Mersey Care **NHS**
NHS Foundation Trust

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

HEALTH, SAFETY AND WELFARE POLICY

Policy Number:	**SA07**
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Recommending Committee:	**Health & Safety Committee**
Approving Committee:	**Board of Directors**
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Lead Executive Director:	**Executive Director of Finance (Deputy Chief Executive)**
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2016 – Version 2

Quality, recovery and wellbeing at the heart of everything we do

TRUST-WIDE NON-CLINICAL / POLICY DOCUMENT

HEALTH, SAFETY AND WELFARE POLICY

Further information about this document:

Document name	**HEALTH, SAFETY AND WELFARE POLICY SA07**
Document summary	The purpose of this policy it to provide information and guidance to Mersey Care NHS Trust directors, managers and staff on their responsibilities concerning health and safety at work. This policy applies to trust employees and anybody who is or may be impacted upon by work activities of the trust. The trust has a duty to ensure that all workplace risks are managed appropriately. This policy has been developed in line with guidance from the Health and Safety Executive. The scope of this policy applies to all activities and functions undertaken by, or on behalf of, the trust.
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To be read in conjunction with	• The Health and Safety at Work etc. Act 1974 • The Management of Health and Safety at Work Regulations 1999 • The Safety Representatives and Safety Committees Regulations 1977 • HSE Successful Health and Safety Management (HSG65) (Revised) • Mersey Care NHS Trust Risk Management Policy & Strategy (SA02)
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

		Version History:
V1	Trust Board	Oct 2015-v1
V2	Board of Directors	Sept 2016-v2

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;

- knowing how to deal with a disclosure or allegation of child/adult abuse;

- undertaking training as appropriate for their role and keeping themselves updated;

- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;

- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;

- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);

- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;

- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

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EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

CONTENTS

1. PURPOSE AND RATIONALE

1.1 **Purpose** – The purpose of this policy it to provide information and guidance to Mersey Care NHS Trust directors, managers and staff on their responsibilities concerning health and safety at work.

1.2 Health & Safety Policy Statement - The board of directors are committed to planning, controlling and reviewing the trust's activities in such a manner, that wherever practicable, no harm or ill health befalls employees, service users, contractors, visitors or members of the public. Towards achieving this objective;

a) the directors will ensure adequate resources are provided in terms of finance, time and people to meet the trust's health and safety and operational needs

b) there will be full compliance with legal safety requirements

c) work will only be undertaken, managed and supervised by those who are competent; training will be available to all employees concerned

d) all accidents, incidents and near-misses will be recorded; significant events reported, investigated, and the findings shared in order to continually improve the health and safety performance of the trust

e) there will be a regular review and audit of the trust's health and safety management systems

f) all employees are required to cooperate with the trust's policies and with each other as a vital part of our strong health and safety culture

g) avoidance of occupational injury and ill-health will be given priority in methods of work and selection of contractors, and will not be compromised

h) all employees are encouraged to contribute to the safest methods of working through consultation, staff surveys and exit interviews

1.3 **Rationale** – This health & safety policy has been prepared to comply with the statutory requirements of Section 2(3) of the Health and Safety at Work etc. Act 1974. Contained within this document are Mersey Care NHS Trust's (hereafter referred to as the trust) policy, organisation and arrangements for occupational health, safety and welfare, for all our business activities.

1.4 One of the trust's strategic objectives is to ensure safe care and the implementation of an effective health and safety policy will contribute to the delivery of this objective. Failure to integrate health and safety practice into our operations could result in harm to people and associated loss. We aim to embed health and safety processes within all our current and future business.

1.5 The trust's health & safety policy forms part of the requirement of compliance with the Management of Health and Safety at Work Regulations 1999, and is the key document in the safety management system (SMS) following the approved code of practice (ACOP) and a proven interpretation of the Health

and Safety Executive's publication HS(G)65 - 'Managing for Health and Safety'.

1.6 A SMS provides a systematic way to identify hazards and control risks while maintaining assurance that these risk controls are effective. The SMS adopted and in use by the trust is through the Safety Partnership Agreement (SPA). *(See 5.1).* The key elements of the SMS are outlined in the following illustration:

1.7 **PLAN**
Policy
Planning
DO
Implementation & Operation
CHECK
Checking & corrective action
Management review
ACT
Continual improvement

1.8 The board recognises that a healthy organisation is a safe organisation which is committed to improving safety using the improvement model (Plan, Do, Check, Act). Safety is measured across all domains through the SPA, Datix incident reporting system, (Ulysses incident reporting system for SpLD staff) staff surveys and other safety monitoring mechanisms i.e. SharePoint

2 OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 For this Health, Safety and Welfare policy the aims and objectives are as follows.
(a) to ensure compliance with the statutory, common law, and trust minimum performance standards.
(b) to eliminate or implement appropriate control measures arising out the trust's work activities to reduce identified risk to as low as is reasonably practicable.

3 SCOPE

3.1 This policy applies to all activities and functions undertaken by, or on behalf of, the trust and applies to all trust employees and anybody who is or may be impacted upon by work activities of the trust. The trust has a duty to ensure that all workplace risks are managed appropriately and has been developed in line with guidance from the Health and Safety Executive.

4 DUTIES

4.1 This section covers the general responsibilities for managing occupational health and safety within the trust (the list of responsibilities is not exhaustive).

Other documents also contain specific responsibilities for health and safety, these include;

a) The trust's health & safety procedures - HS1 – HS11:-

> HS1. Risk Assessment
> HS2. New Expectant Mothers
> HS3. Display Screen Equipment
> HS4. COSHH
> HS5. Workplace Inspections
> HS6. Central Alerting System
> HS7. Management of Contractors
> HS8. Environmental Suicide Risk Assessment
> HS9. Management of Asbestos
> HS10. Provision and Use of Work Equipment
> HS11. Electricity at Work

b) Job descriptions and contracts of employment
c) Risk assessments & method statements (RAMS)

4.2   **Board of Directors –** The Board of Directors has overall responsibility for health and safety for the trust incorporating the duties set out in the trust's policy statements, supporting procedures and management systems. The Board of Directors has responsibility for ensuring that;

a) adequate resources are available to achieve and maintain an exemplary standard of health and safety throughout the trust
b) setting objectives and targets for the trust to achieve a reduction in accidents and occupational ill health in line with trust objectives
c) directors are aware of their responsibilities concerning safety management
d) The health and safety performance of the trust is monitored through periodic reviews of accident and incident data and that all activities receive a periodic safety audit

4.3   **Lead Executive Director** – the lead Executive Director for this policy (Executive Director of Finance) has strategic responsibility for:

a) ensuring that there is a consistent and co-ordinated approach to health and safety throughout the trust
b) bringing the policy to the attention of all trust staff
c) advising the Chief Executive of any health and safety matters that compromise the effectiveness of the organisational structure, procedures, or systems

4.4   **Trust Directors -** The leadership of all directors, through to first-line managers is necessary to develop and maintain a safety culture, by actively promoting an interest in, and enthusiasm for, health and safety matters and;

a) not withstanding their individual executive functions, monitor the safety performance of their area of the business and take such steps as may be necessary for improvement
b) ensure that managers within their sphere of influence are aware of their responsibilities as laid down by the trust's health & safety policy and safety management system

c) ensure that all managers under their control receive adequate and appropriate training in health and safety matters and are provided with all necessary information to enable them to carry out their duties safely

d) allocate sufficient resources to enable the health & safety policy and procedures to function effectively, with particular emphasis being given to health and safety training.

4.5 **Health & Safety Committee -** The Director of Estates, as chair of the trust health & safety committee, is responsible with the assistance of the trust safety team, to;

a) assess the implications of new legislation and best practice

b) carry out investigation/audit reports, monitoring performance.

c) ensure this policy is reviewed annually so that it remains current with the Trust's activities

4.6 **Managers (Ward/Department) -** Managers have operational responsibility for health and safety and are responsible for ensuring that;

a) they identify and implement risk control measures in accordance with the 'general principles of prevention'

b) health and safety standards are maintained with the aim of continual improvement

c) health and safety performance within their area of responsibility is monitored and corrective action is taken if standards fall below expectations

d) managers and supervisors are aware of their responsibilities concerning safety management

e) the safety training and development needs of all employees under their control are appropriately met so they are competent to discharge their duties

f) the reporting of accidents, occupational ill health and near miss incidents is in accordance with trust procedures and ensuring that investigations are carried out

g) They monitor the health and safety performance of employees through site visits and inspections as per the requirements of the safety management system.

4.7 **Trust Safety Team** - The role of the trust safety team is to ensure the safety of staff, patients, visitors and others who come to trust health care sites. In order to achieve this, the trust safety team will;

a) provide specialist advice, support and guidance on all health and safety issues to all levels of the trust

b) monitor and advise the trust accordingly on changes in health and safety regulations and statutory requirements

c) audit and monitor health & safety standards and performance within the trust through the SPA

d) provide professional, accurate and timely reports to the various trust committees, on health & safety matters

e) Work closely with the trust estates and facilities teams to ensure staff and patient safety during critical phases in the development of capital projects.

4.8 **SPA Links** – Each division must ensure that a person takes responsibility to maintain the SPA (SPA link). SPA links are responsible for ensuring that;

a) the service risk register includes identified health and safety risks
b) they act as lead for the development of systems designed to improve the management of health and safety within the service
c) the service maintains an evidence file as part of the SPA
d) the service progresses the actions identified from the SPA
e) they liaise with other SPA links to ensure a consistent approach to the management of health and safety across the trust
f) they act as the service contact on health and safety issues
g) incidents occurring within the service which are categorised within the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) are correctly reported to the enforcing authority within the appropriate timeframe

4.9 **Employees** - All employees have both a statutory and moral duty to look after their own safety and to give due consideration for the safety of others. Employees also have specific responsibilities as follows;

a) take reasonable care of themselves and others who may be affected by their acts or omissions
b) co-operate with the trust so far as is necessary to enable us to comply with statutory duties, and discharge any specific duties as set out in the policy and safety management system
c) not to intentionally or recklessly interfere with or misuse anything provided in the interest of health, safety or welfare
d) report all accidents, incidents, defects, near misses or incidences of ill health, in line with the trust's safety management system and related health and safety procedures
e) familiarise themselves with this policy, the health and safety procedures of the trust and to discharge those duties as set out.
f) correctly use and store any equipment, including personal protective equipment, provided for use as specified by any risk assessment or health and safety procedure and in accordance with training
g) reporting any faults/defects in plant/equipment/machinery or hazardous situation to their supervisor/manager immediately.
h) raising any concerns they have on the subject of health, safety and welfare at team meetings or individually to their supervisor/manager

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│   Board of       │
│   Directors      │
└────────┬─────────┘
         │
┌────────┴──────────┐        ┌──────────────────┐
│ Executive         │────────│ Executive        │
│ Committee         │        │ Director of      │
└────────┬──────────┘        │ Finance -        │
         │                   │ Responsibility   │
                             │ for              │
                             │ Health & Safety  │
                             └──────────────────┘
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Board of Directors

Executive Committee

Executive Director of Finance - Responsibility for Health & Safety

Trade Union Appointed Health and Safety Representative(s)

Health & Safety Committee
Chair: Director of Estates

Safety Operational Sub-Group
Chair: Head of Risk and Security

Local Services Division

Corporate Services Division

Secure Services Division

Specialist Learning Disabilities Division (SpLD)

Liverpool

South Sefton & Kirkby

MSU & LSU

HSS

MSU & LSU

Periphery Housing

SPA

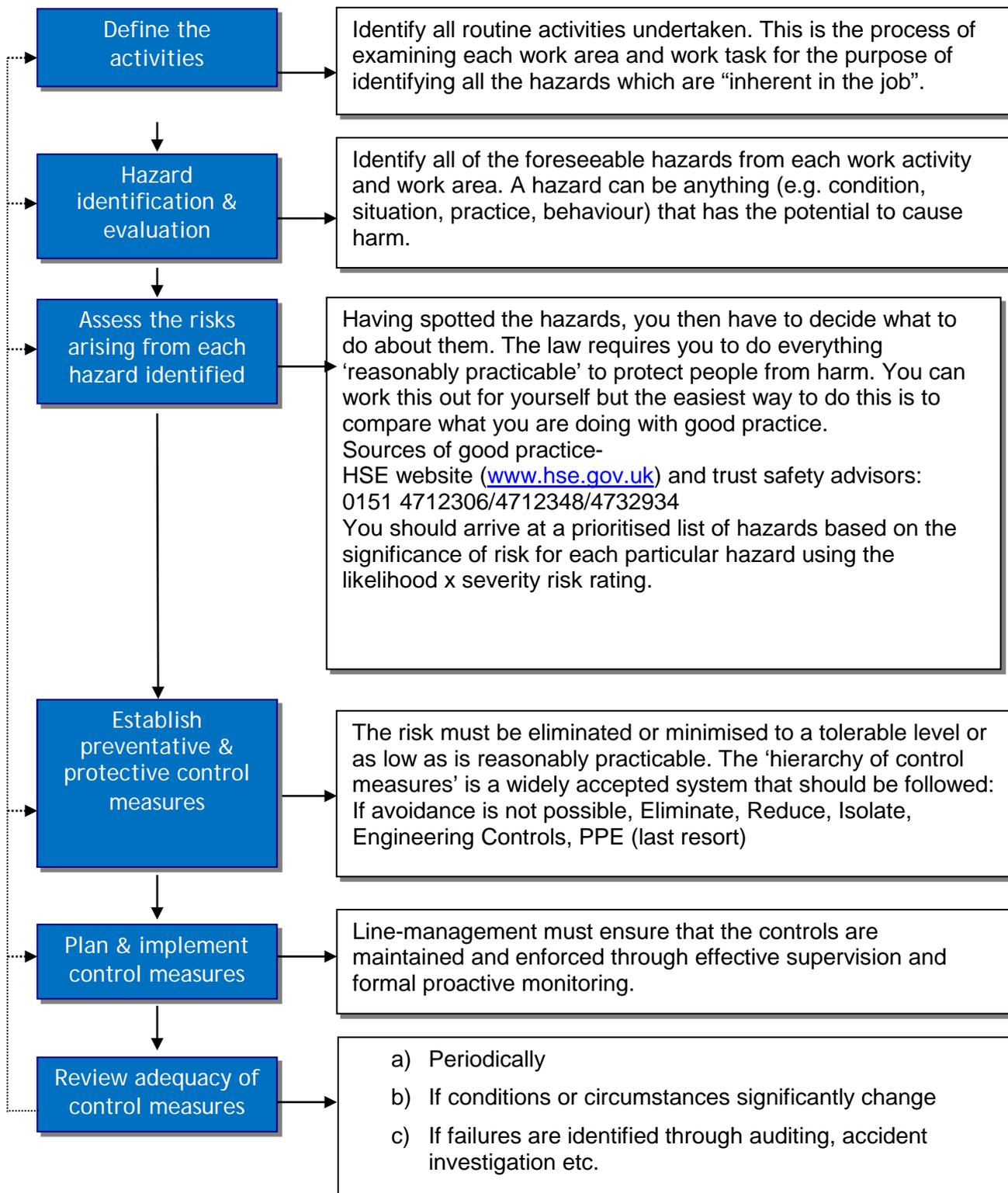**SPA Link (Safety Team)**

SPA

SPA Link

5   PROCESS / PROCEDURE

5.1   **Safety Partnership Agreement** - The safety partnership agreement (SPA) is an agreement between divisions and the Board of Directors. The purpose of the SPA is to ensure appropriate targets are met by services, and any support, required to achieve this, is identified.

5.2   The SPA is determined by both the service manager/director and the trust safety team and is in place for each financial year from April to March.

5.3   Performance standards of the SPA - The trust has a statutory obligation to gain compliance in the following safety critical areas;

a) generic risk assessments
b) workplace inspections
c) pregnant employees
d) control of substances hazardous to health
e) health & safety- local arrangements
f) first aid support for staff
g) display screen equipment
h) fire safety arrangements
i) incident reporting management
j) central alerting system (CAS) management
k) new/redeployed staff arrangements
l) cardio pulmonary resuscitation training
m) fridge/freezer - temperature recording
n) food handling/hygiene
o) service user safety
p) security management
q) clinical waste management
r) equipment safety
s) infection control management

5.4   The trust has developed a SPA which identifies key safety indicators under which each standard will be measured. These standards are RAG rated using the trust ANZ risk matrix and all items rated at 9 or above are placed on the local risk register.

5.5   The health and safety committee monitors each performance and reviews action plans to achieve full compliance with the SPA.

5.6   The SPA document details performance standards for health, safety and welfare that must be adhered to. However a number of these arrangements are expanded upon in other documents including;

a) the trust's health and safety procedures
b) the trust's risk assessments
c) safety partnership agreement
d) HSE ACOP's

5.7 **Risk Assessment** - The identification of hazards, assessment of risk and establishing and enforcing of control measures to eliminate or control risk, are the cornerstones of effective safety management.

5.8 The Management of Health and Safety at Work Regulations 1999, Regulation 3, requires employers to make suitable and sufficient assessment of the risks to health and safety and to keep records of the significant findings. The trust has developed risk assessment processes to comply with this statutory requirement.

5.9 The trust uses a qualitative technique of risk assessment which relies upon the judgement of a competent person (or risk assessor). The risk assessor must be appointed by management having been deemed competent and received training in the particular techniques used.

5.10 **Generic Risk Assessment Process** - The main purpose of the generic risk assessments is to establish the minimum performance standards of the trust. Under performance standard 1 of the SPA, the following suite of generic risk assessments are completed for all routine operations undertaken by the trust;

   a) lone workers
   b) manual handling
   c) night work
   d) violence and aggression
   e) contamination of bodily fluids
   f) departmental stress

This flowchart illustrates the key steps taken in the generic risk assessment process

Generic Risk Assessment Process

Define the activities	Identify all routine activities undertaken. This is the process of examining each work area and work task for the purpose of identifying all the hazards which are "inherent in the job".
Hazard identification & evaluation	Identify all of the foreseeable hazards from each work activity and work area. A hazard can be anything (e.g. condition, situation, practice, behaviour) that has the potential to cause harm.
Assess the risks arising from each hazard identified	Having spotted the hazards, you then have to decide what to do about them. The law requires you to do everything 'reasonably practicable' to protect people from harm. You can work this out for yourself but the easiest way to do this is to compare what you are doing with good practice. Sources of good practice- HSE website (www.hse.gov.uk) and trust safety advisors: 0151 4712306/4712348/4732934 You should arrive at a prioritised list of hazards based on the significance of risk for each particular hazard using the likelihood x severity risk rating.
Establish preventative & protective control measures	The risk must be eliminated or minimised to a tolerable level or as low as is reasonably practicable. The 'hierarchy of control measures' is a widely accepted system that should be followed: If avoidance is not possible, Eliminate, Reduce, Isolate, Engineering Controls, PPE (last resort)
Plan & implement control measures	Line-management must ensure that the controls are maintained and enforced through effective supervision and formal proactive monitoring.
Review adequacy of control measures	a) Periodically b) If conditions or circumstances significantly change c) If failures are identified through auditing, accident investigation etc.

5.11. Other risks will be assessed using specific risk assessment formats. This may include;

a) Computers, laptops and similar equipment
b) Slips, trips and falls
c) Manual handling (inanimate objects)
d) Patient moving and handling
e) Lifting and moving heavy objects or objects that are difficult to grasp
f) Electrical equipment and installation
g) Sharp waste
h) Discarded needles
i) Infection control
j) Fire
k) Lone working
l) Contact with cleaning chemicals or other substances which may be hazardous to health e.g. disinfectant
m) Young persons (under 18 years of age) or inexperienced staff
n) Violence and threatening behaviour
o) Security
p) Verbal abuse, assault

The above list is not exhaustive.

5.12. **Accidents at Work** - This section outlines the procedures which are to be adopted when any employee, service user, visitor or contractor suffers an accident during the course of their employment or whilst on the trust's premises. The same principles apply when an employee, visitor or contractor has experienced a near-miss or dangerous occurrence.

5.13. **DATIX reports -** All accidents/incidents must be recorded on the trust's incident reporting system, DATIX or Ulysses for SpLD. Reports will be regularly reviewed to ascertain the nature of incidents which have occurred in the workplace. This review will be in addition to an individual investigation of the circumstances surrounding each incident.

Actions in the event of an accident;

a) Obtain treatment for the injury from a first-aider or other appointed person.
b) clear away any debris following the incident where this is necessary to safeguard other personnel in the vicinity (except where the accident resulted in a major injury, in which case the scene should be left undisturbed until advised otherwise by the enforcing/investigating authority).
c) Arrange for a DATIX or Ulysses report to be completed.

5.14. Inform your manager (or a responsible person) of the incident so that an investigation can be carried out.

5.15. **Young Persons at Work** - A young person at work is a person under the age of eighteen (18) year and can be an employee, visitor or student on work experience.

5.16. Before a young person starts work e.g. trainee, apprentice etc. a suitable and sufficient risk assessment must be carried out on all their activities. Any residual risk that remains that cannot be eliminated and has been controlled so far as is reasonably practicable must be communicated to their parents/guardian and written consent obtained.

5.17. Contractors must notify the trust before allowing young persons to work on site.

5.18. **Workplace Inspections** - It is the policy of the trust that formal workplace inspections must take place every three months or sooner if required. The inspection should take the form of a walk around the area, looking for:

    a) Obvious defects in the premises and the fixtures and fittings
    b) Failures in meeting trust safety standards in any respect (e.g. depleted first-aid supplies, blocked fire exit routes, trip hazards etc.)
    c) Any other relevant general observations

5.19. It is the responsibility of designated SPA link to ensure that each area is covered and the workplace inspections proforma is completed. The recognised union safety representative may be invited to partake in these inspections. The person charged with implementing any identified remedial action must complete the work within a reasonable time scale, dependent on the risk, and should "sign off" the action point by notifying the originator of the inspection report. Workplace inspections are monitored by the divisional safety group as part of the SPA standards. *(See trust health and safety procedures; workplace inspections HS5)* http://www.merseycare.nhs.uk/about-us/policies-and-procedures

5.20. The trust will also undertake periodic inspections and reviews of its operations, procedures and locations. Reviews and inspections will be undertaken by nominated personnel as well as being supplemented by members of the trust safety team, as and when required.

6 COMMUNICATION OF INFORMATION

6.1 **Essential Information and Feedback** - The 'team briefing" medium can be used to disseminate essential health and safety information throughout the trust.

6.2 It is important to solicit information from all employees and receive feedback on health and safety issues. Time should be taken at the end of each management briefing, giving the opportunity for the workforce to raise and discuss health and safety issues.

6.3 SPA links will be responsible for disseminating health and safety information within their respective divisions.

6.4 **Notice Boards** - A notice board(s) for posting health and safety information and notices must be positioned in common areas across the trust's estate i.e. staff rest rooms, main office etc.

6.5 A member of staff shall be nominated to ensure that the notice boards are maintained up to date.

6.6 At least one health and safety at work law poster must be prominently displayed in all buildings or access point for each service.

6.7 **Formal Communications** - To ensure the effective communication of important information the trust uses the following formal systems:

    a) quality practice alerts
    b) newsletters
    c) trust intranet 'Your Space'

d) trust website

6.8 Quality Practice Alerts (QPA's) are a system for communicating up-to-date health and safety information. Important issues, such as accident / incident learning to be shared will be compiled and issued to all employees, as necessary.

6.9 QPA's are the responsibility of the Director of Patient Safety.

6.10 Copies of such written information should be posted on the notice boards. For personnel with access to the trust's computer network this information may be sent electronically.

6.11 Certain important formal communications such as the Central Alerting System (CAS) may require an action or the recipient to sign and return an acknowledgement slip accepting that they have received, read and understood the communication.

6.12 **Health and Safety Committee** - The trust is committed to ensuring that health and safety matters are communicated correctly to its employees and recognises and supports the role of safety committees in trying to achieve this. The committee members will include;

a) management representatives who have the authority to give proper consideration to views and recommendations
b) employee representatives appointed by a trade union, elected by the workforce, or a combination of both, who have knowledge of the work of those they represent
c) others, people who are included because of their specific competences such as the occupational health lead, infection control nurse specialist, health and safety advisors, fire advisors and other specialists

6.13 All significant employee groups will be represented; however, the total size of the committee should be kept to a manageable level.

6.14 To ensure all relevant issues are covered committees should agree some standing items for the agenda and allow for other items to be added as necessary.

6.15 Committee meetings will be planned in advance and where possible a series of committee meetings will be planned. All committee members should receive a copy of the planned meeting dates.

6.16 All members will be expected to attend the health and safety committee meetings. On occasion committee members may be unable to attend and should appoint a suitable person to attend in their absence.

6.17 The committee will be responsible for final approval of all amendments to trust health and safety procedures, following review, but not new procedures which must follow the corporate policy process. All amendments will be discussed at SOG prior to committee where it will be given wider consultation before final approval.

6.18 **Co-operation & Consultation** - The trust will ensure that all members of staff are provided with the information that they require to work safely and without risk to their health. This will include information, such as the results of assessments and the appointment of various categories of competent persons, required under various pieces of legislation.

6.19 Consultation on health and safety matters with employees who are members of a recognised trade union will take place through the agreed channels *(See Partnership Agreement, HR-G5 link at the end of this section 6.19)*. This will enable the trust to meet its obligations under the Safety Representatives and Safety Committee Regulations 1977. http://www.merseycare.nhs.uk/media/2027/partnership-agreement-uploaded-7-apr-2015.pdf

6.20 However; employees who are not members of a recognised trade union will be consulted with either directly or through a representative whom they have elected. This will enable the trust to meet its obligations under the Consultation with Employees Regulations 1996.

6.21 **Control & Co-ordination of Contractors** - In order to meet our own health and safety standards and objectives we need the full support and co-operation of all organisations and companies with whom the trust establishes a formal contract. To this end we actively promote the involvement and participation in health and safety arrangements and initiatives. Consultation around health and safety arrangements with contractors will help promote a collaborative effort and ensure that the trust's objectives for health and safety performance are shared. *(See trust health and safety procedures HS7; management of contractors).*

6.22 **Control of Asbestos** - The Estates and Facilities department on behalf of the trust has undertaken asbestos surveys and manages this across all sites under Control of Asbestos Regulations 2012.

This information is made available to contractors who are likely to come into contact or disturb areas where asbestos is known to be present. *(See trust health and safety procedures HS9; management of asbestos)*

7 COMPETENCE AND TRAINING

7.1 **Competence** - Appointment of Competent Designated Persons

7.2 The nominated competent persons are the trust's safety team. These appointments are made to meet the requirements of Regulation 7 of the Management of Health and Safety at Work regulations 1999.

7.3 The role of the competent person being to assist the trust in undertaking the measures required to comply with the requirements and prohibitions imposed upon them by or under the relevant statutory provisions. The trust has identified that the competent person needs to be trained to the standard recognised within the healthcare sector. In addition, it is recognised that the competent person must have the experience or knowledge and other qualities, including the ability to recognise their own limitations and the willingness to call upon other assistance where necessary.

7.4 The trust will ensure that the competent person(s) has the time available to fulfil their functions and that the means at their disposal, having regard to the size of the undertaking and the nature, Complexity and distribution of risks to which staff are exposed, are adequate. The functions to be performed by the competent person will include:

a) Identifying health and safety problems

b) advising on solutions to health and safety issues in addition to giving general health and safety advice
c) assessing the need for action
d) designing and developing strategies and plans
e) implementing strategies and plans
f) evaluating the effectiveness of strategies and plans
g) promoting and communicating health, safety and welfare advances and practices
h) co-ordination of health and safety arrangements with employers sharing premises with the trust.

7.5 **Training** - It is the Trust's policy to ensure that adequate health and safety training is given to all personnel. The Health and Safety at Work etc. Act 1974 places a duty upon the employer to provide such information, instruction, training and supervision as is necessary to protect the health and safety of employees at work.

7.6 This duty is comprehensive and requires that appropriate training is given in all aspects of safety in the workplace and during any working activity. The extent of training will vary according to the extent and potential severity of hazards associated with work activities. Those carrying out low risk activities, e.g. office staff, may only need basic information and training in safe working arrangements and how to report problems. However, those whose work demands a high level of expertise or exposure to particularly hazardous environments will require specific applied knowledge and skills.

7.7 Some work activities require specialised knowledge and training. This will be achieved by the possession of qualifications awarded by a recognised body.

7.8 Suitable training will be available as identified for managers to ensure sufficient knowledge and skill to recognise situations with potential to cause damage or harm, and to design and implement effective preventative or protective action. See policy HR28 for the Training Needs Analysis. Link to policies page below.

http://www.merseycare.nhs.uk/about-us/policies-and-procedures/

7.9 New staff are initially likely to be more vulnerable than existing employees. There is usually a great deal of information to absorb about the new workplace and it is easy to overlook the basic safety arrangements. Induction training must be given at each location to all new staff to prevent this from happening and to meet with legal requirements.

Health and safety training specifically required by law is for:

a) new staff or those transferring to tasks with new risks
b) those that may be exposed to hazardous substances
c) designated first-aiders
d) those engaged in hazardous manual handling operations
e) users of personal protective equipment
f) users or operators of display screen equipment
g) all personnel in fire prevention and emergency procedures

7.10   Training Records - The trust will endeavour to identify the general health and safety training needs of members of staff and the specific training needs of selected members of staff who are carrying out health and safety roles. These specific training needs will include:

- a) training for the designated competent person
- b) training for the competent persons responsible for the evacuation of premises
- c) training for "suitable persons" such a first-aiders and appointed persons
- d) training for those responsible for carrying out risk assessments
- e) general training needs for staff will include;
- f) Induction training
- g) Refresher training
- h) training when exposed to new or increased risk due to;
  - i. being transferred or given a change of responsibility
  - ii. the introduction of new work equipment or a change in the use of existing work equipment
  - iii. the introduction of new technology
  - iv. the introduction of a new or changed system of work

7.11.   Such training shall be repeated periodically where appropriate, be adapted to take account of any new or changed risks and take place during working hours.

7.12.   All forms of health and safety training will form an integral part of employees' personal development plans.

7.13.   Induction Training - Every new employee shall receive trust induction training, before commencing work. The health and safety e-learning module must be completed within 28 days from the commencement of employment. The knowledge gained from the training module will ensure that new staff receive essential information and instructions enabling them to identify and take necessary precautions if exposed to unfamiliar hazards.

8   MONITORING, REVIEWING AND AUDITING

8.1.   Monitoring - To gauge success in health and safety performance the trust must measure its performance against pre-determined standards. Monitoring performance by means of:

- a) Reactive monitoring of incidents, accidents and ill Health. Reactive monitoring techniques include:
- i) accident, ill-health and incident investigations
- ii) investigations into trends in accident, ill-health and incident figures
- iii) investigations into trends in first-aid treatments
- b) Pro-active monitoring to ensure compliance with the statutory, common law, and Trust minimum performance standards. Active monitoring techniques include:
- i) safety tours
- ii) safety inspections - as part of the trusts quality review process
- iii) safety audits - as part of the trusts quality review process

8.2.   Health and safety management within the trust is integrated into other management responsibilities and pro-active and reactive monitoring techniques will be utilised accordingly. Monitoring will aim primarily at the prevention of accidents, ill-health and other forms of incident which present a potential loss to both individual members of staff and to the trust.

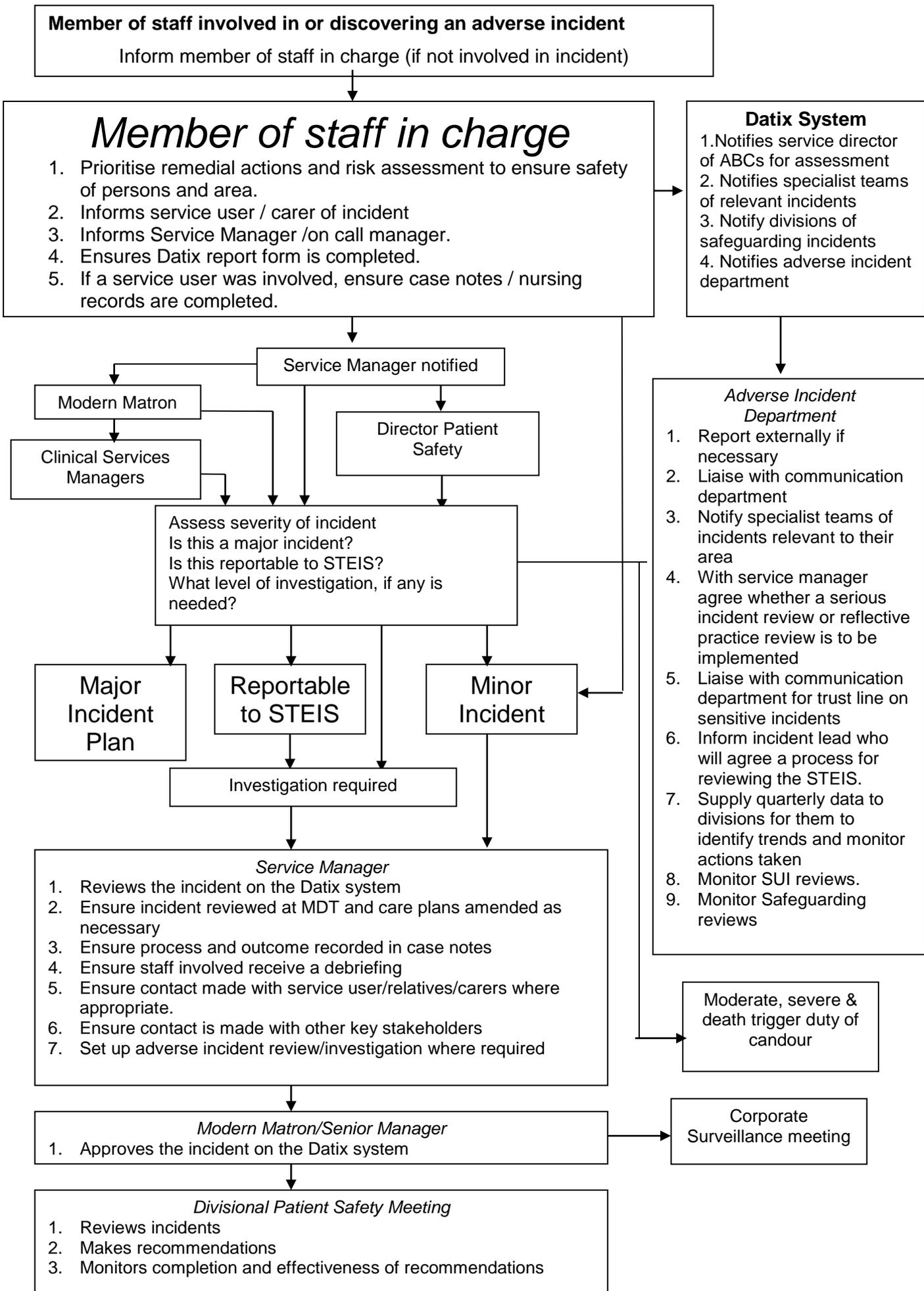**8.3.**   Monitoring of on-site operations will be undertaken by the trust safety team.

8.4.   **Reactive Monitoring - Accident / Incident Reporting & Investigation**
It is the responsibility of employees to ensure that all accidents (including cases of work-related ill-health), incidents ("near-miss" accidents), injuries, fires and dangerous occurrences, however trivial they may appear, are reported immediately using the Datix system. Reportable accidents, diseases and dangerous occurrences, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, will be reported by the designated SPA link to the enforcing authority.

8.5.   It is the responsibility of the appropriate line manager to investigate as soon as possible, the circumstances of each accident, incident or dangerous occurrence once they become aware of it, and to implement appropriate control measures to ensure that there is no re-occurrence of similar accidents/incidents etc. *(See below procedure for the reporting, management and review of adverse incidents).*

8.6.   Near Miss and Dangerous Occurrence Reporting - All incidents not resulting in injury (i.e. near misses and dangerous occurrences) must be reported and investigated. In addition employees all have a duty to report any hazards identified so that an assessment can be made to eliminate or control the risks arising out of that hazard.

Procedure for the reporting, management and review of Adverse Incidents

Member of staff involved in or discovering an adverse incident

Inform member of staff in charge (if not involved in incident)

Member of staff in charge

1. Prioritise remedial actions and risk assessment to ensure safety of persons and area.
2. Informs service user / carer of incident
3. Informs Service Manager /on call manager.
4. Ensures Datix report form is completed.
5. If a service user was involved, ensure case notes / nursing records are completed.

Datix System
1. Notifies service director of ABCs for assessment
2. Notifies specialist teams of relevant incidents
3. Notify divisions of safeguarding incidents
4. Notifies adverse incident department

Service Manager notified

Modern Matron

Clinical Services Managers

Director Patient Safety

Assess severity of incident
Is this a major incident?
Is this reportable to STEIS?
What level of investigation, if any is needed?

Major Incident Plan

Reportable to STEIS

Minor Incident

Investigation required

Adverse Incident Department
1. Report externally if necessary
2. Liaise with communication department
3. Notify specialist teams of incidents relevant to their area
4. With service manager agree whether a serious incident review or reflective practice review is to be implemented
5. Liaise with communication department for trust line on sensitive incidents
6. Inform incident lead who will agree a process for reviewing the STEIS.
7. Supply quarterly data to divisions for them to identify trends and monitor actions taken
8. Monitor SUI reviews.
9. Monitor Safeguarding reviews

Service Manager
1. Reviews the incident on the Datix system
2. Ensure incident reviewed at MDT and care plans amended as necessary
3. Ensure process and outcome recorded in case notes
4. Ensure staff involved receive a debriefing
5. Ensure contact made with service user/relatives/carers where appropriate.
6. Ensure contact is made with other key stakeholders
7. Set up adverse incident review/investigation where required

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Moderate, severe & death trigger duty of candour

Modern Matron/Senior Manager
1. Approves the incident on the Datix system

Corporate Surveillance meeting

Divisional Patient Safety Meeting
1. Reviews incidents
2. Makes recommendations
3. Monitors completion and effectiveness of recommendations

8.7. Pro-Active Monitoring - The purpose of pro-active monitoring is to ensure that the established performance standards are being adhered to and to help prevent an accident or incident which may result in injury/ill-health to a member of staff from occurring.

8.8. Pro-active monitoring is undertaken not just to identify failure in the form of unsafe acts or conditions, but also to measure success and recognise positive health and safety behaviour.

8.9. Reviewing Performance - Forums for reviewing performance are essential elements of the safety management system in order to learn from the experience and apply lessons learnt. Health and safety issues are integrated into the trust's mainstream business.

8.10. Integrated Review Meetings - To achieve excellence in health and safety performance we need to regularly evaluate our performance in order to maximise learning and take appropriate action, thus ensuring 'continuous improvement'.

All formal review meetings from the Board of Directors meetings through to site management meetings must include health and safety. An agenda must be set and minutes of the meeting taken to record findings and actions. The agenda of each meeting should include the following items:
   a) Health and safety performance (accidents, incidents, enforcement action etc.)
   b) significant Issues arising from formal monitoring and auditing

8.11. Each division will undertake its own health and safety meetings which in turn feed upwards into the trust Safety Operational Sub-Group (SOG). Minutes from SOG are sent to the trust health and safety committee.

8.12. Safety Management Review - A safety management review takes place at the end of each financial year as part of the health and safety committee meeting. The purpose of the review is to:

   a) review overall health and safety performance against SPA standards
   b) establish and agree new standards for improvement where required
   c) to monitor implementation & effectiveness of the system

8.13 Auditing - The trust safety team are an integral part of the quality review visits (QRV) which have been established to audit both clinical and non-clinical safety aspects across all areas of the trust. From a non-clinical perspective this includes four key areas;
   a) Safety Partnership Agreement (SPA)
   b) QRV Health & Safety check
   c) Fire Risk Assessment (FRA)
   d) Environmental Suicide Risk Assessment (ESRA)

The SPA is scored using the criteria in the SPA guidance document and this is collated by the trust safety team using a tracker document. A QRV tracker acts as a continuous audit tool and is monitored by the Safety Operational Sub-Group and the relevant SPA link in attendance at this meeting will ensure that any remedial actions required are undertaken within the prescribed timescale.

8.14 Specific Auditing - As part of the trusts risk management process and as part of a continuous drive to improve health and safety standards within the trust, the Health, Safety and Welfare Policy (SA07) will be reviewed on an annual basis by the trust safety team.

Equality and Human Rights Analysis

Title:	**HEALTH, SAFETY AND WELFARE POLICY (SA07)**

Area covered: Health and Safety

What are the intended outcomes of this work? *Include outline of objectives and function aims*
the aims and objectives are;
- (a) to ensure compliance with the statutory, common law, and trust minimum performance standards.
- (b) to eliminate or implement appropriate control measures arising out the trust's work activities to reduce identified risk to as low as is reasonably practicable.

Who will be affected? *e.g. staff, patients, service users etc.*
Applies to all activities and functions undertaken by, or on behalf of, the trust and applies to all trust employees and anybody who is or may be impacted upon by work activities of the trust.

Evidence

What evidence have you considered?
Equality Information as published on the website in relation to the content of this policy

Disability (including learning disability)
No significant issues

Sex
No significant issues

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*
No significant issues

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*
Young persons at work – those under the age of 18years must be risk assessed prior to commencement of any work activities

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*
No significant issues

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*
No significant issues

Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*
No significant issues

Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.* No significant issues	

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.* No significant issues

Cross Cutting *implications to more than 1 protected characteristic* No significant issues

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	*Use not engaged if Not applicable* Supportive of HRBA.
Right of freedom from inhuman and degrading treatment (Article 3)	*Use supportive of a HRBA if applicable* Supportive of HRBA.
Right to liberty (Article 5)	Supportive of HRBA.
Right to a fair trial (Article 6)	Supportive of HRBA.
Right to private and family life (Article 8)	Supportive of HRBA.
Right of freedom of religion or belief (Article 9)	Supportive of HRBA.
Right to freedom of expression **Note: this does not include insulting language such as racism (Article 10)**	Supportive of HRBA.
Right freedom from discrimination (Article 14)	Supportive of HRBA.

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*

This was the annual policy review and other than being taken to the Health and Safety Committee there was no formal engagement

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

Eliminate discrimination, harassment and victimisation

Where appropriate the policy is supportive

Advance equality of opportunity

Where appropriate the policy is supportive

Promote good relations between groups

Where appropriate the policy is supportive

What is the overall impact?
The overall impact on the implementation on this policy review is minimal

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*
- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record
Name of persons who carried out this assessment:
George Shield - Senior Safety Advisor

Date assessment completed:
21/10/2015
Reviewed 30/08/2016

Name of responsible Director:
Neil Smith – Executive Director of Finance (Deputy Chief Executive)
Deputy
Alison Jordan – Deputy director of Estates
Date assessment was signed:
30/08/2016

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring	No actions required		
Engagement	No actions required		
Increasing accessibility	No actions required		