# Health and Safety Policy

<table>
<thead>
<tr>
<th>Trust Board</th>
<th>Item: 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 27th September 2017</td>
<td>Enclosure: O</td>
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## Purpose of the Report:
The policy is presented to the Trust Board for approval. It provides the structure of the health and safety management system and sets out the methods to achieve legislative and organisational objectives for health and safety across the Trust. It describes the organisational arrangements in place to ensure that health and safety compliance is achieved.

## For: Information [ ] Assurance [ ] Discussion and input [ ] Decision/approval [ ]

### Sponsor (Executive Lead):
Jo Farrar, Director of Finance

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### Risk Implications – Link to Assurance Framework or Corporate Risk Register:
Risks are included in the Corporate Risk Register as appropriate.

### Legal / Regulatory / Reputation Implications:
Legislative requirement

### Link to Relevant CQC Domain:
Safe [x] Effective [ ] Caring [ ] Responsive [ ] Well Led [x]

### Link to Relevant Corporate Objective:

### Document Previously Considered By:
Health and Safety Committee – June 2017
Executive Management Committee – June 2017

### Recommendations:
The Trust Board is asked to approve the Health and Safety Policy.
The purpose of this policy is to detail the Trust's Health and Safety structure and management arrangements.
1. **INTRODUCTION**

Kingston Hospital NHS Foundation Trust is committed to ensuring the health, safety and welfare of its patients, visitors, volunteers, employees and other persons who may be affected by the activities of the Trust, so far as is reasonably practicable. We will take steps to ensure that our statutory duties and objectives are met at all times.

This Policy provides the structure of the health and safety management system (in accordance with HSG65 and INDG275). The policy sets out the methods to achieve legislative and organisational objectives for health and safety across the Trust. It describes the organisational arrangements in place to ensure that health and safety compliance is achieved.

This policy will be monitored regularly to ensure the effective management of health and safety. It will be reviewed and, if necessary, revised in the light of legislative or organisational changes.

2. **STATEMENT OF INTENT**

Kingston Hospital NHS Foundation Trust (the Trust) has a duty under the Health & Safety at Work etc. Act (1974), and other subordinate legislation, to ensure, so far as is reasonably practicable, the health, safety and welfare of employees, and those persons who are not employees who might be affected by the activities of the Trust.

The Trust is committed to providing all staff, visitors, volunteers and patients with a safe environment in which to be able to work or visit, without suffering any personal injury or ill health. It recognises the need to identify the significant work place hazards on all of its sites/departments and implement any necessary measures in order to eliminate or reduce the risks of harm, damage or loss. The Trust will strive to ensure that best practice with regard to risk management and health and safety at work is implemented across the Trust and that all relevant legislative and statutory provisions are complied with.

All employees and those working on behalf of the Trust are expected to co-operate with the Trust, in order that it may comply with any statutory duty placed upon the Trust in terms of health and safety legislation. Employees have individual responsibility to take all reasonable care for the safety of themselves and others who may be affected by their acts or omissions, and to co-operate with the Trust in matters of safety.

All Employees will work proactively together to ensure that all plans, procedures and systems of work are designed to take full account of health and safety issues. This will include arrangements for a safe place of work, maintenance of equipment, safe handling of substances and articles, the assessment of any risks, and sufficient information, instruction and training for staff to ensure they comply with their individual statutory duties. Full and effective consultation with employees on health and safety matters through the Trust’s Health and Safety Committee is encouraged.

The responsibilities and arrangements for health and safety management and the channels of communication are laid out within this policy. This policy will be made available on the Trust’s Intranet and communicated to all staff via their induction and other mandatory training.

Signed: ____________________________________ Date: __________________________

Ann Radmore
Chief Executive
Kingston Hospital NHS Foundation Trust
3. **SCOPE**

This policy applies to all staff employed by the Trust, either directly or indirectly, and to any other person or organisation using the Trust's services or premises for any purpose. It will also apply to bank, temporary staff, volunteers, young workers, staff working from home and contractors working on Trust business. The principles of this policy shall apply to all Trust work activities, regardless of who has or is supplying or providing them.

4. **OBJECTIVES**

This policy aims to inform all Trust staff of the organisation health and safety responsibilities.

5. **TRUST POLICY AND EQUALITY STATEMENT**

This policy forms part of Kingston Hospital Foundation Trust’s commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and ‘religion, belief, faith and spirituality’ as well as to promote positive practice and value the diversity of all individuals and communities.

6. **RESPONSIBILITIES**

6.1. **The Chief Executive:** has overall responsibility for the formulation, implementation and development of the Trust’s Health and Safety Policy and to ensure, so far as is reasonably practicable, the health, safety and welfare of all staff and any others who may be affected by the Trust’s activities.

6.2. **The Chief Executive and the Trust Board:** are the policy makers for health and safety within the Trust. Their responsibility is to ensure that there are appropriate resources for the provision of competent health and safety advice and assistance within the Trust, so that health and safety planning is an integral part of the overall corporate planning process.

6.3 **The Executive Management Committee:** (EMC) is responsible for controlling risks that could lead to injury, ill health or financial loss. The Committee controls risks by monitoring the effectiveness of health and safety within the Trust. This Committee will take into account all relevant legislation to ensure that all legal standards are met and maintained, and to review this policy statement regularly. The EMC is responsible for planning for health and safety management within the Trust in conjunction with the Health and Safety Committee.

6.4. **The Health and Safety Committee:** (HSC) is responsible for ensuring that the Trust can demonstrate compliance with health and safety legislation, best guidance and other statutory and mandatory related standards including Hospital Technical Memorandums (HTMs) and Hospital Building Notices (HBNs). It will also promote co-operation and co-ordination between the Trust and its employees and those not in its employment, in instigating, developing and carrying out measures to ensure so far as reasonably practicable, their health, safety and welfare while on Trust premises.

- Ensuring that the Trust’s Health and Safety Policy reflects the current requirements of the organisation.
- Ensuring that the Trust’s Health and Safety Policy is updated.
- Ensuring that individuals and groups within the Trust are aware of their health and safety responsibilities.
• Establishing strategies to implement the Trust’s Health and Safety Policy and to integrate it into the activities of the Trust.
• Specifying how the Trust will plan, measure, review and audit the Health and Safety Policy.
• Specifying a structure for implementing the Health and Safety Policy and supporting plans.
• Agreeing plans for health and safety improvement and reviewing progress so as to develop the Trust policy.
• Ensuring the adequate provision of health and safety training at all levels of the organisation.
• Monitoring the effectiveness of health and safety management within the Trust.

6.5 The Director of Finance (director with health and safety responsibility) is responsible for:

• Chairing the Health and Safety Committee.
• Acting as the nominated director for health and safety within the Trust reporting directly to the Chief Executive and the Executive Management Committee.
• Overseeing the management and co-ordination of health and safety within the Trust.
• Giving information as appropriate to the Trust Chief Executive ensuring that health and safety obligations can be met.

6.6 Head of Corporate Affairs and Company Secretary

• Ensure that all significant health and safety risks are included in the Corporate Risk Register.
• Ensure that all Health and safety management elements are completed and adhere to all relevant health care standards.
• Review all Health and Safety Policies and procedures and ensuring that there is compatibility with overall Trust Risk Strategy in conjunction with National Health Service guidelines.

6.7 Associate Divisional Directors are responsible for:

• Ensuring that the Trust’s Health and Safety Policy is implemented within the Clinical Divisions.
• Formulating and implementing local Health and Safety Policies which reflect Trust policy but meet the needs of the area to which it relates.
• Delegating health and safety responsibilities to departmental leads and other Line Managers.
• Establishing health and safety plans for the Division.
• Ensuring necessary actions for health and safety are implemented within the Clinical Divisions and provide reports to the Trust’s Health and Safety Committee when requested on health and safety planning and implementation.

6.8 The Director of Estates and Facilities is responsible for:

• Ensuring that the Estates Health and Safety Policy is implemented throughout the Estates, Facilities and Capital Development department, together with its monitoring and updating (the Director of Estates and Facilities will be assisted in this by the members of the Estates Management Team and appointed Authorised Engineers).
• Ensuring that the annual ERIC return is completed and submitted in a timely manner.
• Ensuring that suitable and sufficient arrangements are in place to vet all contractors and other external agencies for their competence to carry out work safely and that such contractors’ details are held in a register of ‘Approved Contractors’.
• Maintaining relevant documentation (contract agreements, permit to work etc.) for contractors working for and behalf of the Trust.
- Ensuring that all approved contractors receive suitable and sufficient information, instruction and training about hazards and risks that they may encounter when working for the Trust.
- Ensuring that contractors engaged by the Trust observe safe working practices whilst at work, and provide for the safety, health and welfare of all people who may be affected by their work, including the reporting of any incidents/accidents.
- Ensuring that actions identified from risk assessments relating to estates and Trust facilities are implemented.
- Ensuring Lifting Operations and Lifting Equipment Regulations (LOLER) testing and records are kept.
- Ensuring that the specialist risk assessments associated with the departmental responsibilities are undertaken i.e. asbestos, working at heights, fire, confined spaces.
- Ensuring that all of the Estates and Capital Works staff have the correct level of health & safety training relative to their roles and responsibilities.

6.9 Operational Managers and Heads of Department are responsible for:

- Ensuring that the Trust’s Health and Safety Policy and the local health and safety procedures are implemented within their areas of responsibility.
- Ensuring participation and involvement of all staff in health and safety matters within their area of responsibility.
- Co-ordinating specialist advice necessary for the effective implementation of the Health and Safety Policy.
- Keeping up to date with changes in legislation, standards and good practice.
- Establishing management arrangements, risk control measures and workplace precautions together with associated performance standards.
- Ensuring communication and participation at all levels in health and safety activities.
- Planning for health and safety within the department including setting of objectives and deciding priorities.
- Co-ordinating specialist advice necessary for the effective implementation of the policy.
- Assessing risks and identifying suitable means of control in collaboration with the Line Managers.
- Implementing plans and monitoring control measures employing proactive and reactive techniques.
- Providing feedback on health and safety performance including successes and failures.
- Assisting Line Managers in resolving health and safety issues at a local level.
- Ensuring that health and safety training is undertaken as appropriate within their area.
- Ensuring effective untoward incident reporting and accident investigation.

6.10 Service Line Managers are responsible for:

- Implementing the Trust’s Health and Safety Policy and any local health and safety policy within their area of responsibility.
- Resolving local health and safety issues within their areas of responsibility.
- Communicating health and safety issues to staff.
- Co-operating with staff and Safety Representatives within their area.
- Referring matters to the Associate Divisional Director that cannot be dealt with at Service Line Manager level.
- Ensuring risk assessments are undertaken and any necessary control measures implemented.
- Ensuring that staff under their control comply with the requirements of the Trust’s Health and Safety Policy, any local Health and Safety Policy, health and safety procedures and all risk assessments.
- Advising on the health and safety training needs within their area.
• Monitoring and investigating accidents and untoward incidents and making recommendations as appropriate.

6.11 The Health and Safety Advisor is responsible for:

• Ensuring that the Trusts Health and Safety Policy reflects the commitment of the Trust with regard to health and safety.
• Making recommendations to the Executive Management Committee and the Trust Board of any revisions to operational documents that may be required.
• Producing appropriate health and safety documentation and ensuring distribution to all levels of staff.
• Producing detailed plans to achieve the Trust's health and safety objectives.
• Providing information and statistics on health and safety achievements for inclusion in the annual Health and Safety Report.
• Assisting the Trust’s Health and Safety Committee in advising on plans for achieving health and safety improvement within the Trust.
• Monitoring health and safety within the Trust to ensure that standards are maintained.
• Assisting the Trust’s Health and Safety and Executive Management Committees to meet their health and safety obligations.
• Providing competent health and safety advice and assistance to all levels of management to allow the Trust to manage its health and safety obligations.
• Being involved in planning of health and safety including deciding priorities, so as to aid the setting of objectives within the Trust.
• Monitoring the effectiveness of the Trust’s health and safety management systems and making recommendations for revisions to any policies.
• Drafting subordinate policies relating to health and safety issues as required.
• Informing management of changes in legislation, approved codes of practice, guidance notes and any other documents relating to health and safety.
• Assisting in the development and delivery of health and safety training.
• Advising Trust’s Health and Safety Committee so as to enable them to make decisions or give advice that is not in breach of health and safety law.
• Liaising closely with all other persons within the Trust with responsibilities for health and safety.
• Liaising with external agencies on matters relating to health and safety.
• Promoting a positive health and safety culture to secure the effective implementation of the Policy.
• Monitoring and investigating accidents and untoward incidents, making recommendations and help formulating action plans.
• Presenting reports and analysis of incidents as appropriate.
• Reviewing and auditing the safety management system.
• Inform the Risk Manager of any visits by the Health and Safety Executive.

6.12 The Occupational Health Department is responsible for:

• Advising and ensuring where possible that the demands imposed on employees at work by their present or prospective jobs are properly matched with that person's physical and psychological capabilities.
• Advising management and staff on issues relating to protection and promotion of health at work.
• Advising on the identification and improvement of work situations that could improve health or prevent ill health developing.
• Advising on the provision and monitoring of effective measures to protect those who are vulnerable in their working conditions.
• Advising on the identification and control of workplace hazards.
• Advising on all matters relating to the health of employees in relation to their work.
• Providing training for all levels of staff regarding Occupational Health.
6.13 The Estates Manager is responsible for:

- The day to day operation and health and safety issues within the Estates Department.
- The maintenance of the fire alarm systems including the planned preventative maintenance regimes.
- The implementation of the Estates Health and Safety Policy and for monitoring compliance with safety procedures for the Department.
- Ensuring that risk assessments are completed in all departments and workshops.
- Undertaking an annual review of health and safety compliance within the Estates Department.
- Reviewing all incident reports and investigations by the department.
- Ensuring that their own staff, and any consultants or contractors employed by them, are aware of the Trust's Health and Safety Policy and any appropriate safety procedures within the Estates Department's Health and Safety Policy.
- Completing written method statements and risk assessments in accordance with the H&S at work Act 1974 and good industry practice.
- Investigating any reported incidents (in accordance with the Trust Accident Investigation Policy).
- Ensuring that all safe working practices are observed at all times.
- Reporting any observed breaches of the Trust's policy, procedures and codes of practice by consultants and contractors, working on the site but not under the control of the Estates Manager.
- Arranging for staff to receive any necessary general or specific training required to ensure compliance with identified safety procedures.
- Ensuring that all machinery and equipment is maintained in a safe condition and that safety devices are fitted and maintained.
- Ensuring that safety equipment and personal protective equipment is used as necessary.
- Ensuring that all appropriate areas of the Trust premises obtain appropriate risk assessments and that all required documentation is up to date and maintained within the Estates department.
- Ensuring that Estates staff are aware of, and comply with, the Trust's Fire Policy and evacuation procedures.
- Ensuring that all necessary measures are taken to protect all members of staff, public and patients from hazards and work in progress under his control.
- Ensuring that contractors under his control follow appropriate safety procedures and practice and where appropriate, provide suitable method statements and risk assessments for the work to be undertaken.
- Ensuring that good standards of housekeeping are maintained within the department workshops, all plant rooms & store areas, etc.

6.14 The Fire Safety Manager is responsible for:

- Providing a focus for all fire safety matters in the organisation, and is responsible for the day-to-day implementation of the Fire Safety Policy.
- Reporting of non-compliance with legislation, policies and procedures to the Health & Safety Committee.
- Obtaining expert technical advice on the application and interpretation of fire safety guidance, including Department of Health's Fire Code.
- The operational management of fire safety risks identified by the fire risk assessments.
- The development, implementation and review of the Trust’s fire emergency action plan.
- Ensuring that risks identified in the fire risk assessments are included in the Trust’s risk registers as appropriate.
• Ensuring that suitable fire safety audits are undertaken, recorded and the outcomes suitably reported.
• Providing a link to the relevant Trust committees.
• Ensuring an appropriate level of management is always available by the establishment of Fire Response Teams for Trust sites or premises.

16.15 Fire Safety Advisor:

The Fire Safety Advisor will be accountable to the Fire Safety Manager for matters of fire safety. They will provide competent fire safety advice and will be responsible for:

• Raising awareness of all fire safety features and their purpose throughout the Trust.
• The development, implementation, monitoring and review of the organisation’s fire safety management systems.
• The development, implementation and review of the organisation’s Fire Safety Policy and protocols.
• Ensuring that fire risk assessments are undertaken, recorded and suitable action plans devised.
• The investigation of all fire-related incidents and fire alarm actuations.
• Providing expert advice on fire legislation.
• Providing expert technical advice on the application and interpretation of fire safety guidance, including Department of Health’s Fire Code.
• Liaison with the enforcing authorities on technical issues.
• Ensuring that requirements related to fire procedures for less-able staff, patients and visitors are in place.
• The development, delivery and audit of an effective fire safety training programme.
• The reporting of fire incidents in accordance with trust policy and external requirements.
• Monitoring, reporting and initiating measures to reduce false alarms and unwanted fire signals.
• Liaison with external enforcing authorities.
• Liaison with Trust managers and staff on fire safety issues.
• Monitoring the inspection and maintenance of fire safety systems to ensure it is carried out.
• Assisting with the review of the content of the Trust’s Fire Safety Policy.
• Assisting with the development and delivery of a suitable and sufficient training programme for staff.
• The assessment of fire risks within premises owned, occupied or under the control of the Trust.

6.16 The Fire Response Team Leader

A senior manager will be nominated as the Fire Response Team Leader to ensure initial control of an emergency. The Fire Response Team Leader is required to:

• Respond to confirm fire events.
• Take responsibility for direction of the fire response team.
• Liaise with the Fire Incident Manager.
• Liaise with Fire and Rescue service (Emergency Services)
• Instigate the internal major incident plan if required.

6.17 The Fire Incident Manager

The most senior person in charge of an area, and present at the time that an incident occurs should assume the role of the fire incident manager.
The fire incident manager is required to:

- Take control of the incident.
- Direct the local response.
- Ensure the fire alarm system has been activated and that staff in the area are aware of the incident.
- Initiate the local fire emergency action plan.
- Determine whether evacuation is necessary and commence the evacuation if appropriate.
- Liaise with the Fire Response Team and Fire Response Team Leader upon their arrival.

6.18 The Emergency Planning Manager

The Emergency Planning Manager is compliant with the EPRR requirements as set out in the Civil Contingencies Act (2004); the Health and Social Care Act (2012); EPRR core standards; the NHS planning framework and the NHS standard contract as applicable:

- Will be properly prepared and resourced for dealing with major incident or emergency.
- Will ensure that robust business continuity planning arrangements in place which follow the principles of the Framework for Health Services Resilience (PAS 2015) and ISO 22301.
- That a robust surge capacity plan, that provides an integrated organisational response has been developed.
- That surge capacity plan has been tested with other providers and parties.
- Complies with any requirements of CCGs and NHS England, in respect of the monitoring of compliance.
- Provides NHS England, with such information as it may require for the purpose of discharging its functions.
- Will attend and effectively contributes to, any governance meetings, subgroups or working groups of the Trust; and can assure the Board that LPT is compliant with all its EPRR obligations.

6.19 The Training Manager

The Head of Organisational Education and Learning is responsible for ensuring that suitable health and safety training is included in the Training Needs Analysis (TNA), and for ensuring that staff are provided with the appropriate level of health and safety training relevant to their work role and environment.

6.20 The Manual Handling Advisor/trainer is responsible for:

- Co-ordinating all health and safety activities relating to manual handling activities within the Trust.
- Advising and assisting management in the formulation of moving and manual handling policies.
- Assisting in undertaking manual handling assessments as appropriate.
- Monitoring trends in manual handling accidents, incidents and near miss events, investigating these incidents and making recommendations as appropriate.
- Providing training in manual handling to all levels of staff within the Trust for both clinical and nonclinical areas.
- Assessing work place areas and individual work stations from an ergonomics perspective and carry out combined display screen assessments and offer advice to the employees, manager etc. in both clinical and non-clinical areas.
- Ensuring all equipment requirements for moving and manual handling are identified with statutory annual and 6 monthly inspections up to date and records retained. The Advisor should research products which are beneficial, useful and appropriate for staff and patients and make recommendations to the Trust for additional equipment as required.
- Compile and present annual moving and manual handling annual report.

6.21 The Radiation Protection Advisor

The Radiation Protection Advisor is a suitably qualified and competent person appointed under the Ionising Radiations Regulations 1999, and is responsible for:
- Providing advice and guidance in the safe management and use of radionuclide and radiation generating equipment and the safe storage and disposal of any contaminated waste.
- Advising the Trust regarding arrangements to undertake and document risk assessments, procedures and systems of work relating to radiation generating equipment and the use of radioactive materials.
- Providing reports for committees and advising on the updating of relevant Trust policies.
- Advising on the investigation of incidents involving ionising radiation and on planning for major incidents involving radioactive material.

6.22 Laser Protection Advisor

The Laser Protection Advisor must be a suitably qualified, competent person appointed according to the Guidance on the Safe Use of Lasers, Intense Light Source Systems and Light Emitting Diodes (LED's) in Medical, Surgical, Dental and Aesthetic Practices (MHRA 2008) and is responsible for:
- Providing advice and guidance in the safe management and use of lasers and associated equipment.
- Advising the Trust regarding arrangements to undertake and document risk assessments relating to lasers.
- Providing reports for committees and updating relevant Trust policies.

6.23 Safety Representatives and Representatives of Employee Safety are entitled to:

- Represent the health and safety interests of the group for which they have responsibility.
- Investigate potential hazards and dangerous occurrences and to examine the cause of accidents.
- Investigate complaints by any staff member that he/she represents relating to that staff member’s health safety and welfare.
- Conduct inspections of the workplace that they represent.
- Represent their members in consultation with HSE Inspectors and to receive information from them.
- Attend Trust Health and Safety Committee meetings when elected or requested to do so.
- Represent their members in consultation over changes in health and safety in the workplace.

6.24 All Staff are responsible for:

- Fulfilling their legal requirement under the Health and Safety at Work Act 1974 to cooperate with their employers, so far as is necessary, to enable the employer to comply with their duties under the Act and not to endanger themselves or others by their acts and omissions.
• Fulfilling their legal requirement under the Management of Health and Safety at Work Regulation 1999 to bring to the immediate attention of management any hazard that they have identified or any control measure that is failing to protect against a hazard.
• Fulfilling their legal requirement under the Health and Safety at Work Act 1974 not to intentionally or recklessly interfere with or misuse anything provided in the interests of health and safety.
• Co-operating with management and complying with all health and safety operational documents or instructions.
• Reporting all untoward incidents or near misses relating to health and safety involving themselves using the Trust’s electronic incident reporting system.
• Bringing to the attention of safety representatives any issue relating to health and safety.
• Actively participating in all target performance programmes being implemented to improve health and safety.

6.25 Contractors are responsible for:

Contractors and sub-contractors under the control of or employed directly or indirectly by the Trust must undertake their work in a safe manner. This work must be undertaken in accordance with statutory safety requirements and the Trust’s policies and procedures.

Contractors and sub-contractors must fully co-operate with this policy and Trust management in all of their undertakings responsibilities to deliver a safe working environment for all attending or working within the Trust. They must ensure that:

• They and other self-employed persons (engaged on Trust business) assess and document the risks of their work and undertakings and make provision to protect themselves and others in respect of their own work activities.
• That they are competent and authorised to carry out the required work and they have the supporting documentation to evidence this through risk assessments, safety plans and/or method statements, permits to work, etc.
• That all their employees (& sub-contractors) are appropriately informed, instructed and trained in health, safety and welfare related matters pertaining to their own and Trust work activities.
• Those reasonable steps are taken to ensure co-operation and communication between all contractors and Trust staff and other relevant persons.
• That they report significant accidents and incidents to the Trust when undertaking their work and incidents that fall within Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 which occur as a result of the contractor’s undertakings.
• That they provide safe access to and from their workplace for their own staff and all others affected by their undertakings and put in place provisions to deal with a fire and do nothing to compromise the fire systems and procedures already in place within the Trust.

6.26 Agency staff will be responsible for:

The Trust affords the same rights and protection to bank and agency workers and volunteer staff in relation to health and safety protection as it does to its employees. The Trust may extend mandatory health and safety training as a requirement for bank, agency and volunteer staff to ensure their health and safety.

Bank, agency and volunteer staff are expected to be proactive in their approach to health and safety, to actively participate in fire drill exercises and to report risks and defect in the work place to a Manager/responsible person. All workers are reminded of the absolute duty to cooperate and communicate with the Trust in relation to health and safety matters.
6.27 Volunteers and Charities

Even though charity and voluntary workers generously give their time, work and expertise to the Trust, these people are regarded as honorary employees in the eyes of the law and as such are bound by the same health and safety conditions as all other Trust staff. Volunteers and Charities are responsible for:

- Charity or voluntary workers or any Trust manager or representative responsible for them must ensure that risk assessments of their activities are undertaken and the identified risks are managed.
- All charity and volunteer workers attending the site must be taken through a local induction process by the sponsoring departmental manager at the commencement of work.

7. ARRANGEMENTS

7.1 Communication

The Trust will ensure that relevant information relating to health, safety and welfare at work is accessible to staff, contractors, volunteers and users of Trust premises. This policy will be made available on the Trust Intranet and communicated to all staff via induction and other mandatory training.

7.2 Health and Safety Executive Inspections by the Health and Safety Executive.

The Trust may be subjected to announced or unannounced inspections by the Health and Safety Executive (HSE). These can be triggered by the reporting of incidents/accidents e.g. RIDDORs, if further information is required, or they can arise from triangulated information e.g. that from staff surveys results or from staff/patient notifications.

Should a member of the Health and Safety Executive visit the Trust, the Health and Safety Advisor will notify the Risk Manager immediately.

Once the inspection has been completed, a debrief will be given to the lead managers with initial feedback, which will be followed by a report. This will then be discussed with the lead manager and included in the reporting of the Health and Safety Committee, which in turn will be reported to the Executive Management Committee and the Trust Board.

7.3 Departmental Health and Safety Risk Assessments (Local Health and Safety Inspections)

The Trust will make a suitable and sufficient assessment of:

(a) The risks to the health and safety of staff to which they are exposed whilst they are at work, and
(b) The risks to the health and safety of persons not in Trust employment arising out of, or in connection with, the conduct of the Trust through provision of its services.

Any assessment referred to in paragraph (a) or (b) above shall be carried out in accordance with the Trust policy for Risk Management.

Local Risk Assessments are undertaken by managers/health and safety leads when a hazard has been identified. All departments have responsibility for the reduction or removal of their own Risk Registers. Support is available from the Risk Manager and the Health and Safety Advisor for this responsibility.

Please refer to the Risk Management policy for further guidance. A copy of the Health and Safety Risk Assessment template form can be found in Appendix A.
7.4 Statutory Risk Assessments

Legislation requires that a number of other risk assessments are conducted within the Trust, as listed below. The process for conducting the risk assessments is described in the relevant policies. It is the responsibility of the line manager to ensure that these risk assessments are undertaken and reviewed appropriately.

Required Risk Assessments:

- Control of Substances Hazardous to Health Assessment (COSHH)
- Display Screen Assessment DSE Workstation
- Lone Working Assessment
- Manual Handling (patient and loads) Assessment
- Stress Risk Assessment
- Pregnant Workers Assessment
- Young Workers Assessment
- Personal Protective Equipment (PPE) Assessment

The Estates Department is additionally required to undertake specialist risk assessments in relation to their area of responsibility. These include but are not limited to fire, security, working at heights, asbestos, confined spaces and electricity. The Director of Estates and Facilities will ensure that suitably trained staff undertake the action and review these risk assessments appropriately. For further details please refer to the Estates Health and Safety policy.

7.5 Accident, Ill-health and other Incident Reporting

All work related incidents, accidents, near misses or ill-health must be reported in accordance with the Trust's incident/accident reporting process on the online Ulysses system as described in the Risk Management and Incident Reporting policy which are accessible via: Intranet/Policies and Procedures/Risk Management.

Any hazards identified should be reported to relevant line managers and escalated using the Trust's incident reporting process described above. Equipment faults or failure should be reported to the Estates & Facilities team using the appropriate help desk number.

7.6 Driving for Work

The Health and Safety at Work Act 1974 places a responsibility on employers to ensure the health, safety and welfare of employees, and everyone who might be affected by the activities of the Trust. This includes the responsibility to ensure that others are not put at risk by work-related driving activities.

Employees who are in receipt of mileage allowances are expected to undertake routine safety checks of their vehicles, ensure that their vehicles have a valid MOT Certificate, car tax and are serviced at the manufacturers recommended intervals. Drivers who drive their private cars for work must ensure that the car is insured for use at work. A risk assessment may be required if the private vehicle is to be used to carry patients or medical equipment (Community teams).

All drivers must ensure that they have a valid licence and are able to produce relevant car documents if requested by the line manager. Staff are required to follow the Highway Code, to drive safely, take regular breaks on long journeys, should not drive under the influence of illegal drugs, or prescribed drugs where driving is contraindicated and should not use mobile phones whilst driving.
Staff should also ensure that they do not exceed the legal drink/driving limits and should observe the Trust’s policy on Drug and Alcohol Abuse. Staff should ensure that they are fit and able to drive, that their vehicle is suitable for the intended use.

**Staff should not use their vehicle for work purposes if they do not have the required documents or their cars do not meet statutory requirements.**

### 7.7 Health and Safety Policies

The Trust has developed policies and procedures covering other specific aspects of health and safety. These policies describe organisational responsibilities as well as processes and procedures to follow in order to ensure the health, safety and welfare of staff, patients and visitors. All staff are to ensure that they are aware of and comply with the relevant policies that relate to their work.

- Fire Policy and Procedures
- Control of Substances Hazardous to Health Policy
- Display Screen Equipment Policy
- First Aid Policy
- Occupational Health and Wellbeing Policy
- Moving & Handling Policy
- Control of Legionella Policy
- Security Management Policy
- Prevention and Management of Violence and Aggression Policy
- Stress Management Policy
- Purchase and Management of Medical Devices Policy & Procedure
- Medical Device Training Policy
- Lone Working Policy
- Waste Management Policy
- Radiation Protection Policy
- Asbestos Management Policy
- Laser policy
- Decontamination Policy
- Inoculation Policy
- Prevention and Management of Falls Policy
- Work Experience Policy
- Missing Patient Policy and Procedure

All policies are accessible on the Trust’s intranet.

### 7.8 Health and Safety Committee

The Trust’s Health and Safety Committee (HSC) comprising of management, staff and contractors will meet at least six times each year to deal with issues requiring Trust-wide consideration and recommendations, and to participate in the dissemination of information regarding good practice. The Committee will receive reports, minutes and terms of reference papers from the various sub-committees that report in to the HSC:

- Decontamination Group
- Fire Safety Group
- Laser Group
- Gas Safety Group
- Nuclei Protection Group
- Security Group
- Waste Management Group
- Water Safety Group
Minutes of HSC meetings will are available on request from the Health and Safety Advisor.

7.9 **Personal Protective Equipment (PPE)**

PPE is defined by the Personal Protective Equipment Regulations 2002 as ‘all equipment (including clothing affording protection against the weather) which is intended to be worn or held by a person at work and which protects him or her against one or more risks to his or her health or safety’, e.g. safety helmets, aprons, gloves, eye protection, high-visibility clothing, safety footwear, helmets and harnesses, respirators, etc.

PPE will be provided free of charge to employees by the Trust, however, if the equipment is damaged due to inappropriate use or maintenance, the Trust reserves the right to recoup reasonable costs towards replacing the item. Where a risk assessment has identified the need to provide PPE, the Trust ensures that:

- Appropriate PPE is supplied to staff (through line managers) for preventing and adequately controlling the identified risks involved and without increasing the overall risk.
- Appropriate PPE, suitable for the work activity (PUWER 1998), is selected and agreed by the wearer.
- The ergonomic requirements and state of health of the wearer are taken into consideration.
- The selected PPE fits the wearer.
- Any necessary training for employees in the use of the PPE is given.
- All PPE is properly maintained and readily available and suitable storage for the PPE equipment is provided.
- Suitable training will be provided by the HSA, if required, on the fitting and use of the PPE i.e. face shields and masks.

**ALL** staff who may be involved in working with harmful substances or potentially dangerous work activities should ensure that they have and correctly use, the appropriate PPE(s) before commencing the work activity in order to reduce the risk of injury/harm.

It is important that users wear PPE(s) all the time they are exposed to the hazards/risk of harm.
Hazards and Types of PPE to Use

<table>
<thead>
<tr>
<th>Hazards and types of PPE to use Area affected</th>
<th>Hazard(s)</th>
<th>Type of PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes</td>
<td>Chemical or metal splash, dust, projectiles, gas and vapour, radiation</td>
<td>Safety spectacles, goggles, face-shields, visors.</td>
</tr>
<tr>
<td>Head</td>
<td>Impact from falling or flying objects, Risk of head bumping, hair entanglement.</td>
<td>Helmets and bump caps, hair nets</td>
</tr>
<tr>
<td>Breathing</td>
<td>Dust, vapour, gas, oxygen-deficient atmospheres</td>
<td>Disposable filtering face-piece or respirator, half/full-face respirators, air-fed helmets, breathing apparatus.</td>
</tr>
<tr>
<td>Protecting the body</td>
<td>Temperature extremes, adverse weather, chemical or metal splash, spray from pressure leaks or spray guns, impact or penetration, contaminated dust, excessive wear or entanglement of own clothing.</td>
<td>Conventional or disposable overalls, boiler suits, specialist protective suits, g.e. chain-mail aprons, high-visibility clothing.</td>
</tr>
</tbody>
</table>

7.10 Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

The current RIDDOR regulations require reporting any injuries, diseases and dangerous occurrences which arise out of or in connection with work activities to the Health and Safety Executive. The requirements under RIDDOR and the procedure for reporting are described in the Risk Management and Incident Reporting Policy accessible via the Trust’s intranet.

7.11 Health and Safety Audits

The main system for auditing the effectiveness of the Trust’s health and safety arrangements is the demonstration of compliance with national and local regulatory and best practice requirements including:

- Internal reporting of incidents via the Trust’s Risk Management System (Ulysses).
- External RIDDOR reporting to the Health and Safety Executive (HSE).
- Departmental Health and Safety inspection audit programme
- Internal reporting of risk management and health and safety matters to the Health and Safety Committee.

7.12 Training and Awareness

Staff are introduced to the policy on induction and on mandatory training. Managers will ensure appropriate health & safety training needs are identified and provided in accordance with the Trust’s Education Development Strategy. All managers are required to undertake a local health and safety induction with all of those who are new to the department including staff, young workers and bank staff.
7.13 Volunteers and Charitable Organisations

Even though charity and voluntary workers generously give their time, work and expertise to the Trust, these people are regarded as honorary employees in the eyes of the law and as such are bound by the same health and safety conditions as all other Trust staff.

Charity or voluntary workers or any Trust manager or representative responsible for them must ensure that risk assessments of their activities are undertaken and the identified risks are managed.

8. REVIEW

This policy will be reviewed in 3 years’ time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.
## 9. Monitoring

<table>
<thead>
<tr>
<th>Element</th>
<th>Lead</th>
<th>Methodology</th>
<th>Frequency</th>
<th>Review and Measuring Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Health and Safety policy compliance</td>
<td>Director of Finance</td>
<td>Monitoring report</td>
<td>Annually</td>
<td>Health &amp; Safety Committee</td>
</tr>
<tr>
<td>Audit and review of implemented H&amp;S arrangements</td>
<td>Health &amp; Safety Advisor</td>
<td>Monitoring report</td>
<td>Annually</td>
<td>Health &amp; Safety Committee</td>
</tr>
</tbody>
</table>
| Health and safety data collected is representative of all incidents    | Health & Safety Advisor   | Monitor reported health and safety incidents by:  
  - Type and severity  
  - Investigation completed and action taken | Monthly     | Health & Safety Committee          |
10. REFERENCES

- Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- HSG65 “Managing for Health and Safety” guidance document
- The Regulatory Reform (Fire Safety) Order 2005
- The Control of Asbestos Regulations 2012
- Consultation with Employees (Guidance)
- COSHH (Control of Substances Hazardous to Health) Regulations
- Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Safety Representatives and Safety Committees
- Management of Health and Safety at Work Regulations 1999
- Personal Protective Equipment (PPE) Regulations 2002
- HSE ACoPs Various Approved Copes of practice
- HTMs – Healthcare Technical Memoranda
- HBMss Healthcare Building Notes
RISK ASSESSMENT AND RISK ESCALATION FORM

Please complete all sections, where options are given please tick the relevant boxes

<table>
<thead>
<tr>
<th>Division</th>
<th>Service Line</th>
<th>Location</th>
</tr>
</thead>
</table>

**Risk Assessment Completed by**

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
</tr>
</thead>
</table>

**Risk Summary Title**

<table>
<thead>
<tr>
<th>Date of Risk Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>(start date)</td>
</tr>
</tbody>
</table>

**Full Risk Description**

<table>
<thead>
<tr>
<th>Initial Risk Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consequence x Likelihood = Score</td>
</tr>
<tr>
<td>C</td>
</tr>
</tbody>
</table>

**Risk Type**

<table>
<thead>
<tr>
<th>Finance</th>
<th>Health &amp; Safety (risk to staff, patient, visitor, contractor)</th>
<th>Quality (Risk to reputation, patient safety &amp; experience, regulatory compliance)</th>
<th>Strategy (Risks that impact on the Trust’s objective)</th>
</tr>
</thead>
</table>

**Risk Subject** (Choose one subject – the most relevant to the risk)

<table>
<thead>
<tr>
<th>Environment</th>
<th>Infrastructure</th>
<th>Equipment</th>
<th>Patient Experience</th>
<th>Patient Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Safety</td>
<td>Infection Control &amp; Prevention</td>
<td>Procedural</td>
<td>Data/Information</td>
<td>Performance</td>
</tr>
<tr>
<td>Staffing – General</td>
<td>Staffing – Medical</td>
<td>Staffing – AHP</td>
<td>Staffing – Nursing &amp; Midwifery</td>
<td></td>
</tr>
</tbody>
</table>

**Current Status**

<table>
<thead>
<tr>
<th>Archive</th>
<th>Tolerate</th>
<th>Transfer</th>
<th>Treat</th>
</tr>
</thead>
</table>

**Source**

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Audit</th>
<th>Business Case</th>
<th>Change in Service</th>
<th>Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaint</td>
<td>Incident</td>
<td>Report</td>
<td>Review</td>
<td>Other</td>
</tr>
</tbody>
</table>
| Organisational Objective Affected | Strategic Objective 1 –  
To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience |
| Organisational Objective Affected | Strategic Objective 2.  
To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients |
| Organisational Objective Affected | Strategic Objective 3.  
To work creatively with our partners (NHS, commercial and community/voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future |
| Organisational Objective Affected | Strategic Objective 4.  
To deliver sustainable, well managed, value for money services |

<table>
<thead>
<tr>
<th>CQC Outcome affected</th>
<th>Safety</th>
<th>Effectiveness</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well Led</th>
</tr>
</thead>
</table>

| Actions | Target Risk  
Consequence x Likelihood = Score |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(required to mitigate the risk, continue on separate sheet if required)</td>
<td>C L S</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager / Head of Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Line Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Level Clinical Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Review Meeting or Clinical Governance Meeting (Divisional Director)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entered on to the Service Line Risk Register</td>
<td>By</td>
<td>Date</td>
</tr>
<tr>
<td>Risk Register Reference</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# GUIDANCE SHEET
Tools and Methodology used when risk assessing

## Five steps to a risk assessment

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 1</strong></td>
<td>Identify the hazards (What can go wrong?)</td>
</tr>
<tr>
<td><strong>STEP 2</strong></td>
<td>Decide who might be harmed and how (What can go wrong? Who is exposed to the hazard?)</td>
</tr>
<tr>
<td><strong>STEP 3</strong></td>
<td>Evaluate the risks (How bad? How often?) and decide on the precautions (Is there a need for further action?)</td>
</tr>
<tr>
<td><strong>STEP 4</strong></td>
<td>Record your findings, proposed action and identify who will lead on what action. Record the date of implementation.</td>
</tr>
<tr>
<td><strong>STEP 5</strong></td>
<td>Review your assessment and update if necessary.</td>
</tr>
</tbody>
</table>

## Cause and Effect example

**Example risk:** Concern about the Trust’s adherence to the Data Protection Act

**Risk description:** Risk of breaching the DPA

**Causes:**
- Lack of understanding of the Act by staff
- Low completion rate by staff of IG and data protection e-learning modules
- Line managers do not encourage staff to read and be aware of Trust policies

**Effects:**
- Patient and/or staff data may be incorrectly processed and shared with 3rd parties
- Trust may incur financial penalties if investigated by the Information Commissioners Office
- Trust may receive adverse publicity and reputational damage
- Level of complaints and litigation claims received may increase

Any controls and actions put in place should mitigate each of the causes and this in turn should enable the likelihood score to be reduced. The consequence score is not usually able to be reduced as the outcome is likely to be the same.

## Methodology

### Consequence scoring (example)

<table>
<thead>
<tr>
<th>Consequence score (severity levels) and examples of descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domains</strong></td>
</tr>
<tr>
<td><strong>Impact on the safety of patients, staff or public</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
### Consequence score (severity levels) and examples of descriptors

<table>
<thead>
<tr>
<th>Domains</th>
<th>Negligible</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Catastrophic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adverse publicity/repuation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rumours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential for public concern</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local media coverage – short-term reduction in public confidence</td>
<td>Loss of 0.1–0.25 per cent of budget</td>
<td>Loss of 0.25–0.5 per cent of budget</td>
<td>Claim(s) between £10,000 and £100,000</td>
<td>Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget</td>
<td>Non-delivery of key objective/Loss of &gt;1 per cent of budget</td>
</tr>
<tr>
<td>Elements of public expectation not being met</td>
<td>Claim less than £10,000</td>
<td>Claim(s) between £10,000 and £100,000</td>
<td>Claim(s) between £100,000 and £1 million</td>
<td>Purchasers failing to pay on time</td>
<td>Failure to meet specification/slipage</td>
</tr>
<tr>
<td><strong>Finance including claims</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small loss Risk of claim remote</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of 0.1–0.25 per cent of budget</td>
<td>Loss of 0.25–0.5 per cent of budget</td>
<td>Claim(s) between £10,000 and £100,000</td>
<td>Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget</td>
<td>Will probably happen/recur but it is not a persisting issue</td>
<td>Will undoubtedly happen/recur, possibly frequently</td>
</tr>
<tr>
<td>Claim less than £10,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Likelihood scoring</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Likelihood score</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Descriptor</strong></td>
<td>Rare</td>
<td>Unlikely</td>
<td>Possible</td>
<td>Likely</td>
<td>Almost certain</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often might it/happens/does it happen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This will probably never happen/recure</td>
<td>Do not expect it to happen/recure but it is possible it may do so</td>
<td>Might happen or recur occasionally</td>
<td>Will probably happen/recure but it is not a persisting issue</td>
<td>Will undoubtedly happen/recure, possibly frequently</td>
<td></td>
</tr>
<tr>
<td><strong>5x5 Risk Matrix</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Likelihood</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Likelihood score</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Rare</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Unlikely</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Possible</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Likely</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Almost certain</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Use the consequence score and the likelihood score to get the overall risk score (rating).

For further assistance with completing the risk assessment contact one of the Risk Managers:

Louise Wheeler – Maternity Risk Manager – Ext 2726
Gilly Ede – Health & Safety Advisor – Ext 6471
Helen Moyles – Risk Manager – Ext 6360


Author: Gilly Ede, Health & Safety Advisor
Health and Safety Policy
Version 1 Review Date: July 2020
APPENDIX B

Health and Safety Committee
Terms of Reference

1. PURPOSE

The Health and Safety Committee has been established to plan, organise and monitor organisational compliance with the Trust’s statutory Health and Safety obligations and duties. The Health and Safety Committee will also ensure compliance with requirements set by external bodies such as the Health and Safety Executive / NHS Litigation Authority / Department of Health etc.

The Health and Safety Committee deals with matters which require joint consultation and negotiation and as such reports into the Executive Management Committee.

2. AIM

- To ensure the provision of a safe environment for staff, patients, visitors and others.
- To ensure Kingston Hospital Foundation Trust can demonstrate compliance with Health and Safety legislation, and other statutory and mandatory estates related standards.
- To ensure the Trust has effective occupational health and safety processes and systems.
- To develop procedures necessary to carry out the committee’s functions, taking into account the requirements of the Health and Safety at Work etc. Act 1974.
- To ensure continued and effective health and safety management arrangements, the group will make decisions in respect of all health and safety matters including Trust Policy.

3. DUTIES

3.1. Incident Reporting

Receive reports of investigations of all accidents, non-clinical incidents and occupational ill-health episodes, monitor trends, review and monitor action plan compliance and make recommendations to reduce such incidents.

3.2. Statutory Compliance

Support health and safety compliance and other statutory and mandatory or best practice related standards at Trust and Divisional level, including key areas such as:

- Fire
- Water Safety
- Waste
- Security
- Medical gases
- Radiation and laser protection
- COSHH
- Occupational Health
- Slips, trips and falls (staff and others)
- Moving and handling

3.3. Health and Safety

Ensure that the Trust complies with its statutory duties to consult staff representatives on Health and Safety matters under Health and Safety legislation.
3.4. External Inspections

Receive reports and information provided by enforcing authority inspectors and ensures suitable actions are agreed and implemented.

Receive reports of incident reporting from other agencies operating on the Trust Site.

3.5. Training

Evaluate and make recommendations on the health and safety training programme for staff and develop and review the training needs analysis for Health and Safety training.

3.6. Policy Development

Consider and approve policies, procedures, etc. for all aspects of health and safety within the Trust.

Oversee development and implementation of local safety policies, procedures and safe systems of work.

4. Communication

To report to the EMC by exception and to provide an annual report to the Trust Board for publication on the Trust's website.

5. Permanency

Permanent.

6. Membership: (To include nominated deputies where appropriate)

6.1. Chair:
Director of Finance (Deputy - Head of Corporate Affairs and Company Secretary)

6.2. Internal (Executive) Lead:
Director of Finance

6.3. Other Members:
Head of Corporate Affairs and Company Secretary
Divisional Associate Director
Director of Estates & Facilities
Nursing and Matron Representative
Health and Safety Advisor
Occupational Health Manager
Decontamination Lead
Estates Manager
PFI Contractor (Prime)
Fire safety advisor
Operations Manager
Security manager
HR Representative
Staff Side Representative
Information Technology Department Representative

7. Quorum
A quorum of 8 members is required to be present to enable the committee to undertake its function, to include the Chair or Deputy and the Health and Safety Advisor.
8. Attendance

When a member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend minimum of 100% of the meetings per calendar year.

9. Paper

Distributed 1 week prior to meeting.

10. Frequency of Meetings

Every two months.

11. Reporting Lines

The Health and Safety Committee will receive reports, at least quarterly from the relevant sub-committees/groups, as shown in the Trust’s Committee Structure.

12. Accountable To

The Health and Safety Committee is accountable to the Executive Management Committee and onwards to the Trust Board as shown in the Trust’s committee structure.

13. Secretarial Support

Corporate Affairs team.

14. Openness

Minutes of Health & Safety Committee meetings are available on request. The Health and Safety Annual report is published annually.

15. Effectiveness of the Committee:

The effectiveness of the Committee will be measured by:
- Annual audit of attendance
- Annual review of compliance with terms of reference
- Delivery against the identified annual work programme
- Performance for identified KPIs in line with thresholds and benchmarks

16. Review of Terms of Reference

These Terms of Reference will be reviewed annually or sooner if required by the Health and Safety Committee or in light of national/local policy changes, and will be approved by the Executive Management Committee.

17. Monitoring

Compliance with these terms of reference will be monitored by the Committee as part of the annual review of the terms of reference.

Date Approved: March 2017
Approved By: Health & Safety Committee
Next Review Due: July 2018
## 11. VERSION CONTROL SHEET

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>July 2017</td>
<td>Gilly Ede</td>
<td>Approved by HSC</td>
<td></td>
</tr>
</tbody>
</table>