assessments

The fire risk assessment is completed with 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 last 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.

Fire Drills

The current fire drill provision continues to be 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 Co Ordinator to assess the ability to staff to effectively implement emergency evacuation arrangements.

There continues to be a need for simulations to be undertaken out of hours i.e., night as this is when the staff is at a minimum to ensure that the process of evacuation is effective for both day and night shifts.

Site-wide compliance for fire drills at Q4 2022 to 2023 was at 97% with no identified issues at this time, statistical reporting on drills is included within the health and safety key performance indicators, see Appendix 3.

Fire related incidents

All fire incidents reported continue to be reviewed Fire and Security Officer (Fre Safety Manager) and an investigation is carried out where appropriate.

- Incidents of service users smoking and maliciously causing fires by using ignition sources i.e., lighters, within internal accommodation continues to represent a challenge
- As with 2021 to 2022 reporting the fire related figures continue to remain low and this is reflected in the data.

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 automatic fire alarm and detection systems, fire-fighting equipment, and fire doors.

There is a capital program in place to identify and remediate any defects to fire doors, however, fire compartmentation and fire dampers are highlighted as a requirement following the 7-facet survey conclusion.

7 Physical Security

To ensure the safety of our service users and staff, Closed Circuit Television (CCTV) is in place in some areas.

However, a Security Strategy (that includes standardisation provision of CCTV) is required to support the concerns of staff being raised regard to security within car parking areas.

There is a link with a police liaison officer, offering support and guidance, via senior clinical leaders and within zero tolerance group leaders.

The concerns in relation to the car parks have been where individuals have felt vulnerable when accessing the car park following recent reported incidents of damage to and theft from personal vehicles. This continues to be followed up in collaboration with the Estates department.

8 Regulatory/Enforcement/External Agency Inspections

8.1 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, all the actions were completed as of Q1 2022 to 2023.

8.2 HSE Improvement Notices

The Health and Safety Executive (HSE) completed a visit to the SHSC premise, Michael Carlisle Centre, on 22nd September 2022. 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 (FFI £163 per hour). The FFI cost is to cover the time it takes for HSE to identify what is wrong and provide support with rectifying.

The HSE inspector confirmed, via email, that the improvement notice requiring suitable and sufficient assessment of the risks in relation to the health and safety of the employees from exposure to blood borne viruses as a consequence of sharps injuries, during the administration of insulin to patients on the ward environment, had been completed and satisfied the legal requirement.

The HSE inspector then visited SHSC on 23rd March 2023 and met with Jillian Singleton, Infection Prevention Control Nurse and Samantha Crosby, Head of Facilities and Health & Safety. The inspector was updated regarding the Sharps Safety Management Group and the work undertaken including audits, training, and communications to staff. The inspector verbally informed the staff that he was satisfied that the remaining improvement notice had also been met and he would confirm this by email.

8.3 360 Assurance

In March 2023, 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, and it was concluded that, in the areas examined, the risk management activity control is not suitably designed, or were not operating with sufficient effectiveness, to provide reasonable assurance that the control environment was effectively managed during the period under review.

This resulted in 9 actions, 1 high, 7 medium and 1 low.

The actions that related to fire safety:

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1. Review of the documentation for the appointment of the Authorised Engineer (fire).
2. Health and Safety Committee work planner to document oversight of the authorised engineer audits.
3. Board level oversight of fire data to be improved.

9 Monitoring: compliance and trends

As part of the cyclic Health and Safety Management model HSG65, monitoring the processes in place is key to learning and improving controls and the system.

In the previous report it was identified that there was no clear monitoring processes on sites. The Health and Safety team now have an embedded process in relation to KPI, inspections and an audit programme.

Year 1 audit was undertaken and used for baseline purposes; therefore, no action plan was put in place.

This year has seen the undertaking of the year 2 audit, Fire Safety System, it is anticipated that this will be completed by Q2 2023 to 2024 and the results finalised with an associated action plan.

This continued implementation of this programme will enable the health and safety team to focus on topics that show low compliance levels.

There continues to be 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, this area of work needs to be developed with the support of the Estates Compliance Officer.

The continued use of assurance tools by the health and safety team ensure ongoing completion of these inspections/audits of each service to ensure:

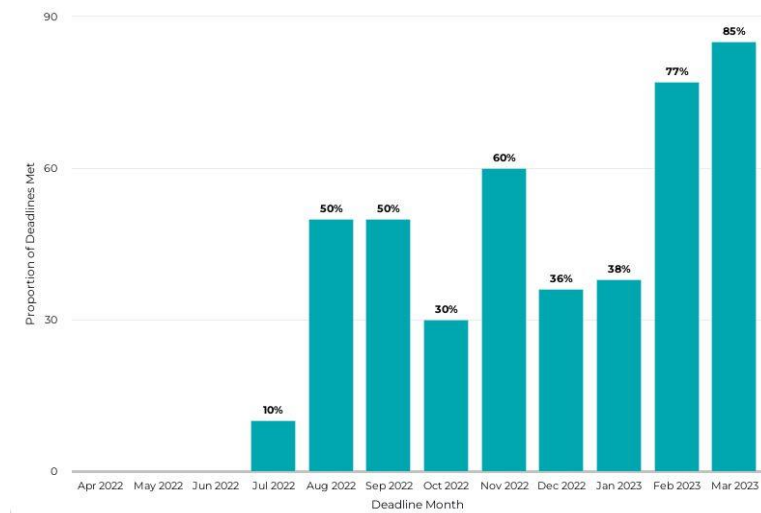
- a) Proactive risk management, such as completion of risk assessments
- b) Reactive risk management, such as learning from incidents
- c) Local Management systems such as communication, training, and information
- d) Implementation of controls assessed by inspection and observation.

Tendable audit tool

Q4 2022 to 2023 saw the health and safety team access and receive training on the Tendable audit program used within in-patient services this supports the ongoing oversight on self-assessment conducted and therefore enabling appropriate support to be provided.

This quarter saw the first use of the Tendable dashboard within the quarterly report:

For 2022/2023 the following environmental safety self-assessments were completed:



During Q4 the top 10 most widely experienced issues identified are:

Question	Number of areas currently an issue	Average days unresolved
1 Is a 'Health and Safety Law Poster' visible for building users?	2	36
2 Are all areas ventilated sufficiently?	2	18
3 Are all floor coverings clean and in good repair?	2	18
4 Do all doors close correctly?	1	77
5 Are fixed emergency response alarms (i.e., staff attack systems) where fitted; tested and recorded?	1	45
6 Are Fire Doors where held open, only done so with approved 'Hold-Open' devices?	1	21
7 Are there visible signs of damage to appliance plugs, sockets or cables?	1	21
8 Are there any signs of smoking within the building or grounds	1	19
9 Do all work areas appear visually clean?	1	15
10 Are all areas suitably illuminated where appropriate?	1	15

10 Risk Register

Risk description	Rating 2021 - 2022	Rating 2022 - 2023	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"> - 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 the depth of investigation and quality of reports submitted to HSE to reflect actions taken and lessons learnt.
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"> - Clinical staff assess the risk of smoking within inpatient services. - Smoke free policy prohibits smoking on any SHSC premises. - 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	Moderate	<ul style="list-style-type: none"> - This will likely always remain an area of risk due to the nature of the service provision. - 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 indicate the location.
Risk 4744 Fire doors/	Moderate	Moderate	<ul style="list-style-type: none"> - Surveys have been completed and the

Compartmentation requires repair and replacement to ensure protection against the passage of fire and smoke.			maintenance manager is keeping a summary table of the number of doors for repair or replacement. To be prioritised for within a replacement programme.
Risk 4883, The Health and Safety Committee (for the Trust) has identified that the figures it is receiving regarding work related absence may not be accurate. This means that reporting could be compromised and if not accurate actions regarding supporting this provision may not be being identified.	Low	Low (de-escalated from corporate risk register)	<ul style="list-style-type: none"> - Sickness absence is recorded via healthroster - Human Resources and union representation attend the established health and safety Committee - Statistics are being provided, although challenged

11 Identified Key Priorities for April 2023 to 31st March 2024

Action	Desired Outcome	Action Owner	Action by when
Health and Safety			
To review and update the Health and Safety Foundation course for manager	To provide appropriate risk assessment training to all staff	Health and Safety Risk Advisor	March 2024
To populate the Violence and Aggression Group action plan	To demonstrate working towards compliance with the standards	Violence and Aggression Reduction Group members	December 2023
To provide a Violence and Aggression at work Policy	Support positive safety culture and outline expectations with incidents relating to Violence and Aggression at work	Violence and Aggression Reduction Group members	March 2024
To work collaboratively to identify a clear process required to manage compliance within premises not owned by SHSC	Support compliance required	To be identified	To be confirmed
Fire Safety			
To review the KPI to identify other areas to drive positive performance	Support the identification of good practice an areas of concern	Fire and security officer/Security and fire co-ordinator	January 2024
Security			
To develop a Security Strategy	Consistent and standard approach to security issues and provision of CCTV	Fire and Security Officer	April 2024

12 Conclusion

The health and safety team continue to promote the importance of health and safety to ensure the safety of staff and others using SHSC services and facilities. Creating a safety culture, for all, 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.

It is important to note that although the health and safety team have scrutinised the Health and Safety at Work Act 1974 there continue to be other regulations, codes of practices and health technical memoranda (HTM) that will also require the same scrutiny. This is time consuming process and will likely identify further actions to continue working towards ensuring and demonstrating further compliance.

SHSC should remain assured that there are policies, procedures, consultation meetings, protocols, and documentation available to demonstrate partial statutory compliance and in addition to this there is KPI information, statistical data from incidents and audits and the health and safety action plan that further demonstrates that SHSC recognises there are gaps and are working towards resolving these.

In the previous report it was anticipated that with the continued program of the implemented tools, the ability to be reactive when potential issues arise and a full review of all the relevant policies, that by the end of 2022 that full compliance would be achieved. Unfortunately, the review of the policies has taken longer than expected due to the significant re-write, consultation and feedback received. In realistic terms to ensure the policies follow the correct consultation and governance route it is likely that this will take until the end of the financial year.

However, all focus of the health and safety team is to complete the policies whilst maintaining a day-to-day requirement of SHSC.

Section 2: Risks

- 2.1 There is a continued risk that the Trust is not fully compliant with Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 2013 (RIDDOR).

This identified risk was entered onto the Corporate Risk Register (4615) on the 3rd June 2021, this is now held at team level with a risk rating of low, 8.

- 2.2 There is one health and safety risk, on the corporate risk register, this is linked to BAF 0025.

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, resulting in potentially catastrophic injuries – this is currently moderate, 10. There is an outstanding action in relation to ensuring the identified areas are aware of the risk assessment in place and hold a risk at team level. Once this action is complete is likely to meet its target score of low, 5.

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

Section 3: Assurance

Benchmarking

- 3.1 Quarterly report to be submitted to the Health and Safety Committee in the first instance then a Triple A highlight the Quality Assurance Committee. These report will also be sent to People Committee on a six-monthly basis to ensure there is full and appropriate oversight at Executive Level.
- 3.2 The health and safety audit tools in combination in reduction of incidents in hotspot areas and Key Performance Indicators (KPI) information delivered at the Committee meeting will be used to closely monitor growth and improvement.
- 3.3 The Health, Safety and Security annual report 2022-2023, for the Bradford District Care NHS Foundation Trust (CQC rated: Good) was used to compare the

SHSC report to identify any gaps in our reporting and glean insight into alternative routes for similar challenges faced.

Triangulation

- 3.4 Evidence of processes being embedded within services can be triangulated by monitoring the Health and Safety specific incidents logged onto the Ulysses system, incidents of employee absence related to work related injuries and the RIDDOR submissions that are completed by the Risk Department.
- 3.5 Further evidence can be triangulation by lesson learnt from the Personal Injury Claims that are submitted and won by employees.
- 3.6 The Head of Facilities and Health & Safety continues to work with relevant areas, such as Infection Prevention and Control and Manual handling to ensure overlapping areas are discussed and that plans for improvement are aligned.

Engagement

- 3.7 The report is approved by the Health and Safety Committee where all clinical and non-clinical attendees can comment on the content.
- 3.8 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.
- 3.9 The Health and Safety Committee also acts 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 Trust 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 can improve service user care and experience.

Financial

- 4.4 If the Health and Safety Executive (HSE) attend SHSC workplaces and find that there is a material breach of health and safety law, SHSC will be required to pay a fee for intervention (FFI), this is put things right, this is currently £163 per hour (April 2022), increasing to £166 in 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

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

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

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

Environmental sustainability

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

Section 5: List of Appendices

- Appendix 1 Health Technical Memorandum (HTM) 05-01 Managing Healthcare Fire Safety, Board report
Appendix 2 Health and Safety – Board Overview Assurance
Appendix 3 Health and Safety – Key Performance Indicators as of 3rd April 2023

Appendix 1 Health Technical Memorandum (HTM) 05-01 Managing Healthcare Fire Safety, Board report

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

There were a total of 31 events logged within Q4 as fire related.

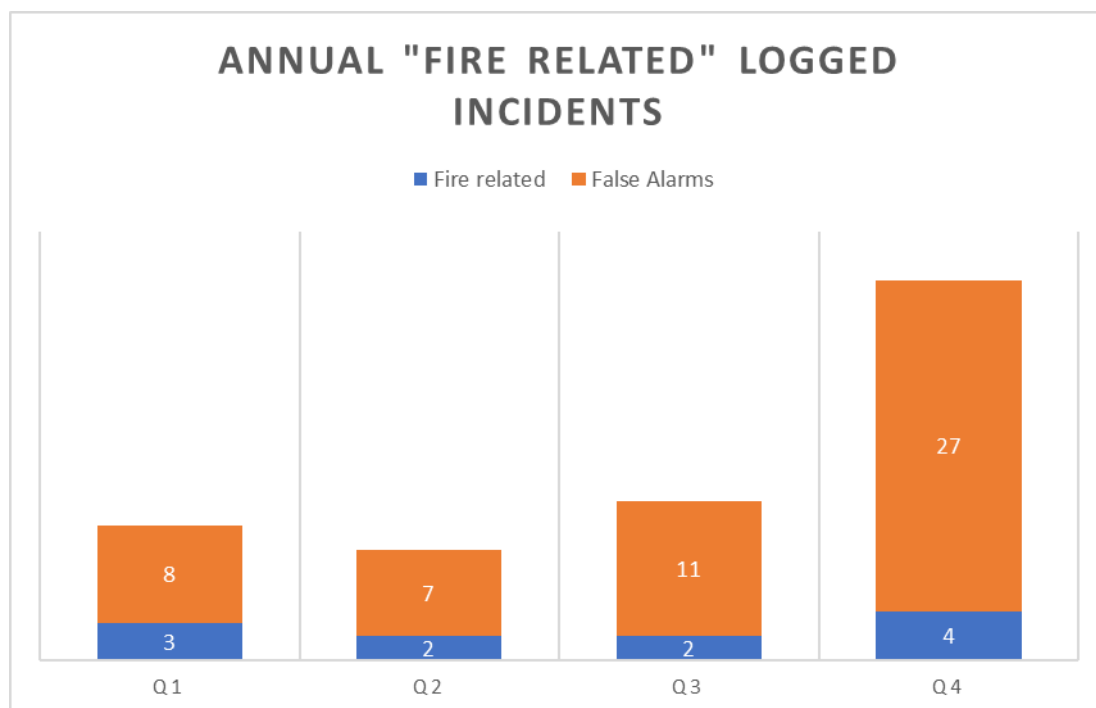
Number of Fires

Q4 figures: Of the 31 events 4 were logged as fire. Two of which were where service users was smoking, one where a service user used a lighter to ignite an aerosol spray and one where a service user threatened and then set fire to furniture within the place of safety.

Number of False Alarms

Q4 figures: Of the 31 events 27 were logged as fire false alarm, eleven were logged with unknown cause, one where a new member of staff accidentally turned the red key activation, three where aerosol spray, eleven where service user/s vaping in rooms and one related to a cooking activity.

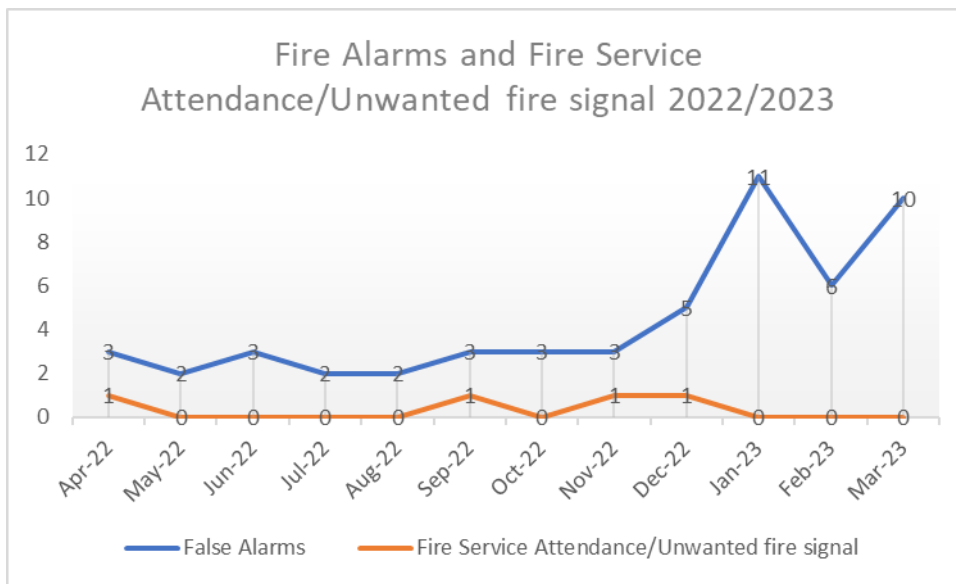
Annual Figures for fire and false alarms (2022/2023):



Unwanted Fire Signals

An unwanted fire signal is where the alarm is activated, as a result of anything other than a real fire, and the local fire and rescue service are mobilised to attend the site.

During Q4, of the 27 false alarm incidents logged, there was no reported mobilisation of the fire and rescue service.

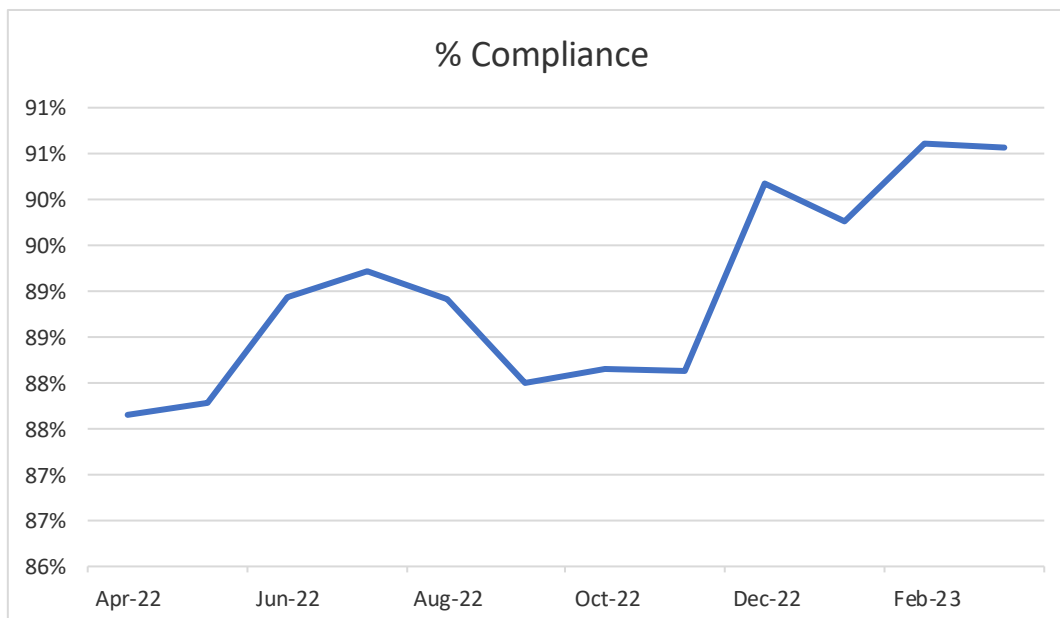


The trend identifies spikes in the incidents logged within January and March 2023 both of these months had higher events logged under fire false alarm – smoking related.

Fire Safety Training

There is a mandatory, for all staff, fire safety module via ESR that is completed online.

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
%	88%	88%	89%	89%	89%	88%	88%	88%	90%	90%	91%	91%
Employees	2292	2299	2335	2407	2331	2308	2298	2321	2406	2455	2421	2456
Not achieved	323	320	291	291	291	315	309	313	262	280	251	256



Audits undertaken by fire and rescue service:
No audits undertaken.

Health and Safety – Board Overview

Reporting & Escalation

- The SHSC statement of intent includes fire and is reviewed and approved by the monthly Health and Safety Committee.
- The Director of Strategy is named as the responsible director for Health and safety and chairs the health and safety committee meeting.
- The health and safety report is comprehensive and includes fire safety and outlines the items on the risk register.
- Escalation is via the Triple A report that goes to Quality Assurance Committee on a quarterly basis.

Information Collection

- Risk register is utilised and monitored via the comprehensive quarterly report.
- Risks are appropriately risk rated.
- Ulysses is used to record incidents/accidents (including near misses) and the health and safety team attend the daily incident huddle.

Management & Leadership

- Director of Strategy has delegated responsible for Health and Safety, and attended director training.
- Interim Head of Facilities & Health and Safety, acts as "subject matter expert" and has a clear job description.
- All policies and procedure have a "roles and responsibilities" section which enables clarity at all levels.



Risk Identification

- The highest risk area is in regard to Violence and Aggression towards staff from service users.

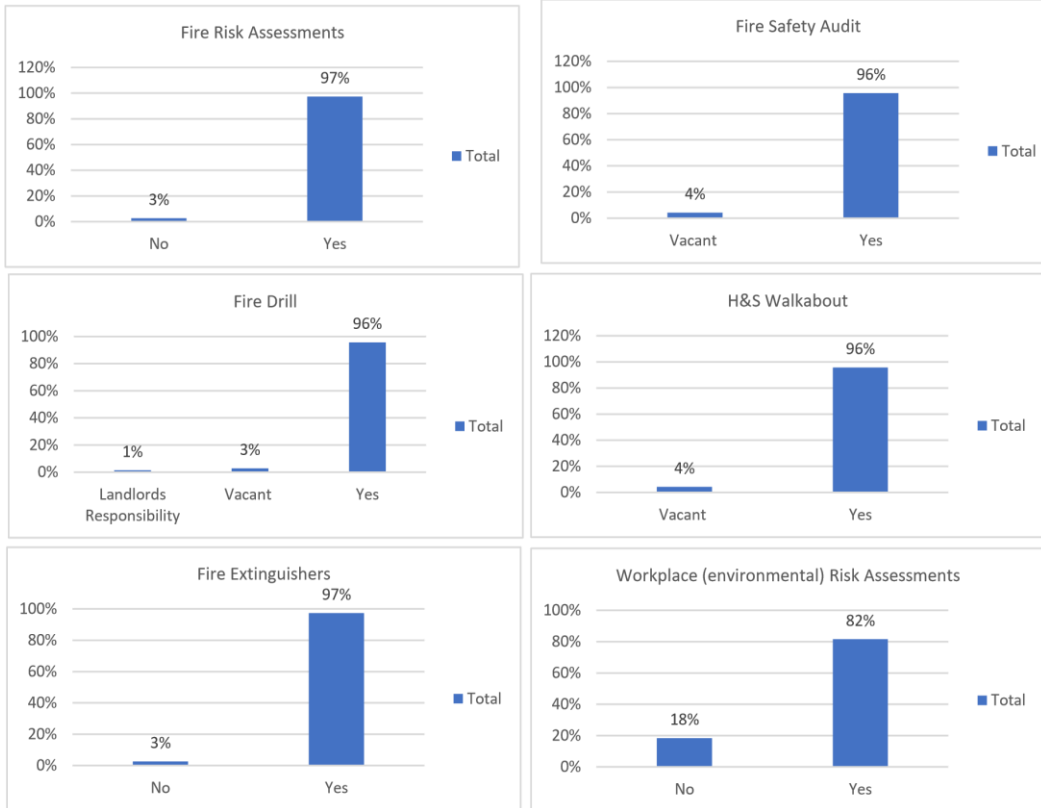
Policy Implementation

- The Health and safety policies are in place and are currently being reviewed in order to ensure they are thorough.
- They are updated by members of the health and safety team, and include legislative and codes of practice requirements.
- The policies are monitored via the health and safety inspections and audits to ensure the policy and the work practice are the same.

Training & Qualifications

- SHSC recruit competent, appropriately qualified staff, Health and Safety Risk Advisor and Interim Head of Facilities & Health and Safety.
- All staff complete mandatory Health and Safety awareness training and this is monitored by managers, training and development and members of the health and safety team.
- Clear policy and procedure in place, relevant to all staff, regarding supervision and an annual performance development review. These are documented through a dashboard and compliance figures sent to each manager.

Appendix 3 Health and Safety – Key Performance Indicators as of 3rd April 2023



Health and Safety KPI as at: 03/04/2023

Fire Risk Assessments (FRA)
 All Trust occupied properties have a current FRA, Vacant properties are: Wainwright Crescent & Longley Meadows. No assurance received from **Hanover MC** that FRA have been completed.

Fire Drills (FD)
 All Trust premises have completed FD except vacated premises Longley Meadows and Wainwright Crescent. No assurance received from **Hanover MC** that a FD has been completed.

Fire Extinguishers
 All Trust premises have had an annual fire extinguishers service. No assurance received from **Hanover MC** that fire extinguishers have received annual service.

Fire Safety Audits
 All Trust services have had a Fire Safety Audit completed. Vacated premises are Longley Meadows and Wainwright Crescent.

Health & Safety Walkabout (HSW)
 All Trust services have had a HSW completed. Vacated premises are Longley Meadows and Wainwright Crescent.

Workplace Environmental Risk Assessment (WERA)
 This is an increase of 14% from the previous months report, managers of the 5 premises where confirmation has not been received that WERA's have been updated have been contacted and support offered to assist in their completion, whilst Longley Meadows & Wainwright Crescent are vacant.

NOTE: 7 x Landlord Occupied Premises: Birch Avenue, Buckwood View, Centre Court, Charnock HC, Distington House, The Circle, Hanover St MC

