

# Health & Safety Objectives 2018 to 2020

<b>Department / Service:</b>	Health & Safety (People & Culture)
<b>Originator:</b>	Paul Graham Health & Safety Manager and Local Security Management Specialist (LSMS)
<b>Accountable Director:</b>	Director of People & Culture
<b>Approved by:</b>	Trust Board
<b>Date of Approval:</b>	17 <sup>th</sup> October 2018
<b>Review Date:</b>	17 <sup>th</sup> October 2020
<b>This is the most current document and should be used until a revised version is in place:</b>	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments</b>	All
<b>Target staff categories</b>	All

## Overview:

The Trust Board will ensure that it provides and maintains safe services to all of its patients, staff and visitors by adopting and promoting a positive safety culture. This will involve all members of staff as health and safety is everyone's responsibility. This document sets out the Trust's health and safety objectives for 2018 - 2020 which have been specifically designed to promote the safety culture and continue working towards providing a safer workplace. It aims to develop a holistic approach to health and safety that will build on the work already achieved and the improvements in health and safety management implemented during previous years.

## Key amendments to this Document:

Date	Amendment	By:
June 16	2 Yearly Review	H&S Manager
June 2018	Document extended for 3 months as per TLG recommendation	TLG
Oct 18	2 yearly review	H&S Manager

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## 1. Introduction

The Trust Health and Safety Committee will monitor and maintain effective health and safety management by receiving information from the Datix Risk Management System and Divisional Governance Teams. The Divisional Triumvirates will undertake regular but random health and safety tours across their areas of responsibility.

This document aims to facilitate implementation of the Health and Safety Key Performance Indicators (KPI's) and will form the basis of the annual planning and review processes. The objectives detailed below are linked to the Trust's strategic objective to 'deliver safe, effective, innovative and compassionate patient care'. The Trust will not meet the prescribed standards for delivery of high quality services unless it also effectively manages health and safety risks to ensure it has the staff, equipment and standard of premises necessary to do so.

## 2. Scope of this document

A vision statement:

***“The Trust will ensure the safety of its patients, staff and visitors by monitoring and improving safe systems and the quality of service.”***

This document has been drafted in order to provide a series of objectives that will enable the Trust to achieve and maintain compliance with the various legislative requirements of health and safety in the workplace.

## 3. Responsibility and Duties

The Trust Health & Safety Committee will be responsible for overseeing the delivery of the health and safety objectives. The Trust's Executive Directors and Senior Managers will be responsible for ensuring that health & safety risks are assessed and reduced as low as reasonably practicable in accordance with the Management of Health & Safety at Work Regulations 1999. All staff have a responsibility for their own and others health and safety..

## 4. Strategy Objectives

Objective 1:

***To ensure an effective, co-operative and integrated approach to health and safety management across all three hospital sites.***

Key Deliverables

Worcestershire Acute Hospitals NHS Trust is keen to ensure the safety of its employees and users of its services. In order to achieve this it is important that the Trust continues to provide an effective, co-operative and integrated approach to the management of health and safety. The Trust H&S Committee has the role of monitoring and escalating all significant health safety & security incidents and risks.

The objective will be measured by:

- The Trust Health and Safety Committee meeting on a quarterly basis to review progress towards meeting the strategic objectives. The Terms of Reference are included in **Appendix A**.
- The Trust's Leadership Group (TLG) overseeing all health, safety and security risk issues and receiving a six monthly summary report from the H&S Committee. See **Appendix B**.

## Objective 2

***To ensure effective compliance with all relevant health & safety legislation and any quality and safety standards that includes the 5 Care Quality Commission (CQC) Domains.***

### Key Deliverables

The Trust will ensure that it demonstrates safe practice and provides the necessary evidence to support full compliance with the various legislative requirements and meet the 5 CQC Domains.

The objective will be measured by:

- The Health & Safety Manager supporting the Divisional Managers in carrying out regular H&S Audits to help demonstrate compliance and provide quarterly compliance reports to the Health & Safety Committee.
- All wards/departments regularly monitoring and assessing the environment using the PLACE inspection and Quality Review visits.
- The Trust maintaining records of evidence to support compliance with the above requirements.

## Objective 3

***To increase staff involvement in health and safety management by encouraging them to participate in the risk assessment process and report accidents and incidents.***

### Key deliverables

The Trust will continue to encourage its staff to engage in the risk assessment and incident reporting processes. It will also ensure that its managers have the knowledge and skills to be able to carry out suitable and sufficient risk assessments and undertake basic investigation techniques.

The objective will be measured by:

- Managers engaging with their staff in carrying out risk assessments in their respective work areas.
- Significant findings from risk assessments being shared with the relevant staff.

- Health and safety accidents and incidents initially being investigated by the local manager with input from the Health and Safety Manager as required.
- The root causes being identified and any reasonably practicable changes implemented and communicated back to the appropriate staff. Where the lessons learnt are more far reaching the H&S Manager will communicate back to the managers and staff in all relevant work areas

## Objective 4

***To provide appropriate training and guidance for managers and staff that enables them to safely undertake their work activities.***

### Key Deliverables

Effective management of health and safety involves people using their skills and knowledge to work safely. To achieve this it is necessary to identify the skills and knowledge that are needed to work safely and ensure the individuals who do the work are trained accordingly. The Trust has in place clear organisational values, organisational behaviours, core competencies and technical/professional competency frameworks. It is committed to ensuring that people are properly competent to undertake their work including the health and safety aspects.

This objective will be measured by:

- Staff attending corporate induction, completing local induction and attending risk management update training as required.
- Relevant managers completing the Trust's 'Managing Health & Safety' course
- All roles being evaluated by ward/departmental managers to identify any necessary health and safety competencies, which are then recorded and used in recruitment and staff training and development.

## Objective 5

***To reduce the number of accidents and incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.***

### Key Deliverables

The Trust acknowledges that it has a legal obligation to report accidents and incidents that are covered by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). The board has a commitment to reduce the numbers of reportable events to zero.

This objective will be measured by:

- Achieving an overall reduction in the number of reportable incidents
- Changing the workplace, work practice and/or equipment as a result of lessons learnt
- Regular reporting to and monitoring by the Trust H&S Committee.

## Objective 6

***To ensure that all food service areas of the Trust including the PFI, that are inspected by their relevant Local Authority Environmental Health Food Safety Inspectors, achieve a minimum Food Hygiene Rating level of 4 Stars***

### Key Deliverables

The effective management of food hygiene involves people using their understanding, skills and knowledge to comply with food safety regulations. This is achievable by identifying the level of skills that individuals who work within the catering departments need and to train them accordingly. The Trust and PFI Facilities departments are committed to ensure that their workforces are competent in their understanding of food safety and carry out their work in a food safe manner.

This objective will be measured by:

- Food Hygiene Ratings supplied by the Environmental Health Departments
- Carrying out internal audits of both the actual work place and the due diligence paperwork
- Monitoring of work practices and making amendments to them as appropriate and necessary

## Objective 7

***To achieve an acceptable standard of fire safety in accordance with statutory requirements and Department of Health guidance, thereby minimizing the incidence and impact of fire.***

### Key Deliverables

The Trust will ensure, from a fire risk perspective, the safety of its patients, visitors and staff and the protection of its property and assets.

The objective will be measured by:

- Meeting the requirements of the Annual Firecode Certification process which incorporates satisfactory responses to the annual fire risk assessments
- Meeting the fire training needs of the organisation
- Monitoring all fire alarm incidents and reporting the same to the relevant Fire Safety Groups

## **5. Implementation**

### **5.1 Plan for implementation**

The objectives will be overseen by the Trust's Health and Safety Committee.

### **5.2 Dissemination**

This document will be available to all staff via the Trust's intranet.

### **5.3 Training and awareness**

All staff will be made aware of the Trust's objectives during their induction process. There are no specific training requirements associated with this document.

## 6. Monitoring and compliance

Progress towards meeting the above objectives will be monitored by the Trust H&S Committee on a quarterly basis. The Chair of the Committee will present a six monthly summary report to the Trust's Leadership Group.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Strategy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
5	Achieving the objectives	Divisional H&S Audit programme	Annually	Divisional Directors of Operations	The Health and Safety Committee will monitor progress.	Quarterly
5	Achieving the objectives	Submission of a summary compliance report	Six monthly	Director of People & Culture	Trust Leadership Group	Six monthly

## 7. Strategy Review

This document will be reviewed by the H&S Manager and Director of People & Culture every two years. The Health & Safety Committee will receive and approve any amendments. The strategy document will be reviewed in July 2020

## 8. References

References:

Code:

<b>Management of Health &amp; Safety at Work Regulations 1992</b>	
<b>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</b>	
<b>Health &amp; Safety Policy</b>	WAHT-CG-125

## 9. Background

### 9.1 Consultation

#### Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Director of People & Culture (Health & Safety Lead and Security Management Director (SMD))
Directors and Senior Operational Managers
Health & Safety Manager and Local Security Management Specialist (LSMS)

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Health & Safety Committee
Joint Negotiating Consultative Committee (JNCC)

### 9.2 Approval process

The Health and Safety Objectives will be approved by the Trust Board.

### 10.3 Equality requirements

This document has no equality issues associated with its implementation.

### 10.4 Financial risk assessment

This document has no financial implications.



## Terms of Reference

### 1. Introduction

This Committee will act as a subcommittee of the Trust Board and is set up to monitor, review and take action to ensure effective health and safety management across the three hospital sites.

### 2. Membership

In attendance:

- Director of People & Culture (Chair)
- Health and Safety Manager & LSMS (Vice Chair)
- Divisional Representation (From each of the Clinical Divisions)
- Head of Estates
- Head of Facilities, PFI & Contracts
- Staff Side Representatives
- Representatives from PFI partners i.e. Siemens, ISS and Catalyst
- Occupational Health and Infection Control will be co-opted in to attend as required

2.1 The Chair of the Group is appointed by the Trust Board.

### 3 Arrangements for the conduct of business

#### 3.1 Chairing the meetings

The Vice Chair will chair the meetings. In the absence of the Vice Chair, the Chair will be a nominated Operational Director.

#### 3.2 Quorum

The Group will be quorate when 3 managers and 1 staff side representative plus the Chair are present.

#### 3.3 Frequency of meetings

The Committee will meet on a quarterly basis.

#### 3.4 Frequency of attendance by members

Members are expected to attend each meeting, unless there are exceptional circumstances.

#### 3.5 Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the subject consideration has been completed. All declarations of interest will be minuted.

**3.6 Urgent matters arising between meetings**

If there is a need for an emergency meeting, the Chair will call one in liaison with the appropriate staff members.

**3.7 Secretariat support**

Secretarial support will be through the PA to the Director of People & Culture.

**4 Authority**

The Committee is authorised by the Board.

**5. Relationships and reporting**

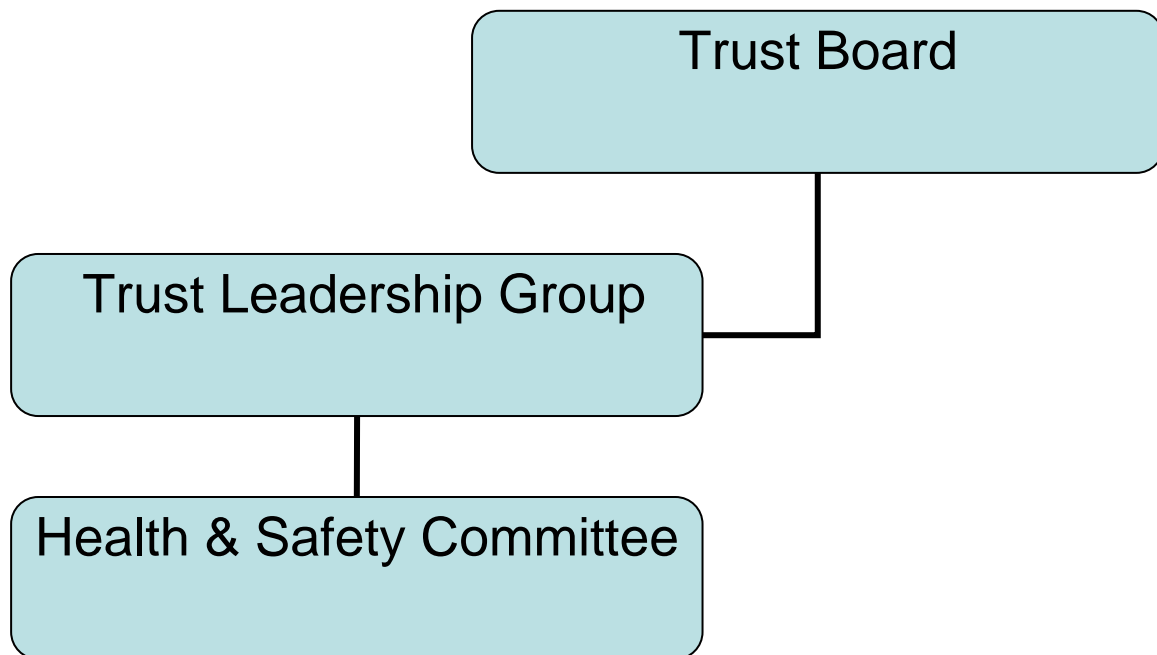
The Health & Safety Manager will provide a six monthly summary report to the Trust's Quality Governance Committee. The Health & Safety Committee will also report into the Trust Leadership Group (TLG) and People & Culture Committee given the Chair is the Director of People & Culture.

**6 Review of the Terms of Reference**

These Terms of reference will be reviewed annually.

Appendix B

Health and Safety Management – Committee Structure



1. The Trust Health & Safety Committee will meet quarterly to consider issues concerning general health & safety and the security of personnel and property.
2. The minutes from each Committee meeting will be distributed to all members and promulgated on the health and safety page of the Trust intranet site.
3. The Health & Safety Manager will present an Annual Report to the H&S Committee for onward distribution to the Trust's Leadership Group (TLG) and finally the Trust Board.
4. Any significant health & safety issues that either cannot be managed at a site level or require a more strategic approach will be escalated up to the TLG for appropriate consideration.
5. The Chair of the Trust H&S Committee will be the Director of People & Culture or in her absence one of the Divisional Operational Directors.
6. Membership of the Committee will be representative of the organisation and the number of wards/departments within.
7. Staff-side representatives will be appointed to by the Chair of Staff-Side.

## Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the Strategy/guidance affect one group less or more favourably than another on the basis of:</b>	No	
	• Race		
	• Ethnic origins (including gypsies and travellers)		
	• Nationality		
	• Gender		
	• Culture		
	• Religion or belief		
	• Sexual orientation including lesbian, gay and bisexual people		
	• Age		
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
4.	<b>Is the impact of the Strategy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>		
6.	<b>What alternatives are there to achieving the Strategy/guidance without the impact?</b>		
7.	<b>Can we reduce the impact by taking different action?</b>		

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

**Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval