

Health and Safety Policy

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Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled.

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Executive Summary

The Health and Safety at Work etc. Act 1974 (HASAWA) 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 or put at risk as a result of their acts or omissions during the course of their work.

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)

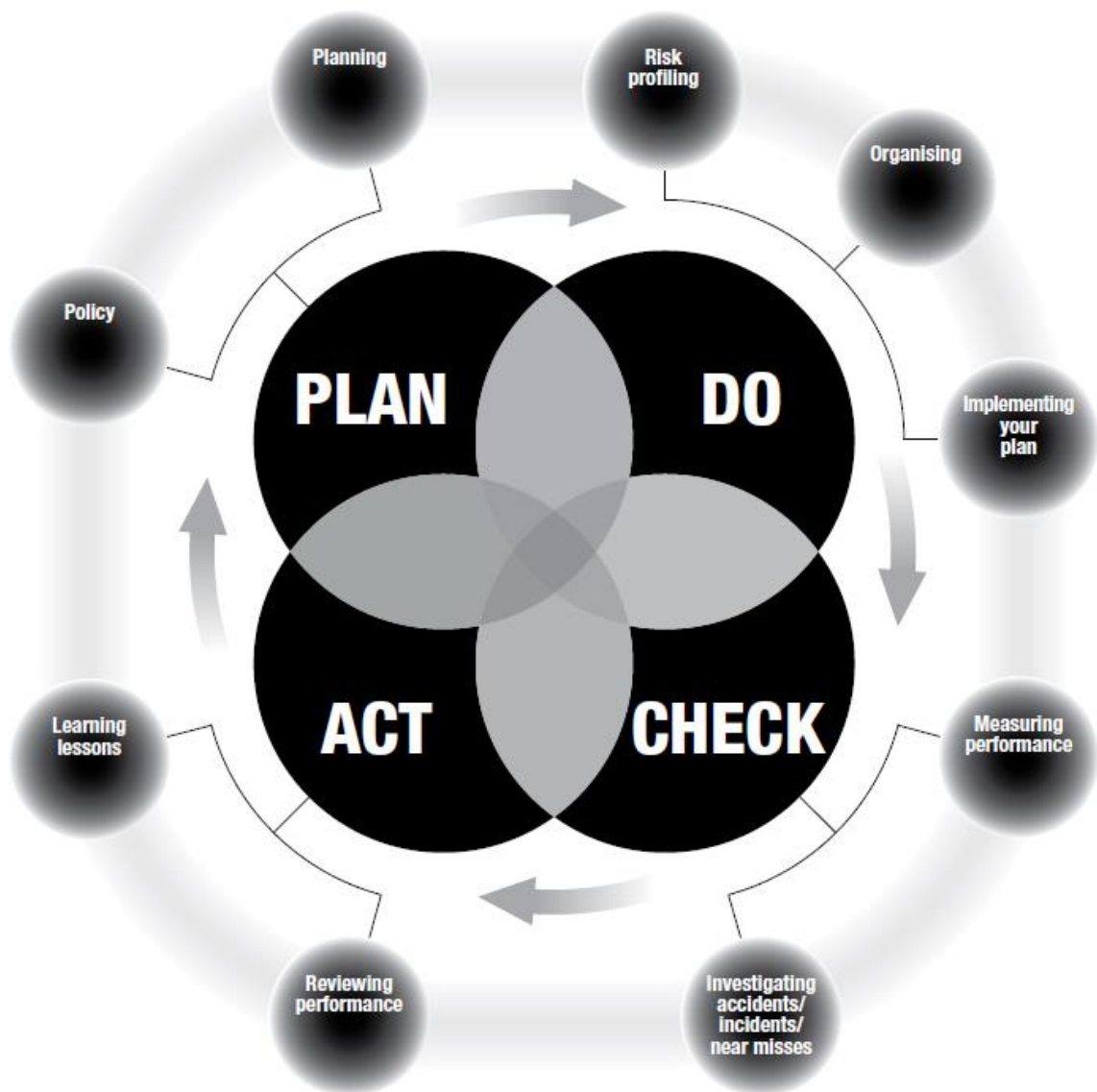
Compliance with the Health and Safety at Work Act is a legal requirement. As such, an offence, committed under the Act would constitute a criminal offence and could lead to prosecution, resulting in a fine and/or a term of imprisonment.

If the Trust commits an offence which is a material breach in the opinion of the Health & Safety Executive (HSE) inspector, or if there is or has been a contravention of health and safety law then a notice may be issued to the Trust.

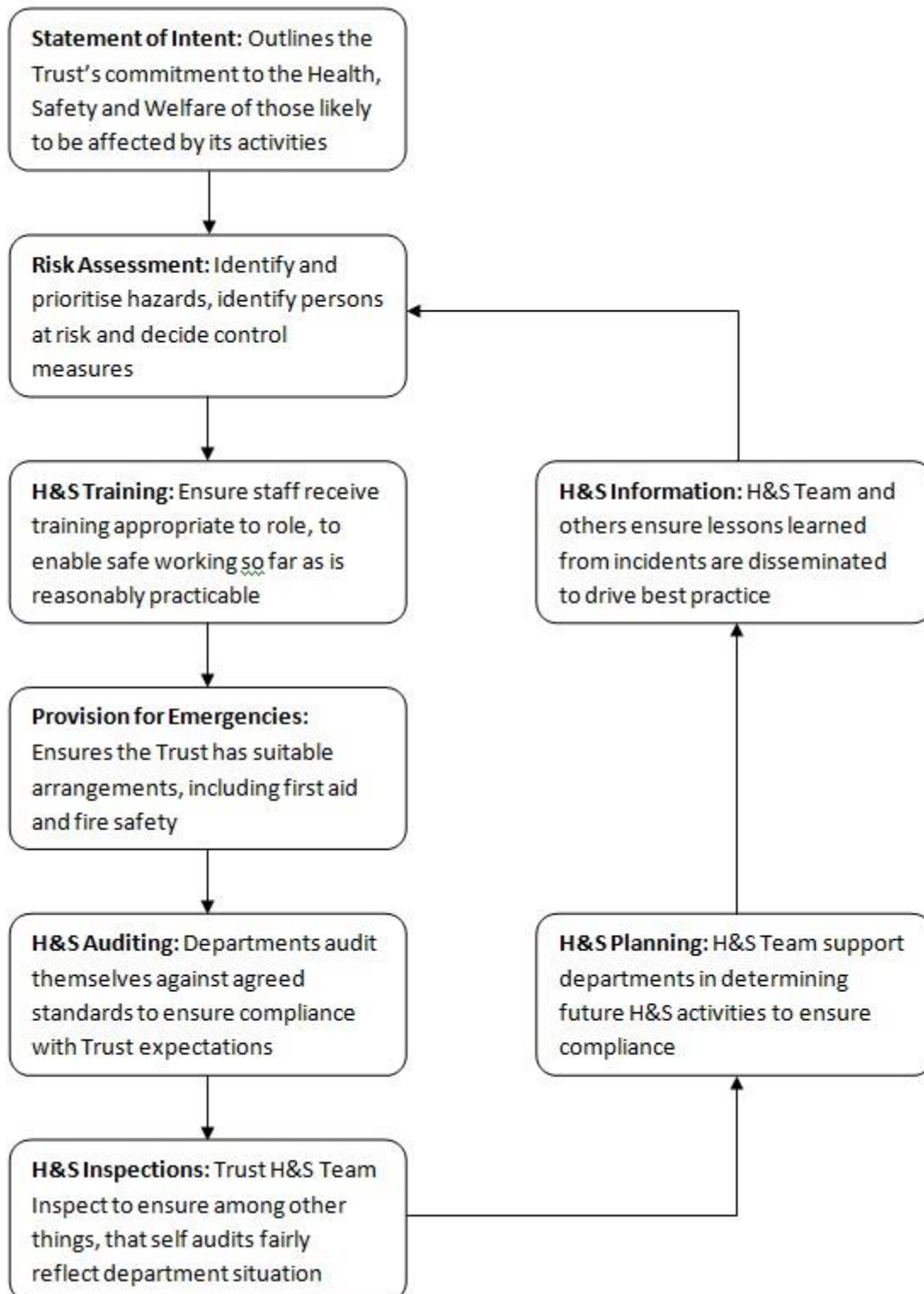
If a notice is issued or the inspector sees a material breach of the law, the trust will have to pay a fee. Reference **Appendix D**

In addition to the Health and Safety at Work Act 1974, other Regulations, Approved Codes of Practice, Guidance Notes and Directives will apply. The Trust uses the Health & Safety Executive (HSE) model HSG 65 (see page 3) as a method of ensuring that the work of the Trust is conducted in a safe manner as far as is reasonably practicable.

HSG65: Managing for Health and Safety (Third Edition)



Health and Safety Policy - Flow Chart



**UNIVERSITY HOSPITAL SOUTHAMPTON
NHS FOUNDATION TRUST**

Health & Safety Policy Statement of Intent

The University Hospital Southampton (UHS) NHS Foundation Trust 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.

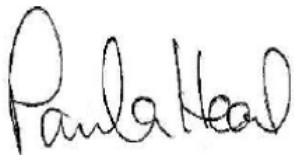
We will ensure the provision of appropriate resources, including staff, finance and equipment in a timely manner so as to conduct our activities in accordance with all statutory and regulatory requirements, seeking to exceed such requirements wherever reasonably practicable.

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 pro-actively 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



Paula Head
Chief Executive
University Hospital Southampton NHS Foundation Trust

1 Scope and Purpose

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 Health and Safety and Patient Safety Strategies.

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.

The aims of this policy are to:

- Outline the requirements of Health & Safety Regulations, Health & Safety Guidance and Approved Codes of Practice 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

The objectives of this policy are to:

- 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.
- To reduce the numbers of accidents and incidents which cause harm
- To prevent foreseeable accidents or incidents so far as is reasonably practicable by undertaking suitable and sufficient risk assessments
- To demonstrate how UHS complies with its Statutory Health and Safety compliance against Legislation, Regulations, Approved Code of Practice (ACOPs), best practice, etc
- To prevent reoccurrence of adverse events as far as is reasonably practicable
- To ensure 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.
- To 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 Consultant's and Contractor's Handbook'

2 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.
- Volunteer: A person carrying out work activities within the Trust, for the benefit of staff, patients and/or visitors without reward in cash or kind, and on behalf of one of the Trust's recognised volunteer groups. Reasonable expenses received from the recognised volunteer group will not affect a volunteer's status.

3 Details of Procedure to be followed

3.1 Risk Assessment

The law 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 scored according to the guidance in **Appendix C**, 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, should be identified and recorded using the specialised risk assessment forms contained in the related Trust policies, listed under section 5 of this policy:

- Ionising or Non-Ionising radiation including lasers and other intense light sources
- Magnetic Resonance (MR) fields
- COSHH,
- Visual Display Unit use,
- Moving and Handling of patients or equipment
- Stress

3.2 Health and Safety Training

Details of training course dates and registration information, Statutory and Mandatory Training, Corporate Induction and refresher training are advertised on the Virtual Learning Environment (VLE) 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

3.3 Auditing

Departments will carry out a health and safety self-audit annually, following the process outlined in Appendix E. Once self audits are submitted to the Health and Safety team, the team will summarise results and report to the Corporate Health and Safety Committee and QGSG.

Self audit returns will be followed up in Health and Safety Tours in departments, and in incident investigations and inspections.

3.4 Non Patient Slips Trips and Falls

Non Patient Slips Trips and Falls will be controlled as outlined in Appendix F.

3.5 Provision for Emergencies

Planning for fire emergencies is the responsibility of the Fire Safety Advisor and controlled as outlined in the **Fire Safety Management Policy**.

Spillages of hazardous substances are managed according to the COSHH policy

Planning and provision of first aid is managed as outlined in Appendix G to this policy

3.6 Incident Reporting.

All staff are expected to report accidents and incidents using the “Safeguard” incident reporting system, from where appropriate managers will investigate and take appropriate remedial actions.

Incidents reportable to the Health and Safety Executive under the RIDDOR Regulations must be brought to the attention of the Health and Safety Team, who will investigate and report appropriately. Guidance on which incidents are reportable under RIDDOR is available on StaffNet at <http://staffnet/Working-here/Staffessentials/Staffhealthandsafety/RIDDOR.aspx>

4 Roles and Responsibilities

4.1 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 their 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

4.2 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

4.3 Executive and non-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.

4.4 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

4.5 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 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 cooperation and communication by all
- 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 and HR Policies
- 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 under their control or supervision are afforded the same level of protection
- 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.

4.6 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 Deputy Director of E&CD, Head of Estates Maintenance; the Head of Estate Projects; the Head of Compliance; the Infrastructure Services Manager, the Estates Health & Safety Manager, the Head of Clinical Engineering, and Building Maintenance Managers.

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.

4.7 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 by law, including providing input to planning of refurbishments, equipment sourcing and implementation, and other work likely to affect the health, safety and welfare of staff, visitors and patients.

4.8 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.
- Take part in investigations of accidents, near misses and other incidents and provide Health and Safety perspective to recommendations for remedial and preventive actions.
- 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 Health & Safety Leads meetings.

4.9 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.

4.10 Radiation Protection Advisor

The Radiation Protection Advisor 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

4.11 Laser Protection Advisor

The Laser Protection Advisor 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 2015) 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

4.12 Magnetic Resonance Safety Expert

The MHRA Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use 2015 (v4.2) state that the MR Safety Expert is a designated professional with

adequate training, knowledge and experience of MRI equipment, its uses and associated requirements. They should:

- Develop safe operating procedures and policies and risk management solutions to ensure MR safety for patients, staff and visitors.
- Develop an appropriate framework for managing safety in relation to MR, including effective review processes and reporting mechanisms within the Trust.
- Prepare and periodically review the MRI local rules for the MRI units across the Trust.
- Provide reports regarding MR safety developments to Trust committees and contribute to/update relevant Trust policies (including the Policy for the Safe Use of MRI).
- Advise on the implementation of national and international MR guidelines and legislation within the Trust.
- Carry out MR safety audits and risk assessments to assess and ensure compliance with national guidelines and good safe practice and to monitor the effectiveness of safety procedures.
- Advise on the planning and the configuration of MR facilities in order to promote safety, working with, and recognising the experience of, the system vendor installation team.
- Provide patient (and staff/visitor) specific advice with regard to MRI safety, such as that concerning implants (for example).
- Assist with the investigation of incidents relating to MR equipment.

4.13 Fire Safety Advisor

The Fire Safety Advisor (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.

4.14 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:

- co-ordination and provision of staff health and wellbeing support/services
- 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

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.

4.15 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.

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

4.16 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 Chief Operations Officer 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.

4.17 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 escalating concerns to the Quality Governance Steering Group and the Corporate Health & Safety Committee (CHSC).

4.18 Litigation and Insurance Services Department

The Litigation and Insurance Services Department is responsible for:

- Managing all clinical negligence and personal injury (extending to contract challenges where required) 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 (LTPS) 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 an annual basis identifying newly reported claims and reporting on lessons learned, themes and actions taken

- Attend Trust committees as required and to provide ad hoc general healthcare related advice.
- Ensure that the Trust's insurance provision is both adequate and maintained on annual basis.

4.19 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 Unit (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.

4.20 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 willfully 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.

4.21 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

4.22 Estates and Capital Developments

The Estates Team are responsible for the management of the Estate which covers both new construction works and maintenance of existing assets. Activities related to working at height, roof work, use of cranes, internal flooring, external grounds & gardens and routine inspections, fall within the scope of areas highlighted in this policy. Estates and Capital Developments oversee construction work activity which is defined in detail in Regulation 2(1) of the Construction (Design and Management) Regulations 2015.

4.23 Serco (Cleaning and catering contractors)

Serco, our cleaning and catering contractor, has a Health and Safety Policy which their employees must all adhere to. This policy includes the statement below:

“Our work is never so urgent or important that we cannot take time to do it safely and with respect for the environment. Wherever we work, we are committed to the promotion of wellbeing and the prevention of injury, ill health and pollution including seeking to reduce the amount of carbon produced and the sustainable use of global resources, while reducing our waste through good waste management and recycling.”

4.24 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 Consultant's and Contractor's Handbook' 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

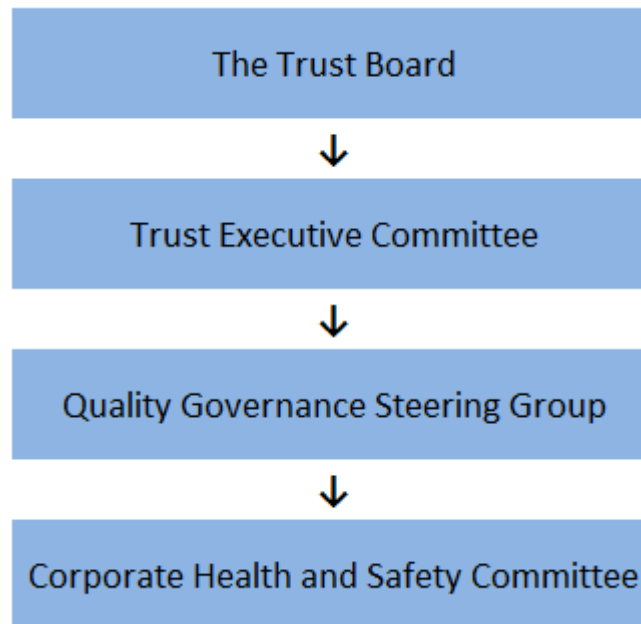
4.25 Volunteers and Charitable organisations

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 and protected 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

4.26 Health & Safety Management Framework

- **Quality Governance Steering Group (QGSG)**
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>



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
- Control of Substances Hazardous to Health (COSHH) Policy
- Security Policy
- Sharps Safety Policy
- Lone Worker Policy
- Patient Falls Policy – The Management and Prevention of falls
- Waste Management Policy
- Non-Ionising Radiations, Policy for the Safe Use of
- Safe Use of Ionising Radiations Policy
- Magnetic Resonance Imaging, Policy for the Safe Use of
- All Occupational Health policies relating to Health and Safety
- All other Estates policies and procedures relating to Health and Safety
- Whistle Blowing Policy

6 Communication Plan

- 6.1 The Trust Health and Safety Policy will be displayed on the Staffnet.
- 6.2 The Trust Health and Safety Manager/Adviser will provide updated information to nominated care group leads at bi-monthly meetings.
- 6.3 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.
- 6.4 Health and Safety is included in the Trust Corporate induction programme held monthly for all new staff.

7 Process for Monitoring Compliance/Effectiveness

Key aspects of the procedural document that will be monitored:

Element of Policy to be monitored	Lead	Tool/Method	Frequency	Who will undertake	Where results will be reported
Completion by wards and departments of the H&S self audit tool	The completed audit tools and action plans /completed Health & Safety Tour reports	Weekly via Health & Safety Tours and on receipt of completed Health & Safety audit tools each March.	All Health and Safety audited areas annually	Corporate Health and Safety Team	The Corporate Health and Safety Committee
Monitoring the requirement to undertake appropriate risk assessments	Risk assessments	During inspections, incident investigations and tours	During inspections, incident investigations and tours	Health & Safety Team	The Corporate Health and Safety Committee

Where monitoring identifies deficiencies actions plans will be developed to address them.

8 Arrangements for Review of the Policy

This policy will be reviewed and validated before the end of September 2019 or sooner if new evidence demonstrates need for a change to current practice.

9 References

- The Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999 (2002)
- The Health and Safety Executive (HSE) <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)
- HSE-Slips trips and falls in the health service <http://www.hse.gov.uk/pubns/hsis2.pdf>
- HSE-Preventing slips and trips at work <http://www.hse.gov.uk/pubns/indg225.pdf>
- HSE-What causes slips and trips <http://www.hse.gov.uk/slips/causes.htm>
- HSE-‘Falls from Height <http://www.hse.gov.uk/falls/>
- HSE-‘Watch Your Step Campaign <http://www.hse.gov.uk/watchyourstep/>
- HSE- ‘Slips Assessment Tool’ <http://www.hse.gov.uk/slips/sat/index.htm>

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

Risk Assessment (Subject):		Day/Night:		Assessor:	
Department/Ward:		Date:		Signature:	
Hazards: (see section 1 on page 2)					
People at Risk: (see section 2)					
Existing Controls: (see section 3)					
Evaluation of Risk: (see section 4)					
Consequence	Score	Likelihood	Value	Control Potential	Tick
Low	1	Rare	1	Easy	
Minor	2	Unlikely	2	Medium	
Moderate	3	Possible	3	Hard	
Major	4	Likely	4	Very Hard	
Catastrophic/death	5	Certain	5		
Consequence x Likelihood = risk rating score					
Actions Required: (see section 5)					
To be actioned by:			Assessment Review Date: (see section 6)		
<p>When completing this risk assessment please refer to the HSE Guidance '5 Steps to Risk Assessment' http://staffnet/Media/Workinghere/Healthandsafety/5stepstoriskassessment.pdf</p> <p>For further advice please refer to the H&S Staffnet pages http://staffnet/WorkingHere/Staffhealthandsafety/Riskassessment.aspx Or contact the Trust Health & Safety Team on 8484</p>					

<p>1. Hazard</p> <p>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:</p> <ul style="list-style-type: none"> ◆ 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 	<p>2. People At Risk</p> <p>There is no need to list individuals by name – just think about groups of people doing similar work or who may be affected, eg:</p> <ul style="list-style-type: none"> ◆ Nurses ◆ Doctors ◆ Porters ◆ Office staff ◆ Maintenance personnel ◆ Contractors ◆ People sharing your workplace ◆ Operators ◆ Cleaners ◆ Members of the public including patients. <p>Where an individual is particularly vulnerable the generic risk assessment must be modified to give an individual assessment of risk. eg:</p> <ul style="list-style-type: none"> ◆ Staff with disabilities or medical conditions ◆ Inexperienced staff ◆ Lone workers ◆ Night workers ◆ Pregnant workers 	<p>3. Existing Controls</p> <p>For the hazards listed, what precautions already been taken:</p> <ul style="list-style-type: none"> ◆ 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? <p>4. Evaluation of Risk Table:</p> <p>The risk may be evaluated by using the equation $Consequence \times Likelihood$. This will produce a risk rating. Identify the ease within which any controls could be introduced.</p>
<p>5. Action Plan</p> <p>Where the risk is not adequately controlled, indicate what more you need to do (the action list). Does the risk need to be escalated to the Risk Register?</p>	<p>6. Review and Revision</p> <p>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:</p> <ul style="list-style-type: none"> ◆ 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 GRADING MATRIX

INSTRUCTIONS FOR USE

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

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.

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.

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

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

Table 1: Consequence Score (C)

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	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	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	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	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	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	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

Trust Health and Safety Policy Appendix C – Risk Scoring Matrix

Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Based on NPSA Risk Matrix

Trust Health and Safety Policy Appendix C – Risk Scoring Matrix

Table 2: Likelihood Score (L)

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain /certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Table 3: Risk Scoring Matrix R (risk) = C (Consequence) x L (Likelihood)

Likelihood	Consequence				
	1 Low	2 Minor	3 Moderate	4 Major	5 Catastrophic/ Death
Rare 1	Green 1	Green 2	Green 3	Yellow 4	Yellow 5
Unlikely 2	Green 2	Yellow 4	Yellow 6	Orange 8	Orange 10
Possible 3	Green 3	Yellow 6	Orange 9	Orange 12	Red 15
Likely 4	Yellow 4	Orange 8	Orange 12	Red 16	Red/Red 20
Certain 5	Yellow 5	Orange 10	Red 15	Red/Red 20	Red/Red 25

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 identified 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

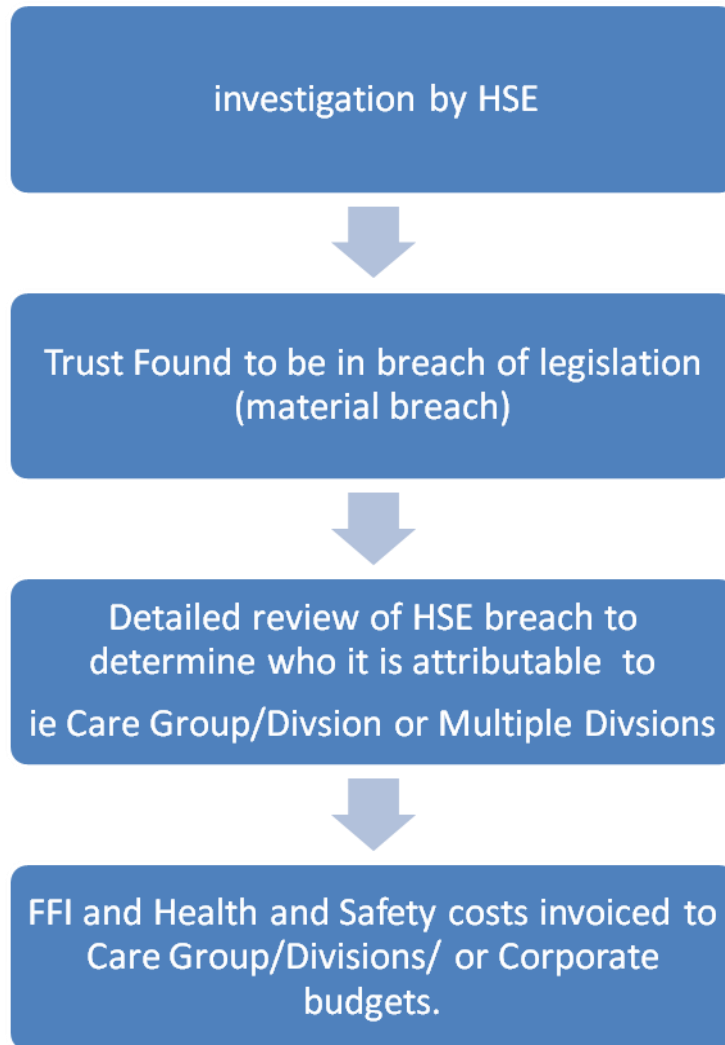
6 **Arrangements for Review of the OP**

3 yearly or when the legislation requires change

7 **References**

The Health and Safety (Fees) Regulations 2012

Flow chart outlining the Process



Appendix E – Health and Safety Self Auditing

Executive Summary

Auditing and performance review are the final steps in the health and safety management control cycle. They constitute the 'check' element of HSG65 which enables an organisation to reinforce, maintain and develop its ability to reduce risks to the lowest level practicable and to ensure the continued effectiveness of the health and safety management system.

1. Introduction

This appendix sets out the procedure to follow when undertaking a self audit of health and safety compliance against a number of related questions. The appendix is linked to the self scoring audit spread sheet.

2. Purpose

To give staff with the responsibility for auditing the necessary information and tools to carry out Health and Safety Audits appropriately.

The aims of Health and Safety auditing are to establish that:

- Appropriate management arrangements are in place.
- Adequate risk control systems exist, are implemented, and consistent with the hazard profile of the organisation.
- Appropriate workplace Health & Safety precautions are in place

3. Health and Safety Self-Audit Tool Procedure for completing a health and safety self audit

Health and Safety Self-Audit form has been designed for managers to take an annual overview of Health & Safety standards and ensure that safe working practices are in place. The Self Audit tool has various topic areas which need checking to ensure compliance with health and safety legislation and to ensure Trust policies and procedures are in place throughout the area.

How to complete the Health & Safety Audit tool

The Health & Safety Self Audit Form provides a range of questions to assess the level of health and safety awareness amongst staff in the identified work locations and to assess their level of compliance with Health & Safety systems at a property site. A fundamental element of the audit is to assess whether risk assessments and safe systems of work are in place and effective.

The audit template can be used as an aid to ask staff relevant questions whether safety management systems are in place. The manager undertaking the audit should also take some time to observe working behaviours and processes to identify whether safe practices are being adopted. The manager should have a look at completed inspections; logs and records held at each location and check the level of adequacy. The manager should look at the risk assessments contained for the work area and the safe systems of work. Note the differences or variances in the area between the record keeping practices and risk assessment activities.

Note any areas for improvement and make a particular note of any areas that require priority action and make comments on the form of the actions required to ensure compliance and consistency in standards, along with person responsible and due date.

Once the audit schedule has been completed and staff interviews have been completed, an average score can be provided on the overall audit form. This can be between 0 and 3 for each question on the audit list. A negative answer (no compliance) would score 0 and a total success (full compliance) scores 3. A part success (requires some improvement) may be 1 or 2

depending on amount of success. This will be a subjective assessment of safety performance and H&S standards based on the range of H&S systems that have been observed.

Please note that where a score is 0 or 1 then information on the present position and future requirements must be written in the comments box or in an additional report...

An example of the Audit spread sheet can be found in Appendix C of this policy with further supporting guidance in Appendix A - Glossary of terms & B -Supporting documentation

Marking scale

0	1	2	3
0= Not Met	1= Partly Met	2= Moderately Met	3= Completely Met

There will be sections of the Health & Safety Audit which are not applicable or not the responsibility of ward/unit manager, these will be the responsibility of estates e.g. electrical testing, where this occurs then a score of 3 is given and comments made in the comments box. Once the Health and Safety audit has been completed, a copy of the report and the findings should be discussed with the department manager in order for the findings to be actioned.

A copy of the Health and Safety audit and the action plan should be kept in the department Health & Safety file. The findings from the audit and the action plan should be discussed at the departmental meeting and care group governance meeting. Progress with action plans should be monitored and decisions regarding any items for escalation to the Care Group and divisional management team can be made.

Completed Health & Safety audit forms should be noted at the divisional governance meeting with any escalations reviewed.

Completed Health & Safety audits and action plans should be sent to the H & S advisor for monitoring purposes and review during the Health and Safety Tours.

Glossary of terms in Audit tool

Fire Prevention and Emergency Preparedness Requirements

Refer to the University Hospital Southampton Foundation NHS Trust Fire Policy and Major Incident Plan.

First Aid Provisions

The first aid box should be of suitable material and so designed to protect the contents. The box should be clearly marked with a white cross on a green background in compliance with The Health and Safety (Safety Signs and Signals) Regulations 1996. Sufficient quantities of each item should always be available in every first aid box or container.

Floors and Traffic Routes

‘Traffic route’ means a route for pedestrian traffic, vehicles, or both and includes any stairs, fixed ladder, doorway, and gateway, loading bay. There should be sufficient traffic routes, of sufficient width and headroom to allow people and vehicles to circulate safely with ease. Thus preventing collisions slips and trips, traffic routes must be kept clear at all times.

Lighting

Suitable and sufficient lighting shall be provided wherever a person uses work equipment, taking into account the operations to be carried out. So far as is reasonably practicable, lighting shall be natural light. However, all efforts should be made to reduce glare on computers and other Display Screen Equipment. If necessary, local lighting can be provided at individual workstations. Suitable and sufficient emergency lighting should be provided in any room in circumstances in which persons at work are especially exposed to danger in the event of failure of artificial lighting.

Rest areas

Suitable and sufficient, readily accessible, rest facilities should be provided. They should include suitable facilities to eat meals. Additionally, suitable rest facilities should be provided for pregnant women and nursing mothers. Ideally these should be near to sanitary facilities.

Smoking

The Health Act 2006 stipulates a ban on smoking in all enclosed public places. This includes work places and other places of work such as vehicles used for work purposes. Appropriate Smoke free signage must be displayed in accordance with the Smoke free at Work Policy. In accordance with the Trust policy, University Hospital Southampton Foundation NHS Trust is committed to being smoke free for patients and staff.

Storage of Clothing

Adequate, suitable and secure space should be provided for staff to store their own clothing and any special clothing required to undertake work where appropriate.

Storage Facilities

Storage areas should have been defined within the workplace. Requirements should be reviewed periodically and whenever refurbishment or relocation takes place. Articles and substances will be stored in defined areas at all times.

Temperature

Though no upper temperature limit is specified, indoor working temperatures should be “reasonable for the comfort of persons employed” (with exceptions made where this is impractical because of hot or cold processes, in which employees should only work for short periods), i.e. no less than 16°C for sedentary (e.g. office) work, with a recommendation of a 13°C minimum for workplaces requiring strenuous effort.

Ventilation

Effective and suitable measures should be taken to ensure that enclosed workplaces are adequately ventilated and “stale air or air that is hot or humid” is replaced at a reasonable rate. “Ventilation” includes both openable windows and mechanical systems, and the legal requirements include avoidance of unpleasant smells and exhaust fumes, where possible. Where ventilation systems are installed, these must be fitted with an effective device that will give a visible or audible warning of failure in the system.

Waste collection and removal

Floors should be cleaned on a regular basis and waste bins should be emptied daily. Rubbish will be kept in suitable containers and should not be allowed to overflow. Combustible waste must be kept away from ignition sources. Large items of rubbish that pose a particular hazard, such as obsolete items of furniture, should be removed without delay.

Washroom and Toilet Facilities

Suitable and sufficient sanitary conveniences and washing facilities should be provided at readily accessible places. They should be kept clean and adequately ventilated and lit. Washing facilities should have running hot and cold or warm water, soap and clean towels or other means of cleaning or drying. Men and women should have separate facilities unless each facility is in a separate room with a lockable door and is for use by only one person at a time.

Workspace

A minimum working space of 11 cubic metres, to a height of 3m, or around 2.0 x 2.3m of floor space per person is available. However, the fact that floor space may be taken up by furniture, equipment, etc dictates that there should always be sufficient unoccupied space to allow ease of access and escape. Working space requirements include the general need to ensure "enough free space to allow people to get to and from workstations and to move within the room with ease."

Workstations and Display Screen Equipment

For requirements on the correct use and set-up of display screen equipment at work, refer to the Display Screen Equipment (DSE) Policy.

SUPPORTING DOCUMENTATION REQUIRED FOR undertaking a Health and Safety Audit

- Trust Health and Safety Policy
- Completed risk assessments for all activities in relevant area to be audited identified as presenting a risk to employees and others. Such assessments are likely to include, but are not limited to:
 - Display screen equipment/workstations
 - Lone/Isolated Working
 - Latex allergy
 - Violence and aggression Policy
 - Manual Handling Operations
 - Personal Protective Equipment
 - Expectant mothers/Nursing Mothers
 - Substances Hazardous to Health
 - Specific tasks or activities
 - Work equipment
 - Use and disposal of sharps
 - Safer Sharps Risk Assessment
- Documentation relating to the maintenance of buildings and work equipment such as machinery, plant, lifting aids, etc.
- Documentation supporting health surveillance and/or environmental monitoring identified by COSHH assessments and requested by the Occupational Health and Safety Department
- Health and Safety Training Records and ward/department training matrix

Appendix F – Slips Trips and Falls (Non Patient)

Executive Summary

“The human cost of a slip and trip accident is usually easy to see. But not always so apparent is the price the National Health Service (NHS) pays, both as an organisation and as an employer. Treatment costs currently stand at £133m per year and with 90% of major accidents resulting in a broken bone, the NHS also has the expense of long-term staff absences” (Health & Safety Executive (HSE) 2011)

Slips and trips nationally are on average, responsible for:

- Over a half of all reported incidents (2014/15)
- 64% of all reported major incidents in the healthcare sector in 2014/15

Falls from height are the biggest single cause of fatality and major injury, they account for almost 30% of fatalities at work (2013/14), therefore significant measures are deployed to ensure that no person engages in any work at height or work equipment for use in such work unless he is competent to do so or if being trained is being supervised by a competent person.

1.0 Definitions

Slip: Happens when the foot slides forward just as it makes contact with the floor.

Trip: Happens when the foot is suddenly stopped from moving forward when it meets an unexpected object in its path.

Fall: Happens when the feet have no contact with the surface being walked on.

Fall from Height: Fall from height is any height, there is no height stipulation. It can include working off ladders, step ladders, kick stools etc.

Work at Height: covers work in any place, including a place at or below ground level where, if measures required by the Work at Height Regulations 2005 were not taken, a person could fall a distance liable to cause personal injury. It covers obtaining access or egress from such places whilst at work, except by a staircase in a permanent workplace.

Working Platform: means a platform used as a place of work or a means of access or egress from a place of work and includes any scaffold, suspended scaffold cradle, mobile platform, trestle, gangway gantry and stairway which is used

Ladder includes fixed ladders and stepladders

Fragile Surface means a surface which would be liable to fail if any reasonable foreseeable loading were to be applied to it.

Personal fall protection system means –a fall prevention, work restraint, work positioning, fall arrest or rescue system, other than a system in which the only safeguards are collective safeguard systems.

RIDDOR: relates to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, as amended.

2.0 Working at Height

The Work at Height Regulations 2005 laid down the ‘duty holders’ responsibilities which are always followed using the hierarchy principles and they also take account of risk assessment under Regulation 3 of the Management of Health and Safety at Work Regulations 1999. Things to consider when doing a working at height risk assessment:

- Look to ensure no work is done at height if it is safe and reasonable practicable to do it other than at height.
- Where height access equipment needs to be provided, appropriate measures are in place to restrict access to authorised persons
- Use work equipment or other measures to prevent falls where they cannot avoid working at height

- Where they cannot eliminate the risk of a fall, use work equipment or other measures to minimise the distance and consequences of a fall should one occur.

All risks are identified and documented on the relevant risk register where appropriate in accordance with the duties under the Trusts' Incident Reporting, Analysis, Investigation and Management Policy.

An annual rolling programme of Health & Safety Audits in all areas will monitor the implementation of these requirements.

2.1 Roof work

- Access to roof areas is restricted only to personnel that are required to carry out maintenance and repair works, carry out inspections thereof, new work activity or to oversee ongoing construction work.

To manage appropriately the following practices are applied.

- All roof areas that employees frequent for undertaking of regular maintenance are protected at the perimeter by edge guarding This is periodically inspected by a specialist company and test certificated once a year as outlined under BS EN 365 2004. Test Certificates are held on a register managed under the Estates Building Maintenance section.
- Non regularly frequented roofs without recognised forms of edge protection is only accessed under a permit to work system. This is to ensure only those that have received specialist training and hold up to date certificates are permitted to access.
- Where possible (but not always permissible due to fire escape routing) access onto roof areas is via a door/s with a restricted Key. This is only issued to appropriate in house personnel or contractors via a sign out process administered by the Estates and Information Control office.
- Estates and Capital developments recognise the dangers fragile surface pose and ensure no persons at work pass across or near ,on works on, from or near a fragile surface where it is reasonable practicable to carry out work safely and under appropriate ergonomic conditions without his/her doing so.
- Where a person at work may pass across or near, or work on, from or near, a fragile surface then prominent warning notice is so far as reasonably practicable affixed at the approach to the place where the fragile surface is situated or where that is not reasonably practicable, such persons are made aware of it by other means.
- Estates and Capital Developments recognise the risks that falling objects may present and take suitable measures and sufficient steps to prevent as far as it is reasonably practicable.

2.2 Internal Flooring

- Estates and Capital Development hold responsibility for upkeep of the structure and fabric of buildings, grounds and garden areas on site, but the cleaning of floors is outsourced
- It is essential that the flooring cleaning process undertaken is that as recommended by the product manufacturers and on all new installations this information is passed on at project handover with a duplicate copy placed within the "Buildings Health and Safety File" as a legal requirement, together with details of the Duty Holder Designer.
- If alternative materials or equipment are used Manufacturers and Designers advice should be sought in advance of the appropriate use of such alternatives as these may materially have adverse effect on the flooring materials designed characteristics.
- Where changes are made these should be through agreement with Client Designer and Manufacturer joint agreement. The information contained within the Buildings Health and Safety File Should then is amended to reflect this change, dated and who authorised it.
- To minimise slips, trips and falls relating to internal flooring strict design guidance procedures are followed to ensure materials and finishes laid are fit for purpose. This process entails

designers following the Department of Health Technical guidelines specific to flooring document Health Building Note 00-10 together with current Building Regulation requirements.

- External contamination risks and water egress onto floor coverings by foot are minimised by the use of appropriate absorbent entrance matting at all external entrances In addition to their obligations under the Construction Design and Management Regulations 2015 to ensure safe construction and the need to meet the requirements of the Equality Act 2010.
- Once floorings have been installed periodical testing for slip resistance levels are monitored throughout the service life to identify if any changes in the original performance occur. Estates and Capital Developments use the following company for specialist testing of floor slip resistance.

Estates and Capital Developments recognise the busy nature of parts of the hospital site and in areas of high pedestrian volume (i.e. main entrance foyer) seek to protect the public by restricting all construction activity (excepting emergencies) to outside core working hours.

2.3 External Grounds and Gardens

- Estates and Capital Developments look to ensure that external footpaths and roadway areas do not pose risks by way of slips and trips and that the approaches to buildings as far as reasonably practicable meet the needs of disabled people.
- During winter months and in adverse weather conditions Estates Maintenance seek to minimise added risks associated with ice and snow and have a laid down policy for the treatment of roads and footpaths on site.

Appendix G

First Aid Provision

1.0 The Requirement

The purposes of first aid are:

- To preserve life
- To prevent an injured person's condition from becoming worse
- To promote recovery
- The provision of any medication is outside the scope of any kind of first aid, although first aiders may assist patients to take their own prescription medication where appropriate

The Trust is required to make adequate provision for first aid as may be required by staff, patients and visitors.

The Trust will meet these requirements by:

- Assessing the foreseeable first aid requirements of the different areas within the Trust
- Ensuring people are available with appropriate skills to deliver immediate assistance
- Ensuring appropriate first aid and other equipment is available to meet foreseeable requirements

2.0 Assessment of Requirements

In many areas of the Trust, activities are mainly low risk in first aid terms, and access to a competent person and basic first aid provision will be adequate, especially where crash teams are likely to be available to deal with life-threatening conditions.

Where hazardous substances are in use, the COSHH assessment for the substance may specify specific first aid requirements and these should be considered when considering the first aid needs of an area.

Areas where higher-risk tasks are carried out, such as Estates workshops and plant rooms, may require extra first aid provision and in these areas a specific first aid needs assessment should be carried out, following the HSE guidance at <http://www.hse.gov.uk/pubns/indg214.htm>

3.0 Competent Persons

Within the Trust, a first aider is defined as:

- A person holding a valid First Aid at Work certificate from a recognised training organisation
- A doctor registered with the GMC
- A nurse registered with a nursing professional body
- A member of ambulance service staff qualified to practice at Technician, Student Paramedic or Paramedic level. Although the Trust does not directly employ ambulance staff, they will be on site most of the time, and it would be unreasonable to consider them not competent to act as first aiders on Trust premises.

The Health and Safety Executive no longer approves first aid training organisations but have provided guidance on appointing first aid trainers which can be found at

<http://www.hse.gov.uk/pubns/geis3.htm> : First aid trainers to be recognised by the Trust should be appointed in accordance with these recommendations.

4.0 Equipment Provision

As a minimum, areas within the Trust should have access to a first aid box which follows the guidance from the HSE, which can be found at

<http://www.hse.gov.uk/firstaid/faqs.htm#first-aid-box>

Where hazardous substances are in use, the COSHH assessment for the substance may specify other items to be kept in the area: In this case the other items may be stored with the first aid box or close to the point of use of the hazardous substance: In either case there should be adequate signage to ensure first aiders and others can quickly find equipment when needed.

In areas where higher-risk tasks are carried out, such as Estates workshops and plant rooms, the first aid needs assessment may require extra items of first aid equipment to be available. These can be kept with the first aid kit, or close to the potential point of use, but must be adequately signed to ensure they can be easily found.

5.0 Shared first aid provision

In areas shared between more than one employer – for example the Trust and the University of Southampton – each employer has a responsibility to ensure adequate first aid provision is available. Co-operation and sharing of resources is sensible and is encouraged in these areas.

Appendix H

Display Screen Equipment

The Trust acknowledges that health and safety hazards may arise from the use of display screen equipment and as a result will ensure that risks are eliminated, reduced and controlled “so far as is reasonably practicable”.

The principal health risks that may arise whilst with working with DSE are musculoskeletal disorders of the arm, shoulder and neck, often described as a ‘work related upper limb disorder’. These symptoms can range from temporary fatigue, cramp or soreness in the limbs to chronic soft tissue disorders such as tendonitis or carpal tunnel syndrome. As with other sedentary tasks, DSE work can also give rise to back pain or exacerbate existing back pain.

Southampton Eye Unit will ensure that:

All Trust employees will be able to have an eye examination in the Southampton Eye Unit DSE users may be entitled to a free examination and corrective spectacles if eligible.

UHS will be responsible for:

- The cost of eye examinations for employees **holding Trust ID cards**.
- That part of the cost for the provision of basic corrective appliances for DSE use only.
- The cost of replacement single vision lenses only, necessary to clearly view the DSE screen at the habitual working distance (**see Appendix A**).

Managers will:

- Facilitate through a competent person the recording and reviewing of DSE risk assessments (**Assessment form available on DSE page on StaffNet**).
- Provide general advice and guidance to DSE users on the possible health effects relating in particular to musculoskeletal problems, visual fatigue and mental stress using HSE Document “Working with VDUs” (**Available on DSE page on StaffNet**).
- If an employee experiences visual difficulties which might reasonably be considered to be caused by working with DSE a workstation assessment should be undertaken and a referral to Southampton Eye Unit Optometry Department considered (**See guidance notes available on DSE page on StaffNet**).
- Managers must ensure once a referral is completed that they make every effort to support the employees attendance at any subsequent appointment
- Incorporate breaks from DSE work as appropriate to prevent fatigue.
- Respond to all reported incidents related to DSE by:
 - Taking necessary steps to investigate.
 - Completing an incident form using the electronic reporting process
 - Taking corrective measures where appropriate

Employees will ensure that they comply with the Trust DSE Policy. Employees must assist the competent person in undertaking a DSE risk assessment on their workstation and refer to the guidance (**available on DSE page on StaffNet**) to ensure the safe set up their workstations.

Appendix J

Noise at Work

The Health and Safety at Work etc Act 1974 (HSWA) requires employers to ensure the health and safety of all employees and anyone who may be affected by their work. This includes taking steps to control exposure to noise levels likely to cause damage to hearing.

The Control of Noise at Work Regulations 2005 requires employers to prevent or reduce risks to health and safety from exposure to noise at work.

Definitions

- **Decibel (dB)** - the unit of measurement for loudness of sound. The higher the dB the louder the sound. dBA is defined as an expression of the relative loudness of sounds in air as perceived by the human ear.
- **Exposure** - exposure to noise whilst at work
- **Action Levels** – the levels of exposure to noise averaged out over a working day or week or the maximum noise to which an employee is exposed in a working day (see guidance below)
- **Maximum Exposure Values** – the levels of noise exposure that must not be exceeded
- **Control Measures** – any measures to reduce the risk in the workplace, such as: safe systems of work, personal protective equipment, training or restricted access zones
- **Health Surveillance** – Statutory health surveillance is required for employees working in defined hearing protection zones or regularly exposed to an averaged exposure over 85 dBA. This also applies to employees regularly exposed at 80-85 dBA if they are identified as being sensitive to noise induced hearing loss. Employers must provide regular hearing tests, provide information to employees, keep health records and ensure that employees are examined by an appropriate doctor when hearing damage is identified.

Health and Safety Team

The Health & Safety Team will:

- advise and assist with the risk assessment process
- undertake the initial noise monitoring where appropriate.

Estates

The Director of Estates & Capital Development is responsible for ensuring that this policy is applied to all work undertaken by design consultants, contractors, subcontractors and suppliers, as is appropriate.

Project Managers acting on behalf of UHS are responsible for providing appropriate and relevant information to designers, contractors and other project-related visitors concerning access to areas that could lead to exposure to excessive levels of noise. Project Managers are also responsible for ensuring either:

1. an external Principal Designer is appointed for each project; or
2. an in-house and competent member of the Estate Projects team is designated to this role in accordance with CDM 2015.

Project Managers must ensure appropriate noise-relevant RAMS are submitted and approved in connection with a project prior to commencement and that contractors:

- implement precautions to reduce the noise or exposure to a reasonable level
- Communicate and coordinate with concerned parties prior to work activities commencing
- report any incidents involving noise levels following the Trust incident reporting procedures
- ensure that accurate records of method statements/risk assessments are kept within the project file

Contractors

All contractors' undertaking work for the Trust must ensure that any work that could impact on UHS employees or others working on the site are not exposed to high levels of noise.

All contractors will ensure that their operatives are aware of:

- the dangers of exposure to high levels of noise
- the effects of noise in and around the UHS site
- that there is a legal requirement on all parties to prevent exposure to high levels of noise

Contractors must assess and manage any work they intend to undertake that could lead to the exposure to noise and ensure that work they carry out is conducted so as to avoid, where possible excessive noise or the exposure to high levels of noise.

Contractors must cooperate and coordinate with the UHS Estates team to ensure the details of this policy are adhered to and that any requirements under The Construction (Design and Management) Regulations 2015 (CDM 2015) are actioned as appropriate.

Employees

All employees must:

- report any incidents involving noise levels to their line manager and complete an incident form following the Trust incident reporting procedures
- co-operate with the undertaking of workplace noise monitoring where required
- attend the OH department when health surveillance appointments are indicated as a requirement following a risk assessment
- attend all training where appropriate
- use hearing protection provided where this is a mandatory requirement or when advised to do so

Procedures for managers

Managers are responsible for themselves, their staff or anyone entering areas that they have control over that could be noisy acting in accordance with this policy. They should consider if a noise problem at work exists, the HSE guidance states that action will probably be needed if any of the following apply:

- Is the noise intrusive- like a busy street, a vacuum cleaner or a crowded restaurant- for most of the working day?
- Do your employees have to raise their voices to carry out a normal conversation when about 2 metres apart for at least part of the day?

- Do your employees use noisy powered tools or machinery for more than half an hour each day?

Managers must ensure that suitable and sufficient risk assessments are undertaken on activities that could lead to unsafe exposure to noise using the guidance found in:

- The HSE Noise at Work Guidance <http://www.hse.gov.uk/pubns/indg362.pdf>
- The HSE Noise Don't lose your hearing! <http://www.hse.gov.uk/pubns/indg363.pdf>
- The Trust Risk Management policy and procedure <http://staffnet/TrustDocsMedia/DocsForAllStaff/GovernanceAndSafety/RiskManagementPolicyandprocedures/RiskManagementPolicyAndProcedures.docx>

If required they must then introduce noise control measures that are reasonably practicable to reduce the noise levels or exposure in their area to a safe level assisted by the Health and Safety team where appropriate.

Report any incidents involving excessive noise levels following the Trust incident reporting procedures

Should brief their staff and anyone entering the areas they have responsibility for, with information of any noise related concerns and the effects of that noise.

Consider if those areas presenting a high risk of exposure to noise need to be added to the local risk register and monitored through the Divisional/THQ Governance Teams in accordance with the UHS risk management policy and procedures

Ensure that if the provision of ear protection is required following the risk assessment process, is available, provided free of charge, the use of the protection is monitored and that staff are trained to use this equipment.

Ensure that if health surveillance is required for their staff that they attend any appointments made on their behalf

Ensure that if health surveillance is required for their staff (exposed above 85 dBA, or between 80-85 dBA for employees with known hearing impairment) that:

- they inform Occupational Health of the names of staff affected
- staff attend any appointments made on their behalf
- they keep a copy of the outcome of health surveillance (fitness to continue at work under the exposure conditions defined in the risk assessment) for each member of staff affected

HSE actions levels and limit values

The Noise Regulations require you to take specific action at certain action values and these relate to:

- the levels of exposure to noise of your employees averaged over a working day or week:
- the maximum noise to which employees are exposed in a working day

Lower exposure action values:

- daily or weekly exposure of 80dB:
- peak sound pressure of 135dB:

If you believe that noise exposure may exceed the lower exposure action value, you **MUST**:

- assess the risk to workers' health
- provide staff likely to be exposed with appropriate information and training
- Provide hearing protection to staff who may be exposed, if they request it

Upper exposure action values:

- daily or weekly exposure of 85dB:
- peak sound pressure of 137dB:

If you believe that noise exposure may exceed the upper exposure action value, you **MUST**:

- assess the risk to workers' health
- provide staff likely to be exposed with appropriate information and training
- provide and enforce compulsory hearing protection zones
- provide hearing protection suitable for noise levels to which workers are exposed

Exposure limit levels:

- daily or weekly exposure of 87dB:
- peak sound pressure of 140dB:

If you believe that the noise exposure may exceed the exposure limit level, you **MUST**:

- assess the risk to workers' health
- provide staff likely to be exposed with appropriate information and training
- make appropriate arrangements to ensure that noise exposure is reduced so that the exposure limit level is not exceeded. For example:
 - Reduce noise at source – use less noisy tools or equipment
 - Remove as many staff as possible from the noisy area
 - Place sound baffles between the noise source and staff
 - Reduce the time that staff are exposed (halving the time staff are exposed to noise reduces average exposure by 3dB)
 - Provide more appropriate ear defenders or other hearing protection

Health and Safety Policy

Version: 10.0

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The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This document has therefore been equality impact assessed to ensure fairness and consistency for all those covered by it, regardless of their individual differences, and the results are available on request.