

Reporting to:	Trust Board - 29 October 2015
Title	Additional Clinical Activity
Sponsoring Director	Workforce Director in conjunction with the Medical Director
Author(s)	Edwin Borman (amendment to existing policy)
Previously considered by	Executive Director's and Policy Approval Group
Executive Summary	<p>This policy has been amended to reflect the current medical management structure and to implement a decision, recommended by the Executive Director's, to reduce the payments for additional clinical activity performed by the Trust's senior medical staff.</p> <p>This is part of the Trust's efforts to reduce expenditure while maintaining quality and safety of care and operational delivery.</p> <p>The full document is in the Trust Board Information Pack.</p>
Strategic Priorities	
1. Quality and Safety	<input type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input checked="" type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we are unable to resolve our structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

Care Quality Commission (CQC) Domains	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	Recommendation That this revised policy on "additional clinical activity" (HR68) is ratified and adopted.

Human Resources Policy (HR68)

Additional Clinical Activity

Sponsor: Head of Human Resources in conjunction with Medical Director

Date agreed by LNC: October 2015 – LNC agreed the principles and processes of the policy but does not endorse the rates proposed.

Date agreed by Board: October 2015

Date of next review: October 2018

Version: 1

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1 INTRODUCTION

- 1.1 The Trust aims to minimise the use of Additional Clinical Activity as far as possible and over time to include it within flexible job plans. However it is recognised that there will be some circumstances in which Additional Clinical Activity becomes necessary. This policy sets out the circumstances in which Additional Clinical Activity may be undertaken, the authorisation and planning processes required, the claims process and rates of pay.
- 1.2 Additional Clinical Activity is defined as ‘any extra voluntary, pre-planned clinical activity that contributes to the achievement of specific key targets’.

2 SCOPE

- 2.1 This policy applies to all medical and dental staff who participate in planned Additional Clinical Activity.
- 2.2 In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust’s Policy HR01 ‘Equality and Diversity’.

3 RESPONSIBILITIES FOR ADDITIONAL CLINICAL ACTIVITY

- 3.1 It is the responsibility of the Trust’s Hospital Executive Committee to manage the Trust’s overall approach to Additional Clinical Activity.
- 3.2 It is the responsibility of Clinical Directors to put in place plans that will avoid the use of Additional Clinical Activity within their services.
- 3.3 It is the responsibility of the Clinical Directors to authorise the use of Additional Clinical Activity.
- 3.4 When proposing Additional Clinical Activity within their service, it is the responsibility of the relevant clinical lead to discuss and agree the outputs required from an Additional Clinical Activity session, plan the activity and the best use of available resources taking into account the impacts on other services, especially supporting services needed to deliver the additional activity. This must be approved by the Clinical Director.
- 3.5 It is the responsibility of all staff authorised to undertake Additional Clinical Activity to complete the agreed work and to submit their claims for payment within the timescales set out below.
- 3.6 Clinical Directors must refer all proposals for Additional Clinical Activity by themselves for approval by the relevant Care Group Medical Director and/or Care Group Director.

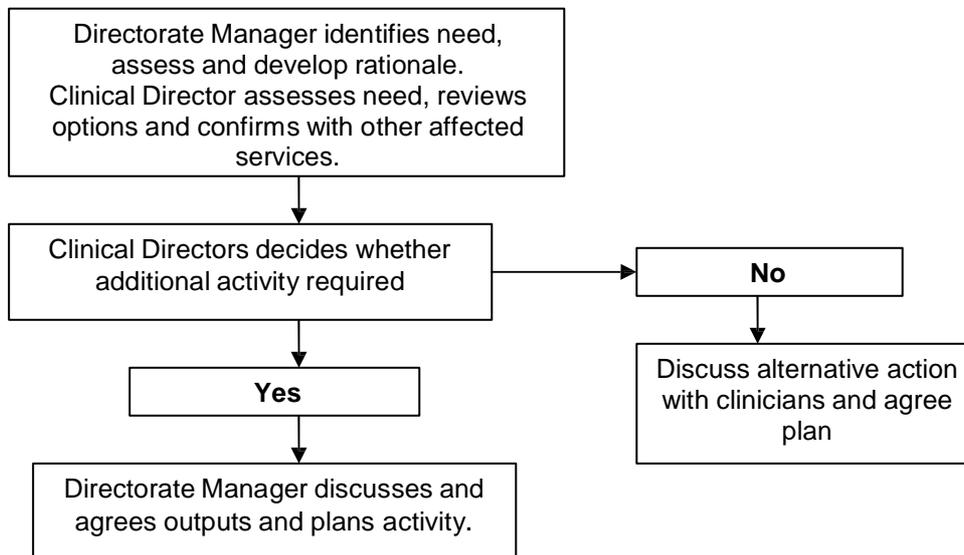
4 CIRCUMSTANCES IN WHICH ADDITIONAL CLINICAL ACTIVITY MAY BE AUTHORISED

It is essential that all services plan to avoid the use of Additional Clinical Activity. However, it is recognised that there will be certain circumstances when Additional Clinical Activity becomes necessary to ensure the delivery of agreed Trust targets. These circumstances may include:

- Where the required activity is over and above the contractual obligation of the staff concerned;
- To compensate for unplanned loss of activity beyond a service's control (e.g. sickness, unforeseen theatre shutdown) and where there is inadequate capacity to recover the situation in core time;
- Where demand exceeds reasonable capacity;
- Where the overall workload of the Consultant team cannot be reorganised to address the capacity shortfall within existing contracted hours or using 'time off in lieu' options.

5 AUTHORISATION PROCESS – ADDITIONAL CLINICAL ACTIVITY

5.1 The Clinical Director and/or Directorate Manager will liaise with other affected Service Centres to review the options to address the shortfall in capacity. If additional clinical activity is supported, the clinical lead will develop a proposal setting out the additional work to be undertaken, the person(s) to carry out the work and the time to be allowed. This will then be submitted to the Clinical Director with evidence of the options considered, a justification for the additional expenditure and the impact on other services.



5.2 The length of an Additional Clinical Activity session is 4 hours, of which 3.5 hours will be direct patient care. Additional paid time will **not** be given for any additional administrative activities, such as letter signing/subsequent patient contact; review of results and other DCC administrative tasks associated with an outpatient session. With a theatre session the “administrative tasks” would be pre and post op ward rounds and subsequent attendances to the patient; results review and any other administrative task associated with the list. Where the required time is less than 4 hours or not a multiple of 4, the sessions will be pro rated as appropriate.

- 5.3 The decision to conduct Additional Clinical Activity rests with the relevant Clinical Director.

6 PLANNING THE ADDITIONAL CLINICAL ACTIVITY

- 6.1 It is important that Additional Clinical Activity is planned in a way that does not interfere with normal outpatient, theatre or procedure sessions either for the individual clinician or wider clinical team. There may occasionally be a need for the activity to take place in core hours during time normally prioritised for SPAs.
- 6.2 Special consideration must be given when the Additional Clinical Activity is proposed to be undertaken by an individual on call. Where there is a substitution of DCC PAs during a period, such as for the “consultant of the week”, then Additional Clinical Activity is not permitted in those sessions.
- 6.3 Requirements such as maintaining patient choice and offering fully booked appointments must still be delivered.
- 6.4 Additional Clinical Activity should be apportioned equitably across the team wherever clinically appropriate.
- 6.5 The clinical lead in conjunction with the Consultant will determine the number of patients to be scheduled in an Additional Clinical Activity session, taking into account any clinical issues and the amount of time normally allocated for the work. This will be subject to approval by the Clinical Director.

7 CLAIMS PROCESS – ADDITIONAL CLINICAL ACTIVITY

7.1 Consultants, Associate Specialists, Speciality Doctors and Staff Grades

- 7.1.1 Part A of the form at Appendix A should be drafted by the clinical lead proposing the additional activity and submitted with the rationale to the Clinical Director.
- 7.1.2 Part B of the form at Appendix A should be completed and signed by the Clinical Director to authorise or deny the request. At this stage the activity to be undertaken and the person(s) to carry out the work must be agreed.
- 7.1.3 When the activity has been completed the clinician who carried out the work should complete part C of the claim form and submit it to their Clinical Director by the end of the calendar month in which the Additional Clinical Activity took place. It is the responsibility of the Clinical Director to verify the accuracy of the claim form and complete part D to confirm that it has been checked. Once authorised, the Clinical Director will authorise the form and send it to Pay Services; no additional paperwork should be forwarded to Pay Services.

N.B. In accordance with Trust Standing Financial Instructions, claims submitted more than 3 months in arrears will not be paid.

- 7.1.4 Each service is responsible for maintaining an accurate record of Additional Clinical Activity authorised.

- 7.1.5 Claim forms will be checked in Pay Services against the Authorised Signatory List. Any authorising signatures that cannot be cross checked with the same signature on the Authorised Signatory List will be sent back to the Clinical Director and the payment will not be processed until this is corrected.
- 7.1.6 Pay Services will send confirmation to the claimant by e-mail of the payment and the month in which it is to be paid. Payments will be shown on payslips as “ACA”.

7.2 All Other Medical Staff

- 7.2.1 Each clinician taking part in Additional Clinical Activity should complete the standard Trust Medical Locum claim form (available on the intranet) and submit it within the normal payroll timescales.
- 7.2.2 Each claim form must be signed by the individual and authorised for payment in accordance with normal Trust payroll processes. Payments will be shown on payslips as “ACA”.

8 RATES OF PAY FOR ADDITIONAL CLINICAL ACTIVITY

Where Additional Clinical Activity is authorised as above, payment will be made at the following standard rates per session.

Grade	Rate per 4-hour session undertaken
Consultants and other independent practitioners	£400
Specialty Doctor	£300

Notes

- Sessions of less than 4 hours will be paid on a pro-rata basis.
- Additional paid time will not be given to medical staff for any associated administrative activities; these are expected to be completed in addition to the direct clinical care.
- The date of implementation of these rates will be with effect from 1st November 2015.

9 MONITORING ARRANGEMENTS

- 9.1 Clinical Directors will be responsible for monitoring Additional Clinical Activity in their service.
- 9.2 The Director of Finance will be responsible for providing management information relating to expenditure and numbers of claimants on a monthly basis. This information will include payments made through the payroll and in response to invoices.

- 9.3 Overall Trust management of Additional Clinical Activity will be discussed quarterly by the Hospital Management Executive. Clinical Directors will be expected to report to this meeting on the use of Additional Clinical Activity to meet accepted Trust targets and the subsequent addressing of capacity shortfalls to reduce the requirement for future Additional Clinical Activity.
- 9.4 The effectiveness of the arrangements for Additional Clinical Activity within the Trust and the terms set out in this policy will be reviewed periodically by the LNC.
- 9.5 The rates of payment for Additional Clinical Activity work will be reviewed periodically by the Director of Finance in line with the Trust's Standing Financial Instructions and be submitted for approval by the Chief Executive.

APPENDIX A

**ADDITIONAL CLINICAL ACTIVITY CLAIM FOR PAYMENT
Consultants, Associate Specialists, Speciality Doctors and Staff Grades**

PART A – REQUEST - To be completed by the clinical lead

Content/structure of this section to be as required by the Clinical Director, but to include

- Reason the work is required
- Work to be done – number of cases, type of work etc
- When and where
- Options assessment
- Payment to be made or Time off In lieu to be given

The work is to be undertaken by:

Consultant name in caps:

Employee Personal Number:

PART B - AUTHORISATION - To be completed by the Clinical Director

Either - I authorise the above work to be undertaken by the named consultant for the fee stated above

Or – The above is not authorised because (add reason)

Signed:

Date

Name (in caps)

PART C – CLAIM FOR PAYMENT - To be completed by the Claimant

(To be submitted before the end of the month following that in which the work was completed.)

I certify that I completed the above additional clinical activity and claim the agreed fee.

Date work undertaken:

Signed:

Date:

Name (in caps):

E-mail address:

PART D – To be completed by the Clinical Director

I certify that SEMA has been cross-checked, the above work was undertaken and the claim is approved for payment.

Signed:

Date

Name (in caps)

N.B. Please ensure that no patient details are attached when this form is sent to Pay Services

PART E – To be completed by Payroll Services

Month of payment:

Name:

N.B. Notification to be sent to the claimant.

Reporting to:	Trust Board, 29 October 2015
Title	Trust Health and Safety Policy
Sponsoring Director	Director of Corporate Governance
Author(s)	Head of Assurance
Previously considered by	Policy Approval Group, Health, Safety, Fire and Security Committee, HEC
Executive Summary	<p>This Trust Health and Safety Policy is the overarching document which lays out the Trust Board's statement of intent for the management of Health and Safety within the Trust. The Trust Board's statement of intent commits all staff, volunteers and contractors to achieving and maintaining good standards in health and safety.</p> <p>The minimum acceptable standards are those set by UK legislation, in particular the Health and Safety at Work etc. Act 1974, and its associated regulations, approved codes of practice, and guidance.</p> <p>The policy has been updated to reflect legislative changes, and to recognise organisation changes within the Trust.</p> <p>The full document is in the Trust Board Information Pack.</p>
Strategic Priorities	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme] <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement <i>strategies</i>
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input type="checkbox"/> If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous

	<p>improvement then staff morale and patient outcomes may not improve</p> <p><input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients</p> <p><input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</p>
<p>Care Quality Commission (CQC) Domains</p>	<p><input checked="" type="checkbox"/> Safe</p> <p><input type="checkbox"/> Effective</p> <p><input type="checkbox"/> Caring</p> <p><input type="checkbox"/> Responsive</p> <p><input checked="" type="checkbox"/> Well led</p>
<p><input type="checkbox"/> Receive <input type="checkbox"/> Review</p> <p><input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve</p>	<p>Recommendation</p> <p>Trust Board is asked to RATIFY the Trust Health and Safety Policy and approve the statement of intent.</p>

1 The Trust Board's statement of intent for health and safety management

The Chairman, Chief Executive and Directors of the Trust Board recognise that the Trust's single most important asset is its staff. The talent, expertise and dedication of staff is the key factor in the Trust meeting its core purpose of improving the health of our local community.

The Board also recognises the importance of having a proactive health and safety culture within the Trust and the need to maintain, as far as is reasonably practicable, a healthy and safe environment for all its staff, patients, visitors, volunteers and contractors. The Board therefore commits the Trust to complying with current health and safety legislation, approved codes and practice and guidance, and to seeking continual improvement in its health and safety performance.

The Board takes the view that the trauma and personal tragedy to an individual and their family resulting from a work-related injury or ill health is unacceptable. Furthermore, the loss of that staff member from the workplace deprives the Trust of their talent, expertise and dedication. More pragmatically, the Health and Safety Executive estimate that work-related injuries and ill-health have significant cost implications, some easily visible, others less soⁱⁱⁱ. Therefore, the Trust Board endorses this policy, recognises its importance in relation to other business objectives by supporting the policy with adequate financial and physical resources, and commits the Board and all Trust staff to complying with its provisions.

It is the Trust Board's intention to monitor compliance with this policy by means of inspection during formal and informal tours of the hospitals and other Trust premises.

The Trust Board will require regular reports on matters of health, safety and welfare via the Trust Health, Safety and Security Committee. The Trust Board will call for an annual report on health, safety and welfare matters, and will include a statement on compliance with this policy in their Annual Report.

The Trust Board is dedicated to achieving a health and safety management system which is active throughout the Trust's line management structure, is proactive in its application, and which forms part of all everyday activities throughout the Trust.

Signed:

Signed:

Chair of the Trust Board
Shrewsbury and Telford Hospital NHS Trust

Chief Executive
Shrewsbury and Telford Hospital NHS Trust

Trust Health & Safety Policy HS01

To be read in conjunction with RM01 Risk Management Strategy
and all policies prefixed HS

Version:	7.4
Originally issued	February 1999
Approved by:	Health, Safety, Fire and Security Committee
Date approved:	September 2015
Ratified by:	Trust Board
Date approved:	October 2015
Author:	Kathleen Titley, H&S Team Manager
Executive Director:	Julia Clarke, Director of Corporate Governance
Date Issued:	October 2015
Review Date:	October 2018
Target Audience:	All Trust line management and staff

Trust Health and Safety Policy HS01

Version Control Sheet

Key contact:	Kath Titley, H&S Team Manager kath.titley@sath.nhs.uk
Document ID	HS01
Version	7.4
Status	Final Draft
Date Equality Impact Assessment completed	August 2015
Issue date	October 2015
Review date	October 2018
Distribution	Please refer to the intranet version for the latest version of this policy. Any printed copies may not necessarily be the most up to date
Key Words	Health/ safety/ health and safety/ H&S/ risk assessment/ welfare
Dissemination	Document Library Quarterly Care Group H&S reports Health, Safety, Fire and Security Committee members

Version History

Version	Date	Author	Status	Comment
1	February 1999	Stuart Jones	Final	First issue
2	May 2004	Stuart Jones	Final	Following merger of Trust
3	April 2005	Stuart Jones	Final	Revised all sections
4	March 2006	Stuart Jones	Final	Revised all sections
5	March 2007	Stuart Jones	Final	Revised all sections
6	November 2008	Stuart Jones	Final	Revised all sections and written in compliance with new Management Structure and procedures and for intranet presentation.
7.0	December 2010	Kath Titley	Draft	Revised to reflect editorial style of other recently revised H&S policies, and to plan for change of organisational structure in April 2011.
7.1	October 2011	Kath Titley Lewis Palin	Draft	Further update to (unapproved) draft version 7. Care Group structure launched on 1 October 2011. This version sent to September and (following minor revision) October 2011 Health, Safety and Security Committees for consultation and approval.
7.2	November 2011	Kath Titley	Approved	Amended as per discussions at October 2011 Health, Safety and Security Committee.
7.3	August 2015	Helen Watkiss	Draft	Review of existing policy.
7.4	September 2015	Kath Titley	Draft	Amendments following discussion at Health, Safety, Fire and Security Committee 8 Sep 15, in preparation for Policy Approval Group 12 Oct 15.

Review and Amendment log for minor changes

Version No	Type of Change	Date	Description of change

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The Shrewsbury and Telford Hospital

NHS Trust

1 The Trust Board's statement of intent for health and safety management

The Chairman, Chief Executive and Directors of the Trust Board recognise that the Trust's single most important asset is its staff. The talent, expertise and dedication of staff is the key factor in the Trust meeting its core purpose of improving the health of our local community.

The Board also recognises the importance of having a proactive health and safety culture within the Trust and the need to maintain, as far as is reasonably practicable, a healthy and safe environment for all its staff, patients, visitors, volunteers and contractors. The Board therefore commits the Trust to complying with current health and safety legislation, approved codes and practice and guidance, and to seeking continual improvement in its health and safety performance.

The Board takes the view that the trauma and personal tragedy to an individual and their family resulting from a work-related injury or ill health is unacceptable. Furthermore, the loss of that staff member from the workplace deprives the Trust of their talent, expertise and dedication. More pragmatically, the Health and Safety Executive estimate that work-related injuries and ill-health have significant cost implications, some easily visible, others less soⁱⁱⁱ. Therefore, the Trust Board endorses this policy, recognises its importance in relation to other business objectives by supporting the policy with adequate financial and physical resources, and commits the Board and all Trust staff to complying with its provisions.

It is the Trust Board's intention to monitor compliance with this policy by means of inspection during formal and informal tours of the hospitals and other Trust premises.

The Trust Board will require regular reports on matters of health, safety and welfare via the Trust Health, Safety and Security Committee. The Trust Board will call for an annual report on health, safety and welfare matters, and will include a statement on compliance with this policy in their Annual Report.

The Trust Board is dedicated to achieving a health and safety management system which is active throughout the Trust's line management structure, is proactive in its application, and which forms part of all everyday activities throughout the Trust.

Signed: _____ Signed: _____

Chair of the Trust Board
Shrewsbury and Telford Hospital NHS Trust

Chief Executive
Shrewsbury and Telford Hospital NHS
Trust

Date: _____ Date: _____

ⁱ HSE (1997) The costs of accidents at work HSG96 HSE Books.

ⁱⁱ HSE (1999) The costs to Britain of workplace accidents and work-related ill health in 1995 HSG101 HSE Books.

2 The Trust's general health and safety policy

2.1 Setting the standard

The Trust Board's statement of intent (above) commits all staff, volunteers and contractors to achieving and maintaining good standards in health and safety. The minimum acceptable standards are those set by UK legislation, in particular the Health and Safety at Work etc. Act 1974ⁱⁱⁱ and its associated regulations, approved codes of practice, and guidance.

2.2 Commitment to a safe and healthy environment

The Trust is committed to providing a safe and health environment for staff (regardless of tenure), patients, volunteers, visitors/ members of the public and contractors, in accordance with relevant health and safety legislation. The remainder of policy deals outlines the means by which that end will be achieved.

The provisions of this policy must be explained to new staff members during local inductions delivered by line managers. This will be reinforced during the Corporate Induction programme, particularly during the H&S Team's session on the Trust's health and safety policies^{iv}.

This policy is also to be explained to all contractors on engagement or award of contract, and for building and engineering contracts this must take place at the first site meeting. Further, contractors must work in accordance with the provisions of this and all other relevant Trust policies, in particular that governing the control of contractors working on Trust premises^v.

3 Responsibilities

3.1 Trust Board

The Trust Board has overall responsibility for ensuring that the Trust has systems in place to enable the organisation to comply with its legal responsibilities under health and safety law. The Board must also have systems in place to assure itself that those systems are suitable and effective.

The Trust Board has in place its Risk Management Strategy^{vi}, in which health and safety management plays a major part. The Board may, in accordance with that strategy, call for regular audits and reports. It may also call for ad hoc reports on specific issues from time to time.

3.2 Ultimate responsibility

The ultimate responsibility for health and safety management within the Trust lies with the Chief Executive. It is the Chief Executive who must ensure that:

- the Trust has suitable and effective health and safety policies;
- there is a management structure in place capable of complying with those policies, and that staff are motivated and empowered to work safely and protect their own health;
- hazards are identified, risk assessments are carried out, and standards of safety performance are set;
- there are robust arrangements in place to monitor health and safety performance against those standards; and that
- the Trust has systems in place to allow it to learn from its experience, and to apply those lessons learned to striving for continuous improvement in health and safety performance^{vii}.

ⁱⁱⁱ The Health and Safety at Work etc. Act 1974, 1974 c.37.

^{iv} HR02 Corporate and Departmental Induction, Statutory and Mandatory Training.

^v HS10 Control of Contractors.

^{vi} RM01 Risk Management Strategy.

^{vii} HSE (2013) Managing for Health and Safety HSG65 3rd edition, HSE Books.

3.3 Nominated director for health and safety

The Trust Board has nominated the Director of Corporate Governance as the officer with special responsibilities for health and safety.

As the nominated member, the Director of Corporate Governance is responsible for initiating and maintaining the management systems specified in the Management of Health and Safety at Work Regulations 1999^{viii}, and reports directly to the Chief Executive.

The duties of the nominated director for health and safety are as listed below.

- To co-ordinate the Trust directors' and senior managers' management of health and safety matters within the Trust, and to report on such matters to the Chief Executive.
- To convene and chair the Trust's Health, Safety and Security Committee^{ix}.
- To call for reports on progress in achieving standards, to include incident reporting statistics, reports on health and safety inspections, surveys and audits, and reports from subsidiary committees (for example, from meetings which function as departmental health and safety committees).
- To report to the Chief Executive on all matters associated with health and safety.
- To review health and safety standards, and progress in achieving those standards.
- To review this policy at least annually and to recommend changes or additions.
- Together with the Workforce Director, to consult with the Trust Negotiating and Consultative Committee on proposed changes to this policy and to submit changes to the Trust Board for adoption.
- To have procedures in place to consult with both union members and non-union members on health and safety issues.

3.4 Management executive

The attention of all senior managers and directors is drawn to section 37[1] of the Health and Safety at Work etc. Act 1974, which is reproduced below.

"Where an offence under any of the statutory provisions committed by a body corporate is proved to have been committed with the consent or connivance of, or to have been attributable to any neglect on the part of, any director, manager, secretary or similar officer of the body corporate or a person who was purporting to act in any such capacity, he as well as the body corporate shall be guilty of that offence and shall be liable to be proceeded against and punished accordingly."

All Senior Managers and Executive Directors of the Trust Board are therefore responsible for ensuring that the Trust's policies are fully implemented, and compliance is monitored, throughout the Care Groups.

Consequently, all directors and senior managers must ensure the following.

- That suitable and sufficient risk assessments are carried out, and that control measures identified are implemented, maintained and monitored.
- That standards of health and safety performance are set and monitored, and periodically subjected to audit and review.
- That an effective system for health surveillance for staff members is in place, where risk assessments identify it as necessary.

^{viii} HSE (2000) Management of Health and Safety at Work Regulations 1999: Approved Code of Practice and Guidance L21 HSE Books.

^{ix} Safety Representatives and Safety Committees Regulations 1977 (as amended); Health and Safety (Consultation with Employees) Regulations 1996 (as amended).

- That procedures are in place to deal with serious and imminent danger.
- That staff and volunteers are provided with adequate information, instruction, training and supervision to protect themselves and others, by means which are easy to understand.
- Health and Safety objectives are an integral part of the Organisations business plans
- That consultation on health and safety issues takes place with staff representatives.
- That a health and safety inspection of his/her physical area of Trust property is carried out on a regular basis, and at least annually, and that a record of the significant findings is made.
- That where senior managers identify significant risks to health, safety and welfare, they are communicated to the relevant director(s) in a timely manner.

3.5 Line managers

It should be noted that the Director for Estates and Head of Facilities are responsible for all internal public corridors and reception areas, stairs, the internal surfaces of lifts, the cleanliness of all internal building surfaces. The Director of Estates is also responsible for the internal and external building structures, walls, floors and roofs, all services to the point of delivery (and its condition at delivery), waste collection and disposal (including foul drains), external grounds, footpaths, roads (including loading and unloading areas) and car parks, including any outside services and streetlights.

For every other area of the Trust, it is every line manager's responsibility to ensure that their staff, volunteers, patients and visitors/ members of the public are not placed at risk of injury or ill health, or their welfare compromised by any aspect of the Trust's work, as far as is reasonably practicable.

Line managers must also ensure that the area of the Trust which they manage (for example, a ward or a department) provides a safe and healthy physical environment which also promotes acceptable welfare standards, so far as is reasonably practicable.

In order to meet their responsibilities all line managers must do the following.

- Identify and record all hazards present affecting their staff or, more generally, their areas of responsibility.
- Undertake risk assessments^x, and record the significant findings (using the templates agreed by the Trust Health, Safety and Security Committee, for the sake of consistent practice within the Trust^{xi}).
- Ensure that all staff are actively involved in the risk assessment process
- Prioritise the risks for action; in accordance with the risk ratings produced using the Trust's Risk Matrix^{xii}.
- Institute controls measures where necessary, and devise monitoring systems to ensure they are in use and effective in reducing risk.
- Bring to the attention of a senior manager or director any risks which cannot be resolved locally, in a timely manner.
- Maintain all health and safety management-related records (such as risk assessments, training records, meeting minutes etc.) in a legible and retrievable manner for as long as necessary to comply with the Trust's Information Governance arrangements or, where not otherwise specified, for a minimum of three years from the last dated entry.
- Ensure that all incidents, work-related injuries, work-related diseases and near-misses are reported using the Trust's Datixweb system or IR1 form in a timely manner, and are investigated thoroughly.

^x HS11 Health and safety Risk Assessment Templates Policy.

^{xi} <http://intranet/health/policy.asp>

^{xii} Reproduced at Appendix E to HS11 Health and safety risk assessment.

The health and safety-related records which line managers are expected to keep will vary according to the size and nature of the ward/ department and its work, but the following should be regarded as a minimum.

- Risk assessments, including any related action plans.
- Staff training records.
- Incident reports (whether electronically in Datixweb, or IR1 forms in hard copy), and associated records arising from local investigations.
- Records arising from management referrals to the Occupational Health service (usually kept in staff member's personal files).
- Minutes of local health and safety meetings.
- Records of local health and safety monitoring activities, inspections and audits.

Where a ward or department provides a 24-hour service, the line manager must ensure that all working practices promote a safe and healthy environment at all times. The line manager must also ensure that staff who routinely only work "out of hours" receive the same level of information, instruction and training on health and safety-related issues as those working weekday office hours, and that their specific needs are taken into account in local risk assessments.

Line managers are responsible for ensuring that their staff, volunteers, or contractors working under their control, are competent to work safely, by means of their knowledge, skills and experience.

Line managers are also responsible for ensuring that all health and safety-related policies are adhered to at the local level.

On occasions when staff, volunteers or contractors are not working to acceptable and agreed health and safety-related standards, line managers (or, in their absence, the person responsible for the ward/ department at the time) must take immediate action to bring the activity into compliance, and immediately report the incident to their senior manager or director, as proportionate to the risk.

Line managers are responsible for ensuring that any damaged or defective plant, equipment or buildings which present a hazard to health, safety or welfare are promptly reported to the department responsible for their upkeep. In the meantime, wherever it is possible to do so, the item should be quarantined (or, in the case of a physical area, access prohibited) or otherwise rendered safe.

To support line managers in executing these duties, they must hold a suitable health and safety-related qualification. As a minimum, this will be the IOSH-accredited course "Managing Safely", which is delivered in-house by the Trust's Health and Safety Team.

Where the need for line managers to hold a higher level, or a specialist, health and safety qualification is identified by a risk assessment or defined in a job description, the Health and Safety Team Manager can advise on suitable courses, and suitable external training providers.

3.6 Supervisors

Supervisors are responsible for supporting the line manager in achieving the standards as set out above.

In order to achieve this Supervisor's must:

- Ensure that risk assessments have been completed for the tasks which they allocate to staff, and that the actions identified with the assessment have been implemented appropriately.
- Ensure that staff are working in conjunction with safe systems of work/ standard operating procedures, and if not to take appropriate action and escalate to the Line Manager.
- Ensure that staff are appropriately supervised whilst carrying out tasks/ activities throughout the Trust, ensuring that suitable and sufficient levels of supervision are in place for all new starters,

staff carrying out high risk activities, as informed by the risk assessments or during changes to work processes or activities.

- Ensure that incidents are reported on the Datix system for any staff who does not have direct access to a PC.
- Ensure that staff are trained and competent to carry out the tasks which they allocate, prior to the staff member being required to undertake the relevant work.

To support Supervisors in executing these duties, they must hold a suitable health and safety-related qualification. As a minimum, this will be the IOSH-accredited course “Managing Safely”, which is delivered in-house by the Trust’s Health and Safety Team.

3.7 Clinical site managers

The Clinical Site Managers are the operational managers available twenty-four hours per day, seven days a week, at each of the Trust’s hospital sites.

Emergency incidents which pose a serious risk to staff, volunteers, patients/ members of the public or contractors must be reported immediately to the Clinical Site Manager.

The Clinical Site Managers respond to the first call and are the Trust’s Incident Control Officers in such incidents. Where necessary, they will contact the Senior Managers on-call and follow procedures laid out in relevant Trust policies.

When such incidents do occur and Emergency Services are called, the Emergency Services will arrive at the hospital site with a senior officer who will be in charge of their own crew(s). These people will lead the operation to control the incident, whilst the Clinical Site Manager will handle and lead the Trust’s side of the operation.

The Trust’s Clinical Site Manager will be the manager in charge at the scene of the incident until decided otherwise by a more senior manager or director.

All staff must take their instruction from the Clinical Site Manager.

All specialist services and departments of the Trust must respond to requests for information and action made by the Clinical Site Manager.

Directors and senior managers will nominate a responsible Manager, who may or may not be the Clinical Site Manager, to set up response systems and undertake such roles as handling media and public enquires, or requesting resources from external organisations.

Directors and senior managers will be actively involved in arranging relief for those working at the scene of an incident which continues over a period of time, and in planning and arranging the longer term strategy and resource requirements of the ongoing incident.

3.8 Individual responsibilities

Every member of Trust staff, regardless of tenure, and volunteers working within the Trust hold the following responsibilities^{xiii, xiv}.

- They must take reasonable care for the health, safety and welfare of themselves, and of those who may be affected by their acts or omissions at work.
- They must use machinery, equipment, substances, transport equipment or other means of safety devices in conformity with training and instruction provided by the Trust.

^{xiii} Health and Safety at Work etc. Act 1974, section 7.

^{xiv} Management of Health and Safety at Work Regulations 1999, Regulation 14.

- They must cooperate with the Trust and its line managers, where there is a health, safety or welfare-related issue at stake if they do not.
- They must work in accordance with all reasonable management instructions, and within the bounds of their training, particularly where there is a health, safety or welfare-related issue at stake.
- Where they are aware that any aspect of the work or the workplace would reasonably be considered a serious and immediate danger to health or safety, or any matter which the staff member or volunteer would reasonably consider to be a shortcoming in the Trust's arrangements to prevent work-related injury or ill-health, they must inform their line manager or person in charge of that ward or department, without delay.

All Trust job descriptions must make reference to this policy, and detail the post holder's responsibilities with regards to health and safety matters.

In situation of extreme danger, every member of staff (or volunteer) must take immediate action to reduce risks to health or safety to the lowest possible level.

Any member of staff who uses equipment must immediately take out of service any unsafe items, and report the incident to their line manager and, as appropriate, Estates, Facilities, Medical Engineering Services etc.

Any member of staff found to be acting in a manner that may present a danger to themselves or to any other person, or to be working outside of Trust health and safety policies, procedures or other acceptable standard of health, safety or welfare, or misusing or rendering ineffective any control methods installed to control risks, will be subjected to disciplinary action which may include dismissal.

4 Health and safety of new or expectant mothers

Line managers must consider the potential risks to new or expectant mothers when conducting their risk assessments, anywhere where women of child-bearing age are, or may be, employed.

Where risks to new or expectant mothers are present, the line manager must ensure that all women of child-bearing age are made aware of those risks.

When a member of staff, or a volunteer, becomes pregnant or is breast-feeding, it is important that she informs her line manager at the earliest opportunity, in writing.

Once a staff member has informed her line manager in writing that she is pregnant or breast-feeding, the line manager must take action to ensure that the staff member and her child are not exposed to any significant risk arising from her work. This will be done by means of a risk assessment, which must be monitored, reviewed and updated periodically.

Further guidance on conducting the assessment, and the measures which may be necessary to protect mother and child, can be found in the Trust's policy on health and safety risk assessment^{xv}.

5 Protection of young people at work

This section refers to people who are under the age of 18, and applies to anyone who is employed by the Trust regardless of tenure, or who is working at the Trust as part of a work experience placement or a vocational training course, or who is a volunteer working for the Trust.

Work carried out by people aged under 18 must be subject to a specific risk assessment which takes into account the potential lack of physical or psychological maturity, and of experience of work, with a view to reducing health, safety and welfare risks to the lowest level reasonably practicable. The risk

^{xv} HS11 Health and safety risk assessment templates policy.

assessment will also specify the level and type of supervision required for the young person to undertake their tasks safely.

The Trust's policy on risk assessment^{xvi} includes further guidance on conducting a young person's risk assessment.

6 Health and safety for voluntary and self help groups

Where any activity is carried out by volunteers or members of self-help groups on any premises occupied or owned by the Trust, all Trust policies apply to the activities, in the same way as they would were those people employed by the Trust.

Volunteers and self-help groups must maintain the same minimum standards of safety as all other work groups.

Their Trust link bears responsibility for the volunteers as though they were line-managed by him or her, and therefore he or she must ensure that the same minimum health and safety standards are maintained.

The Trust reserves the right to stop any activities by a volunteer or member of a self-help group, where not to do so creates unacceptable risks to health and safety standards.

7 Sources of competent advice and support on health and safety-related matters

The Trust employs specialist advisors in order to meet its duties to access competent advice on health and safety matters. The key advisors are listed in this section.

7.1 Health and Safety Team (including the Moving and Handling Team)

To assist directors, senior managers and line managers with their responsibilities the Trust has appointed Health and Safety Advisors (including specialist Moving and Handling Advisors). The post holders advise on health and safety issues including formulating and developing health and safety policies, raise the profile of health and safety within the Trust and attempt to ensure, so far as it is reasonably practicable for them to do so, that relevant legal obligations are met.

The responsibilities of the Team are:

- to support directors, senior managers and line managers in executing the responsibilities defined in this and other related policies, primarily by means of advice, information and training, within the limits of their competence;
- to highlight where they consider that Trust does not comply with health and safety legislation, approved codes of practice or guidance, within the limits of their competence;
- to recommend changes to working procedures, operational policies and training needs, with a view to minimise risks to patients, staff and others, within the limits of their competence; and
- to have authority to stop activities which they consider to be breaching health and safety legislation.
- Advisors are responsible for ensuring their knowledge is relevant and up to date with legislative changes.

The Health and Safety Team Manager has direct access to the Chief Executive on exceptional issues, though on a day-to-day basis will respect the defined line management chain.

The H&S Team Manager also liaises with the Health and Safety Executive on matters relating to compliance with health and safety law.

^{xvi} HS11 Health and safety risk assessment templates policy.

As advisors, the Health and Safety Team's members do not hold executive authority over any staff outside of the immediate team and so are not in a position to take on any responsibility for health, safety and welfare matters from any director or manager.

Where, as may happen in the course of their duties from time to time, the Team identifies the need to call on external specialist expertise, for example from an occupational hygienist, acoustician, specialist engineer, ergonomist or occupational psychologist etc., they may assist line managers in selecting an appropriately qualified and experienced professional's services.

Where directors, senior managers or line managers contract the services of such external specialists, they bear responsibility for ensuring that the specialist has appropriate knowledge, skills and expertise to advise the Trust competently^{xvii}, that the specialist cooperates adequately with the Trust's own risk advisors, and works within Trust policy wherever applicable.

7.2 Occupational Health service

The Trust's contracted Occupational Health service is responsible for advising management on the protection of staff against health hazards arising from work and the work environment.

They also contribute towards the effectiveness of the Trust by reducing risks at work which lead to ill health, accidents and sickness absence.

The actual service provided by the Occupational Health service is defined by contract, however in general the main functions of the Service are:

- to carry out health screening and, where necessary, detailed health assessments of staff at recruitment and throughout their employment with the Trust;
- to deliver work-related immunisation programmes;
- to maintain occupational health records for all staff, in accordance with the relevant legislation;
- to advise managers and staff on occupational health issues throughout the Trust;
- to provide ongoing health surveillance to staff exposed to certain hazards;
- to provide counselling services for staff, and/or advice on appropriate external agencies;
- to provide advice to management on sickness absence management issues; and
- to prepare, or assist in the preparation of, Occupational Health-related policies.

The Health and Safety Team aim to maintain a close and productive working relationship with the Occupational Health service, with the common aim of protecting and improving the health of Trust staff and complying with all relevant legislation.

7.3 Patient Safety Team

The Trust has a Patient Safety Team, led by the Patient Safety Team Manager, whose aim is to improve standards of patient safety across the Trust.

Wherever necessary to ensure compliance with health and safety-related legislation, the Health and Safety and Patient Safety Teams will maintain a close and productive working relationship, to support the common aim of protecting Trust patients from avoidable harm.

7.4 Infection Prevention and Control Committee

The Trust has an Infection Prevention and Control Team headed by a Director of Infection Prevention and Control.

^{xvii} Management of Health and Safety at Work Regulations 1999 (as amended), Regulation 7.

The Team is responsible for the development of programmes relating to infection prevention and control through out the Trust.

In addition to their clinical duties, the Team will also provide specialist advice and training to all Trust employees, and at times work jointly with the Health and Safety Team with the common aim of protecting staff health.

7.5 Radiation Protection Advisors and Supervisors

The director responsible for Radiology will appoint in writing and maintain a nominated person as the Trust's Radiation Protection Advisor. The appointment of the advisor will include the scope of advice that the advisor is required to give, and is made in accordance with the Ionising Radiation Regulations 1999^{xviii} (and in particular Schedule 5). The director will take action to comply with the advice given, to ensure compliance with the relevant legislation.

The director will appoint one or more suitable Radiation Protection Supervisors, who are suitably trained and qualified Trust staff who are directly involved with the work with ionising radiation. They play a supervisory role in assisting the Trust to comply with legislation. They ensure that the work of the departments using ionising radiation is done in accordance with both legislation and local rules.

The director will ensure that the Trust has a suitable and sufficient Ionising Radiation policy^{xix}, which is effective across the whole Trust.

The director has the responsibility to ensure that the Trust has a Radiation Protection Committee which meets at regular intervals and at least annually, to discuss and resolve relevant issues.

7.6 Security Manager

The Trust has a Security Manager, whose role is to advise Trust directors, senior managers and line managers on all aspects of security relating to Trust staff and premises. The Security Manager also liaises with the NHS Counter Fraud and Security Management Service on relevant matters.

7.7 Fire Safety Advisor

The Trust employs a Fire Safety Advisor, whose role is to advise Trust directors, senior managers and line managers on all aspects of fire safety relating to Trust staff, patients, visitors, contractors and premises. The Fire Safety Advisor also liaises with Shropshire Fire and Rescue Service on matters relating to compliance with fire safety law.

7.8 Food Safety Advisor

The Trust employs a Food Safety Advisor, whose role is to advise Trust directors, senior managers and line managers on all aspects of food safety relating to Trust staff, patients, visitors, contractors premises. The Food Safety Advisor also liaises with the local Environmental Health Officers on matters relating to compliance with food safety law.

8 Staff consultation on health and safety issues

8.1 Staff health and safety representation

The function of health and safety staff representatives is, at its most basic level, to represent the views of staff when communicating with directors, senior managers and line managers.

^{xviii} HSE (2000) Work with ionising radiation. Ionising Radiation Regulations 1999 Approved code of practice and guidance L121 HSE Books.

^{xix} HS14 Ionising radiation protection policy.

They must consult with their colleagues and bring the majority view of their colleagues, together with a balanced view of the minority, to all relevant health and safety committees. Any decision reached during a committee must be conveyed back to the staff whose views they have represented, in order to support open communication on health and safety matters between staff and managers.

Staff representatives can join with management in the investigation of accidents and near misses.

They may also undertake workplace inspection following the formation of suitable arrangements with the manager of the department concerned.

Health and safety representatives in the Trust may belong to a recognised union or professional body, or (among staff groups where rates of union membership are lower) they may be elected by their peers.

8.2 Health and safety link workers

To support managers in meeting their responsibilities under this policy, managers may nominate a named member of their staff to be the local health and safety link worker. (A different staff member may also be appointed as a local manual handling link worker, though sometimes these tasks will be done by the same person.)

Link workers support managers by taking on some of the day to day tasks associated with the Trust's health and safety policies, but the responsibilities defined in those policies remain with the line manager and cannot be delegated.

All health and safety link workers must have sufficient knowledge, skills and experience in order to recognise risks within their own ward or department. As a result, they must, as a minimum, have successfully completed the IOSH course "Managing Safely") or its equivalent.

The Health and Safety Team offer advice, training and general support to link workers as well as to line managers.

To support link workers, line managers must:

- allow link workers adequate time and resources to fulfil their duties;
- supply adequate information on local health and safety-related matters to allow link workers to competently execute their duties;
- facilitate link workers access to relevant local information on health and safety matters.

The duties of the health and safety link worker are as listed below.

- To assist managers with their health and safety responsibilities.
- To participate fully in the Trust's health and safety management system.
- To assist managers in ensuring that staff attend all relevant health, safety or welfare-related training, including associated refresher courses.
- To arrange health and safety committee meetings for their ward or department, usually on a monthly basis.
- To arrange health and safety inspections of the physical areas for which their director or senior manager is responsible, at least annually.
- To liaise with the Trust's Health and Safety Advisors and others on all matters associated with health and safety.
- To alert the Trust's Health and Safety Advisors to all significant incidents and issues.
- To ensure, working alongside with the appropriate line manager, that all incidents, including clinical incidents, are fully investigated, in accordance with Trust policies; that a detailed written

report on the incident is produced, without undue delay; that the reports are fully discussed at the next local health and safety committee meeting; and that appropriate remedial action has been taken to try and prevent further occurrence.

8.3 Consultation structures

In order to foster a proactive health and safety culture within the Trust, staff must have an effective mechanism through which their voice can be heard in health and safety issues and, wherever appropriate, their views reflected in Care Group or Trust-wide policies and procedures.

- Throughout the Trust, all staff members must take their concerns or observations on health and safety matters to their own line manager in the first instance.
- They may also choose to seek support from their local health and safety representatives.
- Any issues which cannot be resolved, or which have consequences for colleagues or others outside of the immediate ward or department, must be discussed during a **departmental health and safety committee**.
- If any issue cannot be resolved satisfactorily at local level, it must be referred to a senior manager and discussed at the next **Care Group health and safety committee**. If the issue is resolved staff members affected are to be advised of the outcome.
- If the issue is not resolved at Care Group level, the issue may be referred to the **Trust Health and Safety, and Security Committee**, and/ or (if the risk rating justifies it) to the **Risk Management Executive** for potential inclusion on the Trust's **Risk Register**.

Staff representatives and/ or health and safety link workers may, at any time, investigate an issue of concern in conjunction with a line manager.

Any new or amended health and safety-related policies or procedures will be sent to the Care Group health and safety committees for consultation. Following consultation they will then be submitted to the Trust Health and Safety Committee for approval.

Such policies will then be reported to the Hospital Executive Committee of Directors and Senior Managers, for ratification.

Certain policies, including this one, will also go to the Trust Board for approval and formal adoption.

8.4 Departmental health and safety committees

The departmental health and safety committees may form part of a larger meeting, such as a general ward or department communications meeting. This is entirely acceptable, as long as the membership of the meeting is adequate.

The committee membership must be:

- The ward or department manager, who chairs the meeting.
- Supervisors from each section of the ward or department.
- The ward or department's health and safety link worker.
- Staff Representatives from each of the sections represented by a supervisor. Please note that these may be recognised Trade Union health and safety representatives from within the department, or where there is no formal union representation, staff health and safety representatives. Ideally, the numbers of supervisors and health and safety representatives should be equal.
- Where invited to attend, a member of the Trust's Health and Safety Team.

The purpose of the departmental health and safety committee is as listed below.

- To devise, produce and maintain their local departmental health and safety policy, in accordance with guidance published on the Trust's intranet.
- To review and update local health and safety arrangements in a planned and organised way.
- To carry out health and safety inspections according to an annual plan, of the whole part of the Trust premises occupied by the department and/or where staff work/undertake activities.
- To continually review working practices within the department, and set objectives aimed at reducing health, safety or welfare risks.
- To audit compliance with both local and Trust policies and procedures.
- To monitor and review health and safety performance indicators, including incident statistics and trends.
- To undertake appropriate and sufficient risk assessments associated with the department's work, and take action to introduce measures and controls to improve standards, in accordance with the Trust's policies on risk assessment^{xx}.
- To review existing risk assessments at least annually, or before then if there is reason to believe that the assessment is no longer valid.
- To review and comment on proposed new Health and Safety Policies, or on amendments to existing policies.
- To review incident reports, and investigation reports, and to receive feedback on both from the ward or department manager.

The committee must meet regularly, and usually monthly. Minutes must be taken. The minutes are to be distributed to committee members and copied to the appropriate Care Group senior management and Health and Safety Team Manager.

8.5 Care Group health and safety committees

One of the most basic tasks of the Care Group health and safety committee (whether held as a stand-alone meeting, or as a part of a larger meeting) is to normalise procedures, policies and protocols as far as is possible, across the entire Care Group, to ensure compliance with Trust policies. Although there may be some variation across wards or departments, the basic principles and strategic directions for health and safety performance must be maintained.

Membership of the Committee should normally comprise the following.

- The Assistant Chief Operating Officer / Care Group Director or nominated deputy, who will chair the meeting.
- Senior Members and Managers of the wards or departments, representing the professional and trade groupings across the Care Group.
- An equal number of health and safety representatives to managers, from each of the departments in the Care Group.
- A member of the Trust's Health and Safety Team.

The purpose of the Care Group Health and Safety Committee is as listed below.

- To receive minutes from ward/ departmental health and safety committees.
- To attempt to resolve any outstanding issues reported via the above minutes.
- To ensure that regular health and safety inspections of the whole part of the premises occupied by the Care Group are carried out.
- To monitor hazards identified, associated control measures and the effectiveness of the measures in reducing risks to staff and others.
- To review working practices within the Care Group and set standards of performance, to reduce risks.

^{xx} HS11 Health and Safety Risk Assessment.

- To audit levels of compliance with regards to Trust and local policies.
To review health and safety performance indicators for trends and maintenance of standards, and take action to introduce measures to improve standards.
- To review new and existing risk assessments.
- To review and comment on proposed new health and safety policies, or on amendments to existing policies.
- To review all incident reports, and associated investigation reports.

Exceptions to these arrangements must be approved by the Trust Health, Safety, Fire and Security Committee.

The findings of these Committees are to be escalated to the Trust Health, Safety, Fire and Security Committee in the form of the Care Group Reports.

8.6 Trust Health, Safety, Fire and Security Committee

The Trust has a Trust Health, Safety, Fire and Security Committee, which meets quarterly.

The membership and purpose of the Committee is as defined in its Terms of Reference, which can be found in the Trust's Risk Management Strategy.

9 Health and safety risk management

The Trust adopts the HSE model known as HSG65^{xxi} for the management of health and safety matters within the Trust. The "Plan, Do, Check, Act approach to managing Health and Safety model aims to achieve a balance between systems and behavioural aspects of management.

HSE encourages a common-sense and practical approach to managing Health and Safety, which should be part of the everyday processes and an integral part of the workplace's behaviours and attitudes.

Risk assessments are fundamental to risk management and form the basis of the risk profiling for each Care Group. However these should not be considered as health and safety management in its entirety. The findings of risk assessments, findings of local inspections, audits and investigations should all be used as the basis to determine compliance with H&S legislation and good management practice.

This information will enable each Care Group to develop a local H&S plan with the aim of progressing towards a position of improved H&S compliance and risk reduction.

Below is a pictorial diagram showing the Plan, Do, Check, Act model.

^{xxi} HSE (2013) Managing for Health and Safety HSG65 HSE Books.



Figure 1 The Plan, Do, Check, Act cycle

9.1 Health and safety policies

The Trust Health and Safety Committee approve health and safety-related policies which address a specific types of hazards arising from work, such as that relating to manual handling, work with hazardous chemicals, or work at height, etc. These policies are typically prefixed “HS”, and are published on the Trust’s intranet^{xxii}. Such policies are designed to inform line managers on how to go about assessing and controlling risks arising from those specific types of hazardous work.

All Care Groups should also publish their own, local health and safety policies. Such policies are aimed at defining the Care Group-level arrangements for managing health and safety issues. The Health and Safety Team provide guidance on how to write such policies, which is published on the Trust intranet and updated periodically^{xxiii}.

Line managers must ensure that their staff have easy access to all health and safety-related policies.

Where staff are generally IT-literate and access to PCs is good, these may be accessed from the intranet (for Trust policies) or stored electronically (for local policies).

^{xxii} <http://intranet/health/policy.asp>.

^{xxiii} Guidance to follow.

In departments where it cannot be assumed that staff are IT-literate, or access to PCs is poor, line managers must maintain paper copies of policies for reference. However, it should be noted that such copies must be regarded as uncontrolled, and line managers must ensure that they update the reference files whenever a policy is revised.

9.2 Organising for health and safety matters

9.2.1 Management structure

Section 2 to 8 of this policy define the manner in which the Trust's management structure is arranged, so far as health and safety matters are concerned, and how adequate consultation on health and safety matters is achieved within the Trust.

9.2.2 Staff health: fitness to work

It is essential that all prospective employees must be judged fit to work by means of a pre-employment medical screening questionnaire or examination (as determined by the Occupational Health service) which relates specifically to the demands arising from their proposed position within the Trust, during the recruitment process.

Staff must remain fit to work throughout their employment with the Trust. It is recognised that some staff members may require support from line management, the HR Team and the Trust's Occupational Health service in order to maintain their fitness to work at times, in particular concerning sickness absence management issues^{xxiv}.

At times this may mean that a staff member's duties may need to be restricted or modified, either on a short- or long-term basis. Where this become necessary, it must be done with the benefit of a management referral to the Trust's Occupational Health service. One purpose of the referral will be for the line manager to gain a good understanding of the relationship between the demands of the person's job and their current health status, with a view to gaining professional advice on capability issues and identifying any workplace issues requiring remedial action.

The Health and Safety Team may support line managers conducting risk assessments carried out in the context of advice on individual capability, where necessary and where requested to do so. The Team may also advise line managers where an Occupational Health report highlights a workplace hazard requiring risk assessment and control, and when requested to do so.

9.2.3 Competence, information, instruction and training

A competent person is one who has received suitable information, instruction and training and has sufficient knowledge or experience to identify risk while carrying out their duties.

All new staff must, on their first day, receive suitable and sufficient information, instruction, training and supervision by management to enable them to work safely. Enhanced supervision arrangements must apply until the manager is assured that the new staff member is competent to carry out their duties safely.

Departmental induction must include actions to be taken in an emergency (including fire or security events, violence and aggression, reporting incidents, etc.) and all specific hazards arising from the work undertaken in the ward or department.

Managers are to ensure that all newly appointed staff, professional and trade staff, are competent and certificated to current levels of qualifications at the date of their appointment. Existing staff must be given the opportunity to be updated within their profession or trade.

^{xxiv} HR31 Managing sickness absence.

All staff are to receive appropriate information, instruction and training before operating machinery, equipment or adopting new working practices for the first time. All staff must be given adequate safety-related training when exposed to new or increased risk due to changes in responsibility, the environment or the introduction of changes in technology.

Line managers will be held to account to assure such training is carried out. All training must be recorded as evidence that the employees have received such training. It is essential for all managers to assure themselves that the staff under their control are competent to do the tasks asked of them, and continue to be so throughout their employment with the Trust^{xxv}.

All Directors of the Trust will ensure that enough resources are available for training of staff to full competency, in order to reduce the risks to the staff and others.

9.2.4 Corporate induction programme

All new starters must attend the Corporate Induction programme (much of which concerns health, safety or welfare-related matters) as soon as possible after starting work with the Trust, and within 3 months of commencing employment.^{xxvi}

It is acceptable for new appointees to attend an induction course prior to their start date with the Trust if this is mutually convenient. No new member of staff can undertake duties unless they have been trained and are deemed competent to carry them out. This is especially applicable to training in patient handling techniques.

It is the line manager's responsibility to ensure that the above requirement is complied with. Failure to ensure compliance could result in disciplinary action against the line manager.

It is essential for line managers to ensure adequate levels of supervision are provided to new staff to compensate for their deficiency in competency until they have received appropriate information, instruction and training to make them competent in all the tasks required of them.

9.2.5 "Statutory and mandatory training" refresher courses

The Trust's Development and Training Team organises refresher training programmes, usually referred to as "statutory and mandatory training", which provide tailored course content for different professional staff groups and which are compulsory for staff to attend. The course content is inevitably generic, and aims to cover Trust-wide risks^{xxvii}.

Individual wards and departments must have in place more specific programmes which are informed by their local risk assessments.

By reviewing work practices and procedures, identifying the hazards and then evaluating the risk, managers (in consultation with their staff) will be able to review the controls in place to prevent injury and ill health. Where new controls can be applied to reduce further the possibility of incidents, then they should be. At this stage new work practices and procedures must be produced, for which all affected staff within and outside the immediate ward department will need suitable and sufficient information, instruction, training and supervision, until they are judged competent to undertake the newly defined tasks to an acceptable safety standard.

Such departmental training programmes are to be regularly reviewed and updated.

^{xxv} HR59 Development and training support.

^{xxvi} HR02 Corporate and departmental induction, statutory and mandatory training.

^{xxvii} RM04 Trust Risk Management Training Policy

9.3 Planning for health and safety matters

9.3.1 Risk assessment and risk control measures

In order to develop a proactive culture in health and safety issues, directors and managers will integrate health and safety matters within all management activities of their respective wards and departments.

This will include the conduct of adequate risk assessments covering all hazards arising from the work of a given ward or department, followed by the application of robust and reliable risk control measures. These will principally be done in accordance with the Trust's policies concerning specific methods of risk assessment^{xxviii}.

It is every manager's responsibility to ensure that risk assessments are produced and that all controls are put into place are suitable and sufficient for the protection of staff and others.

When controls are in place to reduce a risk to the lowest reasonable practical level, then systems of active monitoring are to be introduced to ensure compliance.

All the above must be recorded and forms a formal risk assessment.

Staff must receive suitable and sufficient information, instruction and training in order for them to be competent in the tasks required of them. It is essential that such training must include all aspects of any hazards that they may be exposed to. Such hazards might arise from systems of work, use of equipment, the use of substances, etc. The training programme must be based on a written syllabus and lesson plan, which includes all aspects of the task identified as hazardous by the risk assessment.

All such training is to be recorded. The staff member must sign and date the training record to say they have attended and understood the training and the Trainer must countersign to say that the training was given. Such training is to be regularly reviewed and updated, particularly if there are any changes.

9.3.2 Incident reporting

In accordance with relevant Trust policy^{xxix}, all staff, volunteers and contractors must report all adverse incidents without delay, to their own line manager. The line manager must ensure that the incident is reported via the Datixweb system.

The incidents which must be reported include those which lead to actual injury, but also to near-misses, and to ill-health episodes or diagnoses which are suspected to be work-related.

9.4 Measuring health and safety performance

The key objective for the Trust in achieving success in health and safety matters is to minimise risk by setting performance standards, which identify who does what, when and for what result.

Care Groups and wards/ departments will establish specific health and safety plans which identify clear objectives and targets within specified time scales. Those objectives and targets must be measurable, achievable and realistic. Such programmes will be drawn up and reported to the appropriate health & safety committees.

Performance standards will be grouped into three main headings, as follows:

^{xxviii} <http://intranet/health/policy.asp>.

^{xxix} CG05 Procedure for the reporting and investigation of incidents, complaints and claims.

- performance of management action;
- standards of assessment, prevention and control of risk; and
- standards of documentation, particularly concerning ease of reading, subject matter and completeness.

9.5 Auditing and reviewing performance

To monitor the performance of health and safety across the Trust the following systems will be employed, as detailed in local annual plans.

9.5.1 Safety audits

Safety audits are the systematic measurement and validation of an organisation's management of its health and safety programme, against a series of specific and attainable targets^{xxx}.

Safety audits may be conducted by the Trust's own competent risk advisors, in accordance with programmes approved by the Trust's Health, Safety, Fire and Security Committee, or the Infection Prevention and Control Committee.

Safety audits may be carried out from time to time by the employment of external agencies, such as RoSPA, on the instruction of the nominated Director for health and safety. Where external audits are arranged, they will be conducted only by properly qualified and experienced staff employed by reputable bodies whose expertise in health and safety matters is beyond question.

9.5.2 Health and safety surveys

Health and safety surveys are an in-depth examination of a narrow field or subject, such as, working at height, work with hazardous substances, manual handling, etc.

Surveys may be carried out at ward or department level by a small project group comprising staff drawn from within the Department.

From time to time, the Health and Safety Team may conduct surveys centring on issues arising from incident investigations, or to assess the implementation and efficacy of Trust policies on controlling specific hazards.

9.5.3 Safety inspections

These inspections are formal and are carried out on a regular basis (usually 3 monthly) by local management. The aim is to ensure that managers are prompted to conduct a physical inspection of their own areas, and talk to their own staff on safety matters in the workplace, at periodic intervals. They should be aimed at checking that risks are adequately controlled in practice.

Safety inspection teams will comprise of the director or his/ her representative, accompanied by a senior manager, the ward or department line manager and/ or health and safety link worker, and staff health and safety representatives.

9.5.4 Safety tours

Safety tours are informal unscheduled short walks-round a work area by a senior manager and an appropriate risk advisor.

^{xxx} RoSPA.

9.5.5 Safety sampling

By means of quasi-random sampling, the incident potential in a specific work area is assessed by identifying defects and omissions. These are usually carried out by like-qualified staff from another ward or department, so as to see work situations and work practices with fresh eyes.

9.5.6 Record keeping

Short, readily comprehensible understandable records are to be made of the above methods of monitoring, auditing and reviewing, with copies sent to local health and safety committees, and to the Health and Safety Team Manager.

10 Review

This policy will be reviewed in 3 years unless there are significant changes either at national policy level, or locally. In order that this document remains current, any of the appendices to the policy can be amended and approved during the lifetime of the document without the document strategy having to return to the ratifying committee.

11 Monitoring

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Care Group Health and Safety Committees	Care Group Reports	H&S Team Manager's reports to the Health, Safety, Fire and Security Committee	Quarterly	Health, Safety, Security and Fire Committee
Trust Health and Safety Committee	Meeting minutes	Nominated Director for Health and Safety	Quarterly	Risk Committee
H&S risk management	Health and Safety audit programme	Health and Safety Team Manager	As per agreed audit programme	Health, Safety, Security and Fire Committee

12 Equality Impact Assessment (EQIA)

This document has been subject to an Equality Impact Assessment and is not anticipated to have an adverse impact on any group.

13 References

HSE (1997) The costs of accidents at work HSG96 HSE Books.

HSE (1999) The costs to Britain of workplace accidents and work-related ill health in 1995 HSG101 HSE Books.

The Health and Safety at Work etc. Act 1974, 1974 c.37.

HSE (2000) Management of Health and Safety at Work Regulations 1999: Approved Code of Practice and Guidance L21 HSE Books.

Safety (Consultation with Employees) Regulations 1996 (as amended).

Safety Representatives and Safety Committees Regulations 1977 (as amended); Health and Safety (2013) Managing for Health and Safety HSG65 3rd edition, HSE Books.
HSE (2000) Work with ionising radiation. Ionising Radiation Regulations 1999 Approved code of practice and guidance L121 HSE Books.

14 Associated documentation

CG05 Procedure for reporting and investigation of incidents, complaints and claims.
HS11 Health and safety risk assessment templates policy.
HS10 Control of Contractors.
HS14 Ionising radiation protection policy.
HR02 Corporate and departmental induction, statutory and mandatory training.
HR31 Managing sickness absence.
HR59 Development and training support.
RM01 Risk Management Strategy.
RM04 Trust Risk Management Training Policy.

Appendix 1 Diagram depicting management of and responsibility for health & safety

