

**Board of Directors**  
**Item number: 23**  
**Date: 28 May 2025**

<b>Confidential/public paper:</b>	Public
<b>Report Title:</b>	Keeping our people safe at work
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<b>Accountable Director:</b>	<p>Caroline Parry, executive director of people</p> <p>Caroline Johnson, executive director of nursing, professions, and quality</p>
<b>Presented by:</b>	<p>Caroline Parry, executive director of people</p> <p>Caroline Johnson, executive director of nursing, professions, and quality</p>
<b>Vision and values:</b>	<p>As a responsible employer we are committed to ensuring that our staff are safe at work. We acknowledge the commitment to <b>improve lives</b>, aligned with the following trust values:</p> <ul style="list-style-type: none"> <li>• <b>We keep improving</b></li> <li>• <b>We are inclusive</b></li> <li>• <b>We work together</b></li> <li>• <b>We are respectful and kind</b></li> </ul>
<b>Purpose:</b>	To provide the Board with the overarching approach to keeping our people safe at work, including updates on: Violence and aggression, sexual safety and racial discrimination.
<b>Executive summary:</b>	<p>The paper provides a <b>proposed approach to ensuring keeping people safe at work is part of an integrated approach</b> supported by an overarching framework to keep our people safe from violence and aggression, inappropriate sexual behaviour, and racial abuse.</p> <p>The framework will <b>bring together several workstreams</b> to provide a co-ordinated approach to reporting on progress and delivery metrics on the following areas, with an update against each:</p> <p><b>Progress on violence and aggression:</b></p> <ul style="list-style-type: none"> <li>• Assessment against the violence and aggression reduction standard completed, project management support in place, plan and progress to Senior Leadership Team and Executive Management Team.</li> <li>• Risk assessment panel in place, IPQR reporting on baseline metrics in place, and to be further developed as part of the action plan.</li> <li>• New and expectant mothers' policy implemented, draft violence and aggression policy in consultation.</li> <li>• Communications approach developed.</li> <li>• Research and charities bids in progress to support the wellbeing hub</li> <li>• Staff survey completed on experience of violence and aggression and sexual safety (105 responses).</li> <li>• Staff group meetings continue and individual engagement with</li> </ul>

	<p>affected staff.</p> <ul style="list-style-type: none"> <li>Sexual safety and reducing violence and aggression workshop to take place in June 2025.</li> </ul> <p><b>Progress on Sexual Safety:</b></p> <ul style="list-style-type: none"> <li>Sexual safety charter assurance through the violence and aggression reduction group.</li> <li>Sexual safety and reducing violence and aggression workshop to take place in June 2025.</li> <li>Staff survey completed on experience of violence and aggression and sexual safety (105 responses).</li> <li>ESR reporting options developed.</li> <li>Guidance updated in Ulysses.</li> <li>Sexual safety dashboard implemented and improved data analysis</li> <li>Updated sexual safety policy in consultation, unacceptable behaviours policy reviewed, training roll out to all staff groups in progress, online training by end May.</li> <li>Links with voluntary sector being developed with an expert by experience</li> </ul>
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Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	X	No		
Deliver Outstanding Care	Yes	X	No		
Great Place to Work	Yes	X	No		
Reduce inequalities	Yes	X	No		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
	<ul style="list-style-type: none"> <li>NHS Health Wellbeing Framework (2021)</li> <li>Least Restrictive Practice Plan</li> <li>NHS Violence and Aggression Reduction Standard</li> <li>NHS Sexual Safety Charter</li> <li>Health and Safety at Work Act 1974</li> <li>Human Rights Act 1998</li> </ul>
<b>Board assurance framework (BAF) and corporate risk(s):</b>	<p>The following BAF risks are associated with this item:</p> <p><b>BAF.0013</b> Risk that our staff do not feel well supported, caused by a lack of appropriate measures and mechanisms in place to support staff wellbeing resulting in a poor experience for staff, failure to provide a positive working environment and potential for increase in absence and gaps in health inequalities which in turn impacts negatively on service user/patient care.</p> <p><b>BAF 0031</b> There is a risk we fail to deliver on national inequalities priorities and our strategic aim to deliver inclusive services, caused by failure to adopt an inequalities-based approach to care resulting in poorer access, later presentations and risk of poorer outcomes.</p>
<b>Any background papers/items previously considered:</b>	<ul style="list-style-type: none"> <li>Violence and aggression: slides were received at the Board Strategy and Development Workshop in February 2025.</li> <li>Sexual Safety: slides were received at the Board Strategy and Development Workshop in February 2025.</li> <li>Racial Discrimination: slides were received by Board members via email in respect of priorities actions and progress to</li> </ul>

	<p>evidence our anti racist organisation pledge.</p> <ul style="list-style-type: none"> <li>- This report was received by the Executive Management Team on 15-05-25 for information and discussion, and, subject to further amends was approved for submittance to May Board.</li> </ul>
<b>Recommendation:</b>	The Board are asked to receive the attached slides, for <b>approval</b> , <b>assurance</b> and <b>information</b> .

# ► **Feeling safe at work**

**Developing a Trust wide approach**  
**Board of Directors May 2025**

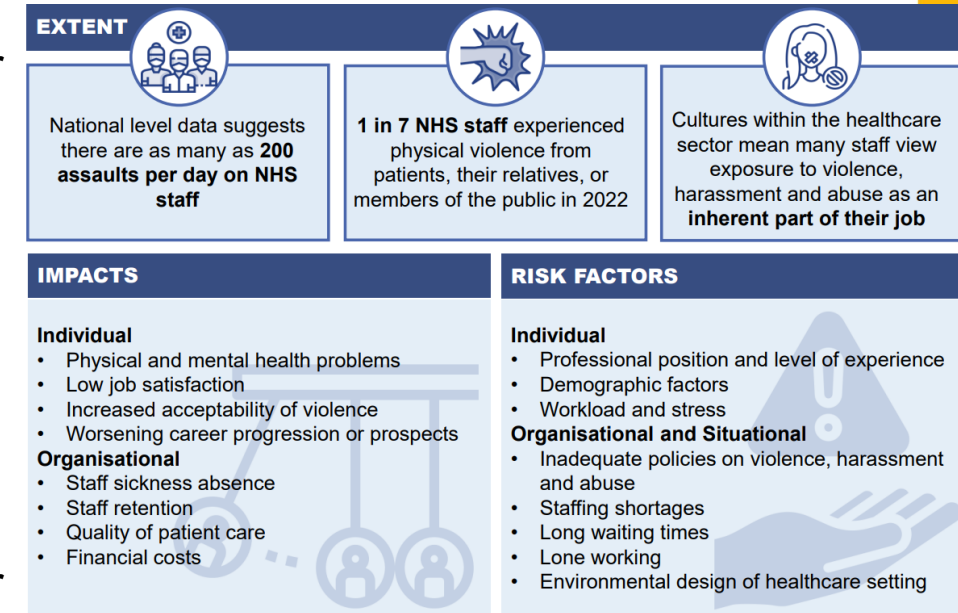
# Context

Nationally the 2024 NHS Staff Survey found that:

- **One in seven** had experienced at least one incident of physical violence from patients, service users, their relatives or public in the last 12 months.
- Just over **25%** had experienced at least one incident of harassment, bullying or abuse from patients, service users, their relatives or public in the last 12 months.
- Just over **74%** had reported violence

Sheffield Health and Social Care Trust:

- **One in six (16%)** had experienced at least one incident of physical violence from patients, service users, their relatives or public in the last 12 months.
- Just over **25%** had experienced at least one incident of harassment, bullying or abuse from patients, service users, their relatives or public in the last 12 months.
- Just over **91%** had reported violence



*Workplace violence is a **complex problem**, and it is widely recognised that the best way to tackle violence, harassment and abuse against healthcare staff is through **comprehensive multicomponent approaches** rather than implementing interventions and approaches in isolation.*

# Delivering to reduce violence and aggression, sexual safety and becoming anti racist:

The previous reporting approach has been to report using individual action plans.

Actions focussed on delivering actions up to April 2025.

This included identifying metrics and risks related to each area of focus.

Reducing violence and aggression			
<b>Context:</b> Great place to work priority programme: improve safety of our staff by reducing violence and aggression and sexual safety incidents. <b>Governance:</b> Monthly reducing violence and aggression group, TOR and membership agreed: reports to Health and Safety Quarterly , EMT and People Committee Bi-Monthly			
Objective	Actions	By when	Progress
Assess the Trust against the violence and aggression reduction standards	<ul style="list-style-type: none"><li>Review Trust against domains (leadership and accountability , governance and assurance, collaboration, data, workforce interventions, evaluation)</li><li>Align with least restrictive practice and RESPECT</li></ul>	February 2025	Assessment completed, PMO support commenced April 2025, Detailed action plan and progress to be presented SLT June
Improve recording and reporting	<ul style="list-style-type: none"><li>IPQR reporting in place</li><li>Heatmap identifies enhanced support required</li><li>Baseline metrics to be identified</li><li>Improvements to incident reporting</li><li>Review TOR for Reducing Violence and Aggression group</li></ul>	Monthly April 2025	Incident reporting improvements implemented, daily incident huddles, learning case studies, TOR(V&A) reviewed, membership broadened, reporting to H&S confirmed and strengthened Pregnant workers Risk assessment panel in place, IPQR reporting
Develop policies that provide guidance and support	<ul style="list-style-type: none"><li>Co-develop a violence and aggression policy with key stakeholder</li><li>Parenting policy to be reviewed and updated</li><li>Socialise policies through comms and training</li></ul>		
Ensure support and a health and wellbeing offer is in place	<ul style="list-style-type: none"><li>Wellbeing offer in place via Jarvis</li><li>Promote offer through campaign</li><li>Wellbeing hub planned and staff engagement on priorities</li></ul>		
Communicate the approach	<ul style="list-style-type: none"><li>Workshop to develop materials/ key messages</li><li>Develop a comprehensive campaign</li></ul>		

Sexual safety			
<b>Context:</b> Great place to work priority programme: improve safety of our staff by reducing violence and aggression and sexual safety incidents. <b>Governance:</b> Monthly reducing violence and aggression group, TOR and membership agreed: reports to Health and Safety Quarterly , EMT and People Committee Bi-Monthly			
Objective	Action	By when	Progress
Assess the Trust against the commitments of the Sexual Safety Charter	<ul style="list-style-type: none"><li>Review the Trust position in relation to the commitments made in signing the charter</li><li>Align service User and Staff sexual safety approach</li></ul>	April 2025	Sexual safety charter assurance through V&A group Sexual safety for staff project Jan – July 2024 Staff experience survey complete (105 responses) Sexual safety and reducing violence and aggression workshop June
Improve recording and reporting	<ul style="list-style-type: none"><li>Additional reporting options utilised</li><li>Alignment of all dashboards and reporting</li></ul>	March 2025	ESR reporting options developed Guidance updated in uylsess Sexual Safety Dashboard implemented improved data analysis
Develop policies that provide guidance and support	<ul style="list-style-type: none"><li>Policies reviewed</li><li>Training provided for all staff groups</li><li>Toolkit rolled out</li></ul>	April 2025	Unacceptable behaviour policy reviewed and updated Resident doctor training rolled out Training roll out to all staff groups in progress E learning available on Jarvis May Updated sexual safety policy in consultation

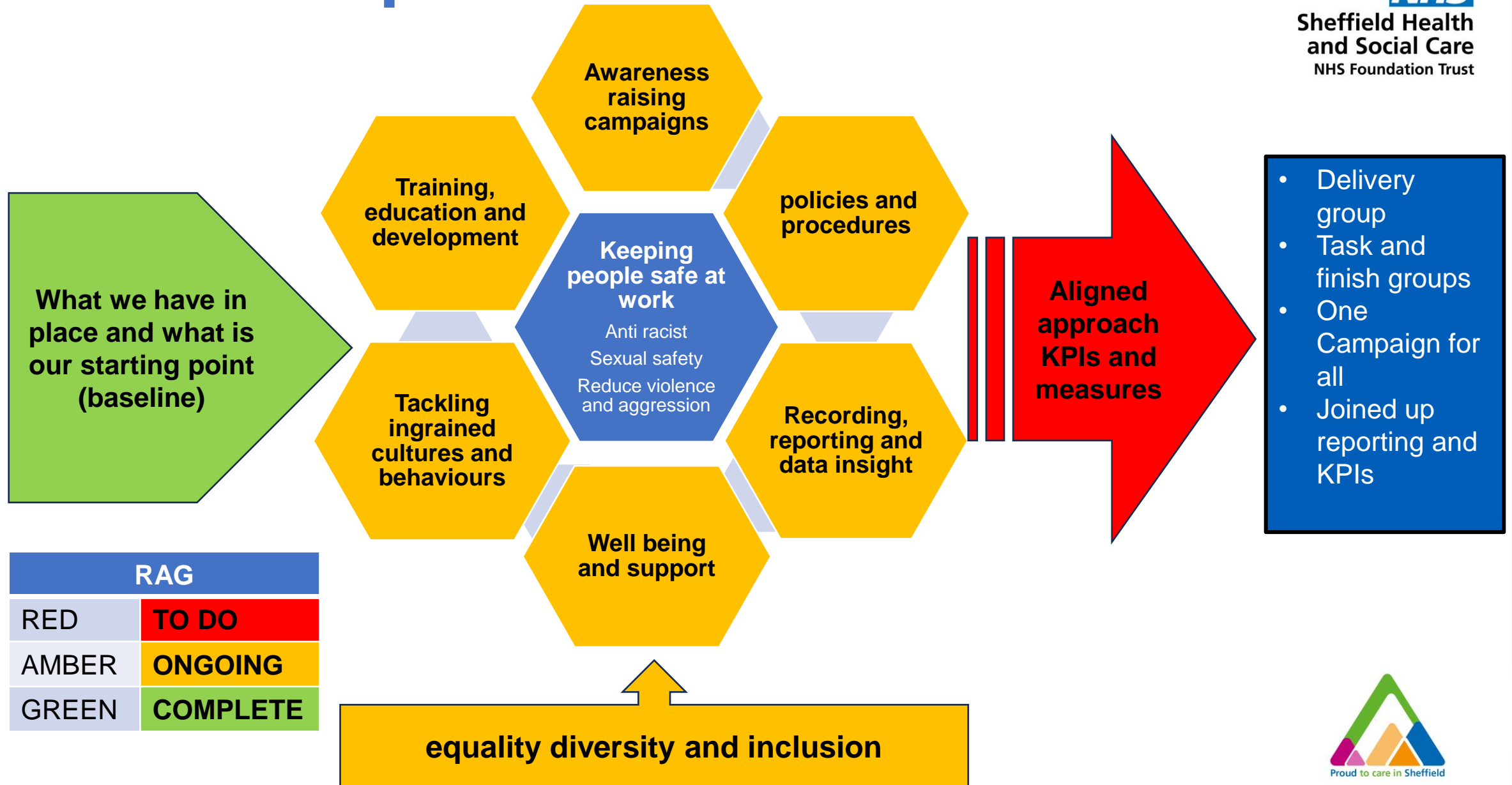
Anti Racist Organisation			
<b>Context:</b> Great Place to Work. and Ensure our Services are Inclusive: Continue our journey to become an (actively) Anti Racist Organisation and the Patient and Carer Race Equality Framework <b>Governance:</b> Anti Racist / Anti Discrimination Group is a Subgroup of the Inclusion and Equality Group – The Inclusion and Equality Group provides updates to the People Committee three times a year. Related Equality Objectives are reported separately to Board as part of the Operational Plan Updates to Board			
Objective	Action	By when	Progress
Achieve Gold Standard (over four years) under the North West Anti Racist Framework (Equality Objective)	<ul style="list-style-type: none"><li>Undertake an initial review of the Bronze level criteria</li><li>Complete the assessment for Bronze level</li><li>Submit the assessment</li></ul>	October 2024	<ul style="list-style-type: none"><li>Work stated on the Bronze level assessment, submissions delayed due to Northwest capacity. SYICB have funds to pay for Northwest to do assessments for South Yorkshire awaiting decision from the Northwest. SHSC have confirmed to ICB we wish to submit for Bronze in this financial year.</li></ul>
Improve recording and use of Workforce Data* Improve Recording and use of Service User Ethnicity (Equality Objective)	<ul style="list-style-type: none"><li>Diversity data as standard on people reports</li><li>Improve the percentage of not known ethnicity (Workforce) working with recruitment and workforce team</li><li>Improve the percentage of not known ethnicity (service users) through a project group.</li></ul>	April 2025	<ul style="list-style-type: none"><li>Workforce Dashboard includes ethnicity</li><li>Improvement in percentage of not know workforce reduced to 6% in 2024.</li><li>Disciplinary ethnicity data reviewed at each JCF for challenge and action</li><li>Project group focused on service user reporting – pilots underway services reporting through collective leadership and with executive leadership support</li></ul>
Improve confidence in reporting incidents of racism and Discrimination	<ul style="list-style-type: none"><li>Introduce an ESR based reporting portal for anonymous reporting and option to progress to formal action</li></ul>	April 2025	<ul style="list-style-type: none"><li>Portal developed</li><li>DPIA completed and signed off by information governance</li><li>Testing with staff networks about to start</li></ul>
<b>Metrics:</b> Workforce Race Equality Standard, Staff Survey EDS Metrics, PCREF Metrics, NETS Metrics IPQR monthly reporting on: Racial and Cultural Abuse.			

\*Risk: 5159 Directorate Score 6 Target 4

on service users 3.	Risk: BAF risk 0013 risk score 12 target 8
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# Trust components



# How will we know we are getting it right?

**A dashboard will be developed to align all measures into one place.**

## **IPQR data:**

- Assaults on service users
- assaults on staff
- racial and cultural abuse

## **Metrics the align:**

- Workforce and medical race equality standards (WRES and MWRES)
- PCREF

**A baseline will be set for each so that progress can be tracked.**

## **Incidents:**

recording and reporting by protected characteristic and incident

**Feedback:** staff survey, freedom to speak up, staff networks and individual stories



# High level timeline:

What	When
Identify leads and agree a joined-up approach to the programme.	June 2025
Review current meeting arrangements and reporting arrangements – align TOR and membership	June 2025
Set out new governance arrangements	July 2025
Develop a comprehensive communication plan	July 2025
Develop a dashboard along with baseline metrics	July 2025
Identify work stream leads	July 2025

# Update

## Training, education and development

- ✓ Sexual safety and reducing violence and aggression workshop to take place in June and
- ✓ Training roll out to all staff groups in progress, online training by end May.

## Awareness raising campaigns

- ✓ Dedicated intranet page is now in place signposting to information, policies, guidance documents and sources of support.
- ✓ A poster has already been co-designed by the staff network but further work to expand on resources that provide clear messages is needed.

## policies and procedures

- ✓ Sexual safety and reducing violence and aggression workshop to take place in June and training roll out to all staff groups in progress, online training by end May.
- ✓ New and expectant mothers' policy implemented, draft violence and aggression policy in consultation.
- ✓ Updated sexual safety policy in consultation, unacceptable behaviours policy reviewed,

# Update

## well being and support

- ✓ Staff group meetings continue and individual engagement with affected staff
- ✓ Research and charities bids in progress to support the wellbeing hub

## Recording, reporting and data insight

- ✓ Risk assessment panel in place, IPQR reporting on baseline metrics in place, and to be further developed as part of the action plan.
- ✓ Staff survey completed on experience of violence and aggression and sexual safety (105 responses)
- ✓ ESR reporting options developed

## Tackling ingrained cultures and behaviours

- ✓ Sexual safety charter assurance through the violence and aggression reduction group

# What have people told us:

- **100 staff have shared their experiences** through an anonymous survey.
- In addition **attending services** to hear directly from staff their experience in relation to violence and aggression and sexual safety
- Visits to Endcliffe, Burbage, Stanage, Eastglade, Learning Disabilities, CERT, Northlands and spoken to **individuals who have come forward in confidence** as well as receiving feedback from staff side on behalf of their membership. We will continue to attend sites and meetings

## Staff have told us:

- They often don't feel supported to report incidents,
- More help with is needed to assess and manage risks e.g. lone working
- Staff don't always feel they are listened to
- That support post incident isn't always what is needed.

The results of the staff survey will inform the approach and where we need to improve. More discussions to use the findings will take place in working groups.

## Current focus:

- ✓ A revised sexual safety policy to be ratified
- ✓ New preventing and reducing violence policy in development
- ✓ SHSC Manager training module(s) to be developed
- ✓ New alerts when reporting incidents will sign post to support available
- ✓ Risk assessment training to be implemented