

Meeting title:	Trust Board	Public Trust Board paper N
Date of the meeting:	14 March 2024	
Title:	UHL Health and Safety Policy Approval	
Report presented by:	Julie Hogg – Chief Nurse	
Report written by:	Neil Smith – Health and Safety Manager	

Action – this paper is for:	Decision/Approval	✓	Assurance	✓	Update	
Where this report has been discussed previously	UHL Health and Safety Committee, Policy & Guidelines Committee and Informal EF SMT					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
The Trust has a legal obligation, as an employer, under the Health and Safety at Work etc. Act., and the Management of Health and Safety at Work Regulations to document and share its policy for managing health and safety. This report provides assurance that this requirement has been met.

Impact assessment
Regulator Interest Non-compliance with Health and Safety Legislation Potential for Enforcement notices and fees for intervention

Acronyms used: EF – Estates and Facilities Directorate SMT – Senior Management Team UHL – University Hospitals of Leicester NHS Trust
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Purpose of the Report

To highlight changes made to UHL Policy Document A17/2002 (Health and Safety) and to satisfy Policy and Guidelines Governance arrangements to seek approval from the Trust Board.

Recommendation

The Board is asked to:

- Acknowledge that the Board level Director for Health and Safety is now Director of Estates, Facilities and Sustainability (having transferred from the Medical Director)
- Accept and approve the updated UHL Health and Safety Policy (enclosed)

Summary

Within internal Governance, due to its legal standing, the UHL Health and Safety Policy is a “Category A” document. As such final approval policy is required at Trust Board in addition to approval by the consulted contributors and the Policy and Guidelines Committee (PGC).

To enable this final step to proceed the PGC have requesting a covering report to include in the Trust Board agenda to seek final approval.

The policy has been updated as set out in the main body of this report and covers off the three specific areas required:

- Statement of intent
- Responsibilities for health and safety
- Arrangements for health and safety

Main report detail

The UHL Health and Safety Policy A17/2002 has been reviewed, updated and issued for internal consultation with all members of the UHL Health and Safety Committee and other appropriate colleagues in line with PGC Governance.

All suggested amendments have been taken into account and applied to the policy as appropriate.

The policy was submitted to the Policy and Guidelines Committee 27 October 2023 for review.

All subsequent requests for clarity and/or amendments by PGC have been actioned.

To enable final endorsement and publication, PGC have requested formal sign off from the Board Level Director for HS to support the Policy submission at the next Trust Board.

A summary of the changes made in this Policy update are outlined below:

- Change Board Director Lead to Director of Estates, Facilities and Sustainability (Mike Simpson)
- New Statement of Intent included, signed and dated by Chief Executive Officer
- Replace all references throughout this policy to the Director of Quality Governance with the Director of Estates, Facilities & Sustainability.
- Replace all references throughout this policy to the Health and Safety Services team with Health and Safety Team.
- Replace all references throughout this policy to the UHL Health and Safety Services Manager with Health and Safety Team.

- Replace all references throughout this policy to the Executive Quality Board (EQB) with Risk Committee.
- Addition of 'HASAWA', 'Hazard' and 'Risk' within definitions
- Remove reference to the QSHE team.
- Expansion of point 4.10 to provide more detail on Other Specialist Advisors.
- Removal of reference to the Health and Safety Competencies for NHS Managers (July 2015) – The NHS Staff Council Health, Safety and Wellbeing Partnership Group.
- Addition of point 5.2 - The Plan, Do, Check, Act cycle
- Remove reference to the Mercury and Mercury Containing Equipment Policy
- Removal of Appendix B - Health & Safety General Risk Assessment Template. Noted in 5.3 UHL Generic Health & Safety Risk Assessment Form and saved as a separate document

Supporting documentation

UHL Health and Safety Policy (Trust Ref: A17/2002)

Health and Safety Policy

Approved By:	Policy & Guideline Committee / Trust Board
Date of Original Approval:	12th September 2002
Trust Reference:	A17/2002
Version:	August 2023
Supersedes:	May 2021
Trust Lead:	Neil Smith, Health and Safety Manager
Board Director Lead:	Mike Simpson Director of Estates, Facilities & Sustainability
Date of Latest Approval	2023
Next Review Date:	2026

CONTENTS

Section		Page
1	Introduction and Overview	3
2	Policy Scope	4
3	Definitions and Abbreviations	4
4	Roles	5
5	Policy Implementation and Associated Documents	12
6	Education and Training	13
7	Process for Monitoring Compliance	15
8	Equality Impact Assessment	17
9	Supporting References, Evidence Base and Related Policies	17
10	Process for Version Control, Document Archiving and Review	18

Appendices		Page
A	UHL Health and Safety Committee Structure	19

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

1. Title Page – Change Board Director Lead to Mike Simpson
2. 1.5.1 New Statement of Intent wording included to replace former wording. Removal of Rebecca Brown Acting Chief Executive and replaced with Richard Mitchell Chief Executive. Also re-date to current policy date.
3. Replace all references throughout this policy to the Director of Quality Governance with the Director of Estates, Facilities & Sustainability.
4. Replace all references throughout this policy to the Health and Safety Services team with Health and Safety Team.
5. Replace all references throughout this policy to the UHL Health and Safety Services Manager with Health and Safety Team.
6. Replace all references throughout this policy to the Executive Quality Board (EQB) with Risk Committee.
7. 3.1 Addition of 'HASAWA', 'Hazard' and 'Risk'.
8. 4.7.2f Remove reference to the QSHE team.
9. Expansion of point 4.10 to provide more detail on Other Specialist Advisors.
10. 5.1 Removal of reference to the Health and Safety Competencies for NHS Managers (July 2015) – The NHS Staff Council Health, Safety and Wellbeing Partnership Group.
11. Addition of point 5.2 - The Plan, Do, Check, Act cycle
12. 9.1 Remove reference to the Mercury and Mercury Containing Equipment Policy
13. Removal of Appendix B - Health & Safety General Risk Assessment Template. Noted in 5.3 UHL Generic Health & Safety Risk Assessment Form and saved as a separate document.

KEY WORDS

Health, Safety, Risk Assessment

1 INTRODUCTION AND OVERVIEW

- 1.1 The Health and Safety at Work etc Act 1974 (HASAWA) requires all employers who employ 5 or more persons, to produce and maintain a written Health and Safety Policy and bring it to the attention of its staff.
- 1.2 This document sets out the University Hospitals of Leicester (UHL) NHS Trust's Policy for the organisation and arrangements for ensuring the management of Health Safety and Welfare, imposed under HASAWA and subordinate Regulations and Approved Codes of Practice.
- 1.3 For simplicity and operational effectiveness the Trust has adopted the Health and Safety Executives HSG 65 model of Managing for Health and Safety (HSE 2013. Revised Edition). The Plan, Do, Check, Act approach (as detailed in section 5) helps achieve a balance between the systems and behavioural aspects of management. It also treats health and safety management as an integral part of good management generally, rather than as a stand-alone system.
- 1.4 The Health and Safety Policy is supplemented with a range of topic specific health and safety policies and procedures that provide advice and guidance for managers and staff. These are listed in Section 9 of this policy.
- 1.5 **Statement of Intent**
 - 1.5.1 University Hospitals of Leicester (UHL) NHS Trust has a duty of care under the Health & Safety at Work Act (1974), and other subordinate legislation, to ensure, so far as is reasonably practicable, the health, safety and welfare of employees, and those persons who are not employees who might be affected by the activities of the organisation.

The UHL Trust Board are totally committed to ensuring the Health, Safety and Welfare of all who come onto its premises or who are in any way affected by the undertaking of UHL's activities, whether they are staff, patients, visitors, contractors or members of the public.

The UHL Trust Board regards the implementation of health, safety and welfare, including fire safety, manual handling activities and the management of violence and aggression against staff as an essential objective of its business. Achievement of this objective will improve the Trust's effectiveness and delivery of patient care and services.

The UHL Trust Board 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.

The UHL Trust Board 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.

The UHL Trust Board will seek to embrace best practice from the wider healthcare community and will proactively seek out innovative and dynamic initiatives that will assist UHL 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.

There will be joint consultation between management, Health and Safety, Staff-Side Representatives and staff on health, safety and environmental issues, so that the best advice is available for establishing and monitoring a safe environment, working practices and hospital related procedures.

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

Signed: 
Richard Mitchell
Chief Executive

Date: 24 August 2023

2 POLICY SCOPE

- 2.1 This policy applies to all staff employed by the Trust, either directly or indirectly, and to any other person or organisation which uses the Trust's 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.

3 DEFINITIONS AND ABBREVIATIONS

- 3.1 **Competence** - The ability to undertake responsibilities and perform activities to a recognised standard on a regular basis. It combines practical and thinking skills, knowledge and experience.

Health and Safety Management System - A formal management system or framework of arrangements to enable an organisation to provide safe and healthy workplaces by preventing work-related injury and ill health

HASAWA - Health and Safety at Work etc Act 1974

HSE – Health and Safety Executive

HSG – Health and Safety Guidance

H&S – Health and Safety

HST – Health and Safety Team

Hazard – Something with the potential to cause harm or adverse health effect on a person or persons

RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 is a regulation which puts duties on employers, the self-employed and people in control of work premises to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).

Risk – The likelihood that a person may be harmed or suffers adverse health effects if exposed to a hazard

Risk Assessment - The systematic collection of information to determine the likelihood and severity of harm and identify where additional controls are needed to reduce the risk to as low as reasonably practicable.

(Note: The UHL Risk Management Policy utilises a different set of risk assessment rating category descriptions to Health and Safety and has its own form for completion).

Safe System of Work (SSOW) – Any system or process put in place to allow staff to carry out their work activities as safe as possible.

So Far As Is Reasonably Practicable - balancing the level of risk against the measures needed to control the real risk in terms of money, time and effort

Suitable and Sufficient – The level of detail in a risk assessment should be proportionate to the risk.

UHL – University Hospitals of Leicester NHS Trust

4 ROLES

4.1 The Trust has identified specific responsibilities to be discharged at various levels throughout the organisation's management structure to facilitate compliance with Health and Safety legislation.

4.2 Trust Board

4.2.1 The Trust Board has overall accountability for the activities of the organisation. The Trust Board shall ensure that they receive appropriate assurances in respect of compliance with the Health and Safety at Work etc Act 1974 and other subordinate legislation.

4.3 Chief Executive

- 4.3.1 The Chief Executive of the University Hospitals of Leicester NHS Trust has overall responsibility for ensuring that arrangements are in place to meet the provisions of the Health and Safety at Work etc Act 1974 and subordinate legislation.
- 4.3.2 In order to discharge this responsibility the Chief Executive will ensure there is an appropriate management structure in place, with key roles and adequate resources for the competent management of Health & Safety, including fire safety, manual handling activities and violence and aggression against staff.

4.4 Board Level Director

- 4.4.1 The Chief Executive has appointed the Director of Estates, Facilities & Sustainability as the Board Level Director for Health and Safety.
- 4.4.2 The Board Level Director shall be the champion for Health and Safety issues at board level, the development of the Health and Safety risk profile and propose programmes of work relating to Health and Safety for consideration as part of the annual planning process.
- 4.4.3 The Board Level Director shall be responsible for:
- a. overseeing the development, monitoring and implementation of the Health and Safety Management system.
 - b. ensuring the co-ordination of all health and safety activities within the Trust.
 - c. submitting an annual report to the Board detailing Health & Safety performance
 - d. ensuring that sufficient competent persons are employed to provide advice and guidance to the Board and all levels of the Trust in relation to Health & Safety Management.

4.5 Clinical Directors / Clinical Management Group (CMG) Heads of Operations / Corporate Directors

- 4.5.1 In addition to any other specific duties:
- a. ensure that management structures and responsibilities are identified and functioning for the effective management of Health and Safety across their areas of responsibility.
 - b. facilitate effective communications and partnership working with Health and Safety Staff-Side Representatives and staff in respect of Health and Safety Management.
 - c. provide assurance to the Board Level Director for Health and Safety that effective Health and Safety Management arrangements are in place and functioning across their areas of responsibility.

- d. promoting and supporting the aims of this Policy.

4.6 Service Managers and General Managers

4.6.1 All Service Managers and General Managers are responsible for ensuring the Health and Safety Policy is implemented within their areas of control.

4.6.2 Specifically they are responsible for:

- a. effective delegation of health and safety risk management to their department managers;
- b. escalating health and safety risks upwards to Clinical Directors / Clinical Management Group (CMG) Heads of Operations / Corporate Directors;
- c. ensuring they, their managers and staff receive appropriate health and safety information, instruction, training and supervision;
- d. ensuring their Ward / Department Managers implement this policy and related policies, procedures and documentation, within their areas;
- e. ensuring their Ward / Department Managers have adequate resources to effectively manage health and safety risks within their departments;
- f. promoting and supporting the aims and objectives of this Policy;
- g. ensuring that all staff are aware of the Health and Safety Policy and associated policies, procedures and documentation.
- h. Ensuring effective partnership working is maintained and supported with local department Staff-Side Representatives.
- i. monitoring and reviewing health and safety performance in their areas of responsibility.
- j. develop an annual health and safety action plan, aimed at improving health and safety performance and reducing risks in areas identified during the monitoring and audit process.
- k. ensuring there are Safe Systems of Work (SSOW) within their areas of control, aimed at achieving compliance with statutory and regulatory requirements, codes of practice and other professional standards and best practice.
- l. Ensuring all incidents are reported, investigated and recorded in line with the Incident and Accident Reporting Policy (including the investigation of serious, RIDDOR and security incidents) (Trust ref:A10/2002) and that all '*RIDDOR reportable*' incidents are brought to the attention of the Health and Safety Team in a timely manner.

4.7 Ward / Department Managers and Supervisors

- 4.7.1 The effectiveness of the management of health and safety risks is critical to the Trust's health and safety performance. Ward / Department Managers are directly accountable to their senior managers and have day-to-day responsibility for managing the health and safety of their staff, patients and visitors.
- 4.7.2 Ward / Department Managers therefore have a legal duty / obligation to undertake risk assessments, provide and maintain a healthy and safe working environment for their staff, patients and visitors. Their senior manager will assist them in this duty/obligation.

Ward / Department Managers and Supervisors are responsible for:

- a. undertaking a full risk assessment programme for their areas of control to identify hazards and implement appropriate controls to reduce the levels of risk to a tolerable / acceptable level for their staff, patients, and any visitors.
- b. escalating issues to Service Managers as necessary.
- c. providing staff with information surrounding the risks they may face and the control measures introduced to eliminate or reduce these risks.
- d. ensuring that the suitable and sufficient risk assessments (Appendix B) and/or those which are in accordance with the topic specific health and safety policies are available and accessible to all staff at all times and others who may need to refer to them.
- e. ensuring staff receive appropriate health and safety training, information, instruction and supervision to enable them to carry out their duties safely and efficiently.
- f. co-operating with the Health and Safety Team and act on any recommendations.
- g. notifying the Health and Safety Team of any reportable incidents that fall under the remit of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- h. investigating accidents/incidents to discover their immediate, underlying and root causes and ensure that suitable and sufficient corrective actions have been taken to reduce the likelihood of recurrence or to eliminate completely where reasonably practicable.
- i. liaising and working collaboratively with Staff-Side Safety Representatives on matters concerning safety.
- j. Refer to the Risk management Policy for information and guidance on entering risk assessments onto Datix.

4.8 Employees

4.8.1 All employees, including bank staff, volunteers, contractors and self-employed have a general duty whilst at work:

- a. to take reasonable care for the health, safety and welfare of themselves and of other persons (including members of the public and patients) who may be foreseeably affected by their acts or omissions at work;
- b. to co-operate with the Trust in the discharge of its statutory duties in relation to the Health and Safety at Work etc Act 1974 and subordinate legislation;
- c. not to intentionally or recklessly interfere or misuse anything provided for the purposes of health and safety.
- d. to report any work situation involving serious and/or immediate danger to their line manager and the person in charge of the area they are working in, if this is a different person.
- e. to report any defects, damage or shortcomings in the equipment or arrangements provided for health and safety at work to their line manager and the person in charge of the area they are working in, if this is a different person.
- f. to report all accidents, incidents or near misses to their line manager or senior person in charge of them and to record the incident using the Datix Incident reporting system.

4.9 Health and Safety Managers

- a. provide competent advice, guidance and support to all levels of the organisation and promote the effective development, implementation and monitoring of health and safety management systems and arrangements.
- b. be responsible to the Director of Estates, Facilities & Sustainability.
- c. work collaboratively to support and advise all levels of management with direct and ultimate responsibility for all aspects of safety at work.
- d. establish and maintain systems which encourage managers and employees to treat safety as an integral element of the day to day operation of the Trust.
- e. Work in partnership with Local Staff-Side Health and Safety Representatives.
- f. seek and use the advice of appropriate safety advisory bodies.
- g. liaise with the Trust's Insurers, Government Inspectors and other enforcing authorities as required.
- h. keep up-to-date with new developments and, in particular, being fully aware of regulations, codes and advice issued by the authorities in order to advise on their implications for the Trust.

- i. assess the likely effectiveness of any proposed action by Line Managers / Supervisors to prevent the recurrence of danger, injury or ill health.
- j. set and monitor annual safety objectives against timescales.
- k. monitor Trust arrangements to verify that safety legislation is being followed and that the statutory requirements are being maintained by conducting inspections and audits.
- l. report concerns through the appropriate Health & Safety communication channels.
- m. produce and implement safety training programmes.
- n. monitor all internal information concerning '*RIDDOR reportable*' accidents and dangerous occurrences, maintaining and using appropriate statistics.
- o. co-operate with employee safety representatives and participate in the work of the UHL Health and Safety Committee with a view to maximising its usefulness.
- p. co-ordinate health and safety within and between CMGs and Corporate Directorates across all sites.

4.10 Other Specialist Advisors

- 4.10.1 The Trust has appointed other specialist advisors to provide competent advice, guidance and support in their respective specialist subject areas, at all levels of the trust. These include, but are not restricted to:

Authorised Persons – Within Estates & Facilities there are a number of staff classified as Authorised Persons who specialise in key safety disciplines such as Asbestos, High and Low Voltage Electricity, Lifts, Medical Gases, Steam & Pressure Systems, Ventilation and Water.

Dangerous Goods Safety Advisor – The Dangerous Goods Safety Advisor monitors compliance with the requirements governing the carriage of dangerous goods by road or rail. Examples include clinical waste, corrosive substances, flammable gases & liquids and radioactive material.

Fire Safety – The Fire Safety Officers provide advice, guidance and training on all fire safety matters involving people and premises across all UHL functions; including building works such as refurbishments and new builds.

Food Safety - Food Safety Officers make sure that food is safe to eat by inspecting how food is handled, prepared and stored, including looking at cross contamination, cleaning, handling, chilling, cooking, storage and staff hygiene.

Infection Prevention & Control (IPC) – The IPC Team provide advice, guidance and training on all infection prevention matters involving people and premises across all UHL functions.

Local Security Management Specialist (LSMS) – The LSMS provide advice, guidance and training on all security matters including conflict resolution involving people and premises across all UHL functions and follow up on instances of violence and aggression against staff, disruptive behaviours and thefts.

Manual Handling – The Manual Handling Team provide advice, guidance and training on all manual handling matters including the handling of bariatric patients.

Occupational Health – The Occupational Health Service provides confidential and impartial advice to managers and staff on health related matters and provide health surveillance programmes where a need has been identified for health surveillance to be carried out.

People Services - The People Services Directorate is made up of a number of functions in recruiting, training and supporting staff, including Health and Wellbeing, AMICA.

Radiation Protection – The Leicester Radiation Safety Service provides scientific and technical support for the use of ionising (x-rays, radionuclides) and non-ionising (lasers and ultraviolet) radiations.

4.10.2 Where necessary the Trust will procure external contractors / specialists to advise on matters outside of existing competencies.

4.11 Staff-Side Health and Safety Representatives

4.11.1 UHL Trust recognises and accepts both formally appointed union Health and Safety Representatives and other recognised Health and Safety Representatives to represent the workforce.

4.11.2 The role of the Trade Union Accredited Health and Safety Representative is to represent fellow members in consultations on health and safety matters with the employer by carrying out their functions efficiently and using the resources and assistance provided by the employer. In this way, co-operation on safety matters will improve the overall health, safety and welfare of the staff and their workplace.

4.11.3 The Functions of a Staff-side Safety Representative are as follows:

- a. work jointly with the employer, to ensure compliance with relevant health and safety legislation.
- b. influence the employer to work towards a healthy and safe environment by negotiating and representing the health and safety interests of union members at work
- c. where elected to do so, to attend meetings of safety committees and raise relevant matters
- d. alert work colleagues to the risks and their obligations for health and safety for themselves and others
- e. carry out safety inspections and contribute to risk assessments in the workplace and to provide employers with copies of inspection reports in order to receive responses in respect of the inspection reports

- f. represent union members on matters related to workplace accidents and incidents

4.11.4 Health and Safety Coordinator / Officer (Laboratories)

- a. Where managers identify a local need for a member of staff to coordinate Health and Safety activity on their behalf, (such as carrying out risk assessments or inspections), they should appoint the person and specify what their local role and responsibilities are. These staff should be referred to as Health and Safety Coordinator / Officer (Laboratories). The Health and Safety Coordinator / Officer (Laboratories) should also work in partnership with Local Health and Safety Staff-Side Representatives as required.

4.12 UHL Health and Safety Committee

- 4.12.1 The UHL Health and Safety Committee, chaired by the Director of Estates, Facilities & Sustainability, will monitor the Trust's Health and Safety arrangements and will provide regular reports to the Trust's Risk Committee in line with Governance arrangements.
- 4.12.2 The Committee meets on a 6 weekly basis.
- 4.12.3 A number of sub groups report into the UHL Health and Safety Committee. The reporting structure is shown in Appendix A.

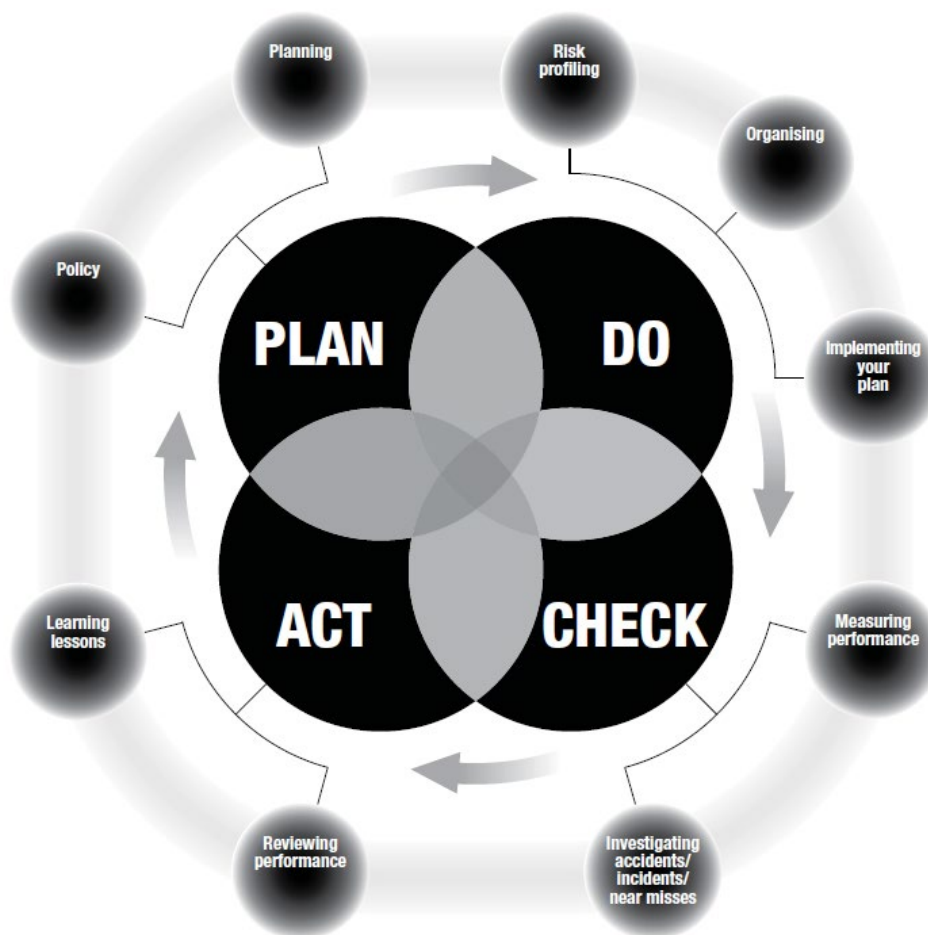
5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

- 5.1 This policy is supported by the processes/procedures/standards found in the associated documents as detailed below, and which must be used in conjunction with this policy.

Workplace Health and Safety Standards (Updated 2022) – The NHS Staff Council Health, Safety and Wellbeing Partnership Group.

5.2 The Plan, Do, Check, Act cycle

Plan, Do, Check, Act	Health and Safety Management	Process Safety
Plan	Determine your policy / Plan for implementation	Define and communicate acceptable performance and resources needed
Do	Profile risks / Organise for health and safety / Implement your plan	Identify and assess risks / Identify controls / Record and maintain process safety controls
		Implement and manage control measures
Check	Measure performance (monitor before events, investigate after events)	Measure and review performance / learn from measurements and findings of investigations
Act	Review performance / Act on lessons learned	



Plan

- Think about where you are now and where you need to be.
- Say what you want to achieve, who will be responsible for what, how you will achieve your aims, and how you will measure your success.
- Decide how you will measure performance. Think about ways to do this that go beyond looking at accident figures; look for leading indicators as well as lagging indicators. These are also called active and reactive indicators
- Consider fire and other emergencies. Co-operate with anyone who shares your workplace and co-ordinate plans with them.
- Remember to plan for changes and identify any specific legal requirements that apply to you.

Do

- **Identify your risk profile** Assess the risks, identify what could cause harm in the workplace, who it could harm and how, and what you will do to manage the risk.
- Decide what the priorities are and identify the biggest risks.
- **Organise your activities to deliver your plan**
In particular, aim to:
Involve workers and communicate, so that everyone is clear on what is needed and can discuss issues – develop positive attitudes and behaviours.
Provide adequate resources, including competent advice where needed.
- **Implement your plan** Decide on the preventive and protective measures needed and put them in place.
Provide the right tools and equipment to do the job and keep them maintained.

Train and instruct, to ensure everyone is competent to carry out their work.
Supervise to make sure that arrangements are followed.

Check

- **Measure your performance** Make sure that your plan has been implemented – ‘paperwork’ on its own is not a good performance measure. Assess how well the risks are being controlled and if you are achieving your aims. In some circumstances formal audits may be useful.
- **Investigate the causes of accidents, incidents or near misses**

Act

- **Review your performance** Learn from accidents and incidents, ill-health data, errors and relevant experience, including from other organisations. Revisit plans, policy documents and risk assessments to see if they need updating.
- **Take action on lessons learned, including from audit and inspection reports**

5.3 UHL General Health & Safety Risk Assessment Form

The General Health & Safety Risk Assessment Form can be found on INsite.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 Health and Safety Training is required for all staff employed by UHL and forms part of the Mandatory e-learning training needs of the Trust. This can be accessed / booked using HELM.
- 6.2 Managers are responsible for identifying the health and safety training needs within their areas of responsibility. The risk assessment process will help identify those needs.
- 6.3 Managers must ensure that they and their staff receive sufficient information, instruction, training and supervision to enable them to carry out their duties, without risk to safety and health of themselves or others. It is important that new starters attend the corporate induction training and that all staff new into the Manager's area of responsibility receive a local induction which includes the process for communicating any significant hazards.
- 6.4 The Health and Safety Team team provide a programme of health and safety training courses.
- 6.5 Managers identifying additional training requirements should contact the Health and Safety Team for advice and guidance.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 The standards for monitoring this policy are shown in the Policy Monitoring table set out below.

POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
The appropriate Board Level Committee has assurance against Corporate Health & Safety Risks	Committee Chairs	A) Health & Safety risk profile B) Action taken or planned to mitigate identified Corporate Risks C) Serious Health & Safety incidents including trend analysis, lessons learnt and actions taken D) Health & Safety action plan E) Any enforcement action or contact from enforcement agencies	Every 6 weeks	UHL Health & Safety Committee which reports to the Risk Committee, which reports up to the Audit Committee which reports to Trust Board
Health & Safety reporting	Committee Chairs	Reports received from the Trust's <ul style="list-style-type: none"> - Cleaning Forum - Estates & Facilities Health and Safety Group - Fire Safety Group - Food Safety Group - Infection Prevention & Control Team - Local Health & Safety Group - Occupational Health - Radiation Protection 	Every 6 weeks	UHL Health & Safety Committee which reports to the Risk Committee, which reports up to the Audit Committee which reports to Trust Board

		<p>Committee</p> <ul style="list-style-type: none"> - Security Management and Police Liaison Committee - Waste Committee - Ventilation Safety Group - Specific Task and Finish Groups as required 		
CMG and Corporate functions will provide assurance that the management of health & safety is being maintained in accordance with the Health & Safety Policy and supporting policies and arrangements	Clinical / Corporate Operational Managers	<p>CMG and Corporate functions have in place:</p> <ul style="list-style-type: none"> - Standard Operating Procedures - Risk assessments - Action Plans 	Monthly	CMG Quality and Safety / Intergrated Boards and Corporate Equivalent
RIDDOR reportable incidents are reported within the timescales specified, investigated and recommendations made where required	Health & Safety Team	DATIX incident reporting system	Every 6 weeks	Local Health and Safety Group, Estates & Facilities Safety Group, UHL Health & Safety Committee which reports to the Risk Committee, which reports up to the Audit Committee which reports to Trust Board
Training compliance	Health & Safety Team	HELM training records	Every 6 weeks	Local Health and Safety Group, Estates & Facilities Safety Group, UHL Health & Safety Committee which reports to the Risk Committee, which reports up to the Audit Committee which reports to Trust Board

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- 9.1 This policy is a statutory requirement under the Health and Safety at Work etc Act 1974, and is supported by topic specific subordinate legislation, Approved Codes of Practice and other guidance documents. The following Trust Policies also contain topic specific health and safety guidance.

Agile Working (Including Home Working) Policy	B46/2020
Cleaning and Decontamination for Infection Prevention Policy	B5/2006
Control of Substances Hazardous to Health (COSHH) Policy	B10/2002
Core Training (Statutory and Mandatory) Policy	B21/2005
Display Screen Equipment Policy	B13/2002
Electrical Low Voltage Management Policy	B27/2006
Facilities and time off for accredited representatives and members of trade unions and professional organisations agreement	B20/2014
Fire Safety Policy	A7/2002
First Aid Policy	B23/2004
Health & Safety of Young People at Work Policy and Procedure	B52/2006
Incident and Accident Reporting Policy (including the investigation of serious, RIDDOR and security incidents and the maternity risk management policy)	A10/2002
Infection Prevention Policy	B4/2005
Ionising Radiation Safety Policy	B26/2019
Latex – Allergy in Patients and Staff Policy	B29/2005
Lone Worker Policy	B27/2008
Managing the Health, Safety and Welfare of Contractors Policy	B24/2004

Noise Control Policy	B7/2004
Non-Ionising Radiation Safety Policy	B25/2019
Personal Protective Equipment at Work Policy	B9/2004
Risk Management Policy	A12/2002
Safer Handling Policy	B65/2011
Security Policy	A14/2002
Sharps Safety Policy	B8/2013
Stress Management Policy and Procedure	B20/2005
Management of Violence, Aggression and Disruptive Behaviour Policy	B11/2005
Workplace (Site) Transport Policy	B28/2006
Waste Management Policy	A15/2002
Work Equipment Policy	B8/2004
Work at Height Policy	B67/2011

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 This document will be reviewed on a three yearly basis unless earlier revision is required following internal audits and/or external guidance. The Health and Safety Team will be responsible for initiating the regular review of this policy.
- 10.2 Following ratification by the Trust Board and UHL Policy and Guidelines Committee new versions of this document will be uploaded onto SharePoint by Trust Administration and previous versions will be archived automatically through this system. Access for staff to this document is available through UHL 'INsite'.

UHL Health and Safety Committee Structure

