

## HEALTH AND SAFETY POLICY

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# **1. INTRODUCTION**

## **1.1. Purpose**

The basis of UK health and safety law is the Health and Safety at Work etc. Act 1974. The Act sets out the general duties which employers have towards employees and members of the public, and employees have to themselves and to each other. This duty is further reinforced and amplified by the Management of Health and Safety at Work Regulations 1999.

This policy is intended to fulfil the requirements of the law by providing a tool for the systematic and effective management of health and safety within Harrogate and District NHS Foundation Trust (the Trust). It will inform and guide staff as to the way in which all significant hazards in the workplace are to be controlled, and the precautions to adopt. It promotes a cooperative approach and a commitment to strive to continuously improve performance which will enhance the development of the health and safety culture within the Trust.

So far as is reasonably practicable within the resources available, the Trust will seek to ensure the health, safety and welfare of the Trust's employees, patients and members of the public who are directly affected by the activities of the Trust.

## **1.2. Scope**

Harrogate and District NHS Foundation Trust recognises its responsibilities as the Employer as specified in the Health & Safety at Work etc. Act 1974 and in all subsequent UK and European Health & Safety legislation that impinges on the activities of the Trust. This Policy covers all staff employed by the Trust while they are at work either within premises owned by the Trust or at any premises rented by the Trust from other bodies. It also applies to non employees including contractors, volunteers, students on placement, honorary contract holders and agency staff etc.

The Trust recognises that its staff also work in a variety of premises which are beyond its control, including in patients' own homes. These work activities are included in the scope of this Policy, and the Trust will make every reasonable effort within its powers to identify and control any hazards associated with these premises.

Trust staff working in areas not owned by the Trust must ensure that the findings of their risk assessments, which may affect other persons within the building, are discussed with the persons responsible for the area. Likewise any findings from risk assessments that have been carried out by persons responsible for such areas must be shared with Trust staff.

## **1.3. Principles**

The Trust makes a commitment to satisfying the basic requirements of the Health and Safety at Work etc. Act 1974, of access, egress, safe plant and systems of work, transport, handling and use of articles and substances, information, training and supervision.

It further makes a commitment to satisfying the additional requirements of the Management of Health and Safety at Work Regulations 1999 of risk assessment, emergency procedures, health surveillance and employment of competent persons.

Whilst the Trust accepts its ultimate responsibility for health and safety matters, all managers, supervisors and employees are required to ensure that procedures for safe working practices are observed and that they take reasonable care for the health and safety of themselves and other persons. Staff have a duty of care to all in their area who may have a disability, to ensure that they receive any assistance that they may require during normal or emergency situations to ensure their safety.

The Trust recognises that staff and their representatives have an important part to play in the identification and control of hazards in the workplace, and is committed to working with them to improve health and safety.

The Trust Board has set the objective of being considered a low-risk organisation by the Trust's insurers

The Chief Operating Officer accepts these commitments and responsibilities on behalf of the Trust Board.

#### 1.4. Definitions

- COSHH Control of Substances Hazardous to Health
- Datix web The Trust's approved Incident Report Form
- DSE Display Screen Equipment e.g. computer monitor
- HSE Health and Safety Executive
- IR(ME)R Ionising Radiation (Medical Exposure) Regulations 2000
- RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences 1995
- Salus The Trust's external Health and Safety Advisors
- PSE Group Providing a Safe Environment Steering Group

## **2. POLICY**

The Trust attaches the greatest importance to the health, safety and welfare of its employees at work and anyone else who may be affected by its business activities.

The Trust, in addition to consulting with health and safety representatives as identified by Human Resources, will operate a policy of open communication and will actively encourage staff participation and co-operation in identifying and controlling risks. In turn, the Trust will expect commitment from employees to cooperate and work together with management in striving to continuously improve health and safety standards, which will assist the Trust in achieving its aim. The Trust will endeavour to ensure compliance under current and new legislation, guidance and codes of practice to secure a safe and healthy organisation by using established risk management techniques.

This Policy should enable management and staff to work together positively to ensure an environment compatible with the provision of services to patients, where hazards are controlled and risks to the health and safety of staff and others are reduced to a minimum.

One of the Trust's tools for compliance with health and safety legislation, guidance and codes of practice is the adoption of Salus Health and Safety Control Books. Each Control Book has a registered holder and covers specific areas or services of the Trust. The Control Books contain guidance notes, auditable checklists and risk assessments for managers to use and complete. Assurance that the arrangements contained within this Policy are maintained is achieved through an annual review by the control book holder's line manager and Operational Director/Senior Management Lead. Annual peer reviews of Salus Control Books take place within each directorate. In addition, an external audit is performed by Salus on a four-year rolling programme.

Risks identified by risk assessments as being moderate or high are recorded in the appropriate departmental risk registers, with all residual high risk entries being cascaded to directorate registers, as described in the Trust Risk Management Policy.

The Trust facilitates a Salus Control Book Holders' Network for book holders and their line managers. The aim of this network is to provide a mechanism for advice and support by Control Book Holders' peers.

This Trust Health and Safety Policy is also supported by other Trust policies e.g. Security, COSHH, Fire, Infection Prevention & Control, Risk Management & associated Estates policies (available on the Trust Intranet) and by appropriate departmental policies and other specialised policies as determined by a risk assessment of the area and the function being undertaken.

The Trust recognises that improvements to the working environment will be subject to competition for resources within its budget. The Trust's managers and staff therefore have a responsibility to ensure that priorities are properly identified and balanced within the overall objectives and functions of the Trust.

## 2.1. Training

Training for health and safety should include training on the use of the Salus Control Book system, other accredited computerised specialist systems and training for managers, for example those that are run by the Institute of Occupational Safety and Health and recognised training for trade union safety representatives, such as those that are run by the TUC or specific trade unions.

Training on aspects of the Salus Control Book will be available to Salus Control Book Holders on an annual basis. Records of this training are retained in each Salus Control Book, and a central register is maintained by Workforce Development. Operational Directors/Senior Management Leads will be responsible for ensuring holders are trained.

## 2.2. Risk Assessments

The Salus Control Book provides practical guidance on health and safety regulations and on risk assessment. The flowchart in Section 2.3 also shows how the risk assessment process should proceed. Where weaknesses are identified appropriate action plans should be implemented to resolve these and control the hazards as far as is reasonably practicable. Any remaining moderate or high risks must be added to the appropriate risk register for the department.

General guidance on risk assessment is also available on the Trust Intranet [click here](#)

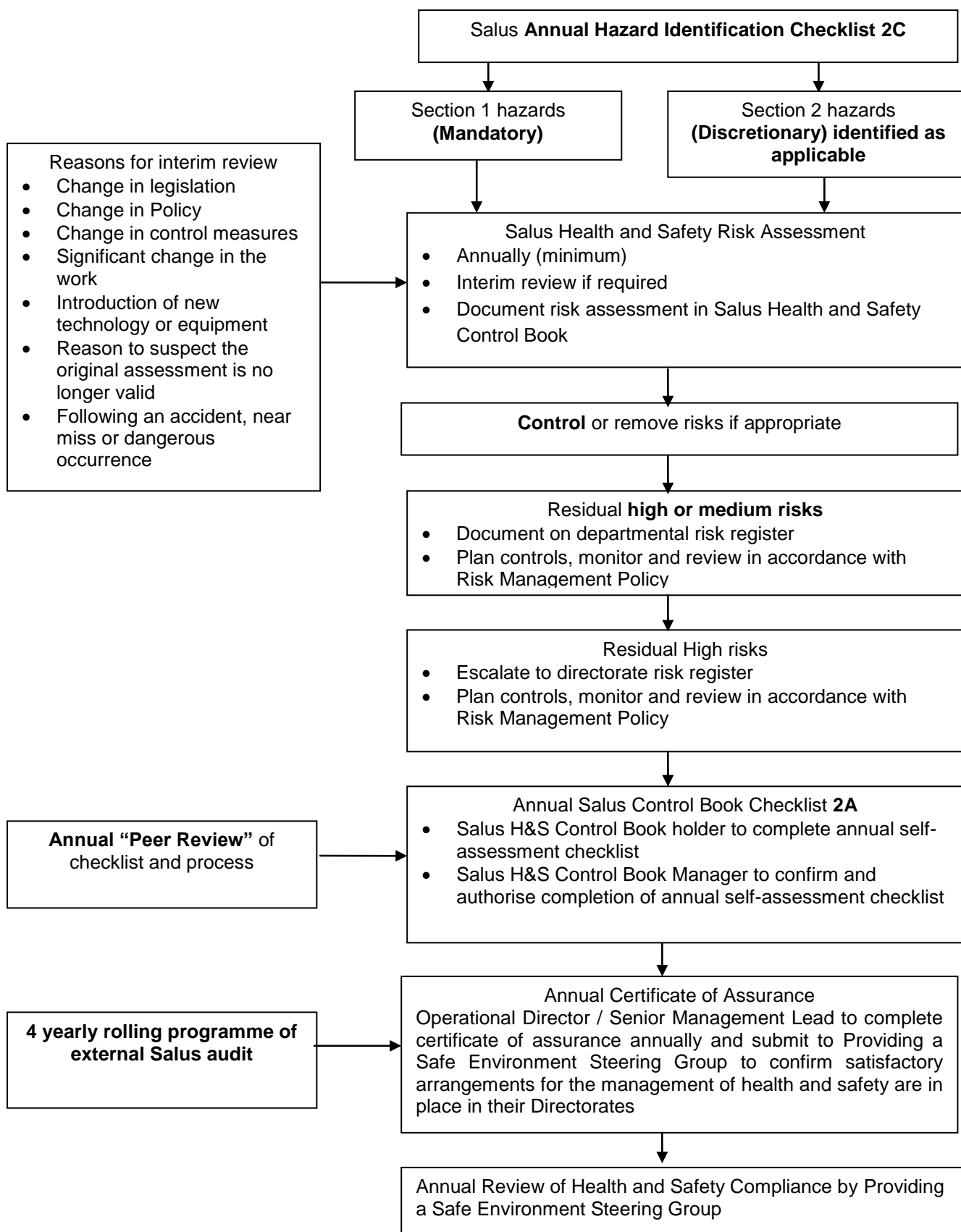
Risk Assessments must be reviewed annually to ensure that they are still valid. Re-assessment would be required sooner if there is:

- A change in legislation;
- A change in control measures;
- A significant change in the work;
- An introduction of new technology or equipment;
- A reason to suspect the original assessment is no longer valid;
- A review following an accident, near miss or dangerous occurrence.

Annual peer reviews within the directorate or by co-operation between directorates, should also be performed, using the template provided in [Salus Forms](#).

Line Managers must ensure that Salus Control Book Holders are allowed sufficient time and resources on a regular basis to enable them to complete all Risk Assessments and reviews that are appropriate to their area of work. A Health and Safety Activity Planner is available within the Control Book to facilitate this.

### 2.3. Ward/Department Risk Assessment Process Flowchart





## 2.4. Environmental Safety

In order to provide and maintain a safe environment, the following general requirements must be met:

- All risks must be fully assessed and recorded in the ward/department Salus Control Book;
- Risks identified as high or moderate must be included in departmental risk registers;
- Residual risks identified as high must be escalated to Directorate Register.
- All accidents must be reported, however slight, to the senior ward/department manager on duty immediately. Trust incident reporting procedures must be implemented following all accidents, near misses or dangerous occurrences, using Datix web;
- All staff should know where to find all emergency equipment relevant to their work area.
- All equipment should be stored safely;
  - Medicines, lotions, hazardous cleaning solutions and equipment should be kept locked away when not in use, following all specific instructions from the manufacturer, not be left unattended and when they are in use they must be kept in sight;
- All spillages on floor surfaces should be wiped immediately in line with the Trust's COSHH Policy, which can be accessed on the intranet, and the Trust's Infection Control Policies, also available on the intranet;
- All clinical areas must adhere to the principles of basic tidiness and accident prevention to avoid unnecessary accidents, whilst maintaining a patient-friendly environment;
- All clinical areas must comply with infection control policies, and all measures for the prevention of sharps injuries and inoculation incidents;
- Patients and visitors are not allowed in ward kitchens. Separate arrangements are in place in paediatric and maternity areas.
- Care should be taken to avoid trailing leads or flexes at all times, and to ensure that floors are kept clear, clean and dry.

## 2.5. Environmental Safety of Children

Responsibility for the care of other people's children requires an acute awareness of the possible safety risks at all times. It is paramount that all health care professionals are aware of their moral and social responsibilities in carrying out their duties, as the law demands an extremely high standard of care.

Everything possible should be done to avoid any accident or dangerous occurrence that may cause:

- Injury and/or pain to the child;
- Possible permanent disability or loss of life;
- Spread of infection;

- Distress to staff or other persons who find themselves involved in such an occurrence, perhaps not having been instructed about latent risks.

In addition to the general requirements in Section 2.4, the following additional requirements also apply in areas where children are treated, dependent on the age of the child, and for partners staying overnight in the maternity unit.

- Patient areas must not be left unattended whilst occupied by patients undergoing treatment and ongoing care e.g. bed bays, playroom areas, bathrooms and treatment rooms. A parent/carer over 16 years old would normally supervise younger children during waking hours, with direct supervision being provided by staff in their absence. Older children may be left unattended for short periods, depending on their age and clinical condition;
- Patients are not allowed to bath/shower without nursing/parental/carer supervision. For older children, due attention to their privacy and dignity should be balanced with measures to ensure their safety;
- Resident parents and partners staying overnight in maternity may use the parents' kitchen. Parents may use the shower area with permission, but should take care at all times. Patients and visiting children are not allowed in ward or parents' kitchens at any time;
- Toddlers should be supervised at all times;
- Patients are not allowed to travel with staff while undertaking hospital errands to other departments or clinical areas within the Trust;
- Cot sides should be placed in the fully raised position at all times. Unoccupied cots should have the cot sides up to prevent a child climbing in;
- Safeguarding must be taken into consideration when allocating bed spaces. Age ranges of children must be considered when bed bays are shared as must the gender of any parent staying overnight;
- Consideration must be given to the environmental temperature when caring for babies under one year old due to their inability to maintain body temperature.

### **3. ROLES AND RESPONSIBILITIES**

#### **3.1. The Board of Directors**

The Board of Directors, as the employer, is ultimately responsible for fulfilling all duties assigned to it in current UK Health and Safety Legislation. It has the following specific accountabilities:

- To assume overall responsibility for ensuring compliance with the provisions of the Health and Safety at Work etc. Act, 1974 and associated legislation, guidance and codes of practice, and for determining and monitoring the effectiveness of its Health and Safety Policy, so far as is reasonably practicable within the resources available;
- To be responsible for the maintenance of the arrangements for carrying out this policy and for the application of new legislation, regulation, codes of

practice and other appropriate guidance and subsequent revision of this policy;

- To ensure, through the Chief Executive, that Directors and Senior Managers have clearly defined accountability for health and safety management systems as set out in section 37 of the Health and Safety at Work etc. Act 1974;
- To ensure that Health and Safety is recognised as an integral part of business performance;
- To ensure that Health and Safety is an integral part of all staff contracts of employment, and is reflected in appraisal objectives for regular review.

### **3.2. The Chief Executive**

The Chief Executive is the individual accountable for ensuring that all the duties assigned to the Board by law are carried out throughout the Trust. The following specific accountabilities are discharged through the Chief Operating Officer to ensure that premises and services are planned, organised, controlled, monitored and reviewed to ensure that:

- Effective risk management and health and safety systems are in place;
- Appropriate safety policies and procedures are in place and regularly reviewed;
- Risks are controlled effectively;
- A safety culture is promoted among all staff;
- A continuous improvement in health and safety performance is achieved.

In addition, the following accountability is discharged through the Director of Workforce and Organisational Development to ensure that:

- An appropriate Occupational Health Service is provided in order to maintain the health of employees and to ensure good working conditions.

### **3.3. The Chief Operating Officer**

As the individual accountable to the Chief Executive for all health and safety matters throughout the Trust, he/she has the following specific responsibilities, which may be delegated as appropriate, so far as is reasonably practicable within the resources available:

- To review the Trust Health and Safety Policy regularly;
- To ensure that new legislation, regulations, codes of practice and other guidance are incorporated into the Trust's Health and Safety Policy;
- To ensure that a system for the reporting, recording and investigation of accidents, near misses and dangerous occurrences is maintained by the Department of Risk Management;
- To ensure that a system is in place for reporting any dangerous occurrences under RIDDOR to the HSE;
- To ensure that any necessary actions or changes in policy or procedures following an accident, near miss or dangerous occurrence are completed in a timely manner;

- To ensure that audits and monitoring are carried out as detailed in Appendix 2;
- To ensure that the results of audit and monitoring are acted upon and incorporated into policies and procedures as appropriate;
- To make arrangements for systems to facilitate the inspection of premises, to deal with special risks relating to particular types of work activities and to check the effectiveness of arrangements;
- To liaise with experts as necessary and to develop close links with officers of the HSE;
- To develop appropriate arrangements in response to identified general hazards, (e.g. fire prevention, control of infection, radiological protection);
- To develop appropriate contingency arrangements in the event of a failure in major utilities, fire, flood or other emergencies such as security;
- To provide and maintain plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health;
- To provide a process that ensures that all equipment is properly installed, used, stored, maintained, tested, cleaned, serviced and replaced appropriately, taking account of relevant legislation, manufacturer's instructions and relevant expert guidance;
- To ensure that arrangements for the classification, segregation, collection, storage, handling, transport, treatment and disposal of all healthcare waste comply with legislative requirements;
- To maintain in a condition that is safe and without risk to health, any place of work under the Trust's control, as far as is reasonably practicable and to provide and maintain means of access to and egress from it that are safe and without such risk;
- To provide and maintain a work environment which is adequate with regard to facilities and arrangements for the welfare of employees at work;
- To ensure that effective measures are in place for controlling and monitoring the work of contractors;
- To ensure systems are in place for the monitoring of premises not controlled by the Trust but where Trust employees work, so that risks are adequately controlled;
- To ensure systems are in place for the provision of any required information, instruction, training and supervision of staff in relation to health and safety;
- To recognise the need for joint consultation between management and staff safety representatives to be effective in order to ensure the provision and maintenance of good health and safety practices, and to actively encourage all levels of management to consult with and involve staff and their representatives in health and safety matters;
- To ensure good working conditions and, as advised by the Occupational Health Service, appropriate first aid arrangements;
- To ensure that all Trust staff recognise and discharge their responsibilities under this policy;
- To consult with specialist advisers and competent persons, and employ the technical expertise of senior managers as necessary.

### **3.4. Deputy Director of Facilities**

The Deputy Director of Facilities is responsible to the Chief Operating Officer for the management of certain delegated aspects of health and safety as appropriate.

In addition to the above delegated roles and responsibilities, the Deputy Director of Facilities has the following specific responsibilities:

- Chairing, jointly with Staff Side Chair, the Trust's Health and Safety Committee;
- Managing the rolling programme of audits of Salus Health and Safety Control Books and the dissemination of audit findings;
- Determining and arranging annual Salus Health and Safety Training;
- Maintaining an up to date list of Salus Health and Safety Control Book Holders;
- Acting as point of contact for all Salus Health and Safety Control Book Holders, Line Managers and Operational Directors.

### **3.5. Clinical Directors, Operational Directors, Senior Management Leads and Directorate Teams**

Clinical Directors and their teams are responsible to the Chief Executive as set out in the accountability framework for ensuring that appropriate health and safety management systems are in place within their own directorates, and for ensuring safety policies and procedures are adhered to which will ensure the trust meets its duty under current legislation, guidance and codes of practice.

They have the following specific responsibilities, so far as is reasonably practicable within the resources available, which may be delegated to appropriate Senior Managers:

- To be responsible for the health and safety at work of all subordinate staff, and to ensure the commitment of managers, supervisors and all staff to this end;
- To ensure that the directorate's activities are conducted in such a way as not to be injurious to the health, safety and welfare of those persons affected by them;
- To implement the Trust's Health and Safety Policy and subsequent protocols and procedures within directorates and to ensure departmental Health and Safety Policies are produced where appropriate to cover the local area of work;
- To ensure that details of policies and procedures in relation to health and safety are brought to the attention of all staff, to promote general awareness of health and safety and the adoption of a safety culture;
- To ensure the production of safe working procedures and written safety specifications for the use of specialist equipment which may have attendant hazards;
- To ensure staff are provided with specific health and safety training which will assist them in acquiring the skills, knowledge and competencies necessary to ensure a safe system of work;

- To ensure that all necessary risk assessments are completed, recorded in the Salus Control Book and introduced into department procedures and methods of working;
- To ensure that all risks identified as high or moderate are included in departmental risk registers, in order that controls can be planned, monitored, reviewed and escalated in accordance with the Risk Management Policy;
- To ensure that accidents, near misses or dangerous occurrences are reported using Datix web and investigated under the Trust's reporting procedures as appropriate;
- To ensure that Salus Control Book Holders' Managers make available to Book Holders sufficient time and resources on a regular basis for them to complete the Salus Control Book and all necessary actions;
- To ensure that Control Book Holders' Managers examine and review the Control Book annually, and sign to confirm this action;
- To ensure that peer review of Control Books and risk assessments within the directorate is undertaken annually, using the template in Salus Forms;
- To complete a documented annual review using the Annual Salus Health and Safety Control Book Checklist 2A - Salus Checklists to ensure that all Control Books in their directorate have been completed and signed off by the respective manager. The original should be retained in the appropriate Control Book, with a copy retained by the Operational Director/Senior Management Lead on behalf of the directorate;
- The Operational Director/Senior Management Lead must complete an annual Certificate of Assurance for all Salus Control Books in their directorate or respective service, - [Salus Forms](#). This must be submitted annually to the Providing a Safe Environment Steering Group to provide assurance;
- To ensure that audits and monitoring are carried out as detailed in Appendix 2;
- To ensure that the results of audit and monitoring are acted upon and incorporated into directorate policies and procedures as appropriate;
- To consult with specialist advisers and competent persons, and employ the technical expertise of senior managers as necessary;
- To provide adequate facilities for the welfare of employees at work;
- To ensure the proper supervision of the work of outside contractors and others working on Trust premises who are not employees;
- To clearly recognise the contribution to be made by staff safety representatives and to make available the appropriate facilities for their use;
- To operate a policy of open communication and encourage staff participation and cooperation in identifying and controlling risks;
- To identify the responsibilities attached to individuals within the workplace;
- To ensure that Health and Safety is an integral part of all staff Contracts of Employment;
- To ensure that contingency plans in the event of the failure of major utilities, fire, flood or other emergencies such as security are in place in their area of responsibility, with suitable staff procedures and training as necessary.

### 3.6. Departmental Managers, Team Leaders, Salus Control Book Holders' Managers and Control Book Holders

Have the following specific responsibilities:

- To be familiar with the Trust Health and Safety Policy together with any appropriate Departmental Policies and to implement these;
- To ensure that all necessary risk assessments for their area of responsibility are completed, recorded in the Salus Control Book and introduced into department procedures and methods of working. Use should be made of the Annual Hazard Identification Checklist 2C within Salus Control Books - [Salus Checklists](#);
- To ensure that all risks identified as high or moderate are included in departmental risk registers, in order that controls can be planned, monitored, reviewed and escalated in accordance with the Risk Management Policy;
- To ensure that Control Book Holders' Managers examine and review the Control Book annually, and sign to confirm this action;
- To present to Operational Directors/Senior Management Leads a completed Annual Salus Health and Safety Control Book Checklist 2A - [Salus Checklists](#) for each Control Book, for audit and authorisation;
- To ensure that peer review of Control Books and Risk Assessments within the Directorate is undertaken annually - [Salus Forms](#);
- To undertake a continuous review of all workplace and associated areas, machinery, equipment and work activities in order to identify any hazards as a preliminary to remedial action being taken;
- To ensure that any new machinery, equipment, processes or substances are fully risk assessed as part of the purchase process, and any control measures put in place before introducing them into the Trust;
- To provide appropriate personal protective equipment and ensure it is worn/used/maintained;
- To conduct regular housekeeping surveys within the location in conjunction with safety representatives;
- To ensure that staff are aware of and adopt safe working practices when lifting, handling, storing and transporting loads;
- To ensure that staff are aware of and adopt safe working practices to ensure the prevention of all slips, trips and falls including staff, patients and visitors;
- To ensure that staff are aware of and adopt safe working practices when working with sharps or body fluids;
- To ensure that staff are aware of and adopt safe working practices to ensure the prevention of fire;
- To ensure that staff are aware of and adopt safe working practices to ensure the security of Trust premises, assets and medicines;
- To ensure that staff are aware of and adopt safe working practices when using non-medical equipment, workstations and DSE;
- To ensure that staff are aware of and adopt safe working practices when using hazardous substances such as cleaning agents, solvents, chemicals, harmful medicines, etc.;

- To ensure that staff are aware of and adopt safe working practices when working alone, or when potentially exposed to violence or aggression;
- To take all necessary precautions to ensure that no hazardous fumes, gases, odours, etc are emitted from the area of work;
- To ensure that adequate first aid facilities are available, as advised by the Occupational Health Service;
- To conduct audits and monitoring as detailed in Appendix 2;
- To ensure that the results of audit and monitoring are acted upon and incorporated into department Policies and Procedures as appropriate;
- To ensure that staff are adequately trained, made aware of all hazards to which they are exposed at work, the control measures in place and the first aid facilities available;
- To ensure that health surveillance is carried out as required by Trust Policies, the COSHH Manual or departmental Risk Assessments, as advised by the Occupational Health Service;
- To recognise staff safety representatives and involve them in health and safety matters;
- To ensure that the Generic COSHH Manual, edited by the Pharmacy Department and available on the Trust's Intranet, is accessed and edited to meet the requirements of the department. Each Risk Assessment must then be counter-signed by a senior colleague as described in the COSHH Manual;
- To ensure that staff receive appropriate training on COSHH, and that they have read and understood the COSHH Manual;
- To report all accidents, near misses or dangerous occurrences in their area of responsibility via Datix web, and ensure that they are thoroughly investigated;
- To ensure that any necessary actions or changes in policy or procedures following an accident, near miss or dangerous occurrence are completed in a timely manner;
- To ensure that all machinery and equipment is maintained in a safe condition, that safety devices and equipment are used and safety rules observed;
- To ensure, where appropriate, that all staff work within the requirements of the European Working Time Directive;
- To display relevant Health and Safety information in the workplace.

### **3.7. Department Quality of Care Teams**

Department Quality of Care Teams should ensure that:

- All hazards have been identified and risk assessed;
- Action plans have been prepared and completed for any moderate or high risks;
- Any remaining moderate or high risks have been added to the departmental Risk Register and high risks are escalated to the Directorate Risk Register as appropriate;
- That any accidents, incidents or near-misses have been reported and investigated, and that any necessary actions or changes in procedure necessary to prevent a re-occurrence have been put into place.



### **3.8. Estates Managers**

Operational Estates has designated Estates Managers with the following specific responsibilities:

- Authorised Person Electrical Low Voltage;
- Authorised Person Piped Medical Gases;
- Responsible Person (Legionella);
- Senior Operational Manager and Senior Authorised Person (Decontamination);
- Responsible Officer (Hazardous Waste);
- Authorised Person (Management of Asbestos);

These Estates Managers will manage and advise on various aspects of their specific duties, as required by regulations, guidelines and Trust procedures. They will ensure that all statutory monitoring, inspection and maintenance requirements are met as appropriate.

In addition, they will collaborate to ensure that the requirements of the Pressure Systems Safety Regulations 2000, the Gas Safety (Installation and Use) Regulations 1998 and the Lifting Operations and Lifting Equipment Regulations 1998 for maintenance and inspection are complied with.

### **3.9. The Fire Advisor**

The Fire Advisor will advise on all aspects of fire prevention and precautions, fire drills, alarm systems, fire procedures and fire training.

### **3.10. Radiology Services Manager and Medical Exposure Committee**

The Radiology Services Manager is responsible for maintaining Radiation Safety within the Trust, in compliance with the Ionising Radiation Regulations 1999 and the Ionising Radiation (Medical Equipment) Regulations 2000. He/she will ensure the safe operation and maintenance of all relevant equipment, and that staff and environmental monitoring takes place as required. The Radiology Services Manager is a member of the Medical Exposures Committee which reports to the Improving Patient Safety Steering Group.

### **3.11. COSHH Pharmacist**

The COSHH Pharmacist will be responsible for editing and maintaining the Trust COSHH Manual, as described in the COSHH Policy. He/she will also provide training for Salus Book Holders and advice for staff.

### **3.12. Local Security Management Specialists (Acute & Community)**

The Local Security Management Specialists are responsible for providing a specialist advisory and monitoring role to ensure that the Trust delivers an environment that is safe and secure, to help ensure that the highest standards of clinical care can be made available to patients.

They ensure that information, instruction and training is delivered in order to create a pro-security culture within the Trust.

### **3.13. All Employees**

All employees have the following general responsibilities in addition to any specific responsibilities delegated to them:

- To be aware of the Trust Health and Safety Policy together with any appropriate Departmental Policy;
- To take reasonable care for the health and safety of themselves and any other persons who may be affected by their acts or omissions at work;
- To co-operate with the Trust to enable the statutory obligations for health and safety to be fulfilled;
- To be familiar with department Health and Safety documents and procedures and to implement these;
- To observe safety rules at all times, wear appropriate personal protective equipment and utilise safety devices where advised and appropriate;
- To report all accidents, dangerous occurrences, hazards, damage and near misses to their immediate manager at once.

### **3.14. The Occupational Health Service**

The Occupational Health Service will give advice on the work environment and the inter-relationship between work and health taking account of the requirements of any relevant legislation concerning the health and safety of people at work. Their responsibilities are:

- To provide advice when required to the Trust and individual risk assessors/managers on any requirement for health surveillance in relation to health hazards identified through risk assessment procedures;
- To review all staff injuries reported to them by Risk Management, ensuring all necessary care and follow-up has taken place;
- To report to the Health and Safety Executive any staff injuries or industrial diseases that are covered by RIDDOR Regulations;
- To collate statistics of staff inoculation incidents, for onward reporting to Trust committees and external monitoring organisations;
- To examine specific local health and safety issues in cases where local procedures have been exhausted, or where there is reason to believe there may be implications for other workplaces.

### **3.15. Workforce Development**

Workforce Development will maintain central records of which Salus Control Book Holders and Managers have received Salus Control Book training, and any other relevant Health and Safety training.

They will also retain records of all staff attending Health and Safety training and retain records of all Mandatory and Essential training completed by employees, as indicated in the Trust's Training Policy.

### **3.16. The Providing a Safe Environment Steering Group**

The Providing a Safe Environment Steering Group will strive to improve the Trust's awareness of risk and ability to manage it. By monitoring the implementation and working of this policy it will:

- Create a safe environment for staff, patients and visitors;
- Ensure appropriate planning and preparation for emergencies such as fire, Major Incident (Majax), winter bed pressures and weather-related issues;
- Reduce claims and expenditure on insurance.

It will receive reports from the following subgroups, each of which has its own Terms of Reference and minutes, available on the intranet:

#### **3.16.1. The Equipment Group (TEG)**

This group oversees all aspects of medical equipment, to ensure that procurement, purchasing, storage, issue, staff training, use, cleaning, maintenance and disposal are conducted safely and cost-effectively. This ensures timely availability of safe, suitable equipment at the point of care, with use by appropriately trained staff and a planned programme of maintenance, repair and replacement.

#### **3.16.2. The Fire Safety Managers Group**

This has responsibility for ensuring the implementation of safe working systems, staff training and equipment maintenance for the prevention of fire.

#### **3.16.3. The Health and Safety Committee**

The committee has specific responsibility to promote co-operation between the Trust and employees in instigating, developing and undertaking measures to ensure the health and safety at work of employees. The Health and Safety Committee gives management the opportunity to discuss with employee representatives the general matters about which the workforce must be consulted.

To ensure it covers all relevant issues, the committee will agree some standing items for the agenda and allow for other items to be added as necessary. It will consider such items such as:

- Accident Records and notifiable diseases statistics and trends;
- Accident investigations and subsequent action; inspections of the workplace by enforcing authorities, management or employee health and safety representatives;
- Consideration of reports and factual information provided by inspectors of the enforcing authorities appointed under the Health and Safety at Work etc Act 1974. This will also include fire reports on Trust premises.
- Consideration of reports which health and safety representatives may wish to submit.
- Assistance in the development of safety rules and safe systems of work.
- Monitoring the effectiveness of the safety content of employee training.

- Monitoring the adequacy of health and safety communication and publicity in the workplace.
- The provision of links with the appropriate inspectorates of the enforcing authorities.
- The examination of specific local health and safety issues in cases where local procedures have been exhausted, or where there is reason to believe there may be implications for other workplaces.

If the health and safety committee is discussing accidents, the aim is to prevent them from happening again, not to give blame. The committee will:

- Examine the facts in an impartial way;
- Consider what precautions might be taken;
- Recommend appropriate actions;
- Monitor progress with implementing the health and safety interventions.

#### 3.16.4. The Medical Gas Committee

This committee has the following main objectives:

- To maintain and develop safe and reliable systems for the management of Medical Gases within the Trust;
- To monitor, review and update an operational medical gas policy, and procedures that underpin that policy;
- To ensure education, training and validation of all staff using medical gases;
- To act on clinical incidents involving medical gases to reduce the risk of errors in liaison with the Medical Safety Committee;
- To undertake risk assessment where appropriate and ensure compliance with HTM02;
- To receive quarterly test results of medical air and other gas testing in line with statutory requirements;
- To ensure that all Department of Health and NPSA alerts on medical gases are disseminated to all relevant staff within the Trust and suitable action is taken and reported;
- To plan business continuity for medical gases;
- To review the financial management of medical gases to ensure best value for money and propose changes in practice as required.

#### 3.16.5. Site Surgery and Security Forum

The Site Surgery and Security Forum will provide a Trust-wide forum for the discussion of security measures and make recommendations for appropriate action within the Trust for patients, staff and property.

#### 3.16.6. Sustainability Group

This group will drive and shape the development of the Trust's Sustainability Strategy in line with the NHS Sustainable Development Unit's NHS Carbon Reduction Strategy for England.

### 3.16.7. Internal Patient Environment Action Group (PEAG)

The group shall review the quality of the patient environment.

### 3.17. **Trade Union Health and Safety Representatives**

The Trust will recognise Health and Safety Representatives from those organisations which are recognised for negotiating purposes under the Trust Trade Union Recognition Agreement, and will ensure that the arrangements for their appointment are in accordance with the appropriate regulations, codes of practice and guidance notes. Health and Safety representatives should:

- Raise any health and safety issues of concern with the relevant department manager in the first instance;
- Co-operate with one another (if different organisations) on health and safety matters;
- Escalate any issues of concern that cannot be resolved at department level to the directorate management team;
- Escalate any issues of concern that cannot be resolved at directorate level to the Trust's Health and Safety Committee, via the staff side members of that committee;
- In areas where there is more than one organisation with a Health and Safety Representative agree with one another, when asked to attend the managers' monitoring visits, who should attend.

As described in regulation 4(2) of the Safety Committee and Safety Representatives, Regulations 1977, the Trust will permit health and safety representatives paid time as is necessary to perform their functions. This includes attending meetings of health and safety committees, where they attend as a health and safety representative in connection with any of the functions in regulation 4(1). They will also ensure that suitable facilities and assistance are made available to them for them to carry out their functions.

### 3.18. **Falls Prevention Lead**

The Falls Prevention Lead has main responsibility for reducing and managing patient slips, trips and falls on Trust premises, and for reporting to the HSE any patient incidents that are covered by RIDDOR Regulations.

### 3.19. **Infection Prevention and Control/Communicable Diseases**

The Director for Infection Prevention and Control will advise on all aspects of infection prevention and control, in liaison with the Consultant for Communicable Disease Control at the Public Health England (when appropriate).

## 4. **POLICY DEVELOPMENT AND EQUALITY**

Appropriate stakeholders were identified and involved in the development of this policy and this is recorded in the original version. This policy has undergone Stage 1 Equality

Impact Assessment screening and does not require a full Stage 2 Equality Impact Assessment.

## **5. CONSULTATION, APPROVAL AND RATIFICATION PROCESS**

The consultation process adopted in the review of this version of the policy included circulation of drafts and discussions with key stakeholders identified in Appendix 1.

This policy has wide significance across the Trust. It will be approved and ratified by the Trust Providing a Safe Environment Steering Group.

## **6. DOCUMENT CONTROL**

The current policy will be available on the Trust Intranet for read access only, in the Health and Safety section of Trust Wide.

As the policy replaces a previous version, the old policy will be archived within the electronic document library as evidence of a previous policy. The front page of the policy will indicate the version number, the approving body and the date of approval, along with the next review date.

Copies of this document should not be printed unless it is absolutely necessary, as there is a risk that out of date copies may be in circulation.

Copies of this document will be available via the intranet. Requests for this policy in an alternative language or format (such as Braille, audiotape, large print etc.) will be considered and obtained whenever possible.

## **7. DISSEMINATION AND IMPLEMENTATION**

Notification of this updated policy will be by e-mail to managers and Salus Control Book Holders, with an entry in the Staff Bulletin and by posting on the intranet.

All new staff attending the Trust's Induction Day will be made aware of this policy. It is also the responsibility of managers to ensure that new staff receive specific information about this policy, and it should be part of any local induction.

Managers must also ensure that existing staff are made aware of the Policy, and that any changes to this Policy are effectively communicated within their areas of responsibility.

The implementation process will commence upon approval of this policy. It is the responsibility of Managers and Salus Control Book Holders to ensure that the requirements of this policy are implemented in their department in a timely manner.

Training will be provided in staff induction sessions and completion of an eLearning health and safety module must be completed by all staff once every 5 years.

SALUS training sessions covering a variety of topics will be made available to all SALUS Health & Safety Control Book Holders on an annual basis.

## **8. MONITORING, COMPLIANCE AND EFFECTIVENESS**

### **8.1. Standards/Key Performance Indicators**

This Policy aims to meet the requirements of the law and the standards required by the Trust's insurers in order to be considered a low-risk organisation.

The relevant key performance indicators to demonstrate compliance with this objective are detailed in Appendix 2.

### **8.2. Process for Monitoring Compliance**

The overall objective of the Trust's Health and Safety Policy is to improve standards of health and safety at work. Its implementation and the extent to which objectives are achieved will be carefully monitored and audited as detailed in Appendix 2. Where this identifies deficiencies, recommendations and action plans will be developed and changes implemented accordingly. Similarly, reviews will be carried out where indicated to be necessary by the issue of further guidance from e.g. the Health and Safety Executive, Department of Health, the Trust's insurers or the Trust's Health and Safety Committee.

The Chief Operating Officer will be available to advise on the application of this Policy and legislation.

Evidence of effective management of Health and Safety within the Trust will also be via department Quality of Care Teams and the Corporate, Directorate and Departmental Risk Registers. The designated Salus Control Book Holders within each department will ensure health and safety risks are reflected in the departmental risk registers as appropriate. Risks are then mitigated, escalated and monitored as part of the overall process for managing risk within the Trust's governance and risk management arrangements.

The monitoring, audit and feedback process are summarised in Appendix 2.

## **9. REFERENCE DOCUMENTS**

This policy should be read in conjunction with the following legislation, guidance and regulations:

- Health and Safety at Work etc. Act 1974  
The primary piece of legislation covering occupational health and safety in the UK.
- COSHH Regulations 2002 (as amended)  
COSHH sets out eight basic measures that employers and sometimes employees must take to control exposure to hazardous substances to prevent ill health.
- Management of Health and Safety at Work Regulations 1999

Describes employer's obligations in respect of the health and safety of workers, including fire safety.

- Safe Management of Healthcare Waste HTM 07-01 (updated 2013)  
National guidance issued by the Department of Health for the safe classification, segregation, collection, storage, handling, transport, treatment and disposal of waste.
- Salus Health and Safety Control Books  
The management tool used by HDFT which contains guidance notes, auditable checklists and risk assessments for managers to use and complete.

## 10. ASSOCIATED DOCUMENTATION

The following Trust Policies should be consulted for specific information on individual subjects covered by this Policy:

- Asbestos Policy [click here](#)
- Blood-borne Virus and Inoculation Incident Policy [click here](#)  
Section 4 of the Infection Control Policy describes the prevention and management of inoculation incidents, to protect staff from the risks associated with blood-borne viruses as far as is reasonably practicable.
- Control of Substances Hazardous to Health (COSHH) Policy [click here](#)  
The Trust policy that covers all aspects of implementing COSHH Regulations within the Trust.
- COSHH Manual [click here](#)  
The Manual contains generic risk assessments for products covered by COSHH regulations that are used on Trust premises, for checking and editing by Control Book Holders or another designated member of staff.
- Electrical Safety Policy [click here](#)  
This policy covers all aspects of electrical safety, including large and small equipment, as well as the emergency generators.
- Fire Safety Policy [click here](#)  
This covers all aspects of fire prevention and safety for the Trust, including details of equipment maintenance and staff training.
- Safe Handling and Disposal of Flammable and Oxidising Products Policy [click here](#)  
This Policy includes details of the hazards associated with flammable products, as well as control measures to ensure their safe use.
- General Waste Management Policy [click here](#).  
This covers all aspects of waste management arrangements for the Trust, including recycling, domestic, dangerous and healthcare wastes
- Healthcare Waste Policy [click here](#)



Section 23 of the Infection Control Policy details the specific hazards associated with the different categories of Healthcare Waste, and the Trust procedures for implementing HTM 07-01.

- Infection Control Policy [click here](#)  
This policy includes sections covering various aspects of health and safety, including blood-borne viruses, inoculation injuries, spillage body fluids and healthcare waste.
- Water Safety Policy [click here](#)
- Lone Workers Policy [click here](#)  
This describes the arrangements and control measures for ensuring the personal safety of Trust staff working alone, whether on or away from Trust premises.
- Medical Equipment Policy [click here](#)  
The policy describes the arrangements for ensuring that medical devices are properly installed, used, stored, maintained, tested, cleaned, serviced and replaced appropriately, taking account of relevant legislation, manufacturer's instructions and relevant expert guidance.
- Medical Gas Policy [click here](#)  
This policy describes the arrangements for the safe management of medical gases via pipelines or cylinders throughout HDFT.
- Moving and Handling Policy [click here](#)  
The policy details the requirements for managing and controlling the risks associated with all manual handling tasks within the Trust, including patients, equipment and any other items that require care.
- Security Policy [click here](#)  
This details the arrangements and control measures for ensuring the security of Trust buildings, assets, staff and visitors.
- Slips, Trips and Falls Policy [click here](#)  
This policy sets out to minimise slips, trips and falls to patients, staff and visitors etc. are prevented on Trust premises, and provide guidance on the management of falls across the Trust.
- Violence and Aggression Policy [click here](#)  
This policy describes the management and control of violence and aggression towards staff from patients, relatives and visitors.

## **11. APPENDICES**

Appendix 1  
Appendix 2

Consultation Summary  
Monitoring, Audit and Feedback Summary

11.1. Appendix 1

Consultation Summary

Those listed opposite have been consulted and comments/actions incorporated as required.	Chief Operating Officer
	Health and Safety Committee Staff-side chair
	Local Security Management Specialists – Acute and Community
	Occupational Health Services
	Infection Prevention & Control
	Deputy Director of Governance
	Deputy Director of Estates
	Operational Directors/Senior Management Leads
	Health and Safety Committee
	Providing a Safe Environment Steering Group
	Radiology Services Manager

## 11.2. Appendix 2: Monitoring, Audit and Feedback Summary

Audit / Monitoring Criteria e.g.	Audit / Monitoring questions	Audit / Monitoring performed by	Audit / Monitoring frequency	Audit / Monitoring reports distributed to	Action plans approved and monitored by
System in place to ensure that annual risk assessments and health and safety training are available.	<p>Have training sessions been made available?</p> <p>How many Control Book Holders have received training?</p> <p>What subjects have Holders received training in?</p>	<p>Deputy Director of Facilities</p> <p>Training Department</p>	Annually	<p>Health and Safety Committee</p> <p>Providing a Safe Environment Steering Group</p>	Providing a Safe Environment Steering Group
System in place to ensure that Control Book documentation and risk assessments are being undertaken and reviewed.	<p>Has a formal audit of risk assessments and Control Books been undertaken by Salus Occupational Safety &amp; Health?</p> <p>Has an informal peer-review of each Control Book been undertaken annually?</p>	<p>Chief Operating Officer</p> <p>Deputy Director of Facilities</p> <p>Directorate Operational Director/ Senior Management Lead</p>	<p>Rolling programme over 4 years</p> <p>Annually via Certificate of Assurance</p>	<p>Health &amp; Safety Committee</p> <p>Providing a Safe Environment Steering Group</p> <p>Corporate/ Clinical Directorates</p>	<p>Providing a Safe Environment Steering Group for Trust wide actions</p> <p>Corporate/ Clinical Directorates for local actions</p>
System in place to ensure that Salus books are reviewed annually by Control Book Holders, their line managers and Operational Directors/ Senior Management Leads.	Have Salus Control Book Annual Checklists been completed, and signed off by Manager and Operational Director/ Senior Management Leads?	Operational Director/ Senior Management Lead	Annually via Certificate of Assurance	Providing a Safe Environment Steering Group	Providing a Safe Environment Steering Group

System in place to distribute all formal audit results to directorates and Control Book Holders.	Have audit results been distributed?	Chief Operating Officer  Deputy Director of Facilities	Within 4 months of receipt of audit results	Health & Safety Committee  Corporate/Clinical Directorates	
System in place to confirm that recommendations from formal and informal audits have been actioned by Managers and Control Book Holders.	Have recommendations and actions from audits been actioned by managers?  Have department risk assessments and procedures been reviewed and any changes implemented?	Operational Director/ Senior Management Lead	Annually via Certificate of Assurance	Providing a Safe Environment Steering Group	Providing a Safe Environment Steering Group