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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

HEALTH & SAFETY POLICY

Document Reference No:	PTHB / HSP 001	
Version No:	11	
Issue Date:	March 2022	
Review Date:	March 2025	
Author:	Senior Health and Safety Officer	
Document Owner:	Senior Health and Safety Officer	
Accountable Executive:	Director of Environment	
Approved By:	Executive Committee	
Approval Date:	9 March 2022	
Document Type:	Policy Non-clinical	
Scope:	Powys Teaching Health Board wide	

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw 1ew gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	March 2004
2	Minor update to include Business Services Centre and Radiation Protection Committee	September 2004
3	Reviewed and updated	January 2006
4	Reviewed and updated	April 2007
5	Update of existing policy to reflect changes in legislation, guidance and new organisational name	December 2009
6	Updated to reflect changes to organisational structures and responsibilities	November 2011
7	Updated to reflect organisational changes and best practice	August 2014
8	Reviewed and updated to clarify responsibilities and to assure more robust accountability Approved by Board 29 th November 2017 subject to amendments	November 2017
9	Policy updated to incorporate amendments requested at Board. Chair's Action taken to approve the policy on 20 th August 2018	August 2018
10	Policy rewritten in order to reflect organisational changes, legislation and best practice	October 2021
11	Updated to reflect amendments requested by Executive Group.	November 2021
12	Updated to reflect changes in Directorate and Roles and Responsibilities	March 2022

Item No.	Contents	Page
	Engagement and Consultation	4
	Impact Assessment Summary	5
1	Health and Safety Policy Statement of Intent	6
2	Introduction	7
3	Arrangements	9
4	Assurance	10
5	Statutory Compliance	11
6	Organisational Responsibilities	11
7	Communication and Consultation of Health and Safety Issues	19
8	Audits and Inspections	23
9	Risk Assessment	25
10	Health Surveillance	25
11	Safety Representatives	26
12	Policy Implementation Plan	26
13	Appendix 1: Health and Safety Policies	27
14	Appendix 2: Health & Safety Guidance Documents and References	28
15	Appendix 3: Health & Safety Risk Assessment Proforma	31
16	Appendix 4: Health and Safety Management Training Matrix	48

ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Director of Workforce, Organisational Development and Support Services
Board Secretary
Assistant Director: Support Services
Health and Safety Senior Officer

Circulated to the following for Consultation

Date	Role / Designation
16/08/2021	Health and Safety Group
25/08/2021	Executive Team
15/10/2021	Director of Primary, Community and Mental Health Services

Evidence Base
<p>“Health & Safety at Work etc Act 1974” “The Management of Health & Safety at Work Regulations 1999” “HSG65 Managing for Health & Safety 2013” “HSE INDG 343 Directors’ Responsibilities for Health & Safety” “Health & Safety (Consultation with Employees) Regulations 1996 as amended. “Safety Representatives and Safety Committee Regulations 1977 as amended. “Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013” “Health Inspectorate Wales Standard 22 – Managing Risk and Health & Safety”</p>

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					An Equality Impact Assessment has been undertaken.
Age	√				A summary can be found in the table on the left.
Disability	√				
Gender	√				
Race	√				
Religion/ Belief	√				
Sexual Orientation	√				
Welsh Language	√				
Human Rights	√				
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>No additional risks identified over and above those identified as part of the departmental Health and Safety risk assessment process.</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>As above</p>					
<p>Have you identified any training and/ or resource implications as a result of implementing this?</p> <p>Arrangements for mandatory Health and Safety training addressing those Health and Safety at Work Act Regulations pertinent to PTHB is in place.</p> <p>IOSH training in Health and Safety Risk Assessments is recommended for PTHB managers.</p>					

1. Health & Safety Policy Statement of Intent

Powys Teaching Health Board (PTHB) is committed to ensuring the health, safety and welfare of all our employees, and those who may be affected by our work activities or undertakings. Furthermore, ensuring that those who are engaged to carry out work on our premises, and/or on our behalf are also committed to ensuring the health and safety of their employees and others.

The Board will, so far as is reasonably practicable, identify adequate financial and physical resources in support of the implementation of this policy. Thereby ensuring a competent workforce with the provision of necessary expert advice.

The Health Board recognises the legal and moral duty placed on it, under the Health and Safety at Work etc Act 1974, to provide a safe and healthy environment for all employees, patients, visitors, contractors and other members of the public who have contact with the organisation. PTHB places great importance on the identification of hazards, assessment of risks and the implementation of suitable and sufficient controls for the health, safety and welfare of everyone. We will endeavour to continuously improve health and safety across the organisation in partnership and consultation with employees and/or their representatives. It is also identified how important health and safety management is throughout the organisation and the key role this plays.

A positive Health and Safety culture is a key part of the health and safety management system, the safety culture being defined as the product of individual and group values, attitudes, perception, competencies and patterns of behaviour that determine commitment to, style and proficiency of an organisation's health and safety management. Core principles supporting the culture provide strong and visible leadership, along with PTHB's values and behaviour framework to which Directors, Managers and Staff throughout the organisation have key roles to play.

All employees are responsible for maintaining compliance with statutory and mandatory regulations. Employees at all levels have a role within this policy, therefore they must comply with all health and safety instructions and systems that are in place. Health and Safety is a key line management responsibility and employees who wilfully disregard the Health Board's health and safety policies and/or procedures could be subject to performance and conduct procedures.

Hosted Services within the organisation, are expected to have an equally high standard of health and safety, and to work proactively with the health board, in order that all organisations can discharge their legal duties.

In recognition of the obligations imposed on the health board by current legislation, this policy will be reviewed regularly in order to ensure legal compliance.

Signed: .....

Date: 9 March 2022

Carol Shillabeer
Chief Executive Officer

2. Introduction

The Health and Safety at Work etc Act 1974, was introduced to protect persons whilst at work, and also to protect others affected by our work activities. This includes patients, visitors, contractors and volunteers.

The management of Health and Safety at Work regulations places specific emphasis on making risk assessment a legal requirement, which is key to a robust health and safety management system.

This policy is supported by Health and Safety legislation. A number of subject specific policies have been drawn up, which are referenced in this policy in support of specific Health and Safety regulations.

Directors, all managers, team leaders and supervisors are responsible for implementing this policy; for ensuring that their teams make adequate arrangements to comply with this policy, and associated Health and Safety policies.

Employees at all levels must take reasonable care of themselves and others who may be affected by what they do, or do not do. They must also co-operate with PTHB, in order to enable the organisation to comply with all health and safety duties placed upon it.

PTHB recognises the importance of ensuring the effective management of health and safety and the identification and control of risks. Continual health and safety risk assessment is acknowledged as the key driver in Health and Safety management. This forms the basis of this policy and other supporting Health & Safety policies which are intended to provide and maintain a positive health and safety culture.

This policy will be reviewed and approved by the Board every three years. If there are changes in Health and Safety legislation in the meantime, any necessary Policy revisions will be developed by the Health & Safety Group, agreed by PTHB Executive Team and approved by the Board of PTHB.

PTHB's Health and Safety team will produce an annual review of health and safety management performance.

2.1 Scope

This policy applies to all PTHB staff, including temporary and agency staff.

This policy applies to all premises owned or leased by PTHB. It will further apply to commissioned services (for example, visiting consultants, or renal services provided by Fresenius Medical Care), volunteers, patients, contractors and visitors to our premises.

Where workplaces are shared, or PTHB staff work in buildings other than those owned by PTHB, and likewise where PTHB buildings have tenants e.g. Public Health Wales Staff, there must be

communication between managers across all agencies and/or departments regarding Health and Safety management arrangements. All parties have a legal duty to co-operate under the Management of Health & Safety at Work Regulations (MHASAW) 1999. While it is recognised that each employer will have their own policies and procedures, these must be shared in order to ensure consistency and the safety of everybody.

2.2 Patient Safety

Section 3 of the Health and Safety at Work etc Act 1974 includes a duty of care to persons who may be affected by the Health Board's activities.

For patients, the Health and Safety at Work etc Act 1974 may not directly apply to many clinical risk situations, such as decisions on a method of treatment. It can apply where there may be a system failure such as the failure to ensure the servicing and maintenance of equipment used in a clinical procedure and/or the use of bedrails and other patient safety devices.

2.3 Definitions

The following definitions and abbreviations are used throughout this policy: -

- The Health and Safety at Work etc. Act 1974 (HASAWA)
- The "Health Board" means Powys Teaching Health Board
- "Directors" means Executive Directors of PTHB
- The "HSE" means the Health and Safety Executive
- "IOSH" means the Institution of Occupational Safety and Health"

Those who use and provide services for and within PTHB are defined as:

- All PTHB staff, including locum, part-time, temporary and bank
- Visiting clinicians from other NHS organisations
- Agency staff
- Contractors
- Visitors
- Clients
- Patients
- Members of the public
- Students on placement
- Apprentices
- Volunteers
- NHS organisations hosted by PTHB
- Tenants, for example Public Health Wales and the Welsh Ambulance Service Trust

2.4 Aim

This Policy is a requirement of the Health and Safety at Work Act 1974.

This Policy sets out the roles, responsibilities and arrangements as to how Health and Safety will be managed in the Health Board. Its aim is to promote and ensure high standards of health, safety and welfare at work. This Policy sets out to achieve this aim through:

- continuous promotion of a positive safety culture
- supporting 'ownership' of Health and Safety at all staff levels
- developing sustainable high-quality Health and Safety advisory and training services
- developing strong, visible and consistent Health and Safety leadership at departmental, site and Director levels
- developing comprehensive Health & Safety risk assessment and management systems that read across from department to Board levels.

3. Arrangements

3.1 Policies and Procedures

The Health Board provides a written statement of intent, describing the broad approach or action that the Health Board is taking with a particular issue. Policies may be underpinned by evidence-based procedures and guidelines, and are mandatory. The formulation of policies allows the Health Board to produce formal agreements, which clearly define the commitment of the organisation and the obligations of individual staff to meet the organisation's strategic goals.

A range of policies have been developed to support the safety management system, and can be audited against. This provides a measure of assurance and where gaps in compliance exist, action can be taken in order to rectify any identified shortfalls. Supporting policies, procedures and safe systems of work under this Health and Safety Policy are detailed at **Appendix 1**.

3.2 Risk Assessment

The Health Board has a system for risk assessment that includes the assessment and control of health and safety risks. Identification of hazards and risk mitigation measures form the basis of our health and safety management processes.

The responsibility for the completion of comprehensive risk assessments sits within the operational managers' core duties. The escalation of risks that cannot be managed locally will be through departmental, directorate and ultimately the Board risk register.

This policy should be read in conjunction with the Health Board's Risk Management Framework, which details the agreed Risk Management Approach.

The safety management system is based on HSG 65 "Managing for Health and Safety. This guidance sets out a process of "plan, do, check and act" the approach is detailed in **Appendix 2**.

To support the development of a comprehensive approach to the identification of health and safety risks, all managers should use the agreed template as detailed in **Appendix 3**.

Where local risks cannot be mitigated to an acceptable level, health and safety risks will be escalated in line with the Health Board's risk management framework.

3.3 Competent Persons

The safe management of Health and Safety requires the Health Board to ensure that all roles which have delegated health and safety responsibility, for example managers and supervisory staff at all levels are competent to discharge their duties. In order to support the Health and Safety management system and risk assessment process. Competency can broadly be defined as a combination of training, knowledge, experience, and personal attitude necessary to work safely. Given the variety of services and settings staff work within across the Health Board, we will adopt an approach to developing competency to the roles that managers and staff are required to undertake. This will include the use of formal training sessions, competency assessments, provision of information, supervision and mentorship.

The mandatory training requirements relevant to the roles that managers fulfil are identified in **Appendix 4**.

4. Assurance

PTHB will gain its assurance in terms of the management of health and safety within the organisation through a number of roles and processes to the Health & Safety Group, as shown below:

- The Internal Audit annual plan.
- External reviews of topic specific Health and Safety Services.
- PTHB Health and Safety Team forward work plan and proactive monitoring.
- The leadership and oversight of the co-ordination group, lead by the Director of Primary Care Community and Mental Health.
- Internal review including:
 - Audits of departmental health and safety systems and safe working procedures.
 - Reviews of departmental health and safety risk registers
 - Reviews of departmental health and safety procedures and safe systems of work.
- Assistant and Deputy Directors' Health & Safety reports to the Health & Safety Group.
- HSE Health and Safety inspection reports.

Reactive monitoring will take place; reviewing accident and incident reports for trends etc and in collaboration with Occupational Health, monitoring rates and trends in sickness absence.

Reports and issues will be discussed at the Health and Safety Group, who will detail any required actions, and monitor reports. The Health and Safety Group will provide assurance to the Executive Team, the Board and its relevant Committees.

5. Statutory Compliance

Statutory Compliance requirements are managed through a suite of policies, procedural documents and safe systems of work owned by the relevant Directors with Board delegated responsibility. The Director with delegated responsibility for these areas and policy framework sit outside this Policy. These include, but are not limited to, individual policies for:

- Water Safety
- Piped Medical Gases
- Asbestos
- Fire Safety
- Electrical Safety
- Gas Safety
- Lifts, Lifting Equipment and component parts
- Medical Devices
- Radiation
- Work Equipment

6. Organisational Responsibilities

In order to ensure the effective implementation of this Health and Safety Policy responsibilities are given within this section.

6.1 The Board of Powys Teaching Health Board

It is the responsibility of the Board to approve this Policy and to ensure the Health Board meets its legal obligations under current statutory and mandatory requirements. Discharging this responsibility entails ensuring sufficient resources are available and deployed to meet those requirements.

The Board may delegate responsibility for approving Health and Safety Policies and Procedures to other appropriate Committees and Directors.

The Board is also responsible for delegating responsibilities for Health and Safety to an Executive Director who will be accountable for Health and Safety.

6.2 Chief Executive

The Chief Executive has responsibility for:

- Ensuring that the Health and Safety Policies are implemented and reviewed as necessary, and for advising the Board accordingly.
- Ensuring that sufficient resources are available to implement all measures needed to comply with Health and Safety legislation, and associated guidance.
- Identifying the Board's Health and Safety plans and performance requirements and ensuring the necessary resources to implement the Health and Safety Policy.

- Ensuring that all Directors and appointed lead Directors are aware of their individual responsibilities, as well as their nominated responsibilities for the management of health and safety matters across the Health Board.
- Ensuring that the Board is regularly informed regarding Health and Safety matters.
- Monitoring Health and Safety performance.

6.3 Director of Environment

On behalf of the Chief Executive, the Director of Environment takes executive responsibility for the strategic oversight and implementation of Health & Safety arrangements within the health board.

These responsibilities include:

- Ensuring the Health and Safety policy is kept under review and updated in accordance with changes in legislation.
- Ensuring that any legal requirements due to changes in legislation are disseminated as appropriate throughout the Health Board.
- Monitoring the implementation of the Health and Safety Policy.
- Ensuring an appropriate infrastructure is in place, for effective and specialist health and safety knowledge.
- Producing an annual health & safety report to the Executive Team and through to the Board.
- Reporting on urgent/ongoing health & safety matters to the Executive Team meetings where these are escalated directly or via the Health and Safety Group. This includes a requirement to ensure that resources are prioritised to high risk areas.
- Ensuring the provision of statutory and mandatory Health and Safety training across the organisation.
- Chairing the Health & Safety Group.
- Supporting Executive Directors in attending, where required, an accredited and suitable health & safety awareness course.
- Identify the Board's Health and Safety plans and performance requirements and ensuring the necessary resources to implement the Health and Safety Policy.
- To visibly support the development of a positive health and safety culture within the health board.

6.4 Nominated Lead Directors

All Board Directors have responsibility for ensuring the delivery of a robust Health and Safety approach and supporting the delivery of the policy and work programmes that deliver this.

Board Directors may also have delegated lead roles for particular Health and Safety matters. Their general responsibilities are:

- Developing health board wide safety arrangements for the particular health and safety matters under their control.

- Advising on the necessary resources for the effective management of health and safety risk.
- Reporting to the Health Board on performance for his or her area of health and safety risk.
- Monitoring the implementation of various policies.
- Ensuring that any legal requirements due to changes in legislation are disseminated throughout the health board as necessary.
- Reporting to the Chief Executive on the standards being achieved.

It is the responsibility of the nominated Director to ensure all Health and Safety law as it pertains to their area of responsibility is adhered to. It is also the responsibility of the respective Director to ensure that safe systems of working are developed and deployed across the Health Board. Management of these areas sits out of the work of the Health and Safety Group. Each area will have a policy specific to the relevant area. The general principles identified within this policy will apply to the specific areas.

The Health and Safety team will provide specialist advice to relevant Directors as requested. Where appropriate the Health and Safety team will participate in respective Specialist groups to provide advice to the relevant Director.

Nominated Lead Directors are as follows:

- Fire Safety - Director of Environment
- Medical Gases - Director of Environment
- Asbestos – Director of Environment
- Electrical Safety - Director of Environment
- Water Safety – Director of Environment
- Radiation – Director of Therapies & Health Sciences
- Civil Contingency & Emergency Planning – Director of Public Health
- Corporate Risk – Board Secretary
- Site Co-ordinators - Director of Environment
- Infection Control and Prevention - Nurse Director
- ICT equipment, Infrastructure and Maintenance, ensuring that all the equipment meets the current requirements for Health and Safety – Finance Director.

6.5 Senior Health & Safety Officers

The Senior Health and Safety Officers are responsible for

- Providing expert and specialist advice on all health and safety matters across the Health Board.
- Provide guidance and advice on health & safety management, professional and technical advice along with support at all levels within the organisation, to ensure systems are in place to enable compliance with health & safety legislation. This will include training and policy development.
- Advising the designated Director on the management of health & safety.
- Providing the designated Director along with other Executive Directors with statistics, reviews and reports on health & safety matters on a quarterly basis.

- Providing professional guidance and technical support to assist managers in their duties of implementing PTHB's health & safety policies at a directorate level. This will include advice and support in relation to risk assessments.
- Planning and conducting audits and inspections, ensuring managers are implementing actions. As agreed and detailed in the health and safety forward work programme.
- Conducting and assisting in incident/accident investigations, where appropriate, and producing an incident summary report on every RIDDOR reportable incident to the HSE for the Director of Environment.
- Provide information and reports to the Health & Safety Group, Audit Committee, and other PTHB groups as required.
- Representing PTHB at the All Wales NHS Health & Safety Managers group and subgroups.
- Consulting and liaising directly with the enforcement authorities on behalf of PTHB.
- Contributing to the development of a health and safety culture for the organisation.
- Where work practices have been identified as dangerous and placing persons at risk of harm, to intervene and control the risk to ensure persons are protected; and then to report and escalate the issue to the relevant Manager or Director.

6.6 Occupational Health Physicians

PTHB's Occupational Health physicians report professionally to the Medical Director and are managed by the Assistant Director of Organisational Development. The activities undertaken by the Occupational Health physicians in the context of this policy include:

- Pre-employment health assessment and screening
- Health assessment of employees.
- Periodic health surveillance of at-risk personnel.
- Immunisation as appropriate to occupation.

6.7 The Occupational Health Service

The Occupational Health Clinical Nurse team reports professionally to the Director of Nursing and Midwifery, and is responsible to the Assistant Director of Organisational Development for the management of the Occupational Health service in the context of this policy, the Occupational Health Team (OHT) will undertake the following in addition to participating in activities listed above.

- Institution and support of preventative health programmes, health education and health promotion.
- Implementing health and/or medical surveillance as and where required.
- Advice on Health and Safety legislation pertaining to occupational health.
- Where a health and safety concern has been identified, liaise with the Health & Safety Team on matters of health, safety and the work environment.

- Liaise with the health and safety team on matters of wellbeing within the organisation.
- Undertake health assessments in relation to the individual employee and the job to be performed.
- Ensuring employees are medically fit to undertake their assigned roles, also where required fitness to attend physical training eg PMVA.
- Where applicable ensure that health surveillance is in place.
- Refer to the Occupational Health Physicians such cases that require further investigation and medical intervention.
- Offer advice, guidance and education where appropriate to support preventative health programmes, health education and health promotion, to improve the general health and wellbeing of employees.
- Advise managers within PTHB with responsibility for health, safety and welfare of employees.
- Undertake occupational health pre-employment health checks, to ensure that applicants are suitably fit to undertake the role applied for.
- To assist and provide specialist confidential advice to supervisors and managers in the consideration of reasonable adjustments for employees to continue working where ill health and/or injury could preclude this.
- Provide a report to the Health & Safety Group, on work related health issues, and any concerns or impacts.
- Provide advice and guidance for managers on risk assessments when an employee is returning to work, following sickness absence and/or declares a health condition e.g. supporting staff and managers in the rehabilitation of employees who have been away from work due to illness or accident.
- Provision of a counselling service to support staff dealing with stress at work.

Full details are contained within the Occupational Health Policy.

6.8 Deputy and Assistant Directors

Deputy and Assistant Directors are responsible and accountable to the relevant Executive Director for ensuring that all health & safety risks, in their respective departments are adequately assessed, controlled, managed ensuring that all incidents and accidents are reported and investigated in line with PTHB policies.

Deputy and Assistant Directors will work closely with all of their senior managers, this will include ensuring that all risk assessments and action plans are adequately monitored, and that incident investigations are fully completed in line with the organisation's Incident Reporting Policy in her or his respective areas of responsibility.

Deputy and Assistant Directors will attend the bi-monthly health & safety group, providing verbal and/or written updates on health and safety matters relating to their service areas.

Deputy and Assistant Directors are required to attend an approved and suitable health and safety training course, which meets the requirements within the job description and essential skills. e.g. IOSH Managing Safely or equivalent.

To visibly support the development of a positive health and safety culture within the health board.

Directors will identify and agree individual site leads, or co-ordinators, for health & safety and fire safety. These roles will normally be at Deputy Director, Assistant Director or Community Service Manager level. Site leads will ensure regular meetings are held where health and safety is a standing agenda item. Issues from these meetings should be raised through the site co-ordinators forum and then reported through to the Health and Safety Group.

6.9 Service Managers and Heads of Departments

Service Managers and Heads of Departments have responsibility for the day-to-day management of health & safety for activities and staff within their control.

For each service or department, she or he is responsible for;

- An up to date Health & Safety Local Implementation Procedure¹.
- Setting targets for completion of health and safety risk assessments and training on an annual basis.
- All health & safety risks and hazards associated with the work of their department/service are identified and steps taken to eliminate or mitigate risk, as far as is reasonably practicable.
- Ensure that where a risk is identified that cannot be eliminated, a formal risk assessment is carried out and that this is then entered onto the risk register for their area, in line with the Health Board's Risk Management Framework. That any resulting action plans are monitored and control measures implemented.
- Be responsible for analysing and actioning recommendations arising from the risk assessment process and ensure that systems to monitor safe practice are in place and followed. This will be monitored by health & safety inspections.
- Ensure that staff are able to attend training sessions run by the organisation.
- Ensure the development of a comprehensive inspection process in liaison with the health & safety team and that any findings are acted upon.
- To visibly support the development of a positive health and safety culture within the health board. To lead by example in helping to establish the health board as an exemplar in health and safety management.
- Attend an approved and suitable health and safety training course, which meets the requirements within the job description and essential skills. e.g. IOSH Managing Safely or equivalent.
- Ensure that agency staff, clinical students and bank staff have received an appropriate level of training commensurate with PTHB standards prior to employment.

¹ HSP 002 Health & Safety Policy Local Implementation Procedure

- Assisting and ensuring common agreed standards are developed and implemented throughout the organisation.
- Liaising with the Senior Health and Safety Officers on all matters relating to health and safety, as and where required, matters may also be taken to the site co-ordinators meetings and forums, including the bi-monthly update reports to Health and Safety Group and escalation of concerns.
- Include clearly stated health and safety responsibilities in job descriptions.
- Ensuring that all adverse incidents, hazards and near misses that are reported are fully investigated and any remedial action has been implemented in line with PTHB incident and accident reporting policy.

6.10 Line Managers with day-to-day responsibility for staff, Ward Managers, Team Leaders and Supervisors etc.

These groups of staff are directly accountable and responsible to their immediate line manager for the health & safety of all staff, patients, clients, visitors, contractors and members of the public within their area of responsibility.

Their responsibilities are:

- Continuous reporting and monitoring of risks and incidents in accordance with the Risk Assessment Toolkit & Incident Reporting Policy within their area of responsibility, also to ensure that a local investigation is undertaken of incidents and accidents.
- Ensure that PTHB Health and Safety Policies, safe systems of work and practices and procedures are followed within their area of control.
- Ensure that health & safety is a standard agenda item at team meetings and that, where required, workplace/toolbox talks are delivered and recorded.
- Ensure that health and safety risk assessments are completed within their area of responsibility and, where required, ensure that control measures are implemented.
- Implement corrective actions arising from inquiries and investigations and/or when deficiencies are detected.
- Ensure that employees, both permanent and temporary, are competent to perform their duties under the organisation's health & safety policies and procedures.
- Effectively manage health, safety and welfare of the staff under their control.
- Ensure that employees attend mandatory and statutory training as required.
- Monitor records of mandatory and statutory training for employees in their area of responsibility via the electronic staff record training module.
- Ensure that all staff have access to all health and safety documentation, for example but not limited to: risk assessments and safe systems of work.
- To visibly support the development of a positive health and safety culture within the health board and to lead by example in helping to establish the health board as an exemplar in health and safety management. This will be through effective leadership and direction; by

monitoring health and safety performance and by integrating safety in to the day-to-day management process.

- Attend an approved health and safety course, which meets the requirements within the job description and essential skills. e.g. IOSH Managing Safely or equivalent.
- To identify those staff requiring health surveillance, through a risk assessment, and to ensure the health surveillance of employees exposed to specific hazards is carried out. Details of the types of health surveillance can be obtained from the occupational health team.

6.11 Infection, Prevention & Control

Based within the Quality & Safety Unit, the Senior Nurse: Infection Prevention & Control (IP&C) has an organisation wide remit to provide infection prevention and control advice through the normal range of primary and secondary care to all professional and non-professional groups within Powys. Comprehensive information and guidance for all staff is contained within the IP&C infection control policy, to which the health and safety team provide support and further expert advice.

6.12 Employees' Duties

Every employee must:

- Take reasonable care in regard to the health and safety of themselves and persons who could be affected by their actions/ omissions.
- Co-operate with Managers/Team Leaders/ Supervisors and senior management on all health and safety matters.
- Know the local emergency arrangements/ procedures for the premises/ area of work.
- Attend and complete training courses as detailed within the training plan and also those courses that may be job specific.
- Follow all safety procedures contained within risk assessments; safe systems of work and/or method statements which relate to work activities.
- Not intentionally or recklessly interfere with or misuse anything that has been provided for the purpose of health and safety legislation.
- Report to the supervisor or manager any defects to work equipment or other hazards that could cause injury or damage to property.
- Use any personal protective equipment (PPE) that has been supplied and keep it in good order and request replacements or repair when necessary.
- Contribute as required to the management of health and safety for example in task specific risk assessments.
- Through the RLDatix reporting system report any incident or near miss within 24 hours, in accordance with PTHB incident and accident reporting policy.
- Use all equipment as instructed and trained, also complying with control measures that are included within risk assessments and/or safe systems of work.
- To co-operate fully with the Health Board on all health and safety matters.

- To attend health and safety meetings as may be required from time to time.

7. Communication and Consultation of Health and Safety Issues

In order to comply with The Health and Safety (Consultation with Employee) Regulations 1996 and The Safety Representatives and Safety Committees Regulations 1977 (as amended) to create a supportive and positive health and safety culture, PTHB encourages active participation through communication and involvement. For this communication to be effective the following groups have responsibilities as listed:

7.1 Health & Safety Group (HSG)

The Health and Safety Group is responsible and accountable to the Executive Committee of PTHB for the development, planning, promotion and effective monitoring of the organisation's health and safety objectives. The Director of Environment will chair the group. The group will meet bi-monthly, or more frequently should need arise. It is a requirement that management members attend every meeting or send a nominated deputy in their stead.

The following will be standing members of the Health & Safety Group:

- The Director of Environment (Chair)
- Senior Health & Safety Officers
- Assistant Director: Support Services
- Assistant Director: Quality & Safety
- Assistant Director: Community Services
- Assistant Director: Women & Children's Services
- Assistant Director: Mental Health & Learning Disability Services
- Assistant Director: Capital and Estates
- Assistant Director: Primary Care
- Assistant Director: Organisational Development
- Senior Nurse: Infection & Prevention & Control
- Representatives from organisations hosted by PTHB
- Professional Bodies and Trade Unions will be represented via Health & Safety Representatives; this representation should reflect the membership of the different bodies within the organisation

From time to time specific disciplines or Community Services Managers may be invited to give representation and opinion on certain, relevant issues.

The terms of reference of the Group are as follows:

1. To develop health and safety policy for the organisation and monitor its implementation.

2. On behalf of the Board of PTHB to develop and oversee the Health & Safety Plan and effectively monitor the organisation's health & safety objectives.
3. To analyse information and reports provided by enforcing authority inspectors, e.g. HSE and local authority inspectors and to oversee action plans for compliance.
4. To receive action plans and reports arising from the Health & Safety Audits and inspections.
5. To receive action plans and reports arising from trade union/ professional body health & safety inspections, undertaken by accredited health & safety representatives.
6. To discuss issues of health & safety and risk raised by members and report those that cannot be resolved to the Executive Committee, Risk Management Group. The Patient Experience, Quality and Safety Group will receive reports for assurance purposes.
7. To receive reports on the monitoring of the activity and effectiveness of health and safety training.
8. To monitor accident and incident statistics and trends, so that reports can be made to management on unsafe or unhealthy conditions and practices, along with recommendations for remedial action.
9. To observe the adequacy of safety and health communication and awareness in the workplace.
10. To consider any other relevant health and safety risk issues and to forward items on to the Executive Committee.

7.3 Partnership Meetings

The Partnership Meetings have health & safety and risk management as an integral part of the local management process. Full details can be found within the forum guidelines drawn up by the PTHB Partnership Board and partnership meetings terms of reference.

7.4 Local and Premises Site Co-ordinating Meetings

Health and safety must be managed at local/premises level, this is a critical part of the safety management system; that operational teams and teams within shared premises manage their work place activities and have a mechanism in place to discuss health and safety issues, and furthermore a mechanism to raise concerns, where they cannot be adequately controlled by local/premises means.

Minutes must be kept of all such meetings, as per their terms of reference, and decisions taken, and/or issues that are passed up the management chain for action, accordingly.

Table 1 on the following page, illustrates the way in which health & safety information and support is communicated around the organisation. It shows all the links between the different groups as outlined above.

The site management model approach will ensure there is robust communication for health and safety on each of our sites. A site co-ordinator will be appointed for each site, meetings will be held monthly with site co-ordinators. The meetings will be chaired by the Director of Environment. Services and teams on each site will communicate with the respective health and safety lead for the site, in order to ensure that information is cited at the site leads meetings.

Title: Health & Safety Policy

Reference No: PTHB / HSP 001

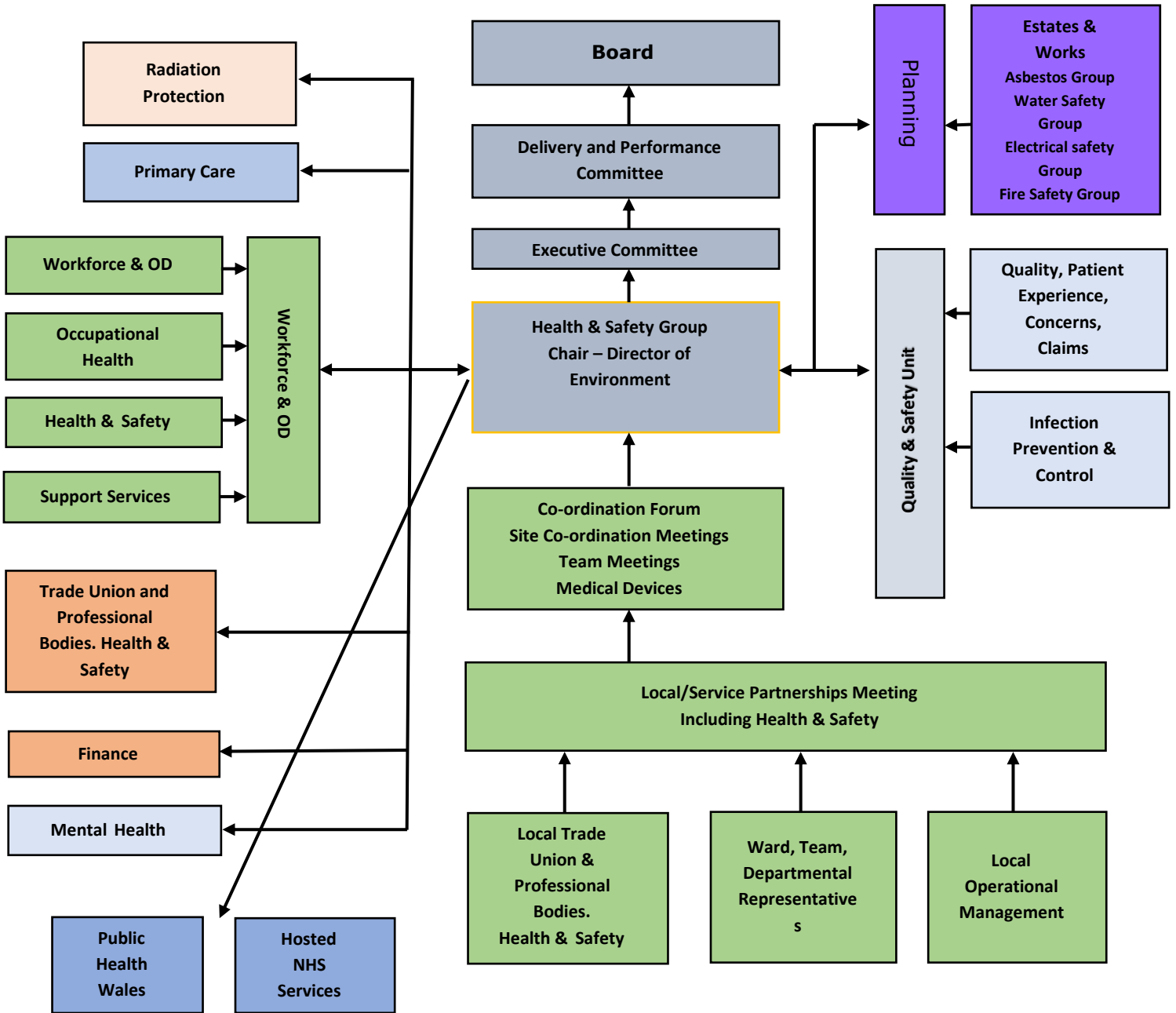
Status: Approved

The site co-ordinator role will act as the point of contact for services and teams on the site as escalation point for issues which do not sit naturally or solely within a department. They will provide communication and co-ordination across the site. The role will also provide a view of the site as a whole and seek resolution of issues which individual departments cannot address. The co-ordinator will escalate matters accordingly to relevant department heads or more senior Assistant Directors, if the matter has not been addressed. The co-ordinator will also provide a routine report to the Site Coordination Forum and also take actions forward as directed by the Director of Environment accordingly. The co-ordination forum will have a terms of reference, agenda and minutes. The site co-ordination will report to the Executive Committee; however, updates will be provided to the Health and Safety Group, Risk and Assurance Group and the Fire Safety Group.

Teams and departments will have their own meetings, where health and safety will be a standard agenda item, health and safety items from this meeting will need to be communicated to the site Co-Ordinator and vice versa.

Where staff are not located on one of our sites, Team managers and supervisors must ensure that all staff are conversant with the health and safety practices and fire safety measures that are in place for those premises. Where there are any identified shortfalls or issues, these should be escalated up through line management.

Table 1: Health & Safety Communication & Support Structure



8. Audits & Inspections

Managers need to understand their local Health & Safety performance so improvements can be made. Active monitoring will involve regular review, through an audit process, which will ensure that standards are met and management controls are working effectively and meet the requirements of current legislation and current policies. Following on from the audit process, a report will be issued to the senior manager, giving corrective actions, if required. The report will need to be actioned and the returns sheet returning to the health and safety team.

Regular inspections of the workplace will be carried out by the health and safety team and staff side, also by departments. Workplace inspections will provide an opportunity to review the continuing effectiveness of the policy and to identify areas where revision of the policy and/or work procedures may be necessary. Following on from an inspection, a report will be issued to the senior manager, giving corrective actions, if required. The report will need to be actioned and the returns sheet returning to the health and safety team.

Both audits and inspections are part of the requirements, in order to assure the health board on the effectiveness of the health and safety management system.

See table 2 flow chart, which demonstrates how health and safety monitoring assurance will be escalated within the organisational structure, and expands on the roles and responsibilities of individuals, as documented above.

Table 2: Monitoring Health & Safety Performance



9. Risk Assessment

PTHB as an employer, is required by law to protect employees, and others, from harm.

Under the Management of Health and Safety at Work Regulations 1999, the minimum an employer must do is:

- identify what could cause injury or illness in your business (hazards)
- decide how likely it is that someone could be harmed and how seriously (the risk)
- act to eliminate the hazard, or if this isn't possible, control the risk

PTHB will continue to support and train the appropriate personnel who undertake risk assessments, in order to ensure they remain competent. This will enable staff to effectively plan, implement and review programmes of risk assessments in their workplace. The health and safety team will assist in reviewing the effectiveness of this process.

The risk assessments will relate to tasks and/or activities, examples of which, could be manual handling, legionella, violence and aggression etc. some key elements which may be included in the risk assessments, but not limited to the use of latex, bedrails and electric profiling beds etc.

Teams are responsible for escalating high level health and safety risks, through their line management, in order to control risks at a local level. Should there be a corporate risk or a risk that cannot be controlled locally, it should be forwarded to the health and safety group.

Information on the risk assessment process and templates, can be found in the risk assessment toolkit on the health and safety website.

10. Health Surveillance

Health Surveillance is a scheme of repeated health checks which are used to identify ill health caused by work. Health and Safety law requires health surveillance when workers remain exposed to health risks after controls have been put in place.

The law requires that health surveillance includes medical surveillance for certain hazards such as asbestos, lead, and ionising radiation.

The occupational health department aims to ensure that, as far as reasonably practicable, appropriately and timely health surveillance is undertaken to avoid occupationally related ill health. The successful implementation of health surveillance is only possible when managers take effective steps to risk assess and control health risks at work. It is the responsibility of managers to identify those staff requiring health surveillance, and to ensure health surveillance of workers exposed to specific hazards is carried out.

In order to identify when health surveillance is required, the task risk assessment must be used, this should not only identify that health surveillance is required, but also the type of surveillance and what products or by products persons may be exposed to.

Managers may need to seek assistance from either the health and safety team and/or the occupational health department, in order to identify hazards and risks to the health of employees, and incorporate any action that may be required. Examples of some substances hazardous to health can include, but are not limited to, dusts, vapours, fumes, lead & lead based paints, fibres, bio hazards and organisms.

11. Safety Representatives

Workplaces where employees are involved in taking decisions about health and safety are safer and healthier. Collaboration with employees helps to manage health and safety in a practical way by:

- helping to spot workplace risks;
- making sure health and safety controls are practical;
- increasing the level of commitment to working in a safe and healthy way;
- providing feedback on the effectiveness of the health and safety arrangements and control measures.

PTHB must consult all employees, in good time, on health and safety matters. In workplaces where a trade union is recognised, this will be through union health and safety representatives.

The appointment of safety representatives will be supported to represent employee interests on health and safety matters.

Safety representatives will work collaboratively with the health and safety team, on inspections, audits and delivering policy and safety strategies.

12. Policy Implementation Plan

All Powys Teaching Health Board Health & Safety policies will be implemented and communicated in the following ways:

- Through Powys Announcements
- The Health & Safety pages on the PTHB intranet site
- Site and Departmental Management Team meetings
- Through delivery at Assistant Director Development Sessions and On-line Workshops.
- Implementation and compliance will be monitored through audits that form the Health and Safety Team forward work programme.

13. Appendix 1: Health and Safety Policies

Number	Policy Title
PTHB HSP001	Health & Safety Policy
PTHB HSP003	Manual Handling Policy
PTHB HSP004	Hand Arm Vibration
PTHB HSP005	Violence and Aggression Policy
PTHB HSP006	Lone Working Policy & Procedure
PTHB HSP007	Display Screen Equipment Policy (DSE)
PTHB HSP008	Management of Contractors
PTHB HSP010	New and Expectant Mothers Policy and Procedure
PTHB HSP011	Stress Management Policy (Wellbeing in the Workplace)
PTHB HSP012	The Control of Risks at Work to Young Persons Policy and Procedure
PTHB HSP013	Control of Substances Hazardous to Health (COSHH) Policy & Procedure
PTHB HSP019	First Aid at Work Policy
PTHB HSP021	Reducing False Alarms Procedure & Guidance
PTHB HSP022	Fire Risk Assessment Procedures and Guidance
PTHB HSP023	Arson Prevention Procedures
PTHB HSP024	Emergency Evacuation of Disabled Persons
PTHB FTP 005	Security Protective Measures Policy

14. Appendix 2: Health & Safety Guidance Documents and References

HSG 65 Plan, Do, Check, Act

The safety management system is based on the HSE HSG65 process of plan, do, check and act. This approach is detailed below.

Plan

This element is the starting point, building effective foundations required for the safety management system. Therefore, it is critical that time is allocated on the planning phase of any project.

A critical part of the planning process is to develop clear policies, guidance and safe working practices that covers all aspects of the safety management system.

A range of policies have been designed to support the safety management system, and can be audited against. This provides a measure of assurance and where gaps in compliance exist, action can be taken in order to rectify any identified shortfalls.

Planning work is critical, for example construction and refurbishment projects must be planned and designed in such a way that many hazards are designed out, as far as is reasonably practicable. Where hazards exist control measures must be put in place to protect the workforce and others who may be exposed to the risk.

When accidents and incidents occur, they must be reported in a timely manner, through the Datix system. A local investigation should also be undertaken in order to establish the facts, and where required obtain evidence to support the investigation and the Datix report should be updated accordingly. This will allow for learning to take place, and remedial action to be taken locally and if required across PTHB. In some instances, incidents and accidents may be required to be reported to the Health and Safety Executive (HSE). This will be carried out by the health and safety team.

An effective health and safety intranet site will be developed with up to date information and guidance for staff to access at all levels of the organisation. The site will also contain policy documents and links to find further information, especially on complex health and safety topic areas.

Co-operation is required with anyone who shares our workplaces, who is working on or around our sites, for example contractors and sub-contractors. PTHB will co-ordinate plans with them, in order to make it clear who has responsibility for health and safety and how it is to be monitored. The plans must clearly indicate who is responsible at each site for health and safety.

Do

The do element requires specific pieces of legislation to be adhered to that apply to PTHB. Examples of this include, but are not limited to bio hazards, HAV, Radiation, Legionella, asbestos, COSHH and Fire. Audits will be undertaken in a planned approach in order to establish assurance of compliance in areas across PTHB. Any gaps in compliance will be identified and corrective actions incorporated in to reports. Any residual risk that prevents the report being closed off will be

placed on the risk register, until such time that the element can be fully addressed or the risk reduced to an acceptable level.

All senior staff have the ability to influence the safety culture, decide on the preventative and protective measures needed and to put them in place. Arrangements must be in place at all times to manage health and safety, this policy provides a clear framework for what staff are required to do.

All employees agree, as a term of their contract of employment, to comply with the Health and Safety at Work, etc. Act 1974 and various duties imposed by that Act. Deliberate and culpable failure to comply with known and agreed health and safety duties could lead to disciplinary action in accordance with PTHB's Disciplinary Procedure.

Check

This element places an emphasis on a shift from reactive to pro-active measuring of performance. As mentioned previously audit and inspections play a significant role in measuring if appropriate plans are in place in order to manage risk, to measure how effective these are in practice. Paperwork on its own cannot give an accurate measure of performance, a measure will be taken against current legislation and also PTHB compliance against policies. Various pieces of data will be used to inform the audit and inspection process, reports of such actions will be formulated and released for action to the management team of the department, for action based on the findings.

Root cause analysis may also be carried out on accidents and incidents, especially where these are serious, for example where considerable harm has, or could have occurred and/or significant damage to property. Incidents and accidents that have been reported to the HSE may also be subjected to an investigation, depending on their nature. Accident and incident trends will also be monitored, in order to identify and significant areas of concern, especially around systems and procedures.

Staff at every level must be suitably competent for their roles, and be fully aware of their responsibilities, for the roles they have been given.

Act

PTHB will identify if what was planned to happen actually happened in reality, furthermore how effective this was. PTHB will learn from incidents and accident data to support findings and experience.

The sharing of best practice from other organisations will ensure that PTHB follows up to date best practice.

The act part of the process will be revisiting plans, training, policy documents, risk assessments and safe systems of work etc, in order to see if they are adequate and relevant in controlling hazards at source.

14.1 Guidance Documents

Guidance documents can be found on the health and safety intranet site at <http://nww.powysthb.wales.nhs.uk/health-and-safety-1>

14.2 References

- H.M. Government, 1974: "Health & Safety at Work etc Act 1974" H.M. Stationary Office, London.
Accessed at: <http://www.legislation.gov.uk/ukpga/1974/37>
- H.M. Government, 1999: "The Management of Health & Safety at Work Regulations 1999 (SI 1999 No: 3242)" H.M. Stationary Office, London.
Accessed at: <http://www.legislation.gov.uk/uksi/1999/3242/contents/made>
- Health & Safety Executive, 2013: "HSG65 Managing for Health & Safety" HSE Books, Norwich, England.
Accessed at: <http://www.hse.gov.uk/pubns/priced/hsg65.pdf>

Appendix 3

Health & Safety Risk Assessment Proforma

Site/Department:				Activity to be assessed:							
Location –				Environmental Assessment for working areas and locations.							
Department –											
Assessor(s):			Date:			Review Date:					
Significant Hazards	Who might be harmed & how?	How is the risk currently being controlled?	Initial Risk Rating			Is the level of risk Acceptable		What action is required to further reduce the risk?	Expected risk Rating after controls		
			Likelihood	Severity	Risk Level	Y E S	N O		Likelihood	Severity	Risk Level
1. Car Parking. <u>Examples of Hazards</u> Large numbers of vehicles accessing the site. Limited parking. Poor lighting.	<u>Examples of who might be harmed and how</u> Visitors, contractors, staff and patients. Poor parking leading to obstruction of footways and visibility splays, pedestrians having to walk in the road. Impact with vehicle traffic. Slip trip and falls due to road and footway surfaces, also poor lighting and severe weather.	<u>Examples of control measures</u> Ensure employees and visitors are aware of site parking infrastructure, allocated parking areas and alternative parking facilities. Ensure employees Adhere to the parking protocols on site. Reduce parking though information to employees and visit where there is limited parking. Check lighting on a regular basis and escalate defects to works and estates. Escalate issues where poor lighting provision is identified, so this can be addressed y works and estates. Request temporary lighting or identify alternative routes for use at where there is poor lighting.									

<p>Failure to comply with the site speed restrictions.</p> <p>Legislation:</p> <p>Workplace Health, Safety & Welfare Regulations 1992.</p>	<p>Leading to persons being struck by vehicle and serious injury.</p>	<p>The installation of speed restriction measures.</p> <p>Monitoring of vehicle movements and speeds onsite.</p> <p>Installation of extra speed signage and communications to staff, visitors, contractors and suppliers who are driving on-site.</p> <p>Escalation to the works and estates department</p>									
<p>2. Lone Working.</p> <p>Isolated locations.</p> <p>Adverse Weather & Driving</p> <p>Travel.</p> <p>Out of Hours.</p> <p>Mobile phone coverage.</p> <p>People.</p> <p>Legislation:</p> <p>The Health and safety at Work etc Act 1974.</p> <p>The Management of Health and Safety at</p>	<p>Staff.</p> <p>Working in isolated areas and out of normal office hours.</p> <p>Driving at night and in winter/severe weather conditions.</p> <p>Road traffic collisions and personal injury.</p> <p>The signal reception is poor in some isolated parts of the county, therefore summoning assistance on occasions may be difficult and/or impossible.</p> <p>Violence and aggression against staff, causing personal</p>	<p>Use the Lone Worker Tool Kit and where required carry out a lone worker specific or site-specific risk assessment.</p> <p>Ensure appropriate vehicles are available and used during adverse weather conditions.</p> <p>Ensure robust lone-worker procedures are implemented and monitored for both core time and out of hours working lone working.</p> <p>Ensure appropriate equipment and means of communication in an emergency are available for use and as identified in the lone worker/site specific risk assessments.</p> <p>Ensure suitable pre-visit checks are undertaken to identify any issues with either the location, route or those being visited.</p> <p>Where identified do not visit alone.</p>									

<p>Work Regulations 1999 (Amendment) 2006.</p> <p>For further information see the lone working policy HSP006.</p>	<p>injury and /or trauma.</p>											
<p>3. <u>Violence & Aggression.</u></p> <p>Verbal abuse / Physical abuse.</p> <p>Intimidation/threatening behaviour.</p> <p>Legislation:</p> <p>The Health and safety at Work etc Act 1974.</p> <p>The Management of Health and Safety at Work Regulations 1999 (Amendment) 2006</p> <p>For further information see the Violence and Aggression policy HSP005.</p>	<p>Verbal abuse to staff either in person or over the phone.</p> <p>Potential in some circumstances for physical abuse.</p> <p>Intimidation by persons and threatening behaviour both over the phone and in person</p>	<p>An additional specific risk assessment may be required for violence and aggression.</p> <p>Ensure staff are appropriately trained in de-escalation and breakaway training as their role dictates.</p> <p>Escalation Policy to be implemented including:</p> <p>Summon assistance on-site from Supervisors/Managers to assist with dealing with inappropriate behaviour.</p> <p>Where necessary ensure the Police are called to attend to deal with incidents.</p> <p>Ensure building security provisions are implemented, closing entrance and exit points to limit unauthorised access to areas.</p> <p>Secure confidential information</p> <p>Checking IDs before entry</p>										
<p>4. <u>Driving for Work.</u></p> <p>The driver.</p>	<p>Employees driving vehicles, not being familiar with the vehicle and or the road/location.</p>	<p>The driver' is responsible for pre-checking the road worthiness of the car, fuel before use.</p>										

<p>The vehicle.</p> <p>The route/journey.</p> <p>Legislation: The Health and safety at Work etc Act 1974.</p> <p>The Management of Health and Safety at Work Regulations 1999 (Amendment) 2006.</p> <p>Workplace Health, Safety & Welfare Regulations 1992.</p> <p>Provision and Use of Workplace Equipment Regulations 1992 PUWER.</p>	<p>Training for the driver.</p> <p>Vehicle suitability for the road that it is expected to travel on, and the route. Equipment carried in the vehicle may not be suitable for the time of year. Carrying of compressed medical gases.</p> <p>The route and time of year for the journey. Road types, for example metalled surface and/or tracks.</p> <p>Time of day, for example daylight and/or night.</p> <p>Road traffic collisions causing personal injury.</p>	<p>Driver competency and licence classification checks to take place to ensure they hold the correct license for the vehicle.</p> <p>Divers to receive familiarisation training on PTHB owned or leased vehicles (i.e. those with 4x4 capabilities or larger than the vehicles normally driven by the employees or those with special considerations, heavy payload, lack of vision or size.)</p> <p>Routes should be pre-planned and sufficient time allowed to travel that route within the national speed limits, without putting the driver under unachievable time bound pressures.</p>										
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<p>5. <u>Manual Handling.</u></p> <p>Task.</p> <p>Individual.</p> <p>Load.</p> <p>Environment.</p> <p>Training.</p> <p>Legislation: The Health and safety at Work etc Act 1974.</p> <p>The Manual Handling Operations Regulations 1992.</p> <p>For further information see the Manual Handling policy HSP003.</p>	<p>Personal injury to staff and/or patients.</p> <p>The nature of the task, what is to be lifted, where, type of load, unbalanced load, difficulty in holding.</p> <p>Limited capability of the individual.</p> <p>What is the load, a person and/or an object. unstable, poor upper body strength. Injury from equipment that will be used to move the load.</p> <p>No space, poor and/or loose floor coverings, trailing cables.</p> <p>Staff who are not up to date with their training.</p> <p>Injuries causing MSD's, upper limb and back injuries, Injuries to muscles, bones and joints and joints.</p>	<p>Additional lifting and handling risk assessment may be required for the task or use of specific equipment.</p> <p>Check the load to be moved, its weight distribution, and whether it is in the capabilities of the person moving it.</p> <p>Where possible use equipment to lift and move the load reducing the lifting and handling to a minimum.</p> <p>Ensure all equipment being used is in good condition and working order, and inspected and tested as required</p> <p>Ensure those using equipment have been suitably trained to do so</p> <p>Where possible make space around the objects to be moved so they can be easily accessed.</p> <p>Check and plan the safest route prior to moving objects, removing all obstructions and hazards. Avoid areas with poor floor coverings or make temporary repairs/cover them to prevent slips, trips and falls.</p> <p>Employees must undertake manual handling and refresher training as required.</p>																	
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<p>6. <u>Control of Substances Hazardous to Health (COSHH)</u></p> <p>Inhalation.</p> <p>Skin absorption.</p> <p>Ingestion.</p> <p>Corrosive.</p> <p>Legislation: The Health and safety at Work etc Act 1974.</p> <p>The Control of Substances Hazardous to Health Regulations 2002. COSHH.</p> <p>For further information see the Control of Substances Hazardous to Health policy HSP013.</p>	<p>Staff and/or patients, visitors and contractors.</p> <p>Contact with a harmful substance, inhalation.</p> <p>Substances may cause breathing difficulties. Corrosive substances can cause burns. In sever cases persons may become un responsive.</p>	<p>Undertake a specific COSHH risk assessment using the product data sheet for information.</p> <p>Employees using chemicals must be trained in its safe use and storage.</p> <p>Appropriate security and locked storage must be provided. Storage areas must be suitably signed with appropriate warning signage.</p> <p>Where flammable substances are stored, these should where required not be subjected to high temperatures.</p> <p>Chemicals should be segregated where required and as stipulated on the COSHH safety data sheets to prevent any leakages mixing.</p> <p>Where large quantities of chemicals are stored these need to be over bunds to capture any spillages.</p> <p>Appropriate PPE to be used when handling using chemicals as identified in the specific risk assessment and chemical data sheets.</p>										
<p>7. <u>Welfare</u></p> <p>Lack of suitable facilities to consume food away from the work area.</p>	<p>Employees suffering from the effects of adverse weather and lack of welfare provision.</p>	<p>Provision must be made so those working in adverse weather, or dirty conditions can shelter (both shelter from excessive heat and cold), wash and toilet.</p>										

<p>Poor access to drinking water</p> <p>Ventilation</p> <p>Lack of social distancing.</p> <p>Legislation:</p> <p>The Health and safety at Work etc Act 1974.</p> <p>Workplace Health, Safety & Welfare Regulations 1992.</p>	<p>Leading to food being consumed in inappropriate areas and contamination.</p> <p>Leading to dehydration & confusion</p> <p>Leading to the spread of the COVID-19 virus.</p>	<p>Provision must be made to facilitate areas for welfare purposes, so food can be consumed away from work areas that pose a risk of contamination.</p> <p>Access to fresh drinking water to be provided.</p> <p>Where mechanical ventilation is not provided, then rooms need to be ventilated by opening windows.</p> <p>Ensure compliance with IPC. Appropriate use of ventilation devices e.g. fans and portable air conditioning systems.</p> <p>Ensure social distancing is adhered to in accordance with PTHB agreed practice and Government guidelines.</p> <p>Ensure social distancing signage is in place and can be clearly seen.</p> <p>Ensure work spaces are set up to maintain and promote social distancing.</p> <p>Ensure face masks are worn in circulatory spaces and designated areas.</p>									
<p>8. <u>Slips, Trips and Falls.</u></p> <p>Trailing cables to computers or spillages of liquids.</p>	<p>Employees, contractors and visitors through slips trip and falls.</p> <p>Personal injury due to falls.</p>	<p>Electrical flexis for equipment will be plugged directly in to provided electrical outlets. This will negate the need for extension leads and trailing cables.</p> <p>Spills to be cleaned up immediately and wet surfaces</p>									

<p>Defective floor covering.</p>	<p>Trip incidents.</p>	<p>signed until dry, hazard cones are provided in the staff exit area.</p> <p>Any identified defective areas of floor coverings are to be highlighted by means of signs and a method used to section off the area, until repair works can be carried out. Datix and urgently escalate to the Estates Department.</p> <p>Appropriate signage.</p> <p>Where repair works will be extensive it maybe more practical to replace the floor covering.</p>							
<p>Wet floors</p> <p>Snow and Ice.</p>	<p>Slip and falls on untreated areas of snow and ice.</p>	<p>If possible prior to winter showers and freezing temperatures access and egress routes from building should be treated with rock salt. If treatment cannot be undertaken prior to winter weather, as soon as possible after snow fall and/or ice areas must be treated accordingly.</p> <p>Good, strong and suitable footwear must be worn by staff.</p> <p>Lobby and entrance areas may need additional cleaning due to excess water and debris been brought in to buildings.</p>							
<p>Poor external pedestrian surfaces.</p> <p>Legislation: The Health and safety at Work etc Act 1974.</p> <p>Workplace Health, Safety & Welfare Regulations 1992.</p>	<p>Poor pedestrian external footways, or no footways, possibly also blocked footways by parked vehicles.</p>	<p>Ensure that footways are kept in good repair. Provide footways where the need has identified the requirement. Advise persons who park and obstruct footways that these must be kept clear. Following the highway code. Datix and urgently escalate to the Estates Department.</p>							

<p>9. <u>Display Screen Equipment (DSE)</u></p> <p>Use of display screens for long periods</p> <p>Poor seating and posture</p> <p>Poorly set up workstations.</p> <p>Insufficient room/space for the tasks.</p> <p>Pre-existing health conditions.</p> <p>Work related upper limb disorders (WRULD" s)</p> <p>Poor ergonomics, between the task and the person.</p> <p>Legislation:</p> <p>The Health and safety at Work etc Act 1974.</p> <p>The Health and safety (Display Screen Equipment) Regulations 1992.</p> <p>For further information see the Display Screen Equipment policy HSP007.</p>	<p>Staff.</p> <p>Work Related Upper Limb Disorders, RSI, eye strain causing vision problems and headaches.</p>	<p>Staff to complete a yearly DSE assessment and pass to line manager (this applies to both office and home settings)</p> <p>Ensure all actions identified in the individual DSE assessments are completed.</p> <p>Managers to ensure where identified specialist ergonomic equipment is provided to the user.</p> <p>Where specific health issues are identified relating to workstations consideration to be given for a referral to occupational health.</p> <p>DSE users to have regular eye checks.</p>										
<p>10. <u>Work equipment.</u></p> <p>Failure of equipment.</p> <p>Condition of the equipment.</p>	<p>Staff and/or patients.</p> <p>Failure of equipment</p>	<p>All equipment to be checked, serviced and inspected in accordance with the manufacturers recommendations. Equipment used heavily or in poor conditions (i.e. construction</p>										

<p>Suitability of such equipment.</p> <p>Legislation: The Health and safety at Work etc Act 1974.</p> <p>Provision and Use of Workplace Equipment Regulations 1992 PUWER.</p>	<p>causing personal injury.</p>	<p>equipment or equipment used in adverse weather) may need to be checked more frequently.</p> <p>All checks to be recorded.</p> <p>Pre- use checks to be undertaken by the user.</p> <p>Quarantining of defective equipment and escalation to line manager.</p> <p>All portable electrical equipment to be Portable Appliance Tested (PAT)</p> <p>Before commencing work correct tool/equipment selection to ensure it is fit for the intended purpose.</p>									
<p>11. Disposal of Waste.</p> <p>Contaminated waste.</p> <p>Sharps.</p> <p>Identification of waste.</p> <p>Legislation: The Health and safety at Work etc Act 1974.</p> <p>The Control of Substances Hazardous to Health Regulations 2002. COSHH.</p> <p>For further information see the Control of Substances Hazardous to Health policy HSP013.</p>	<p>Staff and contractors.</p> <p>Sharps not disposed of correctly, causing personal needlestick injuries</p> <p>Contact with hazardous and/or harmful waste.</p>	<p>All contaminated waste must be handled correctly, with employees wearing the appropriate Personal Protective Equipment (PPE).</p> <p>All sharps must be handled and disposed of in the yellow sharp's containers provided and sealed before removal.</p> <p>Where clinical waste has to be transported from the community to a PTHB facility for disposal. This must be done carefully and safely in the clinical waste receptacles provided, this waste must then be disposed of correctly to a secure location/skip to await disposal.</p> <p>All contaminated waste must be disposed of in the appropriately identified and coloured</p>									

		<p>receptacle, which must be kept locked and secure.</p> <p>Contaminated waste removal from the main sites must be by specialist company, the removal must be recorded and consignment notes provided.</p>								
<p>12. First Aid Provision.</p> <p>Number of qualified and recognised persons available during working hours.</p> <p>No access to first aid equipment.</p> <p>Delays in the treatment of ill or injured persons.</p> <p>Legislation:</p> <p>The Health and safety at Work etc Act 1974.</p> <p>Health & Safety (First Aid) Regulations 1981 (as amended)</p> <p>For further information see the First Aid policy HSP019.</p>	<p>Visitors, contractors, staff and patients.</p> <p>None and/or poor lack of first aid provision would lead to a failure to be able to treat injured and/or persons who fell ill in work.</p> <p>Possibly allowing their presenting conditions, to become worse.</p> <p>This could result in injuries becoming serious, possibly leading to death and/or life changing circumstances.</p>	<p>A First Aid needs risk assessment must be carried out specific to the department, using the managers check list on the H&S web pages.</p> <p>As identified in the First Aid Needs RA First Aid appointed persons or First Aiders need to be appointed to ensure suitable first aid provision at all times within the department when operational.</p> <p>First aid kits need to be provided, these need to be suited to the levels and types of risks identified.</p> <p>First aid kits need to be checked monthly and this needs to be recorded.</p> <p>First Aiders need to be trained accordingly, either in emergency First Aid or First Aid at Work as identified in the First Aid need assessment.</p>								

<p>13. Contractors.</p> <p>Changes to access and egress points.</p> <p>Works and equipment.</p> <p>Injury to others by processes and working practices.</p> <p>Legislation:</p> <p>The Health and safety at Work etc Act 1974.</p> <p>The Management of Health and Safety at Work Regulations 1999 (Amendment) 2006.</p> <p>Construction (Design and Management) Regulation 2005</p> <p>For further information see the Management of Contractors policy HSP008.</p>	<p>Visitors, staff and patients.</p> <p>Injuries sustained due to a lack of control of contractors, and/or contact with work traffic and/or equipment.</p> <p>Possible exposure to noise, dusts and fumes.</p> <p>Works may also create unsafe conditions, for example, but not limited to blocked exits and entrances etc.</p>	<p>All contractors to receive appropriate induction training from the appointing manager/officer.</p> <p>Site limitations, restrictions and emergency procedures must be communicated to the contractors.</p> <p>Contractors must sign in and out of site.</p> <p>All contractors to provide risk assessments and method statements (RAMS) for the work being undertaken, these must be checked and approved by the appointing manager/officer.</p> <p>Any work that effects the day to day running of the facility or effects the emergency procedure must be communicated to the occupants and suitable alternatives provided.</p> <p>All work areas must be suitably cordoned off by appropriate means commensurate with the risk.</p> <p>Where there is the potential for exposure to noise, dust or fumes this must be suitably controlled and detailed within the RAMS.</p> <p>All accidents and incidents need to be suitably reported back to the appointing manager/officer.</p>										
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<p>14. <u>Stress at Work.</u></p> <p>Exposure to work related stress.</p> <p>Exposure to stressors in the workplace.</p> <p>The adverse reaction people have to excessive pressure or other types of demand placed on them. Stress which can occur when the pressure becomes excessive.</p> <p>Legislation: The Health and safety at Work etc Act 1974.</p> <p>The Management of Health and Safety at Work Regulations 1999 (Amendment) 2006.</p> <p>For further information see the Stress Management policy HSP011.</p>	<p>Staff.</p> <p>Personal adverse effects.</p> <p>Physical effects such as heart disease, headaches, gastrointestinal disturbances.</p> <p>Psychological effects such as anxiety, depression, loss of concentration and poor decision making.</p>	<p>Where individuals display stress at work complete individual stress risk assessments to ensure the cause is identified and implement appropriate control measures.</p> <p>Carry out group or department stress risk assessment to identify situations that could cause stress in the workplace.</p> <p>Ensure work demands match individual abilities, skills and knowledge, so not to place them under excessive pressure.</p> <p>Ensure boundaries and expectations are set, discussed and agreed and provide continued support.</p> <p>Ensure employees are supported in their roles along with any changes that are happening.</p> <p>Ensure good communications with individuals and departments and regular meetings to ensure good communications relating to change, expectation and help identify issues in the early stages and before the cause workplace stress.</p>								
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Risk Assessment Guidance Notes: You must assess each risk against the likelihood of an incident occurring and should it happen the severity of the consequences.

Likelihood:

Taking into account the controls in place and their adequacy, how likely is it that such an incident could occur? Apply a score according to the following scale:

Level	Descriptor	Description
5	Almost certain	Likely to occur on many occasions, a persistent issue
4	Likely	Will probably occur but is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen

Severity:

Taking into account the controls in place and their adequacy, how severe would the consequences be of such an incident? Apply a score according to the following scale:

Level	Descriptor	Actual or Potential Impact	Actual or Potential Impact on PTHB
5	Catastrophic	<ul style="list-style-type: none"> ➤ Incident leading to death. ➤ Multiple permanent injuries or irreversible health effects. ➤ An event which impacts on a large number of patients. ➤ Significant loss (equipment, buildings or services) 	National adverse publicity. HSE, Police Investigation – Prosecution and civil claims expected/certain
4	Major	<ul style="list-style-type: none"> ➤ Major injury leading to long-term incapacity/disability. ➤ Requiring time off work for >14 days ➤ Increase in length of hospital stay by >15 days. ➤ Mismanagement of patient care with long-term effects. ➤ Major damage to equipment, buildings or disruption of services, that requires considerable funding. 	RIDDOR reportable, long term sickness. HSE Investigation – Prosecution and civil claims expected/certain
3	Moderate	<ul style="list-style-type: none"> ➤ Moderate injury requiring professional intervention. ➤ Requiring time off work for 4-14 days. ➤ Increase in length of hospital stay by 4-15 days. ➤ RIDDOR/agency reportable incident. ➤ An event which impacts on a small number of patients. ➤ Moderate damage to equipment, buildings or disruption to services. 	RIDDOR reportable, Long term sickness. HSE Investigation – Prosecution and civil claims expected/certain & high potential for a complaint.
2	Minor	<ul style="list-style-type: none"> ➤ Minor injury or illness, requiring minor intervention. ➤ Requiring time off work for >3 days. ➤ Increase in length of hospital stay by 1-3 days. ➤ Minor damage to equipment, buildings or disruption to services. 	Minimal risk to PTHB, Short term sickness, civil claim unlikely but possible, Complaint possible.
1	Insignificant	<ul style="list-style-type: none"> ➤ Minimal injury requiring no/minimal intervention or treatment. ➤ No time off work ➤ No damage to equipment, buildings or disruption to services. 	Limited risk to PTHB, unlikely to cause complaint, the potential for a civil claim remote.

RISK SCORE:

		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Severity	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

ACTION TO BE TAKEN:

Risk Rating = Likelihood x Severity			
	Low	1- 3	Action if controls are easy to implement and are cost effective, monitor and review
	Medium	4 – 6	Take cost effective action within a reasonable timescale to reduce the level or risk to an acceptable level, monitor and review.
	High	8-12	Urgent Action Required to Reduce the Risk – Consider stopping the work until the level of risk has been reduced. Escalate to Senior Management, change the process/method of working, or ensure a robust Safe System of Work or Method Statement are implemented.
	Extreme	15 – 25	Immediate Action Required – Stop work and escalate to Senior Management for immediate review and implement corrective action to reduce or control the risk.

Review of Risk Assessments – you must review your risk assessments in the following circumstances:

- Every 12 months or before as
- The result of any change in circumstance or process, and/or
- Following an accident, near miss or work related ill health (physical or mental)

Risk Assessment Remedial Action Plan

Locality/ Department	Date:	Input to Datix: Yes <input type="checkbox"/> No <input type="checkbox"/>
Prepared By:	Agreed By:	

Recommended additional control measures	Date action to be taken by	By Whom	Date completed

Appendix 4**Health and Safety Management Training Matrix**

Role	H&S Training
Chief Executive & Executive Directors	IOSH Leading Safely or Equivalent (½ Day Course) Those delegated with H&S Responsibilities - NEBOSH General Certificate in Occupational Health and Safety
Assistant Directors	IOSH Managing Safely (3-day) Those delegated with specific H&S Responsibilities - NEBOSH General Certificate in Occupational Health and Safety
Managers/Supervisors & Team Leaders	IOSH Managing Safely (3 -day)
All Employees	IOSH Working Safely – (1-day)
Other – Those who over-see and manage construction work/projects.	NEBOSH Construction Certificate and an accredited CDM course.