

Health, Safety and Welfare Policy

For use in:	All clinical and non-clinical areas of the West Suffolk NHS Foundation Trust including the Community Service
For use by (staff groups):	All Staff (clinical and non-clinical)
For use for:	Health, Safety and Welfare Arrangements
Document owner:	Head of Health, Safety and Risk
Status:	Approved

Purpose of the Policy:

The purpose of this policy is to fulfill the Trusts legal obligations under the Health and Safety at Work etc. Act 1974, other relevant legislation and to document the Trust's statement of intent with regards to health, safety and welfare standards.

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Executive Summary:

The Trust's Health, Safety and Welfare Policy is in place to detail and reflect the Trust's organisational arrangements for health and safety management. The responsibilities set out in this policy are intended to ensure that:

- work will be carried out safely, consistent with good practice and is in accordance with all relevant statutory provisions,
- identifies health and safety responsibilities for all levels of staff and clearly shows the escalation route for health and safety issues.

This policy describes the key health and safety arrangements for the Trust. These enable clearer monitoring of the Trust's health and safety performance which will be the main function of the Health and Safety Committee. The Committee reports to the Corporate Risk Governance Group and where necessary escalates risks to the Board via the Insight Committee.

Statement of Intent

It is the policy of the West Suffolk NHS Foundation Trust (the Trust) to comply with the Health and Safety at Work etc. Act 1974 and other relevant legislation as appropriate to ensure, so far as is reasonably practicable the health, safety and welfare of all its staff, patients, and others (persons not in the Trusts employment) who may be affected by the Trust's undertakings therefore, the Trust seeks to provide:

- a) a safe working environment with access to adequate welfare facilities;
- b) work equipment, plant and systems of work which are without risk to health, are suitable, safe and maintained in good working order;
- c) arrangements for ensuring safety and absence of health risks in connection with the use, handling, storage and transport of articles and substances;
- d) such information, instruction, training and supervision as is necessary to ensure the health and safety at work of all employees and others on the premises;
- e) maintenance for any place of work under the Trust's control to ensure it is in a safe condition without any health risks, including appropriate means of access and egress.
- f) Adequate systems for identifying and assessing all hazards and risks associated with their activities and putting in place adequate control measures.

Whilst the Chief Executive Officer accepts full responsibility for ownership of this policy, all employees have a personal responsibility to ensure a proactive approach to Health and Safety matters that impact on the Trust. The Board of Directors have identified a lead Director with specific responsibility for health, safety and welfare, and the Head of Health, Safety and Risk as the competent advisor to whom reference should be made in the event of any difficulties in the implementation of this Health and Safety policy and procedures.

Signature of Chief Executive:

(Dr Ewen Cameron)



Date of Signing: 10th October, 2023

1. Introduction:

The West Suffolk NHS Foundation Trust (“the Trust”) recognises its duty to ensure ‘so far as is reasonably practicable’, the health, safety and welfare of staff, patients, visitors and others arising from Trust work activity.

The Trust is committed to achieving and maintaining high standards of Health, Safety and Welfare by recognising the importance of clearly defined management responsibility and arrangements. This policy sets out the minimum standards which all employees of the organisation are to work to, and encompasses the following:

- Organising arrangements
- Structure and responsibilities for health and safety
- Arrangements for health and safety
- Grievance Procedure
- Disciplinary Procedure
- Monitoring Arrangements

The Trust is committed to continuous improvement for Health and Safety by the implementation and maintenance of an effective Health and Safety policy. This policy applies to all of the Trust’s properties and sites and other locations where Trust staff carry out duties. However, at some locations staff may need to refer to local arrangements where elements of this policy are not fully aligned with local arrangements. Reference to these local arrangements are made in a number of relevant sections of the policy.

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

1.1 Definitions:

Reasonably practicable	This means balancing the level of risk against the measures needed to control the real risk in terms of money, time or trouble. However, you do not need to take action if it would be grossly disproportionate to the level of risk.
Competent person	Someone who has sufficient training, experience or knowledge and other qualities that allow them to assist you properly. The level of competence required will depend on the complexity of the situation and the particular help needed.
Employee	Any person who holds a contract of employment directly with the Trust
Contractors	A person or firm that undertakes a contract to provide materials or labour to perform a service or do a job for the Trust. This includes bank staff, agency staff, staff employed by other Trusts, organisations and agencies occupying Trust premises
Risk Assessment	A careful examination of what, in the workplace, could cause harm to people, so that you can weigh up whether enough precautions are in place or if more should be done.
Hazard	A hazard is anything which has the potential to cause harm, such as chemicals, electricity, working at height etc.
Risk	The risk is the likelihood that the hazard will cause harm, it also considers the consequences, extent and outcome of a hazardous event occurring.
Significant risk	Risks, which are significant, are those that are not trivial in nature and are capable of creating a real risk to health and safety which any reasonable person would appreciate and would take steps to guard against. What can be considered as “insignificant” will vary from site to site and activity to activity depending on specific circumstances.

Suitable and sufficient	that all significant hazards have been identified, the risks have been properly evaluated considering likelihood and severity of harm, measures necessary to achieve acceptable levels of risk have been identified, actions have been prioritised to reduce risks, the assessment will be valid for some time, actual conditions and events likely to occur have been considered during the assessment, everyone who may be harmed has been considered
Young person	Is anyone under the age of 18 and above the minimum school leaving age.
Approved code of practice (ACOP):	Describe preferred or recommended methods that can be used (or standards to be met) to comply with regulations and the duties imposed by the Health and Safety at Work etc. Act 1974

1.2 Related Trust policies

To support the Health, Safety and Welfare Policy on the statutory requirements under current legislation, the following policies have been produced for the Trust's undertaking:

- Smoke Free Environment Policy **PP004**
- Fire Safety Policy **PP014**
- Equality, Diversity & Inclusion Supporting Equal Opportunities Policy **PP021**
- Management of Medical Equipment Policy **PP024**
- Display Screen Equipment Policy **PP025**
- Handling Patients and Safe Handling of Loads **PP026**
- Control of Substances Hazardous to Health (COSHH) Policy **PP039**
- Security Policy **PP050**
- Expected Standards Policy **PP053**
- Freedom to speak up – Whistleblowing – staff concerns about patient care & other matters **PP056**
- Workplace Policy on Substance Misuse **PP068**
- Induction management Process & **Guidelines Policy PP076**
- Policy For Recruitment and Retention of People with Disabilities **PP077**
- Respect for others Policy **PP080**
- Management of Violence and Aggression Policy **PP082**
- Sharps Injury and Accidental Exposure to Body Fluids **PP083**
- Control of Asbestos at Work Policy **PP089**
- Strategy and Policy for Risk Management **PP093**
- Incident Reporting and Management Policy **PP105 and 105b**
- Lone Working Safety Policy **PP134**
- Waste Management Policy **PP179**
- Prevention and Management of Risks to Latex **PP195**
- Mandatory & Statutory Training Policy **PP244**
- Slips, Trips and Falls (Staff and Others) **PP282**
- Central Alerting System (CAS) Policy and Procedure **PP283**
- Policy for the Management of First Aid at Work Provision **PP285**
- Driving for Work **PP318**
- Water Safety Policy **PP320**
- Electricity at Work LV **PP330**
- Electricity at Work HV Policy **PP466**
- Portable Appliance testing Policy **PP465**

1.3 Organising Arrangements

The responsibility for ensuring the day-to-day safe conditions of work rests with Managers and Supervisors at all levels. To help support this the Trust will ensure that technical advice and support on health, safety and welfare issues is available.

The Health, Safety and Welfare Policy will not be successful unless it actively involves staff. Managers will co-operate fully with safety representatives, health and safety link persons and COSHH link persons and should make available to them the facilities and training necessary to ensure full participation and competency which is required to undertake such roles.

The Trust is committed to consulting and working with staff in health and safety matters through the Trust's Health and Safety Committee. The Committee reports to the Corporate Risk Governance Group (CRGG) and where necessary escalates risks to the Board via the Insight Committee. A copy of this policy will be brought to the attention of all staff and will be available through Heads of Departments, Ward Managers and via the Trust's Intranet.

2. Roles and Responsibilities for Health and Safety

2.1 Chief Executive:

The Chief Executive has overall responsibility for ensuring that the Trust complies with its legal obligation under the Health and Safety at Work etc. Act 1974, the Management of Health and Safety Regulations 1999 and all other associated regulations. The Chief Executive will achieve this by:

- (a) Ensuring the Trust has a positive health and safety culture which is reflected in high standards of health, safety and welfare across the Trust;
- (b) Monitoring health and safety standards by receiving information from the Executive lead for Health and Safety and information via the Insight Committee.
- (c) Ensuring significant health, safety and welfare issues are reported to the Corporate Risk Governance Group for consideration, and if necessary to the appropriate Board Committee for action;
- (d) Receiving and addressing any enforcement notices or recommendations issued by the Health and Safety Executive (HSE), Fire Authority, Environmental Health, CQC and any other statutory bodies;

2.2 Executive Lead for Health and Safety

The nominated Executive Lead for Health and Safety in the Trust is the Executive Chief Nurse.

The Executive Lead for Health and Safety will assist in ensuring that high standards of health and safety are achieved and maintained throughout the Trust. They are also responsible for monitoring the Trust's health and safety performance while promoting health and safety at an Executive level. Other specific duties will include ensuring that the following are carried out:

- (a) A three yearly review of the Health, Safety and Welfare Policy by the Head of Health, Safety and Risk supported by the Health and Safety Committee members. The Health, Safety and Welfare Policy once reviewed will be considered by the Health and Safety Committee and the Corporate Risk Governance Group (CRGG) before going for approval to the Board and signing by the Chief Executive.
- (b) Raising issues of concern to the Chief Executive and to CRGG that the Head of Health, Safety and Risk and Health and Safety Committee deem to be of a serious nature and require escalation.
- (c) That the Trust meets its duties under Health and Safety Law which is in accordance with developing and supporting a positive health and safety culture throughout the Trust.
- (d) Ensuring that Safety Representatives within the Trust and other organisation representatives are consulted on relevant health and safety matters.
- (e) Ensuring that the Trust has adequate resources in place to promote, monitor and manage health and safety.

2.3 Trust Board:

The Trust Board will receive from the Insight Committee details of health, safety and welfare matters which are of serious concern and cannot be resolved at a local level for deliberation and recommendation.

The Trust Board will receive details of any enforcement action taken against the Trust and ensure appropriate action is taken to address the stipulations of any such enforcement action.

The Trust Board requires and will receive assurance through the Trust's reporting and accountability arrangements that effective health, safety and welfare arrangements are in place and where necessary, mitigating action is being taken to address any areas of weakness.

Board members will receive mandatory health and safety training at two yearly intervals.

2.4 Insight Committee:

The Insight Committee will receive details from the Executive Lead for Health and Safety and/or the Corporate Risk Governance Group of any health and safety issues which are of a serious nature and that cannot be resolved locally of which require deliberation and recommendation. Where necessary such issues will be escalated to the Trust Board.

2.5 Corporate Risk Governance Group (CRGG):

The CRGG will receive and review the minutes and summary report of the Health and Safety Committee. Issues outside of the scope of the Health and Safety Committee will be escalated to and reviewed by this committee which is also responsible for monitoring health and safety performance.

2.6 Health and Safety Committee:

The Health and Safety Committee will receive assurance of compliance to health and safety legislation and details of non-compliance. In receiving such information, the Health and Safety Committee will provide a report to the CRGG detailing issues which require action and escalation. Each Division represented at the Health and Safety Committee enables operational health and safety issues to be discussed, representatives to then agree actions applicable to their area and actions/issues/outcomes to be communicated to the relevant Division forum.

Sub-groups of the Health and Safety Committee will be formed when the need is identified, and will be responsible for looking at specific hazards within the organisation. These sub-groups will report to the Health and Safety Committee.

The Health and Safety Committee meets on a quarterly basis, and has the following as standard agenda items (also detailed in the Terms of Reference for this Committee):

- Introductions and Apologies
- Minutes of the Last Meeting
- Matters Arising from the Last Meeting
- Moving & Handling Report & Action Plan
- Operational Estates and Environment:
 - 5.1 Asbestos (April)
 - 5.2 Fire
 - 5.3 Waste
 - 5.4 Medical Gases (October)
 - 5.5 Electrical Safety (January)
- Local Security Management Report
- Occupational Health Report
- Pathology Report
- Health & Safety Report
- Departmental/service issues for escalation to the committee
- Policies and clinical guidelines to be approved
- AOB
- Reflections on Meeting (To consider whether the right balance has been achieved in terms of information received and questions for assurance and the Trust's values and behaviours observed)

The Health and Safety Committee Chair will present significant issues, identified within the meeting via a report, to the CRGG. Significant risks will be escalated out with this reporting cycle to the Insight Committee and, if required, the Board for deliberation and recommendation.

2.7 Trust Secretary and Head of Governance:

Will ensure that the Trust has access to adequate competent health and safety advice. Ensuring the continued competence of this resource will be supported by the Trust Secretary and Head of Governance who has line management responsibility for the Head of Health, Safety and Risk. The Trust Secretary and Head of Governance will assist in the day to day formulation of health and safety initiatives when required and is responsible for escalating health and safety issues to the Executive Lead for Health and Safety.

2.8 Executive Directors:

Are responsible for achieving and maintaining high standards of health and safety within their area of responsibility. Where necessary they should seek advice on health and safety matters from the Head of Health, Safety and Risk. If a Director is unable to resolve a health and safety related matter they should escalate it to CRGG.

2.9 Associate Directors of Operations (ADO's), Clinical Directors and Estates and Facilities Management Team:

Are responsible for promoting and ensuring high health and safety standards within their areas of responsibility. They should ensure that Managers working within their area of responsibility are aware of this requirement and must ensure that they have the training and competence required.

Will ensure risk assessments are suitable and sufficient and reviewed in accordance with the requirements of the Risk Assessment Policy and Procedure (PP132). They are responsible for ensuring that hazards are controlled appropriately in their area of responsibility by taking action on hazards identified that cannot be resolved by the Lead Clinician, Head of Department, Service Manager or Matron. Where they are unable to resolve or reduce a risk to a suitable level it should be escalated to the appropriate Executive Director.

3. Lead Clinicians, Senior Operations Managers, Heads of Nursing, Heads of Department, Service Managers, Matrons and Managers:

Are responsible for ensuring that the Health, Safety and Welfare Policy is implemented within their areas of responsibility. They are responsible for ensuring that arrangements agreed by the Executive Lead for Health and Safety are carried out and that Regulations and/or Approved Codes of Practice (ACOP's) are followed and implemented. More detailed responsibilities include:-

- Co-ordination of the health, safety and welfare arrangements for their designated area. The Trust supports the role of 'Safety Representatives' from a recognised union, and will support and train nominated key individuals to become 'Health and Safety Link Persons'. Managers must nominate a Health and Safety Link Person for their areas of responsibility and contact the Risk Office to book the nominated person onto the RSPH Level 2 Award in Health and Safety in the Workplace. The responsibilities of the 'Safety Representative/Safety Link Person' are detailed on pages 8, 9 and 10 of this Policy, and should only be undertaken by those who have received the necessary training. **N.B a manager's accountability for health and safety cannot be delegated.**
- If applicable Managers must also nominate a key individual to become a COSHH (Control of Substances Hazardous to Health) Link Person and must support this role. They must contact the Risk Office once the COSHH Link Person has been identified and arrange for the COSHH Link Person to attend the training required to enable them to undertake this role. The responsibilities of this role are detailed on page 10.
- The production and regular review of safety procedures whilst ensuring that staff are made aware of Safety Protocols and Standard Operating Procedures (SOPs). Departmental safety procedures must be in alignment with the Trust's Health, Safety and Welfare Policy.
- Ensuring that safe systems of work are in operation and that legal requirements affecting health and safety are met.
- Liaising with the Head of Health, Safety and Risk on matters affecting health, safety and welfare within the workplace.
- Liaising and consulting with Safety Representatives and Health and Safety Link persons for their area of responsibility on matters affecting health, safety and welfare.
- Ensuring that entries within the risk register are kept up to date and regularly reviewed.

- Ensuring that all staff, including those who come into the area as part of their daily work, are aware of the general outline of the Health and Safety at Work etc. Act 1974. This will include ensuring that staff, have an understanding of their individual duties.
- Ensuring that health and safety workplace inspections are carried out regularly by the Health and Safety Link Person and captured on the risk register. Reviewing workplace inspection reports and leading on workplace inspection action plans via the risk register to ensure all actions are initiated and completed.
- Managing hazards and associated risks in their areas of responsibility by undertaking suitable and sufficient risk assessments using the Trust's agreed procedure within their areas to identify and assess hazards.
- Recommending, implementing and monitoring the effectiveness of control measures to minimise risk within their areas of responsibility.
- Escalating risks that cannot be adequately controlled to their immediate manager.
- Ensuring that all staff (and others in their areas affected by The Trust's operations) are made aware of the contents of relevant risk assessments; and that staff receive appropriate information, instruction, training and supervision to enable them to work safely. A health and safety folder and COSHH folder should be in place and available for all staff.
- Ensuring that all new members of staff working in their area are given a suitable local induction which covers risks within the area and bring to their attention relevant risk assessments and control measures and that this can be demonstrated through documentation.
- Ensuring that all staff complete their Mandatory training either by elearning or face to face attendance, depending on the requirement of the role.
- Ensuring all new starters attend the "Welcome to the Trust" event, within 4-6 weeks of starting with the Trust
- Ensuring the recording and reporting on the Trusts risk management system of all incidents, dangerous occurrences, occupational health issues such as dermatitis and asthma, and near misses that occur, in line with the Trust's Incident Reporting Policy and Procedure PP105.
- Ensuring investigations of incidents are undertaken and that action is taken to prevent a recurrence. All investigations are recorded on the risk management system. A further investigation form is to be completed and sent to the Risk Office for all RIDDOR reportable incidents.
- Ensuring that when faults, breakdowns and malfunctions of equipment occur, the equipment is withdrawn from use immediately clearly marked "do not use" and arrangements made for repair, replacement or condemning. Ensure maintenance is specified in accordance with the manufacturers' recommendations and ensure that this is carried out.
- Identifying the health and safety training needs for the staff for which they are responsible, and that appropriate arrangements are made to fulfil these needs. Special attention must be given to risk situations and the appropriate training is given to staff identified.
- Ensuring that adequate information, instruction, training and supervision is provided to staff during working activities.
- Making staff aware of information received from suppliers on equipment and hazardous substances and their proper use within the working environment, through the risk assessment process.
- Making sure that equipment, particularly of an electrical or mechanical nature, is examined and tested by the Estates and Facilities Division before being used – all new electrical equipment and electrical equipment brought in from home (desk fans etc.) must be portable appliance tested (PAT) before it is first used.
- Ensuring that adequate arrangements are made for appropriate liaison with contractors and others who come onto the property.
- Any health, safety or risk related issues that they are unable to resolve should be escalated to the appropriate ADO and/or Clinical Director.

3.1 The Risk Office will:

- Provide competent advice to the Trust on health, safety and welfare related matters.
- Liaise and meet with the Health and Safety Executive (HSE) regarding health and safety matters and standards at the Trust.
- Prepare and present health and safety reports to the Health and Safety Committee and any other Committees as required.
- Undertake regular deep dive audits of the Trusts risk management arrangements and produce corresponding reports to be monitored by the CRGG.
- Monitor and review the trusts risk register.

- Provide RSPH Level 2 award training to health and safety link staff so they understand the role and can undertake their duties.
- Provide health and safety training to any staff completing the Care Certificate
- Provide any other adhoc health and safety training as required
- Liaise with Safety Representatives, Health and Safety Link Persons and COSHH Link Persons to ensure that information is shared and good standards of practice are developed and maintained.
- Undertake audits on specific health and safety related topics to ensure compliance with legislation and best practice.
- Undertake a rolling programme of regulation compliance audits and produce corresponding reports to the Health and Safety Committee
- Ensure that safety alerts (CAS) are managed appropriately within the Trust
- Notify the HSE via telephone for any workplace fatalities or their online form of any RIDDOR reportable incidents which have occurred on the Trusts premises and are in connection with work.

3.2 Union appointed Safety Representatives

Safety Representatives appointed through their Unions under the Safety Representatives and Safety Committee Regulations 1977 are required to keep themselves informed of:

- The legal requirements relating to the health and safety of persons at work.
- The particular hazards of the workplace.
- Relevant Health and Safety Policies of the Trust.
- Attend appropriate training which will be provided by the unions.

3.3 Health and Safety Link Persons

Each department within the Trust should have a nominated Health and Safety Link Person(s). Any employee is welcome to put themselves forward for this role to their manager or the manager of the department should nominate one of their employees. Health and Safety Link Persons are a vital link between all departments of the Trust, as communication of health and safety issues is key to ensuring a uniform and positive approach is taken.

The role is supported with a Level 2 health and safety qualification. In order to achieve the qualification the nominated member of staff must attend the RSPH Level 2 Award in Health and Safety in the Workplace, which is a one-day training session. This training should be refreshed every 2 years. Please contact the Risk Office on ext. 3944 or 3909 for details of courses.

Functions of the Health and Safety Link person will include:

- a) To be qualified to the Royal Society for Public Health (RSPH) level 2 qualification in Health and Safety in the Workplace
- b) Encouraging co-operation between managers and employees in developing and implementing control measures to ensure the health and safety of all employees, patients and others.
- c) Bringing to the attention of managers any unsafe acts or conditions that pose a risk within the working environment or working practices. It is important that the Health and Safety Link Person take up matters with managers without delay.
- d) Establishing close working relationships with other representatives to examine hazardous situations of a similar nature to develop a common approach and to act in a uniform, responsible manner.
- e) Making representations to their manager on general matters affecting the health, safety and welfare of employees at the workplace.
- f) Undertaking the task of workplace inspections. Frequency of Inspections will depend upon the department grade. Red=quarterly, Amber=6 monthly and Green =Yearly. The inspection will be focusing on the health and safety arrangements for the area concerned. Completed inspections will be transferred onto the risk register in the form of a risk assessment so actions can be monitored. Issues of concern should be raised to the manager, and if necessary to the Risk Office.
- g) To have a health and safety folder containing the required documents:
 - Health and Safety Policy
 - Hard copies of departmental risk assessments
 - Copies of previous workplace inspections, audits etc.
 - Any other relevant policy e.g. COSHH, DSE, Slips, Trips and Falls
- h) May represent their department via consultation with the enforcing authorities.

- i) Should initiate and undertake risk assessments for significant and foreseeable risks or as requested by their Manager. These risk assessments must be captured on the risk register
- j) To regularly attend the Health and Safety Link Persons meetings for an update on health and safety initiatives in the Trust and also for short training sessions in how to undertake these duties.

3.4 COSHH Link Persons

Each department within the Trust where relevant should have a nominated COSHH Link Person. Employees are welcome to put themselves forward for this role to their manager or the manager of the area should nominate one of their employees. COSHH Link Persons are a vital link between all areas of the hospital as communication of COSHH issues is key to ensuring a uniform and positive approach is taken. The role is supported with a training session on current legislation and Trust COSHH policies and procedures. This training should be refreshed every 2 years. Please contact the Risk Office on ext. 3944 or 3909 for details of courses. Please see COSHH Policy and Procedure (PP039) for further information including the functions of the role.

3.5 Employees Responsibilities

It shall be the duty of every employee, while at work, to take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions. Employees are required to co-operate with the Trust on health and safety matters. Where an employee feels a health and safety measure needs to be improved they should raise this with their Line Manager initially.

It will be the responsibility of all employees to bring to the Trusts attention any defective equipment or any potential or actual hazards they have identified, which might present a serious and imminent danger to health and safety of themselves and others within the Trust.

Every employee who has been made aware of the hazards related to their job **shall use** any machinery, workplace equipment, dangerous substances, transport equipment, clinical safety devices and personal protective equipment provided to them by the Trust, in accordance with the information, instruction and training provided, to ensure the effectiveness of the control measures.

Employees must not intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare in pursuance of any of the relevant statutory provisions.

3.6 Occupational Health & Wellbeing Service

The Trust provides an Occupational Health and Wellbeing Service to all its employees. This comprises of a specialist advisory service which supports management and employees to reduce the risk to health in the workplace. The service comprises of the following provisions:

- a) Employment health screening will be carried out after a job offer has been made. This will enable a health assessment to be carried out to ensure that the appointed candidate is physically and mentally fit to fulfil the role. The manager will be contacted by the Occupational Health and Wellbeing Service if any reasonable adjustments are required.
- b) Undertake regular health surveillance for members of staff identified at risk, through the risk assessment process in line with the Trust's Policy and Procedure for conducting Risk Assessments (PP132) and the COSHH (PP039).
- c) Immunisation against infection is offered to all members of staff identified at risk by their Manager.
- d) Return to work assessment following illness or injury.
- e) Risk assessments of new or expectant mothers in-conjunction with their working activities within the Trust.
- f) On request, Occupational Health practitioners will undertake workplace inspections, to review the working environment and identify potential occupational hazards. Advice will be provided on the appropriate workplace precautions needed. A report will be submitted to the department head and the appropriate ADO for action. Where appropriate the Health, Safety and Risk Manager will be notified.
- g) Any information relating to the health of members of staff shall remain confidential within the Occupational Health & Wellbeing Service.
- h) Occupational health will investigate along with the department manager any incidents of ill health including but not limited to: occupational dermatitis, occupational asthma, work related upper limb

disorder, hand arm vibration, biological and radiation incident as listed in the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) regulations 2013.

- i) The Occupational Health & Wellbeing Service provides a quarterly report to the Health and Safety Committee (Standing Agenda Item) and other Committees as required.

4. Arrangements for Health and Safety

This section provides summaries of the main arrangements the Trust has with regards to key areas of health, safety and welfare.

4.1 Consultation

The Trust communicates matters of health, safety and welfare through Managers, Safety Representatives and Health and Safety Link Persons who are expected to pass on information and enact policies and procedures. On Trust wide issues which need to be communicated to all staff, the organisation will use the internal newsletter called the 'Green Sheet' and, if required, a staff briefing via email with the provision of a contact name and number for further consultation. The minutes from the Health & Safety Committee are circulated to all members of the committee.

4.2. Health and Safety Training

The Trust, so far as is reasonably practicable will ensure that employees are provided with the necessary information, instruction, training and supervision to ensure their health, safety and welfare whilst at work. Mandatory training for all staff groups is set out and detailed in the Mandatory and Statutory Training Policy (PP244). Please see appendix A of this policy which details the training requirements, please contact the Risk Office on ex. 3944 or 3909 for training details.

Local Area Induction

No employee should carry out duties which have a health and safety risk, until they have received adequate training in understanding the hazards involved and the precautions to be taken to eliminate or reduce the risk. It is the Departmental Manager's responsibility to ensure that health and safety training is given to all new employees to the area. The local induction should include local fire procedures, first aid, incident reporting on the Trusts risk management system, relevant risk assessments, safe systems of work (standard operating procedures) and any other training necessary to ensure safety.

Welcome to the Trust

All new employees will be required to attend the welcome to the Trust event within 4-6 weeks of starting. Information on attendance is provided to new employees within their starter pack, supplied by the Human Resources. Managers have the responsibility to ensure that new members of staff within the department attend.

Mandatory Training

All staff within The Trust are required to complete their mandatory training, relevant to their role as on ESR and undertake the cycle of refresher training to remain up to date. Any change in policy / practice / legislation etc. will be addressed through targeted update training to all relevant staff.

4.3 Health and Safety Workplace Inspection Arrangements

All clinical and non-clinical areas will be subjected to regular departmental workplace inspections. These inspections will be carried out by the departments Health and Safety Link Person. Following the inspection, a report will be produced which will, if necessary, include a corresponding action plan. This report and action plan will be captured on the risk register in the form of a risk assessment. It is the responsibility of the Head of Department/Manager of the area to ensure that any actions arising from a workplace inspection are resolved within a reasonable timeframe. Items that cannot be dealt with at department level or that require capital expenditure should be referred to the Health and Safety Committee for deliberation and escalation if appropriate. The frequency of the inspections is determined by the risk rating of the risk assessment so amber is 6 monthly and green is yearly.

4.4 Risk Assessments

The Health and Safety at Work etc Act of 1974 requires employers to ensure so far as is reasonably practicable the health, safety and welfare of its employees and others who could be affected by it activities. One way to do this is to have a robust system for identifying and managing risks as required by the Management of Health and Safety at Work Regulations 1999 (MHSWR) Regulation 3, which places an absolute duty on the WSFT to make a suitable and sufficient assessment of

- (i) The risks to the health and safety of employees to which they are exposed whilst at work; and
- (ii) The risk to the health and safety of others arising from the activities of the organisation. For the WSFT, others includes: • Patients • Visitors • Contractors

The purpose of a risk assessment is to ensure that all significant and foreseeable hazards are identified within the workplace or posed by a particular task which are arising from the Trust's activities, environment or outside influences and assess the level of risk it presents. Once this information has been gathered it will enable the Trust to evaluate if enough protective measures are in place, or if more should be done to prevent harm to employees, patients and others and to develop further risk reduction programmes where required.

It is the responsibility of **all** managers to ensure that risk assessments are carried out within the area of their responsibility, to ensure all risk assessments (past and current) have been captured on the risk register, and to act upon those assessments when control measures are found to be inadequate. Further guidance on risk assessments, hierarchy of controls and the management of them can be found within the Trust's Risk Assessment Policy and Procedure (PP132).

4.5 Safety Alerts

Safety alerts, emergency alerts, drug alerts, dear doctor letters and medical device alerts and any other relevant notices are issued by the MHRA, Chief Medical Officer (CMO) and Department of Health & Social Care.

The aim of the Central Alerting System (CAS) is to bring all alerts together into one electronic system to provide an effective method in which they are issued to the Trust

The Head of Health, Safety and Risk is the Trusts nominated CAS Liaison Officer whose role it is to ensure that alerts have been received, acknowledged, disseminated and captured on the Trusts Risk management system , to progress chase and record actions taken. It is imperative that all alerts are disseminated promptly throughout the organisation and the necessary actions taken by the allocated lead.

A quarterly report is provided to the CRGG to provide assurance to the Trust that robust systems for dealing with safety alerts are in place. The Trust has a CAS database on the risk management system which is used to manage alerts; further guidance can be found within the CAS Policy and Procedure (PP283).

4.6 First Aid

The Trust recognises its responsibility under the Health and Safety (First Aid at Work) Regulation 1981, to provide first aid assistance to staff and others should they suffer injury or illness while at work or on any of the Trusts premises.

The WSFT has a number of trained first responders and first aiders in many of the departments. Both clinical and non-clinical areas which do not have a designated first aider should dial 2222 to request emergency assistance and will use the Trust's Emergency Department for first aid treatment or medical assistance should it be required. Further guidance can be found within the first Aid at Work Policy (PP285).

Please note

The arrangements set out above may not be applicable in all locations used by the Trust. If this is the case staff should discuss with their line manager and refer to their local arrangements.

4.7 Reporting Incidents and Accidents

The procedure for reporting all clinical, non-clinical incidents, accidents and near misses is contained in the Incident Reporting and Management Policy (PP105 and 105b). It is the responsibility of **all** staff to report incidents, accidents and near misses using the Trusts risk management system within the Trust and other areas if connected to the organisation's undertaking.

The Head of Health, Safety and Risk will be responsible for ensuring quarterly summaries of health and safety incidents are produced for submission to the Health and Safety Committee for discussing preventative action.

4.8 Serious Incident requiring investigation (SIRI)

The principal definition of a Serious Incident Requiring Investigation (SIRI) is an incident that occurred in relation to NHS-funded services and care resulting in one of the following:

1. Unexpected or avoidable death or severe harm to one or more patients, staff or members of the public
2. A never event- all never events are defined as serious incidents although not all never events necessarily result in severe harm or death.
3. A scenario that prevents or threatens to prevent an organisations ability to continue to deliver healthcare services, including data loss, property damage or incidents in population programmes like screening and immunisation where harm potentially may extend to a large population.
4. Allegations or incidents of physical abuse and sexual assault or abuse
5. Loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation

SIRI's are required to be reported to the West Suffolk Clinical Commissioning Group using STEIS (Strategic Executive Information System). The reporting of SIRI's provides an opportunity to learn for the future and the main purpose of this requirement is to ensure that NHS organisations take appropriate action following incidents, that the incidents are properly investigated and that any lessons learnt from them are shared.

All incidents, especially serious ones must be reported at once to the appropriate Manager/Supervisor within that area. The incident must be recorded on the Trusts risk management system by the Senior Officer, in conjunction with the member of staff wherever possible. The incident will then be reviewed by the Head of Patient safety and Clinical Effectiveness in consultation with the Executive Director Chief Nurse to make an assessment of the need to report it to the West Suffolk Clinical Commissioning Group.

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

The Trust is required to report the following types of incidents when they result from a **work related accident** to the Health and Safety Executive (HSE) under the RIDDOR Regulations:

- a) The '**death**' of any person, whether or not they are at work, resulting from an accident arising out of or in connection with Trust activities.
- b) Incidents where an individual has sustained a '**specified**' injury, for example, fracture (excluding fingers, thumbs and toes) any amputation, burns covering 10% of the body, crush injury to the head or torso causing damage to the brain or internal organs, scalping, loss of consciousness caused by head injury or asphyxia. Resulting from an accident arising out of or in connection with Trust activities.
- c) Any incident whereby a member of staff has sustained an injury and is away from work or unable to do the full range of their normal duties for more than '**seven**' consecutive days. Resulting from an accident arising out of or in connection with Trust activities.
- d) Any '**dangerous occurrences**' that had the potential to cause significant injury which involved for example, lifting equipment, pressure systems, electrical short circuit etc. Resulting from an accident arising out of or in connection with Trust activities.
- e) An employee at work suffers one of a number of specified diseases, provided that a doctor diagnoses the disease and the person's job involves a specified work activity. Only then will the Risk Office be provided with such information to allow the reporting process to commence.
- f) Any accident or incident which resulted or could have resulted in the release or escape of a '**biological agent**' likely to cause severe human infection or illness, (Hepatitis, Tuberculosis etc.). Resulting from an accident arising out of or in connection with Trust activities.

When calculating "more than seven consecutive days" the day of the accident should not be counted, only the period after it. Any days the injured person would not normally have been expected to work, such as weekends, rest days or holidays, must be included. The Trust has **15 days** to report over 7 day RIDDOR reportable incidents.

During normal office working hours (Monday – Friday), any incident that meet the RIDDOR criteria, will be reported to the HSE by the Risk Office following notification from the Trusts risk management system.

Any member of staff who believes that an incident may be RIDDOR reportable must contact the Risk Office in the first instance as instructed on the Trusts risk management system. The Risk Office will then confirm if the incident is RIDDOR reportable or not. If the incident is RIDDOR reportable then the Risk Office and the Manager for the area will complete a further investigation form. A signed and dated copy of the form must then be sent to the Risk Office.

4.10 Accident and Incident Investigations

The Trust recognises that investigations of incidents, accidents and near misses are a vital part of the Trust's risk management system. This will ensure that corrective action is taken to eliminate or reduce the risk from hazards within the activity therefore; avoiding further injuries, property damage and loss. On each occasion of a reported incident or accident an incident investigation must be completed on the Trusts risk management system in accordance with the Trust's Incident Reporting and Management Policy (PP105 and 105b).

Incidents, which have been categorised as 'Green' will be investigated / finally approved by the Line Manager or Ward Manager who is responsible for the area in which the incident occurred. Incidents categorised as 'Amber' will be investigated / finally approved by Heads of Departments, Service Managers or consultant who may at times conduct the investigation with the Matron for that area.

The lead investigator with a Clinical Director or ADO will investigate / finally approve incidents categorised as 'Red'. SIRI's will be investigated by a nominated person. For further guidance see the Incident Reporting and Management Policy and Procedure (PP105 and 105b).

4.11 Control of Substances Hazardous to Health Regulation 2002 (COSHH)

The Trust so far as is reasonably practicable is required to comply with these Regulations which apply to all work in which people are exposed, or are likely to be exposed, to substances hazardous to health. People can encounter at work a wide range of substances capable of damaging their health. The COSHH Regulations lay down the essential requirements and a step by step approach for the control of hazardous substances including biological agents, and for protecting people exposed to them.

The COSHH Regulations require the Trust to risk assess how a substance is stored, transported and used on any site under the Trusts control. The assessment must be completed by a competent person and be suitable and sufficient, please see the COSHH Policy and Procedure (PP039) for more information, and details of Sypol the Trusts COSHH Management System.

4.12 Procurement

Where there is a proposal to purchase or change a substance, piece of equipment or device the Purchasing Department and any person responsible for purchasing will carry out a risk assessment to ensure the risk to health is prevented or reduced to its most reasonably practical level. Advice can be sort from the Risk Office and/or Occupational Health& Wellbeing Service. This process is detailed in the Policy for Product Evaluation/Assessments (PP228) and the COSHH Policy and Procedure (PP039).

4.13 Procedure for Reporting Hazards

In the event of identifying an uncontrolled hazard within the workplace, all staff must notify the appropriate Line Manager/Head of Department. Defects of a physical nature for example damaged floor surface, faulty lights or other amenities must be reported to the Estates Helpdesk by telephoning **5555**, and the hazard will be dealt with by the Estates and Facilities Division. Steps must be taken to isolate the hazard until the Estates and Facilities Division take action.

If the hazard involves work equipment, including electrical or medical equipment, it **must** be immediately clearly labelled 'Faulty, Do Not Use or Out Of Order' and withdrawn from use and quarantined within the department. Then contact the Estates Helpdesk on ex. **5555**.

Please note

The arrangements set out above may not be applicable in all locations used by the Trust. If this is the case staff should discuss with their line manager and refer to their local arrangements.

4.14 Plant and Machinery

Good maintenance regimes are an essential part of machinery and equipment safety and are enacted by the Estates and Facilities Division as well as EBME for clinical equipment. The Trust recognises its statutory duty to maintain work equipment as specified within the Provision and Use of Work Equipment Regulations 1998 (PUWER) and the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). It is important that all equipment and plant is checked regularly and tested in accordance with the appropriate legislation and manufactures recommendations. All records of testing and checking are kept within the Estates and Facilities Division.

4.15 Electrical Safety

The Trust has a legal duty to maintain electrical items and systems under the Electricity at Work Regulations 1989. Further information and guidance can be obtained within the Policy and Procedure for the Management of Medical Equipment (PP024), Electricity at Work LV Policy PP330, Electricity at Work HV Policy PP466 and the Portable appliance testing policy PP465

4.16 Asbestos

The Trust is required under the Control of Asbestos Regulations 2012 to ensure so far as reasonably practicable, that there is no uncontrolled release of Asbestos fibres into the atmosphere within Trust properties and to manage and monitor any Asbestos materials that are knowingly located within Trust properties. Further guidance can be found in the Control of Asbestos at Work Policy and Procedure (PP089).

4.17 Contractors

Contractors working on The Trust's premises will be required to comply with Legislative Health and Safety requirements along with the Estates and Facilities own 'Code of Conduct' suite of documents. These documents set out the Health and Safety requirements and the rules for contractors to follow while working on all Trust sites.

4.18 Radiation

It is a responsibility of the Trust to keep and maintain a safe environment with regard to the safe use of radiation within the hospital. There are a wide number of types of radiation (ionising and non-ionising) to be found within the hospital.

Further information can be found in the Trusts radiation safety policies: Artificial Optical Radiation (including lasers) PP306, Ionising Radiation Safety PP307, Medical Exposure to Ionising Radiation PP308'

4.19 Water Management and Legionella / Pseudomonas control

The Trust maintains a water risk assessment for all areas/ systems to comply with the HSE's control of legionella bacteria in water systems Approved Code of Practice L8, HSG274, HTM 04-01 and BS8580.

For any further information on the water supply services please see the Water Safety Policy PP320 and the Written scheme of control and contact the Estates and Facilities Department.

4.20 Fire

Fire safety is really important in our hospital where it could be hazardous and time consuming to move patients to a place of safety in the event of a fire evacuation. Further information is available in the Trust Fire Safety Policy (PP014).

Please note

The arrangements set out above may not be applicable in all locations used by the Trust. If this is the case staff should discuss with their line manager and refer to their local arrangements.

4.21 Waste Management

The Trust has a duty of care to appropriately manage and dispose of the waste that it generates (clinical and non-clinical) in a way that does not cause harm to human health of the environment. The Trust has a comprehensive Waste Management Policy (PP179), which sets out how the Trust seeks to meet it's Duty of Care.

Please note

The arrangements set out above may not be applicable in all locations used by the Trust. If this is the case staff should discuss with their line manager and refer to their local arrangements.

4.22 Infection Control

Effective infection prevention and control is an essential component of a quality health care service. Infection prevention is the responsibility of all health care workers and detailed explanations are contained within the Trusts intranet. Particular attention must be paid to hand decontamination, as this is the single most effective method of reducing hospital-associated infections.

4.23 Personal Protective Equipment (PPE)

The Trust will provide employees with suitable Personal Protective Equipment (PPE) as protection against workplace hazards, where other risk control systems are not reasonably practicable. The Trust recognises that PPE is the last resort in the hierarchy of controlling workplace hazards and that other more robust measures are favourable.

The Personal Protective Equipment Regulations 2002, requires the Trust to make an assessment of the PPE required for a particular task, to ensure that the PPE provides suitable protection to the user, that it can be worn correctly and does not cause unnecessary discomfort.

To identify the suitable PPE, a risk assessment must be conducted on the proposed activity. This will assist in the task of identifying the correct control measures.

The Trust is required under the Health and Safety at Work etc Act 1974 to provide PPE to staff and persons affected by the Trust's undertaking 'free of charge'. In relation to safety footwear the Trust will pay up to a fixed figure whereby suitable footwear can be purchased for that sum. If staff prefers a more expensive brand of safety footwear then the individual will be required to pay the difference. Further information and guidance on PPE within the Estates and Facilities Division can be obtained from the Estates and Facilities internal policy and procedure documents.

Suitable training and information will be provided to employees for the correct use and storage of PPE. Records of PPE issued to staff, including training in its correct use, shall be documented by the line manager.

All staff have a responsibility to take reasonable care of their PPE, to wear their PPE in accordance with the training and information provided to them, and to report any defects of such equipment to their line manager immediately. The Trust may seek to recover the cost of any PPE which has been damaged or lost through neglect. Additionally, employees should wear clothing and footwear that are suitable for the nature of the work they carry out.

4.24 Moving and Handling

The Trust is committed to promoting safe moving and handling activities in order to minimise the risk of injury to both patients and staff. The Trust has in place a moving and handling team who provides advice and training across the Trust

Further guidance on safer handling principles, responsibilities and management of risk assessments relating to moving and handling can be found in the Handling Patients and Safe Handling of Loads Policy and Procedure (PP026).

4.25 Slips, Trips and falls (Staff and Others)

There is a need to consider and include slip, trip and fall hazards (if applicable) within generic risk assessments. Situations may arise where there is a need to ensure that a specific risk assessment is carried out on a slip, trip or fall hazard to enable the risk to be appropriately managed. For full responsibilities and procedures in the prevention and management of slips, trips and falls please see the Trust's Non-Clinical Slips, trips and falls (staff and others) Policy and Procedure (PP282).

4.26 Display Screen / Workstation Assessments

It is the responsibility of the Manager/Head of Department to ensure that all workstations and relevant display screen equipment used by staff (WOW's, laptops etc) is assessed to identify possible risks to users, this includes permanent home workers.

See Policy on Working with Display Screen Equipment (PP025) for guidance on workstation assessments and further information.

4.27 Eyesight Test

Members of staff identified as display screen equipment users by their Manager or are about to become a 'user' then they are entitled to claim back the cost of an eye /eyesight test up to the value of £25 via the Trust's expenses system- see DSE policy PP025 for further details

4.28 Stress

The Trust recognises its legal duty of care to its employees and is aware that this applies to physical and mental health problems that can be caused by or exacerbated by workplace practices. So far as is reasonably practicable the Trust will do all that it can to ensure the health of its members of staff and that they are not exposed to risk.

It is acknowledged that people are affected by both occupational and personal pressures, the two being inextricably linked. As such, it is possible to offer help and support in one area which will bring about benefits in the other. The benefits will accrue to the person, their family and friends and to their employer.

ADO's are responsible for ensuring that: Good Human Resource (HR) management procedures are carried out throughout their areas of responsibility see the Trusts health and Wellbeing Guidance

The Occupational Health and Wellbeing Service provides a confidential service which is available to provide support to managers and members of staff who self-refer. For further information please refer to the Trusts intranet pages

4.29 Lone Working

The Trust recognises that some staff work by themselves for significant periods of time without close or direct supervision e.g. in the community, in isolated work areas and out of hours. The Trust's Lone Working Safety Policy (PP134) applies to all situations involving lone working and should be consulted by staff who will be lone working.

4.30 Driving for Work

The Trust is committed to identifying and minimising those risks associated with road safety and actively encourages safe driving in order to reduce the number of accidents and to comply with its legal obligations. See Driving for Work Policy (PP 318) for further information and the staff sign off declaration.

4.31 Security Awareness

Effective security arrangements at The Trust are essential to ensure a safe environment is provided to patients, staff and others; and ensuring that the Trust's assets and buildings are properly safeguarded. The Security Policy and Procedure (PP050) details how security measures are implemented within the Trust.

Please note

The arrangements set out above may not be applicable in all locations used by the Trust. If this is the case staff should discuss with their line manager and refer to their local arrangements.

4.32 Management of Violence & Aggression

Everyone has a duty to behave in an acceptable and appropriate manner. Staff have a right to work, as patients have a right to be treated, in an environment that is safe and secure. The Trust has a statutory obligation to ensure (so far as is reasonably practicable), a safe and secure environment for its staff. Violent and abusive behaviour and criminal acts will not be tolerated. The risks of violence to staff must be assessed and where possible action will be taken, to protect staff, patients and others. The Management of Violence and Aggression Policy and Procedure (PP082) gives guidelines which detail the Trust's strategy in tackling violence and aggression against all staff.

Please note

The arrangements set out above may not be applicable in all locations used by the Trust. If this is the case staff should discuss with their line manager and refer to their local arrangements

4.32 Major incident / Majax

Every Acute Trust has to plan for its response to events which may jeopardise the delivery of its services. These can be summarised as events which prevent or limit the Trusts access to staff, equipment or the site. For further details of emergency planning please see policy and procedure Business Continuity (PP256).

Please note

The arrangements set out above may not be applicable in all locations used by the Trust. If this is the case staff should discuss with their line manager and refer to their local arrangements.

4.34 Protection of Young Persons

Under Health and Safety Law, every employer must ensure (so far as reasonably practicable), the health and safety of all their employees, irrespective of age. As part of this, there are certain considerations that need to be made for young people (persons under the age of 18). Under the Management of Health and Safety at Work Regulations 1999, the Trust will ensure that any young person employed by the Trust are protected at work from any risks to their health and safety, which are a consequence of their lack of experience, or absence of awareness of existing or potential risk or the fact that young persons have not yet fully matured.

A risk assessment must be carried out using the young person risk assessment template (appendix C) by the young person(s) line manager before work commences and with the young person. The risk assessment will take into account

the following aspect where the work is:

- Beyond their physical or psychological capacity
- Involves exposure to substances chronically harmful to human health, e.g. toxic, carcinogenic, skin or respiratory sensitising or have effects likely to be passed on genetically, or likely to harm the unborn child
- Involving harmful exposure to radiation
- Involving the risk of accidents which it may be reasonably assumed cannot be recognised or avoided by the young person owing to their insufficient attention to safety or lack of experience or training; or
- In which there is a risk to health from extreme cold or heat, noise or vibration

4.35 Temporary Workers

The Trust will provide any person employed through West Suffolk Professionals adequate information, instruction, training and supervision to enable them to carry out their role. Any person employed through West Suffolk Professionals must abide by the Trusts Policies and Procedures.

4.36 New or expectant mothers

There is a legal requirement under the Management of Health and Safety at Work Regulations 1999 to assess the risks specific to new and expectant mothers

The Trust will on written notification stating that the member of staff is pregnant conduct a risk assessment in accordance with the Maternity and Adoption Policy (PP169) to identify if the new or expectant mother, or her baby are at risk

from any processes, working conditions, physical, biological or chemical agents in the work place. This risk assessment once completed should be reviewed on a regular basis with the employee.

4.37 Environmental Assessments

The Trust recognise that some patients could be admitted who present a risk to themselves. The Trust undertake environmental assessments of inpatient areas, these are assessed by head of health safety and risk, estates, matron and ward manager for the area. These are reviewed annually. Each area has an environmental heat map which is clearly displayed for staff to be aware of the ligature risks in their areas. Mitigation is highlighted on the accompanying assessment. Line of sight beds must only be used, with individual patient risk assessment and management plans. Use of observations is also part of the management plan if required.

5. Grievance Procedure

All employees and in certain circumstances, former employees have the right to seek redress for grievances which are relevant to their employment with the West Suffolk NHS Foundation Trust. This right applies equally to all staff irrespective of their position in the organisation.

Where an employee has a complaint relating to the health and safety provisions the matter should, in the first place, be raised with their line manager and safety representative for the area concerned. If the matter remains unresolved, the employee should use the Trust's Respect for Others Policy (PP080).

6. Disciplinary Procedure

Where an employee contravenes the Health and Safety at Work etc. Act 1974 and other subsequent statutory regulations, or deliberately ignores safety procedures and processes determined by the Trust, he or she will be liable to full disciplinary proceedings in line with the Trust's Expected Standards Policy (PP053).

7. Monitoring Arrangements

Having drawn up a policy, stating the organisation structure and key arrangements for health and safety, it is essential to monitor the Trust's compliance to this policy and assess the health and safety performance of the Trust. The main role of the Health and Safety Committee is to monitor the Trust's health and safety performance and escalate issues of concern or interest. To do this, the Health and Safety Committee will require reports from named leads with the day to day responsibility for key arrangements for health and safety.

The following topics will determine key performance indicators which will enable the Trust to measure and monitor performance:

- Accident and occupational ill health data
- Risk Register performance
- Workplace inspections and associated action plans
- Audits of compliance with legal requirements and approved codes of practice relating to health and safety
- Health and Safety Link Person named for each area and actively undertaking the required duties
- Numbers of staff who have received health and safety training

The responsibility for monitoring performance and enabling improvements in the above mentioned areas lies with the Chief Executive, the Executive Lead for Health and Safety, the Corporate Risk Governance Group and the Health and Safety Committee. Clear lines of communication are in place to enable these responsibilities to be carried out (as detailed in section 3 of this policy).

8. Review

The Head of Health, Safety and Risk will review this policy every year or sooner if necessary because of changes to legislation or Trust undertakings.

Author(s):	Head of Health, Safety and Risk
Other contributors:	Trust Secretary and Head of Governance, Estates Manager, Nominated Person – Asbestos, Estates Labour Manager, Local Security Management Specialist, Imaging Services Manager, Trust Infection Control Lead, Occupational Health Manager and Compliance Manager. Head of Learning and Development
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Consultation:	Health and Safety Committee Members, Corporate Risk Governance Group and the Trust Board.
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File name:	S:\Governance\Risk Office\Policies and Procedures\Health, Safety and Welfare Policy 17
Supersedes:	PP(22)018
Equality Assessed	Yes

Implementation	See section 3
Monitoring: (give brief details how this will be done)	See page 20
Other relevant policies/documents & references:	See above
Additional Information:	

Health and Safety Training Requirements:

Subject	Staff Groups	Delivery	Frequency
Fire Safety	All	eLearning	Annually
Health & Safety	All	eLearning	2 Yearly
Major Incidents	All	eLearning	Once only
Security Awareness	All	eLearning	Once only
Slips, Trips & Falls	Clinical Staff only	eLearning	3 Yearly
Waste Management	Clinical Staff and Specific non-clinical Staff	eLearning (<i>note; is yet to be implemented on ESR</i>)	3 Yearly
Conflict Resolution	Frontline staff whose work brings them into direct contact with members of the public	Face to Face Refresher – Face to Face	3 Yearly
	Medical and other specific staff	eLearning	3 Yearly
Moving & Handling: Levels 1 & 2 Packages x 4	Level 1 – all staff, including unpaid/voluntary	eLearning	3 Yearly
		Face to Face (<i>non-clinical load handler</i>)	2 Yearly
	Level 2 – Staff Groups involved in patient handling activities inc unpaid/voluntary	Face to Face (<i>Clinical</i>) Face to Face (<i>Clinical Level 2</i>)	Annually 2 Yearly
Infection Control Levels 1 & 2 (<i>includes Blood Borne Viruses</i>)	Level 1 – All Staff	eLearning	3 Yearly
	Level 2 – All healthcare Staff involved in direct patient care or services	eLearning	1 Yearly
RSPH Level 2 award in Health and Safety for Health and Safety Link Persons	Upon becoming a Health & Safety Link Person with refresher training required every 2 years or earlier if policies / procedures change	Face to face	
COSHH Link Persons Training	Upon becoming a COSHH Link Person with refresher training required every 2 years or earlier if policies and procedures change.	Face to face	

YOUNG PERSONS RISK ASSESSMENT

The purpose of the Young Person's Risk Assessment is to ensure that any young person under the age of 18 employed by the Trust is protected at work from risks to their health or safety which are a consequence of their lack of experience, absence of awareness of existing or potential risks or the fact the young person may have not yet fully matured. This will also ensure Managers comply with Regulation 19 of the Management of Health & Safety at Work Regulations 1999.

Measures to manage risks may not be beyond those that are already in place. However, there may be instances where additional measures specific to young persons are necessary, e.g. enhanced supervision.

In determining whether the work will involve harm or risks then an individual risk assessment must be completed by the relevant manager and documented using the attached form, before making any offer of employment. The risk assessment is used to determine if any risks remain, taking into account control measures currently in place.

- the fitting-out and layout of the workplace and the particular site where they will work;
- the nature of any physical, biological and chemical agents they will be exposed to, for how long and to what extent;
- what types of work equipment will be used and how this will be handled;
- how the work and processes involved are organised;
- level of health and safety training given to young people
- Risks from the particular agents, processes and work.

When control measures have been taken against these risks and if a significant risk still remains, young people can do this work under very special circumstances, which are:

- The work is necessary for their training;
- The work is properly supervised by a competent person; and
- The risks have been reduced to the lowest level, so far as is reasonably practicable.

As with any risk assessment, this must be revised periodically or where circumstances may mean it is no longer valid (e.g. nature of work changes, incident occurs).

Definition of Type of risks:		
<p>Physical- <i>You should: Take account of the physique and experience of the young person e.g. manual handling tasks</i></p>	<p>Harmful / biological agents- <i>You should: Consider the type of chemicals, biological agents being used and the potential exposure to the young person e.g. cleaning tasks</i></p>	<p>Cold, heat, noise, vibration <i>You should: consider the nature of the job and whether exposure to extreme, cold, heat etc is likely, and what your current control measures are e.g. working in a walk-in freezer</i></p>
<p>Psychological- <i>You should: Focus on critical tasks which rely on skill, experience and an understanding of the task requirements. i.e. using machinery designed for adults, care of acutely sick patients</i></p>	<p>Radiation- <i>You should: consider if exposure is likely and what your current control measures are to protect young workers e.g. working in Radiology</i></p>	

RECOMMENDED FURTHER CONTROL MEASURES ARE PROVIDED:
Where the risk assessment indicates that this is necessary to remove or significantly reduce the risk of harm to the young person.

- | | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

Signature of Manager

Name of Manager

Date

Signature of employee