

Health and Safety Policy

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1. Policy Statement

- 1.1 The purpose of this policy and its associated documents is to ensure that University Hospitals Birmingham NHS Foundation Trust's (the 'Trust') plan for and safeguard, the health, safety, and welfare of all patients and everyone who works at, or visits, its hospitals and other places of work and who is likely to be affected by its activities, in line with section 2(3) of the Health and Safety at Work etc. Act 1974.
- 1.2 The aim of this policy is to reduce the number of Health and Safety incidents which have a potential to be serious to an absolute minimum and progressively reduce work-related accidents and illnesses to the lowest levels, thereby reducing human and financial losses, improving the quality of patient care delivered, and improving the Trust's effectiveness. The Trust will ensure:
- 1.2.1 Appropriate arrangements are in place for liaison with other employers that share and/or work on shared premises:
- a) University of Birmingham;
 - b) Royal Centre for Defence Medicine;
 - c) Engie;
 - d) Consort and;
 - e) Contractors.
- 1.2.2 It complies with statutory requirements, and
- 1.2.3 It continues to develop a culture that recognises the importance of health and safety.

2. Scope

- 2.1 This policy applies to all areas of the Trust and all individuals employed by the Trust including contractors, volunteers, students, locum and agency employees and those employed on honorary contracts.
- 2.2 The policy also applies to all premises where the Trust provides services and to all Trust employees working within other organisations.

3. Framework

- 3.1 This policy sets out the broad framework for ensuring health and safety within the Trust. Detailed requirements and procedures are contained in the associated policies, procedures and guidelines. Trust-wide procedural documents shall be approved by the Trust Health, Safety and Environment Committee.

3.2 The Trust Health, Safety and Environment Committee shall approve all procedural documents associated with this policy and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.

3.3 Local standard operating procedures or other procedural documents (i.e. documents applicable to specific departments or areas) shall be approved by the manager of the area/department concerned.

3.4 Definitions

Health Assessment	An assessment of an individuals' capacity to undertake the physical and emotional demands of a specified job role. This includes identifying any 'reasonable adjustments' that may be required for individuals' with disabilities and/or any temporary restrictions that may be required pending further interventions/investigations.
Nominated Manager	The post holder identified by the Divisional Director of Operations or, for corporate departments, the relevant Executive Director, as having responsibility for carrying out the duties set out in Section 4 of this policy for a particular ward, department or service (details of Nominated Managers shall be notified to the Health and Safety Team). Unless notified otherwise, the Nominated Manager for a ward shall be the Senior Sister/Charge Nurse for that ward.
Risk Assessors/Link Workers	Appropriately trained employees identified (and notified by email to the Health and Safety Team) by the relevant Nominated Manager, to assist the Nominated Manager with carrying out their duties
Safety Representatives	Employees appointed either by unions or professional bodies, or at the request of employees in the relevant area/department to represent the employees in consultation with management on any general or specific matters affecting their health, safety and welfare.
Health Surveillance	Health surveillance is a system of health checks which may be required for employees who are exposed to hazards which could adversely affect their health

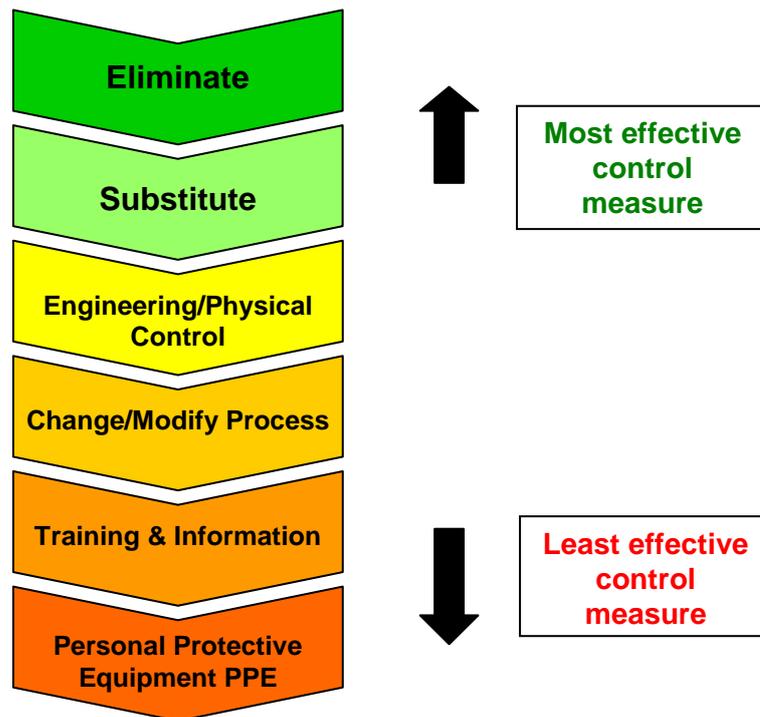
3.5 The Trust will do all it reasonably can to:

3.5.1 Protect patients, visitors and employees from risks at work through effective risk assessment and implementation of appropriate preventive or protective measures;

- 3.5.2 Ensure that Trust accommodation, equipment, facilities, materials, substances, transport and working practices are safe and without undue risk to health;
- 3.5.3 Make patients, visitors and employees aware of potential hazards, safe working practices and arrangements for emergencies;
- 3.5.4 Provide employees, patients and visitors, where appropriate, with personal protective equipment, together with information and guidance regarding its use;
- 3.5.5 Ensure employees understand their legal obligations regarding their own health and safety, as well as the health and safety of others, by involving them and encouraging their co-operation through appropriate information and training;
- 3.5.6 Consult employees on matters affecting their health, safety, and welfare at work, and nurture a spirit of collaboration among them, their trades unions/professional bodies and Safety Representatives; and
- 3.5.7 Provide support to managers to assist them to continuously improve and maintain a consistently high standard of health and safety management in their areas of responsibility.

3.6 Risk Assessments

- 3.6.1 Health and safety risk assessments for all activities and areas of the Trust must be undertaken by nominated manager. These assessments must be reviewed if the activity, equipment, substance or location changes; new risk assessments must be undertaken if the risk changes as a result. All risk assessments must be reviewed by the Nominated Manager at least annually in any event. Risk assessment pro formas are available on the Trust Intranet.
- 3.6.2 Where risks are identified, appropriate measures must be put in place by management to reduce the risk to an acceptable level or eliminate the risk. All risk assessments must take into account employee's abilities and disabilities. Appropriate measures must follow the HSEs hierarchy of control:



3.6.3 Where the risk cannot be reduced to an acceptable level, the appropriate Director must consider whether it is appropriate to continue the activity. This must be done with reference to the associated Procedure for the Assessment of Risks and the Management of Risk Registers.

3.7 Plant and Equipment

3.7.1 The Trust shall ensure that all plant and equipment for which it is responsible and which requires maintenance is identified, that the maintenance is done and that new or second-hand plant and equipment meets health and safety standards before purchase. For medical equipment this is to be in accordance with the associated Policy and Procedure for the Management of Medical Devices.

3.7.2 Inspections of equipment shall be undertaken in accordance with legislation and maintenance contracts. Records of maintenance must be kept on the unit where the equipment is located, at the Medical Engineering department or with Engie.

3.7.3 Any problems with plant and equipment must be reported to the Medical Engineering department, Engie or external contractor depending on who is contracted to undertake the maintenance.

3.8 Safe Handling and Use of Substances (COSHH)

3.8.1 The risks from all substances hazardous to health under the Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH), in accordance with the COSHH Procedure, must be assessed using specialist advice where necessary. Nominated Managers are responsible for ensuring these assessments are completed.

3.8.2 Specimen COSHH assessments for substances in common use in Wards are available as worked examples to assist the Nominated Manager.

3.8.3 All new substances must be assessed before use.

3.8.4 Where management identify a need for health surveillance they will liaise with the Occupational Health Department. Where required, employees will receive specialist health surveillance from the Occupational Health Department.

3.8.5 Health surveillance records will be kept by the Occupational Health Department, with Health Assessments for work placement being retained locally.

3.9 Estates and Common Areas

Where risks are identified in common areas (e.g. corridors, stairs, lifts, footpaths, roads) any information from risk assessments, incident reports and complaints shall be sent to the Department Of Estates And Planning.

3.10 First Aid

Provision for first aid shall be made in accordance with the Trust's First Aid Policy.

3.11 Emergency Procedures

Every area of the Trust will have emergency procedures in place for fire and other emergencies that may require evacuation. These will be assessed, implemented and checked in accordance with the Trust's Fire Safety Policy.

3.12 Documentation

3.12.1 *Health and Safety Records*

All health and safety records, including electronic health and safety folders, training records, and inspection reports, shall be maintained

in accordance with legislation and Trust procedures (Procedure for the Assessment of Risks and the Management of Risk Registers and the Corporate Records Procedure).

3.12.2 *Risk Registers*

Risk Registers for all wards, departments and services within the Trust shall be maintained in accordance with the Trust 'Procedure for the Assessment of Risks and Management of Risk Registers'.

3.13 *Incidents – Reporting and Investigations*

3.13.1 All incidents or any matter, such as a “near miss”, that may be considered to represent a shortcoming in the protection arrangements for health and safety must be reported in accordance with the Trust’s Incident Reporting system (detailed in the ‘Policy for the Reporting and Management of Incidents including Serious Incidents Requiring Investigation’). The system supports the management of all risks in the Trust. Details of reported health and safety incidents will be passed to the Health and Safety Team for monitoring.

3.13.2 External reporting of health and safety incidents to the appropriate enforcing authority, involving injuries, diseases and dangerous occurrences, shall be made by the Health and Safety Team. The Radiation Physics and Protection Service (RRPPS) are responsible for reporting radiation incidents to Office of Nuclear Regulation, Health and Safety Executive, Environment Agency and the Police.

3.13.3 Incidents shall be investigated by local managers in accordance with the Procedure for the Reporting and Investigation of Incidents. Incidents resulting in serious harm/death shall be investigated by the Health and Safety Team in conjunction with local management.

3.14 Competence

All employees, students, employees on honorary contracts, agency employees and contractors must be competent to undertake role specific work in the Trust. Competence is established by Human Resources, Medical Resourcing and local management in accordance with the Recruitment Selection Policy and the Procedure for Employment Checking.

3.14.1 *Training*

- a) All employees must receive appropriate health and safety training in accordance with the Trust’s Mandatory

and Statutory and Induction Training policy and procedures (this includes Trust corporate induction training). Compliance monitoring, reporting and the follow up process are outlined in these policies and procedures;

- b) Role-specific training will be provided as part of local induction and recorded in the 'Additional subject areas pertinent to the area' section of the Local Induction form. These local inductions are monitored and followed up according to the Mandatory, Statutory and Induction Training Policy and Procedures;
- c) Training needs for new equipment/systems of work must be identified as part of the risk assessment process. The provision of new training, information and supervision must be considered if risks change or new processes/equipment are introduced. If competency is eroded due to infrequent use of skills/knowledge refresher training must be provided; and

3.14.2 *Supervision*

- a) As part of establishing health and safety competence, there may have to be supervision of employees. For clinical employees this will be organised locally, through the Clinical Skills Department. For non-clinical areas supervision will be organised by local management; and
- b) Supervision of young workers has to be agreed with Human Resources in accordance with the Work Experience/Work Shadowing Policy.

3.14.3 *Information*

- a) The Occupational Health Department produces posters, leaflets and guidance on occupational health and safety. This information is available to all employees on the Trust Intranet; and
- b) Any information from professional bodies that have health and safety implications must be made available to affected employees and contractors.

3.15 Consultation

3.15.1 The Trust recognises the need for consultation and co-operation between executives of the Trust and employees in all Trust health and safety matters.

3.15.2 *Safety Representatives*

- a) The appointment of safety representatives, either by unions or professional bodies, or at the request of employees in the department is recognised by the Trust.
- b) Employees in each department/area may appoint a Safety Representative. The identity of, and any changes to, Safety Representatives must be notified by email to the relevant Nominated Manager.

3.15.3 *Divisional Consultative Committees (DCC)*

The Trust has established divisional consultative committees that meet monthly. The aim of these committees is to act as a forum for consultation and co-operation between the Trust and employees in all matters including health, safety and welfare at work. If resolution cannot be made at the DCC it shall be taken to the Trust Health, Safety And Environment Committee.

3.15.4 *Trust Health, Safety and Environment Committee*

Details of this committee are set out in 'Monitoring' and Appendix E. Part of its function is to act as a forum for senior management and senior safety representatives to consult on all aspects of health and safety. If resolution of a matter raised by safety representatives cannot be made at this committee it shall be taken to the Trust Partnership Team.

3.16 Health and Safety Advice and Assistance

3.16.1 The Trust shall ensure that appropriate support and advice is available to managers and risk assessors from the Occupational Health and Risk And Compliance departments.

3.16.2 The Trust will ensure that management and employees have access to competent advisors on areas of health and safety risks, such as the following:

- a) General health and safety;
- b) Occupational hygiene;
- c) Manual handling and ergonomics;
- d) Radiation;

- e) Biological risks;
- f) Engineering; and
- g) Construction.

3.16.3 Where appropriate, if advice is not available internally, external consultants will be contracted to provide that advice.

3.16.4 These advisors may include, Trust Security Management Specialist, Fire Safety Advisor, Radiation Protection Advisor, Back Care Advisor, Ergonomist, Control of Infection Team, University Biological Safety Officer, Occupational Hygienist, Health and Safety Advisors and Occupational Health Advisors.

4. Duties

4.1 Chief Executive

The Chief Executive has overall responsibility for all health and safety issues and compliance with statutory requirements and legislation. Managers will be accountable for the active management of health and safety within their designated areas.

4.2 Director of Corporate Affairs (DCA)

4.2.1 The Director of Corporate Affairs is the named director responsible for health and safety throughout the Trust, and, as such, the Board of Directors has assigned responsibility to the DCA for overseeing compliance throughout the Trust with this policy. The DCA will provide assurance to the Board of Directors on compliance with this policy and will report any material failures of compliance or other concerns regarding health and safety to the Board of Directors.

4.2.2 The DCA is responsible for:

- a) Overseeing management arrangements for health and safety;
- b) Chairing the Trust Health, Safety And Environment Committee;
- c) Acting as the link between the Trust Health, Safety And Environment Committee, the Management Executive and Divisional Directors of Operations;
- d) Keeping the Chief Executive informed about health and safety priorities in the Trust; and
- e) Ensuring that the Trust's health and safety performance is adequately monitored and its systems reviewed as necessary.

4.2.3 The DCA shall ensure:

- a) The Health and Safety Team is staffed by experienced persons who have appropriate qualifications and knowledge of health and safety issues arising from health service activities.
- b) For health and safety advice:
 - Advisors have appropriate competence; qualifications and suitable level of experience in the profession, and
 - Advisors have the authority to stop work if it is likely to cause death or serious injury to employees, patients and visitors. This authority will only be exercised after consultation with the executive on call.
- c) Advisors can liaise with other specialist advisors in the Trust to ensure co-operation in dealing with health and safety issues; and
- d) Adequate resources are made available to enable the advisor to carry out his/her duties.

4.3 **Members of the Executive Board**

Executive Directors shall ensure that health and safety risks are actively managed within their respective Divisions and their corporate departments and that Trust health and safety policies and initiatives are implemented within those Divisions and departments. For their corporate departments, Executive Directors shall ensure that:

4.3.1 Nominated Managers are identified for each department and service within their control; and

4.3.2 Health and safety inspections of departments are conducted by senior management (all wards/departments to be inspected over a 2 year rolling program).

4.4 **Members of the Health, Safety and Environment Committee**

Member of the Health, Safety and Environment Committee are responsible for:

4.4.1 Monitoring the management of risks to health and safety throughout the Trust and consider the appropriate action to be taken (see Appendix E for the Committee Terms of Reference). To ensure that the UHB Trust achieves the aims and objectives as specified in this Policy;

- 4.4.2 Consider health and safety policies, including specific policies for identified risks, and make recommendations to the DCA;
- 4.4.3 Advise the DCA to enable the Trust to achieve the aims and objectives specified in the Trust Health and Safety Policy and healthcare standards;
- 4.4.4 Make strategic decisions on the development of a health and safety culture within the Trust and to consider priorities and resourcing issues;
- 4.4.5 Approve Trust-wide health and safety procedures;
- 4.4.6 Advise the DCA on the implementation of policies by means of regular audits, reports and recommendations made by the Specialist Advisory Groups;
- 4.4.7 Recommend action as appropriate where standards are not being met;
- 4.4.8 Consider reports on health, safety and environmental issues, e.g. incident reports, DOps Reports and audit reports;
- 4.4.9 Facilitate policy, procedures and information development in accordance with Trust systems;
- 4.4.10 Monitor standards to ensure they are being met, and
- 4.4.11 Encourage the protection and promotion of employee health.

4.5 **Specialist Advisory Groups**

These are ad hoc groups set up, with Health, Safety and Environment Committee approval, to examine particular issues for the Trust, e.g. Stress Steering Group. They will:

- 4.5.1 Develop health, safety and welfare policies and strategies for the Trust;
- 4.5.2 Advise the Trust Health, Safety and Environment Committee on resource issues;
- 4.5.3 Make recommendations on developing or changing safety procedures or systems; and
- 4.5.4 Consider accident report statistics and trends related to their area of study in order to recommend corrective action.

4.6 **Divisional Directors of Operations (DOPs) and Associated Directors of Nursing (ADNs)**

DOPs and ADNs shall ensure that:

- 4.6.1 Health and safety risks are actively managed within their respective Divisions and their corporate departments;
- 4.6.2 Trust health and safety policies and initiatives are implemented within their Divisions and departments;
- 4.6.3 Nominated Managers are identified for each ward, department and service within their Division;
- 4.6.4 Health and safety risks arising out of clinical practices or clinical decisions are properly identified, assessed, recorded and controlled within their Division;
- 4.6.5 Suitable arrangements are in place to ensure compliance with this policy and associated procedures, including:
 - a) Maintenance of a chart detailing health and safety responsibilities and accountabilities for the Division;
 - b) Ensuring that any recommendations arising out of health and safety audits or inspections are implemented in accordance with the timescales required;
 - c) Ensuring adequate resources are made available for health and safety (see Appendix D);
 - d) Using data from Divisional inspections, Divisional risk register and Divisional Consultative Committees to guide actions to prevent or reduce the risk of serious incidents; and
 - e) Analysing and acting upon Divisional and Group Incident data.
- 4.6.6 The effectiveness of arrangements for health and safety matters within the Division are monitored;
- 4.6.7 Appropriate health and safety reports are submitted to the Trust Health, Safety and Environment Committee (report format and content to be agreed at the Committee);
- 4.6.8 Health and safety Inspections of departments are personally conducted (all wards/departments to be inspected over a 2 year rolling program); and

4.6.9 They, or an appropriate Divisional representative, attend the Trust Health, Safety and Environment Committee and act on Committee actions.

4.7 **Members of the Health and Safety Team**

4.7.1 In order to assist managers and employees of the Trust with their responsibilities under this policy the Trust has established a Health and Safety Team. The Health and Safety Manager will:

- a) Ensure Health and Safety Advisors carry out health and safety audits across the Trust regularly, with the objective of identifying both deficiencies and successes within the Trust and advising on appropriate prevention and control of any identified health and safety risks;
- b) Assist the Trust Health, Safety and Environment Committee and Specialist Advisory Groups;
- c) Promote a positive health and safety culture;
- d) Facilitate health and safety planning in the Trust to include setting objectives and agreeing priorities;
- e) Design and support health and safety management systems for the Trust;
- f) Provide advice on health and safety matters, including risk assessment and implementing controls (see Framework - page 11 for Trust criteria for competent health and safety advice and assistance);
- g) Act as formal point of contact between the Trust and relevant enforcing authorities, in particular the Health and Safety Executive, Environmental Health Departments;
- h) Liaise with specialists in or outside the Trust as appropriate;
- i) Organise health and safety training for the Trust;
- j) Receive accident and incident reports, investigate as appropriate, compile and analyse accident and incident data;
- k) Liaise with recognised trade unions and their appointed workplace representatives on issues relating to health and safety of their members;
- l) Publicise and promote health and safety information policies and guidance;
- m) Advise the Trust on health and safety legislation, standards and good practice;
- n) Distribute a leaflet for this policy; and
- o) Assist the DCA in reviewing Trust health and safety performance.

4.7.2 The Trust is committed to ensuring adequate resources are available for the functioning of this team.

4.8 Head of Occupational Health Department

The Head of Occupational Health Department shall ensure:

4.8.1 The Occupational Health Department carries out its duties in an effective and efficient manner;

4.8.2 The department is staffed by experienced persons who have appropriate qualifications and knowledge of occupational health and safety issues arising from health service activities;

4.8.3 Advisors can liaise with other specialist advisors in the Trust to ensure co-operation in dealing with occupational health and safety issues; and

4.8.4 Adequate resources are made available to enable their advisors to carry out his/her duties.

4.9 Members of the Occupational Health Department

Members of the Occupational Health Department will:

- a) Assist managers and employees in line with this policy;
- b) Assist the Trust Health, Safety and Environment Committee and Specialist Advisory Groups;
- c) Promote a positive health and safety culture;
- d) Encourage the protection and promotion of employee health;
- e) Provide immunisations and health surveillance, including health screening and medical examination; and
- f) Liaise with specialists in or outside the Trust as appropriate.

4.10 Head of Therapy Services

The Head of Therapy Services will be responsible for managing the Manual Handling audit team.

4.11 Group Managers, Matrons and Clinical Service Leads (CSLs), and equivalents in Corporate Areas

Group Managers, Senior Nurses, Clinical Service Leads and the equivalent officers in Corporate departments shall:

- a) Ensure suitable management and monitoring of arrangements so that this policy and its associated procedures are being adhered to;
- b) Support their DOPs/Executives in identifying the nominated managers for departments, wards and services;
- c) Manage the health and safety risks within their area of responsibility;
- d) Ensure line managers are competent to manage health and safety;
- e) Set objectives in health and safety within the appraisal process;
- f) Co-ordinate incident investigations within their area of responsibility; and
- g) Analyse and act upon Group/Corporate incident data.

4.12 **Managers**

All managers are accountable to the Chief Executive for ensuring that this policy is properly applied in their area of control. In particular, they shall:

- 4.12.1 Implement Trust health and safety policies, procedures and programmes;
- 4.12.2 Ensure adequate supervision of all employees and students is provided, commensurate with their skills and competency;
- 4.12.3 Ensure that employees receive appropriate training and information necessary for them to carry out their role safely and competently;
- 4.12.4 Keep detailed local training records for all employees;
- 4.12.5 Ensure that all incidents that occur in their area are reported and investigated in accordance with the Trust's Reporting and Management of Incidents Including Serious Untoward Incidents Policy, and
- 4.12.6 Use data from Divisional inspections, Divisional risk register and Divisional Consultative Committees to guide actions to prevent or reduce the risk of serious incidents.

4.13 Nominated Managers

Each Nominated Manager shall:

- 4.13.1 Ensure there are electronic health and safety folders covering their area and that the contents of the their system are accurate and up to date;
- 4.13.2 Ensure their area has a current Risk Register and they can demonstrate progress on that register;
- 4.13.3 Ensure that there are appropriate emergency procedures in place for their area and that these procedures are known to employees and checked/rehearsed regularly in accordance with the Fire Safety Policy.
- 4.13.4 Ensure that risk assessments (e.g. General, COSHH, Slips and Trips, Working at Height, Manual Handling, Display Screen Equipment, Stress and Violence and Aggression) are carried out and reviewed at least annually and filed in electronic folders or other approved electronic system;
- 4.13.5 Ensure there is adequate consultation with their employees and employee representatives;
- 4.13.6 Ensure adequate supervision of all employees and students is provided, commensurate with their skills and competency;
- 4.13.7 Ensure that employees receive appropriate training, supervision and information necessary for them to carry out their role safely and competently;
- 4.13.8 Monitor work practices as appropriate to ensure procedures are being implemented;
- 4.13.9 Ensure that all external people coming into their department are properly instructed in health and safety matters;
- 4.13.10 Where practicable, implement control measures. Where departmental resources are insufficient to implement a solution, pass recommendations to senior management so that appropriate allocation of resources can be considered and prioritised (see Appendix D);

4.13.11 Ensure that all incidents that occur in their area are reported and investigated in accordance with the Trust's Reporting and Management of Incidents Including Serious Untoward Incidents policy;

4.13.12 Undertake the Trust 'Managing Risks' training, and

4.13.13 Be involved in joint inspections of their area of responsibility (with staff side and/or senior managers).

4.14 **Risk Assessors/Link Workers**

4.14.1 Risk assessors/link workers may assist Nominated Managers with their duties, however they will not be held ultimately accountable for risks not under their direct control. Nominated Managers may delegate any health and safety tasks, but they cannot delegate accountability.

4.14.2 Risk assessors shall be given adequate training and resources to fulfil their delegated role.

4.15 **Safety Representatives**

The function of safety representatives is to:

4.15.1 Represent the employees in consultation with management on any general or specific matters affecting their health, safety and welfare;

4.15.2 Carry out inspections of work places;

4.15.3 Bring to managers' attention unsafe or unhealthy conditions or working practices;

4.15.4 Investigate incidents within the workplace and to examine the cause of those incidents and liaise with management on prevention; and

4.15.5 Investigate health and safety complaints made by any employee.

4.16 **Employees**

All employees must comply with Trust Health and Safety policy and procedures. They must not undertake any actions that could compromise their health and safety or the health and safety of others. Employees have a duty to:

- 4.16.1 Use machinery, equipment, dangerous substances, transport or safety devices in accordance with any instruction and training provided by the employer;
- 4.16.2 Not interfere with or misuse anything provided in the interests of health, safety or welfare;
- 4.16.3 Report to their Nominated Manager and the Health and Safety Team any work situation which may be considered to represent a serious and immediate danger to health and safety;
- 4.16.4 Attend training sessions as required and put training into practice;
- 4.16.5 Attend health surveillance checks as required; and
- 4.16.6 Report any incident or any matter that may be considered to represent a shortcoming in the protection arrangements for health and safety to their Line Manager and via the Trust incident reporting system.

4.17 **Expert Advisors**

Expert Advisors will provide advice and support to all levels in the Trust including the following:

- 4.17.1 Interpreting the Law and highlighting any implications to the Trust;
- 4.17.2 Providing advice on their area of expertise, including risk assessment and control implementation; and
- 4.17.3 Advising on the establishment and maintenance of standards; within policies, procedures, personal protective equipment (PPE), engineering controls and training.

5. **Implementation**

5.1 Implementation

5.1.1 This policy will be available on the Trust's Intranet Site. The policy will also be disseminated through the management structure within the Trust by the Health and Safety Team.

5.1.2 Managers' Health and Safety Documentation

All departments will need to store documentation in electronic folders (see Procedure for the Assessment of Risks and Management of Risk Registers on the intranet). Pro formas for

all health and safety documentation are available on the Trust Intranet.

5.2 Monitoring

Appendix A provides full details on how the policy will be monitored by the Trust.

5.3 Inspections

There are various types of inspection conducted across the disciplines, for example by the Health and Safety Team, Manual Handling and Ergonomics, employee representatives, DOps, Fire Safety Advisor and Infection Control. Inspections provide local, Group, Divisional and Trust monitoring information. DOps and Executive Directors must ensure inspections are carried out on all their wards/departments over a 2 year rolling program.

6. **References**

Department of Health July 2004	Health and Social Care Standards and Planning Framework 2005/06-2007/08
HMSO - reprinted 1989	Health and Safety at Work etc. Act 1974
HMSO - Statutory Instrument 1999 No. 3242	Management of Health and Safety at Work Regulations 1999
HSE Books - reprinted in 2003 (ISBN 0 7176 1276 7)	HSG65 Successful Health and Safety Management
www.hse.gov.uk	Health and Safety Executive Website

7. **Associated Policy and Procedural Documentation**

Asbestos Management Plan
Corporate Records Archiving Procedure
COSHH Procedure
Display Screen Equipment Procedure
Fire Safety in Trust Premises Policy
Fire Safety Procedure
First Aid at Work Policy

Internal Pedestrian Transport of Liquid Nitrogen Guideline

Mandatory and Statutory Training and Induction Policy

Mandatory and Statutory Training and Induction Procedure

Manual Handling Procedure

Policy for the Management of Medical Devices

Policy for Managing Patients who are Violent or Abusive, Including Possible Withholding of Treatment

Policy for the Prevention, Reduction and Management of Slips, Trips and Falls

Prevention and Management of Stress at Work Policy

Procedure for Employment Checking

Procedure for the Assessment of Risks and Management of Risk Registers

Procedure for the Management of Medical Devices

Procedure for the Management of the Heavier Patient

Procedure for the Prevention of Slips, Trips and Falls

Procedure for the Reporting and Investigation of Incidents

Procedure for Sharps Safety

Radiation Safety Policy

Recruitment Selection Policy

Reporting and Management of Incidents including Serious Untoward Incidents Policy

Risk Management Policy

Security Policy (including the Prevention and Control of Violence and Aggression)

Stress Prevention and Management at Work Procedures

Violence and Aggression: Lone Workers Guidelines

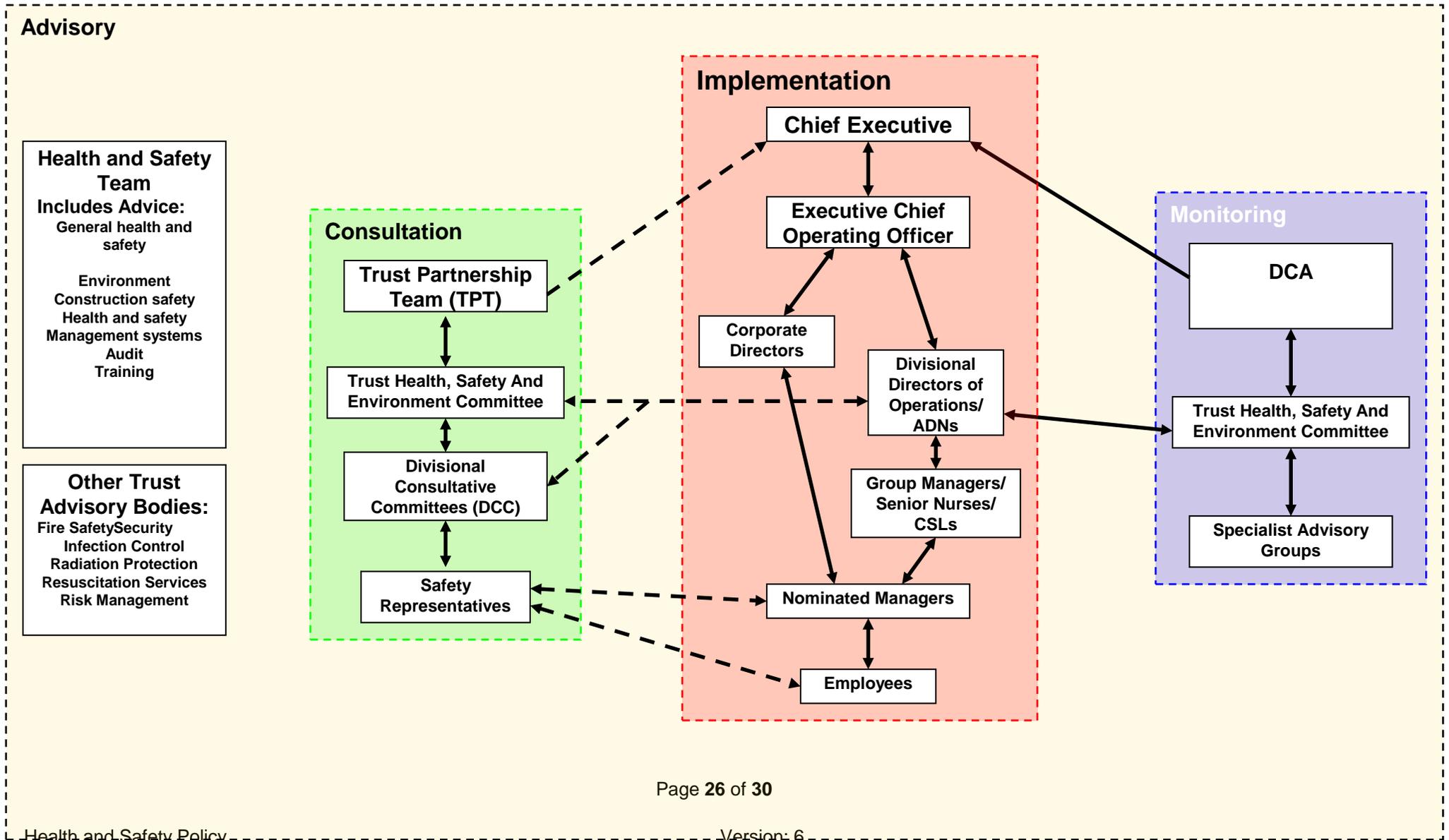
Waste Policy

Work Experience/Work Shadowing Policy

Monitoring of Implementation	Monitoring Lead	Reported to Person/Group	Monitoring Process	Monitoring Frequency
Health and safety team				
Health and safety track information on: <ul style="list-style-type: none"> • Nominated managers • Managing risks training • DOP and Senior Corporate Management Inspections • Audit • Risk register coverage 	Health and Safety Team	Executive Directors HSEC DOP DCC Joint Union Office	Data from this tracking process is sent out with a Quarterly Divisional report quarterly and forms part of the quarterly reports to the HSEC.	Weekly
Reports on health and safety: <ul style="list-style-type: none"> • Audits • Compliance data • Incidents (including external reports) • NHSLA compliance 		Audit Committee Trust Board	Data is pulled from tracking spreadsheets, DATIX and Audits to complete reports.	Bi-annually
The Health, Safety and Environment Committee meet to monitor the Trust health and safety compliance and liaise with Unions. Reports received from: <ul style="list-style-type: none"> • Health and Safety Team • Trust Security Management Specialist • Estates (including Engie and Stress Steering Group) • Sharps Action Group • DOP • Other ad hoc task and finish groups This Committee is the main stakeholder for all health and safety policies and procedures.	DCA	Trust Board DOP Joint Union Office	Receiving, analysis and discussion of reports at meeting. Minutes, agendas and enclosures managed by the Health and Safety Team.	Quarterly

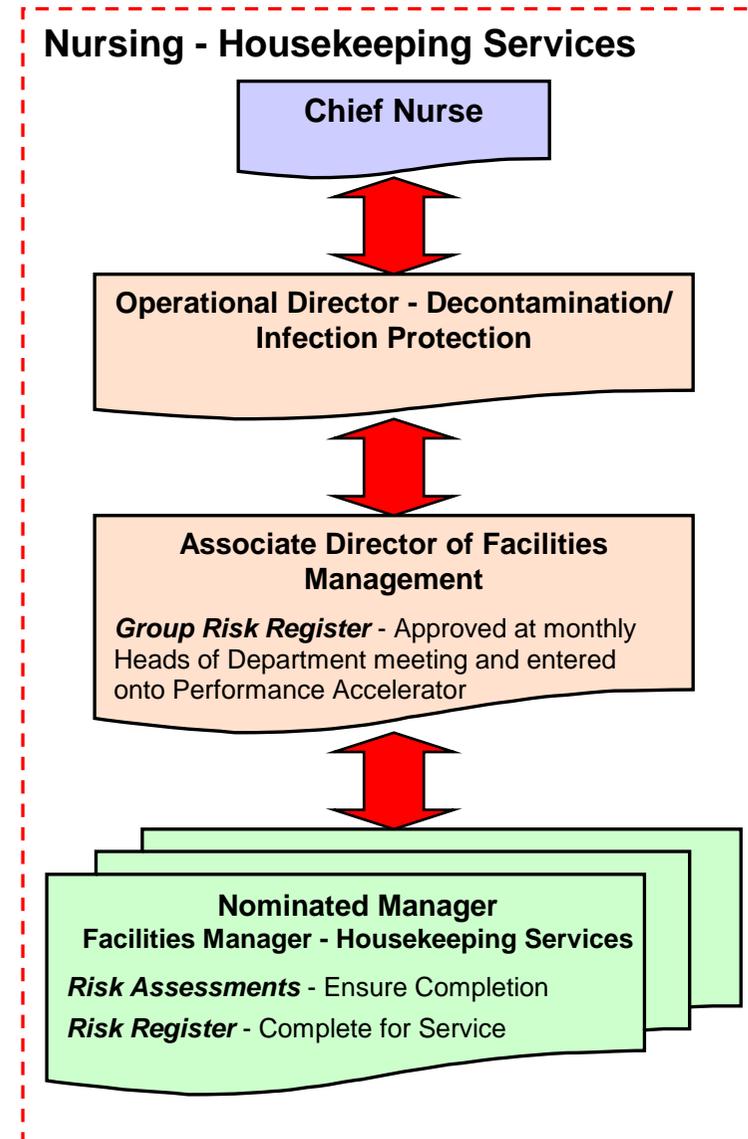
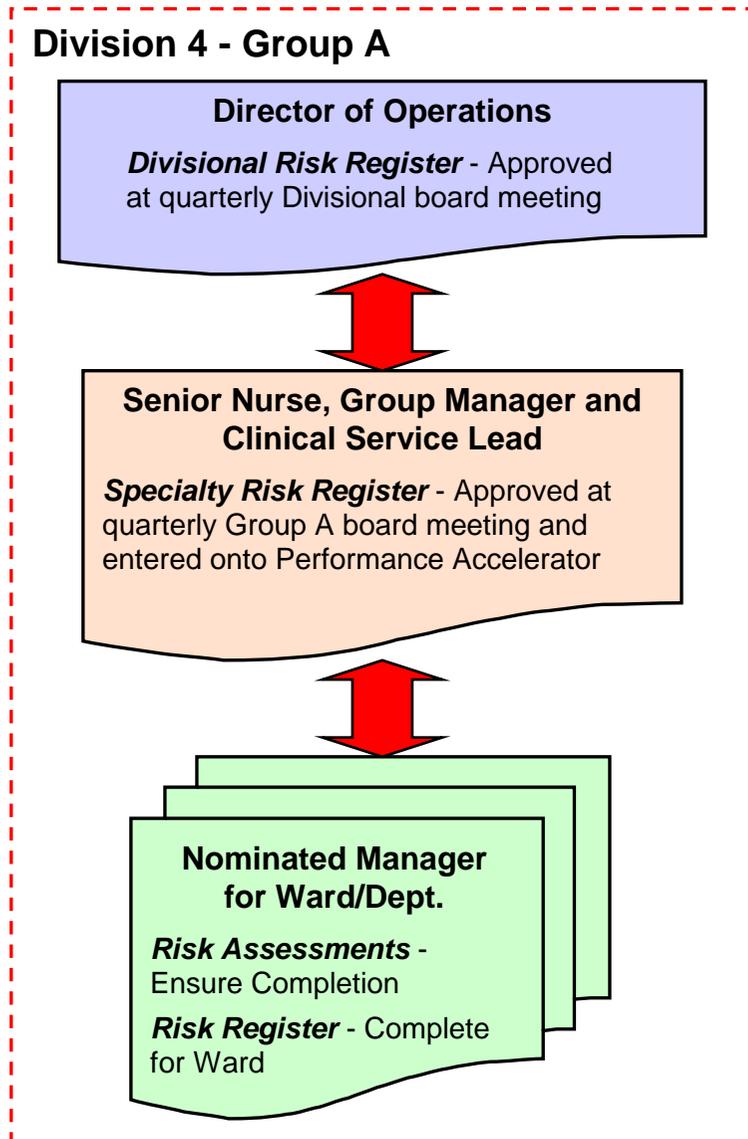
Appendix B

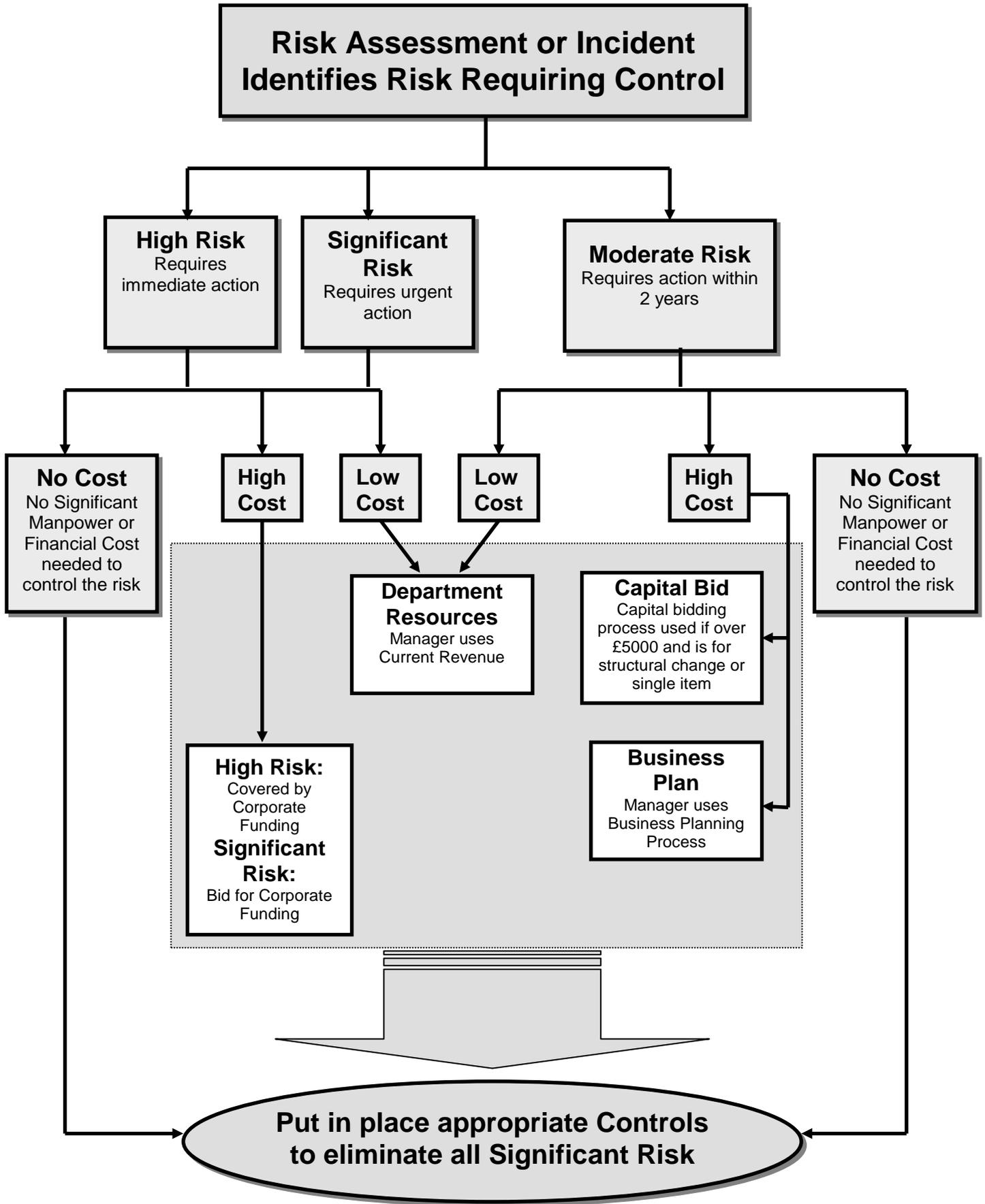
Trust Organisation for Health and Safety



Appendix C

Examples of Trust Systems for Managing Risks





Appendix E Terms of Reference

Health, Safety And Environment Committee

Reporting Arrangements

The Trust Health, Safety and Environment Committee reports to the Chief Executive through the DCA.

Membership

Director of Corporate Affairs (Chair)
Divisional Directors of Operations
Head of Occupational Health
Director of Human Resources
Specialist Health and Safety Advisor(s)
Risk Manager
RCDM Representative
New Hospital Project Representative
Trust Security Management Specialist
Trust Fire Safety Manager
Staff Side Health and Safety Representatives
Ad hoc membership as required

Terms of Reference

- Consider health and safety policies, including specific policies for identified risks, and make recommendations to the DCA;
- Advise the DCA to enable the Trust to achieve the aims and objectives specified in the Trust Health and Safety Policy and healthcare standards;
- Make strategic decisions on the development of a health and safety culture within the Trust and to consider priorities and resourcing issues;
- Approve Trust-wide health and safety procedures;
- Advise the DCA on the implementation of policies by means of regular audits, reports and recommendations made by the Specialist Advisory Groups;
- Recommend action as appropriate where standards are not being met;
- Consider reports on health, safety and environmental issues, e.g. incident reports, DOps Reports and audit reports;
- Facilitate policy, procedures and information development in accordance with Trust systems;
- Monitor standards to ensure they are being met, and
- Encourage the protection and promotion of employee health.

Frequency of Meetings

Quarterly Meetings.

Other Matters

These Terms of Reference, approved by the Director of Corporate Affairs in April 2013, shall be reviewed every year. The next review is due in May 2017, but the review might take place sooner if required.