

East Kent Hospitals University NHS Foundation Trust

POLICY

Health and Safety Policy

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Author:	Associate Director of Safety, 2gether Support Solutions
Approving Committee:	Strategic Health and Safety Committee
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Applies to (include subsidiary companies):	All EKHUFT staff, students, volunteers and anyone working on behalf of EKHUFT for example agency and Locum staff

This policy is available in other formats, for example, in large print,
Audio and Easy Read on request (please email ekhuft.policies@nhs.net)



Version Control Schedule

Version	Date	Author	Status	Comment
1.0	04/01/2011	Head of Estates	Archived	
2.0	07/11/2011	Health and Safety Working Group	Superseded	Review of policy following Health and Safety Executive Inspection March 2011
3.0	26/02/2014	Trust Senior Health and Safety Advisor	Superseded	Revised with consideration of Care Group Health and Safety structures
4.0	06/06/2018	Head of Health, Safety and Risk	Superseded	Reviewed with minor corrections
5.0	December 2020	Associate Director of Safety, 2gether Support Solutions	Reviewed	Reviewed with organisational changes and format edits. Edits to reflect service and Care Group changes
6	14 February 2022	Associate Director of Safety, 2gether Support Solutions	Reviewed	Reviewed with organisational changes and format edits. Edits to reflect service and Care Group changes

Policy Reviewers

Name and Title of Individual	Date Consulted
Marion Clayton, Intelligent Client	01 February 2022

Name of Committee	Date Reviewed
Strategic Health and Safety Committee (virtual)	14 February 2022
Policy Authorisation Group	16 March 2022

Summary of Key Changes from Last Approved Version

Terminology and Structural changes including updated TOR, formatting and organisational title changes.

Associated Documentation

Risk Management policy

All Trust Health and Safety related policies including the Manual Handling Policy, Safety Statements and 2gether Support Solutions policies.

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1. Policy Description

- 1.1. This policy outlines the Health and Safety arrangements and responsibilities for East Kent Hospitals University Foundation Trust (EKHUFT, or the Trust).

2. Introduction

- 2.1. EKHUFT is committed to achieving high standards of Health and Safety (H&S) to ensure staff, patients, visitors and contractors are protected from risk, so far as is reasonably practicable.
- 2.2. In order to meet its obligations towards staff, patients, visitors and contractors on or in Trust occupied premises, the Trust will pay strict attention to its duties under the Health & Safety at Work etc. Act 1974 (HASAWA74) and the associated Regulations and Approved Codes of Practice.
- 2.3. This Statement of Intent is produced in accordance with Section 2(3) of HASAWA74 and is to be brought to the attention of all employees and personnel in the Trust's jurisdiction.
- 2.4. The Trust's Strategic Health and Safety Committee (SH&SC), through the establishment and monitoring of a comprehensive set of Key Performance Indicators (KPIs) and a Health and Safety Toolkit Audit System (HASTAS), will review compliance with the requirements of this policy. Performance against the KPIs and HASTAS will be reported regularly to the Clinical Executive Management Group (CEMG), Integrated Audit and Governance Committee (IAGC) and, where appropriate, to the Board of Directors (BoD).
- 2.5. The SH&SC will regularly review and develop the Health and Safety Policy to improve Health and Safety governance.
- 2.6. In addition to the policy statement, this policy will set out the following:
 - 2.6.1. The responsibilities of post holders;
 - 2.6.2. The functional organisation of Health and Safety (Appendix 1);
 - 2.6.3. The Health and Safety Committee Structure (Appendix 2);
 - 2.6.4. Management and escalation of Health and Safety risks (Appendix 3).

3. Definitions

- 3.1. **Safety Statements:** short documents that outline in brief, the standards that are to be met and the accountabilities of staff relating to the statement.

4. Purpose and Scope

- 4.1. This policy provides Trust staff with appropriate Health and Safety information relating to organisational arrangements for safety and signposts related safety documents.
- 4.2. It applies to all EKHUFT staff, including agency staff, people of work experience placements, students and volunteers working on Trust premises.

5. EKHUFT Duties

- 5.1. **The Chief Executive (CE)** has ultimate statutory responsibility and accountability for ensuring the effective implementation and maintenance of this Policy in order to:

- 5.1.1. Ensure that annual Health and Safety objectives for the Trust are defined, agreed and met;
- 5.1.2. Nominate an Executive Director (ED) to be responsible for Health and Safety throughout the Trust;
- 5.1.3. Ensure adequate funding is provided by the Trust to fulfil all its statutory obligations under Health and Safety legislation;
- 5.1.4. Ensure that effective communication regarding Health and Safety exists within the Trust;
- 5.1.5. Create a culture of Health and Safety awareness and responsibility in the day-to-day business of the organisation;
- 5.1.6. Ensure that, in line with other comparable business decisions, the resources and support necessary to adequately implement and maintain the Policy are made available.

- 5.2. **Nominated Executive Director (ED) responsible for Health and Safety**

- 5.2.1. The nominated ED is the Deputy Chief Executive and Director of Strategic Development and Capital Planning. Their responsibilities are to:
 - 5.2.1.1. Ensure that the Trust fulfils its legal responsibilities under Health and Safety legislation;
 - 5.2.1.2. Report directly to the CE and the Executive Management Team on all matters relating to Health and Safety;
 - 5.2.1.3. Produce regular reports to the Board of Directors via the Clinical Executive Management Group and IAGC meetings (Appendix 2);
 - 5.2.1.4. Chair the SH&SC;

- 5.2.1.5. Ensure the Trust Health and Safety policy is distributed, made readily available, and brought to the attention of all staff;
- 5.2.1.6. Ensure that this policy is regularly monitored and formally reviewed;
- 5.2.1.7. Allocate sufficient competent human and physical resources to key tasks including the implementation of this policy;
- 5.2.1.8. Ensure extreme Health and Safety risks are recorded on the Corporate Risk Register. Where risks are shared with other organisations such as 2gether Support Solutions, these risks must be shared and both organisations have a responsibility to ensure that they are appropriately managed.
- 5.2.1.9. Make detailed arrangements including a prioritised action plan to mitigate the Health and Safety risks on the Corporate Risk Register.

5.3. **Executive Directors**

5.3.1. The Directors will:

- 5.3.1.1. Identify an effective operational structure for the management of Health and Safety within their Care Groups, to include senior accountable positions e.g. Deputy Directors, General Managers, Health and Safety Leads/Heads of Services, confirming the delivery of operational responsibilities at a functional level e.g. Heads of Departments.
- 5.3.1.2. Ensure that their Health and Safety responsibilities are discharged effectively within their area of control. Directors are accountable for ensuring that Health and Safety risks are managed effectively through their involvement at a strategic level, and that necessary funding is allocated from within their budgets.
- 5.3.1.3. Ensure the appropriate designation of local staff with specific Health and Safety responsibilities, including Health and Safety Link Workers.
- 5.3.1.4. Ensure all staff assigned Health and Safety management duties are trained in accordance with Appendix 4 and are given sufficient protected time to complete their Health and Safety duties.
- 5.3.1.5. Ensure their Care Group is represented at every SH&SC meeting by formally nominated senior management who are empowered to act upon the decisions of the committees, in accordance with the SH&SC's Terms of Reference.
- 5.3.1.6. Establish effective local routes of communication and consultation of Health and Safety matters to all staff within their Care Group;

- 5.3.1.7. Ensure suitable local arrangements for Health and Safety induction for all staff, including all temporary and non-NHS personnel;
 - 5.3.1.8. Ensure appropriate consideration of Health and Safety issues as an integral part of the business of their Care Group, through the inclusion on meeting agendas and deliberation of Health and Safety implications when considering other matters;
 - 5.3.1.9. Ensure the appropriate use of Health and Safety risk assessments to record Health and Safety risks;
 - 5.3.1.10. Ensure that, where appropriate, Health and Safety risks on Care Group Risk Registers are tabled at the Executive Risk Assurance Group for consideration for escalation to the Corporate Risk Register;
 - 5.3.1.11. Review the effectiveness of the above through performance appraisal and review of HASTAS results for their Care Groups.
- 5.4. **Care Group Senior Managers** (includes General Managers, Operational Managers, Ward Managers/Matrons, Heads of Service etc.)
- 5.4.1. **Managers and Heads of Departments (HoDs)** have overall accountability for defined services, and the management and delivery of Health and Safety related matters within their areas. They will:
- 5.4.1.1. Produce, implement and maintain local Health and Safety arrangements which meet the standards necessary to fully comply with the HASTAS.
 - 5.4.1.2. Implement monitoring systems which provide assurance at Care Group level and contribute to the Trust's overall performance monitoring of Health and Safety.
 - 5.4.1.3. Ensure that where necessary, Health and Safety risks are escalated through to the Care Group and Corporate Risk Registers.
 - 5.4.1.4. Ensure that Health and Safety risk assessments are undertaken, and control measures in place are maintained, monitored and reviewed as necessary.
 - 5.4.1.5. Ensure that accidents, incidents, near misses and hazards are recorded, reported on to the incident reporting system (Datix) and investigated in accordance with Trust policy.
 - 5.4.1.6. Deliver Trust-wide and specific Care Group KPIs.
 - 5.4.1.7. Work in collaboration with the Health and Safety Team to provide a safe and healthy working environment, by ensuring regular inspections to monitor working practices of their area of responsibility are carried out.

- 5.4.1.8. Facilitate the annual HASTAS audit and implement corrective actions to ensure full compliance.
- 5.4.1.9. Appoint competent trained staff as Link Workers to assist in the delivery of Health and Safety within their department where necessary, and to ensure such staff are allocated sufficient protected time to fulfil these duties and to ensure all Link Workers attend at least three out of four quarterly Link Workers meetings.
- 5.4.1.10. Provide all necessary information, instruction, training and supervision for all staff and contractors and ensure that staff training records are kept up to date and readily available.
- 5.4.1.11. Ensure approved revised Health and Safety policies, procedures and risk assessments are disseminated to staff within the Care Groups appropriately.
- 5.4.1.12. Ensure the required representation at any local Health and Safety groups and Site Link Workers Meetings.
- 5.4.2. **Care Group H&S Leads:** Each Care Group will appoint a Care Group Health and Safety Lead. The Care Group H&S Lead will:
 - 5.4.2.1. Represent the Care Group at the SH&SC and also attend the Safety Leads meetings.
 - 5.4.2.2. Be responsible for producing a periodic Safety Report to the H&S Committee.
 - 5.4.2.3. Provide a focal point for H&S management and arrangements within the Care Group.
 - 5.4.2.4. Each Care Group is responsible for ensuring that employees are kept informed of the Health and Safety management arrangements within their service and for defining specific Health and Safety Standard Operating Procedures and guidance relevant to their area.
- 5.5. **Health and Safety Link Workers**
 - 5.5.1. Link Workers assist in the delivery of H&S within their department where necessary and as such need to be allocated sufficient time to fulfil these duties.
 - 5.5.2. Using the quarterly meeting forum, Link Workers are expected to raise queries, concerns and seek clarification on various issues relating to health, safety, fire and security.
 - 5.5.3. Link Workers support the implementation of actions from the SH&SC where necessary and assist with cascading information on any proposed site or Trust-wide changes linked with health, safety, fire and security.

- 5.5.4. Link Workers must attend at least three out of four quarterly Site Link Worker meetings per annum. The meetings provide a forum for Link Workers to receive information, instruction and guidance, as well as toolbox training on health, safety, fire and security matters.
- 5.5.5. Link Workers are responsible for carrying out the annual HASTA audits e.g. Slips, Trips and Falls Checklist and 6 monthly Hazard Identification Checklist.

5.6. **Responsibilities of Trust Employees**

5.6.1. Each individual has the responsibility for their own Health and Safety, and that of others who may be affected by their acts or omissions at work. This includes all personnel working within the Trust premises.

5.6.2. They will:

- 5.6.2.1. Work in accordance with information, instruction and training provided.
- 5.6.2.2. Use all safety equipment, including personal protective equipment, in accordance with training and instruction given.
- 5.6.2.3. Refrain from intentionally misusing or interfering with anything that has been provided for Health and Safety reasons.
- 5.6.2.4. Co-operate with managers to ensure that this policy and any local safety policies and procedures within their individual departments are effective.
- 5.6.2.5. Report all incidents (including near misses), however minor, to their manager/supervisor and onto the incident reporting system, (Datix).
- 5.6.2.6. Report at the earliest occasion, any known or suspected hazard, to the appropriate manager/supervisor, in order that the necessary preventative action can be taken.
- 5.6.2.7. Refrain from undertaking any task for which authorisation and/or training has not been given.
- 5.6.2.8. Refrain from modifying or tampering with equipment without due sanction from the appropriate authority.

6. **2gether Support Solutions Duties**

6.1. EKHUFT is the parent company to 2gether Support Solutions. 2gether Support Solutions provide many services to EKHUFT including maintenance of the buildings, portering, domestic services and housekeeping. It is important that cooperation and co-ordination of safety matters are maintained to a high standard. The main responsibilities within 2gether are outlined below.

- 6.2. **The Managing Director (2gether Support Solutions)** has ultimate responsibility for ensuring that 2gether Support Solutions organisation fulfils its legal responsibilities, that policy objectives are achieved, and that effective systems are in place for the achievement of health, safety, welfare and environmental protection. The Managing Director will:
- 6.2.1. Ensure 2gether policies are reviewed in order to secure continual compliance with current legislation and any changes to the law. To this end, the Managing Director will ensure the allocation of the resources necessary to maintain sound and efficient health and safety arrangements.
 - 6.2.2. Chair relevant safety related committees, ensuring that safety is championed at Board level.
 - 6.2.3. Adopt a risk-based approach to decision making and the allocation of funding.
 - 6.2.4. Delegate responsibilities to individual directors as outlined below.
- 6.3. **The People Director (2gether Support Solutions)** has line management responsibility for the Associate Director of Safety. They will (Note: Edited from 2Gether Policy):
- 6.3.1. Ensure 2gether health and wellbeing initiatives are defined and delivered.
 - 6.3.2. Adopt a risk-based approach to training, monitor compliance and provide assurances the best means of training have been adopted.
 - 6.3.3. Establish a working relationship with Trade Unions members and ensure they are included to represent their members in health and safety matters.
 - 6.3.4. Ensure the provision of suitable safety staff to deliver the required service expected by 2gether and its clients.
 - 6.3.5. Ensure appropriate competency of employees and the compliance with developed safe working procedures.
 - 6.3.6. Ensure the appointment of suitably qualified specialist competent persons.
- 6.4. **The Director of Capital and Technical Solutions (2gether Support Solutions)** has leadership responsibility for the development and management of the physical environment. They will (note edited version):
- 6.4.1. Provide professional advice to 2gether and its clients.
 - 6.4.2. Ensure appropriate competency of employees and the compliance with developed safe working procedures.
 - 6.4.3. Ensure the completion of risk assessments reflective of the activities undertaken within the directorate.
 - 6.4.4. Ensure that permits to work are in place for all relevant high risk works.

- 6.4.5. Ensure the appointment of suitably qualified specialist competent persons.
- 6.4.6. Ensure 2gether maintains compliance with all building related health technical memoranda (HTMs).
- 6.4.7. Ensure all new builds and refurbishments are in line with current health and safety regulations.
- 6.4.8. Instigate a process to minimise the risk posed by the presence of contactors.
- 6.4.9. Ensure suitable safety governance regarding mechanical and electrical engineering, in line with HTM 00.
- 6.5. **The Director of Facilities (2gether Support Solutions) will:**
 - 6.5.1. Provide professional advice to 2gether and its clients.
 - 6.5.2. Ensure appropriate competency of employees and the compliance with developed safe working procedures.
 - 6.5.3. Ensure the completion of risk assessments reflective of the activities undertaken within the directorate.
- 6.6. **The Associate Director of Safety (2gether Support Solutions) will (Note: Edited):**
 - 6.6.1. Work collaboratively across all boundaries ensuring appropriate health and safety arrangements are in place.
 - 6.6.2. Lead the development and monitoring of 2gether health and safety and link infection control, manual handling, occupational health, fire, security management, environmental and sustainability agendas within the broader context of health and safety management.
 - 6.6.3. Support Trust working groups to assist in resolving common Trust Health and Safety issues.
 - 6.6.4. Coordinate the 2gether Health and Safety Committee and attend the EKHUFT SH&SC in an advisory capacity.
 - 6.6.5. Provide a health and safety advisory service to clients, including EKHUFT.
 - 6.6.6. Develop and monitor a comprehensive set of key performance indicators (KPIs) for 2gether.
 - 6.6.7. Maintain contact and relationships with external enforcement agencies.
 - 6.6.8. Undertake (including by delegation) investigations and prepare reports for 2gether and Trust serious health and safety/ non-clinical incidents.
 - 6.6.9. Ensure landlord health and safety responsibilities are met.

- 6.6.10. Ensure there is suitable coordination and cooperation between 2gether and EKHUFT for all safety related matters.
- 6.6.11. Ensure the appointment of suitably qualified specialist competent persons.
- 6.7. **Health and Safety Manager and Adviser (2gether Support Solutions)**
- 6.7.1. The Health and Safety Manager is accountable to the Associate Director of Safety.
- 6.7.2. The Health and Safety Advisers are accountable to the Health and Safety Managers.
- 6.7.3. The Health and Safety Manager and advisers:
 - 6.7.3.1. Provide advice, support and guidance to EKHUFT departments.
 - 6.7.3.2. Facilitate training, information and the development of Health and Safety.
 - 6.7.3.3. Promote a Health and Safety risk awareness culture and a safe working environment in line with the Risk Management Policy.
 - 6.7.3.4. Manage the implementation of the HASTAS program within their sites.
 - 6.7.3.5. Facilitate regular and systematic conducting of Health and Safety risk assessments and safety audits/incident trends/ inspections, and work with Care Groups within their designated sites.
 - 6.7.3.6. Provide professional advice to ensure incidents are reported in a timely manner including those that are RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable.
 - 6.7.3.7. Monitor incidents and ensure these are investigated in collaboration with Trade Union and Health and Safety representatives.
 - 6.7.3.8. Alert the Health and Safety Leads of significant concerns.

7. The Occupational Health Service

- 7.1. Occupational Health staff working in this service maintain an independent professional stance with an advisory role on the Strategic and Site Health and Safety committees.
- 7.2. They will:
 - 7.2.1. Assist with the Health and Safety risk assessment process.
 - 7.2.2. Undertake and organise health promotion and education in the workplace.
 - 7.2.3. Undertake where appropriate health surveillance of staff, looking for signs of ill health caused by hazards at work, and work with managers and the

Health and Safety team to proactively investigate the potential for occupational ill health.

- 7.2.4. Analyse data on sickness/absence to identify possible problems at an early stage for example stress-related illness.
- 7.2.5. Investigate ill health and absence to enable action to be taken to prevent further occurrence of similar events.
- 7.2.6. Investigate trends in reported incidents on occupational health related matters, such as sharps injuries, to enable action to be taken to prevent further occurrence of similar matters.
- 7.2.7. Provide help with redeployment into appropriate work.
- 7.2.8. Provide advice to managers and staff on all matters relating to the effect of work on health. This includes pre-employment health assessment, advice on fitness for work and workplace adjustments following referral and periodic health screening and advice dependent on the nature of job and hazard exposure in accordance with health and safety legislation.
- 7.2.9. Work closely with the Health and Safety Team to identify incidents that qualify for reporting to the Health and Safety Executive (HSE) under RIDDOR.
- 7.2.10. Provide occupational vaccination programme.

8. Outsourced Providers and Commercial Contractors

- 8.1. The Trust is legally required to ensure that all outsourced providers and commercial contractors have in place appropriate documented Health and Safety policies, procedures, risk assessments and safe systems of work. The safety requirements are outlined in the Control of Contractors Policy.

9. Management of Health and Safety

- 9.1. The Trust is committed to establishing a positive Health and Safety culture throughout the organisation in line with the Trust Health and Safety and Risk Management Policies.
- 9.2. For lower risk areas, Safety Statements are produced. Safety statements are short documents that outline in brief the standards that are to be met and the accountabilities through EKHUFT. The safety statements are approved by the SH&SC and published on the Policy Management System.
- 9.3. The SH&SC is established to discuss, plan and oversee the implementation of Health and Safety matters which may have corporate/strategic implications. The

Terms of Reference for the Committees are shown in Appendix 5. Appendix 5 may be updated during the life cycle of this policy without the need for further ratification of this policy.

- 9.4. The Health and Safety Link Workers Meetings are established to provide a forum for Health and Safety Link Workers to receive information, instruction and guidance, toolbox training and discuss Health and Safety.
- 9.5. The Trust has a systematic approach to the identification, evaluation, control, recording and review of Health and Safety risks.

10. Management of Health and Safety Risks

- 10.1. EKHUFT recognises that healthcare provision and the activities associated with caring for patients, employing staff and providing premises, by their very nature, carry an inherent degree of risk (including Health and Safety risks).
- 10.2. Delivery of high-quality healthcare requires the identification, assessment and management of risks (including Health and Safety risks) which could result in harm to patients, staff and visitors or members of the public. The management of Health and Safety risks is therefore a key organisational responsibility and is the responsibility of all staff employed by the Trust.
- 10.3. Health and Safety Risk Assessments should be scored in accordance with the Trust's Risk Management Policy. Findings from Health and Safety Risk Assessments should be prioritised and implemented with the aim of eliminating the hazard or mitigating the risk exposure. There is Trust risk assessment training available to support this.
- 10.4. Risk themes pulled together from Health and Safety Risk Assessments should be presented to monthly Care Group Quality, Risk and Governance meetings for consideration to place on the appropriate Risk Register on the 4risk system.
- 10.5. For further guidance on risk management within the Trust, please refer to the Risk Management Policy.
- 10.6. The Trust will systematically audit Health and Safety compliance via the Health and Safety Toolkit Audit System (HASTAS), annually as a minimum. The reports from each audit are issued to the department manager, and to the Care Group Health and Safety Lead. The statistical information and analysis from the HASTAS reports is provided to the Site and Strategic Health and Safety Committees and is available via the Trusts beautiful information portal under Health and Safety. The annual report on the HASTAS is provided to the CEMG. The HASTAS documentation, including guidance, is located on SharePoint.

- 10.7. Identification of risks arising from incidents to be undertaken in line with the Incident Management Policy.
- 10.8. The Balanced Score card is to be implemented with KPIs which will include the outcome of HASTAS by department, by site and by Care Group.

11. Planning and Implementation

- 11.1. The SH&SC sets objectives for the maintenance and improvement of Health and Safety standards within the Trust, with the use of KPIs where appropriate.
- 11.2. On-going monitoring of compliance with the annual Health and Safety Plan will be undertaken by the SH&SC. Reports will be made periodically for corporate assurance to the CEMG and IAGC.

12. Measuring Performance of the Policy

12.1. Monitoring Systems

- 12.1.1. The Trust uses both active and reactive monitoring systems to measure Health and Safety performance and provide an annual report, including any remedial actions required to implement this policy, submitted to the SH&SC and the CEMG.
- 12.1.2. The implementation of the HASTAS is mandatory across all departments. The annual report derived from this is required to be reviewed by all directors, who should ensure areas of poor performance are addressed by departments under their control.
- 12.1.3. Other monitoring mechanisms are embedded within the responsibilities of the staff identified previously in this Policy. Furthermore, the use of a variety of Trust systems as per the Risk Management Policy, Incident Management Policy, staff surveys, and analysis of incidents and complaints assist in the identification and remediation of areas of concern.

13. Policy Development, Approval and Authorisation

- 13.1. This Policy has been revised in accordance with the agreed policy process. The Policy has been approved by the SH&SC.
- 13.2. This policy will be ratified by the Policy Authorisation Group (PAG).

14. Review and Revision of this Policy

- 14.1. This policy will be fully reviewed and revised as necessary every three years, or before if substantial factors make earlier revision advisable.

- 14.2. It will be ratified by the PAG every three years, or when there are significant changes and/or changes to underpinning legislation in accordance with the policy for the Development and Management of Trust Policies (and other Procedural Documents).
- 14.3. It should however be noted that best practice is to review this policy formally every year and as such the Trust is adopting this annual review and any changes will be made and the governance process relating to policy changes enacted.

15. Policy Implementation

- 15.1. Refer to Appendix 7

16. Document Control including Archiving Arrangements

- 16.1. Archiving of this policy will conform to the Trust's Information Lifecycle and Records Management Policy, which sets out the Trust's policy on the management of its information.
- 16.2. This policy will be uploaded to the Trust's policy management system.
- 16.3. Version 5 of this policy, which this document supersedes, will be retained within the Trust's policy management system for future reference.

17. Monitoring Compliance

- 17.1. The Trust's SH&SC, through the establishment and monitoring of a comprehensive set of Key Performance Indicators (KPIs) and a Health and Safety Toolkit Audit system (HASTAS), will review compliance with the requirements of this policy.
- 17.2. Performance against the KPIs and HASTAS will be reported regularly to the CEMG, IAGC and, where appropriate, to the Board of Directors (BoD).

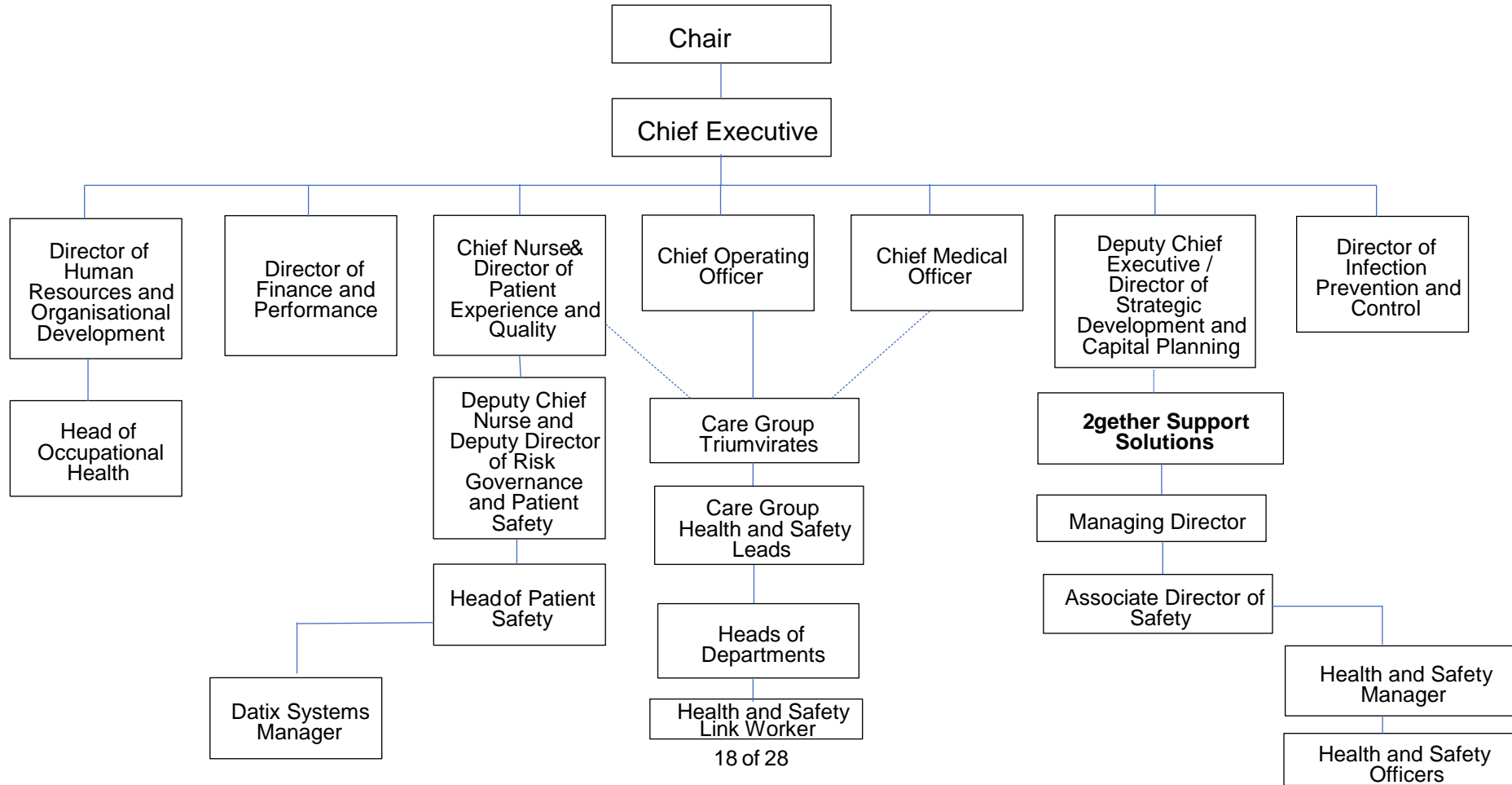
18. References

Health and Safety at Work Act 1974

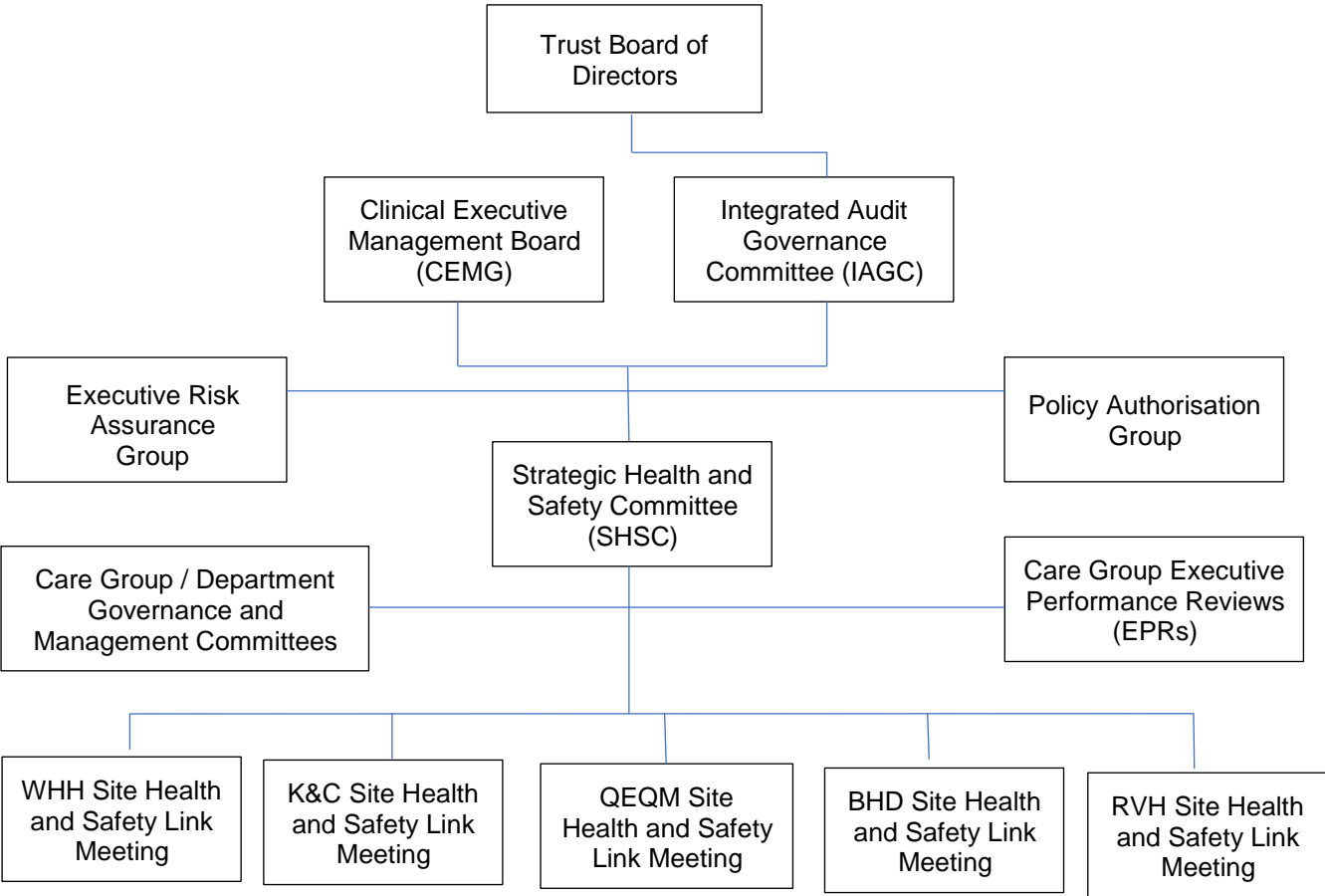
Management of Health & Safety at Work Regulations 1999

19. Appendices

Appendix 1 - Functional Organisation of Health & Safety



Appendix 2 - Health & Safety Committee Structure



Appendix 3 - Management and Escalation of Health & Safety Risks

1. A Health and Safety risk is identified from a risk theme pulled together from Health and Safety Risk Assessments at Local (Wards, Departments, Specialty) or Care Group level e.g. lone working, asbestos, non-compliance with Health and Safety legislation, water management, food safety management etc.
2. Approval is sought from a The Care Group Safety Lead for the new Health and Safety risk to be added to a Local Risk Register (Wards, Departments) on the 4Risk system
3. If it is a moderate risk level or above, approval is sought for escalation of the Health and Safety Risk from the Local Risk Register to the Care Group Risk Register following the escalation rules set out in the Risk Management Handbook.
4. For the above, approval is sought from the SH&SC for inclusion of the Health and Safety risk to the Care Group Risk Register. The SH&SC reviews the risk and makes a decision if it requires escalation to the Care Group Triumvirate. Once approved, approval is then sought from the Care Group Triumvirate before the risk is added to the Care Group Risk Register on 4Risk.
5. If it is a cross-cutting moderate risk level and above or an extreme risk level, approval is sought for escalation of the Health and Safety Risk from the Care Group Risk Register to the Corporate Risk Register following the escalation rules set out in the Risk Management Handbook.
6. For the above, approval is sought from the Executive Lead who reviews the risk and makes a decision if it requires escalation to the Executive Risk Assurance Group. Once approved, approval is then sought from the Executive Risk Assurance Group before the risk is added to the Corporate Risk Register on 4Risk.

Appendix 4 – Health & Safety Training

1.0 All Staff

- 1.1. All staff must complete and pass the Health and Safety e-learning course triennially.

2.0 Health and Safety Link Worker and or Department Managers

- 2.1. All staff assigned to act as a Health and Safety Link Worker, or as a manager leading on Health and Safety within a department, must complete the Trust's two-day Health & Safety for Link Workers and Department Managers course; this course is arranged through the Learning & Development team. They must also attend three of the quarterly Health & Safety Link Persons meeting each year, where additional training will be given.

3.0 Heads of Department, Senior Matrons and Service Managers

- 3.1. These staff must complete the Trust's Health & Safety for Link Workers and Department Managers; this course is arranged through the Learning & Development team.

4.0 Care Group Senior Managers, Care Group Health & Safety Leads, Care Group Representatives at Site or Strategic Health and Safety Meetings

- 4.1. These senior staff must complete the four-day Institute of Safety and Health - Managing Safely course (IOSH). This course is arranged through the Health and Safety Team.

5.0 Additional Specific Training

- 5.1. The Trust will run additional courses from time to time on specific matters which have been identified as requiring additional skills. Dependant on the matter under consideration, any member of staff may be required to attend, to ensure the Trust has appropriately trained individuals.

Appendix 5 - Terms of Reference for the Health & Safety Committees

1. Purpose of the Committee:

- 1.1. The Strategic Health and Safety Committee will focus on Health and Safety compliance priorities and will adhere to the following principle objective that the Trust complies with:

All NHS Trusts are required to establish Health and Safety Committees in accordance with the requirements of:

- **Section 2) (7) of the Health and Safety at Work etc. Act 1974**
- **Regulation 9(1) of the Safety Representative and Safety Committees Regulations 1977**
- **Regulation 5(2) of the Health and Safety (Consultation with Employees) Regulations 1996**

- 1.2 All NHS Trusts are required to establish arrangements as appropriate, having regard to the nature of their activities and the size of the undertaking, for the effective planning, organisation, control, monitoring and review of the preventative and protective measures in accordance with the requirements of Regulation 5(1) and (2) of the Management of Health and Safety at Work Regulations 1999.

- 1.3 The Strategic Health and Safety Committee is responsible for seeking clarification and instruct further investigation of any health and safety matters that impact on the safety of the Trust's employees and which also have a safety impact on patient and visitors to Trust sites.

- 1.4 The Strategic Health and Safety Committee has the authority to obtain independent advice on all matters concerning health and safety and to commission audits in areas that are raised as a concern which are not being resolved internally.

2. Accountability

- 2.1. The Strategic Health and Safety Committee will report to Clinical Executive Management Group which then reports to the Trust Board.

3. Membership

- 3.1. The membership of the Strategic Health and Safety Committee will be representative of the Trust's key stakeholders including senior representatives from each Care Group triumvirate or nominated deputy i.e. Health and Safety Leads.

- 3.2. Members' attendance is mandatory and if a substantive member of staff is unable to attend the Care Group must send an appropriate deputy and tender formal apologies.

- 3.3. The senior representative from each Care Group must be agreed with the Clinical Director of that Care Group. Attendance will be monitored and form a key performance indicator (KPI) which will be reported to the Clinical Executive Management Group and will be included in the Care Group's Executive Performance Review slide pack

- 3.4. Strategic Health and Safety Committee – Membership

- 3.4.1 The following Trust staff will attend the committee:

- Executive Director of Strategic Development and Capital Planning / Deputy Chief Executive (Chair)
- Intelligent Client (Co Chair)
- Health and Safety Lead for Corporate Services

- Director / Deputy Director of Capital and Technical Solutions, 2gether Support Solutions
- Care Group triumvirate representative(s) / Deputies i.e. Health and Safety Leads
- Head of Health, Safety and Risk / Health and Safety Manager, 2gether Support Solutions
- Infection Control Representative
- Occupational Health Representative
- Moving and Handling Senior Co-Ordinator
- Emergency Preparedness Manager
- Staff Side Representative

3.4.2 It should be noted that a suitable level of deputisation is required at each meeting, if the substantive member of the committee is not available.

3.5 Quorum – 6 Members including:

- Executive Director of Strategic Development and Capital Planning / Deputy Chief Executive
- Intelligent Client (Deputy for Executive Director)
- Care Group triumvirate representative / Health and Safety Leads – at least from 3 Care Groups
- Head of Health, Safety and Risk, 2gether Support Solutions and/or Health and Safety Manager
- Director / Deputy Director of Capital and Technical Solutions, 2gether Support Solutions

4. Authority

4.1 The Strategic Health and Safety Committee is authorised by the Clinical Executive Management Group to carry out any activity within its terms of reference. It is authorised to seek clarification and further investigations of any health and safety matter and to request information from employees.

4.2 The Strategic Health and Safety Committee is authorised by the Clinical Executive Management Group to obtain outside or other independent professional advice as and when required.

5. Duties

5.1 The Strategic Health and Safety Committee's duties are:

- To identify a strategy designed to comply with the Trust's legal obligations in all Health and Safety statutory requirements and to adopt the principles contained in HSG 65 'Managing for Health and Safety' as a management approach
- To identify a strategy which will improve the overall Health and Safety focus within the Trust,
- To receive summary reports on Health and Safety, safety audits, fire, security, incident statistics, trends, health and environment monitoring, communications from enforcement agencies, and subordinate health and safety committees
- To make recommendations and instruct corrective actions required to ensure Health and Safety compliance is maintained and any issues addressed
- To implement a Trust wide metrics strategy and formally monitor the Health and Safety KPIs taking action to address non-compliance when required

- f. To submit Health and Safety summary reports to the Clinical Executive Management Group and the Integrated Audit Governance Committee when requested
- g. To review and approve where appropriate new or revised policies and strategies relating to health and safety matters
- h. To produce a strategic training schedules in all matters of health and safety and to make recommendations and initiate improvements which may include the need for additional funding if there are gaps in the organisation's capability
- i. To review the effectiveness of health and safety communication within the Trust and produce a communication strategy to ensure health and safety matters are raised and effectively communicated in the Trust,
- j. To identify all changes in legislation ensuring policies and procedures remain updated,
- k. To receive regular reports from other Trust committees i.e. Medical Gases, Infection Control, Fire Safety etc.,
- l. To produce a Health and Safety Toolkit Audit (HASTA) annual schedule which ensures audits are completed in an organised manner across the organisation allowing time for completion in each quarter of the financial year,
- m. Consider all reports to the Strategic Health and Safety Committee from the Care Group Health and Safety Leads to ensure these are formalised within the meeting governance structures in each Care Group, and receive actions taken by the Care Group in all matters of Health and Safety, and give instructions to address non-compliance in this process when necessary,
- n. To receive annual reports regarding the monitoring of the HASTA toolkit, Stress, Slips, trips and falls, Security, Manual Handling, Window Safety and Window Restrictors, Violence and Aggression, Fire Safety, Water Safety and any other safety reports required by the committee,
- o. To ensure that all internal and external audits commissioned by the Trust on matters of Health and Safety are communicated effectively to all Care Groups with instructions on time deadlines and process to be used to submit information requested to ensure all audit outcomes are effectively enabled with no gaps in information submission.
- p. To invite other members of the organisation to committee meetings to seek methods of innovation which provide opportunities to improve health and safety compliance across the Trust.
- q. To monitor datix and RIDDOR reports to ensure appropriate action is being taken to minimise risk and to ensure datix reports and investigations are undertaken in a timely manner.
- r. To monitor CAS/FSN/MDA reports and identify report turnaround times and remedial actions taken.

6. Frequency of Meetings

- 6.1 The Strategic Health and Safety Committee will be held on a quarterly basis, but the Chair of the committee has the authority to increase the frequency of meeting if there are sufficient Health and Safety issues raise that require urgent and formal review.
- 6.2 Quarterly meetings will take place in April, July, October, and January.

7. Minutes and Agenda

7.1 The agenda of the committee meeting will be circulated to the membership after sign off by the Chair at least 5 working days before the committee meeting date. Minutes of each meeting will be circulated no more than 10 working days after the date of the committee.

7.2 All meeting minutes will be circulated via email and on AdminControl.

7.3 Standing agenda items will include;

Title	Regularity
1. HASTA Report including COSHH	Quarterly
2. Training Report	Quarterly
3. Trust wide Occupational Health Report, to include: 3.1. Manual Handling 3.2. Management of Sharps	Bi Annually (January and July)
4. Trust wide Security Management Report; to include: 4.1. Violence and Aggression 4.2. Lone Working 4.3. Noise, Contractors and Radiation	Bi Annually (January and July)
5. Care Group Health and Safety Lead Reports 5.1. Urgent and Emergency Care 5.2. General & Specialist Medicine 5.3. Surgery and Anaesthetics 5.4. Upper Surgery – Head, Neck and Dermatology 5.5. Cancer 5.6. Women’s & Children’s 5.7. Clinical Support Services 5.8. Corporate	October 2021 January 2022 October 2021 January 2022 April 2022 July 2023
6. Datix and Riddor Report	Quarterly
7. CAS Alerts	Quarterly
8. Policies for Ratification	Quarterly
9. Legislation Updates	Quarterly
10. Serious Incidents	Quarterly
11. Estates Reports, to include 11.1. Fire Safety and Fire Safety Committee Update 11.2. Legionella and Water Safety Committee Update 11.3. Temperature 11.4. Electricity 11.5. Noise, Contractors and Radiation	Quarterly
12. Reporting Framework for 2021/22	Bi Annually

Appendix 6 – Equality Analysis

An Equality Analysis not just about addressing discrimination or adverse impact; the policy should also positively promote equal opportunities, improved access, participation in public life and good relations.

Person completing the Analysis		
Name	Marion Clayton	
Job title	Intelligent Client	
Care Group/Department	Strategic Development	
Date completed	01/02/22	
Who will be impacted by this policy	<input checked="" type="checkbox"/> Staff (EKHUFT) <input checked="" type="checkbox"/> Staff (Other) <input checked="" type="checkbox"/> Service Users	<input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Relatives

Assess the impact of the policy on people with different protected characteristics.

When assessing impact, make it clear who will be impacted within the protected characteristic category. For example, it may have a positive impact on women but a neutral impact on men.

Protected characteristic	Characteristic Group	Impact of decision Positive/Neutral/Negative
e.g. Sex	Women Men	Positive Positive
Age	Low	Positive
Disability	Medium	Positive
Gender reassignment	None	Positive
Marriage and civil partnership	None	Neutral
Pregnancy and maternity	Medium	Positive
Race	None	Positive
Religion or belief	Low	Positive
Sex	Low	Positive

Sexual orientation	None	Positive
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If there is insufficient evidence to make a decision about the impact of the policy it may be necessary to consult with members of protected characteristic groups to establish how best to meet their needs or to overcome barriers.	
Has there been specific consultation on this policy?	No
Did the consultation analysis reveal any difference in views across the protected characteristics?	

Mitigating negative impact: Where any negative impact has been identified, outline the measures taken to mitigate against it.	No negative impact
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Conclusion: Advise on the overall equality implications that should be taken into account by the policy approving committee.	This policy has complete inclusion for all different protected characteristics due to clear duties required by legislation to ensure all persons are adequately protected against Health and Safety risks
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Appendix 7 - Implementation Plan

To be completed for each version of policy submitted for approval.

Policy Title:	Health and Safety Policy
Version Number:	6
Director Responsible for Implementation:	Deputy Chief Executive Officer
Implementation Lead:	Marion Clayton, Intelligent Client

Staff Groups affected by policy:	All
Subsidiary Companies affected by policy:	2gether Support Solutions
Detail changes to current processes or practice:	N/A
Specify any training requirements:	none
How will policy changes be communicated to staff groups/ subsidiary companies?	Communication via Trust News, H+S Link Worker meetings and a cascade through the Care Group Safety Leads