

## **TRUST POLICY/PROCEDURE/STRATEGY AMENDMENT SHEET**

<b>DOCUMENT TITLE</b>	Health & Safety Policy
<b>DATE OF INITIAL AUTHORISATION</b>	5 December 2012
<b>DATE OF THREE YEAR REVIEW</b>	Extended to 26 November 2021
<b>DATE OF AMENDMENT AUTHORISATION</b>	26/11/2018
<b>NEW VERSION</b>	8.4
<b>REPLACES EXISTING VERSION</b>	8.3
<b>AUTHOR</b>	Trevor Loftus, Head of Physical Risk and Emergency Preparedness. Amended by Rodney Foster, Health & Safety Advisor, Governance and Risk.

<b>Date of Amendment</b>	<b>Page No.</b>	<b>Amendment details</b>
20 Sept 2016	1	Review date extended until 31 August 2018 by agreement with Julie Seed, Associate Director, Patient Safety, Governance and Risk
26/11/2018	1	Review date extended until 26/11/2021 by agreement with Christine Morris, Associate Director of Governance.

# HEALTH AND SAFETY POLICY

A POLICY, WHICH ENACTS THE OVERARCHING PRINCIPLES BEHIND THE BOARD OF DIRECTORS COMMITMENT TO HEALTH AND SAFETY FOR ITS STAFF, PATIENTS AND VISITORS TO TRUST PREMISES.

AUTHOR.	APPROVED BY	DATE AUTH	POLICY REFERENCE NUMBER
NAME <b>Trevor Loftus</b>	NAME <b>Karen Partington</b>	20 September 2016	<b>TP-16</b>
SIGNATURE <b>HEAD OF PHYSICAL RISK AND EMERGENCY PREPAREDNESS</b>	SIGNATURE <b>CHIEF EXECUTIVE</b>	REVIEW DATE 26/11/2021	

## TRUST POLICY

This Policy has general application throughout the undertaking of Lancashire Teaching Hospital NHS Foundation Trust. It represents the governing principles outlined within the document which are fully supported in every respect by the Board of Directors.

All members of staff are required to adhere to the principles involved as outlined within this document, together with any related procedures, which are enabled by this policy.

### This Policy was produced in consultation with:

Board of Directors	Risk Management Committee
Health and Safety Committee	Director of Facilities and Services
Occupational Health Consultant	Workforce Director
Head of Patient Safety	Department of Physical Risk Management
Safety and Environmental Governance Committee	

### Other Trust Policies/Procedures associated with this document include:

As an enabling document this policy should be read in conjunction with all Trust Health & Safety and Fire Risk Management Procedures.

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**Lancashire Teaching Hospitals NHS Foundation Trust Impact Assessment Screening**

<b>Policy Title: Health &amp; Safety Policy</b>		<b>Impact Assessment approved by:</b>	
<b>Policy Author: Trevor Loftus</b>			
1.	<b>Does the policy/strategy affect one group more or less favourably than another on the basis of:</b>	<b>Yes/No</b>	<b>Evidence in support of either positive or negative impacts, including references to research and national documents must be provided for the sections below</b>
	1. Race	No	This is a mandatory requirement and is equally relevant to all employees of the Trust. It does not discriminate in any way against any of the categories listed.
	2. Disability	No	
	3. Gender	No	
	4. Sexual Orientation	No	
	5. Religion or Belief	No	
	6. Age	No	
	7. Marriage and Civil Partnership	No	
	8. Gender reassignment	No	
	9. Pregnancy and Maternity	No	
2.	Is there any evidence some groups will be affected differently?	No	
3.	If potential discrimination has been identified is this justifiable (you must explain why)?		
4.	What methods of consultation have you used and with whom please describe?		Safety & Environmental Governance Committee, Physical Risk Team
5(a)	Is the impact identified likely to have a negative impact on the Policy/Strategy?		
5(b)	Can the impact be avoided?		
5(c)	Are there alternative ways of achieving the aims of the Policy/Strategy to remove the impact?		
5(d)	Can measure be put in place to reduce the impact?		
<b>Comments</b>			<b>Action to be taken (or not applicable)</b>

Name and designation of person completing this form Trevor Loftus, Head of Physical Risk and Emergency Preparedness Date 5 Dec 2012 (If anyone reading this form identifies any potential discriminatory impact that has not been identified on this form, please contact the Policy Author named above, along with suggestions how the impact can be eliminated or reduced.)

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A Policy which outlines the Trust Intentions and organisational arrangements for ensuring the Health and Safety of its employees, together with those persons, other than employees who may be affected by the activities of the Trust. The Policy will satisfy the requirement imposed by Section 2(3) of the Health and Safety at Work etc Act 1974.

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## 1.0. STATEMENT OF INTENT

1.1. The Board of Directors accepts in full the overall obligations imposed by the Health and Safety at Work etc. Act 1974, and will comply to the best of their ability with both the detail and intent of the Act and all associated legislation enabled by the Act and or any European Community Regulation. The Board recognises its pivotal role in providing effective and tangible leadership with regard to all aspects of health and safety throughout the organisation. Individual Board members will be assigned to particular roles within health and safety as necessary. For example: a named Director and Non-executive Director with particular responsibility for health and safety, personal safety and the protection of staff from violence and aggression.

1.2. It is therefore the policy of the Trust to ensure, so far as is reasonably practicable, that every possible step will be taken to ensure the health, safety and welfare of all its employees and others who may be affected by the work activity.

1.3. The Trust will make adequate provisions in financial and organisational terms to maintain a healthy and safe working environment.

1.4. The Trust requires employees at all levels to co-operate in establishing and maintaining safe and healthy working conditions and to avoid any acts or omissions, which may be detrimental to the health and safety of themselves or others.

1.5. All reasonably practicable steps will be taken to safeguard staff member, patients, contractors and authorised visitors from injury and ill health arising from any Health Service activity under the control of the Trust.

1.6. Staff will be adequately trained to ensure that they can carry out their work safely and without risk to their own health and safety or to the health and safety of others.

1.7. When determining priorities for the allocation of resources, health and safety objectives shall be given equal consideration with other National Health Service and Government objectives.

1.8. So far as is reasonably practicable, employees of independent contractors whilst present on the Trust premises will not be put at risk from Health Service activities and will not themselves pose an undue risk to staff patients and visitors.

1.9. There will be adequate consultation with Trust employees and their representatives to achieve the aims of this safety policy under the Safety Committees and Safety Representatives Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996.

1.10 The Trust welcomes the opportunity to co-operate with any safety representatives appointed under the Safety Representatives and Safety Committee Regulations 1977 and representatives of employee safety under the Health and Safety (Consultation with Employees) Regulations 1996. A Health and Safety Committee will be established comprising of representatives from Trust Management and Safety Representatives. The Committee will meet bi-monthly and will be chaired by the Director of Facilities and

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Services who will act as the Director responsible for health and safety. The Director of Facilities and Services will act as the direct link to the Board of Directors with regard to all aspects of health and safety within the organisation.

1.11. There are a number of related policies, together with detailed Trust Risk Management Procedures published on the Trust Intranet, which are associated with Health and Safety. The Trust Polices on Fire Safety, Security and Environmental Management form a sub set of this Policy. This policy should be read in conjunction with the documents mentioned above, together with the Trust Risk Management Strategy.

1.12. A non executive Director will be appointed to champion health and safety at board level.

## **2.0. INTRODUCTION**

2.1. This document is issued by Lancashire Teaching Hospitals NHS Foundation Trust and applies to:-

- a) Every work activity, and all premises controlled by the Trust.
- b) All employees of the Trust whilst engaged on Trust business.
- c) Other Health Service employees whilst present on Trust premises.
- d) Any other person with access to the Trust premises.

2.2. A copy of this document and any subsequent revision will be issued throughout the Trust and brought to the notice of any other person to whom it applies.

2.3. This document will be reviewed each year and any revisions considered necessary will be the subject of consultation with the Health & Safety Committee, prior to submission for the approval of any revision to the Safety and Environmental Governance Committee. Due to the regulatory nature of its existence, this document will be subject to approval by the Board of Directors, and signed by the Chief Executive as the nominated person with overall responsibility for health and safety. Consultation on the content of the policy at high level within the Trust will be via the Risk Management Committee, with final approval at a formal meeting of the Board of Directors.

## **3.0. IMPLEMENTATION**

3.1. The requirements of this policy document, together with any extension made to it will be implemented in full in all areas under the control of the Trust.

3.2. In order to achieve the highest standards of health and safety, the Trust requires the support and full co-operation of the Directors, managers, supervisors and staff members.

3.3. The implementation of the Trust wide arrangements for Health and Safety, Fire Safety, Security and Environmental Management, will be detailed in Trust Risk

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Management Procedures, which are themselves, enabled by the Trust Risk Management Strategy.

3.4. Trust Risk Management Procedures will follow the same authorisation and consultation route as Trust Policies and are thereby authorised for use by the appending of the Chief Executives signature on the original document. Trust Risk Management Procedures will therefore be mandatory across all Divisions and Directorates.

3.5. Trust Risk Management Procedures will be supplemented at Directorate level by procedures, which, lay down the organisational structure and arrangements, which exist for ensuring that the Trust policy and procedures are implemented within each Directorate. Directorate Risk Management procedures, where applicable will flesh out the detailed arrangements for health and safety whenever the Trust Risk Management Procedures require further amplification due to local conditions or processes. Where however, Trust Risk Management Procedures convey all the information required for safe working, then Directorate and Department procedures would not be required. The organisational structure for the management of health and safety within each Directorate will be detailed within the Directorate Risk Management Strategy.

3.6. Departmental documents will be drawn up by the relevant manager, in consultation with departmental safety representatives. These documents will detail the management structure and accountability arrangements within the various workplaces in that department, together with the system of control/procedures for significant workplace hazards. These documents may take the form of Directorate Risk Management Procedures or Standard Operating Procedures as necessary and in accordance with accepted practice.

Such documents will specify in particular:-

- a) How the premises and equipment are to be maintained in a safe and healthy state.
- b) What procedures exist for carrying out risk assessments and controlling workplace hazards.
- c) Directorate Risk Management procedures and/or standard operating procedures which will secure the provision of safe plant and equipment, a safe place of work and safe systems of work appropriate for that work place.
- d) What arrangements are in place to conduct health and safety inspections and audits of the workplace against the requirement of the relevant statutory provisions?
- e) Each of these supplementary documents will be signed by the appropriate General Manager and reviewed each year.

#### **4.0. ORGANISATION: (for specific roles see Appendix C).**

4.1. Work activity within the Trust is controlled, on behalf of the Trust by the Chief Executive, for which the Safety and Environmental Governance Committee and senior officers assist.

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4.2. For operational purposes the Trust is divided into Clinical Divisions and within the Divisions into Directorates, each under the control of a Clinical or Other Director and a General Manager. Non clinical Directorates do not fall within the Divisional structure.

4.3. Within each Directorate work activity is controlled at departmental level, by a department head, and within the department by first line managers. Each Directorate will nominate one or more responsible person who will always be a senior manager; this person will hold the title 'Responsible Officer' and will take responsibility by acting as Directorate lead on both health and safety matters and the dissemination of the Alerts generated by the Safety Alert Broadcasting System. The post of Responsible Officer may be held by the General Manager or delegated as necessary, however where the post is delegated the responsibility for health and safety within each Directorate rests with the Clinical Director and General Manager. Job descriptions will be amended to take into account these delegated responsibilities and duties. Additionally, Divisions will appoint higher level responsible officers to represent them at the Safety and Environmental Governance Committee. Non clinical directorates will be represented at Safety and Environmental Governance by their Responsible Officer.

4.4. Senior Medical personnel are also involved in the control of Trust activity and safety and must ensure that risk assessment has been carried out on medical procedures and the use of medical devices and equipment during such procedures.

4.5. Employees have individual responsibilities for Health and Safety while they are on Trust premises:-

- a) Taking reasonable care that they do not put themselves, Trust staff, or any other person at risk by their acts or omissions.
- b) Co-operation with the Clinical or Other Directors in areas where staff and patient safety is concerned.
- c) Adhering to those Trust, Divisional, Directorate and Departmental safety policies and procedures that are designed to safeguard staff, patients and others.
- d) Reporting all accidents, adverse incidents and near misses promptly, through the Trust incident reporting process. (Datix web based incident reporting form).
- e) Acting responsibly at all times whilst on duty and engaged in work activity on behalf of the Trust.

4.6. Professional aspects of the clinical management of patients in the medical, para-medical and nursing elements are excluded from this policy document, other than when consideration to the control of infection or health and safety issues are involved which may impinge on such areas.

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## **5.0. INFORMATION, INSTRUCTION AND TRAINING.**

5.1. The Trust will ensure that personnel at all levels receive adequate health and safety training commensurate with their duties and any plant, equipment or devices which they are required to operate or use as part of their duties. The training requirement will include The Board of Directors and Senior Managers with responsibility for formulating and managing health and safety policy, together with Responsible Officers and Safety Representatives.

5.2. The Workforce Director will produce and manage an integrated health and safety training strategy, based on training needs analysis and linked to the Knowledge and Skills Framework for the NHS. The strategy will embrace all general health and safety training requirements and will include the health and safety training needs of all Trust Employees, permanent contractors and volunteers. Task specific health and safety training will be identified by Departmental Managers and in some cases the Head of Physical Risk and Emergency Preparedness, who will be responsible for organising such training. Training records will be held under the control of the Workforce Director.

5.3. All health and safety related training will be updated and repeated as necessary on a regular basis as identified on the Risk Management training needs analysis.

5.4. The Board of Directors will ensure that the necessary staffing and resource to facilitate the training is identified and provided, through the Trust training needs analysis.

## **6.0. SAFETY AND ENVIRONMENTAL GOVERNANCE COMMITTEE.**

6.1. The Trust shall maintain a Safety and Environmental Sub Committee under the chairmanship of the Chief Operating Officer with assistance from representation from all areas of the Trust, including nominated Divisional and relevant Directorate 'responsible officers'. The committee may approve documents supplied by the Health and Safety Committee and other committees, which link directly to it. The Safety and Environmental Governance Committee will form part of the consultation process for Trust Risk Management Procedures, which are relevant to health and safety issues. They will also act as the link between directorate risk registers and the corporate risk register maintained by the Risk Management Committee, thereby cementing the link between the risk assessment process and the Board of Directors strategic, decision-making role. This role is commensurate with good Governance and in ensuring that relevant elements of the requirements imposed by the Care Quality Commission Essential Standards, together with the NHS Litigation Authority standards.

## **7.0. HEALTH AND SAFETY COMMITTEE**

7.1. The Trust shall support a Health and Safety committee in accordance with the Safety Representative and Safety Committee Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996; for the benefit of all staff through the nominated representatives. The committee and any sub group or working party established under its constitution shall examine for comment any policies/procedures relevant to health and safety before submission to the Safety and Environmental Governance Committee as part of the consultation process. Trust Managers will also

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engage with employees about any health and safety issues as and when they become aware of them.

7.2. The Health and Safety Committee will act as a forum for setting key performance indicators, improvement targets and working initiatives towards a progressive reduction in adverse incidents, occupational ill health and incidences of violence and aggression against staff.

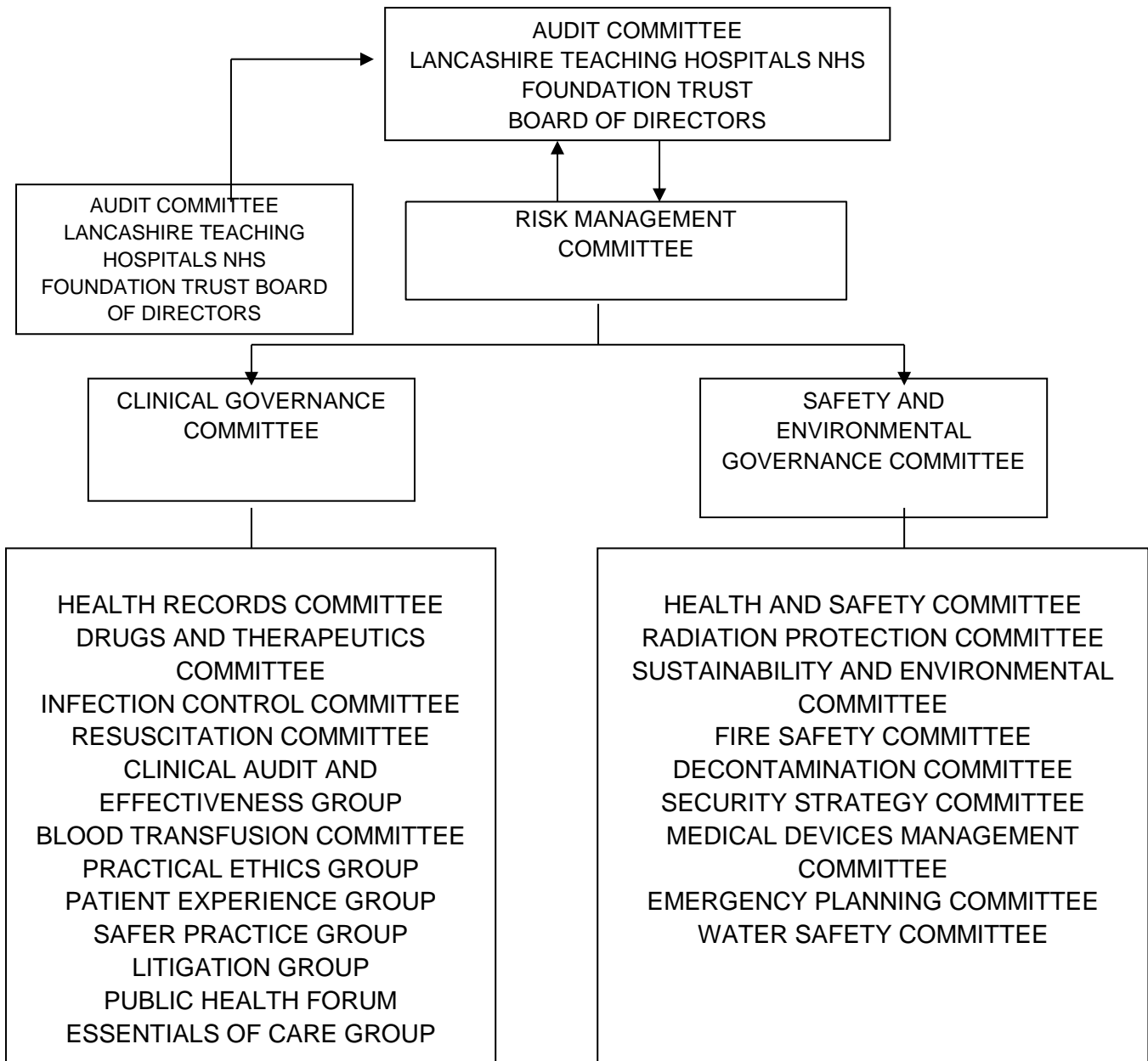
## **8.0 MONITORING THE IMPLEMENTATION OF THE POLICY (AUDIT)**

The effectiveness of this Policy is monitored continuously through the year by analysing data gathered from the Datix incident reporting system and feeding the results/findings through the following.

The Board of Directors  
Risk Management Committee  
Safety & Environmental Governance Committee  
Health & Safety Committee  
Directorate Health & Safety Steering Group

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**ORGANISATIONAL MANAGEMENT ARRANGEMENTS**

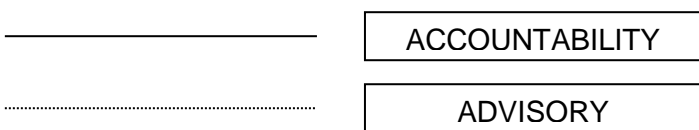
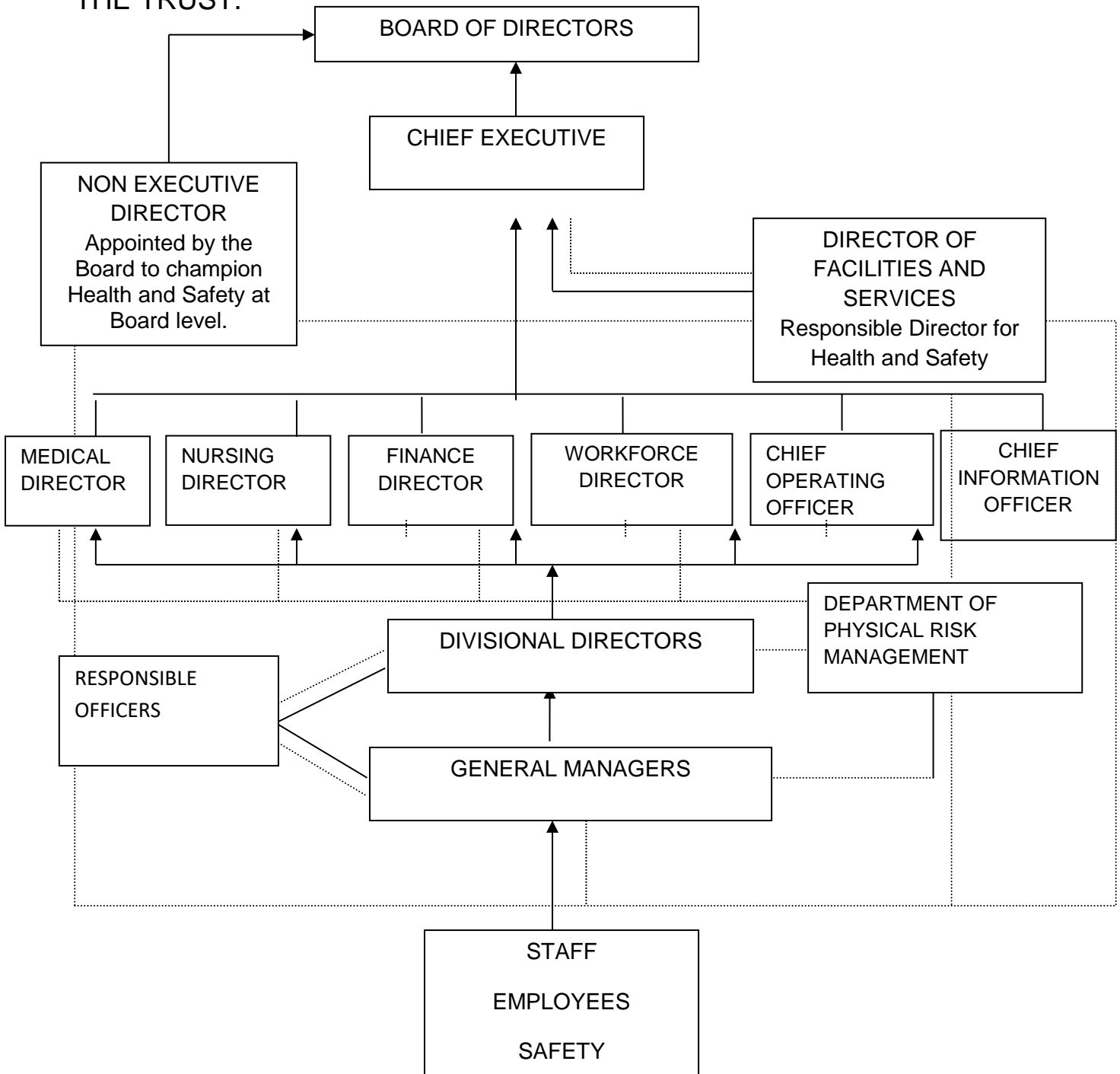


Minutes shall be taken at all the above groups and committees which feed into the Safety and Environmental Governance Committee and a consolidated report made to that committee which will be actioned and then forwarded to the Risk Management Committee. This route ensures that health and safety committee issues are communicated to the Risk Management Committee and as necessary to the Board of Directors.

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APPENDIX B TO TRUST HEALTH AND SAFETY POLICY

MANAGERIAL ACCOUNTABILITY FOR HEALTH AND SAFETY WITHIN THE TRUST.



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## OPERATIONAL ARRANGEMENTS

### Board of Directors

Primary responsible for all health and safety matters within the Trust.

### Chief Executive

- a) Is responsible for advising the Chairman and Board Members and for implementing the decisions of the Board.
- b) Has the power of decision at Board level (with Specialist Advice from individual Board members).
- c) Will ensure that effective Policies and Procedures exist to ensure that all statutory obligations are adequately discharged. Will approve such Policies and Procedure by the appending of a signature on the master copy.
- d) May delegate specific duties for the control of Health and Safety at Work to others, but ultimately all Managers are accountable to the Chief Executive for their performance.
- e) Will ensure that Health and Safety Performance is adequately monitored.

### Clinical Directors

Responsible for giving specialist/technical advice to the Chief Executive so that appropriate decisions can be made concerning health and safety.

### Medical Director

Gives advice on Medical standards as they affect Health and Safety at work, and is involved in the adequate implementation of legislation, which affects medical and para medical functions. Will act as Trust Lead on the implementation of safety measures identified through Medical Device Alerts/Patient Safety Alerts issued by the Medicines and Healthcare Products Regulatory Agency or National Patient Safety Agency under the Safety Alert Broadcasting System.

### Nursing Director

Has overall responsibility for Risk Management within the Trust.

Gives advice on Nursing standards as they affect Health and Safety at work, and is involved in the adequate implementation of legislation that affects nursing standards and patient care. Provides advice and overview through the Core Risk Management Committee, on the implementation of safety measures identified through the Central Alerting System and issued by the National Patient Safety Agency.

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The preparation, updating, dissemination (by electronic means) and ensuring implementation of the Risk Management Strategy together with Trust Policies and Risk Management Procedures on behalf of the Chief Executive.

### **Finance Director**

Advises the Board and Chief Executive on the allocation of resources. Controls the safety of Finance staff and work activity in finance offices. Pays due regard to any financial allocation towards the derogation of outstanding health and safety issues identified on the Trust risk register. Ensures that adequate financial provision is made and that health and safety requirements are addressed.

### **Director of Facilities and Services**

Acts as Lead Director responsible for Health and Safety throughout the Trust on behalf of the Chief Executive.

Acts as the Lead Director responsible for the provision of: a safe place of work, safe plant and equipment and safe systems of work with regard to both health and safety and the threat of violence and aggression towards staff, patients and others.

Advises on the provision of an adequate works and Facilities maintenance service for the Trust.

Controls the Trust estates planning function and ensures adequate consideration is given to safety during the planning of projects. Ensures that the requirements of the Construction Design and Management Regulations are addressed for all construction/refurbishment projects and that adequate resource and expertise is available to ensure that the Trust discharges its duty as a Client.

Holds the post of Fire Safety Manager, and is responsible for the management of fire safety provision within the Trust.

Facilitates the Physical Risk Department and ensures that adequate resources are provided to meet the requirements of the Management of Health and Safety Regulations and specifically regarding the provision of an appropriate number of competent persons with expertise in health and safety to assist the Trusts compliance with health and safety legislation. ((Expertise will embrace both formal qualifications and experience in the role). The Physical Risk and Emergency Preparedness Department has a Trustwide function and will fall within the remit of the Director of Facilities and Services for line management and administration purposes only).

Ensures the competence of contractors and maintains an up to date register of approved contractors whose competence in health and safety has been assessed.

Ensures that contractors are made aware of any residual risks in the place where their employees are to work, and the precautions required to safeguard them against those risks.

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Ensures that the requirements of Department of Health Estates safety alerts issued under the Safety Alert Broadcasting System are correctly actioned.

### **Chief Operating Officer.**

The Chief Operating Officer will chair the Safety and Environmental Governance Committee and take responsibility for ensuring that all relevant legislative requirements and the requirement of the Care Quality Commission Essential Standards for Quality and Care in so far as they relate to Health and Safety; are met.

### **Workforce Director**

The Workforce Director is responsible for the Provision of such Occupational Health Services as are necessary to support Trust employees who require health screening or health surveillance due to health and safety considerations and/or legislative requirements.

The provision of such general health and safety training as is identified within the training needs analysis carried out by the Head of Training and Development.

The Provision of an adequate number of specialist moving and handling coordinators/trainers with responsibility for specialist advice on moving and handling, the training of Key Movers, and implementing and monitoring both direct and cascade training system for patient and non patient moving and handling.

### **Divisional Directors**

Have responsibility for the correct management of all health and safety requirements with each Division, ensuring that liaison regarding health and safety issues, takes place with Directorate General Managers at Divisional Meetings.

Ensures that Health and Safety risks identified as requiring further action or funding are appended to the Datix risk module to form part of the risk register.

### **Directorate - General Managers.**

Have managerial responsibility for all aspects of health and safety within the relevant Directorate.

Ensures adequate financial provision for the maintenance of a safe place of work, safe plant and equipment and safe systems of work within the Directorate.

Ensures that health and safety issues are addressed diligently and discussed at Directorate Governance or Health and Safety meetings.

Ensures that health and safety issues which require managing/funding are appended to the Directorate Risk Register until the risk has been reduced to an acceptable level.

Maintain and review an action plan for each risk as identified by risk assessment and entered onto the Directorate and/or Trust risk register using the Datix risk management

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database, until each risk has been reduced to the lowest level which is reasonably practicable.

### **Responsible Officers**

- a) Are accountable to their Clinical Director and Divisional Directors for controlling departmental work activity, so that it is safe and free from risk to health, so far as is reasonably practicable.
- b) Implement relevant Trust/Directorate policies and procedures, and ensuring that safe working practices are adopted.
- c) Co-ordinate the preparation of specific local procedures for controlling local work place hazards where such procedures are necessary to supplement Trust Risk Management Procedures.
- d) Identify resource needs to enable safe working.
- e) Ensure that a robust system is in place within each Directorate to ensure that the Distribution and necessary corrective actions are properly managed with regard to all alerts, generated via the Department of Health, Safety Alert Broadcasting Systems as supplied by the Physical Risk Department to staff who need to be advised, and for progressing correction of any defects found.
- f) Ensure staff training needs are identified and met.
- g) Consult with staff representatives.
- h) Ensure accidents are fully investigated, reported and recorded.
- i) Prepare adequate plans for controlling emergencies and for ensuring they are known and practised.
- j) Monitor safety performance.
- k) Provide a source of technical expertise in the particular function that enables adequate standards to be achieved.
- l) Ensure that risk assessments are carried out for all activities, which present a risk and the risk mitigation, and treatment plans are in place, including a risk register.
- m) Advise their Director and Divisional or General Manager on standards, resources and expertise needed to enable places of work, equipment and works activity to be operated and maintained safely and without risk to health.

### **Line Managers/ Supervisors**

- a) Have day to day control of work activity.

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- b) Ensure safe working procedures are adopted including the provision and use of the correct items of personal protective equipment as identifies as necessary through risk assessment.
- c) Identifying and assessing safety hazards/defects and initiating action.
- d) Investigating accidents and adverse incidents; carry out root cause analysis of the underlying causes of incidents and report on corrective actions deemed necessary.
- e) Identify training needs, ensuring that staff members attend Trust induction/mandatory training.
- f) Undertake local induction.
- g) supervising and monitoring performance.
- h) Consult with appointed Safety Representatives and Representatives of Employee Safety.
- i) Ensure that specific health and safety training requirements for staff members are identified and that the training is carried out.

**Employees**

- a) Report all hazards to their supervisor
- b) Observe all safety rules at all times
- c) Report all accidents, damage and near misses to their supervisor directly and by completing a report on the Datix web based incident reporting system.
- d) Take reasonable care of the health and safety of themselves and other persons who may be affected by their acts or omissions at work.
- e) Co-operate with management to enable them to comply with their statutory duties with regard to health, safety and welfare at work.
- f) Refrain from intentionally or recklessly interfering with or misusing anything provided for the safety of themselves or others.
- g) Declare any medical condition or disability that is liable to involve risk to themselves or others when carrying out their tasks and present themselves to the Occupational Health Consultant whenever required.

**Wilful or reckless acts or omissions constituting a serious danger to the health and safety of people, together with any failure to observe Health and Safety instructions** will be regarded as breach of the disciplinary rules of the Trust.

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## SPECIALIST ADVISORS

### Occupational Health Consultant

- a) Shall organise an Occupational Health Service throughout the Trust and ensure that the service is accessible to all staff.
- b) Each new employee will be medically screened as appropriate before commencing work.
- c) Where necessary, the health of employees will be monitored/screened.
- d) Ensure that the Trust policies on staff immunisation as a protective measure are implemented.
- e) Liaises closely with the Head of Physical Risk where an interface exists between the two specialisations.

### Head of Physical Risk and Emergency Preparedness

- a) Shall provide a service of advice on Health, Safety, Security, Fire and Environmental risks.
- b) Advise the Board of Directors, Divisional Directors, Directorate General Managers and Departmental Management and all other Managers regarding their statutory obligations in matters of Health and Safety.
- c) Co-ordinate all Health, Safety, Fire and Environmental Risk Activities throughout the area under the control of the Trust.
- d) Assist in the development of Risk Management Information systems, Procedures and Training.
- e) Liaise with enforcement agencies and other Risk Managers within the North West Region. Institution of Occupational Safety and Health, North West Healthcare Specialist Group.
- f) Monitor risk management performance within the Trust and the implementation of this policy on behalf of the Director of Facilities and Services.
- g) Audit compliance with Trust and Directorate Safety Procedures and legislative requirements.
- h) Ensure that information on hazards, accidents, etc., is disseminated to those who need to have such information.
- i) Undertake an annual review of this policy document on behalf of the Chief Executive and Board of Directors.

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- j) Prepare incident statistics from the Datix risk management system and report these to the Health and Safety Committee, the Safety and Environmental Governance Committee and the Risk Management Committee at each meeting.
- k) Monitor/ensure that the enforcing authority is notified of any incident to which the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 apply.
- l) Provide an annual report to the Trust Board to advise them of any health and safety issues identified and report on progress towards the provision of the safest possible environment in so far as is reasonably practicable.
- m) Will chair the Trust Radiation and Medical Exposure Committee.

### **Head of Patient Safety**

Will act as Responsible Officer for Nursing Directorate and liaise closely with other specialist advisors and particularly with the Head of Physical Risk on all aspects of patient safety, which are not exclusively within the definition of Clinical Risk.

### **Radiation/Laser Protection Advisors**

Will provide the Trust with appropriate advice to enable the Trust to operate safely and without foreseeable risk to health and safety, so far as is reasonably practicable with regard to radiation safety. Will hold a position on the Radiation Protection Committee.

### **Director of Infection Control**

Will ensure that adequate control of infection procedures are available throughout the Trust.

### **Workforce Director.**

Will provide general health and safety training as identified with the training needs analysis, will monitor the efficacy and maintain records of such training, including the contents of lesson plans for such a period as is defined within Department of Health guidelines for records management.

### **Moving and Handling Trainers.**

Will provide specialist advice on patient and non-patient moving and handling, including the safe use of patient hoists and specialist moving and handling aids.

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