# HEALTH AND SAFETY POLICY

<table>
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<th>2</th>
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<td>Ratified by:</td>
<td>Policy Committee</td>
</tr>
<tr>
<td>Date ratified:</td>
<td>13 December 2010</td>
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<td>Medicines Management Policies and Approved by the Medicines Management Committee <em>(For All Procedural Documents which include details of drugs or their management)</em></td>
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<td>Date of Approval</td>
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<tr>
<td>Name and Title of originator/author:</td>
<td>Thomas Fallon, Health and Safety Manager</td>
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<tr>
<td>Date issued:</td>
<td>January 2011</td>
</tr>
<tr>
<td>Review due date:</td>
<td>December 2012</td>
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<tr>
<td>Target audience:</td>
<td>All Staff</td>
</tr>
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Statement of Intent

In compliance with the Health and Safety at Work etc. Act 1974, the Croydon Health Services NHS Trust has the intention to ensure that employees, patients, visitors, contractors and others shall be protected, so far as is reasonably practicable, from risks to health and safety arising out of work activities and this statement and policy shall be promulgated throughout the Trust.

The Croydon Health Services NHS Trust's health and safety management system will include the provisions for safe working systems and Health, Safety and Welfare arrangements and will ensure all reasonably foreseeable risks are identified and managed with written risk assessments to address those regarded as significant.

The Trust's Safety Management System (SMS) set out in Appendix E is a cyclical process and is the method of putting the Health and Safety policies and procedures into effect and managing activities effectively to reduce risks. The Trust further accepts that statutory obligations will always be met and, wherever and whenever reasonably practicable, that level of obligation will be exceeded.

The Health and Safety Policy will remain the responsibility of the Croydon Health Services NHS Trust's Chief Executive and Trust Board. Implementation of matters relating to Health and Safety may be delegated to the Director responsible for Health and Safety, the Health and Safety Manager, other Directors and Managers in accordance with the Health and Safety Organisation structure. The Chief Executive and Trust Board members will ensure as far as is reasonably practicable that this policy is implemented and that relevant Health and Safety considerations inform all Trust Board decisions. The Directors and Managers shall ensure that the information relating to the organisation and implementation of this policy will be brought to the notice of all employees.

This policy is supported by a variety of other policies, procedures and management systems and will be reviewed at least annually and revised as appropriate to take account of changes in circumstances, personnel or statutory obligation.

The responsibility for the revision of this policy lies with the Health and Safety Manager via the Health Safety and Environmental Governance Committee. The policy will be reviewed every year or following significant change in legislation.

Signed: ……………………………… Date: …………………

Chief Executive: ……………………………….
1 INTRODUCTION

Croydon Health Services NHS Trust is a responsible employer committed to taking its Health and Safety duties seriously and meeting its responsibilities under the Health and Safety at Work etc. Act 1974, The Management of Health and Safety at Work Regulations 1999 and associated legislation both as an Employer and as a NHS Trust.

To achieve those objectives it views health and safety on an equal footing with other functions of the Trust and has appointed designated members of staff to be responsible for the Trust’s health and safety; to keep workplace health, safety and welfare procedures under constant review; to liaise with the Health and Safety Executive wherever necessary; and keep the Trust and the Trust Board abreast of new legislation, EU Directives, Regulations and relevant Standards, in order to ensure on-going compliance with the law.

The main responsibility for health and safety lies with the Chief Executive and the Trust Board. The Trust is bound by any acts and/or omissions of the Chief Executive, any executive director, manager or employee, giving rise to legal liability, provided only that such acts and/or omissions arise out of and in the course of Trust business.

All employees have a duty to take reasonable steps to ensure that they do not place themselves and others at risk of harm. As part of their contract of employment, they are expected to co-operate fully and comply with any procedures introduced to protect the safety and well-being of staff, patients, visitors, contractors and others. Failure to comply with health and safety duties on the part of any employee, may lead to disciplinary action being taken.

In accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, the Trust has instituted ‘IRIS Online’ an electronic computer based system for reporting accidents, diseases and dangerous occurrences. The Health and Safety Manager is responsible for onward reporting to the Health and Safety Executive, any incident which falls within the categories for statutory reporting.

The Trust will comply with its duties towards employees under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999, so far as is reasonably practicable, in order to:

- Provide and maintain safe access and egress to the Trust’s property.
- Provide and maintain plant and systems of work that are safe and without risks to health, a safe place of work and safe systems of work;
- Ensure the safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances;
- Provide such information, instruction, training and supervision as may be necessary to ensure the health and safety at work of its employees
- Make regular risk assessments available to employees;
- Take appropriate preventative / protective measures;
- Provide employees with health surveillance where necessary;
- Appoint competent personnel to secure compliance with statutory duties and to undertake reviews of the policy as necessary.
- Provide suitable and sufficient facilities and resources both physical and financial for Health, Safety and Welfare.
In order to fulfil its obligations towards patients the general public and all lawful visitors to the Trust’s premises, the Trust will pay strict attention to its duties under the Health and Safety at Work etc. Act 1974 and the Occupiers Liability Acts 1957 and 1984.

This policy has been prepared in compliance with Section 2(3) of the Health and Safety at Work etc. Act 1974 and binds all Directors, Managers and Employees, in the interests of the Employees, Patients and Visitors. We request that our Patients and Visitors respect this Policy, a copy of which can be obtained on demand.

2 PURPOSE

To set out the general and specific health and safety arrangements to satisfy the requirements of the Health and Safety at Work Act etc1974 and to ensure the Chief Executive’s ‘statement of intent’ is put into practice.

3 DEFINITIONS

The Health and Safety at Work Act 1974 (the Act) imposes a duty on employers to ensure, so far as is reasonably practicable (SFARP), the health, safety and welfare at work of all their employees. The qualifying phrase ‘SFARP is not defined in the Act, but has been subject to considerable judicial interpretation over the past three decades. Recently, the extent to which an employer can rely on the act or default of an employee as part of a reasonable practicability defence has again been the focus of case law.

Reasonably practicable – The concept of ‘reasonable practicability’ was defined by the Court of Appeal in Edwards v National Coal Board 1, it concluded ‘reasonably practicable’ was a narrower term than ‘physically possible’ and implied that a computation must be made, in which quantum of risk is placed on one scale and the sacrifice involved in the measures required to avert the risk (whether in money, time or trouble) on the other. Deciding whether you have done everything reasonably practicable to avoid accidents in the workplace

4 ACCOUNTABILITIES AND RESPONSIBILITIES

The Trust Board
The Trust Board as the employing authority is responsible for ensuring so far as is reasonably practicable, the health, safety and welfare of its’ staff, visitors, patients and for conducting the business of the Trust so as not to endanger the health and safety of others.

Chief Executive
The Chief Executive has overall responsibility for ensuring that Croydon Health Services NHS Trust complies with its legal obligation under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 and all associated Regulations. The Chief Executive is to ensure that effective policies and procedures are developed and implemented and ensure continuous monitoring of the performance level, provide and maintain a safe working environment.

Ensure H&S policy is adopted for the Trust and the organisation is in place to make the arrangements to provide suitable and sufficient facilities and resources both physical and financial for health, safety and welfare of all the trust’s employees, patients, visitors and contractors etc.
Designated Director for Health and Safety
The Director of Estates and Facilities has overall delegated responsibility for managing Health and Safety within the trust and has specific responsibilities within the Trust to report to the Board on relevant matters of health and safety. He/She shall be responsible for:

- Planning and developing the Trust H&S policy and strategy and population of the trust Risk Register.
- Providing appropriate information to other Executive Directors on all health and safety matters.

Executive Directors
The Executive directors are accountable to the Chief Executive for ensuring safe and healthy working conditions exist in their areas of responsibility. This includes:

- Implementing all corporate Health and Safety policies and procedures and ensuring on-going adherence to them.

Directors, Business Managers, Heads of Departments
They are responsible to their Executive Director or direct to the Chief Executive where no Executive Director exists and are responsible for:

- Ensuring appropriate risk assessments (including Environmental Risk Assessments) are carried out and reviewed as required or if the validity of the current assessment is in doubt. Information from risk assessments will be disseminated to all staff, contractors and safety representatives and where appropriate placed onto the Trust Risk Register.
- Reporting on Environmental Risk Assessments progress at the Trust Health Safety & Environmental Governance Committee and Directorate Quality Board meetings
- Organising team meetings in different departments to discuss health and safety issues as required.
- Implementing the Trust’s H & S Policy and strategy, maintain the Directorate Risk Register and populate of the Trust Risk Register.
- Ensuring the implementation of safe systems of work in respect of staff and contractors under their control by effective supervision.
- Employing competent staff through appropriate recruitment, induction and continuation training programmes, as well as ensuring employees receive health and safety information and advice appropriate to their duties and working environment.
- Ensuring health and safety management and responsibilities are included in job descriptions. Appropriate, performance in health and safety management shall be identified via appraisal.
- Ensuring staff including contractors are aware of the reporting arrangements in respect of Accidents and near misses (including RIDDOR reporting)
- Development of operational tactics to ensure compliance with H&S policy, implement safe working practices, manage the risk assessment process, manage statutory and mandatory training programmes.
• Undertaking appropriate investigation of any incident and introducing suitable measures to prevent a recurrence.

• Allow constructive and effective consultation with Safety representatives regarding risk assessments, investigations and other health and safety issues.

• Ensure that procurement procedures are adhered to in relation to advice given within specific legislation, for example - “Provision and Use of Work Equipment Regulations 1998”, Control of Substances Hazardous to Health Regulations 2005 (as amended) and Fire code.

The Health and Safety Manager
The Health and Safety Manager is accountable to the Director of Estates and Facilities and responsible for:

• Conducting Health and Safety training, (induction and refresher courses plus specialist skills i.e. Incident Investigation and Risk Assessment)

• Ensuring the Trust is aware of statutory obligations and recommended Codes of Practice.

• Ensuring risk assessments are properly carried out across the trust

• Advising Management of their responsibilities for accident prevention and avoidance of health hazards and Health and Safety compliance.

• Keeping management and employees informed of new and developing legislation and other standards.

• Offering a “help-line” system to staff, which provides day-to-day operational advice on health and safety matters.

• Management of accident investigation and incident reporting and analysis.

• Liaising with the Clinical Risk team to ensure a seamless approach to clinical and non-clinical risk including health and safety.

• The provision and dissemination of advice and information to the Chief Executive, the Executive Directors, and Departmental Heads, Managers and Staff.

• Liaise with other managers to carry out regular audits and monitor the effectiveness of the Health & Safety Policy, Safety Procedures and Practices in relation to the Trusts premises staff and activities.

• The results of such monitoring will be recorded and corrective action, if required will be recommended.

• Provide specialist information to other managers and to monitor the effectiveness of health and safety procedures

Line Manager
Line managers have responsibility to:
• ensure that all relevant policies and procedures are disseminated to their staff

• ensure that a proper risk assessment is conducted (in consultation with the relevant personnel) to ensure that all risks are identified and that proper control measures have been introduced to minimise, or mitigate the risks before staff enter the working environment

• ensure that lone workers are provided with sufficient information, training, instruction and supervision before entering a lone worker situation

• ensure physical measures are put in place and appropriate technology is made available to before staff enter the working environment

• will ensure that all frontline staff have received appropriate mandatory and statutory training in accordance with Trust policy.

• ensure that all the relevant staff undertake regular reviews of hazards and associated risks to make sure that all measures are effective and properly maintained

• where an incident or near miss has occurred involving a person who is staff, patient, contractor, visitor, agency, trainee, bank staff or on a work experience should make sure that an incident reporting (IRIS) web form is completed as soon as possible.

• liaise with the Trust’s competent specialist advisers (as set out in Appendix C) and Union Health and safety representatives as appropriate.

• liaise with the Health and Safety Manager to ensure lessons are learned following incident investigation and appropriately communicated in accordance with the Trust’s Incident Reporting & Management Policy.

• ensure that following an incident, a risk assessment is carried out as soon as possible and immediate control measures are put in place. This is prior to a formalised review of lessons learnt following an incident.

All Employees
All employees have a duty to protect their own health and safety and have the following duties:

• Become fully conversant with this Safety Policy.

• Co-operate with the Trust in meeting its statutory duties.

• Take reasonable care of themselves and others who may be affected by their acts or omissions.

• No one intentionally or recklessly interferes with or misuses anything provided by the Trust in the interest of health and safety.

• Report all accidents, dangerous occurrences and near misses using the incident reporting system (IRIS On-line) immediately.

• Staff are trained and understand the Fire Procedures applicable to the area in which they are working.
• Ensure that all equipment provided for personal safety is properly used and maintained in a condition fit for that use, and all defects reported immediately to the line manager.

• Report anything deemed hazardous or unsafe working practice to your line manager immediately.

• Participate in any training provided by the Trust as identified in the Personal Development Plan.

Head of Estates
Is responsible for ensuring that systems and processes are in place to ensure that:

• all buildings, estate plant and equipment meet statutory requirements, that any remedial action required is carried out without delay and that any reported unsafe equipment is safely immobilised so as is reasonably practicable.

• effective safe systems of work and the use of permits to work for high risk work activities (e.g. entry into confined spaces, hazardous fibre permit areas, working at height, medical gas pipe systems etc.)

• Environmental risk assessment forms are completed on a monthly basis and prompt action is taken to deal with risks identified.

• Asbestos Management Policy and the Electrical Policy are maintained up to date and communicated to all staff.

Resuscitation Officer
Is responsible for ensuring robust systems and processes are in place to ensure that:

• Robust First aid and Resuscitation arrangements and that the staff attend the approved First aid and Resuscitation training courses.

• up to date training records are held for all staff who have attended resuscitation and first aid training.
Infection Prevention and Control Team (IPCT)

- The Infection Prevention and Control Team (IPCT) will:
  - Advise the Trust on current best practice in infection prevention and control making regular presentations to the Trust Board.
  - Develop and review policies/procedures and guidelines relating to infection prevention and control.
  - Distribute policies to all relevant areas and initiate their implementation by means of support, advice and education.
  - Advise the Trust on current best practice in planning facilities for new construction and refurbishment work.
  - Plan and deliver a programme of infection prevention and control education to be included in:
    - all induction sessions
    - all planned education sessions
    - all opportunities for formal and informal education sessions
    - infection control link professional meetings
    - Support the directorates in delivering infection control audit by developing a system of ward/department specific audits.
    - Audit results and analysis of trends to be presented to the Infection Control Committee & Trust Board and included in the infection control annual report.
  - Provide specialist advice to key committees, groups, departments or individual staff on infection prevention and control.
  - Provide advice to staff on the care and management of patients with infections/infectious diseases.
  - Carry out alert organism surveillance providing reports to clinical directorates.
  - Participate in mandatory national surveillance schemes of MRSA bacteraemia, *C. difficile* and post-operative wound infections.
  - In conjunction with the Consultant for Communicable Disease Control (CCDC) identify, monitor and control outbreaks of infection.
  - Monitor and support incident reporting in relation to infection control issues/incident.
  - Be members of the *Clostridium difficile* Clinical Management Team.
  - Ensure issues for improvement are integrated into a work plan.

Liaise with the Occupational Health Department on matters relating to staff health.
Trade union appointed health and safety representatives
A responsible for:

- Attending at the Trust Health Safety & Environmental Governance Committee
- Carrying out the duties and functions as set out in the HSE Approved Code of Practice to the Health and Safety Representatives and Safety Committee Regulations

Non-union staff representatives
- Liaison with the Trust’s competent specialist advisers (as set out in Appendix C) on health safety related matters.
- Attendance at the Trust Health Safety & Environmental Governance Committee (as set out in Appendix D)

Competent Persons
The Trust will appoint a number of competent persons to undertake the measures required to comply with the requirements imposed by or under relevant statutory provisions. Please refer to Appendix C.

A person shall be regarded as competent when they have sufficient skills, knowledge, understanding, training and experience to enable them to undertake the responsibilities of the role.

The Trust’s nominated competent persons for specific roles are defined in Appendix C. The role specific qualities will be defined in the person specification of the relevant job description.

5 PROCEDURE/COURSE OF ACTION REQUIRED

5.1 Health Safety & Environmental Governance Committee

- Consultation will take place via the Trust’s Health Safety & Environmental Governance Committee to discuss matters of health and safety. Please refer to Appendix D for the Terms of Reference of this committee.

- It will be constituted under “The Safety Representatives and Safety Committees Regulations 1977” and will consist of the Chair, Deputy Chair, representatives from staff side (accredited safety representatives), representatives from management plus advisors. Their specific functions will be:

- To provide a focus for issues affecting the Trust as a whole making recommendations to the Trust Board where necessary through the Director of Estates and Facilities.

- Produce an annual report to the Board and identify priority areas through the Trust risk register. The committee has a clearly defined relationship with the Trust’s Governance Committee, and promotes co-operation between the Trust Management and staff in the management of health and safety at work.

- To review any unsafe and unhealthy conditions revealed by accident and notifiable disease statistics or safety audit reports, and consider recommendations for corrective action and ensure that the appropriate action is taken as required.

- To consider periodic safety audits and make recommendations to the appropriate manager. The committee will undertake a rolling programme of checks following safety
audits. The committee will choose the areas and reports will be made to the managers involved and the committee will publicise “best practise”.

- To consider reports submitted by Safety Representatives and ensure that appropriate action is taken as required.
- To assist where appropriate in the development of safety policies, safety rules, safe systems of work, policies and procedures and to implement, review and update them.
- To review the effectiveness of the health and safety content of staff training and indicate priority areas.
- To address issues where health and safety risks require additional resources and advise management accordingly via the Chair of the Health and Safety Committee.
- To monitor the adequacy of health and safety communication and publicity across the Trust’s sites.

5.2 Accident and Incident Reporting

- All accidents, incidents, dangerous occurrences and near misses should be reported immediately using the incident reporting (web based) system reporting system (Refer to incident reporting policy for more information)
- These accidents / incidents will then be investigated by the manager with the assistance of the Health and Safety manager if required.
- The reporting of a fatality, major injury, disease, over 3-day injury, or a dangerous occurrence as defined in the “Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995” (RIDDOR) is the responsibility of the manager involved.
- Please refer to [www.hse.gov.uk](http://www.hse.gov.uk) (in the event that you wish to access RIDDOR information or to report a RIDDOR).
- In case of serious injuries, which require further medical attention, the occupational health department should be informed and attend emergency services.
- The Health and Safety Manager has been appointed as the “Responsible Person” as defined in RIDDOR to co-ordinate all reporting of incidents.
- The Health and Safety manager will at quarterly intervals analyse the accident statistics and issue a report to all managers identifying trends and common causation. This will be reported quarterly to the Trust Health, Safety and Environmental Governance Committee and annually to the Trust Board.

5.3 Health Surveillance

The trust has an occupational health department which provides the following services to the employees:

- Health examinations for all new staff
- Vaccinations against certain diseases.
• Assist employees to return to work following an injury at work or work related ill-health.

• Advice and follow-up treatment after needle stick injuries.

• Counselling services to employees.

It has developed a surveillance programme for employees working with hazardous substances (for example exposure to asbestos while maintaining old buildings, excessive noise and machine vibrations. In this case post exposure assessment is done)

5.4 Requirement to undertake appropriate risk assessments for the management of significant risks

The Management (Health & Safety) Regulations 1999 sets out the legal requirements. The Approved Code of Practice and Guidance for the Regulations sets out what the Trust must do to comply with the Regulations.

Main Regulations applicable to the Trust require the following:

• Assessment of risk
• Prevention or control of exposure
• Management of control measures
• Adherence to control measures by employees
• Maintenance of control measures
• Monitoring of exposure levels e.g. Air levels
• Provision of appropriate health and safety surveillance for employees
• Information, instruction and training for employees who may be exposed to any significant risk (e.g. working at height, work equipment, manual handling, working with chemicals or other hazardous substances, ionising radiation, dust, bio-hazards, confined spaces, lone working etc.).

6 TRAINING

Organisation’s expectations in relation to staff training, as identified in the training needs analysis

To comply with the general duty to provide such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health, safety and welfare of staff, patients and visitors, health and safety training will be provided as follows:

As part of the induction programme, all new employees will receive health and safety training conducted by the health and safety manager.

• Refresher training at regular intervals.
• Following transfer or promotion to new duties.
• On introduction of new technology.
• On changes in systems of work.
• Where training needs are identified during risk assessments.

Training needs will be reviewed through the Trust’s staff appraisal scheme and personal development plans.
Managers at all levels will be included in the health and safety training programme.
Line managers should ensure their staff attend all health and safety training scheduled for them.

The Head of Workforce Development will maintain records of all health and safety training and Personal Development Plans revised by managers.

**Process for raising awareness about preventing and reducing adverse incidents relating to health and safety incidents**

The Trust has a duty to provide a adequate information, instruction and training to ensure safe systems of work

The Trust Health and Safety Policy, Directorate and Departmental Health and Safety Procedures (which are being developed) and the Trust Wide Training Needs Analysis describe the Corporate, local arrangements and resources in place to deliver the specific training needs of staff who are required to undertake risk assessments, Environmental Risk Assessments (ERA) in accordance with the Trust’s Falls Prevention and Management Policy.

**Training & Dissemination**

The Trust Health and Safety Policy, Directorate and Departmental Health and Safety Policies and the Trust Wide Training Needs Analysis describe the Corporate, the local arrangements and resources in place to deliver the specific training needs of staff who are required to undertake risk assessments in regard to slips trips, falls, including falls from height, and other related Health and Safety Policies.

Managers are responsible for:

- the initiation, development and approval of local policies and procedures that support this policy and their dissemination
- ensuring staff have an up to date annual Personal Development Review (PDR) in order to identify their training needs.

**6.1 Equality Impact Assessment**

The Equality Impact Assessment for this policy is attached in Appendix A.

**7 MONITORING COMPLIANCE**

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
<th>Acting on recommendations and Lead(s)</th>
<th>Change in practice and lessons to be shared</th>
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<tbody>
<tr>
<td>(What needs Monitoring)</td>
<td>(Who will lead on this aspect of monitoring)</td>
<td>(What tool will be used to monitor/check that everything is working according to this element of the policy)</td>
<td>(How often will we need to monitor)</td>
<td>(Who or what committee will I report the results to for information and action)</td>
<td>(Who will undertake the action planning for deficiencies and recommendations)</td>
<td>(How will changes be implemented and lessons shared)</td>
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Health Surveillance forms part of the Annual Health & Safety Report

<table>
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<tr>
<th>Element monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
<th>Acting on recommendations and Lead(s)</th>
<th>Change in practice and lessons to be shared</th>
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<tr>
<td>Health Surveillance forms part of the Annual Health &amp; Safety Report</td>
<td>Occupationa l Health Manager</td>
<td>H &amp; S Management Audits</td>
<td>Annual</td>
<td>Health Safety and Environmental Governance Committee</td>
<td>ADO’s, ADN’s and senior managers</td>
<td>Annual report will be reviewed at the Health Safety and Environmental Governance Committee and</td>
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### Audits

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<th>Health &amp; Safety Manager</th>
<th>Review of Incidents and Trends</th>
<th>Weekly</th>
<th>Health Safety and Environmental Governance Committee</th>
<th>Health &amp; Safety Manager</th>
<th>Incidents reviewed at Health Safety and Environmental Governance Committee and the Directorate Quality Boards and appropriate leads assigned actions</th>
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### Risk Assessments - Non-clinical

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<tr>
<th>Health &amp; Safety Manager</th>
<th>Environmental Risk Assessments (refer to Appendix G of Falls Policy)</th>
<th>Annual</th>
<th>Health Safety and Environmental Governance Committee</th>
<th>ADO’s, ADN’s and senior managers</th>
<th>Risk Assessments reviewed at Health Safety and Environmental Governance Committee and the Directorate Quality Boards and appropriate leads assigned actions</th>
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### Risk Assessments

<table>
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<tr>
<th>Health &amp; Safety Manager</th>
<th>Head of Workforce Development</th>
<th>Review of Statutory/Mandatory Training Quarterly Report</th>
<th>Quarterly</th>
<th>Health Safety and Environmental Governance Committee</th>
<th>ADO’s, ADN’s and senior managers</th>
<th>Training reviewed at Health Safety and Environmental Governance Committee</th>
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### Statutory/Mandatory Training Records

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<tr>
<th>Head of Workforce Development</th>
<th>Review of Statutory/Mandatory Training Quarterly Report</th>
<th>Quarterly</th>
<th>Health Safety and Environmental Governance Committee</th>
<th>ADO’s, ADN’s and senior managers</th>
<th>Training reviewed at Health Safety and Environmental Governance Committee</th>
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</table>

### 8 REFERENCES

The Health and Safety at work etc Act 1974
The Management of Health and safety Regulations 1999
The Workplace (Health, Safety and Welfare) Regulations 1992
The Manual Handling Operations Regulations 1992
The Health and Safety (Display Screen Equipment) Regulations 1992
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
The Control of Substances Hazardous to Health Regulations 2002
The Provision and Use of Work Equipment Regulations 1998
The Personal Protective Equipment at Work Regulations 1992
The Construction (Design and Management) Regulations 2007
Health and Safety (First Aid) Regulations 1981
The Regulatory Reform (Fire Safety) Order 2005

### Important Note

This list is not exhaustive, please refer to [http://www.hse.gov.uk/legislation/](http://www.hse.gov.uk/legislation/) or contact:- Thomas Fallon, Health & Safety Manager Tel 0208 401 3402

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**Date:** December 2010 **Page:** 15 of 25
9 ASSOCIATED DOCUMENTATION

The Incident Management and Investigation Policy
The Falls Prevention Policy 2(010)
Asbestos Management Policy (2009)
Policy for the effective management of the environment (2008)
Infection Control Policy (2010)
Stress Management Policy (2010)
Electrical Policy (2009)
Lone Worker Policy (2010)
Violence at Work Policy (2010)
Bariatric Policy (2008)
Risk Assessment Policy (2010)

10 VERSION HISTORY TABLE

| Version | Date       | Author                  | Ratified by               | Comment/Reason for change        |
|---------|------------|                        |                          |                                  |
| 1.18    | October 2008 | Mick Redman            | Health & Safety Committee |                                  |
|         |            | Health & Safety Manager|                          |                                  |
|         |            | Health & Safety Manager|                          |                                  |
APPENDIX A – EQUALITY IMPACT ASSESSMENT

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

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
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<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
<td></td>
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<tr>
<td></td>
<td>Race</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Nationality</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Culture</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Religion or belief</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td>No</td>
</tr>
<tr>
<td>2. Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4. Is the impact of the policy/guidance likely to be negative?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>5. If so can the impact be avoided?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6. What alternative are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>7. Can we reduce the impact by taking different action?</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B – CONSULTATION TEMPLATE

<table>
<thead>
<tr>
<th></th>
<th>Procedural Document’s Name:</th>
<th>Health and Safety Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Procedural Document Author:</td>
<td>Thomas Fallon</td>
</tr>
<tr>
<td>3.</td>
<td>Group/Committee Consulted:</td>
<td>Health, Safety and Environmental Governance Committee</td>
</tr>
<tr>
<td>4.</td>
<td>Date of Consultation:</td>
<td>November 2010</td>
</tr>
</tbody>
</table>
| 5. | Comments Received: | Croydon Healthcare Services NHS Trust established with effect from 1st October 10. Version history table and Equality and Diversity Impact Assessment added (to include reference to Trust’s incident data (April 2008 - ). Policy and the requirement for Environmental Risk Assessments monitoring

The HS & EG Committee Terms of Reference updated to reflect oversight of the implementation of the 5 patient promises
Reference to Lone Working Policy and the Infection Control Policy

Reference to HSE web site to assist managers seeking health and safety including RIDDOR guidance
Policy reformatted to meet NHSLA and Trust requirements. |

| 6. | Highlight where policy changed following consultation or state reasoning why comments not incorporated: |


APPENDIX C – COMPETENT PERSONS

Named competent persons for Croydon Health Services NHS Trust

The following members of Staff have been designated competent persons for the responsibilities shown:

- Health and Safety: Health and Safety Manager
- COSHH Assessments: Health and Safety Manager
- Lone Working: Health and Safety Manager
- Fire: Fire Safety Officer
- DDA Regulations: Estates Operations Advisor
- Asbestos: Estates Operations Advisor
- DSE Assessments: Health and Safety Manager
- Manual Handling Assessments: Manual Handling Manager
- Infection Control: Infection Control Officer
- Occupational Health: Occupational Health Sister
- Radiation Protection: Radiation Protection Advisor
- Security management: Local Security Management Specialist
- Training: Head of Workforce Development

All Trust policies and procedures issued in the interests of health and safety will be regarded as supplementary to this policy. A list of supplementary policies can be found at Appendix D to this policy. These policies are to be reviewed 2 yearly and when amendments of Health and Safety legislation are implemented. They are held on a register and available on the Intranet and in the Library.
APPENDIX D – HEALTH SAFETY & ENVIRONMENTAL GOVERNANCE COMMITTEE

Terms of Reference

Purpose of the Meeting
A designated Committee of the Trust Board and requires to assure the Board that proper process and systems are in place to monitor the health safety and environmental governance agenda for the Trust. This committee was established in July 2009.

To promote co-operation between management and staff in initiating, developing and effectively maintaining measures needed to ensure the health, safety and welfare at work of all employees within the Trust.

To provide a focal point for effective staff participation in all aspects of occupational health and in the improvement of safe working conditions.

Role of the Committee in regard to implementation of the Five Patient Promises

1. You feel cared for:
Review regularly accident and untoward incident statistics and trends, and consider details of significant accidents, incidents, or notifiable diseases so that recommendations for corrective action can be made to the relevant Directorate, division or department to action.
Examine safety audit reports, identify and evaluate significant hazards and make appropriate recommendations for action.

2. You feel in safe hands:
Provide leadership, direction and scrutiny on all matters relating to health safety and environmental governance
Agree and co-ordinate a work plan that focuses on continually improving the patient experience and ensures safe practice, efficiency and effectiveness
Ensure the embedding of consistent and effective systems for the identification, assessment/prioritisation and treatment of risks relating to health safety and environmental governance
Ensure the Non – Clinical Risk Register is ‘fit for purpose’ and updated appropriately.
Ensure the Trust has established and maintains effective health safety and environmental governance systems and processes.
Scrutinise and develop relevant Trust wide policies and procedures

3. You feel confident:
Ensure the safety and wellbeing of patients and staff is being actively and effectively managed through the local Health and Safety leads.
Ensure there are clear lines of accountability for quality and safety.
4. You feel we value your time:

Act upon health and safety incidents in a timely and effective manner.
Ensure 'lessons learned' are embedded as the 'norm' following health and safety incidents
Consider reports from specialists and technical advisors, both internal and external to the Trust.
Monitor the effectiveness of the safety content of all employees training and make appropriate recommendations.

Keep under review the effectiveness of communications with staff on safety matters and publicity generally advising on special safety campaigns as appropriate.
Review sickness and absence trends to determine whether these may be related to environmental working conditions and make appropriate recommendations.
Consider particular health, safety and welfare problems referred to the committee from any source.
Co-ordinate and recommend the annual spend from the capital programme for Health & Safety to the Capital Projects Committee.
Conduct a quarterly review the Trust's non-clinical risk register, including corrective action as necessary to reduce or manage risks.
Develop, receive and approve policies relating to Health Safety and environmental governance.

5. You feel it’s getting better all the time:

To develop, receive and approve policies relating to health & safety and environmental governance.
Scrutinise the work of its sub groups, (i.e. Fire Safety Committee /Asbestos Management Team (AMT) and the Security Management Group (SMG) via minutes and monitoring of sub group work plans.
Sent quarterly reports to the Integrated Governance and Clinical Governance Group via minutes and exception reports.
Provide an Annual Health Safety & Environmental Governance Committee Report and Annual Health and Safety Report to the Integrated Governance and Clinical Governance Committee and Trust Board.

Membership of the Committee

<table>
<thead>
<tr>
<th>Management Representatives</th>
<th>Staff Side Representatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Estates &amp; Facilities Chair</td>
<td>Vice Chair</td>
</tr>
<tr>
<td>Dep. Director of Estates &amp; Facilities</td>
<td>BAOT</td>
</tr>
<tr>
<td>Head of Estates</td>
<td>BDA</td>
</tr>
<tr>
<td>Head of Facilities</td>
<td>BMA</td>
</tr>
<tr>
<td>Dep. Director of Human Resources</td>
<td>BOS</td>
</tr>
<tr>
<td>Dep. Director of Nursing</td>
<td>CSP</td>
</tr>
<tr>
<td>Head of Risk Management</td>
<td>GMB</td>
</tr>
<tr>
<td>Head of Service Improvement</td>
<td>RCM</td>
</tr>
<tr>
<td>ADO Diagnostics &amp; Clinical Support</td>
<td>RCN</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>ADO Emergency Care</td>
<td>SOR</td>
</tr>
<tr>
<td>ADO Planned Care</td>
<td>UNISON</td>
</tr>
<tr>
<td>Service Manager Therapies</td>
<td>UNITE (AMICUS)</td>
</tr>
<tr>
<td>Service Manager OPD</td>
<td></td>
</tr>
<tr>
<td>Nursing Matron Emergency Care</td>
<td></td>
</tr>
<tr>
<td>Nursing Matron Planned Care</td>
<td></td>
</tr>
<tr>
<td>CCHS Health Safety &amp; Security Manager</td>
<td></td>
</tr>
<tr>
<td>CCHS Facilities Manager</td>
<td></td>
</tr>
</tbody>
</table>

**Specialist advisors to Committee**

<table>
<thead>
<tr>
<th>Health &amp; Safety Manager</th>
<th>Head of Legal Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>COSHH Advisor</td>
<td>Security Manager</td>
</tr>
<tr>
<td>Manual Handling Advisor</td>
<td>Workforce Development Manager</td>
</tr>
<tr>
<td>Fire Safety Advisor</td>
<td>Learning Consultant</td>
</tr>
<tr>
<td>Infection Control Nurse</td>
<td>Hospital Services Manager</td>
</tr>
<tr>
<td>Occupational Health Sister</td>
<td>Catering Manager</td>
</tr>
<tr>
<td>CCHS Health Safety &amp; Security Manager</td>
<td></td>
</tr>
</tbody>
</table>

**Minute Secretary**

| PA to Director of Estates & Facilities |                        |

**Frequency of Meetings**

On a quarterly basis

**Minutes**

Minutes of all meetings are to be produced and sent out within 2 weeks of the meeting.

- Minutes to be submitted to the Integrated Governance and Clinical Governance Committee.

**Quorum**

At least five people as a minimum.

**Terms of Reference are** to be reviewed at the same time as the H & S policy review or at the request of the committee.
The Health Safety and Environmental Governance Committee will provide an annual report on progress to the Integrated Governance and Clinical Governance Committee.
APPENDIX E – HEALTH AND SAFETY MANAGEMENT SYSTEM

The Trust’s Safety Management System (SMS) is a cyclical process and is the method of putting the Health and Safety policies and procedures into effect and managing activities effectively to reduce risks.

The system consists of four parts;

The Health and Safety Planning Process, (Plan – prepare what we are going to do, who is going to do it, when are we going to do it?)

The plan will set the standards for H&S performance, as determined by Health and Safety Legislation, Department of Health standards, Healthcare best practice etc.

The Health and Safety Performance, (Do – putting it into action - how we are going to do it?)

The implementation, the organisation and arrangements to achieve the standards

The Health and Safety Performance Assessment, (Check – confirm how well we are doing, are we delivering what we intended?)

Measure progress against compliance standards and performance targets

The Health and Safety Performance Improvement, (Act / React – improvement and maintenance, review plan, re-do, re-check - can we do better?)

Review against objectives and standards and take actions to improve performance.

To analyse the efficiency and cost-effectiveness of the safety management system each part and component of the system will be reviewed at least at the frequency detailed below.

The individual components of each of the four parts;


(Minimum of annual review, pre-planning of new activities, review prior to or immediately following significant change)

2 – Performance – a) Safe Systems of Work (annually and prior to or immediately following material change) b) Safety Committees (Quarterly) c) Staff Safety Group (Bi-Monthly)

3 – Performance Assessment – a) Quarterly Workplace Inspections (monthly in high risk activities) b) Bi-Annual H & S Audits (minimum of annually in higher risk areas) c) Incident Reviews, pattern and trend analysis (bi-monthly/quarterly as per meeting frequency, annual review and report to the board) ( d) Incident Reporting and Investigations (post event)

4 – Performance Improvement – a) Action plan monitoring (quarterly or as action plan determines) b) Risk Assessment Reviews (annually and prior to or immediately following
significant or material change) c) Safe System of Work revisions (annually and prior to or immediately following significant or material change).

The management system safety cycle

PLANNING

PERFORMANCE

ASSESSMENT

IMPROVEMENT

PERFORMANCE