Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

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Title:	**Health and Safety Annual Report 2025 - 2026**

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Board Lead:	**Chief Nursing Officer**
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Confidential:	**No**
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Executive Summary

1. The Trust strengthened its Occupational Health and Safety Management System during 2025/26. ISO 45001 certification, held at the Churchill Hospital since 2022, was extended to the John Radcliffe Hospital. This provides independent assurance of increasing maturity and effectiveness across the Trust's two largest sites. The Horton General Hospital and the Nuffield Orthopaedic Centre are planned for the next extension in 2026/27.
2. Reported incidents fell in three of the four main categories. Slips, trips and falls fell from 2,175 in 2024/25 to 1,931 in 2025/26, down 11.2%. Sharps injuries fell from 489 to 434, down 11.2%. Manual handling incidents fell from 134 to 113, down 15.7%, with none graded as major injury or death. Violence and aggression incidents rose from 1,961 to 2,139, up 9.1%, and remain the principal forward-looking workforce safety risk.
3. RIDDOR notifications increased from 61 in 2024/25 to 76 in 2025/26, up 24.6%. The increase was concentrated in clinical exposure, physical assault and struck-against incidents. Over-seven-day absence notifications were stable. One notification related to the death of a patient following a fall. Benchmarking against the four Trusts that responded places OUH's workforce-adjusted rate of 4.75 per 1,000 staff within the comparator range.
4. Training compliance was 94.9% for Core Health, Safety and Welfare and 76.2% for Managing Health and Safety, against a Trust target of 85%. Managing Health and Safety training is being followed up through the Health and Safety Committee.
5. The annual weighted MSK sickness absence rate was 0.57%, with long-term absence accounting for about 65%. The Health and Safety Delivery Plan prioritises reductions in MSK and violence-related absence, stronger statutory compliance, completion of audit actions and further extension of ISO 45001 certification. Continued oversight is required for ageing estate, workforce harm, training follow-up and improvement actions.
6. Fire safety is reported in full in the Annual Fire Safety Statement and Report 2025/26, which is presented to the Board separately.

Recommendations

7. The Trust Board is asked to:
    - Note the content of this report.

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Health and Safety Annual Report 2025 - 2026

1. Purpose

1.1. This report is presented to provide the Trust Board with an annual overview of occupational health and safety performance, assurance, significant risks and strategic priorities for the reporting period 1 April 2025 to 31 March 2026. The report supports Board oversight of health and safety governance and informs assurance regarding the effectiveness of arrangements for managing occupational health and safety risks across the Trust.

2. Background

2.1. Health and safety risks within the Trust are managed through an established Occupational Health and Safety Management System (OHSMS), supported by governance, assurance, audit and performance monitoring arrangements. This report summarises activity for the period 1 April 2025 to 31 March 2026 and outlines the principal risks, achievements and improvement priorities identified during the year.

2.2. The reporting period was characterised by continued organisational development, evolving workforce challenges and ongoing estate-related risks. These issues have informed the Health and Safety Delivery Plan and continue to shape the Trust's approach to health, safety, wellbeing and organisational resilience.

3. Incident performance

3.1. Incident reporting continues to provide important insight into organisational risk, workforce engagement and the effectiveness of the Trust’s Occupational Health and Safety Management System. Total reported incidents across the four main categories fell from 4,759 in 2024/25 to 4,617 in 2025/26. Slips, trips and falls, sharps injuries and manual handling incidents all reduced. This provides assurance that existing operational controls, training, audits, workplace inspections and governance arrangements are supporting effective risk management in these areas. The principal area of increasing reported activity remains violence and aggression, which should be considered the main forward-looking workforce safety risk within the incident profile (see Appendix B).

4. Violence and aggression

4.1. Violence and aggression towards staff remained a significant health and safety risk during 2025/26. There were 2,139 assault, aggression and

harassment incidents affecting staff, compared with 1,961 in 2024/25, an increase of 178 incidents (9.1%). Overall, 2,350 incidents were reported across staff, patients and visitors, compared with 2,182 in 2024/25, an increase of 7.7%. Verbal aggression by patients or relatives remained the largest reported cause, followed by physical assault and physical aggression without assault; other reported causes included verbal aggression between staff, sexual harassment and racial abuse.

4.2. The increase reflects continuing operational pressures and sustained work to improve reporting through the Trust's No Excuses campaign. RIDDOR notifications for physical assault rose from five to ten. Nine of these led to more than seven days of absence (Appendix C).

4.3. The highest levels of violence and aggression continued to be reported in the Emergency Departments and acute admission areas. A substantial proportion of incidents involved patients experiencing delirium, dementia, mental ill health, acute behavioural disturbance or the effects of drugs or alcohol. Reports also included deliberate verbal abuse, threats, racial abuse, sexual harassment and physical assault. This distinction determines the response, which may be clinical management, safeguarding, a behavioural agreement, a formal sanction or police referral.

4.4. Governance was strengthened through the Trust-wide Violence Prevention and Reduction Group, chaired by the Chief Nursing Officer. Membership covers clinical, operational, security, health and safety, safeguarding, workforce, staff support and communications teams. The group reviews divisional incident trends, security reports, staff support, training, police liaison and actions arising from serious or repeated incidents. Monthly security reporting was introduced in January 2026. It gives greater visibility of incidents, behavioural agreements, police involvement and actions taken.

4.5. The Violence, Aggression and Abuse Reduction Procedure 2.0 was ratified during the year. It strengthens arrangements for managing unacceptable behaviour and sets a clear escalation pathway: a first written warning, a yellow final warning and, where necessary, a red exclusion letter. It incorporates the No Excuses campaign and the NHS England Sexual Safety in Healthcare Organisational Charter.

4.6. The quality of incident reporting improved. Guidance now supports staff to record threatening, racist or sexually inappropriate language accurately and to recognise emotional as well as physical harm. Work continued to reconcile incident reports with security interventions, use of restraint and police referrals, as these sources did not always give a consistent account.

4.7. Operational controls included body-worn cameras, lone worker devices, environmental risk assessments, alarms, CCTV, risk flags in the electronic patient record and individual management plans for people presenting a

known risk. Weekly staff safety meetings in the Emergency Department and Emergency Assessment Unit reviewed incidents, clinical causes, staff support, warning letters, police referrals and patient record alerts. Work progressed on a Trust-wide search procedure for prohibited items.

4.8. Security capacity was reviewed during the year, and the Trust worked with Thames Valley Police to strengthen the reporting and investigation of offences against staff. A proposal was developed to increase security cover at the John Radcliffe Hospital and to strengthen security leadership. Work on 24-hour security provision for the Emergency Department continued at year end.

4.9. The emotional impact of incidents remained a priority. Divisions were encouraged to provide immediate debriefing, Occupational Health referral and access to the Staff Support Service. Work began to monitor post-incident referrals and outcomes more consistently. Capacity in the Staff Support Service and variation in access to post-incident support require further attention.

4.10. In October 2025, the Trust hosted its first Violence Prevention and Reduction Summit. It brought together NHS organisations, police, mental health professionals and other partners to share learning on prevention, staff support, body-worn cameras, de-escalation, simulation and criminal justice responses.

4.11. The Trust is assessing itself against the NHS Violence Prevention and Reduction Standard. Governance, executive oversight, incident management and organisational learning are substantially aligned with the Standard. Further improvement is needed in post-incident support, training assurance and data on violence-related sickness absence. Completion of the self-assessment will set the remaining actions.

Planned actions for 2026/27

4.12. Security cover for the Emergency Departments at the John Radcliffe and Horton General Hospitals will increase during 2026/27 through the recruitment of additional security officers.

4.13. A Trust-wide violence and aggression training framework will be introduced, developed with the Trust Security Manager. It sets six categories of training. These run from awareness for all staff, through conflict resolution, de-escalation, and personal safety and breakaway, to physical intervention and specialist training for designated teams. Training will be matched to role, risk and setting. Clinical teams will review the framework. Learning and Development will then lead the procurement of a training model and set the agreed requirements in My Learning Hub, so that compliance can be monitored. Departments will be responsible for ensuring that their staff complete the required training.

4.14. The priorities for 2026/27 are to:

- complete enhanced and 24-hour security arrangements for the Emergency Departments;
- agree a consistent Trust-wide process for police reporting and escalation;
- implement the search procedure and strengthen the management of prohibited items;
- improve reconciliation between incident, security, restraint and police data;
- establish a sustainable, role-specific violence prevention and conflict resolution training model;
- strengthen the use and monitoring of behavioural agreements, warning letters and patient record risk flags;
- improve access to debriefing, emotional support and Occupational Health following incidents;
- continue focused action on racial abuse, sexual harassment, deliberate violence and aggression involving high-risk clinical presentations; and
- establish a baseline for violence and aggression-related sickness absence, so that a reduction target can be set.

4.15. These priorities are overseen by the Violence Prevention and Reduction Group, which reports to the Health and Safety Committee.

5. Manual handling and musculoskeletal health

5.1. The Trust recorded 113 manual handling incidents in 2025/26, down 15.7% from 134 in 2024/25. Of these, 19 resulted in no harm, 86 in minor harm and eight in moderate harm, with no major harm or deaths. Twenty met RIDDOR reporting criteria, including 19 over-seven-day cases. The difference arises because RIDDOR over-seven-day reporting is based on duration of incapacity rather than harm severity; consequently, some incidents graded as minor harm were nevertheless RIDDOR-reportable because they resulted in more than seven days' incapacity.

5.2. MSK conditions continued to affect workforce capacity. The annual weighted MSK sickness absence rate was 0.57%. Long-term absence accounted for about 65% of this, so rehabilitation, workplace adjustment and sustained return to work matter most.

5.3. Claims provide a further perspective. Ten liability claims were recorded in 2025/26: eight Employer’s Liability claims and two Occupiers’ Liability claims. Because the numbers are small, details that could identify individuals are not presented in this report.

Action in 2026/27

5.4. The Health and Safety Delivery Plan sets an objective to reduce MSK-related staff sickness absence by 5% a year against the 0.57% baseline. Delivery of the objective is shared. The Health and Safety Team brings together incident, sickness and claims data and supports investigation and ergonomic assessment. The Back Care Team advises on higher-risk handling tasks and equipment. The Occupational Health physiotherapist supports early assessment and return to work. Divisional Health and Safety Groups review hotspots and own local actions. Estates and operational teams address defects in routes, access and equipment.

5.5. A similar objective is planned for violence and aggression-related sickness absence once a baseline has been established in 2026/27.

6. RIDDOR

6.1. RIDDOR requires the Trust to report certain work-related injuries, diseases and dangerous occurrences to the Health and Safety Executive. Many notifications arise because an injury leads to more than seven days away from normal duties.

6.2. RIDDOR notifications rose from 61 in 2024/25 to 76 in 2025/26. Over-seven-day absence notifications were stable, at 44 and 45. The increase came from three types of incidents: exposure to blood and body fluids, mainly through sharps injuries (3 to 11); physical assault (5 to 10); and staff striking against fixed objects or equipment (2 to 7).

6.3. Staff accounted for most notifications (63). Patient notifications rose from 4 to 11. The largest rise by division was in Medicine, Rehabilitation and Cardiac (14 to 25).

6.4. Reporting arrangements were strengthened during the year, with more detailed divisional reporting and closer follow-up by the Health and Safety Team. This is likely to have improved the identification of reportable incidents. Controls for manual handling and slips, trips and falls appear to be holding. Further focus is needed on violence, clinical exposure and the layout of clinical areas.

6.5. One RIDDOR reportable death was recorded in 2025/26. It related to a patient who died following a fall. The incident was reported to the Health and Safety Executive and reviewed through the Trust's patient safety processes. The learning, on falls risk assessment and observation, has been acted on.

6.6. Of the eleven patient notifications, ten were specified injuries, all fractures. Nine resulted from falls and one from contact with equipment.

6.7. Learning from RIDDOR investigations is shared through Divisional Health and Safety Groups and the Health and Safety Committee. The priorities are to strengthen sharps safety and the use of protective equipment in higher-risk clinical work, to keep circulation routes clear, and to review the position of fixtures and equipment.

RIDDOR benchmarking

6.8. To put the increase in context, RIDDOR data was requested from other acute Trusts. Four responded, and their figures are shown below.

Trust	2025/26 RIDDORs	Approx. workforce	Rate per 1,000 staff
Bristol Foundation Trust (Southmead Operating Unit)	68	10,500	6.48
UCLH	68	12,860	5.29
OUH	76	16,000	4.75
Royal Berkshire	28	6,500	4.31
Sheffield Teaching Hospitals	39	20,000	1.95

6.9. OUH reported the highest number of notifications. Adjusted for workforce size, its rate of 4.75 per 1,000 staff is within the range of the four Trusts and below two of them. The comparison is limited to four Trusts and uses approximate workforce figures, so it should be read with caution. Appendix C gives the full RIDDOR breakdown and Appendix D gives the rates by category.

7. Management system and assurance

7.1. The Occupational Health and Safety Management System (OHSMS) remains the Trust's principal framework for managing health and safety risks, supporting legal compliance and driving continual improvement across clinical, non-clinical and corporate activities. Alignment with ISO 45001 provides a recognised framework for leadership, risk management, assurance and organisational learning.

7.2. A significant milestone during 2025/26 was the successful extension of ISO 45001 certification from the Churchill Hospital to include the John Radcliffe Hospital, bringing the Trust's two largest hospital sites within the externally certified management system. Independent external audit confirmed that the OHSMS conformed to ISO 45001 requirements, demonstrated increasing maturity and effectiveness, and had been successfully implemented across the expanded scope.

7.3. The March 2026 external ISO 45001 audit identified 12 nonconformities, comprising four major and eight minor findings. Following review of corrective-action evidence, two major findings were closed and the remaining major findings were downgraded to minor status, with further actions continuing in relation to water hygiene and electrical fixed-wiring arrangements. The original minor findings continue to be progressed through the relevant Divisions and services, with Trust-wide process improvements implemented where findings have wider application. Progress is monitored through the ISO 45001 action plan and Health and Safety governance arrangements, including formal Management Review and the Internal Audit programme, both led by the Director of Regulatory Compliance and Assurance.

7.4. The Health and Safety Delivery Plan aligns health and safety objectives more closely with workforce wellbeing and statutory compliance. It includes targeted objectives to reduce sickness absence related to musculoskeletal injury and to violence and aggression, with a stronger emphasis on prevention.

Audit and Assurance Outcomes

7.5. Audit, inspection and assurance activities continued to provide valuable information regarding organisational performance, compliance and risk management arrangements during 2025/26. Assurance was obtained through workplace inspections, divisional monitoring, Health and Safety audits, ISO 45001 audits and specialist assurance activities undertaken across the Trust.

7.6. During 2025/26, recorded inspection activity was identified across 229 of 349 mapped departments within the four clinical divisions (65.6%). Corporate was excluded because the Divisional Group had recently formed and departmental mapping within the audit system was relatively immature and required further verification to establish a reliable reporting denominator.

7.7. Annual Health & Safety Audits: During 2025/26, 323 departments/services completed and submitted audit information across the six-part Annual H&S Audit programme. The overall compliance rate for the applicable requirements assessed was 83.3%. A completion rate against all planned departmental submissions was not available from the dataset because participation and applicable departmental denominators varied across the six audit parts.

7.8. Health and Safety Team inspections: during 2025/26, the Health and Safety Team completed 122 departmental workplace inspections, 67.8% of the indicative annual programme of approximately 180. Delivery was below plan. The programme has since been recovered through a risk-based

approach that prioritises higher-risk clinical areas, and the three-year programme remains on track for completion by April 2027.

7.9. Recurring themes emerging through these activities included contractor management, statutory compliance assurance, quality of risk management arrangements, management information and consistency of implementation across services. Audit findings have informed local improvement plans and wider organisational priorities, whilst governance processes have strengthened oversight of action completion and ongoing risk management.

Regulatory contact

7.10. There was no Health and Safety Executive inspection or enforcement action during 2025/26.

8. Training

8.1. The Trust measures compliance for two health and safety training courses.

Course	Requirement	Who must complete it	Refresher
Core Skills: Health, Safety and Welfare	Mandatory	All staff	Every 3 years
Managing Health and Safety	Role based	All staff up to Band 8D with direct reports	Every 2 years

Performance

8.2. Compliance with Core Skills: Health, Safety and Welfare training was 94.9%, above the Trust target of 85%.

8.3. Compliance with Managing Health and Safety training was 76.2%, below the Trust target of 85%. The course sets out the employer's legal duties and the Trust's requirements for a safe place of work and a safe place of care. This is the area that requires most improvement.

Action in 2026/27

8.4. Compliance with Managing Health and Safety training is being addressed during 2026/27 through the Health and Safety Committee. The Committee reviews compliance by division and follows up with the responsible lead.

8.5. For Managing Health and Safety training, the assigned population is being confirmed in My Learning Hub, so that every manager with direct reports is correctly mapped. Divisions are following up managers who have not yet completed the course. The course was redesigned in September 2025 and now takes about 30% less time to complete.

9. Estates and infrastructure

9.1. The condition of parts of the retained estate and supporting infrastructure remains a residual health and safety risk. The Estates and Facilities risk register records 79 risks, of which 17 have a current score of 15 or above. The highest relate to fire doors and compartmentation (risk 1329, score 20), fire dampers (1330, 20), penetrations in fire-resisting barriers (2026, 20), the backlog maintenance programme (1125, 16), maternity drainage (3480, 16) and ageing medical air plant at the Horton General Hospital (3454, 15). The register also records risks for electrical infrastructure at the John Radcliffe and Churchill Hospitals (1295 and 1265, both 12), ventilation plant (1130, 12) and Legionella in the retained estate (2412, 10). These scores are under review and will be updated before the end of the calendar year.

9.2. The Trust continues to invest in the safety and resilience of its estate, prioritising ageing infrastructure and the areas of greatest clinical risk. Fire safety, electrical systems, water safety and ventilation are monitored through established inspection, maintenance and governance arrangements, with targeted remedial works and capital plans addressing identified issues.

9.3. Oversight of statutory compliance across the retained estate has been strengthened. Internal reviews and remedial work are in progress in fire safety, water safety and ventilation. An independent validation of the position across the main estates disciplines has been commissioned, and its findings will inform the next priorities.

9.4. Asset tagging has progressed across the sites, improving visibility of the plant and equipment that require inspection and maintenance. Information from existing systems is being brought together to improve reporting, and a computer aided facilities management system is being procured. Governance arrangements and independent Authorising Engineer audits provide further scrutiny while the validated compliance position is finalised.

Fire safety

9.5. Fire safety is reported in full in the Annual Fire Safety Statement and Report 2025/26, which is presented to the Board separately. That report covers the Women’s Centre fire in August 2025, the Enforcement Notice that followed, fire risk assessment, training, incidents and the Consolidated Fire Safety Action Plan.

10. Objectives and priorities

Progress against 2025/26 objectives

10.1. Last year's report set five objectives for 2025/26. Progress against each is shown below.

2025/26 objective	Status	Evidence
Support reductions in work-related H&S incidents resulting in sickness/absence annually	Revised objective and ongoing	Initial approach to use Good Shape data could not be pursued due to system incompatibility with HR staff data (e.g. assignment numbers for individuals) and Ulysses (incident records). Revised objective included in 2026/27 with approach to address via Trust and Divisional HR leads.
Support reductions in civil claims related to high-incidence/cost H&S incidents annually	Completed and ongoing process improvement	H&S team receiving civil claims data from Legal Services. Process improvement now triangulates claims data with H&S Site inspection data and Estates action trackers to identify and track hot spot areas and resolutions.
Refine and redesign the Managing H&S course to reduce e-learning time and link more to intranet and ISO processes	Completed	Version 2 of this course was uploaded to the My Learning Hub platform Sept. 2025. Course content reduced by approx. 30% to reduce time and related cost spent by staff to complete. Revised focus on key aspects e.g. risk assessments.
Implement a programme of re-visits to monitor corrective actions by departments with high level of nonconformities	Completed / ongoing process improvement	A Ulysses based report and follow up process is in progress and expanded as an ongoing continual improvement process.
Deliver IOSH Managing Safely training in-house to selected managers and others with specific H&S responsibilities	Completed	H&S team delivered to 8 x Estates and Facilities managers in the reporting period. A further 10 Estates & Facilities managers completed the course in April / May 2026. Additional groups to be targeted in 2026/27.

Priorities for 2026/27

10.2. The Health and Safety Delivery Plan sets the priorities for 2026/27. These are to:

- reduce sickness absence caused by musculoskeletal injury and by violence and aggression;
- strengthen assurance of statutory compliance;
- develop health and safety governance further;
- improve learning from incidents; and
- extend ISO 45001 certification to all main hospital sites.

10.3. Progress will be monitored through Divisional Health and Safety Groups and the Health and Safety Committee, with routine reporting to the Board.

Targets for 2026/27

10.4. Progress in 2026/27 will be measured against the targets below.

Measure	**2025/26 baseline**	**2026/27 target**
MSK sickness absence rate	0.57%	0.54% (5% reduction)
RIDDOR notifications	76 (4.75 per 1,000 staff)	No more than 72 (4.5 per 1,000 staff), with all notifications made within statutory timescales. There were 41 notifications from 1 April to 31 October 2026, which is on course for about 70 for the year.
Violence and aggression-related sickness absence	Not currently recorded	**Baseline to be established in 2026/27.**
Core Health, Safety and Welfare training	94.9%	Remain above the Trust target of 85%
Managing Health and Safety training	76.2%	85%, the Trust target

11. Conclusion

11.1. The Trust strengthened its health and safety management system during 2025/26. ISO 45001 certification was extended from the Churchill Hospital to the John Radcliffe Hospital, giving independent assurance across the Trust's two largest sites. Reported incidents fell for slips, trips and falls, sharps injuries and manual handling.

11.2. Three risks need continued executive oversight: violence and aggression, sickness absence related to musculoskeletal injury, and the condition of the ageing estate. The Health and Safety Delivery Plan sets out the work to address these, to strengthen statutory compliance, to complete audit actions and to extend ISO 45001 certification to all main hospital sites.

12. Recommendations

12.1. The Trust Board is asked to:

- Note the content of this report.

Appendix A: Sources of Assurance

Assurance source	What it covers	Frequency and route	Board value
Departmental workplace inspections	Local hazards, risk controls, environmental issues, completion of required checks	Monthly via Ulysses and Divisional Groups	First-line assurance and early issue identification
H&S Team departmental and site inspections	Legal and Trust requirements, risk assessments, defect themes, support to managers	Planned 3-year cycle; summary reporting to H&S Committee	Independent thematic validation and escalation
Executive Tours	Direct observation, staff engagement, visible leadership	Monthly at main sites	Reality testing of assurance and visible Board leadership
Annual and monthly H&S audits	Compliance with legislation, policy and procedures	Electronic audit cycle via Assurance Hub; divisions monitor completion	Structured compliance assurance with escalation where non-compliance persists
Divisional H&S Groups	Incidents, estates risks, monthly workplace inspections, H&S audits, service continuity, new and emerging risks	Monthly; feed into H&S Committee	Primary bridge between frontline risk and corporate visibility
Fire Safety Team	Fire risk assessments, enforcement and audit responses, mitigations, annual fire safety statement	Routine and annual reporting	Specialist technical assurance for a high-risk domain
Head of H&S advice	Risk profile, legislation, mitigation options, strategic narrative and executive advice	Regular and ongoing	Expert interpretation and support to executive decision-making

Assurance source	What it covers	Frequency and route	Board value
Director of Regulatory Compliance and Assurance (DRCA) as SRO for ISO 45001	Formal management review, internal audit, challenge, oversight of actions and strategy	Planned intervals under ISO 45001 clause 9.3 and audit programme	Independent internal assurance at executive level
External ISO 45001 audit	OHSMS conformity, maturity, implementation and audit findings	Annual SGS surveillance and extension-to-scope audit	Independent external validation and transparent improvement focus

Appendix B: Trust Health & Safety Incidents - 4 main categories (2024/25 and 2025/26)

Indicator	2024/25	2025/26	Trend
Slips, Trips & Falls	2,175	1,931	Improving
Staff Violence & Aggression	1,961	2,139	Increasing
Sharps Injuries	489	434	Improving
Manual Handling Incidents	134	113	Improving
Total Incidents	**4,759**	**4,617**	

The figures have been restated on a staff-only basis for consistency with the workforce health and safety measure used in the report. The 2024/25 figure of 1,961 and 2025/26 figure of 2,139 relate specifically to violence and aggression incidents affecting staff. Last year's Board figure of 2,182 used the wider measure covering incidents affecting staff, patients and visitors; on the same wider basis, the comparable 2025/26 figure is 2,350. The difference therefore reflects the scope of the measure rather than a change to the underlying incident data.

Appendix C: RIDDOR comparison, 2024/25 and 2025/26

Headline year-on-year totals

Measure	Value
2024/25	61
2025/26	76
Year-on-year change	15
Percentage change	24.6%

Comparison by cause group / injured person type

Cause group / injured person type	2024/25	2025/26	Abs change	% change
Staff	55	63	8	14.5%
Patient	4	11	7	175.0%
Visitor	2	2	0	0.0%
Contractor	0	0	0	0.0%

Comparison by RIDDOR notification type

RIDDOR type	2024/25	2025/26	Abs change	% change
Accident - Over-seven-day	44	45	1	2.3%
Accident - Specified Injury	13	18	5	38.5%
Dangerous Occurrence	3	11	8	266.7%
Accident - Death	1	1	0	0.0%
Occupational Disease - Likely caused by work	0	1	1	n/a

Over-Seven-Day Absence Notifications

Over-seven-day by accident type	2024/25	2025/26	Abs change	% change
Lifting and handling injuries	20	19	-1	-5.0%
Slip, Trip, Fall same level	12	11	-1	-8.3%
Physical assault	5	9	4	80.0%
Struck against	2	4	2	100.0%
Contact with machinery	0	1	1	n/a
Fall from height	0	1	1	n/a
Another kind of accident	3	0	-3	-100.0%
Struck by moving object	2	0	-2	-100.0%

Comparison by accident type

Accident type	2024/25	2025/26	Abs change	% change
Slip, Trip, Fall same level	24	24	0	0.0%
Lifting and handling injuries	21	20	-1	-4.8%
Exposure to harmful substances	3	11	8	266.7%
Physical assault	5	10	5	100.0%
Struck against	2	7	5	250.0%
Another kind of accident	3	1	-2	-66.7%
Struck by moving object	2	1	-1	-50.0%
Fall from height	1	1	0	0.0%
Contact with machinery	0	1	1	n/a

Areas of concentration by division

Division	2024/25	2025/26	Abs change	% change
MRC	14	25	11	78.6%
SUWON	18	20	2	11.1%
NOTSSCaN	17	17	0	0.0%
CORP	10	8	-2	-20.0%
CSS	2	6	4	200.0%

Appendix D: Workforce-adjusted RIDDOR rates, 2025/26

The table shows each 2025/26 RIDDOR category as a rate per 1,000 workers, allowing differences in workforce size to be taken into account.

	Total RIDDORs per 1,000 workers	Specified injuries per 1,000 workers	Over-7-day injuries per 1,000 workers	Occupational disease per 1,000 workers	Dangerous occurrences per 1,000 workers
Bristol Foundation Trust (Southmead Operating Unit)	6.48	0.76	4.95	0.00	0.76
UCLH	5.29	0.31	2.88	0.08	1.94
OUH	**4.75**	**1.13**	**2.81**	**0.06**	**0.69**
Sheffield Teaching Hospitals	1.95	0.80	1.10	0.00	0.05

** Rates are calculated per 1,000 workers using approximate workforce headcount. UCLH uses the publicly available 2024/25 total workforce figure as a proxy. Royal Berkshire is not shown in this table because a reliable breakdown by category was not available.*