

Board of Directors' Meeting 8 December 2022

Agenda item	237/22		
Report Title	Health and Safety Management Policy		
Executive Lead	Acting Chief Operating Officer		
Report Author	Health and Safety Team Manager		
	Link to strategic goal:		Link to CQC domain:
	Our patients and community	√	Safe √
	Our people	√	Effective
	Our service delivery		Caring
	Our governance	√	Responsive
	Our partners		Well Led √
	Report recommendations:		Link to BAF / risk:
	For assurance		
	For decision / approval	√	Link to risk register:
	For review / discussion		
	For noting		
	For information		
	For consent		
Presented to:	2022.06.29 Health, Safety, Security and Fire Committee 2022.09.15 Health, Safety, Security and Fire Committee 2022.11.15 Quality Operational Committee		
Executive summary:	<p>The Health, Safety, Security and Fire Committee of 29 June 2022 considered the draft revision to document HS01 Trust Health and Safety Management Policy.</p> <p>Following a consultation period, the Health, Safety, Security and Fire Committee meeting of 15 September 2022 approved the policy.</p> <p>The policy was subsequently considered and approved at the Quality Operational Committee of 15 November 2022.</p> <p>The Board of Directors is asked to approve this document as the Trust's overarching health and safety policy, supported by all other HS-prefixed policies.</p>		
Appendices	Appendix 1: HS01 Trust Health and Safety Management Policy		
Executive Lead			

Health and Safety Management Policy

HS01

Associated documents:
All HS-prefixed policies
RM01 Risk Management Strategy

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Ratified by:	
Date ratified:	
Author:	Kathleen Titley, H&S Team Manager
Executive Director:	Sara Biffen, Acting Chief Operating Officer
Date Issued:	
Review Date:	
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Version Control Sheet

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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.

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7.4	September 2015	Kath Titley	Draft (approved)	Amendments following discussion at Health, Safety, Fire and Security Committee 8 Sep 15, in preparation for Policy Approval Group 12 Oct 15.
7.5	December 2019	Kath Titley	Draft	Draft revision, for December 2019 HSSF Committee Policy Group meeting.
7.6	January 2020	Kath Titley	For approval	Amended following December 2019 meeting. Policy on a page added. For Policy Approval Group.
7.7	June 2022	Kath Titley	For consultation Approved	For review at June 2022 HSSFC meeting. Approved at 15 September 2022 meeting. Final version 21 October 2022, for publication.

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Policy on a page

The Trust recognises its duties to comply with UK Health and Safety law. This policy describes the Trust's arrangements for health and safety management and should be read in conjunction with all HS-prefixed policies.

The Trust recognises the health and safety management model described in HSG65¹ as good practice, and its health and safety arrangements are loosely based on that model.

The Trust's Health, Safety, Security and Fire Committee considers and approves all policies prefixed HS-, SY-, F(ire)S- and F(ood)S-. The Committee meets six times a year.

Divisions and Corporate Departments are responsible for having arrangements in place to monitor local compliance with this policy and all others bearing HS-prefixes.

The general responsibility for compliance with H&S-related policies on a day-to-day basis cascades via line management chains, and therefore staff are advised to speak to their own line manager about H&S-related issues in the first instance.

Staff may also wish to discuss H&S-related issues with union H&S representatives. The Trust recognizes eleven different unions and professional bodies, and these are listed in the Health, Safety, Security and Fire Committee's Terms of Reference. These are represented at Committee meetings.

The Trust employs competent in-house advisors across a range of safety-related disciplines, whose role is to advise Trust line managers on matters relating to statutory compliance and industry best practice and to monitor arrangements within the Trust. Where necessary, the Trust secures the services of external advisors to give advice on matters relating to statutory compliance.

The Trust recognizes the needs of young people (under 18 years) and new/ expectant mothers at work, and this policy addresses arrangements for their protection in the workplace.

The Health, Safety, Security and Fire Committee receive reports on incidents, investigations, audits and regulatory activity relating to H&S, Security, Fire and Food safety matters across the Trust.

Line manager's checklist for ward/ department-level compliance with this policy

- The line manager and H&S Link Worker (where appointed) have attended the IOSH "Managing Safely" course or a refresher day within the last 3 years.
- Staff health, safety and welfare issues are addressed in ward/ department meetings.
- Due consideration is given to the needs of young people at work.
- Due consideration is given to the needs of new and expectant mothers at work.
- New staff members undergo local inductions which include ward/ department health, safety and welfare issues.
- Local risk assessments address the work of the ward/ department, and staff are consulted when risk assessments are written or reviewed.
- Safe systems of work (standard operating procedures) are in place where required, and staff understand how to protect themselves at work.
- Incidents and near-misses are reported via Datix and are investigated, with a view to preventing recurrence.

¹ HSE (2013) Managing for health and safety HSG65 (3rd ed) HSE Books.

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 most important asset is its staff. The talent, expertise and dedication of staff is key to the Trust meeting its core purpose of improving the health of our local community.

The Board 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 acknowledges that the trauma 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 so²³. Therefore, the Trust Board endorses this policy, recognises its importance by supporting the policy with adequate financial and physical resources in accordance with the Trust's Risk Management Strategy, 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 via regular reports on matters of health, safety and welfare via the Health, Safety, Security and Fire Committee. The Trust Board will call for an annual report on health, safety and welfare matters and the work of the Committee.

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 everyday activities throughout the Trust.

Louise Barnett
Chief Executive

Dr Catriona McMahon
Chair

² HSE (1997) The costs of accidents at work HSG96 HSE Books.

³ HSE (1999) The costs to Britain of workplace accidents and work-related ill health in 1995 HSG101 HSE Books.

1. The Trust's general health and safety policy

1.1 Commitment to compliance with H&S legislation

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 1974⁴ and its associated regulations, approved codes of practice, and guidance.

1.2 Commitment to a safe and healthy environment

The Trust is committed to providing a safe and healthy environment for all staff, 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 are explained to new staff members during the Corporate Induction programme, particularly during the H&S Team's session on the Trust's health and safety management arrangements. This is reinforced during local inductions delivered by line managers⁵.

The requirements of this policy are to be explained to all contractors on engagement or award of contract, and for building and engineering contracts this must take place at or before 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 premises⁶.

2 Responsibilities

2.1 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 Trust Board has a Risk Management Strategy⁷, and the Board may, in accordance with that strategy, call for regular reports on H&S matters. It may also call for ad hoc reports on specific issues from time to time.

2.2 Chief Executive

The Chief Executive ensures that the Trust has arrangements in place to achieve the following:

- That the Trust has suitable and effective health and safety policies;
- That there is a management structure in place capable of complying with those policies;
- That staff are empowered to work safely and to protect their own health at work;
- That systems are in place to ensure that hazards are identified, risk assessments are carried out, and risk control measures are devised and implemented;
- That there are robust arrangements in place to monitor health and safety performance; and
- That the Trust has systems in place to allow it to learn from its experience, and to apply

⁴ The Health and Safety at Work etc. Act 1974

⁵ W36 Management of Corporate and Local Induction

⁶ HS21 Control of Contractors

⁷ RM01 Risk Management Strategy

those lessons learned to strive for improvement in health and safety performance⁸.

2.3 Nominated director for health and safety

The Chief Operating Officer is the nominated director with special responsibilities for health and safety.

The Chief Operating Officer is responsible for oversight of the management systems required by the Management of Health and Safety at Work Regulations 1999⁹, 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 act as Executive Lead for the Trust's Health, Safety, Security and Fire Committee.
- 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 and Division/ Corporate Department meetings.
- 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 periodically and to recommend changes or additions.
- To have procedures in place to consult with both union members and non-union staff members on health and safety issues.

2.4 Senior Leadership Team

The attention of all Senior Leadership Team members 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 Leadership Team members 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 Divisions and Corporate Departments.

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.
- That procedures are in place to deal with serious and imminent danger, including evacuation procedures.
- That staff and volunteers are provided with adequate information, instruction, training and

⁸ HSE (2013) Managing for Health and Safety HSG65 3rd edition, HSE Books.

⁹ The Management of Health and Safety at Work Regulations 1999.

- supervision to protect themselves and others, by means which are easy to understand.
- 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 accordance with the Trust's Risk Management Strategy in a timely manner.

2.5 Line managers and responsibility for H&S management

The Head of Facilities is responsible for the cleanliness of all internal public corridors and reception areas, stairs, the internal surfaces of lifts and all internal building surfaces, and the operation of Trust loading bays.

The Associate Director of Estates and Hospital Transformation is responsible for the condition of 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 each line manager's responsibility to ensure that their own staff, volunteers, patients and visitors/ members of the public accessing their service 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.

- Implement all relevant HS-prefixed policy requirements in their own ward or department.
- Ensure that H&S matters are addressed during local induction training, and in any local competency frameworks.
- Undertake risk assessments, and record the significant findings (using the templates agreed by the Trust Health, Safety, Security and Fire Committee, for the sake of consistent practice within the Trust¹⁰).
- Ensure that local 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 in RM01.
- Introduce controls measures where necessary and devise local 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 and in accordance with the Trust's Risk Management Strategy.
- Maintain all health and safety management-related records (such as risk assessments, induction and training records, meeting minutes, inspections, survey reports, occupational hygiene reports, local investigations 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 and in such a way to facilitate handover on change of post-holder.
- Ensure that all incidents, work-related injuries, work-related diseases and near-misses

¹⁰ HS11 Health and Safety Risk Assessment Templates Policy.

are reported using the Trust's Datix system or paper IR1 form in a timely manner and are investigated thoroughly at a local level.

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.
- Health surveillance outcomes received from the Occupational Health service.
- Incident reports (whether electronically in Datix, or IR1 forms in hard copy), and associated records arising from local investigations.
- Records arising from management referrals to the Occupational Health service (usually held confidentially in staff member's personal files).
- Minutes of local health and safety meetings (including those where H&S may be an agenda item on a wider meeting, such as a team meeting, governance meeting, etc.).
- Records of local health and safety monitoring activities, including 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.

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 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 (including Medical Engineering Services and the Estates Team). 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.

2.6 Supervisors

Where employed, supervisors (team leaders, charge hands, the nurse/ midwife in charge of a shift, etc.) are responsible for supporting the line manager in achieving the standards as set out above. In order to achieve this, supervisors must:

- Ensure that risk assessments have been undertaken 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.
- Ensure that staff are appropriately supervised whilst carrying out tasks/ activities, ensuring that suitable levels of supervision are in place for all new starters, or 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 via Datix on behalf of any staff member 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.

2.7 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 via Switchboard.

The Clinical Site Managers 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 including the Trust’s Major Incident policy and procedures.

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). They will lead the operation to control the incident, whilst the Clinical Site Manager will 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 may nominate a responsible Manager, who may or may not be the Clinical Site Manager, to set up an incident command structure 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.

2.8 Individual responsibilities

All Trust staff plus volunteers working in the Trust hold the following responsibilities^{11, 12}.

- 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 accordance with training and instruction provided by the Trust.
- They must cooperate with the Trust and its line managers, where there is a health, safety

¹¹ Health and Safety at Work etc. Act 1974, section 7

¹² Management of Health and Safety at Work Regulations 1999, Regulation 14

- 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 detail the post holder's key responsibilities with regards to health and safety matters.

Where necessary to protect health at work, staff are expected to take part in health surveillance exercises (where indicated by risk assessment). These may include health assessment questionnaires and/ or consultations/ telephone calls with Occupational Health Nurse Advisors/ Physicians.

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, may be subjected to disciplinary action (which may include dismissal) in accordance with W7 Disciplinary Policy.

3 Health and safety of new or expectant mothers

Line managers must consider the potential risks to new or expectant mothers when conducting their local risk assessments, anywhere where women of child-bearing age are, or may be, employed. For the Trust, this means all wards and departments.

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 an individual risk assessment, which aims to protect the working mother and unborn child while at work in the context of her own circumstances, and which must be 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 HS11 Health and Safety Risk Assessment Templates.

4 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, 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.

Where work is carried out by people aged under 18, local risk assessments must take into account the young person's 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 assessment will also specify the level and type of supervision required for the young person to undertake their tasks safely.

HS11 Health and Safety Risk Assessment Templates includes further guidance.

5 Health and safety for voluntary groups

Where any activity is carried out by volunteers 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 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 that person, and therefore the same minimum health and safety standards must be maintained.

The Trust reserves the right to stop any activities by a volunteer, where not to do so creates unacceptable risks to health and safety of anyone on Trust premises.

Where an external group hires or accesses a Trust facility as a venue for their own meetings, the Trust manager who agrees the arrangement must ensure that appropriate health, safety and welfare arrangements are in place for all anticipated activities.

6 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.

6.1 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, developing, implementing and monitoring 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 by engaging in Continuing Professional Development activities.

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 liaises with the Health and Safety Executive on matters relating to compliance with health and safety law.

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 competently¹³, that the specialist cooperates adequately with the Trust's own risk advisors, and works within Trust policy wherever applicable.

6.2 Occupational Health service

The Trust's contracted Occupational Health service is responsible for advising line managers on

¹³ Management of Health and Safety at Work Regulations 1999, Regulation 7.

protecting staff against health hazards arising from work and the work environment and commenting on capability to undertake work in the context of an individual staff member's own health.

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 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.

6.3 Quality Governance Team

The Trust has a Quality Governance Team, led by the Assistant Director of Nursing, Quality Governance, whose aim is to improve standards of patient safety across the Trust.

The Quality Governance Team liaise with the Clinical Commissioning Group and the Care Quality Commission on matters relating to patient safety.

Wherever necessary to ensure compliance with health and safety-related legislation or on matters where either HSE or CQC may potentially be lead regulator, the Health and Safety and Quality Governance Teams maintain a close and productive working relationship, to support the common aim of protecting Trust patients from avoidable harm.

6.4 Infection Prevention and Control Team

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

The Team is responsible for the development, advice on implementation and monitoring of policies prefixed IPC-, relating to infection prevention and control throughout the Trust.

In addition to their clinical duties, the Team 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.

The Trust has an Infection Prevention and Control Assurance Committee which is chaired by the Director of Infection Prevention and Control.

6.5 Radiation Protection Advisors and Supervisors and the Radiation Protection Committee

The director responsible for Radiology appoints in writing a nominated person as the Trust's Radiation Protection Advisor. The appointment of the advisor is made in accordance with the

Ionising Radiation Regulations 2017¹⁴ (and in particular Schedule 5).

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 (HS14 Ionising Radiation Protection Policy), which applies to the whole Trust.

The director ensures that the Trust has a Radiation Protection Committee which meets at regular intervals and at least annually, to discuss and resolve relevant issues. The Radiation Protection Committee reports to the Health, Safety, Security and Fire Committee following each meeting.

6.6 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.

The Security Manager is responsible for the development, advice on implementation and monitoring of all SY-prefixed policies.

6.7 Fire Safety Advisor and the Fire Safety Group

The Trust employs one or more Fire Safety Advisors, 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.

The Fire Safety Advisor is responsible for the development, advice on implementation and monitoring of all F(ire)SO-prefixed policies.

The Fire Safety Advisor is a member of the Trust's Fire Safety Group, chaired by the Associate Director for Estates and Hospital Transformation, which reports to the Committee following each meeting.

6.8 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 Trust's local Environmental Health Officers on matters relating to compliance with food safety law.

The Food Safety Advisor is responsible for the development, advice on implementation and monitoring of all F(ood)S-prefixed policies.

6.9 Falls Prevention Nurse Practitioner

The Trust employs a Falls Prevention Nurse Practitioner whose role is focused on the prevention and management of patient falls in hospital. The post holder trains Falls Link Workers across the Trust. The H&S Team liaises with the Falls Prevention Nurse Practitioner to detect RIDDOR

¹⁴ HSE (2017) Working with ionising radiation. Ionising Radiation Regulations 2017 Approved code of practice and guidance L121 (2nd Ed) HSE Books.

reportable falls affecting inpatients.

6.10 Estates Compliance Structures – AEs, APs, CPs

The Associate Director for Estates and Hospital Transformation is responsible for ensuring that the Estates Department has in place the compliance structures as defined in the national Health Technical Memoranda documents pertaining to management of the healthcare estate. These address issues concerning building safety, electrical safety, water safety, pressure systems safety, etc.

The Associate Director is responsible for ensuring that the Trust has external Authorising Engineers (AEs) appointed to advise the Trust on relevant technical and engineering disciplines. The Trust appoints Authorised Persons (APs) and Competent Persons (CPs) on the advice of AEs, and they manage the safety aspects of their own engineering disciplines in the course of their day-to-day duties.

Estates/ engineering compliance matters are overseen by the Estates Compliance Group, which reports to the Committee quarterly.

7 Staff consultation on health and safety issues

7.1 Staff health and safety representation

The function of health and safety staff representatives is to represent the views of staff when communicating with directors, senior managers and line managers. They consult with their colleagues and bring the majority view of their colleagues, together with a balanced view of the minority, to all relevant meetings where H&S matters are discussed. Any decision reached during a committee meeting 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 may join with management in the investigation of accidents and near misses. They may also undertake workplace inspection following agreement 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.

The membership of the Trust's Health, Safety, Security and Fire Committee includes a representative from each of the unions or professional bodies recognized by the Trust (where one exists), and this is reflected in the Committee's Terms of Reference.

7.2 Health and safety/ manual handling 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 H&S link workers via quarterly meetings, which update link workers on matters discussed at the Health, Safety, Security and Fire meetings.

The Moving and Handling Team provide advice, training and support to manual handling link workers.

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 and in particular the local implementation of HS- prefixed policies.
- To assist managers in ensuring that staff attend all relevant health, safety or welfare-related training, including refresher courses.
- To arrange for local health and safety-related issues to be raised at ward or department meetings, usually on a monthly basis.
- To arrange health and safety inspections of the physical areas for which their line manager is responsible, at least annually.
- To liaise with the Trust's Health and Safety Advisors and others on all matters associated with local health and safety issues.
- To alert the Trust's Health and Safety Advisors to significant incidents and issues.
- To ensure, when requested by the appropriate line manager, that all H&S incidents are investigated in accordance with Trust policies, and that appropriate remedial actions are taken to try and prevent further occurrence.

7.3 Consultation arrangements

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 Division 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, should be discussed during a ward or department meeting (and ward/ department meetings should address local H&S issues as a matter of course).
- If any issue cannot be resolved satisfactorily at local level, it must be referred to a senior manager and discussed at the next Division/ Corporate Department meeting where health and safety is an agenda item (including local H&S Committee meetings where they exist). If the issue is resolved staff members affected are to be advised of the outcome.
- If the issue is not resolved at Division or Corporate Department level, the issue may be referred to the Trust Health, Safety, Security and Fire Committee, and/ or (where the risk assessment justifies it) dealt with in accordance with the Trust’s Risk Management

Strategy for inclusion on the Trust's Risk Register.

Staff representatives 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 Health, Safety, Security and Fire Committee for consultation, and in this way are shared with staff side union representatives as named in the Committee's Terms of Reference. Following consultation they will then be submitted to the Health, Safety, Security and Fire Committee for approval prior to publication in the intranet Document Library.

This policy will also go to the Trust Board for approval and formal adoption.

7.4 Division/ Corporate Department health and safety committees

The Division/ Corporate Department Health and Safety Committee (whether held as a stand-alone meeting, or as a part of a larger meeting) must standardise procedures, policies and protocols as far as is possible across the Division, to ensure full implementation of and compliance with Trust HS-prefixed policies, and consider local H&S-related matters in general.

Membership of the Committee may include the following.

- The Assistant Chief Operating Officer/ Division Director or nominated deputy, who will usually chair the meeting.
- Line Managers of the wards or departments representing the professional and trade groupings across the Division.
- Health and safety representatives representing the wards or departments of the Division. These may be union H&S representatives, or elected staff H&S representatives, or members of staff drawn from across the Division/ Corporate Department.
- A member of the Trust's Health and Safety Team.

The purpose of the Division/ Corporate Department Health and Safety Committee is as listed below.

- To agree the Division/ Corporate Department's arrangements for implementation of HS-prefixed policies and addressing general H&S matters, including agreement of the Division/ Corporate Department's local H&S policy.
- To monitor the Division/ Corporate Departments' compliance with HS-prefixed policies.
- To review working practices within the Division and set standards of health and safety-related performance.
- To resolve any outstanding H&S issues reported via ward or department meetings.
- To ensure that regular health and safety inspections of the whole part of the premises occupied by the Division/ Corporate Department are carried out, and the findings acted upon.
- To review new and existing risk assessments.
- To monitor hazards identified via risk assessment, associated control measures including training, and the effectiveness of the measures in reducing risks to staff and others.
- To ensure that risks are escalated in accordance with the Trust's Risk Management Strategy when necessary.
- To audit local levels of compliance with regards to Trust policies and guidelines/ standard operating procedures.
- To review the outcomes of audits or inspections with a view to ensuring that remedial actions are taken where necessary.

- To review health and safety performance indicators for trends and maintenance of standards and take action to introduce measures to improve standards.
- To review trends in incident reports, and associated investigation reports.
- To review and comment on proposed new health and safety policies or procedures, or on amendments to existing policies or procedures.

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

The work of these Committees is to be reported to the Trust Health, Safety, Security and Fire Committee in the form of the response to the quarterly Division H&S Reports which are generated following every Health, Safety, Security and Fire Committee by the H&S Team.

7.5 Health, Safety, Fire and Security Committee

The Trust has a Trust Health, Safety, Security and Fire Committee, which meets six times a year.

The membership and purpose of the Committee is as defined in its Terms of Reference.

8 Health and safety risk management

8.1 Managing health and safety

The Trust recognises the HSE model known as HSG65¹⁵ for the management of health and safety matters within the Trust. The “Plan, Do, Check, Act approach to managing Health and Safety 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 Division. 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 Division/ Corporate Department 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. Sections 9.2 to 9.13 describe the Trust’s arrangements in key areas arising from the model.

Figure 1 Plan, Do, Check, Act model



¹⁵ HSE (2013) Managing for Health and Safety HSG65 HSE Books.

8.2 Health and safety policies

The Trust Health, Safety, Security and Fire Committee consider and approve health and safety-related policies which address 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-, SY-, F(ire)S- or F(ood)S-, and are published on the Trust's intranet and can be accessed via the H&S intranet pages and via the Document Library. Such policies aim to inform line managers on how to go about assessing and controlling risks arising from those specific types of hazardous work.

All Divisions/ Corporate Departments should also publish their own, local health and safety policies defining how HS-prefixed policies will be implemented locally. Such policies are aimed at defining the Division-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.

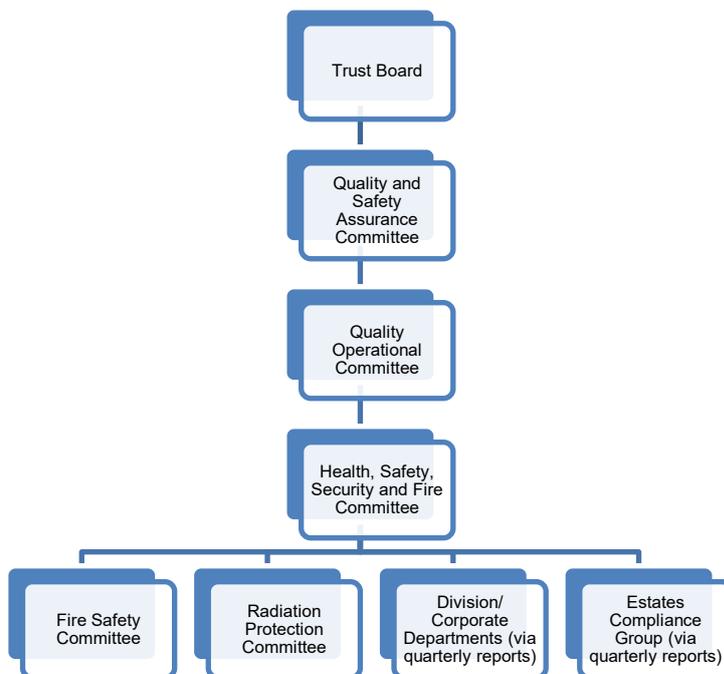
Line managers must ensure that their staff have easy access to all health and safety-related policies. Where access to PCs is good, these may be accessed from the intranet Document Library (for Trust policies) or otherwise stored electronically (for local Standard Operating Procedures).

In departments where access to PCs is poor, line managers may maintain paper copies of policies for reference. However, such copies should be regarded as uncontrolled, and line managers must ensure that they update the local reference files whenever a policy is revised.

8.3 Health and Safety Management structure

Figure 2 (below) displays the overarching management structure for health and safety matters.

Figure 2 Health and Safety Management Structure



The Health, Safety, Security and Fire Committee meets six times a year, and calls for quarterly reports from Divisions and Corporate Departments plus the Estates Compliance Group.

The Committee reports to the Quality Operational Committee three times each year.

The Annual Report of the Health, Safety, Security and Fire Committee is submitted for approval by the Committee, then the Quality Operational Committee, then the Quality and Safety Assurance Committee before presentation to the Trust Board for approval.

8.4 Staff health at work

All prospective employees are 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. Pre-employment health screening is incorporated into the Trust's Recruitment processes.

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.

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 and other Trust Advisors 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. Guidance on return to work/ temporary adjustments risk assessments appears in HS11 Health and Safety Risk Assessment Templates.

8.5 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.

Local induction must include actions to be taken in an emergency (including fire or security events, violence and aggression, reporting incidents, etc.) and any specific hazards arising from the work undertaken in the ward or department. W36 Management of Corporate and Local Induction provides guidance on content.

Managers are to ensure that all newly appointed staff are competent and suitably qualified on appointment, and that where necessary personal development plans are agreed. Existing staff must be given the opportunity to engage in refresher or update training, or engage in continuing professional development activities as appropriate to their profession or staff group.

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, and the requirement for such training is likely to arise via risk assessments.

Line managers must ensure such training is carried out, noting that some of this may be in-house or workplace-based training, and some may involve external training providers. All training must be recorded, preferably on ESR, as evidence that the employees have received such training.

All managers must 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. The need for development and training activities is addressed during annual staff appraisals, where personal development plans are discussed.

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

8.6 Corporate induction programme

All new starters must attend the Corporate Induction programme (which includes health, safety and welfare-related matters) as soon as possible after starting work with the Trust, in accordance with W36 Management of Corporate and Local Induction.

No new member of staff may undertake duties unless they are deemed competent to carry them out. This is especially applicable to training and experience in patient handling techniques.

It is essential for line managers to ensure adequate levels of supervision are provided to new staff to compensate for their lack of experience until they have received appropriate information, instruction and training to help them to develop into fully competent staff members. These arrangements may include periods of mentoring or preceptorship.

8.7 Statutory and mandatory training/ Statutory Safety Updates

The Trust's Corporate Education Team organises refresher training programmes, often referred to as statutory and mandatory training, or statutory safety updates (SSUs), which provide tailored course content for different professional staff groups and which are compulsory for staff to attend or undertake online. The course content aims to cover Trust-wide risks (and see RM04 Risk Management Training Policy plus W32 Statutory and Mandatory Training Policy for further details).

Note that many individual wards and departments have in place local professional development training requirements which are informed by their own risk assessments, and which are not addressed in the SSU programme. Training records must be retained using the Trust's LMS system wherever possible.

8.8 Risk assessments and risk control measures

In order to develop a proactive health and safety culture, line managers must integrate health and safety matters into all work activities undertaken in their respective wards and departments.

This includes the need for adequate H&S risk assessments covering any hazards arising from the work of a given ward or department, and the application of robust and reliable risk control measures reflected in local guidelines or standard operating procedures/ standard work. These will principally be done in accordance with the Trust's policies concerning specific methods of risk assessment including HS11 Health and Safety Risk Assessment Templates and other HS-prefixed policies, and the Trust's Risk Management Strategy RM01.

It is the line manager's responsibility to ensure that risk assessments are conducted and that any controls which are put into place are effective in reducing risk of injury or ill-health to their own Trust staff and others who access the Trust's services and premises.

Where controls are in place to reduce a risk to the lowest level reasonably practicable, then ways of monitoring performance must be included in local health and safety management arrangements to ensure that risk control measures remain active and effective.

The significant findings of risk assessments, including the need for any specific staff training or monitoring activities (e.g., daily checks, or environmental monitoring, etc.) must be recorded using standard Trust templates where available.

8.9 Incident reporting and investigation

In accordance with relevant Trust policies, all staff, volunteers and contractors must report all adverse incidents without delay, to their own line manager or Trust contact. The line manager must ensure that the incident is reported via Datix.

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

Incidents will be investigated in accordance with HS02 Incident reporting and investigation (staff, contractors and members of the public including RIDDOR) and CG04 Clinical Incident Management Policy.

Trends in incident reports are reported to the Health, Safety, Security and Fire Committee on a quarterly basis, for review.

8.10 Health and safety audits

Health and safety audits may be conducted locally by line managers or Link Workers, or 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 Operational Group, or the Quality Operational Committee.

Progress against internal audit programmes is reported to the Health, Safety, Security and Fire Committee on a quarterly basis, and key findings are reviewed at each meeting with a view to lessons learned Trust-wide.

Health and Safety audits may be carried out from time to time by external organisations, 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 organisations.

8.11 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.

From time to time, the Health and Safety Team or other Trust Advisors may conduct surveys focusing on issues arising from incident investigations or safety alerts, or to assess the implementation and efficacy of Trust policies on controlling specific hazards. These will usually be reported via the Health, Safety, Security and Fire Committee with a view to Trust-wide learning.

8.12 Health and Safety inspections

Physical inspections of Trust workplaces are to be conducted on a regular basis by local line managers or Link Workers, noting that some inspections may also be conducted by union H&S representatives.

HS11 Health and Safety Risk Assessment Templates includes a checklist for the physical inspection of workplaces focused on the requirements of the Workplace (Health, Safety and Welfare) Regulations 1992, and this may be used as published or adapted for local use.

8.13 Record keeping

Short, legible and retrievable records are to be made of the above activities. These must be stored in such a way that they can be produced during audits or investigations and handed over on change of line manager post-holders.

9 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.

10 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
Division/ Corporate Department Health and Safety management activities	Quarterly reports to HSSFC	Health and Safety Committee Chair	Quarterly	Health, Safety, Security and Fire Committee
Trust Health, Safety, Security and Fire Committee performance	Meeting minutes/ summary escalated to QUOC	Health and Safety Team Manager	3 times a year	Quality Operational Committee
Trust Health, Safety, Security and Fire Committee performance against Terms of Reference	Annual Report of the HSSFC	Health and Safety Team Manager	Annually	Health, Safety, Security and Fire Committee
Compliance with Trust H&S-related policies	Health and Safety audit programme, as overseen by the Health, Safety, Security and Fire Committee	Health and Safety Committee Chair	As per agreed audit programme	Health, Safety, Security and Fire Committee

11 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.

12 Key References

The Health and Safety at Work etc. Act 1974 (plus associated regulations)

The Management of Health and Safety at Work Regulations 1999

Safety Representatives and Safety Committees Regulations 1977

Health and Safety (Consultation with Employees) Regulations 1996

HSE (2013) Managing for Health and Safety HSG65 HSE Books.