York Teaching Hospital NHS

NHS Foundation Trust

Health and Safety Policy

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Owner:	Brian Golding, Associate Director of Estates and Facilities
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Target audience:	Trust Wide
Relevant Regulations and Standards	Health and Safety at Work etc, Act 1974, Sec 2(3). The Management of Health and Safety at Work Regulations 1999, Reg 5. CQC – Outcome 7-11 NHSLA – Standards 1-5

Executive Summary

This policy sets out Health and Safety Policy for York Teaching Hospital NHS Foundation Trust.

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

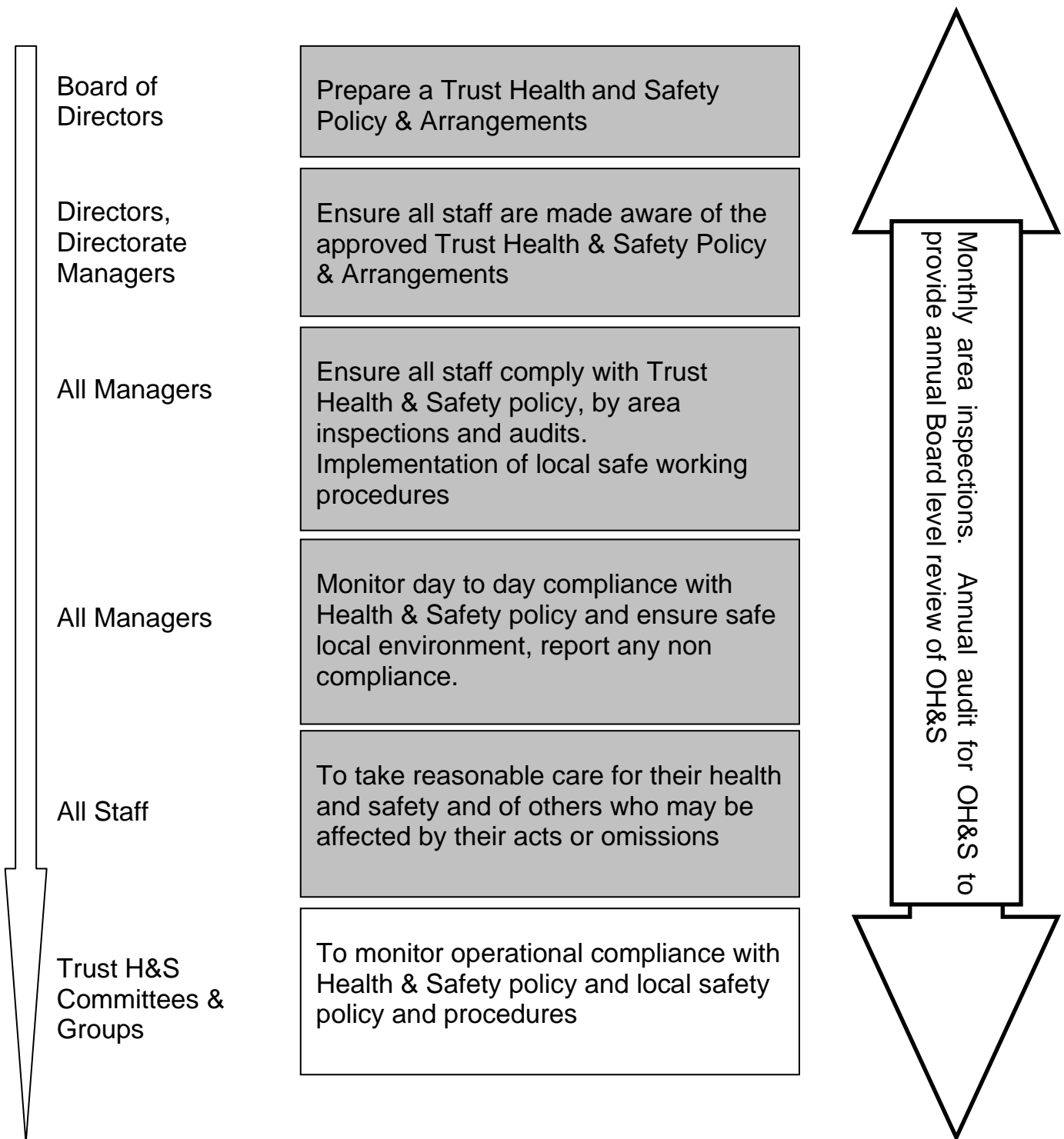| Version	Date Approved	Version Author	Status & location	Details of significant changes
York 4	October 2006			• Sections 4 and 9 added and section 8 expanded • Employees responsibilities – link to disciplinary policy and procedure added
5	October 2007			• Change of Owner/Lead Director from Director of Nursing/Chief Operating Officer to Director of Human Resources and Legal Services. • Section 5.5 - Responsibilities included for Safety Representatives. Arrangements Section: • Non Ionising section added • Slips and Trips section added
5.1	January 2008			"Who is Who" section: • Details of Radiation Protection Supervisor removed, and replaced by Radiation Protection Advisor • Patient Safety Manager / Health & Safety Lead post replaced by Trust Risk Manager post • Risk & Safety Advisor

				post replaced by Health & Safety Manager post

Arrangements section:

- Inclusion of Non-Ionising Radiation (s29) in table of contents |
| 6 | June 2009 | Carol Adams | | Policy re-written to current trust template.

Complete re- structure of policy to ensure current legal compliance and trust procedures |
| 7 | June 2010 | Carol Adams | | Policy updated to reflect current Health and Safety Management system

Policy re-written to current trust template |
| 8 | May 2011 | Elaine Miller | Horizon | Policy updated to reflect Trust Governance structure |
| **Scarborough**

4.05 | June 2011 | Colin Weatherill | SNEY Website | Policy Reference HSS01

Policy updated as part of standard review |
| **Re-issue details**
1 | December 2012 | Colin Weatherill | Approved Staffroom | Full policy review, new Trust policy for integrated organisation OH&S arrangements across the enlarged organisation

Review of 1st Draft against legislative OH&S policy good practice requirements. |

				Amend 3.5 safety management standard now reads system. 10.2 Standards and KPI's replaced annually by risk based Trust management objectives for the Trust. Review of policy to reflect the needs of the wider Trust and to ensure the document complies with the policy template

Contents

Process flowchart

Role	Responsibility
Board of Directors	Prepare a Trust Health and Safety Policy & Arrangements
Directors, Directorate Managers	Ensure all staff are made aware of the approved Trust Health & Safety Policy & Arrangements
All Managers	Ensure all staff comply with Trust Health & Safety policy, by area inspections and audits. Implementation of local safe working procedures
All Managers	Monitor day to day compliance with Health & Safety policy and ensure safe local environment, report any non compliance.
All Staff	To take reasonable care for their health and safety and of others who may be affected by their acts or omissions
Trust H&S Committees & Groups	To monitor operational compliance with Health & Safety policy and local safety policy and procedures

Monthly area inspections. Annual audit for OH&S to provide annual Board level review of OH&S

1   Introduction & Scope

The York Teaching Hospital NHS Foundation Trust ("the Trust") recognises its duty to ensure 'so far as is reasonably practicable', the safety of patients, employees and others arising from Trust work activity. The Trust is committed to achieving and maintaining high standards of Health, Safety and Welfare by recognising the importance of clearly defined management responsibility and arrangements.

This policy sets out the minimum standards which all employees of the organisation are to work to, and encompasses the following:

- Chief Executive's Statement;
- Organisation Accountability and Responsibilities;
- Risk Management Strategy, Policy & Procedure;
- Health and Safety related policies
- General Arrangements;
- Arrangements for Occupational Health and Safety Monitoring and Review.

The Trust is committed to continuous improvement for Health and Safety by the implementation and maintenance of an effective Health and Safety policy, procedure, systems and processes.

This Policy applies to all the Trust's properties and sites under the control of the Trust and other locations where Trust staff carry out duties. At locations under the control of other employers, Trust staff are expected to comply with any additional safety requirements of the host.

This policy will be communicated to all staff, including permanent, temporary, voluntary workers, agency or locum. The Trust also recognises its statutory obligations in ensuring a safe environment for all employees, patients, contractors, trespassers and visitors within the Trust.

This policy supersedes all previous versions of Trust Health, Safety and Welfare policies.

2　Definitions / Terms used in policy

HSWA 1974 – Health and Safety at Work etc Act 1974

MHSWR 1999 – The Management of Health and Safety at Work Regulations 1999

HTM's – Healthcare Technical Memorandums

HBN's – Healthcare Building Notes

NCRG – Health and Safety Non-Clinical Risk Group

ACOPS – Approved Codes of Practices

3   Policy Statement

York Teaching Hospital NHS Foundation Trust Board will ensure that all activities carried out on its premises or undertaken by its employees (or their agents) are managed in such a way as to avoid, reduce or adequately control all foreseeable risks to the Health and Safety of any person who may be affected by the Trusts undertakings.

We are committed to providing a safe and healthy environment for employees, patients and others who may be affected by the Trust's work activities, by ensuring all reasonably practicable measures are taken to comply with the Trust's duties set out in the Health and Safety at Work etc Act 1974.

The Trust has in place policies and procedures to ensure a healthy & safe environment by ensuring:
o   A safe place in which to work with safe means of access and egress;
o   Suitable and sufficient information, instruction, training and supervision to enable all employees to undertake their duties safely;
o   The provision of safe plant, equipment and systems of work;
o   Arrangements for the safe use, handling, storage and transport of articles, materials and substances;
o   Appropriate management procedures and consultative arrangements to monitor and audit compliance with the Trust policies;
o   Appropriate arrangements to assess and control the risks associated with work activities;
o   Appropriate procurement policies to ensure that only competent contractors and suppliers are engaged by the Trust;
o   To consult with all staff groups on matters of Health/Safety matters, in particular the Health Safety and Welfare, and other associated Committees/Groups.

The Trust is committed to adopting Best Practice in Health and Safety Management; the Trust's Board of Directors is committed to meeting its duties set out in the Health and Safety at Work etc Act 1974.

The York Teaching Hospital NHS Foundation Trust formally approved this Policy Statement in December 2012

Patrick Crowley

Chief Executive
York Teaching Hospital Foundation Trust

4   Equality Impact Assessment

The Trust' statement on Equality is available in the Policy for Development and Management of Policies at Section 3.3.4.

A copy of the Equality Impact Assessment for this policy is at Appendix A

5   Accountability

Corporate accountabilities are detailed in the **Policy for Development and Management of Policies** at section 5.   Operational implementation, delivery and monitoring of the policy resides with:-

5.1 The Board of Directors

The Board of Directors are responsible for setting the strategic direction, policies and objectives and discharging this through a delegated structure and ensuring the necessary support and resources are made available to allow for implementation of this policy. They are responsible for ensuring that health and safety policy and procedures are effective within the organisation, with mechanisms in place for regular monitoring of Health and Safety performance. The Board of Directors are to lead by example in ensuring embedding a sound health and safety culture as key in delivering a safe environment to all affected by the organisations activities. The Board of Directors will nominate a named Director for Health and Safety.

5.2 Chief Executive

The Chief Executive is ultimately responsible for the adherence to Health and Safety legislation within the Trust, and is accountable for the establishment and achievement of Health and Safety polices and procedures within the Trust.

The Chief Executive will authorise the implementation of health and safety policies and associated programmes. He will ensure a prepared and published Trust Health, Safety and Welfare Policy is in place; nominate a named Director as Trust Health and Safety Lead for the Board and regularly monitor the performance of Risk Management and Health and Safety in the Trust.

In the event of the Chief Executive's absence, a Board nominated Director will take up these responsibilities.

Other members of the Trust's Executive Team will support the Chief Executive in fulfilling this responsibility.

5.3   Executive Directors & Directors

All Directors are to have active involvement in the management of health and safety in their areas of control and collective responsibility for health and safety in the organisation.

Directors are responsible for the safety of their staff and the activities in their charge. They are expected to promote a high degree of Health and Safety awareness amongst all their personnel; this includes the following key responsibilities:
o Clarifying roles and responsibilities of their managers with respect to Health and Safety responsibilities;
o Ensure that line managers fulfil their responsibility for Health and Safety, in particular provision and revision of procedures and completion of comprehensive risk assessments through the designated lines of responsibility;
o Setting corporate and personal objectives to improve Health and Safety standards;
o Planning and allocating resources to improve Health and Safety standards;
o Promoting Health and Safety management as an integral management function;
o Receiving reports from the Health and Safety Executive or other agencies inspectors and ensuring action is taken to comply with recommendations;
o Ensuring means to measure Health and Safety performance and adopting it;
o Ensuring Directorates, as required, are represented at the Health and Safety Committee and that decisions arising from such meetings which affect the Directorate under their responsibilities are implemented;
o Keep up to date with industry standard developments;
o Keep up to date with regard to training;
o Support the Director for Health and Safety in the management and implementation of Trust Risk Management and safety programmes and initiatives.

5.4   Nominated Director for Health & Safety

The Associate Director of Estates and Facilities is the nominated Director for Health and Safety arrangements within the Trust.

The nominated Director is responsible for ensuring effective arrangements, systems and plans are in place for the management of

health and safety risks. The nominated Director is to address health and safety and risk management issues at a strategic level as part of the Trust governance requirements.

The nominated director for health and safety is to champion in the organisation:
o The need to accept formally and publicly its collective role in providing health and safety leadership within the organisation;
o Ensure all Board decisions reflect its health and safety intentions, as articulated in the Chief Executive's Statement within the Trust health and safety policy statement;
o Ensure Health, Safety Legislative changes that may affect the Trusts management strategies and statutory compliance requirements, changes or industry developments are made aware to the Board;
o The allocation of suitable and sufficient resources to facilitate Statutory Health, Safety Compliance;
o The performance of Trust Health and Safety strategy and programmes.

As and when required the nominated Director for health and safety is to arrange for health, safety training and information to be provided for the Board and Directors.

5.5   Directorate, Department and Ward Managers Responsibilities

Managers and Heads of Departments are ultimately responsible for the impact of the overall risk on their ward/departments as it may relate to staff, patients or visitors and have the responsibility to ensure that:

o They receive appropriate training and resource to carry out their Health and Safety roles and responsibilities;
o They must ensure that local induction procedures are in place within the Directorate and that all new staff, including part time appointments, volunteers etc undertake the induction. It is also their responsibility to constantly review the local Health and Safety induction and training to ensure that it is current and complies with both current legislation and local Trust polices;
o Managers must ensure that Health and Safety responsibilities are included in all job descriptions;
o Trust risk management programmes are in place throughout their area of responsibility and that this is being implemented and monitored accordingly;
o Suitable and sufficient risk assessment programme is implemented for their area of control and as appropriate controls are adopted as identified;
o Ensuring risk assessments are reviewed at least annually unless significant changes have taken place, an incident has occurred, or

there is any reason to believe the assessment is no longer suitable or sufficient;

o The identification of applicable accident and sickness statistics and that these are used to establish trends for the purpose of identifying solutions for their reduction or prevention;

o Emergency Procedures and plans are in place for handling serious and dangerous situations and these plans are understood within their areas of responsibility;

o Where two or more units, departments, or NHS agencies are sharing a workplace, each communicate and co-operate with the other to co-ordinate their efforts in line with health and safety legislation and the Trust risk management programme;

o In the event of other contractors entering into their area of responsibility, arrangements are in place for their control;

o That workers including temporary or voluntary staff have the appropriate skills and are provided with as much information, instruction, supervision and training as necessary for their health, safety and welfare;

o Ensure that safe systems of work and practices are prepared reflecting risk assessments, considering manufactures/suppliers instructions and current best practice;

o Ensure all adverse events and near misses are reported promptly and that appropriate action is undertaken to prevent reoccurrence; that investigations are carried out and that all incidents under RIDDOR are reported correctly and within the correct timescale;

o Managers must ensure safety inspections are carried out on a monthly basis in line with the Trust's Safety Management System and from the inspections, Health and Safety concerns are addressed or plans developed and implemented to manage those concerns.

5.6 Health and Safety Manager

The Health and Safety Manager has functional responsibility for health and safety matters in the Trust. Advising on all issues relating to Health and Safety, development of the Trust's Health and Safety policy and practices to include as required other associated policies.

The Health and Safety Manager is responsible to ensure:

o Development of appropriate Polices, Procedures and processes to provide the Trust with necessary guidance for achieving compliance with legislative requirements;

o Work with Committees and Groups on development of Health & Safety objectives and plans to achieve effective delivery on objectives;

o As required devising audits and inspections of the Trust Health and Safety measures and safety management system;

o Provision of advice and support Managers in risk identification, assessment and reduction;
o Work with other specialist advisors as required to provide a safe environment for all;
o As required, they assist Managers in accident/incident investigations;
o Compile reports as required for the Board of Directors, other formal committees/groups or external bodies;
o Liaise directly with the relative enforcement agencies on behalf of the Trust. In the event of Health and Safety Executive audits being implemented; ensure that all arrangements are made and all levels of management and employee safety representatives are informed;
o Working with CLAD in devising, coordinating and delivering where needed, specific Health and Safety Training;
o Ensuring any work related injury, disease or dangerous occurrence is reported to the appropriate authorities via the Directorate/Department managers;
o Coordinating and advising on the implementation of Health and Safety legislation;
o Monitoring Health and Safety performance and identifying and analysing trends; as required to carry out unannounced safety audits throughout all areas of the Trust;
o Report any matters that may potentially contravene health and safety statute through the relative management structure;
o Attend as required committee meetings with regard to Health and Safety;
o Maintain continued professional development.

5.7   IOSH Managers

IOSH managers are responsible for implementing the Trust's Health and Safety at Work Policy at Directorate level and for ensuring the Trust's Health and Safety Management System is in place within their area of responsibility.

Supporting the nominated senior managers or nominated Line/Operational Managers who have overall responsibility for their area with regards to Health and Safety.

They must ensure departments under their jurisdiction are safe to work in, and all practicable measures taken to provide for the Health and Safety, by implementing an effective risk assessment programme for their area of responsibility.

Ensure staff in their area of control are consulted about Health and Safety matters, through representation on local Health and Safety committees.

All incidents are reported within the correct timescale and full investigations are carried out as quickly as possible.

5.8 Specialist Advice

The Trust has in place many specialist advisors and functions to provide for a safe environment and providing support and advice to employees; below is listed the specialist advisors and functions[1]:

o Occupational Health;
o Radiation Protection Advisor and Supervisors;
o Laser Protection Supervisors;
o Infection Prevention and Control;
o Manual Handling Advisors;
o Fire Advisors;
o Local Security Management Specialists;
o Appointed Persons:
   o Legionella
   o Asbestos
   o Water Management.

Each position and function has defined roles and responsibilities. Further information on these can be gained from the specific individual or function.

5.9 Employee Safety Representatives

Employee Safety Representatives are appointed by Trades Unions to represent their members on Health and Safety issues, including:
o Representing employees in discussions with the employer on Health, Safety or Welfare issues and in discussions with HSE or other enforcing authorities;
o Being consulted 'in good time' over a large range of Health and Safety issues;
o Being involved with risk assessment procedures;
o Attending safety committee meetings;
o Having access to relevant Health and Safety information;
o Inspecting the workplace;
o Investigating potential hazards;
o Investigating accidents, cases of diseases or ill health, and dangerous occurrences;
o Investigating employees' complaints;

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[1] This list is not exhaustive

- o   Receiving information from Health and Safety inspectors;
- o   Being given paid time off from their normal work to carry out their functions and undergo training;
- o   Having access to suitable facilities and assistance to carry out their functions.

5.10 Employees

All staff, including work experience, agency, temporary, and volunteers within the Trust are required to accept responsibility for carrying out and adhering to the Health and Safety polices of the Trust.

All employees are accountable to their line managers and assist towards making the Trust a safe and healthy place in which to work.

Employees shall:

- o   Take reasonable care for the Health and Safety of themselves and of other persons who may be affected by their acts or omissions;
- o   Adhere to measures set out in the Trust's Health and Safety and associated policies, guidance and other document which describe measures put in place to prevent accidents and ill health to themselves and others;
- o   Comply with instructions in connection with emergency and fire alarms, fire drills, fire prevention and fire fighting equipment.
- o   Report all observed hazards or unsafe conditions to the appropriate manager;
- o   Adhere to Trust procedures for reporting and recording accidents, incidents, near misses and work related ill health symptoms;
- o   Take good care of Health and Safety equipment and reporting to management, missing or defective equipment immediately it is discovered;
- o   Carry out assigned tasks and duties in a safe manner in accordance with the relative safe systems of work and ward/department protocols or procedures;
- o   Wear and use correctly, all personal protection equipment provided for their use and when not needed correctly store and prevent it from damage;
- o   Attend appropriate Health and Safety and associated training courses.

In all cases, failure to comply with health and safety responsibilities could result in disciplinary action being taken as set out in the Trust's Disciplinary Policy and Procedure.

5.11 Others Persons (Contractors)

Any person who is not directly employed by the Trust but is undertaking work on its premises, for or on the Trust's behalf, must not act in a manner that is prejudicial to the safety of others, whilst conducting their work.

No contractor is to work on Trust premises unless the correct type of *method statement and/or risk assessment* has been completed and agreed by the relative manager.

If work to be undertaken is particularly hazardous this must not commence until the appropriate permit to work is obtained from the relative source/manager.

Other persons have a responsibility to:
o   Observe the Trust health, safety and welfare procedures;
o   Attend appropriate site and local induction defined by the Trust;
o   Report on arrival to the relevant departmental manager or other identified officer so as to be informed of any particular hazards;
o   Not work on the premises until they have made themselves familiar with the relative emergency procedures (fire etc);
o   Provide and wear protective clothing, necessary to the area being visited, and use safety equipment specified in the area and for any operation that may require its use;
o   Not to use any equipment belonging to the Trust unless clear agreement has been made with the relative manager;
o   Not enter into any sensitive area without the express permission of the senior person on duty; (ITU, Theatres, Radiology, Gastro, General Wards etc);
o   Follow any additional health and safety instructions given or provided by the manager responsible or the Health and Safety Manager;
o   Not use any unsafe tools or substances that have not been assessed.

5.12 The Corporate Risk Management Group.

The Corporate Risk Management Group is a sub committee of, and is accountable to, the Board of Directors.

The Group support the Executive Board in its role of assuring the effective and safe operation of the hospital and that its systems support and promote their aims, by monitoring the organisations ability to meet its principal objectives.

The Group seeks assurance that the organisation is identifying and managing the principal risks to achieving its objectives, advising the Executive Board on risk management and governance (clinical and operational) issues which may affect the Trust's business operations.

The Group consider and report the most significant current issues identified to the Board of Directors.

5.13 Trust Health, Safety and Non Clinical Risk Group (NCRG)

The HSNCRG is responsible for overseeing health and safety and for identifying the implications of non-clinical risks and confirming their action plans.

The NCRG will provide assurance all significant, emerging non-clinical risks have been identified, and appropriate action plan has been prepared and is being implemented. The NCRG will provide assurance to the Executive Board on Health and Safety Management and non-clinical risks. The NCRG will consider and advise on non-clinical risks and assurance, identify and address both new and changing Health and Safety legislation and develop key performance indicators for Health and Safety as required.

5.14 Trust Health Safety Welfare Committees

The Health, Safety and Welfare Committees of the Trust is to be reflective of the Trust's service provision and business activities.   In addition to this, as and when required this committee liaises and works with other committees on related subjects.

The Committee will also be responsible for satisfying the statutory requirement to convene a Health and Safety Committee as laid down under the Safety Representative and Safety Committee Regulations 1977, and the Health and Safety (Consultation with Employees) Regulations 1996, as amended.

5.15 Directorate, Risk & Specialist Health & Safety Groups & Committees

These groups and committees will ensure effective communication between the Trust's Health, Safety and Non-Clinical Risk Group, the Trust's Health & Safety Committees and each Directorate/Department/Risk & Specialist Area. Evaluating recommendations from any reviews, and incorporate the findings into Directorate/Department/Risk & Specialist action plans, or, if appropriate the Directorate or Corporate Risk Register.

5.16 Trust Committees & Groups

All Trust Committees and Groups are to have specific terms of reference, all meetings are to be formally recorded, and minutes retained. The Trust Committee and Group structure can be found on the Trust Intranet.

6   Trust Health and Safety Management Arrangements

The Trust recognises the activities undertaken by employees are varied, carried out in many properties and locations across the organisation. The Trust activities encompass many tasks and work stream all of which carry some element of risk, the Trust will 'so far as is reasonably practicable' ensure systems and procedures for Health and Safety are in place thus affording the highest standards of safety to all those affected by the Trusts activities.

The Trust has in place a Board authorised Risk Management Strategy, Policy & Procedure and Health & Safety Policy, which sets out a recognised process to manage health and safety and risk in the Trust.

The aim of the Trust Policy is to create and encourage an embedded and pro-active health and safety culture, which involves all employees of the organisation. The implementation of this strategy and policy allows flexibility in its application of operational and departmental specific health and safety management through the risk assessments process and risk action plans.

The Trust Risk Management Strategy contains the elements of Trust Wide statutory compliance with the general requirements of Health and Safety at Work etc Act 1974 (HSWA74); this is supported by specific operational and departmental policies, procedures and safe systems of work.

The Trust has developed a safety management system, which will ensure, a systematic inspection and audit of the effectiveness of compliance with this policy and associated health and safety policies and procedures is in place. This will be undertaken as part of a Trust wide Health and Safety annual audit and specific departmental operational inspection and audit schedules.

All employees are informed they are to be reasonable in their actions and cooperate with the Trust managers in achievement of the following programmes/action plans.

7 Consultation, Assurance and Approval Process

7.1 Consultation Process

A list of consulted stakeholders are:

- Health and Safety Department
- Estates and Facilities
- Risk and Legal Services, Risk Reviewers,
- Managers
- The Health, Safety and Non-Clinical Risk Group
- Corporate Risk Management Group
- Board of Directors.

Also involved in the consultation process are the Joint Management and Staff Side Committee and the Joint Local Negotiating Committee.

7.2 Quality Assurance Process

Following consultation with stakeholders and relevant consultative committees, this policy will be reviewed and published by the Compliance Unit.

7.3 Approval Process

Following completion of the consultation process, this policy, and any subsequent policy revisions will require the approval of the Board of Directors.

8 Review and Revision Arrangements

The date of review is given on the front coversheet.

This policy will be reviewed annually or earlier should there be a legislative any other reason to do so; once reviewed the Board of Directors will consult and ratify this policy.

The review of this policy will be in conjunction with those named in section 7.1 above.

The Compliance Unit will notify the author of the policy of the need for its review six months before the date of expiry.

On reviewing this policy, all stakeholders identified in section 7.1 will be consulted.

Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number will be applied.

Subsequent reviews of this policy will continue to require the approval of the appropriate committee as determined by the **Policy for Development and Management of Policies.**

9 Dissemination and Implementation

9.1 Dissemination

Once approved, this policy will be brought to the attention of relevant staff as per the **Policy for Development and Management of Policies**, section 8 and Appendix C - Plan for Dissemination .

Additionally, the policy and procedure will also be directly emailed to all Directors, Directorate Managers, Clinical Directors, Senior Managers and Matrons for them to be advised of and to act accordingly. Staff will be made aware of the new version through Team Brief and the "Risky Business" Newsletter. It will be included in the Health and Safety/Risk Management mandatory training sessions. The Policy should be discussed with all staff at the local induction.

This policy can be made available in alternative formats, such as Braille or large font, on request to the author of the policy.

9.2 Implementation of Policies

This policy will be implemented throughout the Trust by the Directors, Directorate Managers and Department Managers.

This policy is available on the Trust's Intranet site and the contents are covered in Mandatory Training.

10 Document Control including Archiving

The register and archiving arrangements for policies will be managed by the Compliance Unit.   To retrieve a former version of this policy the Compliance Unit should be contacted.

11 Monitoring Compliance and Effectiveness

This policy will be monitored for compliance with the minimum requirements outlined below.

The monitoring of this policy is achieved through the findings obtained through the implementation of the Annual Health and Safety Audit,

inspections and supported by the individual monitoring processes of those relevant polices referred to in this document.

These findings and those of the audit process will be presented in an Annual report to the Trust Health, Safety and non-Clinical Risk Group and summarised to the Trust Board.

11.1 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and to ensure that the minimum requirements are met, the policy will be monitored as follows:

Evidence	Monitoring /Who by	Frequency
Risk Assessments and treatment plans	Divisional managers/Heads of Department	Annually as per Risk Management Policy & Procedure
Incidents DATIX AIRS Relevant Committees/Groups documentation eg RRG	Divisional managers/Heads of Department Relevant Groups will provide annual reports to Trust NCRG	Ongoing Annually
Area Inspections OH&S Audit	Divisional Managers/Heads of Department Health and Safety Managers	Monthly (as defined) Annual
Health and Safety Training reports provided by CLaD	CLaD/Divisional Managers/Heads of Department	Quarterly
Health and Safety Objectives and Plans – papers to Non Clinical Risk Group	Non Clinical Risk Group	Annually

11.2   Standards/Trust H&S Performance Indicators

These will be developed by the Health, Safety and non-Clinical Risk Group and will be approved by the Corporate Risk Management Group. They will include assessments, inspections, Audits and statistical information.

The key aims are to reduce Health and Safety risks so far as is reasonably practicable and to provide a safe working environment for staff, patients, visitors and others by achieve a positive Health and Safety culture through communication with all stakeholders on all Health and Safety issues.

Achieve excellence in the Management of Health and Safety through compliance with statutory duties and continuous improvement.

Trust H&S Performance Indicators

Annually the Health, Safety and non-Clinical Risk Group will review the incident and accident data pertaining to the Trust OH&S performance and from this review develop a series[2] of risk based Trust Health and Safety management objectives for approval by the Board.

Approved plans will be developed to achieve the effective delivery of these objectives; performance of these objectives will be monitored by the NCRG and reported on annually to the Board of Directors.

12   Training

See section 11 of the **Policy for Development and Management of Policies** for details of the statutory and mandatory training arrangements.

All IOSH Managers and Risk Assessors are expected to undertake risk assessment training prior to them commencing their role.

All IOSH managers will undertake the four day IOSH course "Managing Safely".

Specialist training is carried out by specialist advisors or identified training providers. Courses include Incident Investigation, DSE Assessment, COSHH Assessment and Risk Assessments.

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[2] Annually a minimum of 5 management objectives are to be set

13　Trust Associated Documentation

YHFT [CORP.RL10] Policy for the Development and Management of Policies
YHFT (CORP.RL1) Adverse Incident Reporting System, (AIR's) Policy and Procedure
YHFT (CORP.Rl5) Risk Management Policy & Procedure
YHFT (CORP.OCC1) Stress Policy
YHFT (CORP.CN4) Slips Trips and Falls Policy (Patients)
YHFT (CORP.EF10) Slips Trips and Falls Policy (Employee & others)
YHFT (CORP.RL11) SUI Policy
YHFT (CORP.OCC4) Manual Handling Policy
YHFT (CORP.EF2) Waste Management Policy

Other Health and Safety related Trust policies - stored on QPulse and available via Staffroom/Horizon

14　External References

Health and Safety at Work, etc. Act 1974
Associated Occupational Health and Safety Regulations
Approved Codes of Practice
NHS Technical Guidance (HTM's, HBN's)
NHS Specific Guidance
Specific OH&S Guidance

15　Appendices

Appendix A　　**Equality Impact Assessment**

Appendix B　　**Checklist for Review and Approval**

Appendix C　　**Dissemination Plan**

Appendix A: Equality Impact Assessment Tool

To be completed when submitted to the appropriate committee for consideration and approval.

Name of Policy:	Health and Safety Policy

1.	**What are the intended outcomes of this work?** The policy sets out the process for the Trust for effective health and safety management across all sites.	
2	**Who will be affected?** All staff, visitors, patients and public etc.	
3	**What evidence have you considered?** Legislative compliance, NHSLA requirements, CQC Essential Standards of Quality and Safety and advice from the Inclusivity Lead.	
a	**Disability -** The policy is inclusive	
b	**Sex -** The policy is inclusive	
c	**Race** - The policy is inclusive	
d	**Age** .- The policy is inclusive	
e	**Gender Reassignment** - The policy is inclusive	
f	**Sexual Orientation -** The policy is inclusive	
g	**Religion or Belief** - The policy is inclusive	
h	**Pregnancy and Maternity -** The policy is inclusive	
i	**Carers** - The policy is inclusive	

j	**Other Identified Groups** -The policy is inclusive	
4.	**Engagement and Involvement** The policy is inclusive	
a.	Was this work subject to consultation?	See below
b.	How have you engaged stakeholders in constructing the policy	See below
c.	If so, how have you engaged stakeholders in constructing the policy	See below
d.	For each engagement activity, please state who was involved, how they were engaged and key outputs Engagement and involvement of the development of the policy has included relevant staff at all sites within the Trust, relevant Executive Directors and the Trust's Inclusivity Lead.	
5.	**Consultation Outcome** The policy conforms to the requirements of the Policy for the Development and Management of Policies, relevant legislation and the requirements of the relevant CQC Outcomes and NHSLA RMSAT.. *Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups*	
a	Eliminate discrimination, harassment and victimisation	The policy is inclusive
b	Advance Equality of Opportunity	The policy is inclusive
c	Promote Good Relations Between Groups	The policy is inclusive
d	What is the overall impact?	The policy is inclusive
	Name of the Person who carried out this assessment: Kingsley Needham/Colin Weatherill	

Date Assessment Completed	**September 2014**
Name of responsible Director	**Brian Golding**

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity Committee, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix B   Checklist for the Review and Approval

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1	**Development and Management of Policies**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or procedures?	Yes	
2	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3	**Development Process**		
	Is the method described in brief?	Yes	
	Are individuals involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Has an operational, manpower and financial resource assessment been undertaken?	Yes	
4	**Content**		
	Is the document linked to a strategy?	Yes	
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5	**Evidence Base**		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are local/organisational supporting documents referenced?	Yes	
5a	**Quality Assurance**		
	Has the standard the policy been written to address the issues identified?	Yes	
	Has QA been completed and approved?	Yes	
6	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate, have the staff side committee (or equivalent) approved the document?	Yes	
7	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8	**Document Control**		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
10	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
11	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Yes	

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name	Brian Golding	Date	September 2014
Signature	*Brian Golding*		
Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name	Alan Rose	Date	January 2015
Signature	*Alan Rose* On Behalf of the Board of Directors		

Appendix C   Plan for dissemination of policy

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	**Health and Safety Policy**
Date finalised:	**September 2014**
Previous document in use?	**Yes**
Dissemination lead	**Kingsley Needham/Colin Weatherill**
Which Strategy does it relate to?	**Risk Management**
If yes, in what format and where?	**Electronic and Paper via Intranet**
Proposed action to retrieve out of date copies of the document:	**Compliance Unit will hold archive**

Dissemination Grid

To be disseminated to:	**1) All Staff**	**2) Risky Business**
Method of dissemination	**Posted on Staffroom**	**Article**
who will do it?	**Compliance Unit**	**Kingsley Needham**
and when?	**After ratification**	**After ratification**
Format (i.e. paper or electronic)	**Electronic**	**Electronic**

Dissemination Record

Date put on register / library	**January 2015**
Review date	**December 2015**
Disseminated to	**All staff**
Format (i.e. paper or electronic)	**Electronic**
Date Disseminated	**On approval**
No. of Copies Sent	**As above**
Contact Details / Comments	**Policy will also be emailed to staff as per section 9.1 by Kingsley Needham/Colin Weatherill**