

Health and Safety Policy

(Ver. 2.1 – January 2010)

**This document replaces the Trust's Policy on Health & Safety
(Ver. 2.0 - 2003)**

CONTENTS

	<u>Page</u>
General Statement of Intent	3
Organisation Role and Responsibilities	5
Boards and Committees	5
Board of Directors	5
Care Quality Board	5
Health and Safety Committee	5
<i>Fire Strategy Group</i>	5
<i>Operational Security Group</i>	5
Individual Post Holders	5
Chief Executive Officer	5
Director of Nursing and Clinical Leadership	6
Associate Director of Safety, Quality & Risk	6
Safety Risk Manager	6
Executive Directors/Divisional Directors of Operations/Directorate Managers	7
All Managers and Supervisors	8
Ward and Departmental Safety Link Persons	9
All Staff	9
Agency and Locum Staff	10
Organisational Arrangements	10
Resources for Health and Safety	10
Specialist Advisors	10
Occupational Health Service	10
Infection Control Team	11
First Safety Advisor	11
Security Manager (LSMS)	11
Department of Medical Engineering and Physics	11
Estates and Maintenance Departments	11
Radiation Protection Advisors and Supervisors	12
Back care Advisors	12
Safety and Risk Advisors	12
Biological Safety Officer	12
Consultation	12
Contractors	13
Risk Assessment	13
Incident and Hazard Reporting	14
Training and Information	14
Policies, Procedures and Guidance	15
Divisional/Directorate/Departmental Safety Procedures	15
Emergency Procedures and Business Continuity Plans	15
Records	16
Health and Safety Representatives	16
Information and Communications	16
Shared Premises	17
Distribution of the Policy	17
Evaluation and Monitoring	17
Review	17
References	18
Document History	18
Appendix A: Health and Safety Committee Terms of Reference	19
Appendix B: Staff Side Health and Safety Committee Terms of Reference	23
Appendix C: General Safety Rules	25

Health and Safety Policy

General Statement of Intent

1. It is the policy of the Oxford Radcliffe Hospitals NHS Trust to comply with the requirements of the '**Health & Safety at Work (etc.) Act 1974**' and such other health and safety legislation that may from time to time be introduced and be relevant.
2. The Trust recognises that high standards of health, safety and welfare are an integral element of efficient management objectives and contribute to the overall operational success of the Trust. It is committed to the continuous improvement in occupational health and safety and environmental matters that may affect staff, patients, volunteers, contractors and members of the public.
3. For such standards to be achieved, adequate financial and physical resources shall, so far as is reasonably practicable, be made available thereby ensuring continuing development of the competence of staff and the provision of any necessary expert advice.
4. Health and Safety is a management responsibility of equal importance to all other objectives, thus Executive Directors and Managers shall pursue progressive improvements in health and safety performance by establishing and maintaining control, communicating the necessary information, encouraging co-operation between individuals and groups thereby ensuring that a positive health and safety culture is promoted and developed.
5. Equally, it is recognised that all staff have a duty of care to themselves and others by avoiding hazards, preventing accidents and co-operating with the Trust by complying with all instructions and recommendations on health and safety.
6. So far as is reasonably practicable, the Trust shall ensure that:
 - 6.1 Safe and healthy work methods and conditions are provided and adopted.
 - 6.2 Statutory requirements are complied with and accepted as the minimum standards in all work areas and activities.
 - 6.3 Staff are made aware of potential hazards and the precautions to be adopted, by providing information, instruction, training, supervision and appropriate safety equipment.
 - 6.4 Steps are taken to identify the immediate and underlying causes of work related injuries and implement any preventative action necessary.
 - 6.5 Employees are actively encouraged to participate in health & safety arrangements and submit ideas and suggestions for improving standards.
7. This policy will be reviewed at least every two years or when procedural, legislative or best practice changes occur to ensure it remains effective, and any necessary amendments communicated to all employees.
8. Employees who wilfully disregard Trust Health and Safety Policies and Procedures may be subject to Trust performance & conduct procedures, which may include summary dismissal.



Chief Executive
January 2010

This page is deliberately blank

Organisation - Roles and Responsibilities

Boards and Committees

1. **Board of Directors** - In the context of effective corporate governance, managing health and safety risk is a key issue for the Board, who has a collective role in providing committed leadership in the continuous improvement in health and safety performance. The Board will ensure that their actions and decisions always reinforce this commitment, and that they will review the effectiveness of the health and safety management system and performance, at least annually, against agreed Key Performance Indicators. The Board will consider and approve Strategies/Policies and resource allocation, when the Health and Safety Director presents reports and proposals.
2. **Care Quality Board** - is responsible for ensuring the proactive, progressive and continuous improvement in the Trust's approach to safety risk management is achieved. This includes overseeing that assurance systems operate properly and thereby underpin clinical care, research and teaching.
3. **Health and Safety Committee** - As a committee of the Care Quality Board, the Health and Safety Committee is responsible for ensuring the development and implementation of a Health and Safety Policy and Safety Management System for dealing with safety risk issues, and for encouraging and fostering greater awareness of safety risk management throughout the Trust at all levels. Reports will be made at each Care Quality Board meeting, with prioritised recommendations and actions. *(See Appendix A for Terms of Reference & Membership)*
 - 3.1 **Fire Strategy Group** - As a committee of the Health and Safety Committee, the Fire Strategy Group is responsible for the development, implementation and monitoring of a Fire Safety Strategy. This will include appropriate policies and procedures, training, management arrangements and risk assessment programmes.
 - 3.2 **Operational Security Group** - As a committee of the Health and Safety Committee, the Security Group is responsible for developing a culture that allows for a proactive and progressive improvement in the Trust's approach to Security and Crime Prevention. When considering security improvements, the main principle will be "People first, Property second".

Individual Post Holders

4. **Chief Executive Officer (CEO)** – has the overall responsibility for effective health and safety management in the Trust, and who will:
 - 4.1 Ensure an up to date statement of the Trust's Policy for health and safety is prepared and brought to the attention of all staff.
 - 4.2 Ensure that annually, health and safety objectives are defined with key indicators and success criteria established to monitor performance.
 - 4.3 Obtain commitment from senior management to the health and safety risk management process, and encourage them to foster health and safety consciousness and awareness.
 - 4.4 Ensure that agreed programmes of investment in health and safety risk control measures are properly accounted for in the Trust's Annual Business Plans.

5. **Director of Nursing and Clinical Leadership (DNCL) [*Health & Safety Director*]** - To support the Chief Executive, the DNCL is nominated as the Lead Board Member responsible for providing strategic leadership, direction and overview of the corporate health and safety risk management system. In practical terms, this means that that the Director will:
 - 5.1 Develop health and safety strategic objectives, key indicators and associated success criteria to monitor performance for approval by the Health and Safety Committee, Care Quality Board and Board of Directors.
 - 5.2 Consult with Executive and Divisional Directors at budget review, to ensure adequate resources and facilities are made available to achieve stated objectives.
 - 5.3 Chair the Trust Health and Safety Committee.
 - 5.4 Ensure that adherence to this Policy is incorporated in all contracts with external agencies.
 - 5.5 Ensure that effective health and safety communication exists between all clinical, operational and functional disciplines, including third parties.
 - 5.6 Advise the Chief Executive, Care Quality Board and Board of Directors of all serious adverse incidents, unacceptable risks and associated Treatment Plans.
 - 5.7 Review and present an Annual Health and Safety Report to the Health and Safety Committee, Care Quality Board, Governance Committee and Board of Directors that details incident trends, levels of performance and matters of concern, plus an Action Plan containing objectives and prioritised risk reduction programmes.
6. **Associate Director of Safety, Quality and Risk** - To assist the DNCL in discharging his/her responsibilities, the Associate Director will be responsible for the development of a Safety Advisory Service, which facilitates compliance with health, safety and environmental legislation by promoting safety risk management through senior management and divisional teams. In practical terms, this will involve:
 - 6.1 Co-ordinating and monitoring the effectiveness of safety arrangements within the Trust, and advising the DNCL of serious adverse incidents, unacceptable risks and associated Treatment Plans.
 - 6.2 Ensuring that arrangements exist for the development and review of appropriate policies, procedures and guidance on health, safety and welfare issues.
 - 6.3 Assisting the DNCL in developing strategic health and safety objectives, key indicators and success criteria for monitoring overall performance. Provide performance reports to the Health and Safety Committee, Care Quality Board, Governance Committee and Board of Directors.
 - 6.4 Ensuring that all appropriate staff training needs are identified, and that effective arrangements exist for the training delivery.
 - 6.5 The provision of an Annual Health and Safety Report for the Health and Safety Committee, Care Quality Board, Governance Committee and Board of Directors that details incident trends, levels of performance and matters of concern, plus an Action Plan containing objectives and prioritised risk reduction programmes.
7. **Safety Risk Manager (SRM) [*Head of Non-Clinical Risk*]** - will be responsible for the delivery of a Safety Advisory Service that is available to all levels of Management and staff. This service will facilitate compliance with health, safety and environmental

legislation, through the promotion of a positive safety risk management culture with senior management and divisional teams. The SRM will be responsible for:

- 7.1 The management of the Senior Health and Safety Advisor and professionally responsible for the three Generic Risk Advisors.
 - 7.2 The development of a suitable health and safety training programme based on the outcome of a training needs analysis, and consultation with Divisions and Directorates.
 - 7.3 The development of compliance testing on a regular basis to ensure that the Trust is achieving compliance with legislative requirements and the implementation of agreed programmes.
 - 7.4 Monitoring and evaluating statistical safety data, providing reports that identify incident trends, costs, levels of performance, matters of concern requiring attention and the setting of targeted reductions for use as Performance Indicators.
 - 7.5 Reporting RIDDOR incidents to the Health and Safety Executive, and acting as the Trust Liaison Officer when dealing with external statutory bodies.
 - 7.6 The provision of reports to the Trust Health and Safety Committee that advises on the implications of new legislation, incident trends, areas of concern and overall levels of performance.
 - 7.7 The development of appropriate policies and procedures that will provide the Trust with necessary guidance for achieving compliance with legislative requirements and the provision of a safe, secure and healthy environment. This will include the review of policies, etc. and revisions to take account of changes in legislation, standards and working practices.
 - 7.8 Developing, implementing and monitoring a system to ensure that managers investigate all incidents, near misses and hazards and that appropriate action follows.
 - 7.9 Provide an Annual Health and Safety Report for the Health and Safety Committee, Care Quality Board, Governance Committee and Executive Board of Directors that details incident trends, levels of performance and matters of concern, plus an action plan containing objectives and prioritised risk reduction programmes.
8. **Executive Directors / Divisional Directors of Operations / Directorate Managers** - are responsible for implementing this policy within their areas of responsibility, by operating a safety culture and ensuring adequate communication, training and the assessment and monitoring of risks. In particular, this will include:
- 8.1 Ensuring that annually, health and safety objectives are defined with key indicators and success criteria established to monitor performance. Ensuring that at annual budget reviews adequate resources and facilities are available to ensure achievement of these objectives.
 - 8.2 Obtaining commitment from their managers to the health and safety risk management system, and encouraging them to foster health and safety consciousness.
 - 8.3 Developing, maintaining and reviewing annually a Divisional and Directorate Health & Safety procedures, which reflects local risks and other issues. They should detail the organisation and arrangements for identifying, assessing and preventing or

- controlling risks and the arrangements for the health and safety training of managers & supervisors.
- 8.4 Prioritising identified unacceptable risks and developing Risk Treatment Plans to eliminate or minimise exposure. This information to be detailed within Divisional and Directorate Risk Registers.
 - 8.5 Ensuring that all incidents and near misses, whether injury is sustained or not, are reported and fully investigated. That immediate and underlying causes are identified and recorded, and that appropriate remedial action and lessons are learned and longer-term objectives relating to health & safety are introduced.
 - 8.6 Undertaking regular audits to ensure that the health and safety management system is working effectively, and that any shortcomings are identified and dealt with. Written records of such audits and actions for improvement must be maintained and available for inspection.
9. **All Managers and Supervisors** - are responsible for implementing this policy by operating a safety culture and ensuring adequate communication, training and the assessment and monitoring of risks. In particular, this will include:
- 9.1 Assisting senior management in developing health and safety objectives and success criteria to monitor performance, and advising them of all serious adverse incidents and unacceptable risks.
 - 9.2 Ensuring health and safety management responsibilities are included in job descriptions and identified in individual performance reviews.
 - 9.3 Developing, maintaining and reviewing annually a Departmental Health and Safety Procedure, which reflects local risks and other issues. It should detail the organisation and arrangements for identifying, assessing and preventing or controlling risks; the arrangements for the health and safety training of staff; and details of Fire and Emergency procedures.
 - 9.4 Developing and maintaining appropriate emergency contingency plans for their departments.
 - 9.5 Undertaking risk assessments of work activities and the environment in accordance with Trust procedures. Prioritising risks identified and developing risk treatment plans to eliminate or minimise exposure. Where risks cannot be eliminated, developing written safe systems of work and ensuring that staff are aware of them through training and supervision. Maintaining a local Risk Register to record assessment outcomes.
 - 9.6 Ensuring that all incidents, hazards and near misses, whether injury is sustained or not, are reported and investigated in accordance with Trust procedures. Ensuring that as far as is reasonably practicable actions to prevent recurrence are implemented.
 - 9.7 Ensuring that all machinery and equipment is maintained in a safe condition and that, where applicable safety devices are fitted and maintained, safety rules observed and where appropriate protective clothing and equipment is provided.
 - 9.8 Ensuring that staff induction and refresher training on health and safety issues is provided, covering policies and procedures, safe systems of work and safe operation of equipment. Maintain individual staff training records, which detail training received, when and by whom.

- 9.9 Ensuring that all staff are made aware of Trust and Departmental Safety policies and procedures, hazards and any other safety information, which they require in order to perform their duties safely.
 - 9.10 Ensuring that the Trust's General Statement of Intent, Departmental Safety Procedure, and other relevant safety information are posted on departmental safety notice boards.
 - 9.11 Undertaking regular audits and inspections of wards and departments, to ensure that procedures and safe systems of work are being followed and that any shortcomings are identified and dealt with. Maintain written records all audits/inspections and actions for improvement.
10. **Ward and Departmental Safety Link Persons (SLPs)** - work in partnership with their manager, colleagues and the Corporate Non-Clinical Risk Management Service (NCRMS), and are a vital role in increasing levels of health & safety awareness, and establishing a positive and proactive approach to managing risk. Key aspects of the role are:
- 10.1 Working with their Manager with regard to undertaking risk assessments and the implementation of health and safety practice;
 - 10.2 Acting as the liaison between their ward or department and the NCRMS, and assist with their safety audits;
 - 10.3 Ensuring that health and safety information received from the NCRMS is acted upon and brought to the attention of their colleagues;
 - 10.4 Assisting with initiatives designed to promote a safe environment and working practices.
11. **All Staff** - have a duty to themselves, colleagues, and any person who might be affected by their actions, to work in a safe manner. In particular, this will include:
- 11.1 Taking reasonable care for the health and safety of themselves and any other person who may be affected by their acts or omissions.
 - 11.2 Co-operating with managerial and supervisory staff to ensure that all relevant statutory regulations, policies and procedures are followed.
 - 11.3 Attending as requested, health and safety training sessions designed to further the cause of health and safety, and increase individual awareness.
 - 11.4 Ensuring that where required, safety equipment and devices are used as directed and appropriate protective clothing worn.
 - 11.5 Reporting to their Manager or Supervisor all faults, hazards, unsafe practices, accidents, adverse incidents, dangerous occurrences and near misses whether injury is sustained or not.
 - 11.6 Ensuring that any ill health or medical condition, which may affect their ability to work safely, is reported immediately to their manager and/or the Occupational Health Service.
 - 11.7. (**Note:** Intentionally interfering with, or misusing any equipment or materials provided to ensure a healthy and safe environment, is a disciplinary matter. In some circumstances, it could lead to prosecution by the Health and Safety Executive.)

Agency and Locum Staff

12. Managers must be assured that staff employed via NHS Professionals and other Agencies, have received basic health and safety training within the last twelve months. To achieve this, such staff will be required to produce a current 'Certificate of Training' before commencing work.
13. Before any agency or locum worker uses equipment, Trust staff must ensure that they are shown the correct operation, etc.
14. Minimum health and safety competency requirements shall be identified in all contractual agreements between the Trust and Agency providers, to ensure safe working practices for all staff and patients.

Arrangements

Resources for Health and Safety

16. Not all working environments within the premises managed by the Trust are ideal. The Trust is faced with substantial demands on its capital and maintenance programmes to effect improvement to meet current political and legal requirements. Progress will therefore be slow, but the Trust anticipates that where additional funds cannot be found for capital replacement or maintenance works, a written safe system of work will be developed by managers with staff involvement which minimise risks to those concerned.
17. The Trust remains committed to improving the caring and working environment and have therefore, given priority to programmes of work necessary to effect improvements in health & safety and to minimise risk. In addition, it will provide adequate resources in the form of senior management level support and both staffing and finance, to ensure the promotion and maintenance of the appropriate level of safety performance.
18. In addition to the provision of competent Health and Safety Advisors, the Trust encourages the establishment of a **Safety Link Persons** system. This involves at least one nominated member of staff from each ward and department working closely with the Non-Clinical Risk Management Service to provide good practice and a high level of awareness in relation to health & safety. *(Note: this system does not replace, but compliments the statutory responsibilities of managers.)*

Specialist Advisors

19. These are employees working within, or managing a department within the Trust and who have designated responsibilities for advising on and ensuring the implementation of Health and Safety measures. Managers within the Trust should refer to these advisors on matters relevant to their speciality, and for assisting in investigating adverse incidents and near misses, and identify solutions to prevent reoccurrence.

Occupational Health Service (OH)

20. The OH service is, in conjunction with Managers, responsible for promoting and helping to maintain a high standard of good health at work for all staff of the Trust. This encompasses both mental and physical health and well-being.
21. The service endeavours to ensure that staff are physically and mentally suited for the job they are undertaking through pre-employment screening, health assessment on return to work and health surveillance. The impact of the working environment on individual staff will be considered.

22. The service will, in conjunction with other Specialist Advisors, ensure so far as is reasonably practicable, that staff are protected from infection and illness by means of advice and education, job specific immunisations and support following injury, e.g. *needlestick and sharps injury, back injury*.

Infection Control Team (ICT)

23. The ICT is responsible for undertaking surveillance of infection for the prevention and management of outbreaks, and report to the Trust's Infection Control Committee. It will provide education in all aspects of infection control, and prepare policies for and give advice on infection control issues.
24. The ICT will keep up to date with all new developments and procedures relating to infection control, disseminating this information to all appropriate sectors of the Trust.
25. In addition to this advisory and monitoring role, in the event of a major infection outbreak the Consultant Microbiologist and Infection Control Nurses have executive authority, and all managers will ensure compliance with the procedures and advice provided.

Fire Safety Advisor (FSA) -

26. The FSA is responsible for developing and implementing strategies for fire risk management across the Trust. This will include responsibility for advising all levels of management on technical fire matters, monitoring the state of fire precautions in Trust premises, and co-ordinating fire procedures in the case of an emergency. Liaison with the Fire Service to ensure that potential damage to people and property is minimised. To promote, develop and support excellent fire safety practice throughout the Trust, including the identification and participation in fire training and awareness.

Security Manager (*Local Security Management Specialist*) [SM]

27. The SM is responsible for the day-to-day management of the Security Service, and for recommending strategies for security risk management across the Trust. This will include monitoring the effectiveness of security and crime prevention measures; identifying and participating in relevant security and personal safety training and awareness sessions; and for advising all levels of management and staff on appropriate security and crime prevention measures.
28. The SM will also ensure that security incidents be dealt with promptly, the necessary investigations undertaken and documented, and liaison maintained with the relevant authorities, e.g. *Police*.

Department of Medical Engineering and Physics

29. These Departments are responsible for overseeing, from a health and safety viewpoint, the selection and subsequent maintenance of all medical equipment. In addition they receive, distribute and coordinate responses to any Hazard or Safety Bulletins received from the Medical Devices Agency.

Estates and Maintenance Departments

30. These Departments are responsible for ensuring, from a health and safety viewpoint, that non-medical equipment is included in a planned preventative maintenance schedule.
31. They are also responsible for ensuring that Specialist Advisors are consulted during the Trust's construction and refurbishment projects. Consultation would normally take place during all stages of a project. This is to ensure, as far as is reasonably practicable, that

health and safety considerations are taken into account, and adequate time allowed for any physical or organisational alterations to take place.

Radiation Protection Advisors and Supervisors (RPAs/RPSs)

32. The RPAs are appointed in accordance with the '**Ionising Radiation Regulations 1999**' to provide advice on all aspects of the safe use of ionising and non-ionising radiation, to ensure risks to employees, patients, and the general public are adequately controlled and in accordance with relevant legislation.
33. RPAs will work with RPSs and Managers in developing 'Local Rules' for each activity involving Ionising Radiation, and for ensuring compliance.
34. In relevant departments, RPS are appointed to ensure that any obligations are met under relevant regulations, and that safe practices and standards are adhered to. The RPAs will hold a register of RPSs and administer the arrangements for assessing staff exposure levels to ionising radiation.

Back Care Advisors (BCAs)

35. The BCAs, as part of the Occupational Health Service, are responsible for determining the strategy for manual handling risk reduction programmes and providing general support and advice to Managers, Clinical Professionals and Back Care Facilitators. They will provide advice on selection and use of manual handling equipment and develop appropriate training programmes. The Advisors will liaise closely with both the Clinical and Non-Clinical Risk Departments, and participate in the auditing and monitoring processes.

Safety and Risk Advisors

36. Whilst health and safety is the responsibility of the line manager, Safety & Risk Advisors are available to assist them in meeting their objectives and statutory responsibilities by providing expert impartial advice and guidance to management and staff on local and corporate issues.

Biological Safety Officer

37. All research and development in the United Kingdom, which uses *Genetically Modified Organisms (GMOs)*, is controlled by law under the '**Genetically Modified Organisms (contained use) Regulations 2000**'. GMOs are used in healthcare to produce new medicines, including human growth hormone and human insulin. More recently, they have been used to produce new vaccines and for Gene Therapy for life-threatening diseases. The regulations cover the use, storage, transport and disposal of GMOs. Each of these must be assessed by a local *Genetic Modification Safety Committee (GMSC)* to make sure any controls, which may be needed to protect people and the environment, are in place. The Trust's GMSC meets quarterly and is coordinated by the *Biological Safety Officer*, who **must** be contacted before any new work involving GMOs commences.

Consultation

38. The Trust sees communication between staff at all levels as an essential part of effective health & safety management. Consultation will be facilitated by means of the Trust Health & Safety Committee.
 - 38.1 The purpose of the H&SC is to provide a platform for promoting health & safety, information exchange and assessing the continuing effectiveness of the health & safety management system within the Trust.

- 38.2 See **Appendix C** for Terms of Reference and Membership for the Trust Health & Safety Committee.

Contractors

39. All contractors engaged by the Trust have a responsibility, as specified in all contract documents, to carry out their work in a safe manner in respect of their own staff, sub-contractors, Trust staff and premises, patients and members of the public.
40. The Trust will ensure, so far as is reasonably practicable, the employment of competent contractors who are able to demonstrate that they have in place management systems for safely undertaking work for which they have been employed.
41. The Estates Service will use 'Construction Line' as their pre-qualification process. Contractors will be advised of any required standards, codes of practice, procedures, rules or other guidance applicable to the work to be undertaken. Special care is required to ensure that these matters are covered, although nothing in contract documents can free those engaging contractors, the contractors or Trust staff from their own liability under Health and Safety legislation.

Risk Assessment

37. In accordance with the **Management of Health & Safety at Work Regulations 1999**, managers with staff involvement will identify hazards and undertake assessments of the associated risks using the Trust's agreed Risk Assessment Procedure (**See [Risk Assessment Policy](#) and [Risk Assessment Toolkit](#)**) In assessing these risks, account will be taken of the effectiveness of existing control measures. The assessments will include the hazards and risks arising out of tasks/activities undertaken and the environment within the Trust and assess their potential to, for example:
- 37.1 Cause injury or ill health to people.
- 37.2 Result in claims or litigation.
- 37.3 Result in enforcement action, *e.g. from the Health and Safety Executive or Local Authority*.
- 37.4 Cause damage to the environment.
- 37.5 Cause property loss or damage.
- 37.6 Result in operational delays (*impact on day to day activities*).
- 37.7 Result in loss of reputation.
38. When completing the assessment, managers will rank the risks in accordance with the Trust's Risk Assessment process, and formulate Treatment Plans that identify the necessary actions to either eliminate or control exposure to the risks.
39. The outcomes of risk assessments and Treatment Plans will be recorded in Trust Local Risk Registers, and made known to staff and discussed with them, to ensure actions are being taken. Managers will regularly monitor and review the Risk Registers to ensure proactive action is being taken.

Incident and Hazard Reporting

40. Incident and Hazard records are crucial to the effective monitoring of health and safety performance and revision of policy and must therefore be accurate and comprehensive.
 - 40.1 All incidents causing injury, property damage, and hazards must be reported promptly on the appropriate form and submitted through the correct channels as laid down in the Trust's Policy on '**Reporting Adverse Incidents, Hazards and Near Misses**' (See [Incident Reporting Policy](#))
 - 40.2 It is also important to report all adverse incidents and near misses, as they may be indicators of potential incidents.
 - 40.3 It is line management's responsibility to ensure that all incidents and hazards are properly investigated. The immediate and underlying causes identified and recorded, and appropriate remedial action and lessons are learnt and longer-term objectives relating to health and safety are introduced.
 - 40.4 Because of incidents and hazards reported or trends identified, it may be necessary for Managers to review risk assessments and written safe systems of work, and develop action plans addressing any concerns.
 - 40.5 Incident Statistics and trend analysis reports will be produced for the Board of Directors, Governance Committee, Care Quality Board, Health and Safety Committee on a regular basis with recommendations on the appropriate actions to be taken for matters of concern.
 - 40.6 The Trust adopts a "Fair & Just" approach in relation to incident reporting. Involvement in
 - 40.7 An incident will not lead to disciplinary action except where acts or omissions are malicious, criminal, and fraudulent or constitute gross professional misconduct.
41. There is a legal duty that all occurrences covered by the '**Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1999**' are directly reported to the Health and Safety Executive.
42. Fatal, major injury accidents, diseases and dangerous occurrences fall into this category and it will be the responsibility of the Trust Safety Risk Manager to ensure that reports are submitted.

Training and Information

43. Training is regarded as an indispensable ingredient of an effective health and safety system, and it essential that all grades and disciplines of staff are trained to perform their job effectively and safely. It is the view of the Trust that if an activity is not undertaken safely, then it is not being done effectively.
44. The Director of Human Resources will ensure that general aspects of health and safety are incorporated into the Trust's Training Policy and management training programmes. It shall be a responsibility of all Managers to identify the health and safety training needs of their staff as part of the personal development planning process.
45. General health and safety awareness will be included in the Trust Induction Programme, reinforced with more specific training as part of Departmental induction. Additional training will be provided when staff are exposed to new or increased risks because of a change in responsibilities or place of work. Refresher training will be provided as appropriate.

46. The Learning and Development Department will maintain a training database of attendance, and Managers will ensure that inadequate attendances are rectified.

Policies, Procedures and Guidance

47. In addition to this policy, the Trust will produce other policies, procedures and guidance to cover all significant health and safety risks. The Safety Risk Advisor will identify and arrange for such documents to be drafted, consulted upon and presented to the Risk Policies and Procedures Committee, Health and Safety Committee, Care Quality Board and Board of Directors as appropriate for approval.
48. Managers shall be responsible for implemented such documents and ensuring that each member of staff is made aware of and understands those documents that apply to them.

Divisional/Directorate/Departmental Safety Procedures

49. Recognised as good management practice, every Division, Directorate and Department will be required to develop their own health and safety procedure to reflect local risks and other issues. The procedure should:
- 49.1 Set out the organisation and arrangements for identifying, assessing and preventing or controlling risks.
 - 49.2 Set out the arrangements for the health and safety training of staff.
 - 49.3 Details of Fire and Emergency Procedures.
 - 49.4 Be compatible with the overall Trust Health and Safety Policy.
 - 49.5 Be brought to the attention of all staff within the Division, Directorate and Department.
 - 49.6 Identify the need to scrutinise and review performance.
 - 49.7 Be formally reviewed on annual basis.

Emergency Procedures and Business Continuity Plans

50. The Director of Nursing & Clinical Leadership will ensure that arrangements are in place for the development of robust plans and procedures to deal with all situations, which may present serious and imminent danger to the health and safety of people. These include for example:
- 50.1 Major Incident and Internal Disaster Plans.
 - 50.2 Fire Evacuation Plans.
 - 50.3 Estates continuity plans, *e.g. for loss of utilities and services.*
 - 50.4 Floods.
 - 50.5 Bomb threats.
 - 50.6 Radiation and chemical release.
 - 50.7 Structural damage.
51. These developed plans should be widely available, and tested on a regular basis.

Records

52. All Wards and Departments are required to maintain a Safety File, available for inspection by staff, safety representatives and auditors. The file will contain:
 - 52.1 A copy of the Trust Health and Safety Policy.
 - 52.2 A copy of the Divisional, Directorate & Departmental Safety Procedures.
 - 52.3 Copies of all other relevant Health and Safety policies and procedures.
 - 52.4 Reports of audits undertaken and subsequent treatment and action plans.
 - 52.5 Copy of Fire and Emergency Evacuation Procedures.
 - 52.6 Copies of live Risk Assessments and Written Safe Systems of Work.
 - 52.7 Copy of the annual Health and Safety training programme.

Health and Safety Representatives

53. The principal responsibility for Health and Safety lies with management. Therefore, management have the duty to make decisions on all matters affecting Health and Safety. However, the Trust believes that safe working is best brought about by the participation of all employees.
54. The Trust therefore, supports the appointment of Trade Union and Professional Organisation nominated Health and Safety Representatives as in accordance with the '**Health & Safety at Work Act 1974**' and '**Safety Representatives and Safety Committee Regulations 1977**'. It also recognises that these representatives have certain legal rights, which are detailed in the Trust's Policy on '**Time Off & Facilities for Trade Union Activities Procedure**'.
55. Details of all Trade Union Health and Safety Representatives will be maintained by the Human Resources Department and can be viewed on the Safety, Quality and Risk Intranet Site.

Information and Communications

56. The Trust shall ensure that Managers disseminate suitable and relevant information relating to health, safety and welfare at the workplace to staff, volunteers, contractors and other users of Trust premises. This to include information on the hazards and risks associated with their work, and the systems in place to minimise exposure to these risks.
57. The statutory notice – '**Health & Safety Law (what you should know)**' will be prominently displayed at all building entrances and other identified locations within Trust premises. All other statutory notices will be displayed as appropriate.
58. Each Ward and Department will have a dedicated Health and Safety Notice Board, to post all relevant information. As a minimum, the following need to be displayed:
 - 58.1 Copy of the Trust's Health and Safety General Statement of Intent, (**page 3 of this document**).
 - 58.2 Copy of the Ward or Department Health & Safety Procedure.
 - 58.3 Copy of the Ward or Department Emergency Evacuation Plan.
 - 58.4 Copy of the General Safety Rules, (**see Appendix C**).
 - 58.5 Minutes of the latest Trust Health and Safety Committee meeting.

59. The Non-Clinical Risk Management Service will ensure that the Safety, Quality and Risk Intranet site is kept up to date with relevant information to both inform and assist Managers and Staff.

Shared Premises

60. It will be the responsibility of the Director of Nursing and Clinical Leadership to ensure that effective arrangements exist for the co-operation and co-ordination of health and safety measures with other employers sharing Trust facilities. Such measures include:
- 60.1 Exchange of information on risks within the working environment and safe systems of work.
 - 60.2 Co-operating on matters such as implementing evacuation procedures, first aid, and waste disposal.
 - 60.3 Safety monitoring procedures, including routine inspections of common parts of the facility.

Distribution of the Policy

61. **General Statement of Intent** will be included in the Staff Handbook and issued to all staff on commencing work with the Trust, and displayed on designated health and safety notice boards within building entrances, general circulatory corridors and in wards and departments.
62. **Health and Safety Policy** will be posted on the Trust Intranet, issued to all Heads of Departments and Safety Representatives and will be included in the designated health and safety folder and displayed on ward and departmental designated notice boards.

Evaluation and Monitoring

63. Implementation of policies and a health and safety management system can only be effective with adequate evaluation and monitoring to check the system and ensure any shortcomings are identified and dealt with. Therefore, Managers are responsible for initiating an on-going monitoring process within their areas of responsibility.
64. As part of their audit processes, it shall be the responsibility of the Non Clinical Risk Management Service to identify and report areas of non-compliance with this policy and deficiencies in the health and safety management system. This will include annual audits of health and safety related policies and procedures to establish its intent, scope and adequacy.
65. The Associate Director of Safety, Quality and Risk and the Safety Risk Manager will prepare an Annual Health & Safety Report detailing incident trends, overall levels of performance and matters of concern, plus an Action Plan containing objectives and targeted reductions. The report will be presented to the Health and Safety Committee, Care Quality Board, Governance Committee and Board of Directors for approval.
66. A section on health and safety performance shall be included in the Trust's Annual Report, with objectives for the forthcoming year included in Annual Plans.

Review

67. The Safety Risk Manager will continually monitor and update this policy as necessary, to reflect substantial changes affecting the nature of operations or in best practice and changes in legislation.

68. Formally, the Board of Directors, Care Quality Board and Health and Safety Committee will assess and approve this policy every two years, to determine its effectiveness and appropriateness.

References

69. The Health & Safety at Work etc. Act 1974
70. The Management of Health & Safety at Work Regulations 1999
71. Safety Representatives and Safety Committee Regulations 1977
72. The Health and Safety (*Consultation with Employees*) Regulations 1996
73. Successful Health and Safety Management (HSG 65) – Health & Safety Executive 1997
74. National Health Service Litigation Authority
75. ORH Trust Policy No.2 – Time Off & Facilities for Trade Union Activities Procedure – Version 1.0, December 2000

Document History

Version	Date	Author	Status	Comment
2.0	December 2003	Jim Roy	Approved	New Document
2.1	January 2010	Jim Roy	Approved	Updating to reflect current organisational arrangements

Appendix A: Health and Safety Committee Terms of Reference

This Committee has been formed and governed by the 'Health & Safety at Work Act 1974(Section 2 [7])', 'The Safety Representatives & Safety Committee Regulations 1978' as amended by the 'Management of Health & Safety at Work Regulations 1992' and the 'Health & Safety (Consultation with Employees) regulations 1996'.

Strategic Statement

1. To ensure the development and implementation of a Health & Safety Policy and Strategic Management Plan, supported and lead by the Trust Board, which promote the business case for good health & safety management in terms of moral, economic and legal considerations, as well as supporting national targets identified by both the Government and Health & Safety Executive.
2. To identify key significant corporate health & safety risks to the business, the sharing of good ideas and the adoption of best practice. Focussing efforts where there is the greatest potential for harm. Encouraging and fostering partnership working and staff involvement, and the process for informing parties of relevant legislation, codes of practice and proposed legislation.
3. Reports from the Committee will be made to the Trust Executive Board with, where necessary recommendations and actions. Feedback will be communicated to the Committee.

Terms of Reference

4. Develop key safety risk management performance indicators, which will be monitored and reviewed against measurable targets for the reduction in accident/ill-health rates and the management and control of risk. Where appropriate, establish Safety Action Groups to develop, measure and monitor improvements in areas of identified high risk.
5. Determine and facilitate a robust communication/consultation process in terms of promoting health & safety and the assessment of continuing effectiveness of the Health & Safety Management System.
6. To approve and monitor health & safety policies and procedures that have been identified and developed by the *Risk Policies & Procedures Group*. Ensure that good communication processes are in place for such documents, as well as relevant training for their implementation.
7. Review all significant health & safety risks within the *Trust Risk Register*, and ensure that the effectiveness of implemented risk treatments and monitored and reviewed.
8. Consider the identification and analysis reports of patterns and trends in safety related incidents, complaints and claims. Develop and monitor relevant treatment plans that will achieve reductions and improvements. This will include approving final reports of Serious Untoward Incidents.
9. To receive reports from Divisions on significant health & safety risks contained within their Risk Registers, and associated risk treatment plans. These reports to also include information on other areas of concern and achievement.
10. To receive and consider reports in accordance with the meetings matrix attached from *Safety Actions Groups, Sub-Committees* and *Specialist Advisors* on progress to date, recommendations and matters of concern.

11. To receive and consider reports from the *Health & Safety Executive* and other external *Statutory Agencies*.
12. To identify and support training and development needs for Health & Safety and Risk Assessment.
13. To assure the *Governance Committee* that the patient care and working environments meets acceptable standards and that the Trust is compliant with Health & Safety statute.
14. To annually review the Strategic Management Plan to ensure its continuing suitability and effectiveness in satisfying the requirements of the Trust Health & Safety Policy and Key Performance Targets and Indicators. Approve an annual report of this review, accompanied by a revised Strategic Plan for the forthcoming year for presentation to both the Trust Executive Board and Trust Board.

Composition of the Committee

15. The Committee will be chaired by the Executive Director of Nursing & Clinical Leadership, who is also the Board Director responsible for Safety.
16. The following will be standing members of the Committee:
 - 16.1 Director of Estates & Facilities *or nominated Deputy*
 - 16.2 Director of Human Resources *or nominated Deputy*
 - 16.3 Division A Director of Operations *or nominated Deputy*
 - 16.4 Division B Director of Operations *or nominated Deputy*
 - 16.5 Division C Director of Operations *or nominated Deputy*
 - 16.6 Assistant Director of Quality & Risk – Deputy Chair
 - 16.7 Assistant Director of Corporate Governance
 - 16.8 Safety Risk Manager
 - 16.9 Senior Health & Safety Advisor – Secretary
 - 16.10 Health & Safety Staff Side Chairperson x 2
 - 16.11 Staff Side nominated accredited H&S Representatives x 5
17. The following Specialist Advisors will be ex-officio, and will assist the Committee on providing expert advice and guidance:
 - 17.1 Risk Management Team Representatives
 - 17.2 Quality & Risk Information Manager
 - 17.3 Learning & Development Manager
 - 17.4 Occupational Health Manager
 - 17.5 Senior Back Care Advisor
 - 17.6 Radiation Protection Advisor
 - 17.7 Biological Safety Advisor
 - 17.8 Head of Estates & Facilities (*for Fire, Security & Environmental issues*)
 - 17.9 Control of Infection Representative
18. In addition, the PFI Providers *Carillion Health and GSL Health & Safety Advisors* will be invited to attend, as will other Trust Senior Managers as and when necessary.

Relationships and Reporting

19. The Committee is a sub-committee of the Trust Executive Board, and reports to it via the Executive Director of Nursing & Clinical Leadership. Annually, the Committee will agree an Annual Report for consideration and approval by both the Trust Executive Board and Trust Board.
20. The 'Fire Strategy Group', 'Security Group' and 'Risk Policies & Procedures Group' report to the Trust Health & Safety Committee as in accordance with the attached meetings matrix.
21. The Committee will establish as necessary 'Safety Action Groups' to develop, measure and monitor improvements in areas of identified high risk. These Groups will report to the Trust Health & Safety Committee as in accordance with the attached meetings matrix.

Meetings

22. The Committee will meet quarterly as in accordance with the attached meetings matrix, and will last a maximum of two hours.

Quorum

23. For the Committee meeting to be quorate, four management and four staff side members and either the Chair or Deputy Chairperson must be present.

Approval

24. These terms of reference have been approved by the following:
 - 24.1 Trust Health & Safety Committee on **4th August 2008**

Standard Agenda and Meetings Matrix

1. Apologies for absence
2. Minutes of meeting held on *****
3. Review of actions from meeting on *****
4. Review of Red Incidents
5. Reports (*see below*)
6. Health & Safety Executive / Statutory Bodies Inter-actions
7. New /Amended Legislation and Guidance
8. New Issues
9. Any other business
10. Next meeting

Meetings Matrix

The following highlights when the H&S Committee will meet and when reports are due.

Report	Aug 08	Oct 08	Feb 09	May 09
▪ Six-monthly Risk Management Report (incl. incidents)			X	
▪ Annual Risk Management Report (incl. incidents)	X			
▪ Divisional Reports	X	X	X	X
▪ Risk Policies & Procedures Group Report	X	X	X	X
▪ Six-monthly Risk & Mandatory Training Report				
▪ Annual Risk & Mandatory Training Report				
▪ Six-monthly interim Radiation Protection Report				
▪ Annual Radiation Protection Report				
▪ Security Group				
▪ Fire Strategy Group				
▪ Six-monthly Occupational Health & Manual Handling Report				
▪ Annual Occupational Health & Manual Handling Report				
▪ Staff Side	X	X	X	X
▪ Safety Action Groups				
- Latex Allergy		X		X
- Stress Management		X		X
- Sharps Injuries	X		X	
- Musculoskeletal Injuries	X		X	
- Falls Prevention	X		X	
- H&S Awareness		X		X

Appendix E: Staff Side Health and Safety Committee Terms of Reference

Overall Objective

1. To enable all Oxford Radcliffe Hospitals NHS Trust accredited Health & Safety Representatives to meet to discuss Trust health and safety issues.
2. To enable staff to be represented at all levels throughout the Trust on health and safety issues.
3. To be able to prepare for and attend Trust Health & Safety Committee meetings.

Key Actions

4. The membership of this group consists of Trade Union/Professional Organisation Accredited H&S Representatives for the ORH Trust.
5. This group to have a nominated/elected Chairperson and Secretary.
6. This group to meet bi-monthly, alternating with the Trust Health & Safety Committee.
7. Members to be afforded time off under the Trust Policy No. 2 – Time off for Trade Union Activities.
8. The Chair, Secretary and five nominated representatives to attend the Trust Health & Safety Committee meetings.
9. Trust and Divisional Health & Safety Minutes/Papers to be circulated to the Secretary/Chair of this group.

This page is deliberately blank

Appendix C: General Safety Rules

General

1. All employees should respect and be aware of the contents of this policy and all other health & safety policies and procedures.
2. All employees shall immediately report any unsafe practices or conditions via the Trust's Incident Reporting Procedures and to their Manager or supervisor.
3. Any person under the influence of alcohol or any other intoxicating drug, which might impair motor skills or judgements, whether prescribed or otherwise, will not be allowed to undertake the task.
4. Unprofessional, careless, reckless and unsafe behaviour that might jeopardise the health and safety of any other person, are forbidden.
5. Any person whose levels of alertness and/or ability are reduced due to illness or fatigue will not be allowed to undertake an activity if this might jeopardise the health and safety of that person or any other person.
6. Employees shall not adjust, move or otherwise tamper with any electrical equipment, machinery or air or water lines in a manner not within the scope of their duties, unless instructed to do so by a senior member of staff.
7. All waste materials must be disposed of carefully in accordance with Trust procedures, and such a way that does not constitute a hazard to other workers.
8. No Employee shall undertake a task, which appears to be unsafe. Raise concerns with their manager, supervisor or Safety Representative.
9. No Employee shall undertake a task unless they have received adequate safety instruction and are authorised to carry out the task.
10. All work related injuries, ill health, incidents and near misses shall be reported in accordance with the Trust's Incident Reporting Procedures and to their manager or supervisor.
11. Employees suffering from an injury at work should report to the Occupational Health Service at the earliest opportunity.
12. Employees shall ensure that equipment/machinery is not used unless all protective guards and other safety devices are properly fitted/provided and in good working order. They shall immediately report any deficiencies to their manager or supervisor.
13. Work shall be well planned and supervised to avoid injuries in the handling of heavy materials and while using equipment.
14. No employees shall use chemicals without the knowledge required to work with those chemicals safely.
15. Suitable clothing and footwear will be worn at all times. Personal protective equipment shall be worn wherever appropriate, and in accordance with written safe systems of work.
16. All employees are expected to attend departmental safety meetings.

Working Environment

17. Work areas shall be kept clean and tidy.

18. Any spillage will be cleaned up immediately.
19. Waste materials and rubbish shall be removed routinely.
20. All combustible waste materials must be discarded in metal waste containers.
21. All fire exit routes must be kept clear from obstructions at all times.
22. All pits and holes must be covered when not in use and clearly marked with warning signs when in use.

Walkways

23. Walkways and passageways must be kept clear from obstructions at all times.
24. If a walkway or passageway becomes wet, it must be clearly marked with warning signs and/or covered with slip-resistant material.
25. Trailing cables are a trip hazard and must not be left in any passageway.
26. Any change in the floor elevation of any walkway or passageway must be clearly marked.
27. Where objects are stored in or around a passageway, care must be taken to ensure that no long or sharp edges jut out into the passageway in such a way as to constitute a safety hazard.
28. Where vehicles or other moving machinery is using a passageway, pedestrians should use an alternative route wherever possible. If no alternative route is possible, the area must be clearly marked with warning signs.

Tools and Equipment Maintenance

29. Trust machinery and tools are only to be used by qualified and authorised personnel. It is the responsibility of the manager to determine who is authorised to use specific tools and equipment.
30. It is the responsibility of all employees to ensure that any tools or equipment they use are in a good and safe condition. Any tools or equipment, which is in any way defective, must be repaired or replaced.
31. All tools must be properly and safely stored when not in use.
32. No tool and machinery shall be used without the manufacturer's recommended shields, guards or attachments.
33. Approved personal protective equipment **shall** be properly used, where appropriate.
34. Persons using machine tools must not wear clothing, jewellery or long hair in such a way as might pose a risk to their own or anyone else's safety.
35. Employees are prohibited from using any tools or piece of equipment for any purpose other than its intended purpose.

Personal Protective Equipment

36. Employees shall use all personal protective equipment provided to them in accordance with the training and instruction given to them regarding its use.
37. Employees who have been provided with personal protective equipment shall immediately report any loss of or obvious defect in any equipment provided to the manager or supervisor.

Manual Handling

38. Wherever reasonably practicable, the moving and handling of objects will be undertaken by mechanical devices, rather than manual handling. The equipment used shall be appropriate for the task.
39. The load to be moved shall be inspected for sharp edges, splinters and wet or greasy patches.
40. When moving or handling a load with sharp or splintered edges gloves will be worn. Gloves shall be free from oil, grease or other agents, which might impair grip.
41. The route over which the load is to be moved or handled shall be inspected to ensure that it is free of obstructions or spillage, which could cause tripping, or spillage.
42. Employees will not attempt to move or handle a load, which is too heavy to manage comfortably.
43. Where team handling and moving is necessary, one person shall act as co-ordinator, giving commands to move the load.
44. All manual handling must be undertaken in accordance with techniques, etc. covered at Manual Handling training courses.
45. Any member of staff who believes that they may be suffering a back or musculo-skeletal injury, which may affect their ability to participate fully in manual handling work, shall declare this to their manager immediately, and thereafter at the start of each shift.
46. In the case of 6.8 above, staff will either self-refer or be referred by their manager to the Occupational Health Service, who will see them as soon as possible to discuss the management of the injury.