



ESNEFT Health and Safety Policy

Version 2.0

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| Purpose: | To advise and inform Trust staff of the health and safety responsibilities of line managers and members of staff |
| For use by: | All Trust staff |
| This document is compliant with/ supports compliance with: | The Health and Safety at Work etc. Act 1974 section 2(3) HSG 65 Plan, Do, Check Act |
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Section 1 - Chief Executives Statement

East Suffolk & North Essex NHS Foundation Trust is committed to maintaining a healthy workforce within a safe working environment applying the core values of diversity, integrity, compassion, excellence and support.

This is recognised as a key priority as any implications on staff health, safety or wellbeing has a direct impact on the ability to deliver high quality and compassionate patient care.

The Trust supports the principles of compassionate and inclusive leadership and acknowledges that the patient is the reason for the existence of the organisation, which has no life, purpose, or value without them.

The Trust recognises its statutory responsibilities regarding the health, safety and welfare of staff, patients, trainees, apprentices, agency workers, contractors, volunteers, visitors, members of the public and employees from other organisations who share or use our premises.

The Trust will ensure sufficient resources are allocated so that safe systems of work are in place to maintain, control, monitor and where necessary, improve safety performance and standards of health and safety.

The Trust promotes a positive culture and open attitude towards health and safety issues and will communicate and consult with staff on issues affecting health and wellbeing at work.

All staff are personally responsible for providing and safeguarding health and safety. This includes co-operating with the Trust on safety matters, undertaking training as required in their job role, completing authorised duties, working within competencies, maintaining professional standards, following safe systems of work, complying with policy and taking care of their own safety and that of others, who may be affected by what they do or fail to do.

This policy outlines the Trust's approach regards the organisation of and the arrangements in place in respect of the management of health and safety. The Policy will be reviewed on an annual basis, or sooner, if any legislation or a procedural change to ensure it remains current and relevant as the organisation develops.

Nick Hulme
Chief Executive

Date

1.1 Introduction

This document sets out East Suffolk & North Essex NHS Foundation Trust's system for managing health and safety. It provides a robust framework to ensure a consistent approach across the whole organisation, to satisfy statutory standards set by the Health and Safety Executive, the Care Quality Commission, and other external regulatory bodies.

1.2 Purpose

The purpose of this document is to enable the Trust to demonstrate its commitment towards the successful management of health and safety and outline the means by which this will be achieved. The Trust promotes a positive health and safety culture at all levels throughout the organisation.

This Health and Safety Policy applies to all staff.

Implementation of this policy will ensure that:

- Health and safety risks are reduced, “so far as is reasonably practicable”, for all staff, patients, trainees, apprentices, agency workers, contractors, volunteers, visitors, members of the public and employees from other organisations who share the premises.
- Staff at all levels are aware of their personal responsibilities and accountability in relation to maintaining and improving good standards of health and safety for the benefit of themselves, staff, patients and any other persons who may be affected by the Trust's undertakings.
- The arrangements for the successful management of health and safety such as risk management are outlined and other supporting policies are brought to the attention of all staff.

This policy supports the Trust's statutory duties, including (but not limited to) those under:

- The Control of Substances Hazardous to Health Regulations 2002 (as amended).
- Corporate Manslaughter and Corporate Homicide Act 2007.
- Health and Safety at Work etc. Act 1974.
- Health and Safety Offences Act 2008.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The Management of Health and Safety at Work Regulations 1999.
- NHS Constitution for England (updated 2015).
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

- Working Time Regulations 1998 (as amended).

The policy includes:

- The Chief Executive's statement of general policy on health and safety at work
- Details of the responsibilities and accountabilities to manage health and safety.
- The arrangements and procedures for ensuring health, safety and welfare across the Trust.

2. Duties and Responsibilities

2.1 The Trust Board

The Trust Board is responsible for demonstrating the commitment of the Trust to all matters relating to health, safety and welfare and for leading the health and safety agenda.

2.2 The Chief Executive

The Chief Executive has ultimate responsibility to the Trust Board for all aspects of health and safety within the Trust. The Chief Executive will ensure that:

- Appropriate structures and processes are in place for the discharge of health and safety requirements.
- Adequate resources are provided to comply with health and safety requirements.
- All staff are made fully aware of their statutory responsibilities by the inclusion of health and safety in all job descriptions and the annual development and review process.

2.3 Managing Director

The Managing Director is the nominated lead Executive Director for Health and Safety and has delegated responsibility for the Chief Executive.

- Responsibility for health and safety matters is appropriately delegated through Directors, Managers and Heads of Department, who are responsible for implementing the Health and Safety Policy in the areas/services for which they are responsible.
- The Chief Executive and the Trust Board of Executive Directors are kept informed of matters relating to health and safety achieved through summary reports presented to them via the Health and Safety Committee.

2.4 The Director of Governance

The Director of Governance is the nominated lead director for day-to-day management of the health and safety team.

The Director of Governance will ensure that:

- The ESNEFT Health and Safety Committee fulfils its aims and objectives.
- Health and safety performance is monitored via appropriate Groups (e.g. Medical Equipment Group, Fire Safety Group, Medical Gas Group and other operational groups).
- Arrangements for consultation with staff on health and safety matters are put in place as required.

2.5 Executive Directors and Divisional Directors

Executive Directors and Divisional Directors are responsible for ensuring this policy is effectively implemented in all their areas.

They will ensure that:

- Health and safety responsibilities are included in job descriptions and included in the annual development and review process.
- Responsibilities for health and safety are clearly assigned, understood and implemented by their managers.
- Managers are competent to undertake their health and safety responsibilities.
- Health and safety performance measures are agreed and monitored.
- Appropriate resources are identified to maintain and/or improve health and safety.

2.6 Workforce Development

Workforce Development run or facilitates in-house and external training that includes a blend of taught and e-learning programmes. The Workforce Development Team maintain the:

- The Training Prospectus that provides information relating to statutory, mandatory and general training.
- Health and Safety training includes induction and refresher training with access to e-learning, workbooks, and self-directed study as well as face-to-face taught sessions.

2.7 Occupational Health Department

The Occupational Health Department provides a range of confidential services including pre-employment screening and immunisation.

Responsibilities include:

- Undertaking health surveillance where managers have indicated that staff have been exposed to substances where the risks and the potential for harm is significant should control measures fail.
- Providing advice support and assistance for staff on return to work programmes.
- Informing relevant committees (e.g. Health and Safety Committee) should patterns of occupational illnesses or diseases be identified following staff referrals.
- Informing the Senior Health and Safety Advisor of incidents where staff have contracted occupational illnesses or diseases notifiable under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.
- Offering any additional support and advice where appropriate or required to do so.

2.8 Managers, Heads of Department and Supervisors

Managers, Heads of Department and Supervisors are responsible ensuring that this policy is effectively implemented in all areas relating to their own ward, service or department.

They will ensure that:

- Health and safety responsibilities are included in job descriptions and included in the annual development and review process.
- The Health and Safety Policy is brought to the attention of all staff.
- Staff, trainees, apprentices, volunteers, those with honorary / temporary contracts and anyone carrying out work duties on behalf of the Trust must:
 - Complete a corporate induction.
 - Receive a local workplace induction, which includes bringing to their attention any specific health and safety issues relevant to their job role.
- All members of staff, trainees, apprentices, and volunteers, those with honorary / temporary contracts are properly trained, instructed, informed, supervised and equipped to perform the required tasks safely.
- Records of training, refresher training, including health and safety, moving and handling, use of equipment, fire and security, infection prevention and control are maintained, monitored and reviewed as per Trust policy and procedures.
- So far as is reasonably practicable, create and maintain rotas managing the allocation of study leave fairly in accordance with Trust policy and procedures to enable staff to attend statutory and / or other training as is required relevant to their job role.

- Risk assessments are completed and recorded on the Corporate Risk Register for all significant health and safety risks identified in their ward, service or department, in accordance with the Trust's Risk Management Policy.
- Staff are made aware of any hazards associated with their work and the appropriate control measures to be followed.
- Appropriate actions are agreed to address hazards and manage risks, including the development and implementation of safe systems of work, where required, which are then supervised and monitored appropriately.
- All accidents, incidents and near miss incidents are properly documented, reported and investigated in accordance with the Reporting & Management of Incidents and Serious Incidents Requiring Investigation Policy and RIDDOR requirements.
- Actions are implemented with the aim of preventing a re-occurrence of incidents.
- Safety inspections are carried out in their ward, service or department, as appropriate.
- Where it is identified that the Trust may need to commit additional resources, in excess of normal budget allocations to maintain or improve health and safety, the relevant Executive Director or Divisional Director is supplied with the appropriate information.

2.9 The Head Risk & Compliance

The Head of Risk & Compliance is responsible for the provision of a Health and Safety "competent person" as required by the Management of Health and Safety at Work Regulations 1999.

Responsibilities include ensuring there are robust arrangements in place:

- Management of clinical and non-clinical risks;
- Incident reporting and investigation processes;
- Health and Safety arrangements.

The Head of Risk & Compliance is the nominated line manager for the Trust's Corporate Health and Safety Team and is accountable to the Director of Governance.

2.10 Corporate Health & Safety Advisors

The Senior Health and Safety Advisor and Health and Safety Advisors (Corporate Health & Safety Team) are responsible for advising and guiding the Trust to ensure that it is meeting, or working towards meeting, its legislative requirements.

The Corporate Health and Safety Team report to the Trust Risk Manager and the Head of Risk and Compliance within the Corporate Governance Department.

The Corporate Health and Safety Team will ensure that:

- The organisation has arrangements in place to comply with

statutory legislation and national guidance in health and safety.

- Competent advice, support and guidance is provided to managers and other staff, raising awareness of health and safety matters such as the management of slips, trips and falls and promoting a positive health and safety culture across the Trust.
- Managers are supported to investigate health and safety incidents, including RIDDOR reportable incidents, and to take appropriate remedial actions to prevent reoccurrences.
- The Trust has appropriate policies, procedures and guidance in place for the protection of staff, patients, trainees, contractors, volunteers, visitors, members of the public and employees from other organisations who share our premises.
- The Trust liaises with appropriate health & safety enforcing agencies or other regulatory bodies, ensuring that appropriate information is provided on request and when appropriate, ensuring work is undertaken to mitigate any risks identified by these bodies.
- Health and safety management is monitored via the Trust's Health and Safety Audit programme.
- Advice and support is given to managers or other staff for the completion of risk assessments and action plans relating to health and safety.
- Reported health and safety incidents are monitored via the Trust's Incident Management procedures.
- Appropriate training programmes are developed and implemented, in association with the Education and Training Team and other specialist advisors.
- Support the Legal Claims Manager in investigations relating to civil claims.
- Support the Head of Risk and Compliance in respect of satisfying CQC fundamental standards.

2.11 Specialist Advisors

Specialist advisors will ensure within their relevant fields of expertise that:

- Policies, procedures and practices satisfy requirements for the management of health and safety.
- Provide support to staff, managers and others in respect of the arrangements for the implementation of this policy.
- Promote a positive safety culture through commitment, visible management, communication and active participation in the management of health and safety.
- Participate in and support incident investigations providing assurance to the Trust that any actions taken following an incident are suitable and sufficient. The aim being preventing a

recurrence of such an incident.

- Advice and guidance will be provided to the Capital Team and Facilities Department at design stage for new builds and refurbishments relevant to areas of expertise and specialism.

Specialist advisors include the:

- Manual Handling Advisors
- Fire Advisors
- Health & Safety Advisors
- Infection Prevention and Control Team
- Legal Department
- Local Security Management Specialist
- Occupational Health Department
- Radiological Protection Advisor.

2.12 Staff Safety Representatives

The Trust acknowledges the right of recognised unions and professional associations to appoint health and safety representatives to represent their members regarding health and safety related matters. In addition, the Trust will also recognise nominated non-union appointed staff representatives within the Trust in accordance with the:

- Safety Representatives and Committees Regulations 1977 (as amended)
- Health and Safety (Consultation with Employees) Regulations 1996 (as amended)

The Trust will consult with such representatives with a view to developing and maintaining arrangements that will enable the Trust and staff to co-operate fully and effectively in the promotion of health and safety.

The Trust will provide facilities, support and assistance so that health and safety representatives may reasonably carry out their role, including allowing reasonable access to appropriate training to ensure competency.

The functions of the staff health and safety representatives are:

- To investigate health and safety concerns brought to their attention, potential hazards, dangerous occurrences, and the causes of incidents.
- To make representation to appropriate managers on the above matters and on general health and safety matters.
- To carry out local health and safety inspections, if they have not inspected in the last three months, where there has been a substantial change in the condition of work and after a notifiable incident, illness or dangerous occurrence.
- To actively participate in Health and Safety Group meetings.

- To represent staff in consultation with Health and Safety Executive or Care Quality Commission inspectors and other enforcing authorities.

2.13 All Staff

All staff have a legal obligation to co-operate with the Trust in the implementation of health and safety at work. This obligation extends not only to their own health and safety, but also to others who may be affected by their actions or omissions, (what we do or fail to do).

All staff will ensure that they:

- All staff must comply with the Health and Safety Policy. Failure to do so may be deemed a disciplinary matter.
- Take reasonable care of their own health and safety.
- Consider what they do or fail to do and how that might affect their safety and that of others. For example, over-riding a window restrictor could result in a vulnerable patient falling from height with severe consequences, or failing to deal with a spillage could result in people slipping and injuring themselves.
- Never participate in horseplay or practical jokes during working hours. Acts of horseplay could have tragic consequences with implications in respect of patient as well as staff safety.
- Co-operate with the Trust on matters relating to health and safety.
- Comply with Trust policies, procedures and working guidelines, following safe systems of work in accordance with training or instruction received, making full and proper use of any available control measures.
- Complete any duties within competencies.
- Never complete duties outside of current job role (unless authorised by the manager or person in control for example in emergencies).
- Meet the principles and expectations outlined in the Trusts Code of Conduct, the NHS Constitution in relation to health and safety and comply with relevant Codes of Conduct under professional registrations such as (but not limited to) the;
 - Nursing and Midwifery Council Code of Conduct, Performance and Ethics for nurses and midwives.
- Code of Conduct for Healthcare Support Workers, published by Skills for Care and Skills for Health.
- Undertake all required training, including refresher training as identified within The Training Prospectus that provides information relating to statutory, mandatory and general training.
- Use work items provided correctly, including personal protective equipment.
- Inform their Manager, in the first instance, of any concerns

around precautions in place, where they consider anyone's health and safety might be at risk.

- Do not interfere with, or misuse anything provided for their health, safety or welfare.
- Report incidents, including near misses, to their manager and ensure that incidents are reported in accordance with the Reporting & Management of Incidents and Serious Incidents Requiring Investigation Policy immediately.
 - Take immediate preventative action following an incident (if required) to avoid a similar incident or event.
 - Are conversant with emergency arrangements, including emergency spill containment, evacuation procedures and first aid provision.

2.14 Role of Committees and Groups

- The aim of the Health and Safety Committee is to provide assurance to the Trust Board that the organisation, and arrangements for the management of health and safety, satisfy statutory requirements to ensure so far as is reasonably practicable. This includes the health, safety and welfare of staff, trainees, apprentices, agency workers, volunteers, service users, visitors and any other persons who may be affected by the Trust's activities.
- The Committee provides a forum that promotes a culture of co-operation between management and staff representatives, in respect of both proactive and reactive measures relating to the management of health and safety.
- Staff representatives are communicated and consulted with.
- The Committee will report to the executive committee and the Director of Governance will present an exception report to the Board on a quarterly basis.
- See Appendix A for the Terms of Reference for the Health & Safety Committee.

Section 3 - Arrangements

3.1 Risk Management

The patient is the reason for the existence of the whole organisation, which has no life, no purpose, and no value without them.

Providing patient care will never be risk free. Effective management of risks provides a means to monitor, review and make changes to improve health and safety by looking at the significant risks that arise in the workplace and then putting reasonable, proportionate and sensible measures in place to control risks to "as low as is reasonably practicable (ALARP).

Certain situations may arise where there is a need to balance risks. Circumstances may present the need for temporary or emergency control measures to manage risks at an acceptable level.

All staff are expected to follow the Trust's Risk Management Policy which outlines the procedures for the identification, recording, management and monitoring of risks and associated action plans.

The Risk Management Policy & Risk Management Strategy support the on-going

development of a robust staff and patient safety culture throughout the Trust.

Risk assessments based on hazards that may be encountered in a healthcare, office or maintenance environment and those required by health and safety and other regulations include:

- Asbestos
- Control of Substances Hazardous to Health (COSHH)
- Display Screen Equipment (DSE)
- Driving
- Fire
- Legionella
- Lone Working
- Moving & Handling (Patient & Non-Patient)
- New & Expectant Mothers
- Noise
- Personal protective Equipment (PPE)
- Security Management
- Smoking
- Stress
- Violence & Aggression
- Young Workers

This is not an exhaustive list of risk assessments that may be required. The risk assessment proforma and scoring matrix is available on the health and safety pages of the Organisation's Intranet.

Certain risk assessments such as moving and handling, patient falls, violent and aggressive patients, new and expectant mothers and COSHH have specialist forms that are available on the Trust's Intranet.

Should a member of staff believe a workplace hazard has caused a health problem affecting work performance or attendance, the Occupational Health Department can be contacted to make a confidential appointment (for contact details, see Occupational Health pages on the Organisation's extranet).

3.2 Incident Management

The incident reporting system, DATIX, allows all staff to record any clinical or non-clinical incident that causes harm, damage or loss and near miss incidents.

All staff are expected to follow the Reporting & Management of Incidents and Serious Incidents Requiring Investigation Policy that outlines arrangements for reporting and managing incidents.

Where appropriate reports are submitted to external agencies in compliance with any statutory requirements. This will be managed and co-ordinated by the Corporate Health & Safety Team.

3.3 Incident Investigation

All staff are expected to follow the Reporting & Management of Incidents and Serious Incidents Requiring Investigation Policy.

The level of investigation undertaken will depend on the severity of the incident and will be decided by the Head of Risk and Compliance. For most non-patient safety incidents, the Senior Health and Safety Advisor will oversee them. In more complex investigations, the investigation strategy will be set by the Head of Risk and Compliance and in serious cases in conjunction with the Director of Governance. Incidents may also be escalated to the relevant executive directors and senior managers who are responsible for taking follow up actions.

The application of root cause analysis techniques is appropriate for high-level incidents.

The aim of the investigation process is to monitor and learn from incidents, act on findings and implement measures to prevent similar incidents occurring.

Serious Incident investigation (patient safety) will be managed and coordinated by the Patient Safety Team.

3.4 RIDDOR

The Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR) 2013 place a legal duty on the Trust to report certain categories of incident

If any persons are involved in an incident at work which meets RIDDOR reportable criteria, in addition to completing an on line incident report without delay in accordance with the Reporting & Management of Incidents and Serious Incidents Requiring Investigation Policy, the Corporate Health & Safety Team must be informed via the teams e mail address; HealthandSafety@esneft.nhs.uk.

All RIDDOR reports will be completed and submitted to the Health and Safety Executive by the Corporate Health and Safety Team after consultation with the Executive Team.

All staff must co-operate with the investigation process and complete written statements as required and if requested to do so.

3.5 COSHH

- The Control of Substances Hazardous to Health Regulations 2002 (as amended) places a duty on the Trust to either prevent staff and other persons from being exposed to substances hazardous to health or if prevention is not reasonably practicable to adequately control exposure.
- All staff are expected to be aware of their responsibilities under COSHH as detailed in the Control of Substances Hazardous to Health Policy. The policy outlines the arrangements in place for the management of COSHH.

3.6 Control of Contractors

- The Estates & Facilities Department has overall responsibility for the

management of buildings and grounds occupied by staff and other persons. The Estates & Facilities Department maintain a list of preferred contractor's types of work.

- There may be certain circumstances where managers of other services, departments or directorates appoint contractors.
- The appointing officer or manager from any service, department or directorate involved in the requesting of contractors to site are responsible for ensuring that adequate arrangements are in place in accordance with the Control of Contractors Policy & Guidance.

3.7 Asbestos

- The Director of Estates is the named Duty Holder responsible for the management of asbestos for the Trust.
- All staff are expected to be aware of their responsibilities and the arrangements in place to manage risks associated with asbestos containing materials that are present within the fabric of Trust controlled buildings in accordance with the Asbestos Policy and the Asbestos Management Plan.

3.8 Control of Legionella

- The Estates and Facilities Department are responsible for water management.
- The Estates Facilities Department and Infection Control Team are responsible for providing specialist support and advice relating to the management of water services within the healthcare estate that could harbour and support potentially infectious bacteria and other water borne pathogens such as Legionella and Pseudomonas Aeruginosa.
- All staff are expected to be aware of their responsibilities and the arrangements in place in accordance with the Water Services Management Policy and HTM 04-01 (Healthcare Technical Memoranda).

3.9 Slips, Trips & Falls

- Slips, trips and falls (including falls from height) provide a significant risk for staff, contractors and any other persons who work or are present on any grounds or premises under the control of the Trust. Similar risks apply to community based staff visiting patient's homes. Slips, trips and falls consistently factor within the top categories of reported staff accidents.
- Staff who identify any hazards that may result in a slip, trip or fall should take appropriate actions to manage this risk in accordance with this policy and associated documentation such as the Slip, Trips and Falls Policy.

3.10 Control of Noise at Work

- The Control of Noise at Work Regulations 2005 outline exposure action and limit values. It places a duty upon the Trust to ensure that staff and other persons present are not exposed to excessive noise at work that may cause hearing loss, tinnitus or other hearing problems.
- Noise can be defined as loud, undesired or unwanted sound. Noise can be a safety hazard at work, interfering with communication. Noise may affect patient well-being, for example, by disturbing sleep or agitating a patient with dementia.
- The ESNEFT Noise at Work Policy outlines how the Trust manages these issues.

3.11 Clinical Sharps

- The Trust has legal obligations to protect staff and others in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Information and requirements are outlined in the Management of Sharps and Contamination Injuries Procedure and Management of Blood and Body Fluid Exposure Incidents in Healthcare Staff Policy.

3.12 Moving & Handling of Patients

- The moving and handling of patients is a regular task in our hospitals, clinics and patient's own home, which if not done safely, can cause serious injury to patients and staff.
- To enable patient care, non-patient moving and handling activities are a key part of the working day for most staff, such as moving equipment, laundry, catering, clinical or office supplies and waste.
- The Manual Handling Team provides specialist advice, support, training, resources to manage moving, and handling risks. Further information can be found in the ESNEFT Moving & Handling Procedures.

3.13 Personal Protective Equipment

- Personal Protective Equipment (PPE) is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing and safety footwear. It also includes respiratory protective equipment.
- Further information relating to gloves can be found in the Trust's Infection **Control Policy and Personal Protective Equipment (Estates) Safety.**

3.14 Electrical Safety

In our hospitals and other healthcare settings the main electrical risks are:

- Contact with live parts causing shock and burns.
- Faults that could cause fires.
- The Trust's Electrical Safety Policy details the arrangements in place to manage the risks associated with the use of electricity in both fixed and portable systems and provides practical advice regarding the management of personal items of electrical equipment brought into hospitals by patients.
- All staff must comply with the Electrical Safety Policy.

3.15 Non-Compliance with the Health & Safety Policy

Failure to comply with requirements of the Health and Safety Policy may result in actions taken against staff in accordance the Disciplinary Policy and Procedure and / or Counter Fraud Bribery and Corruption Policy.

3.16 Training Requirements

The Education and Training Team run or facilitate in-house and external training which includes a blend of taught and e-learning programmes. The Education and Training Team maintain the:

- The Training Prospectus, which provides information relating to

statutory, mandatory and general training. The prospectus can be accessed through the Organisation's extranet pages.

- The Corporate Health and Safety Team provide different modules of health and safety training.

Booking for all health and safety training will be undertaken through Education and Training Team via the Electronic Staff Record system. Records must be kept of all training undertaken in the Trust. These records will be held centrally and reported Trust wide through ESR records. Individuals are encouraged to keep a copy of this in their portfolio.

Section 4 – Training

| Education / Training need | Staff group / individual | Method of training / education | Responsibility for training | Timescale to complete training / competence |
|---------------------------|---|--------------------------------|-----------------------------|---|
| RM1A | All Staff | Face-Face/ eLearning | Education Training team | Every 3yrs |
| RSPH Level 3 | Safety Champions Managers Supervisors | Face to face classroom based | Delivered by CH&S Team | No time frequency for course. Refresher training if required. |
| Induction | All Staff | Face – face/video | Work force development | With-in 3 months |

Section 5 – Development and Implementation including Dissemination

5.1 Development and Implementation

- The Trust's Health and Safety Advisor has consulted with those referred to in paragraph 3.10 in compiling this policy through forwarding a draft to them for comment.
- The policy will be approved in compliance with the Trusts scheme of delegation.
- The policy will be monitored as set out in section 6.

5.2 Dissemination

Once this policy has been approved, it will be brought to the attention of work force via the following:

- Departmental Managers will communicate the policy to the work force.
- The policy will be placed on the Trust intranet.
- A broadcast will be issued to all staff via a monthly e-mail.
- The policy will be brought to the attention of all employees attending appropriate training.

As part of the Trust's induction process, all health and safety, security and fire safety policies must be brought to the attention of all new members of the work force.

Section 6 – Monitoring and Compliance

| Compliance to be measured | Monitoring tools | Responsibility | Timescale |
|---------------------------|--|--|------------------------------------|
| Effectiveness of Policy | Work place self-inspections | Departmental Managers | Quarterly or change in environment |
| Managing Safety | H&S Team Audits DATIX | Health and Safety Team | Monthly |
| Effectiveness of Policy | Reports to H&S Committee Reports to board | Health and Safety Team. H&S Committee | Quarterly |
| Non Compliance | Action Plan | Service/Dept. Managers | As required. |

6.1 Monitoring Arrangements

In order to monitor compliance with this policy the Corporate Health and Safety Team will:

- Manage the yearly workplace self-inspections of wards and service areas and report the findings to the Health and Safety Committee. These will assist in prioritising which areas require an audit.
- Establish an annual programme of Health and Safety audits based on priorities approved by the Health and Safety Committee in quarter one of the financial year.
- Use an Audit tool to carry out all programmed annual audits visits and use the same tool on all annual unannounced visits.
- Produce written audit reports to all line managers using the Audit tool.
- Ensure a written response from all Departmental Managers within one week of the audit date. All non-compliance will be reported to the Health and Safety Committee and service managers if appropriate.
- Prepare and present a quarterly report to the Health and Safety Committee on all trends of compliance and good practice. Additionally the report will contain all trends of noncompliance and poor practice.
- Ensure all non-compliance reports are accompanied with an action plan to address the issues raised, which has been approved by the Departmental Manager and where appropriate the Service Manager.
- The Corporate Health and Safety Team and the Patient Safety Team, on a rolling basis, will complete reactive monitoring of reported incidents, in accordance with the Incident Management Policy.
- Completion of risk assessments and associated action plans in accordance with the Health and Safety Policy, Reporting & Management of Incidents and Serious Incidents Requiring Investigation Policy and Risk Management Policy are performance monitored via the Trust's risk management arrangements.

- Quarterly incident reports are presented to the Health and Safety Committee for information. Where appropriate, health and safety incidents from the report will be extracted and presented to another relevant group, meeting or committee.
- The identification of trends or themes initiates where appropriate the sharing of information by Groups, Committees and / or specialists advisers. For example, should a COSHH related incident occur on one community site, it might be necessary to share information from actions taken or identification of best practices with other managers.
- Incident reports are allocated to specialist advisors for monitoring and review of accidents by category. For example, fire incidents are reviewed by the Trust's Senior Fire Safety Advisor, who will, where appropriate, seek assurance that appropriate actions have been taken. Specialist advisors will submit a quarterly report to the Health and Safety Committee.

6.2 Responsibility

Monitoring compliance with this policy will be the responsibility of the Corporate Health and Safety Team as part of the Health and Safety Audit programme for the Trust.

The Corporate Health and Safety Team, in particular the Senior Health & Safety Advisor, will be responsible for monitoring and reporting compliance and performance data to the Health and Safety Committee.

The Trust's Corporate Health and Safety Team and / or specialist advisers as appropriate will provide support and advice to improve practice.

6.3 Methodology

Audits will be conducted with the use of a standard health and safety audit tool, which includes checks on compliance with Trust working practices, organisation arrangements and procedures including:

- Incident reporting
- Risk assessments
- Staff training
- Safe use of work equipment
- Electrical safety
- Lone working
- Control of substances harmful to health
- Workplace environment
- Display screen equipment
- Managing stress
- Flammable and explosive substances

This is not an exhaustive list.

An annual Health and Safety report will be submitted to the Trust Board summarising the previous year's achievements, challenges, and outline the following year's priorities.

6.4 Audit results

The Health and Safety Team will develop an action plan to improve compliance and ensure improvements in performance occur. Action plans will be implemented nominated managers with responsibilities to ensure identified and agreed actions are completed.

Where non-compliance is identified, support and advice will be provided to improve practice. Lessons learned and the sharing of best practices is achieved locally through training and governance days and if necessary externally with the Health and Safety Executive.

6.5 Review

The Senior Health and Safety Advisor is to ensure the policy is reviewed on a two yearly basis and after a period of consultation with members of the Health and Safety Committee is placed before the Trust board for approval. Once approved the Health and Safety Advisor must ensure that the policy is uploaded onto the Trust intranet and the information disseminated to all staff.

Section 7 – Control of Document including Archiving Arrangements

- 7.1 Once ratified by (*insert the name of the Trust committee*) the Responsible Officer will forward this document to the Information Governance Department for a document index registration number to be assigned and for the document to be recorded onto the central hospital master index and central document library of current documentation.
- 7.2 In order that this document adheres to the Hospital's Records Management Policy, the Information Governance Department will:
- Ensure that the most up-to-date version of this document is stored on the documentation library.
 - Archive previous versions of this document.
 - Retain previous versions of this guideline for a period of time in accordance with the NHS Records Retention and Disposal Schedule.

Section 8 – Supporting Compliance and References

- 8.1 The policy supports the Trusts statutory duties including (but not limited to) those under the following legislation:

The Health and Safety at Work Act etc. 1974
The Management of Health and Safety at Work Regulations 1999
The Control of Substances hazardous to Health Regulations 2002
The (Health and Safety) Display Screen Equipment Regulations 1992
The Workplace, Health, Safety and Welfare Regulations 1992

The Manual Handling Operations Regulations 1992
The Provision and Use of Equipment Regulations 1998
The Lifting Operations and Lifting Equipment Regulations 1998
The Personal Protective Equipment Regulations 1992 (amended 2002)
The Health and Safety (Sharps Instruments in Healthcare) Regulations 2013
The NHS Constitution of England 2015
The Corporate Manslaughter and Corporate Homicide of 2007
The Health and Safety Offences Act 2008
The Reporting of Injuries, Diseases, Dangerous Occurrence Regulations 2013.
An Organisation with a memory (Department of Health) 2000

Appendix A – Terms of Reference for the Health and Safety Committee

Health & Safety Committee

Terms of Reference

Purpose of the Committee:

- This committee is constituted under the requirements of the Health and Safety at Work Act etc. 1974; Section 2(7) to consult with employees on matters of health, safety and welfare at work, and in accordance with the Safety Representatives and Safety Committees Regulations 1977 Codes of Practice and Guidance.
- To provide the organisation with an overarching view of health and safety and provide assurance that non-clinical risks are effectively managed,
- To establish and maintain standards of health, safety and welfare in keeping with legal requirements and in accordance with organisational policy. To encompass all areas of health and safety, including but not limited to: risk assessments, safe systems of work, control of hazardous substances, provision of a safe working environment, safe plant and equipment, staff induction training, occupational health, control of infection, first-aid, fire, security, environmental management, etc. together with all appropriate training.

Constitution

- The Trust Board hereby resolves to establish a Committee to be known as the Health & Safety Committee.
- The Constitution and Terms of Reference of the Committee will be reviewed every three years in line with the Trust's Health and Safety Policy review.

Membership

- Management Side:
 - Director Responsible for Health and Safety
 - Risk and Compliance Manager
 - Human Resources Manager
 - Manager from Estates
 - Manager from Facilities
 - Senior Health and Safety Advisor

- Senior Fire Advisor
 - Security Advisor - LSMS
 - Manual Handling Advisor
 - EBME Manager
 - Occupational Health representative
 - NEESPS representative
 - Divisional Representatives
- Staff Side: Staff Safety Representatives, designated and appointed by Regional Trade Unions in accordance with their respective membership and in accordance with the Safety Representatives and Safety Committees Regulations 1977, and who are Trust employees.
 - Non-Unionised employees may be represented at committee meetings. Interested personnel, such as those members of staff who have successfully passed the Level 2 and Level 3 qualification certificated by the Royal Society for Public Health, should make an application to the Chair Person for discussion at the next scheduled meeting.
 - A quorum will be six members (three management, and three staff side).
 - The Chair will be agreed annually between staff side and management side. The Director responsible for health and safety will lead the management side.

Attendance at Meetings

- Other officers of the Trust shall also have the right of attendance, subject to invitation by the Chair.
- Designated management side individuals/or their deputies are to attend all meetings.

Frequency of Meetings

- Meetings of the Committee will take place every three months; however, meetings may be convened at special notice if required. Items for the agenda will be organised using agreed headings, although the Chair will admit other relevant items of importance with agreement.
- Minutes will be taken and circulated by the nominated administration staff.
- A deputy may attend in place of any member unable to attend, providing they are an ESNEFT employee and notification is given to the Committee Chair in advance of the meeting.
- Reports are to be sent to the nominated administrator at least 7 working days in advance so that they may be distributed to all committee members 7 days before the meeting.

Authority

- The committee is authorised by the Trust Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.
- The ability to review and make recommendations to the Trust's Health and Safety strategy.
- Subject to compliance with Standing Orders and Standing Financial Instructions, the Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
- Oversight of Health and Safety related policies or documents before submission or final approval.

Objectives

- To promote health and safety standards throughout the Trust.
- To promote co-operation between employer and employees, by instigating and developing measures to ensure, so far as is reasonably practicable, the Health, Safety and Welfare of all employees at work.
- To provide a forum for any member of staff to raise, through proper channels, a Health and Safety concern.
- To ensure that staff are consulted and informed appropriately on Health and Safety issues concerning them, their workplaces and their systems of work.
- To receive and discuss Health & Safety issues raised at other Trust Meetings.
- To ensure, so far as is reasonably practicable, that the Health and Safety of Visitors, Patients (non-clinical) and Contractors are not compromised whilst on Trust premises.

Duties & Responsibilities

The committee will oversee the processes so that it:

- To consider Health, Safety and Welfare matters arising at all Trust sites, and all Trust employees' workplaces.
- To identify and promote health and safety initiatives.
- To consider matters/reports submitted by staff side, management side or other parties, and to keep those reports under review.
- To audit and monitor the Trust Health & Safety Policy for compliance and effectiveness.
- To monitor and encourage effective publicity and communication regarding Health and Safety matters, by discussion and dissemination of relevant Health & Safety publications and circulars.
- To discuss recent external cases/prosecutions and new and pending relevant Health and Safety legislation.
- To review and note all RIDDOR incidents that have been reported to the HSE.
- To monitor employee incident statistics and consider the implications.
- To monitor and review the Health and Safety content of employee training.
- To establish and list sub-committees as appropriate to discuss/investigate/evaluate specific issues and make recommendations to this committee.
- To discuss Health and Safety issues that have not been satisfactorily resolved through line management channels.
- To monitor the outcomes of Health and Safety inspections and recommend appropriate action as necessary.
- To review risk assessments as required by the Management of Health and Safety at Work Regulations (1999, Regulation 3).
- The Committee is authorised by the Trust Board to investigate any activity within the Terms of Reference. It is authorised to seek any information it requires from any employee, and all employees are required to co-operate with any reasonable request made by this Committee.

- All committee members are to treat any information discussed at this committee in a sensitive and confidential manner such that open and positive discussion can take place and lessons learnt as a result.

This is also duplicated in constitution.

- Where possible, the Trust should hold a Health and Safety day to promote Health and safety issues to all staff in the Trust. This could be in conjunction with the European Health and Safety week held annually.
- To prepare an exception report and forward to EMC.
- Oversee, influence, develop, review and approve organisational Health and Safety Policies, Procedures, Guidelines and Codes of Practice
- Monitor, audit and review the effectiveness of organisational Health and Safety management arrangements
- Give strategic direction and support for environmental and non-clinical activities across the organisation
- Act as an early warning system mechanism to alert the organisation to non-clinical emerging risks

Accountability

- The committee is accountable to the Director of Governance and up to the Trust Board.

Reporting

- The minutes of the Health & Safety Committee will be formally recorded, and submitted to the Trust Board. The minutes will also be circulated to the committee members.
- The Chair of the Health & Safety Committee shall draw to the attention of the Trust Board:
 - Any relevant issues that require escalation.
 - Issues that require disclosure to the EMC, Board of Directors or require Executive action.
 - An oversight of Health and Safety across ESNEFT
- Minutes will be sent to all Directorate Managers for dissemination throughout the specialities.
- Reports to be received by the Health & Safety Committee:-

- H&S quarterly and annual report.
- Manual Handling quarterly and annual report.
- Fire quarterly and annual report.
- Security quarterly and annual report.
- Health & Wellbeing quarterly and annual report.
- Estates and Facilities quarterly and annual report.
- Medical Devices quarterly and annual report.
- Human Resources quarterly and annual report to include Partnership Forum.
- Laser Safety report

Review

- The terms of reference for this committee are to be reviewed every three years.
- The committee will, at least once a year, review its own performance, constitution and terms of reference (including membership) to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the EMC for approval.

Risk Responsibility

- The risk areas the committee has distinct responsibility for are all aspects of Health, Safety and Security across the full scope of the Trusts business undertakings
- The committee is accountable for providing assurance for the following Care Quality Commission Key Lines of enquiry (KLOE): Outcome 10 (Regulation 15) Safety and Suitability of Premises.

LINES OF RESPONSIBILITY

