# Health and Safety Policy

<table>
<thead>
<tr>
<th>Version:</th>
<th>8.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorisation Committee:</td>
<td>Corporate Health &amp; Safety Committee</td>
</tr>
<tr>
<td>Date of Authorisation:</td>
<td>March 2015</td>
</tr>
<tr>
<td>Ratification Committee: Category 1</td>
<td>Policy Ratification and Monitoring Group</td>
</tr>
<tr>
<td>Date of Ratification</td>
<td>22nd April 2015</td>
</tr>
<tr>
<td>Signature of ratifying Committee Group/Chair</td>
<td>John Pappachan – Chair PRAM</td>
</tr>
<tr>
<td>Lead Job Title of originator/author:</td>
<td>Trust Health &amp; Safety Manager</td>
</tr>
<tr>
<td>Name of responsible committee/individual</td>
<td>Corporate Health &amp; Safety Committee</td>
</tr>
<tr>
<td>Date issued:</td>
<td>22 April 2015</td>
</tr>
<tr>
<td>Review date:</td>
<td>22 April 2018</td>
</tr>
<tr>
<td>Target audience:</td>
<td>All Trust Staff</td>
</tr>
<tr>
<td>Key words</td>
<td>Health, Safety, RIDDOR, COSHH, HSE, Health and Safety, risk, hazard, accident</td>
</tr>
<tr>
<td>Main areas affected</td>
<td>Whole Organisation</td>
</tr>
<tr>
<td>Consultation:</td>
<td>Corporate Health and Safety Committee, Governance Manager Divisional Governance Managers</td>
</tr>
<tr>
<td>Changes to Policy:</td>
<td></td>
</tr>
<tr>
<td>Change of signatory to ‘Statement of Intent’ Page 5</td>
<td>February 2014</td>
</tr>
<tr>
<td>Inclusion of guidance on Trust recovery of costs incurred from Fees for Intervention by the Health and Safety Executive-Page 3</td>
<td>March 2015</td>
</tr>
<tr>
<td>Included as an Appendix the Trust recovery of cost incurred from Fees for Intervention by the Health and Safety Executive-Page 27</td>
<td>March 2015</td>
</tr>
<tr>
<td>New diagram to reflect changes in HSG 65: Managing for Health and Safety (Third Edition) Page 5</td>
<td></td>
</tr>
<tr>
<td>Equality Impact Assessments completed and policy promotes Equity</td>
<td>01-08-2013</td>
</tr>
<tr>
<td>Number of pages:</td>
<td>31</td>
</tr>
</tbody>
</table>

The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This Health and Safety Policy has therefore been equality impact assessed by the Quality Governance Steering Group to ensure fairness and consistency for all those covered by it, regardless of their individual differences.
# Contents

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary and Policy Statement of Intent</td>
<td>3</td>
</tr>
<tr>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>Scope</td>
<td>6</td>
</tr>
<tr>
<td>Aims and Objectives</td>
<td>6</td>
</tr>
<tr>
<td>Intended outcomes</td>
<td>6</td>
</tr>
<tr>
<td>Definitions</td>
<td>7</td>
</tr>
<tr>
<td>Related Trust Policies</td>
<td>7</td>
</tr>
<tr>
<td>Roles and Responsibilities or Duties</td>
<td>8</td>
</tr>
<tr>
<td>Communication and Dissemination Plan</td>
<td>18</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>18</td>
</tr>
<tr>
<td>Process for Monitoring Compliance/Effectiveness</td>
<td>19</td>
</tr>
<tr>
<td>Arrangements for review of the policy</td>
<td>19</td>
</tr>
<tr>
<td>References</td>
<td>20</td>
</tr>
</tbody>
</table>

## Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Recognised Trade Unions and Staff Organisations for the Trust</td>
<td>20</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Generic Health and Safety Risk Assessment Form</td>
<td>21</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Risk Grading Matrix</td>
<td>23</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Guidance on Trust Recovery of cost incurred by Non compliance and Fees for Intervention by Health and Safety Executive</td>
<td>27</td>
</tr>
</tbody>
</table>
Executive Summary

The Health and Safety at Work etc. Act 1974 places the duty on an employer to ensure, so far as is reasonably practicable, the health, safety and welfare of all employees and others who may be affected by its acts or omissions. This includes the provision and maintenance of safe plant, machinery, equipment and safe systems of work. Although the ultimate responsibility for compliance with the Act rests with employers, every employee also has a responsibility to ensure that no one is harmed as a result of their acts or omissions during the course of their work.

It shall be the duty of every employer to ensure, so far as reasonably practicable, the health, safety and welfare at work of all his employees (Section 2 HASAWA)

It shall be the duty of every employer to conduct his undertaking in such a way as to ensure, so far as reasonably practicable, that persons not his employment who may be affected thereby are not thereby exposed to risks to their health or safety (Section 3 HASAWA)

Compliance with the Health and Safety at Work Act is a legal requirement. As such, an offence, committed under the Act would constitute a criminal offence and could lead to prosecution, resulting in a fine and/or a term of imprisonment.

New legislation means that if the Trust commits an offence which is a material breach in the opinion of the Health & Safety Executive (HSE) inspector, or there is or has been a contravention of health and safety law that requires them to issue notice in writing of that opinion to the duty holder.

HSE inspectors may issue an improvement or prohibition notice, or a prosecution and must include the following information:

- the law that the inspector’s opinion relates to;
- the reasons for their opinion; and
- notifications that a fee is payable to HSE.

If they see material breaches of the law, the trust will have to pay a fee. The fee is based on the amount of time that the inspector has had to spend identifying the breach, helping you to put it right, investigating and taking enforcement action. Guidance on Trust Recovery of cost incurred by Non compliance and Fees for Intervention by Health and Safety Executive: reference Appendix D

In addition to the Health and Safety at Work Act 1974, others apply such as Regulations, Approved Codes of Practice, Guidance Notes and Directives. The Trust uses the Health & Safety Executive (HSE) model HSG 65 (see page 4) as a method of ensuring that the work of the Trust is conducted in as safe a manner as is reasonably practicable.
HSG 65: Managing for Health and Safety (Third Edition)

(HSG65) is a practical guide for directors, managers, health and safety professionals and employee representatives.
Health & Safety Policy Statement of Intent

The University Hospital Southampton (UHS) Board of Directors and I are totally committed to ensuring the health, safety & wellbeing of all staff, patients, contractors and members of the public who are in any way affected by the undertaking of UHS’s activities.

We will ensure the provision of appropriate resources, including staff, finance and equipment in a timely manner so as to conduct our activities in accordance with all statutory and regulatory requirements, seeking to exceed such requirements wherever reasonably practicable.

We will develop and implement a range of policies and procedures in support of this statement and will ensure their effective communication to all staff and contractors.

We will seek to embrace best practice from the wider healthcare community and will proactively seek out innovative and dynamic initiatives that will assist UHS in achieving the highest levels of safety performance and delivering the highest standards of clinical care, reviewing and amending our policies and procedures on a continuous basis.

It will not be acceptable for any hazard, risk or safety incident to be ignored by any member of staff, or contractor, and we will ensure that systems and processes exist to identify and mitigate risk as well as for reporting, investigating and learning from incidents when they do occur.

In delivering these aims, the Board expects and requires all staff and contractors to conduct themselves in a safe manner at all times and to engage with the Board in any and all safety initiatives that it identifies and implements in order to deliver continual safety improvement.

Fiona Dalton
Chief Executive
University Hospital Southampton NHS Foundation Trust
1 Introduction

This policy sets out the principles and arrangements by which University Hospital Southampton (UHS) Foundation Trust base both their commitment to Health and Safety and their compliance with legislation. The policy forms part of the UHS’s overall approach to staff and patient safety as set out in the Patient Safety Strategy.

1.1 Scope

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

1.2 Aims and Objectives

The aims of this policy are to:

- Outline the requirements of Health & Safety Regulations, Health & Safety Guidance and Approved Codes of Practise that apply to the Trust.
- To inform managers and staff as to their roles and responsibilities with respect to these.
- To demonstrate the Trust’s commitment to reducing accidents and incidents causing ill-health as well as other environmental hazards and risks in the workplace
- To set out the organisation’s arrangements for Health and Safety in accordance with HSG 65
- To set out the organisation’s training requirements for Health & Safety

Objectives

The objectives of this policy are to:

- Ensure that the Trust has a proactive management system in place to enable it to comply with all relevant statutory health and safety legislation.

1.3 Intended outcomes

- To prevent foreseeable accidents or incidents so far as is reasonably practicable by undertaking suitable and sufficient risk assessments
- Demonstrate how UHS complies with its Statutory Health and Safety compliance against Legislation, Regulations, Approved Code of Practice (ACOPs), best practice, etc
- Prevent reoccurrence of adverse events as far as is reasonably practicable
- Compliance with relevant NHS Litigation Authority standards, Care Quality Commission (CQC) Essential Standards of Quality and Safety and other Department of Health (DoH) requirements such as Health Technical Memorandum (HTM) or Health Building Note (HBN) where practicable.
- Ensure that contractors recognise their duty of care to the Trust and their employees and will be bound by their terms of contract to comply with The Health and Safety at Work Act, subordinate regulations and the Trust ‘Client Requirements for Contractors’
1.4 Definitions

- **Reasonably Practicable**: means that you have to take action to control the health and safety risks in your workplace except where the cost (in terms of time and effort as well as money) of doing so is "grossly disproportionate" to the reduction in the risk.
- **Competency**: knowledge, skills, qualifications, training, experience or ability to undertake a particular job, the term ‘competent person’ also refers to the roles and responsibilities of those managing health & safety matters.
- **Employee**: means any member of staff who holds a contract of employment directly with the Trust.
- **Contractors**: persons or agencies engaged by the Trust to provide a specific service. This includes bank staff, agency staff, staff employed by other Trusts, organisations and agencies occupying Trust premises.
- **Hazard**: a hazard is anything with the potential to cause harm e.g. chemicals, electricity, working at height, noise etc.
- **Risk**: the likelihood that the hazard will actually cause harm, injury or damage; it also considers the consequences, extent and outcome of a hazardous event occurring.
- **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 eighteen years of age (young people). The law on working time defines a young worker as being below 18 years of age and above the Minimum School Leaving Age.
- **Approved Code of Practice (ACOPs)**: Approved Codes of Practice give practical guidance on compliance.

1.5 Related Trust Policies

- Patient Safety Strategy
- Risk Management Policy and Procedures
- Incident Reporting, Analysis, Investigation and Management Policy
- Fire Safety Management Policy
- Moving and Handling of Loads Policy
- Health and Safety Audit Policy
- Display Screen Equipment Policy
- Control of Substances Hazardous to Health (COSHH) Policy
- Security Policy
- Sharps Safety Policy
- Lone Worker Policy
- Falls Policy
- Management of Non patient Slips, Trips and Falls Policy
- Waste Management Policy
- Non Ionising Radiation-Safe Use of Policy
- Ionising Radiation-Safe Use of Policy
- All Occupational Health policies relating to Health and Safety
- All other Estates policies and procedures relating to Health and Safety
- Whistle Blowing Policy
2 Roles and Responsibilities

2.1 Chief Executive

The Chief Executive (CEO) has overall responsibility to provide a safe environment throughout the Trust, ensuring compliance with the requirements of The Health and Safety at Work etc, Act 1974, all subordinate Health and Safety Regulations, ACOPs & Guidance, the requirements of this policy and any subsequent amendments to these.

The CEO has overall accountability for the safety of any member of staff, patient, visitor, contractor, and others, whilst they are on those Trust premises under his control. The CEO is also responsible for the health and safety of other stakeholders and neighbours who may be affected by the work and undertakings of the Trust. The CEO has overall responsibility to make arrangements to ensure:

- That the requirements of the Trust's Health and Safety Policy are organised, planned and implemented
- That the Trust Board is informed of relevant health and safety matters affecting the Trust, its employees, contractors, patients, neighbours, other stakeholders and the wider public
- That suitable and sufficient resources and support are provided for the training and development of Trust staff in all relevant health and safety matters
- That monitoring, measuring, reviewing and auditing of the Trust’s health and safety performance is undertaken
- That the Trust's Health and Safety plans and performance are discussed at Board level and are included within the Trust's Annual Report

2.2 Director of Nursing and Organisational Development

- The Director of Nursing and Organisational Development, in liaison with the Medical Director, has delegated executive responsibility for health and safety in particular for:
  
  - Informing the Board on all relevant health & safety management issues, including alerting the Board to the requirements of this policy and any actual or potential breaches of Health and Safety Legislation
  - Ensuring, through the Quality Governance Committee structure, that relevant persons are consulted with and informed of any changes that may substantially affect their health and safety e.g. in procedures, equipment or ways of working
  - Ensuring clear lines of accountability throughout the organisation for the management of health and safety and that all staff groups are represented in the Quality Governance Committee structure
  - Ensuring that staff are provided with information on the likely risks and dangers arising from Trust work and activity, introduce measures to reduce or get rid of those risks and inform staff as to what they need to do if they have to deal with a risk or danger
  - Putting arrangements in place to get competent people to help them satisfy health and safety legislative requirements
  - Ensuring co-ordination and co-operation on health and safety matters between the Trust, its neighbours, contractors and any other relevant stakeholder
  - Ensuring that suitable plans are in place to manage health and safety
  - Ensuring that adverse health and safety consequences of introducing new technology, equipment or procedures and ways of working are mitigated so far as is reasonably practicable
2.3 Executive Directors

All Executive and Non Executive Directors have corporate responsibility to provide a safe working environment and shall ensure adequate arrangements and resources are provided to implement the requirements of this policy, all relevant Safety Regulations and any associated procedures and safe systems of work; and apply this within their respective areas of responsibility.

They ensure that health and safety arrangements are adequately resourced and that they obtain competent advice and that they review reports, performance and action plans to ensure compliance.

They recognise that it is a criminal offence for a company to fail in any of the duties imposed by the Act, and an accident may give rise to civil liability as well. Directors can be prosecuted for the criminal offence as well as the organisation.

2.4 Director of Quality

- Is the operational lead for health and safety, reporting to the Director of Nursing and Organisational Development
- Deputise and carry out the duties of the Director of Nursing and Organisational Development in their absence

2.5 Divisional Clinical Directors / Divisional Directors of Operations / Divisional Heads of Nursing / Heads of Departments / Senior Managers/ Managers / Supervisors

The following is not an exhaustive list but in general terms, managers at all levels must ensure:

- That they have or undertake to obtain such information, instruction and training to enable them to lead on matters of health and safety commensurate with their respective role or position
- That all risk assessments are carried out and documented by persons (if not themselves) competent to undertake such assessments following Trust policy
- That risk assessments are systematically reviewed and where necessary ensure that suitable protocols, plans and procedures are further updated or developed to provide adequate controls and safety precautions
- That they support local managers and work with lead risk assessors, staff and staff representatives to provide suitable and sufficient equipment which is serviced and maintained and put systems and procedures in place to control and safely manage any identified risks
- That they and local managers discuss and disseminate Trust safety policies and implement the requirements of those respective policies to ensure a cooperation and communication
- That they make adequate funding available to provide any necessary equipment, procedures and ongoing training and supervision to meet the requirements of the Health and Safety Policy and/or where a risk assessment has identified such control measures as being necessary
- That health and safety performance standards and objectives are set for their managers and those under their supervision
- That they manage the timely reporting of accidents and incidents in accordance with the Incident Reporting, Analysis, Investigation and Management Policy
- That investigations are undertaken, the Incident Reporting Procedure is followed and that the Significant Incident Requiring Investigation (SIRI) and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) procedures are followed, where necessary
- That they intervene to prevent poor Health and Safety practice or procedures, as needs be
- That they ensure any member of staff who ignores or deliberately fails to discharge their responsibilities for health and safety has been reprimanded or disciplined as per the Trust Disciplinary procedure
That they provide safe access and egress to Trust buildings, wards, departments and areas they are responsible for and provide safe means of transport and methods of movement of patients and staff; particularly when evacuation is required.

That they ensure the managers, supervisors and staff under their control or responsibility attend the appropriate training and health surveillance, including induction training, local induction and familiarisation, mandatory and statutory training; health surveillance for dermatitis, latex allergy, upper limb disorder, stress or occupational asthma, and any other training or health surveillance that is deemed necessary.

That they maintain a system of regular inspections and audits to determine the degree of compliance with both Trust and local policies & procedures and take appropriate remedial action to address any areas of non-compliance.

That they ensure that all staff, including bank, agency staff, students, persons gaining work experience, temporary, young or inexperienced workers, disabled staff, pregnant and nursing mothers, lone workers, contractors and others under their control or supervision are afforded the same level of protection as any other Trust member of staff.

That health and safety matters are discussed and incorporated as necessary into staff’s job descriptions, appraisals, team meetings and escalated through the local Governance Committee structure.

2.6 Director of Estates & Capital Development

The Director of Estates and Capital Development is responsible for ensuring that the H&S Policy is implemented throughout the Estates and Capital Development (E&CD) department, together with its monitoring and updating. The Director of E&CD will be assisted in this by the members of the Estates Management Team, namely: the Head of Engineering Services; the Head of Estate Projects; the Head of Performance & Compliance; the Principal Engineer, and Building Maintenance Managers; and Principle Infrastructure Engineer.

The Director of E&CD is also responsible for ensuring that the H&S Policy is applied to all work undertaken by design consultants, cost advisers, contractors and subcontractors and suppliers, as is appropriate.

2.7 Health & Safety Manager

Ensures that the Trust has a robust Health & Safety Policy outlining the commitment of the CEO and the Trust Board, to ensuring the Health & Safety of all persons who either work for, or come into contact with, the Trust’s estates and activities.

To liaise effectively with the Health & Safety Executive (HSE), and other safety related external agencies, on behalf of the Trust.

To regularly monitor and review all existing Trust wide policies relating to H&S and ensure that all H&S policies are readily available to all staff, that changes are effectively communicated and that they are robustly implemented.

Develop H&S training and ensure implementation strategies facilitate compliance and contribute to the Trust broader Education Strategy.

Analyse H&S related Trust wide adverse H&S events, ensuring appropriate investigation, production of detailed reports, and reporting as appropriate. To analyse health & safety data contained on the system, producing reports as necessary for relevant groups, identifying trends and recommending consequential change/s as required.

Produce an Annual Health & Safety Report for the Board setting out the achievements and shortcomings of the previous 12 months and making recommendations to bring about future improvements.
- To manage and provide leadership for the Trust Manual Handling Advisor and the Health and Safety Advisor.
- Chair the Corporate Health & Safety Committee
- Provide Health and Safety Reports to the Trust Board as required
- Act as the nominated ‘competent person’ for the Trust as required in Regulation 7 of the Management of Health and Safety at Work Regulations 1999.

2.8 Health & Safety Advisor

- Will assist in the development, production and delivery of strategies that procures Trust wide compliance regarding health & safety, with statutory national and local regulations, Department of Health Directives and Trust Policies.
- Will prepare and deliver as required senior management reports to various forums where health & safety is discussed.
- Working with the colleagues from the health & safety team to put in place an effective system in order to audit divisional compliance with the Trust Health & Safety strategies, producing reports for that identify both compliant and non-compliant areas.
- Will coordinate visits, inspections by the Health & Safety Executive and the provision of such documents that may be requested by an inspector regarding the Trusts statutory duty.
- Will provide expert advice and guidance on health and safety policy, guidance and assessment.
- Work with colleagues in identification of appropriate health & safety training, strategies and contribute to the Trust health & safety education strategy.
- Will chair the Divisional Health & Safety Leads meetings.

2.9 Trust Moving & Handling Advisor

- Acts as the principle advisor for all Trust moving and handling activities by providing moving and handling information, expertise and advice within the Trust on the suitability of moving and handling aids and appropriate training for both staff and patients in order to ensure Trust wide compliance with statutory national and local moving and handling regulations.
- Undertakes moving and handling audits across the Trust alongside the Trust Health and Safety Team in order to put in place an effective system to audit compliance with the Trust moving and handling strategies. To provide a detailed report of any findings to Senior Managers informing of appropriate actions.
- Supports Nominated Moving and Handling Leads in providing moving and handling information, expertise and advice to their areas by chairing bi-monthly meetings in order to promote and adapt safer moving and handling practice in areas where moving and handling is challenging.

2.10 Radiation Protection Adviser

The Radiation Protection Adviser is a suitably qualified and competent person appointed under the Ionising Radiations Regulations 1999, and is responsible for:

- Providing advice and guidance in the safe management and use of radionuclide and radiation generating equipment and the safe storage and disposal of any contaminated waste.
• Advising the Trust regarding arrangements to undertake and document risk assessments, procedures and systems of work relating to radiation generating equipment and the use of radioactive materials
• Providing reports for committees and advising on the updating of relevant Trust Policies
• Advising on the investigation of incidents involving ionising radiation and on planning for major incidents involving radioactive material

2.11 Laser Protection Adviser

The Laser Protection Adviser must be a suitably qualified, competent person appointed according to the Guidance on the Safe Use of Lasers, Intense Light Source Systems and Light Emitting Diodes (LED’s) in Medical, Surgical, Dental and Aesthetic Practices (MHRA 2008) and is responsible for:

• Providing advice and guidance in the safe management and use of lasers and associated equipment
• Advising the Trust regarding arrangements to undertake and document risk assessments relating to lasers
• Providing reports for committees and updating relevant Trust Policies

2.12 Fire Safety Advisor

The Fire Safety Adviser (FSA) is responsible for ensuring the development and implementation of the Fire Safety Management Policy ensuring that safe systems and processes are in place for the continuous effective management of fire safety risks as required by statutory, national, local regulations, department of health directives and related trust policies.

The FSA will work with the Fire Manager to put in place an effective system in order to audit divisional compliance with the Trust Fire Management Policy and to analyse fire related Trust wide adverse events producing reports as necessary for relevant groups, identifying trends and implementing change as required.

2.13 Occupational Health

The Occupational Health Service are responsible for the assessment and enhancement of fitness for work, for advising about control of health risks in the workplace, and for leading staff health and wellbeing, specifically by providing:

• pre-placement screening
• immunisations against infectious diseases
• management of sharps and contamination incidents
• health surveillance
• staff support and counselling
• advice about adjustments to work on health grounds
• rehabilitation back to work after illness
• special advice to managers on generic risk assessments
• advice to managers on individual risk assessments (taking account of individual susceptibility due to pregnancy or health problems)
• health promotion and wellbeing advice
• regular feedback to Trust Board on work-related ill health

Issued: Disclaimer: It is your responsibility to check against Staffnet that this printout is the most recent issue of this document.
The Occupational Health service is impartial and confidential, aiming to give objective advice to both employees and managers. Employees’ OH records are held securely and are not accessible to anyone outside the OH service. Information about individuals will not be passed to anyone without that individual’s consent.

2.14 HR Department

The Director of Human Resources has delegated responsibility for ensuring a robust strategic approach is adopted addressing issues of employee’s health, safety and wellbeing.

This includes:

- The development and implementation of a series of Human Resource policies which are compliant with health and safety legislation and which reflect the support mechanisms in place to assist and support employees health, safety and well-being.
- The commissioning and development of appropriate staff support services.

Divisional HR Business Teams are responsible for providing awareness sessions for staff and coaching for managers on the implementation of policies and HR best practice.

2.15 Security Manager

The Security Manager for the Trust is the appointed Local Security Management Specialist (LSMS) and will undertake the duties of an LSMS in accordance with Secretary of State Directions to health bodies on measures to tackle violence and general security management measures, and any subsequent advice or guidance issued by the NHS SMS. This includes:

- To ensure that all NHS security management work is carried out within a professional and ethical framework developed and provided by the NHS Security Management Specialist (SMS).
- To ensure that an inclusive approach to security management work is taken, involving both internal and external NHS stakeholders where appropriate and necessary.
- To report to the health body’s Security Management Director (Director of Operations) on security management work locally
  - To lead on day-to-day work in their health body to tackle violence against staff and professionals in accordance with the NHS SMS national framework and guidance.
  - Ensure appropriate steps are taken to create a pro-security culture within the health body and amongst contractors so that staff and patients accept responsibility for this issue and ensure that any security incidents or breaches that occur are detected and reported
  - Attend the health body’s risk management, health and safety and audit committee meetings and ensure appropriate links are made with the health body’s risk assessment process, including the health body’s health and safety representatives, so that security-related issues are an integral part of that process
  - Participate in the health body’s induction programme for new staff and develop and deliver security awareness sessions for stakeholders
  - Ensure lessons learnt from security incidents and breaches are fed into risk analysis, both locally and nationally, so that appropriate preventative measures can be developed
Ensure security incidents are reported using the NHS SMS reporting system, ensuring that investigations take place where appropriate, risks are assessed and preventative measures are developed (this will include participation in local and national risk identification projects).

Ensure security incidents and breaches are investigated in a fair, objective and professional manner so that the appropriate sanctions are applied and measures put in place to prevent recurrence.

Ensure consideration is given to cases not progressed by the police or CPS and, where appropriate, work is undertaken with the NHS SMS Legal Protection Unit and the health body, and redress is sought where appropriate.

2.16 Infection Prevention Team

The Infection Prevention Team are responsible for providing the Trust with advice and guidance on infection prevention and control matters, for supporting staff in the implementation of infection prevention policies, and assisting with risk assessment where complex decisions are required. The Infection Prevention Team are also responsible for reporting, as remit of safety work stream, to the Trust Safety Steering Group and reporting related health and safety issues i.e. decontamination, to the Corporate Health & Safety Committee (CHSC).

2.17 Litigation and Insurance Services Department

The Litigation and Insurance Services Department is responsible for:

- Managing a defined caseload of clinical negligence and personal injury claims ethically and cost effectively on behalf of the Trust. This should be in accordance with Trust policy and procedures, based on NHSLA and NHS Executive (NHSE) guidelines. Ensuring the Trust complies with its statutory legal responsibilities in relation to the management of all claims.
- In accordance with the Pre-Action Protocol and Civil Procedure Rules undertake all pre-action investigations; communicate with clinical and non-clinical staff to obtain evidence in the form of statements, internal expert medical and non-medical opinion and documentation in the context of allegations of negligence or breach of statutory duty, consider the complexities of each case and perform a preliminary analysis of each individual claim to form a reasoned opinion on liability and quantum on the basis of evidence obtained.
- In respect of the National Health Service Litigation Authority (NHSLA), Clinical Negligence Scheme for Trusts (CNST), Liabilities to Third Parties Scheme (LTTPS) and Properties Expenses Scheme (PES), liaise and negotiate with insurers and external solicitors (both claimant and Trust) on claims covered under the various NHSLA compensation schemes.
- Provide regular reports via the Health & Safety Report reporting on a quarterly basis identifying newly reported claims and reporting on lessons learned and actions taken.
- Attend Trust committees as required and to provide ad hoc general healthcare advice.
- Ensure that the Trust's insurance provision is both adequate and maintained on annual basis.
2.18 National Institute for Health Research (NIHR)

Wellcome Trust Clinical Research Facility (WTCRF) is responsible for:
- Ensuring that all research studies, including clinical and non-clinical interventions conducted within its facilities/ in the community by staff/visiting researchers are following Trust policies. The facilities include clinical, non-clinical and research laboratory areas.
- Reporting health & safety concerns rising from the management of research that are serious and impact on business to the Research & Development (R&D).
- Directly reporting to the Trust’s relevant governance meeting/s as required by those meetings (currently quarterly audits).
- Keeping and maintaining the WTCRF risk register and reporting directly to the Trust.

Biomedical Research Units (BRU) is responsible for:
- Ensuring that all research studies, including clinical and non-clinical interventions conducted within its facilities/ in the community by staff/visiting researchers are following Trust policies. The facilities include clinical, non-clinical and research laboratory areas.
- Reporting health & safety concerns rising from the management of research that are serious and impact on business to the R&D Department.
- Directly reporting to the Trust’s relevant governance meeting/s as required by those meetings (currently quarterly audits).
- Keeping and maintaining the BRU risk register and reporting directly to the Trust.

2.19 Employees

All employees have a responsibility to:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do or do not do
- Co-operate with the Trust on Health and Safety issues
- Not interfere with or misuse anything provided for their or other’s health, safety or welfare
- Use any equipment, Personnel Protection Equipment (PPE), and procedures provided by the Trust, take reasonable care of it and to report any accidents, defects, damage, unsafe acts or conditions, near misses, or loss as soon as reasonably possible.
- Be aware that wilfully or intentionally interfering with or misusing equipment, procedures or safe systems of work will be subject to disciplinary action (See Trust Policy on Disciplinary procedures)
- Read and understand the requirements of the Trust’s health and safety policies, other relevant safety procedures, risk assessments, local rules etc, and carry out work in accordance with these requirements
- Ensure they report immediately any ill health, stress or other medical condition which may be work related or affect their ability to work safely
- Ensure they attend any Health and Safety induction or training courses provided for them.

2.20 Trade Union and Staff-side Representatives

Trade Union and Staff-side Health and Safety Representatives have the following responsibilities:

- To represent Trust employees in consultation and co-operation with managers with a view to developing measures to ensure the health and safety at work of employees
- To highlight potential hazards, risks and dangerous occurrences in the workplace (whether or not they are drawn to their attention by employees they represent) and to be proactive by assisting in preventing accidents and adverse incidents in the workplace
- To investigate complaints by any employee whom they represent relating to that employee’s health, safety or welfare at work
- To make representations to Trust management on any matter affecting the health and safety of employees in the workplace
- To assist in Health and Safety audits when requested
- To attend and contribute towards Health and Safety Committee meetings

Recognised Trade Unions and Staff Organisations for the Trust are listed in Appendix A. It is the responsibility of each of the accredited Trades Unions and the Joint Staff Committee to inform the Corporate Health & Safety Committee, in writing, of their current health and safety representatives and any subsequent changes to this.

2.21 All Contractors employed by the Trust

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

Contractors and sub-contractors must fully co-operate with the guidance set out in the document ‘Client Requirements for Contractors’ part of the contract documents issued prior to the commencement of any works.

They must ensure that:

- They and other self-employed persons (engaged on Trust business) assess and document the risks of their work and undertakings and make provision to protect themselves and others in respect of their own work activities.
- That they are competent and authorised to carry out the required work and they have the supporting documentation to evidence this through risk assessments, safety plans and/or method statements, permits to work, etc
- That all their employees (& sub-contractors) are appropriately informed, instructed and trained in health, safety and welfare related matters pertaining to their own and Trust work activities
- That reasonable steps are taken to ensure co-operation and communication between all contractors and Trust staff and other relevant persons
- That they report significant accidents and incidents to the Trust when undertaking their work and incidents that fall within Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)1995 which occur as a result of the contractor’s undertakings
- That they provide safe access to and from their workplace for their own staff and all others affected by their undertakings and put in place provisions to deal with a fire and do nothing to compromise the fire systems and procedures already in place within the Trust

2.22 Volunteers and Charitable organisations

Even though charity and voluntary workers generously give their time, work and expertise to the Trust, these people are regarded as honorary employees in the eyes of the law and as such are bound by the same health and safety conditions as all other Trust staff. Charity or voluntary workers or any Trust manager or representative responsible for them must ensure that:

- Risk assessments of their activities are undertaken and the identified risks are managed
2.23 Health & Safety Management Framework

- **Quality Governance Steering Group**
  The delegated committee for overseeing the compliance with this Policy and the operation of the Corporate Health and Safety Committee is the Quality Governance Steering Group which is accountable to the Trust Executive Committee and the Trust Board.

- **Corporate Health and Safety Committee**
  In accordance with the Health and Safety at Work Act 1974, the Safety Representatives and Safety Committees Regulations 1977 and at the request of staff representatives, the Trust has a Corporate Health and Safety Committee which acts in accordance with the Approved Code of Practice as per the requirements of these Regulations.

The Corporate Health and Safety Committee sits within the Trust’s Quality Governance & Risk Committee structure and is a key part of the arrangements for managing health and safety issues in the Trust. The details of the functions and Terms of Reference of the Committee and the means of making contact with its members can be found on the Staffnet [http://staffnet/WorkingHere/Staffhealthandsafety/Healthandsafetycommittees/CorporateHealthandSafetyCommittee/CorporateHealthandSafetyCommittee.aspx](http://staffnet/WorkingHere/Staffhealthandsafety/Healthandsafetycommittees/CorporateHealthandSafetyCommittee/CorporateHealthandSafetyCommittee.aspx)
3 Communication and Dissemination Plan

The Trust Health and Safety Policy will be displayed on the Staffnet.

The Trust Health and Safety Manager/Adviser will provide updated information to nominated care group leads at bi-monthly meetings.

The nominated care group leads will disseminate health and safety information through departmental co-ordinators as appropriate and ensure that this information is passed onto all staff.

Health and Safety is included in the Trust Corporate induction programme held monthly for all new staff.

Education and Support Plan

Details of training course dates and registration information, Statutory and Mandatory Training, Corporate Induction and refresher training are advertised on Staffnet on the Training Website and details of training requirements are outlined in the Training Needs Analysis.

Specific training including local induction related to the particular work activity must be provided by managers. Where the use of specialist equipment or work practices is required, suitable training will be arranged by the relevant manager.

A range of Health and Safety training courses is provided for managers and staff by the Health & Safety Manager/Advisor/Moving & Handling Adviser. These include:

- H&S Lead coordinators
- H&S Risk Assessments
- Control of substance hazardous to health (COSHH)
- Moving and Handling clinical handling leads
- Moving and Handling load handling leads

4 Risk Assessment

The Management of Health and Safety at Work Regulations 1999 places an ‘absolute duty’ on employers to carry out risk assessments, which should be a record of:

- identified hazards arising from or in connection with the work;
- who will be affected by the hazards;
- the control measures in place or proposed control measures;
- evaluation of the risk
- review date

Health & Safety Risk assessments are required to be undertaken for tasks/ environments/ situations identified as presenting a significant risk of injury either to Trust staff, visitors or patients. Risk assessments should be completed using the Trust’s Generic Health & Safety Risk Assessment Form Appendix B and these should be monitored and reviewed in the following circumstances:

- whenever there is a significant change e.g. staff, environment or equipment;
- after an accident or ‘near miss’;
- after non compliance identified through audits and inspection programmes
- at least annually
Risks that cannot be managed and actioned locally should be escalated to the risk register following guidance contained in the Risk Management Policy and Procedures

Health & Safety Risks relating to the following hazards, COSHH, Visual Display Unit use, Moving and Handling of patients or equipment and Stress should be identified and recorded using the specialised risk assessment forms contained in the related Trust policies:

- Control of Substances Hazardous to Health (COSHH) Policy
- Display Screen Equipment Policy
- Moving and Handling of Loads Policy
- Stress Management Policy
- Glove Policy
- Latex Allergy and Dermatitis Policy

5 Process for Monitoring Compliance/Effectiveness

Compliance and effectiveness will be monitored through Divisional Health & Safety self audits utilising the Trust H&S audit tool which must be completed annually. For further guidance see the H&S page of the Staffnet [http://staffnet/WorkingHere/Staffhealthandsafety/Healthandsafetyaudits.aspx](http://staffnet/WorkingHere/Staffhealthandsafety/Healthandsafetyaudits.aspx)

<table>
<thead>
<tr>
<th>What aspects of compliance with the document will be monitored</th>
<th>What will be reviewed to evidence this</th>
<th>How and how often will this be done</th>
<th>Detail sample size (if applicable)</th>
<th>Who will co-ordinate and report findings (1)</th>
<th>Which group will receive findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion by wards and departments of the H&amp;S self audit tool</td>
<td>The completed audit tools and action plans/completed Health &amp; Safety Tour reports</td>
<td>Weekly via Health &amp; Safety Tours and on receipt completed Health &amp; Safety audit tools.</td>
<td>All Health and Safety audited areas in each quarter</td>
<td>Corporate Health and Safety team quarterly</td>
<td>The Corporate Health and Safety Committee</td>
</tr>
</tbody>
</table>

The Health and Safety manager will provide an annual report to the Trust Director with responsibility for Health and Safety for communication to the Trust Board.

6 Arrangements for review of the policy

This policy shall be valid until end of September 2016.

It shall also be reviewed and validated before the end of September 2016 if new evidence demonstrates need for a change to current practice.
7 References

- The Health and Safety at Work etc Act 1974
- The Health and Safety Executive (HSE) [http://www.hse.gov.uk/](http://www.hse.gov.uk/)
- Corporate Health and Safety Committee Terms of Reference
- Safety Representatives and Safety Committees Regulations 1977 (as amended) and Health and Safety (Consultation with Employees) Regulations 1996 (as amended)
Appendix A

The Trade Unions and Professional Organisations listed below are formally recognised by the Trust as being able to represent their members on individual issues, and for collective bargaining purposes:

Association of Clinical Biochemists                          ACB
British Association of Occupational Therapists              BAOT
British Dental Association                                  BDA
British Dietetic Association                                 B Diet A
British Medical Association                                 BMA
British Orthoptic Society                                   BOS
Chartered Society of Physiotherapy                          CSP
Federation of Clinical Scientists                            FCS
General and Municipal Boilermakers Union                    GMB
Royal College of Midwives                                    RCM
Royal College of Nursing                                     RCN
Society of Chiropodists and Podiatrists                       SOCP
Society of Radiographers                                     SoR
Union of Construction, Allied Trades and Technicians         UCATT
UNISON                                                        UNISON
UNITE THE UNION                                              UNITE
Appendix B - Generic Health & Safety Risk Assessment Form

<table>
<thead>
<tr>
<th>Risk Assessment (Subject):</th>
<th>Day/Night:</th>
<th>Assessor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Ward:</td>
<td>Date:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>

Hazards: (see section 1 on page 2)

People at Risk: (see section 2)

Existing Controls: (see section 3)

### Evaluation of Risk: (see section 4)

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Score</th>
<th>Likelihood</th>
<th>Value</th>
<th>Control Potential</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>1</td>
<td>Rare</td>
<td>1</td>
<td>Easy</td>
<td></td>
</tr>
<tr>
<td>Minor</td>
<td>2</td>
<td>Unlikely</td>
<td>2</td>
<td>Medium</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>3</td>
<td>Possible</td>
<td>3</td>
<td>Hard</td>
<td></td>
</tr>
<tr>
<td>Major</td>
<td>4</td>
<td>Likely</td>
<td>4</td>
<td>Very Hard</td>
<td></td>
</tr>
<tr>
<td>Catastrophic/death</td>
<td>5</td>
<td>Certain</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Consequence x Likelihood = risk rating score

### Actions Required: (see section 5)

To be actioned by: Assessment Review Date: (see section 6)

When completing this risk assessment please refer to the HSE Guidance ‘5 Steps to Risk Assessment’
[http://staffnet/Media/Workinghere/Healthandsafety/5stepstoriskassessment.pdf](http://staffnet/Media/Workinghere/Healthandsafety/5stepstoriskassessment.pdf)

For further advice please refer to the H&S Staffnet pages

Or contact the Trust Health & Safety Team on 8484
1. Hazard

Look only for hazards which you could reasonably expect to result in significant harm under the conditions in your workplace. Use these examples as a guide:

- Clinical Care
- Process/procedures
- Policy
- Slips, trips and falls
- Manual handling
- Fire (eg from flammable materials)
- Chemicals
- Moving parts of machinery
- Work at height
- Ejection of material
- Pressure systems
- Vehicles
- Electricity
- Dust
- Fumes
- Noise
- Poor Lighting
- Extremes of temperature;
- Environmental
- Exposure to infections (biological hazards)
- Violence/Aggression

2. People At Risk

There is no need to list individuals by name – just think about groups of people doing similar work or who may be affected, eg:

- Nurses
- Doctors
- Porters
- Office staff
- Maintenance personnel
- Contractors
- People sharing your workplace
- Operators
- Cleaners
- Members of the public including patients.

Where an individual is particularly vulnerable the generic risk assessment must be modified to give an individual assessment of risk. eg:

- Staff with disabilities or medical conditions
- Inexperienced staff
- Lone workers
- Night workers
- Pregnant workers

3. Existing Controls

For the hazards listed, what precautions already been taken:

- Meet the standards set by a legal requirement?
- Comply with a recognised industry standard?
- Represent good practice?
- Reduce risk as far as reasonably practicable?
- Adequate information, instruction or training?
- Adequate safe systems of work or procedures?

4. Evaluation of Risk Table:

The risk may be evaluated by using the equation

\[ \text{Consequence} \times \text{Likelihood} = \text{Risk} \]

This will produce a risk rating. Identify the ease within which any controls could be introduced.

5. Action Plan

Where the risk is not adequately controlled, indicate what more you need to do (the action list). Does the risk need to escalated to the Risk Register?

6. Review and Revision

Set a date for review of the assessment. On review check that the precautions for each hazard still adequately control the risk. If not indicate the action needed. Review will be required:

- At least annually
- As a result of an accident/near miss
- Change in process/equipment/personal
- Change in legislation

Amended July 2013
Appendix C: RISK GRADINIG MATRIX

INSTRUCTIONS FOR USE

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that have/might arise from the event/risk.

2. Use Table 1 to determine the Consequence score $C$, for the actual/potential adverse outcome relevant to the event/risk being evaluated. The highest descriptor appropriate to the event/risk will determine the $C$ score.

3. Use Table 2 to determine the Likelihood score $L$, for those adverse outcomes.

   If possible, score the Likelihood by assigning a predicted frequency of the adverse outcome occurring. If this is not possible then assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or the patient care episode.

   If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score. Be realistic – the highest descriptor appropriate to the event/risk will determine the $L$ score.

4. Plot your answers using Table 3 to determine the colour banding for the event/risk.

5. Use Table 4 to identify the level at which the event/risk will be investigated/managed in the organisation.

Table 1: Consequence Score (C)

<table>
<thead>
<tr>
<th>Domains</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact on the safety of patients, staff or public (physical/psychological harm)</td>
<td>Negligible</td>
<td>Minor</td>
<td>Moderate</td>
<td>Major</td>
<td>Catastrophic</td>
</tr>
<tr>
<td>Minimal injury requiring no/minimal intervention or treatment. No time off work</td>
<td>Minor injury or illness, requiring minor intervention Requiring time off work for &gt;3 days Increase in length of hospital stay by 1-3 days</td>
<td>Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients</td>
<td>Major injury leading to long-term incapacity/disability Requiring time off work for &gt;14 days Increase in length of hospital stay by &gt;15 days Mismanagement of patient care with long-term effects</td>
<td>Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Likelihood Score (L)

<table>
<thead>
<tr>
<th>Domains</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality/complaints/audit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral element of treatment or service suboptimal Informal complaint/inquiry</td>
<td>Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved</td>
<td>Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on</td>
<td>Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report</td>
<td>Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards</td>
<td></td>
</tr>
<tr>
<td>Human resources/organisational development/staffing/competence</td>
<td>Short-term low staffing level that temporarily reduces service quality (&lt;1 day)</td>
<td>Low staffing level that reduces the service quality</td>
<td>Late delivery of key objective/service due to lack of staff</td>
<td>Unsafe staffing level or competence (&gt;1 day)</td>
<td>Low staff morale</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Statutory duty/inspections</td>
<td>No or minimal impact or breach of guidance/statutory duty</td>
<td>Breach of statutory legislation</td>
<td>Single breach in statutory duty</td>
<td>Challenging external recommendations/improvement notice</td>
<td>Enforcement action</td>
</tr>
<tr>
<td>Adverse publicity/reputation</td>
<td>Rumours</td>
<td>Local media coverage – short-term reduction in public confidence</td>
<td>Local media coverage – long-term reduction in public confidence</td>
<td>National media coverage with &lt;3 days service well below reasonable public expectation</td>
<td>National media coverage with &gt;3 days service well below reasonable public expectation. MP concerned (questions in the House)</td>
</tr>
<tr>
<td>Business objectives/projects</td>
<td>Insignificant cost increase/schedule slippage</td>
<td>&lt;5 per cent over project budget</td>
<td>5–10 per cent over project budget</td>
<td>Schedule slippage</td>
<td>Schedule slippage</td>
</tr>
<tr>
<td>Finance including claims</td>
<td>Small loss Risk of claim remote</td>
<td>Loss of 0.1–0.25 per cent of budget</td>
<td>Loss of 0.25–0.5 per cent of budget</td>
<td>Claim(s) between £10,000 and £100,000</td>
<td>Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget</td>
</tr>
<tr>
<td>Service/business interruption Environmental impact</td>
<td>Loss/interruption of &gt;1 hour</td>
<td>Minimal or no impact on the environment</td>
<td>Loss/interruption of &gt;8 hours</td>
<td>Minor impact on environment</td>
<td>Loss/interruption of &gt;1 day</td>
</tr>
</tbody>
</table>

Issued: Disclaimer: It is your responsibility to check against Staffnet that this printout is the most recent issue of this document.
Based on NPSA Risk Matrix

Table 2: Likelihood Score (L)

<table>
<thead>
<tr>
<th>Likelihood score</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptor</td>
<td>Rare</td>
<td>Unlikely</td>
<td>Possible</td>
<td>Likely</td>
<td>Almost certain</td>
</tr>
<tr>
<td>Frequency</td>
<td>This will probably never happen/recur</td>
<td>Do not expect it to happen/recur but it is possible it may do so</td>
<td>Might happen or recur occasionally</td>
<td>Will probably happen/recur but it is not a persisting issue</td>
<td>Will undoubtedly happen/recur, possibly frequently</td>
</tr>
</tbody>
</table>

Table 3: Risk Scoring Matrix  \( R \text{ (risk)} = C \text{ (Consequence)} \times L \text{ (Likelihood)} \)

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Consequence</th>
<th>1 Low</th>
<th>2 Minor</th>
<th>3 Moderate</th>
<th>4 Major</th>
<th>5 Catastrophic/Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare</td>
<td>Green 1</td>
<td>Green 2</td>
<td>Green 3</td>
<td>Yellow 4</td>
<td>Yellow 5</td>
<td></td>
</tr>
<tr>
<td>Unlikely</td>
<td>Green 2</td>
<td>Yellow 4</td>
<td>Yellow 6</td>
<td>Orange 8</td>
<td>Orange 10</td>
<td></td>
</tr>
<tr>
<td>Possible</td>
<td>Green 3</td>
<td>Yellow 6</td>
<td>Orange 9</td>
<td>Orange 12</td>
<td>Red 15</td>
<td></td>
</tr>
<tr>
<td>Likely</td>
<td>Yellow 4</td>
<td>Orange 8</td>
<td>Orange 12</td>
<td>Red 16</td>
<td>Red/Red 20</td>
<td></td>
</tr>
<tr>
<td>Certain</td>
<td>Yellow 5</td>
<td>Orange 10</td>
<td>Red 15</td>
<td>Red/Red 20</td>
<td>Red/Red 25</td>
<td></td>
</tr>
</tbody>
</table>
### Table 4: Management of Risk

<table>
<thead>
<tr>
<th>Risk Rating</th>
<th>Remedial Action</th>
<th>Decision to accept risk</th>
<th>Risk Register Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green 1-3</td>
<td>Ward/Dept Manager</td>
<td>Ward/Dept Manager</td>
<td>Care Group/Division</td>
</tr>
<tr>
<td>Very Low Risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellow 4-6</td>
<td>Care Group/Dept Manager</td>
<td>Care Group/Dept Manager</td>
<td>Care Group/Division</td>
</tr>
<tr>
<td>Low Risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orange 8-12</td>
<td>Divisional Management Team</td>
<td>Divisional Management Team</td>
<td>Division</td>
</tr>
<tr>
<td>Moderate Risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red 15-16</td>
<td>DMT/Executive Director</td>
<td>TEC/Trust Board via ERS -</td>
<td>Division and/or Corporate</td>
</tr>
<tr>
<td>High Risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red/Red 20-25</td>
<td>Executive Director/CE</td>
<td>TEC/Trust Board via ERS -</td>
<td>Corporate</td>
</tr>
<tr>
<td>Extreme Risk</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Summary of Risk Grading Process

**Step 1:** What is the potential **consequence** of the event/risk if the event/risk is realised?

**Step 2:** What is the **likelihood** of this event occurring again or the risk being realised?

**Step 3:** What is the overall **risk score** (colour category) for this event?

**Step 4:** What **controls and assurances** are in place to mitigate the risk? Do these reduce the likelihood or consequence of the risk being realised and therefore reduce the risk score?

The ‘colour category’ & risk score assigned determines the desired level of investigation required & the management accountability level attributable to the event / risk.

The Risk Grading Matrix Guidance is a tool for assessing the level of risk attributable to a particular event/risk and provides guidance as to how that event / risk should be assessed, managed, reported and investigated. However it should be noted that when used to score an **actual incident** the Consequence score should be the **actual harm** which occurred NOT the potential harm. The Risk Grading Matrix Guidance should be used in the context of scoring all incidents, risk events and risk assessments. All **RED** events/risks must be reported centrally to the Safety/Risk Management Department and investigated & managed in accordance with Trust policy. If you need assistance with using the tool then please contact your local risk lead.

If you need assistance with using the tool then please contact your local risk lead.
Appendix D

1 Guidance on Trust Recovery of cost incurred by Non compliance and Fees for Intervention by Health and Safety Executive

1.1 Introduction

Fee for Intervention (FFI) is HSE’s cost recovery regime implemented from 1 October 2012, under regulations 23 to 25 of The Health and Safety (Fees) Regulations 2012.

The Trust like all employers in the UK is subject to Fees for Intervention (FFI) by Health and Safety Executive (HSE). The costs are variable and are dependent on the time spent by the Investigation officer undertaking the investigation. It also depends on the very nature of the incident; this can vary between 7 day absences to a death.

The ultimate aim is to promote proactive Management of Health & Safety which would prevent any material breaches occurring.

These Regulations place a duty on the HSE to recover its costs for carrying out its regulatory functions from those found to be in material breach of health and safety law

1.2 Scope

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

1.3 Purpose

The purpose is to communicate the actions which can be taken if there is a breach of H&S law which requires an investigation or inspection by the HSE. If during the investigation or inspection they find a material breach, then the FFI will then apply.

The Health and Safety Executive will apply FFI when in the opinion of the HSE inspector, there is or has been a contravention of health and safety law that requires them to issue notice in writing of that opinion to the duty holder.

Duty holders who are compliant with the law, or where a breach is not material, will not be charged FFI for any work that HSE does with them.

1.4 Definitions

HSE: Health and Safety Executive

FFI: Fee for Intervention

Material Breaches:

When, in the opinion of the HSE inspector, there is or has been a contravention of health and safety law that requires them to issue notice in writing of that opinion to the duty holder
2 Roles and Responsibilities

The Health and Safety at Work etc. Act 1974 places the duty on an employer to ensure, so far as is reasonably practicable, the health, safety and welfare of all employees and others who may be affected by its acts or omissions. This includes the provision and maintenance of safe plant, machinery, equipment and safe systems of work. Although the ultimate responsibility for compliance with the Act rests with employers, every employee also has a responsibility to ensure that no one is harmed as a result of their acts or omissions during the course of their work.

Full details on Roles and Responsibilities can be found in the Trust Health and Safety Policy on staff net.

3 Process to be followed

3.1 How can we prepare ourselves to ‘comply in the first place’?

To ensure the health and safety of staff and the general public it is imperative that the Trust complies with the health and safety laws, which apply to all of our locations and activities we must:

- Have suitable systems in place to protect employees, visitors and the general public
- Provide a comfortable, safe and suitable working environment for staff to perform their duties with the correct facilities they need to do their job
- Ensure all policies are appropriate for activities and are kept up to date and compliant with legislation
- Have appropriate risk assessments and method statements in place which are up-dated as necessary
- Provide relevant training and information regarding any risks and hazards in the work place
- Keep a record of any injuries, incidents and cases or work related disease

If have an incident and/or a complaint reported to the HSE which requires them to undertake an investigation, they will normally notify the trust. When the team arrives the H&S team will facilitate the investigation. You must co-operate with the investigation and supply all relevant documents which are related to the incident.

If during the investigation they find a Material Breach they will inform the Trust.

3.2 Material breach

A material breach is when, in the opinion of the HSE inspector, there is or has been a contravention of health and safety law that requires them to issue notice in writing of that opinion to the duty holder.

Written notification from an HSE inspector may be by a notification of contravention, an improvement or prohibition notice, or a prosecution and must include the following information:

- the law that the inspector’s opinion relates to;
- the reasons for their opinion; and
- Notification that a fee is payable to HSE.

FFI applies to duty holders where HSE is the enforcing authority. This includes the NHS (Our Trust) and our partners who have a duty of care not to place others at risk, and some individuals acting in a capacity other than as an employee, e.g. partners. It includes:

- University activities
- Contractors

The investigation may take a few hours or a matter of days; the HSE will record this and apply this to the FFI Rate.

As an organisation there is not an identifiable budget from which we can pay FFI.

It is proposed non compliance indentified by the HSE which incurs FFI, the cost for FFI will be charged to the location where the non compliance was attributed to.

### 3.3 Recharges

HSE is responsible for the administration of the FFI scheme, including issuing invoices and, if needed, debt recovery.

The invoice will contain the following information:

- the period of time the invoice relates to;
- a breakdown of the activities or services for which costs can be recovered for each member of HSE staff involved, and HSL or third parties;
- the time spent against each activity;
- the total fee payable; and
- a brief description of the work undertaken.

Invoicing and debt recovery functions are carried out centrally within HSE. Inspectors are not responsible for issuing invoices or for any follow-up actions relating to non-payment of invoices.

The fee payable by duty holders found to be in material breach of the law is £124 per hour. The total amount to be recovered will be based on the amount of time it takes HSE to identify and conclude its regulatory action, in relation to the material breach (including associated office work), multiplied by the relevant hourly rate. This will be recharged to the responsible Care group/Divisions. There will also be significant time taken by the H&S team on the investigation, administration, HSE visit preparation and facilitation of the HSE investigation. There will therefore be an additional requirement for the team to recoup some funding back from the Material breach.

### 4 Implementation

The Health and Safety Team working with Finance will set out the recovery for any costs which apply to FFI from the location which has had the material breach.

### 5 Process for Monitoring Compliance/Effectiveness

The process can be monitored as and when it occurs to ensure that the guidance is appropriate and that the process works
6 **Arrangements for Review of the OP**

3 yearly or when the legislation requires change

7 **References**

The Health and Safety (Fees) Regulations 2012

---

**Flow chart outlining the Process**

1. *Investigation by HSE*

2. **Trust Found to be in breach of legislation (material breach)**

3. **Detailed review of HSE breach to determine who it is attributable to**
   - Care Group/Division or Multiple Divisions

4. **FFI and Health and Safety costs invoiced to Care Group/Divisions/ or Corporate budgets.**