

Wiltshire Health and Care (WHC) Health and Safety Policy

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Revision History

Version	Status	Reason for change	Date	Author
2.0	Ratified	3 yearly scheduled review	15/6/21	Health, Safety, Fire & Security Services Lead

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Equality Impact and Parity of Esteem

Wiltshire Health and Care staff strive to ensure equality of opportunity and parity of esteem for all service users, local people and the workforce. As an employer and a provider of health care, we aim to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.

References: NHS England 'Everyone Counts: planning for patients 2014-15 / 2018-19' and The Mental Health Crisis Care Concordat (DH 2014).

Name of the policy / procedure / project / strategy / proposal:

The principles of equality, diversity and inclusion are fundamental to the successful delivery of patient care and underpin our vision of best care for everyone. We're committed to designing and delivering our services around the needs of individual patients and their families. We use Equality Impact Assessments (EIAs) to help us look at what impact an existing or proposed policy, procedure, practice or service is likely to have on different groups of people. They aim to eliminate discrimination and improve equality. EIAs assess a number of important areas, including race, disability and gender.

Further advice on completion of the EIA can be found in the guidance notes [2021 March EIA. Guidelines v2.pdf](#) or by contacting: whc.inclusion@nhs.net

Wiltshire, Patient and Employee Demographics can be found in the guidance notes.

Is there a disproportionate/negative impact?	Tick One		
	No	Neutral	Yes
Age	X		
Disability	X		
Gender Reassignment	X		
Sexual Orientation	X		
Marriage and Civil Partnership	X		
Race – including Nationality and Ethnicity	X		
Pregnancy and Maternity	X		
Religion or Belief	X		
Sex	X		
Health Inequalities	X		

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What are you proposing to do?	
The Health & Safety Policy outlines the principles and standards for the management of health & safety risk for the safety of all staff, patients and visitors to our workplaces. It is a statutory requirement.	
Why are you doing it?	
It is a statutory requirement under the Health & Safety at Work Act to have a policy.	
Who is intended to benefit from this proposal?	
All staff, patients and visitors	
What equality issues or impacts have you identified?	
None	
What do you propose to do to manage the impacts?	
N/A	
Potential mitigating actions – summary of actions	
N/A	
Completed by	Jo Woodward
Date	26/04/21
Review Completed	

Safeguarding

Wiltshire Health and Care has a strong commitment to care that is safe, of a high quality and that upholds our patients’ rights. All our patients have the right to live lives free from abuse or neglect and, where they are able to, to make or be supported to make informed decisions and choices about their treatment, care and support. Where patients are not able to make their own decisions, Wiltshire Health and Care staff are

committed to ensuring that treatment, care and support is undertaken in accordance with the person's best interests. In order to fulfil these commitments, Wiltshire Health and Care follow the Safeguarding principles and responsibilities laid out in sections 42-46 of the Care Act (2014) and are informed by, and apply, the guiding principles and provisions of the Mental Capacity Act (2005) (refer to Wiltshire Health and Care Safeguarding Adults Policy and Procedure, and Mental Capacity Act Policy and Procedure).

Regarding children, WHC is responsible for providing services in accordance with Section 11 of the Children's Act (1989) and works under the principles of Working Together to Safeguard Children (2018).

Special Cases

None

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1. Regulatory/Legal Framework

WHC will comply with all relevant Health & Safety Legislation including:-

- The Health & Safety at Work Act etc. 1974 (Ref 1).
- The Management of Health & Safety at Work Regulations 1999 (Ref 2).
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (Ref 6)

1.1 Further Reading and Links to Other Policies or documents

The following is a list of other policies, procedural documents or guidance documents (internal or external) to which employees should refer for further details:

Ref. No.	Document Title	Document Location
1	The Health & Safety at Work etc. Act 1974	www.legislation.gov.uk
2	The Management of Health & Safety at Work Regulations 1999	www.legislation.gov.uk
3	Incident Management Policy	intranet
4	Risk Management Strategy	intranet
5	SOP Five Steps to Health & Safety Risk Assessment	intranet
6	RIDDOR (The Reporting of Injuries, Diseases, and Dangerous Occurrences Regulation) Reporting Procedure	intranet
7	Slips & Trips Risk Assessment	W:\Wiltshire Health & Care Documents
8	Monthly Health & Safety/Fire Safety Checklist	W:\Wiltshire Health & Care Documents

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9	Departmental Induction Checklist	W:\Wiltshire Health & Care Documents
10	New & Expectant Mothers Risk Assessment	W:\Wiltshire Health & Care Documents
11	Health & Safety Forum Terms of Reference	W:\Wiltshire Health & Care Documents
12	Occupational Health & Safety Business Plan and Objectives	W:\Wiltshire Health & Care Documents
13	Control of Substances Hazardous to Health (COSHH) Policy	Intranet
14	Fire Safety Policy	Intranet
15	Manual Handling Policy	Intranet
16	Display Screen Equipment Policy	Intranet
17	Young Persons Health and Safety at Work Policy	Intranet
18	Minimising Violence & Aggression Policy	Intranet
19	Lone Worker Policy	Intranet
20	First Aid at Work Policy	Intranet
21	Driving at Work Policy	Intranet
23	Security Policy	Intranet
24	Fire Safety Protocol	Intranet
25	WHC Training Needs Analysis	W:\Wiltshire Health & Care Documents
26	HSG65	www.hse.gov.uk
27	Missing Persons Policy	Intranet
28	Working Safely in Patient's Home Protocol	Intranet
29	Management and Prevention of Challenging Behaviour Protocol	Intranet
30	Health, Safety, Fire & Security Service intranet page	Health, Safety, Fire & Security Services WHConnected (wiltshirehealthcare.nhs.uk)
31	Standard of Dress Policy	Intranet

2. Document Details

2.1 Introduction and Purpose of the Document

The purpose of this Policy is to document the Statement of Commitment to Health & Safety by WHC Board, to identify the organisational responsibilities and describe general Health & Safety arrangements to comply with legislation and guidance.

2.2 Glossary/Definitions

The following terms and acronyms are used within the document:

COSHH	Control of Substances Hazardous to Health
CQC	Care Quality Commission
DoH	Department of Health
DSE	Display Screen Equipment
EPF	Employee Partnership Forum

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H&S	Health and Safety
HSE	Health and Safety Executive
IP&C	Infection Prevention and Control
IR1	Incident Reporting Form
MSD	Musculoskeletal Disorders
NHS	National Health Service
POG	Policy & Oversight Group
PPE	Personal Protective Equipment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
SSOW	Safe System of Work
TNA	Training Needs Analysis
UK	United Kingdom
WHC	Wiltshire Health & Care

3. Main Document Content Details

3.1 Objectives

Wiltshire Health and Care (WHC) is committed to ensure, so far as is reasonably practicable, the health safety and welfare of all employees whilst at work and of others who may be affected by its work including patients, visitors, contractors and others.

WHC also gives a commitment to ensure compliance with the Health and Safety at Work etc. Act 1974 (Ref 1); the Management of Health & Safety at Work Regulations 1999 (Ref 2) and all other relevant legislation, Approved Codes of Practice and Department of Health standards as appropriate.

In order to deliver these statements of commitment, WHC has set the following objectives:

- To set and maintain high standards for risk management, including health and safety (Ref 4 & 5).
- To identify hazards and their associated risks and set in place programmes to eliminate or manage those risks (Ref 5).
- To ensure that these objectives are communicated to all employees.
- To ensure that all employees are given the necessary information, instruction and training to enable them to work in a safe manner (Ref 25).
- To ensure that dissemination and discussion of relevant information on health and safety issues takes place.
- To develop and encourage health and safety awareness of all employees, patients, visitors, contractors or others.
- To monitor all WHC activities for risk reduction potential and put in place corrective measures
- To work together with any partners or contractors to ensure that common risk management goals are achieved.

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3.2 Standards for Health & Safety Risk Management

WHC standards and expectations for Health & Safety Risk Management are set and outlined in:

- This Health & Safety Policy.
- Risk-specific policies and procedures (Ref 13-24). Departmental compliance with these standards will be assessed through annual Health & Safety audit.
- The annual Health, Safety, Fire & Security Business Plan and Objectives (Ref 12).

Continuous improvement is achieved by:-

- Departments improving on annual health and safety audit scores each year and also in year improvement by implementing the actions and recommendations identified through the audit process.
- Setting challenging operational business objectives. Progress against these objectives is reviewed quarterly through the Health, Safety & Wellbeing Forum. An Annual Report for the Board is published describing achievements against these objectives.
- Learning and improving from safety incidents and near misses

WHC standards and expectations will be continuously reviewed and will evolve to ensure that they meet best practice guidelines and changes to legislation.

3.3 Identifying Hazards

In order to successfully manage health & safety risks, WHC must have a good understanding of foreseeable and significant risks including environmental hazards and those relating to activities of work.

The annual health & safety audit recognises the following significant organisational health & safety risks:-

- Bariatric Care
- Control of Substances Hazardous to Health
- Covid-19
- Display Screen Equipment
- Driving at Work
- Fire
- First Aid
- Infection Prevention & Control including waste
- Lone Working
- New & Expectant Mothers
- Manual Handling
- Patient Handling
- Personal Protective Equipment including FFP
- Sharps
- Security & Personal Safety
- Slips, Trips and Falls
- Violence at Work (including Challenging Behaviour)
- Work Equipment
- Work Related Skin Disease
- Young Persons at Work

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Identification of significant health & safety risks happens at organisational, service or departmental and individual levels.

Managers and their employees are responsible for identifying, assessing and managing the risks in their work areas and those risks arising from their work activities (Ref 5).

The identification of health & safety risks is a continuous process supported by incident reporting processes; feedback from teams and patients; audit and inspections and guidance from external agencies including the Health & Safety Executive (HSE), Care Quality Commission (CQC) and the Department of Health (DoH).

Where risks have increased or new significant risks have been identified, risks will be managed as described in the Incident Management Policy (Ref 4) and SOP Five Steps to Health & Safety Risk Assessment (Ref 5).

3.4 Health & Safety Management System

A robust and effective Health & Safety Management System will support WHC to comply with the Health & Safety at Work Act 1974 (Ref 1) and the Management of Health & Safety at Work Regulations 1999 (Ref 2).

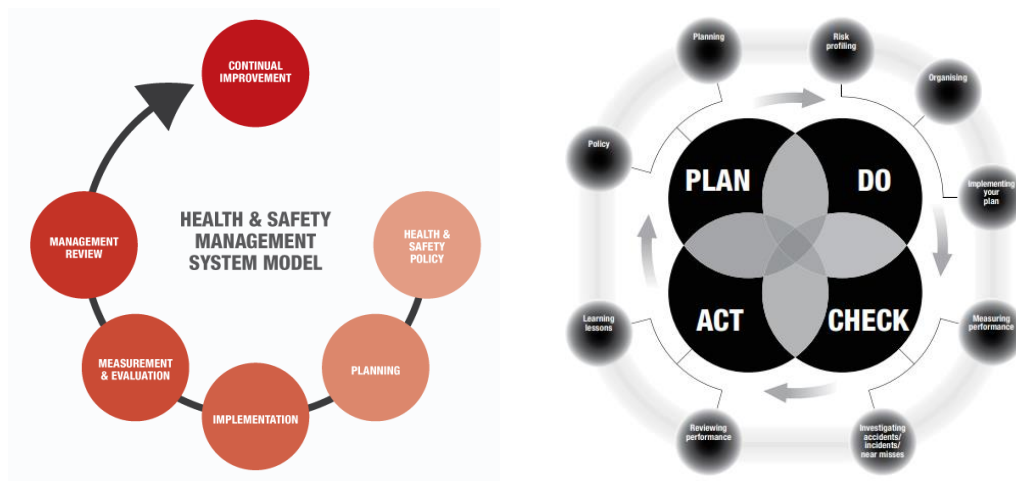


Figure 1

WHC will strive to adhere to the specifications outlined in HSG65 (see Figure 1). The HSG65 (Ref 26) describes the Health & Safety Executive standards for Safety Management.

3.5 Statement of Commitment

The WHC Board will sign an annual Statement of Commitment to Health & Safety (Appendix D) for display on Department Health & Safety Noticeboards.

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3.6 Hazard Profile & Organisational Risk Assessments

WHC will have an organisational level hazard profile identifying significant health & safety hazards in work activities and workplaces.

Each hazard listed on the hazard profile will have an organisational level risk assessment describing the hazards and controls in place.

The Health Safety Fire & Security (HSFS) Services POG will monitor and review the hazard profile to ensure it is up-to-date and accurate and to identify additional hazards and risks for management.

3.7 Risk Management

Where risks are significant they will be managed through risk assessment. The procedures for risk assessment are described in the SOP Five Steps to Health & Safety Risk Assessment (Ref 5). Suitable and sufficient risk assessment of significant risks will take place at all levels of the organisation and will describe agreed arrangements for safe working.

Risks are managed as described in the Risk Management Strategy (Ref 4).

All significant risks must be identified and risk assessed (Ref 5). Risks scored at 8+ through risk assessment are documented on the Service Risk Registers and risks scoring 15+ through risk assessment are documented on the organisational risk register for action and monitoring.

3.8 Communication

WHC ensures relevant Health & Safety information is shared with employees by:-

- Using Employee Communication arrangements to share information (e.g. monthly up-date).
- Maintaining a Health & Safety Intranet webpage (Ref 30).
- Requiring employees to have access to a Department Health & Safety Notice board in their place of work.
- Making available minutes from all Health & Safety Forum Meetings.
- Having Department Health & Safety Representatives and other Health & Safety Link roles in each Department (e.g. Fire Wardens, Control of Substances Hazardous to Health (COSHH) Co-ordinator, Patient Handling Link Co-ordinator, MSK Health Champion).
- Expecting Health & Safety to be a standing agenda item on all Department and Team Meetings.
- Providing forums for Health & Safety concerns to be discussed and information shared (e.g. working groups).

3.9 Information, Instruction, Supervision and Training

WHC ensures all employees know what they need to for safety by:-

- All new employees will complete WHC Induction programme and all clinical staff will complete the Introduction to the Community programme.
- All new employees will complete a Local Induction Checklist in their place of work. The Local Induction Checklist will follow the guidelines contained in Appendix G

- Existing employees will maintain their competence and skills by completing training at the intervals described in the WHC Training Needs Analysis (Ref 25).
- Developing programmes of learning to meet identified learning needs.
- Ensuring Managers understand their responsibilities through training.
- Documenting risk assessments and safe systems of work (SSOW) and making them available to all staff in the Department.
- Specialists for safety (e.g. Patient Handling Link Co-ordinators, MSK Health Champions, Fire Wardens, Health & Safety Representatives) will complete agreed training at intervals agreed in the Health & Safety Training Needs Analysis (Appendix H).

3.10 Communication

Health & Safety hazards and agreed arrangements for management of the risk will be identified and discussed at all levels of the organisation. Every employee is responsible for health and safety at work, and every employee will be provided with opportunities to discuss health and safety, as well as participate in regular consultation on health and safety in the workplace.

Communication will happen in a number of ways including:-

- Discussion of health and safety matters as part of everyday business
- Health & Safety as an agenda item at all team meetings
- Use of the intranet and shared drives to make available documents and information for safety
- Written Safety Briefs to all employees at least 4 times a year
- Written Health & Safety alerts sent when safety information must be sent in a timely manner
- Making the minutes from the HSFS Services POG and Health & Safety Forum available to all employees
- Ensuring employees know how to contact Health & Safety Services in WHC
- Sharing of information with specialist safety roles (Fire Warden, Patient Handling Link, , Health & Safety Representative) to ensure they are provided information to share with colleagues
- The Health & Safety Forum to share information and to gather information from Health & Safety Representatives
- Regular Patient Handling Link Co-ordinator Network Meetings to share information and gather information from Patient Handling Links
- Feedback to Fire Wardens following Fire Drills, Fire Risk Assessments and exercises

3.11 Consultation

WHC ensures employees are informed and consulted on health & safety matters that affect them.

Consultation is supported by:-

- Having formal consultation agreements in place including the Health, Safety & Wellbeing Forum.
- The network of Department Health & Safety Representatives.
- Developing forums for individuals and teams to bring health & safety issues and concerns.
- An expectation that health & safety will be a standing agenda item at team meetings at all levels of the organisation.

3.12 Safety Culture

WHC will promote a positive safety culture for employees, visitors, patients, contractors and others by:-

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- Demonstrating a commitment at all levels of management to creating a safe working environment for all and providing leadership and resources for the management of health & safety at all levels of the organisation.
- Acting quickly as an organisation when new significant health & safety risks are identified.
- Listening to health & safety concerns and issues raised and acting to address them.
- Identifying and supporting new initiatives to manage risk.
- Continuously improving performance against key health & safety performance indicators.

3.13 Incident Reporting

The Incident Management Policy (Ref 3) describes arrangements for the management of incidents in WHC.

All health and safety incidents, accidents and near misses must be reported by completing an electronic Incident Reporting form using DATIX (Ref 3).

All Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents must be reported to the Quality Team as described in the RIDDOR Reporting Procedure (Ref 6).

Managers are responsible for ensuring an incident investigation is completed on all incidents, accidents and near misses reported in their work areas and by their employees.

Health & Safety incidents are reviewed and monitored through the HSFS Services POG and annual data on incidents is incorporated into the Annual Report for the Board.

3.14 Monitoring Risk

WHC will monitor health & safety risks by:-

- Ensuring all incidents, accidents and near misses are reported using Incident Reporting process (Ref 3).
- Using incident data to identify overall trends.
- Publishing information gathered from incident data.
- Providing incident data to Departments to inform their work on managing risks
- Gathering information on all incidents reportable to external agencies including RIDDOR (Ref 6).
- Reviewing Department Risk Assessments through the annual audit process.
- Reviewing WHC Health & Safety Risk Assessments at least annually.

3.15 Escalation of Health & Safety Risk

Managers are responsible for the identification of hazards and management of risks to their staff and in their areas of work. Advice will be sought from the appropriate Health & Safety Service (Appendix C) to reduce risks to an acceptable level.

If it is not possible to reduce risks to an acceptable level or where new hazards are identified and there is learning to be shared these hazards and appropriate controls will be discussed through the HSFS Services POG (Appendix E) and Health & Safety Forum (Appendix F).

Where the Health & Safety Forum identify significant health & safety risks these will be escalated to the HSFS Services POG for discussion

Where the HSFS Services POG identifies significant health & safety risks, the group will agree actions to manage the risk and escalate to the Quality Assurance Committee. The HSFS Services POG acts as the Fire Safety Committee for WHC and also monitor performance of security and personal safety services.

Where the Quality Assurance Committee consider a health & safety risk to be significant and where further actions to manage are not identified or will take time to implement then the health & safety hazard will be added to the organisational risk register for discussion and monitoring by the Quality Assurance Committee and shared with WHC Board if the risk score is greater than 12.

3.16 Fire Safety Management System

Appendix I outlines roles and responsibilities for Fire Safety Management for WHC. WHC will follow the Fire Safety Policy (Ref 14) and Fire Safety Protocol for the management of fire safety (Ref 24).

WHC will participate in the Fire Safety Management Group, a partnership forum for the Estates Fire Safety Responsible Person and co-tenants on WHC sites. Outstanding issues from the Fire Safety Management Group will be reported and monitored by the HSFS Services POG and significant issues escalated to the Quality Assurance Committee and where appropriate the WHC Board.

Fire Safety hazards and risks identified through the Fire Risk Assessment process will be documented and an action plan agreed and shared.

3.17 Security Management System

Security Management Services are provided by the Local Security Management Specialist for WHC. WHC will follow the Security Policy (Ref 23), Minimising Violence and Aggression Policy (Ref 18), Lone Working Policy (Ref 19), Management and Prevention of Challenging Behaviour Protocol (Ref 29), Working Safely in Patient's Home Protocol (Ref 28) and Missing Persons Policy (Ref 27) for the management of security and personal safety risks.

The Health, Safety, Fire & Security Services Lead will represent WHC at security governance groups including the Security Assurance Group.

Security Management will be monitored by the HSFS Services POG and significant issues escalated to Senior Team and where appropriate the WHC Board.

Security hazards and risks for all employees will be identified through the annual Health & Safety Audit process and an action plan agreed and shared.

Security actions for Estates and Facilities will be shared with the Estates Responsible Person and significant outstanding risks monitored by WHC HSFS Services POG (and escalated through WHC routes).

3.18 Management Review

WHC will undertake an annual management review to include:-

- An annual report of Health & Safety Performance to the Board
- A self-assessment against HSG65 standards presented to the HSFS Services POG
- A review of the WHC Safety Hazards Profile through the Health & Safety Forum

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- Review against Health & Safety Objectives

3.19 Co-operation & Co-ordination

Where health & safety risks are shared with other organisations WHC will work in partnership with them to ensure those health & safety risks are managed for the benefit of all those affected by them.

3.20 Working in Shared Business Premises

WHC has a responsibility to all employees wherever they work but also to anyone else who might be affected by the activities and work of those employees.

In addition, all other employers working in shared premises will have the same legal requirement to take care not only of their own employees but anyone else affected by the activities and work of those employees.

Where employees work in shared business premises all employers will take all reasonable steps to minimise risk to all employees through co-operation and coordinated effort. Safety information will be shared and safe ways of working agreed by all affected.

3.21 Working in non WHC Premises

For employees working in non-WHC premises (e.g. GP Surgeries, Council Properties) arrangements for Health & Safety of the site must be available to all. This includes Fire Safety arrangements, electrical safety, security, pre-planned maintenance and corrective maintenance, asbestos management and legionella prevention.

Information about who to contact about site management risks must be available to all employees and included on the Health & Safety Notice board.

4. Management of Specific Health & Safety Risks

WHC will ensure that everyone understands their responsibilities for Health & Safety by writing risk specific Health & Safety policies (Ref 13-24) for WHC's most significant and complex health & safety risks. WHC measures, standards and expectations are described within those risk-specific policy, procedure and protocol documents (available to all employees on the W: drive).

The measures, standards and expectations of other health & safety risks are described in the following sections:-

4.1 Premises & Buildings

Arrangements for Estates management will be site-specific. However regardless of the local arrangements there will be:-

- Co-ordinated arrangements for Fire Safety on site and these arrangements will be clear and shared with all users of the premises (Ref 24).
- Arrangements for pre-planned maintenance to ensure safe environment.
- Reporting processes for any site health & safety issues.
- Arrangements to provide maintenance for site/estates issues.

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- Safe maintenance of site health & safety risks such as asbestos, heating & water systems, air quality systems.

4.2 Personal Protective Equipment (PPE)

Where a Risk Assessment identifies a need for personal protective equipment for safety WHC will:-

- Provide adequate personal protective equipment for those needing it.
- Ensure the personal protective equipment protects against the identified risk.
- Meet individual needs (where there may be one) and ensure equipment 'fits' the individual.
- Complete and document formal fit-testing for any person required to use face-fitted masks
- Provide suitable storage for equipment.
- Ensure personal protective equipment is maintained as necessary.
- Ensure employees are aware of the need for personal protective equipment and provide training in its use where appropriate.
- Require all Departments to complete a Department PPE Risk Assessment.

4.3 Slips, Trips & Falls

Slips, trips and falls are a common hazard in healthcare environments for both healthcare workers and members of the public.

WHC will pro-actively identify slip and trip risks in the work place and eliminate those risks where possible.

Where risks cannot be eliminated WHC will manage slip and trip risks by:-

- Ensuring the Monthly Health, Safety & Fire Safety Checklist is completed in WHC work areas.
- Requiring all Departments to complete a Slips and Trips Risk Assessment.
- Setting Standards for Dress in Policy (Ref 31) including suitable footwear
- Investigating incidents of slips and trips and acting on the findings of the investigation to minimise the likelihood of further slips and trips.
- Providing information on the Health & Safety Intranet on managing the risks associated with slips, trips and falls via links to the Health & Safety Executive (HSE) Website (Ref 26)
- Presenting accident / Incident statistics and monitor trends for review and action at the Health & Safety Forum.

4.4 Work Environment

WHC will meet its responsibilities for safe and comfortable work environment by ensuring:-

- All premises meet the basic welfare requirements of employees.
- Information for reporting issues with work environment are clear and available on all sites occupied by WHC employees.
- Action is taken to address safety issues with work environment at the earliest opportunity.
- The Monthly Health, Safety & Fire Checklist is completed in every WHC work area and actions are taken to address issues identified.
- There are arrangements for pre-planned and unplanned maintenance in place at all sites occupied by WHC employees.

4.5 Work Equipment

WHC will meet its responsibilities for the provision and use of work equipment by:-

- Ensuring work equipment is suitable and fit for purpose.
- Ensuring equipment is maintained at intervals advised by the manufacturer.
- Maintaining electrical equipment through Portable Appliance Testing (PAT) regularly.
- Ensuring any employee using work equipment has been shown how to use it safely.
- Identifying any work equipment that creates significant risks to user or others and completing a risk assessment to outline specific risks and describe agreed safe ways of working.

4.6 Temporary Workers

WHC will meet its responsibilities for the safety of temporary workers (including Agency) by:-

- Ensuring temporary and agency staff are competent for the work they apply for and have completed statutory and mandatory training.
- Ensuring all temporary workers are told what they need to know for the safety of themselves and others as part of a Departmental Induction. Department Induction must take place before they start work, must be documented and must meet the WHC Health and Safety Induction (Minimum Requirements) standards (Appendix G).

4.7 New & Expectant Mothers

WHC will meet its responsibilities for the safety of new and expectant mothers at work by:-

- Completing a new & expectant mothers risk assessment once notified of pregnancy (Ref 10).
- Outlining any specific risks identified and describing agreed adjustments to work, workload or working practice in the Risk Assessment.
- Seeking advice from Occupational Health for any pregnancy related medical conditions or existing health conditions that may be affected by the pregnancy.
- Reviewing the New & Expectant Mothers Risk Assessment at least every three months and on return to work.
- Providing appropriate facilities for breastfeeding at work for new mothers.

5. Duties and Responsibilities of Individuals and Groups

5.1 Managing Director

The Managing Director is ultimately responsible for the implementation of this document and accountable for compliance and to ensure:-

- The health, safety and welfare of all employees, patients, visitors and others
- WHC has a clear and up to date H&S policy, explaining how it intends to deliver its H&S objectives.
- Appointing one Board member to champion H&S issues.
- Ensuring that individual members of the Board recognise their personal liabilities and responsibilities under H&S law.
- Making sure that Board decisions reflect the organisation's H&S policy particularly when making investment decisions and by only doing business with companies who themselves have sound H&S policies and practices

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5.2 Director of Quality, Professions and Workforce

The nominated Board Member with special responsibility for health, safety, fire & security shall ensure the effective management of Health & Safety risks and for the management of H&S improvement programmes. This shall be achieved by:

- To develop, implement and monitor WHC's Health & Safety Management System through the HSFS Services POG.
- To Chair the HSFS Services POG
- To escalate significant Health & Safety Risks to the Quality Assurance Committee and (if relevant to the WHC Board.
- To act as the lead for Health, Safety, Fire & Security in the Senior Management Team
- Ensuring adequate resources are allocated to meet Health & Safety organisational objectives, to comply with all legislative requirements and to achieve reduction in risk, so far as is reasonably practicable.
- Ensuring the Managing Director is informed, as soon as possible, of any significant Health & Safety Risks to WHC.
- Presenting an annual report to the Board to confirm the status of legislative compliance and other matters of H&S
- Monitoring all significant Health & Safety issues affecting the organisation and its performance.
- Monitoring any health and safety risks on the WHC Risk Register.
- To ensure the independence and status of all risk management professionals providing advice to the WHC is maintained, and that their advice is sought and taken into account by all levels of management during the decision making process.

5.3 Heads of Service

All Heads of Service are to ensure that the list of new or revised policies, competencies, clinical guidelines, strategies, plans, policies or procedural documents published each month is on the agenda at team meetings to ensure that the documents are drawn to the attention of users. Heads of Service must ensure that employees within their area are aware of the document; are able to implement the document, and that any superseded documents are destroyed.

5.4 Department Manager

Department Managers shall assume responsibility for the following:

- Appointing a Health & Safety Representative in their Department to support them in carrying out their duties.
- Management of all significant Health & Safety risks within their Department and places of work. This may include managing significant health & safety risks in patients' own homes, GP surgeries, schools, children's centres or premises leased from other organisations.
- Implementing WHC safety policies and procedures in the department.
- Ensuring that they understand their roles and responsibilities under Health and Safety (Ref 13-24) and Risk Management Policies (Ref 3-5) and Procedures and implementing those policies and procedures in their department.
- Ensuring that monthly H&S inspections are carried out and documented in their work areas.
- The monitoring and upkeep of all Health & Safety training records for departmental employees, including any temporary workers.

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- Ensuring that risk assessments have been carried out on all areas of significant risk within the department or workplace.
- Overseeing the implementation of any control measures that may be required.
- Ensuring departmental policies, procedures, protocols and safe systems of work are agreed and documented.
- Carrying out periodic annual reviews of risks and risk control measures in their Department
- Ensuring employees within their Department are represented at the HSFS Services POG and Health & Safety Forum and that information from the HSFS Services POG and Health & Safety Forum is shared with employees.
- Escalating health and safety concerns to the Senior Manager where appropriate.

5.5 Line Managers and Supervisors or Equivalent

Line Managers and Supervisors (or equivalent) shall be accountable to Department Managers and shall assume responsibility for the day-to-day management of H&S within their department including:

- Ensuring that the operations under their control are, as far as reasonably practicable, conducted without detriment to the health and safety of patients, employees, visitors or others.
- Ensuring hazards are identified, risk assessed and that the findings are recorded and the appropriate preventative and protective measures are implemented, monitored, reviewed and updated as required.
- Establishing safe systems of work and safe working practices.
- Ensuring that all incidents, accidents and near misses are reported on DATIX
- Investigating all accidents and incidents which have given rise to, or could give rise to, injury, loss or damage, taking appropriate remedial action and reporting the findings to the H&S Department.
- Ensuring employees are provided with such time, resources, information, instruction, training and supervision required to undertake their work activities and responsibilities safely and that this is adequately documented.
- Ensuring that their department is represented at the Health & Safety Forum.
- Ensuring that sufficient “competent persons” (H&S delegates) are nominated within their departments and that they have sufficient time and resources allocated to enable them to fulfil their H&S responsibilities.
- Providing opportunities for employees to discuss significant health & safety issues and address those issues with the support of specialists (e.g. Health & Safety, Occupational Health). Where it is not possible to manage risks adequately at Departmental level those risks should be escalated through the Risk Register to Service Level and brought to the attention of the Health & Safety Department.
- Escalating risks to the Department Manager where appropriate.

5.6 Employee Responsibilities

All employees have a responsibility to act in a way that does not put at risk the health and safety of themselves, those with whom they work and those having justified reason to be in the premises.

Therefore, each employee must:

- Take reasonable care for their own health and safety.
- Consider the safety of other persons who may be affected by their acts or omissions.
- Refrain from intentionally misusing or recklessly interfering with any work equipment or anything that has been provided for health and safety purposes.
- Work in accordance with information and training and not to undertake tasks for which authorisation and/or training has not been provided.
- Make use of any protective clothing or equipment provided

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- Presenting themselves for medical examination (if under Health Surveillance).
- Act to address or immediately report to their line manager anything they believe may compromise the health or safety of themselves or others.
- Co-operate and comply with safety policies and procedures; risk assessments and safe systems of work.
- Bring to the attention of their manager's significant health & safety issues

5.7 Health Safety Fire & Security Services POG

To develop, implement and monitor WHC's Health & Safety Management System by:-

- Maintaining a Health & Safety Risk Register and Action Plan
- Reviewing Health & Safety incident data (including WHC reports under RIDDOR)
- Ensuring learning from incidents is discussed and shared appropriately
- Reviewing Health & Safety Audit data
- Monitoring Health & Safety Training compliance
- Acting as a consultation and approval body for WHC Health & Safety Policies
- Discussing and agreeing the implementation of changes to legislation or best practice guidelines in WHC
- Reviewing issues raised through the Health & Safety Forum
- Escalating issues via the Patient Safety & Quality Assurance Committee
- Ensuring co-operation and co-ordination with others on sites

5.8 Health & Safety Forum

- Monitor the effectiveness of WHC Health & Safety Management System
- Acting as an employee forum to provide the HSFS Services POG information about hazards and risks in Departments and Services
- Acting as a consultation group for WHC Health & Safety Policies and Plans
- Monitoring the levels of compliance with WHC Health & Safety Policies
- Agreeing how health and safety information and learning will be shared within WHC
- Promoting a positive Health & Safety Culture

5.9 Health, Safety, Fire & Security Services Lead

- Provide Health, Safety & Fire Services to ensure the organisation achieves compliance with the Health & Safety at Work etc. Act 1974 and all other relevant legislation.
- Act as the competent person for WHC supporting the Director of Quality, Professions and Workforce in chairing the relevant sub-groups and providing reports and advice to the WHC Board as required.
- Provide advice and guidance to managers and individuals to support safe working
- Responsible for the development of Health & Safety Policies to ensure compliance with legislative and other national standards
- Responsible for the design and management of the annual audit programme to monitor and measure compliance with safety standards and expectations.
- Responsible for the design and development of safety training programmes (on-line and face to face) to ensure staff are provided with the information and learning they need to stay healthy and safe at work.
- Act as Fire Safety Advisor by ensuring Department Fire Risk Assessments are completed, ensuring a suitable and sufficient Site Fire Emergency Action Plan is in place, providing support to Fire Wardens to ensure they have the information and tools they need in a Fire Emergency.

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- Act as a Manual Handling and Ergonomics Advisor for WHC. They will also provide leadership to the Manual Handling Advisory Team and Display Screen Equipment (DSE) Advisory Team to ensure services provided continuously improve.
- Act as Control of Substances Hazardous to Health (COSHH) Advisor.
- Manage the development of WHC Communications Strategy in relation to Health & Safety including the intranet web page ensuring it is up-to-date, relevant and useful for Managers and Staff
- Responsible for the management and delivery (where appropriate) of specialist Health & Safety Training programmes (Managers, Health & Safety Representatives, Patient Handling Link Co-ordinator, Fire Warden)
- Co-ordinate arrangements and oversee the provision of other Health & Safety Services provided (Local Security Management Specialist LSMS, Fire Advisor, Soft Facilities Management)
- Work with partner organisations for the safety of WHC staff and patients
- Monitor safety incidents to ensure legislative compliance (including RIDDOR) and to identify and advise where improvements can be made for safety
- Provide an Annual Health & Safety Performance Report for the WHC Board

5.10 Local Security Management Specialist (LSMS)

- Provide advice and support to Managers and individuals on issues of violence, aggression, personal safety or lone working
- Action sanctions where they are agreed as necessary
- Monitor and provide support following incidents
- Advise on aspects of personal safety and security for annual audit
- Complete an annual security audit of High Risk areas of WHC work
- Link with the Police Services on behalf of WHC
- Ensure WHC complies with NHS England's Security Standards for Providers in its work
- Produce the annual national reporting data for WHC

5.11 Fire Safety Advisor

- Provide advice and support to Managers and individuals on issues of Fire Safety including prevention, detection and precautions
- Link with the Fire & Rescue Services on behalf of WHC
- Ensure suitable and sufficient Fire Risk Assessments are in place for WHC areas of work
- Link with non WHC tenants and NHS Property Services for the safety of all

5.12 MSK Health and Handling Advisory Services

- Provide advice and support to Managers and individuals on issues of manual handling and musculo-skeletal health
- Link with Occupational Health Services and HR to support staff in order to prevent an absence from work due to musculoskeletal ill health
- Link with Occupational Health Services and HR to support staff on their return to work following an musculoskeletal ill health absence
- Promote best practice in manual handling and in the assistance, support and moving of patients
- Promote best practice in postures in the workplace (including DSE)

5.12.1 Health & Safety Representatives

Every Department should appoint a Health & Safety Representative.

Health & Safety Representatives may be Union or employees appointed and are to consult with the line manager regarding departmental health & safety issues.

Health & Safety Representatives must complete suitable training for their role.

Health & Safety Representatives may:-

- Represent employees at Health, Safety & Wellbeing Forum
- Assist their managers or the Health & Safety Department with the investigation of accidents, incidents or near misses in their area.
- Bring safety concerns to the attention of the departmental manager and the Health and Safety Department.
- Conduct and review local risk assessments and identify appropriate control measures in conjunction with departmental manager.
- Ensure the availability of risk assessments and safe systems of work in their department.
- Ensure the workplace is inspected regularly (according to risks but not less than monthly) to ensure that any health and safety/fire safety faults/breaches are documented and actioned.
- Work in partnership with other health & safety leads in their department to manage significant health & safety risks. Other health & safety leads could be the COSHH Co-ordinator, Fire Safety Warden, Patient Handling Link Co-ordinator and Infection Control Link.

5.12.2 Occupational Health

Occupational Health manages the arrangements for Health Surveillance and provides organisational services for the management of health conditions in the workplace. Health surveillance is a system of on-going health checks. These health checks may be required by law for employees who are exposed to noise or vibration, ionising radiation, solvents, fumes, dusts, biological agents and other substances hazardous to health, or work in compressed air.

The Occupational Health Service also offers specialist advice and support to managers and individuals when:

- An employee is experiencing ill health or has an existing health condition that needs to be managed at work.
- An employee is absent from work due to an ill health or injury.
- An employee is returning to work following an absence.

5.12.3 Estates & Facilities

An arrangement for the management of estates and facilities varies across WHC workplaces. In general, however, the provider of estates and facilities services will:

- Be responsible for managing the health and safety within premises and buildings.
- Provide pre-planned maintenance services.
- Provide maintenance of premises and buildings for safety.
- Manage premises and buildings risks including asbestos, water systems, boiler systems, electrical systems.
- Provide information to those working and using the building to ensure Fire Safety and safe evacuation in an emergency.

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- Provide supervision of contractors carrying out work on site on behalf of Estates and Facilities ensuring safe systems of work are used.

5.12.4 Site Co-ordinators

Site Co-ordinators are specific managers of employee who have additional responsibilities for co-ordinating site-based health and safety measures at premises.

Site co-ordinators are responsible for:

- Ensuring the site's copy of the annual fire risk assessment is accessible to all employee based at the site either employed directly or employed by other organisations
- Ensuring the findings of other site related health and safety risk assessments and the precautions in place to control the risk are shared with all employees based on the site either employed by WHC or employed by other organisations.
- Co-ordinating site wide arrangements for health and safety, including ensuring site specific meetings for sharing information with all site tenants.

5.12.5 Equipment and Procurement Manager

The Equipment Manager and Procurement Manager shall ensure that all equipment and supplies brought in to WHC meet the requirements of United Kingdom (UK) and European legislation, as well as any requirements laid down by the Department of Health. They must also ensure that:

- Any equipment supplied includes adequate provision for maintenance, calibration or inspection required by the manufacturer or the Department of Health.
- All employees are informed and trained in the use of the equipment **before** it is brought in to use.
- Any manual, instruction, Manufacturer's Safety Data Sheet etc. is available and brought to the attention of the user(s) **before** it is brought in to use.
- The Health & Safety Department is consulted during the procurement process to ensure that the requirements of law are being met and that any risk assessment, Safe System of Work etc. is completed.

5.12.6 The Education and Training Department

The Education and Training Department is to be responsible for:-

- the delivery of face-to-face Mandatory Training to the WHC lesson plan agreed
- delivery of corporate induction including local induction records
- Monitoring of training compliance
- Providing data on training compliance

6. Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below:-

Measurable document objectives	Monitoring / audit method	Monitoring responsibility (individual/group /committee)	Frequency of monitoring	Reporting arrangements (committee / group to which monitoring results are presented)	What action will be taken if gaps are identified?
Compliance with this and other Health & Safety Policies	Annual Health & Safety Audit	Health & Safety Team	Annually	Results shared at HSFS Services POG	Health & Safety Audit Department Report Audit Action Plan developed by Health & Safety Team
Effectiveness of Health & Safety Management	Incident Report Data	Health & Safety Team	Monthly	HSFS Services POG	Action Plan for any significant trends or issues identified
Effectiveness of Health & Safety Management	RIDDOR Reports	Health & Safety Team	Monthly	HSFS Services POG	Action Plan for any significant trends or issues

7. Review Date and Consultation Process

7.1 Review Date

This document will be fully reviewed every 3 years (or after 1 year if the document is new) in accordance with the Wiltshire Health and Care agreed process for reviewing its documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

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7.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Health & Safety Representative Quality Team	16/04/2021
Health, Safety, Fire & Security Services Lead	01/03/2021
Intensive Rehab Health & Safety Representative	22/03/2021
Local Security Management Specialist	02/03/2021
MSK Health Advisor	11/03/2021
Health & Safety Representative Quality Team	16/04/2021

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Appendix A – Quality Impact Assessment Tool

Purpose		
To assess the impact of individual policies and procedural documents on the quality of care provided to patients by Wiltshire Health and Care.		
Process		
The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives.		
Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.		
Monitoring the Level of Risk		
The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person.		
High Risks must be reported to the relevant Executive Lead.		
Impact Assessment		
Please explain or describe as applicable.		
1.	Consider the impact that your document will have on our ability to deliver high quality care.	The policy will assist staff to deliver high quality care
2.	The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).	
3.	Consider the overall service – for example: compromise in one area may be mitigated by higher standard of care overall.	This document will not compromise care in any other area
4.	Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is.	
Impact on Clinical Effectiveness & Patient Safety		
5.	Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm.	The policy is designed to ensure the provision of a safe working environment and safe care.
Impact on Patient & Carer Experience		
6.	Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment.	The policy ensures the safety of patients.
Impact on Inequalities, and Parity of Esteem		
7.	Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language).	There should be no negative impact on any groups of patients.

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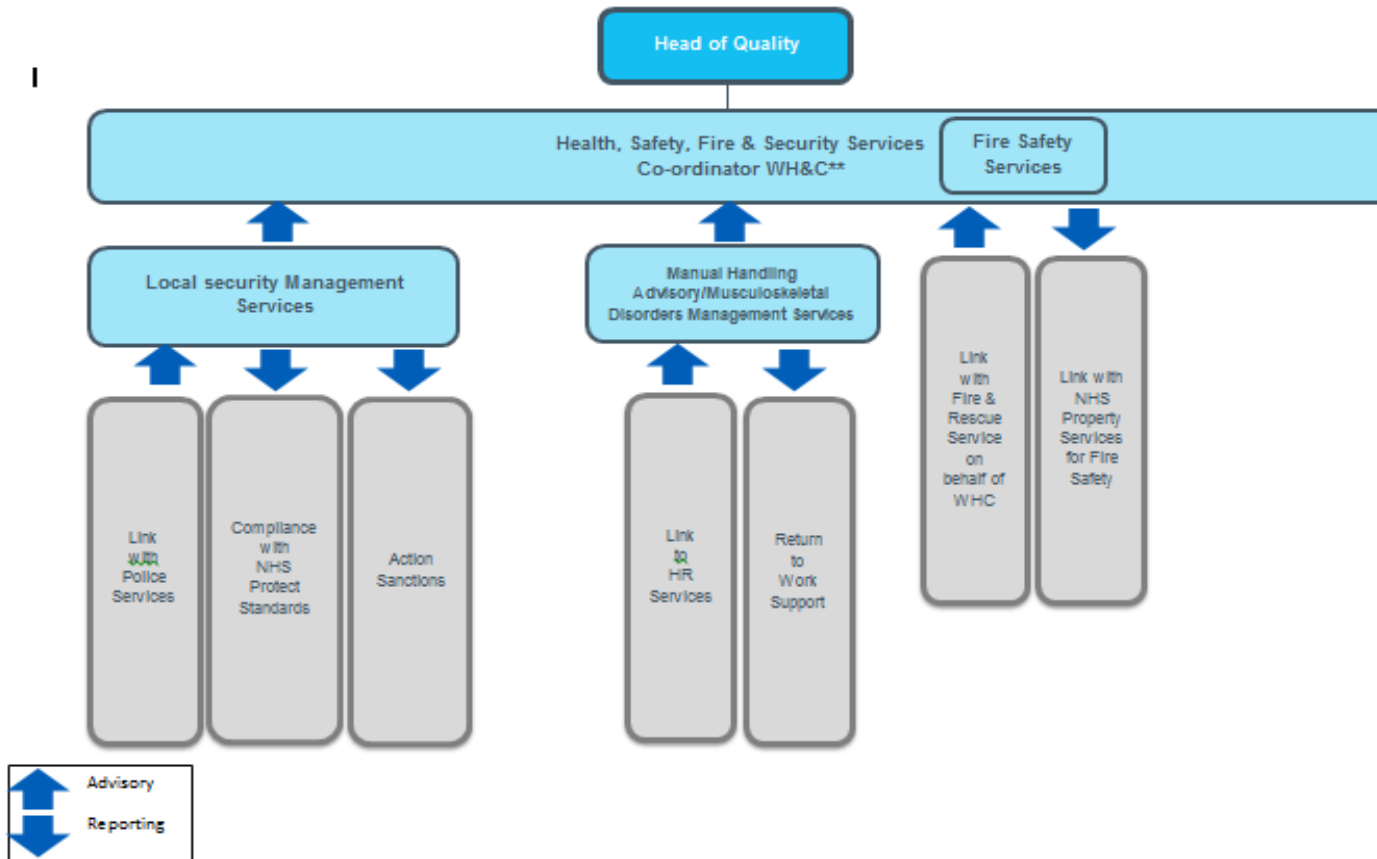
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Appendix B – Health and Safety Services WHC



Health & Safety Services Wiltshire Health and Care



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Appendix C – Health and Safety – Statement of Commitment



Health & Safety - Statement of Commitment

We are committed to identifying and managing health and safety risks, meeting legislative requirements and achieving best practice standards.

We recognise the legal requirements under the Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999 to ensure the health and safety of staff delivering services on behalf of Wiltshire Health and Care (WHC) and anyone else whose health, safety and welfare could be affected by the work and activities of WHC.

WHC will do all that it can to ensure staff delivering services on behalf of WHC, and others, are not exposed to unacceptable risk.

We recognise that a healthy workforce, working within a safe working environment, has a positive impact on our abilities to deliver services and achieve excellence in our work.

To achieve this objective we will ensure a safety management system is maintained that supports individuals and managers to actively manage foreseeable or identified health and safety risks.

Expectations and standards for Health and Safety will be clearly defined and local arrangements will be documented.

WHC will ensure the leadership and resources are in place so that individuals and managers have the guidance, understanding and opportunity to maintain and improve welfare, safe working environment and safe working practice.

Implementation of the Health and Safety Policy is an individual and management responsibility and accountability will be clear at every level.

Health and Safety Management will be part of our everyday approach to our work and its effectiveness will be measured and monitored as a core business activity.

I and other members of the Wiltshire Health and Care Board are committed to ensuring the implementation and maintenance of the highest standards of health, safety and welfare across Wiltshire Health and Care. We expect every member of staff working for Wiltshire Health and Care to share this commitment and to work together to achieve it.

A handwritten signature in black ink, appearing to read 'Douglas Blair'.

Douglas Blair
Managing Director

9 November 2020

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Appendix D - Health, Safety, Fire & Security Services Policy & Oversight Group Terms of Reference

Wiltshire Health and Care

Infection Prevention and Control and Health and Safety, Security and Fire Policy and Oversight Group

Terms of Reference

Established by:	Executive Committee
Reports to and is accountable to:	Executive Committee

1. Establishment

The Infection Prevention and Control and Health and Safety, Security and Fire Policy & Oversight Group (IPC and H&SS and Fire POG) has been established as a sub-group of Wiltshire Health and Care LLP's Executive Committee.

2. Purpose

The IPC and H&SS and Fire POG is the main forum responsible for providing assurance to the Executive Committee that Wiltshire Health and Care is compliant with its statutory, regulatory, and contractual obligations in relation to IPC and H&SS Fire governance.

The IPC and H&SS and Fire POG will send a highlight report to the Executive Committee every other month in order to:

- Provide assurance
- Flag issues that need consideration at a higher level
- Refer matters that need decision.

3. Responsibility/delegated authority

The IPC and H&SS and Fire POG has delegated authority for the following activities:

- Approval of policies and procedures relating to IPC and H&SS and Fire governance.
- The identification of risks relating to IPC and H&SS and Fire governance; the effective oversight of IPC and H&SS and Fire governance risks up to a risk score of 12; ensuring that risks with a score of 12 or above are appropriately escalated to ensure oversight by a member of the Executive Committee.
- The effective oversight of IPC and H&SS and Fire practices

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- Scrutiny of quality data relating to IPC and H&SS and Fire governance, and seeking assurance from operational teams and subject leads that appropriate actions are being taken to mitigate any risks.
- Reviewing incident trends and approving of incident management ; clinical audit; policies/procedures/protocols; relevant national guidance and alerts including: NICE guidance/ standards and Central Alert System (CAS)/ Health Safety Executive (HSE)/ Patient Safety Alerts (PSA)
- Ensuring the organisation is compliant with statute, regulations, and national guidance relevant to IPC and H&S and Fire governance.
- Ensuring the organisation responds appropriately to national alerts relevant to IPC and H&S and Fire governance.
- Ensures the organisation reports Mandatory data surrounding Reportable Infections and H&SS and Fire incidences i.e. RIDDOR and undertake any associated learning.
- Approves the Annual IP&C Report prior to submission to the Wiltshire Clinical Commissioning Group

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4. Information flow into the group

The IPC and H&SS and Fire POG will consider the following information at each of its meetings:

- Report setting out policies and procedures under the oversight of the group
- Report setting out the risks and associated action plans relevant to IPC and H&S and Fire governance
- Reports from Operational Units outlining IPC and H&SS and Fire governance highlights
- Quality data covering the following topics (not exhaustive): incidents; feedback from clinical audit, Mandatory Infection and Outbreak Reporting
- Ad hoc reports on relevant updated statute, regulation, national guidance, local action plans and alerts.

5. Decisions

A matter is approved when agreement is reached during a quorate meeting of the IPC and H&S and Fire POG (see section 6).

If appropriate, decisions can also be made outside of a formal meeting of the IPC and H&S and Fire POG (“by circular”).

Where a decision needs to be made outside of a formal meeting, the following process will be used:

Process for making decisions by circular:		
A.	How to circulate the proposal/ what to include	<ul style="list-style-type: none"> • A paper relating to the matter on which a decision is needed will be sent by email to all members of the IPC and H&S and Fire POG membership for consideration. • The above email will provide a brief overview of the matter that requires urgent approval and flag if the membership needs to reach a decision out of a number of possible options. • The above email will also state the date by which the approval of the membership is sought.
B.	When is a decision reached?	<ul style="list-style-type: none"> • A decision by circular is validly approved where the following approve the proposal: <ul style="list-style-type: none"> ○ Director of Quality, Professions and Workforce or Head of Patient Safety and Quality; and ○ H&S Lead or IPC Specialist Nurse dependent on specific area ○ Medical Microbiologist <p>Two of:</p> <ul style="list-style-type: none"> ○ Operational representative from Specialist Services; ○ Operational representative from Community Teams and CTPLD; or

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		<ul style="list-style-type: none"> ○ Operational representative from Inpatients, MIU, and Patient Flow. ● If specific to a one area only, the decision will be reached by approval from only the relevant Operational representative, alongside the Director of Quality, Professions and Workforce or Head of Patient Safety and Quality and H&S Lead and/ or IPC Specialist Nurse
C.	How will decisions be recorded?	<ul style="list-style-type: none"> ● Decisions agreed by circular will be recorded in the minutes of the next meeting or the IPC and H&S and Fire POG.

6. Membership

The membership of the IPC and H&S and Fire POG will comprise:

● Director of Quality, Professions and Workforce (Chair)
● Head of Patient Safety and Quality (Deputy Chair)
● H&S and Fire Lead
● IPC Specialist Nurse
● Medical Microbiologist / Infection Control Doctor (ICD)
● Operational representative from Specialist Services
● Operational representative from Community Teams and CPTLD
● Operational representative from Inpatients, MIU, and Flow

7. Meeting requirements

Chair	<p>Director of Quality, Professions and Workforce</p> <p>In the absence of the Chair, the meeting will be chaired by the Head of Patient Safety and Quality.</p>
Quorum	<p>Quorum will only exist when the following members are in attendance:</p> <ul style="list-style-type: none"> ● Director of Quality, Professions and Workforce and/or Patient Safety and Quality Lead ● Health and Safety and Fire Lead ● IPC Specialist Nurse and/ or Microbiologist ● Head of Operations from Specialist Services ● Head of Operations from Community Teams and CTPLD ● Head of Operations from Inpatients, MIU, and Patient Flow <p>In the absence of a Head of Operations, a deputy can be present who has the responsibility and authority to make decision on behalf of the Head of Operations. However, this should be seen as Ad Hoc representation and not regular delegation.</p>

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	<ul style="list-style-type: none"> Where the Director of Quality, Professions, and Workforce is unable to attend, the meeting may still proceed (chaired by the Patient Safety and Quality Lead), but any proposals discussed during the meeting will not be binding unless subsequently approved by the Director of Quality, Professions and Workforce.
Decision making	<p>A decision is validly made where the following approve the proposal:</p> <ul style="list-style-type: none"> Director of Quality, Professions and Workforce or Head of Patient Safety and Quality; and IPC Specialist Nurse and/or Microbiologist and/or H&S and Fire lead (dependent on subject area) <p>Two of:</p> <ul style="list-style-type: none"> Operational representative from Specialist Services; Operational representative from Community Teams and CTPLD; or Operational representative from Inpatients, MIU, and Patient Flow. <p>If the proposal is specific to a one area only, the decision will be reached by approval from only the relevant Operational representative, alongside the Director of Quality, Professions and Workforce and Subject expert (IPC Specialist Nurse/ H&S and Fire Lead/ Microbiologist).</p>
Attendance	Attendance by the membership is mandatory.
Invitees	Additional attendees may be invited to advise or present on specialist subjects.
Frequency of Meetings	The IPC AND H&S and FIRE POG will meet every other month. Dates for meetings will be published in minutes and entered in Outlook calendars.
Papers	Papers will be sent out with an agenda at least three working days before the meeting date, and the membership will be expected to have read them prior to the meeting, and be in a position to comment. This will include acquiring knowledge of the background to any decisions needed so that proposals may be approved during meetings.
Administration of Group	<p>Administration will be provided by the quality team administrator</p> <p>Minutes and supporting documents will be stored in:</p> <p>W:\Wiltshire Health & Care\Meetings\IP&C POG</p> <p>W:\Wiltshire Health & Care\Meetings\Health Safety Fire and Security POG</p>

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Minutes	A copy of the draft minutes of each meeting of the IPC and H&S AND FIRE POG will be sent to the membership (and ad hoc attendees/minute-taker) within ten working days.
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8. Lead contact for the Group

Director of Quality, Professions, and Workforce	Sara Quarrie
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9. Monitoring Effectiveness

The IPC AND H&S and FIRE POG should review its effectiveness at least annually.

Measures of effectiveness will include:

- Attendance by the membership
- Timeliness of papers being circulated
- Timeliness of minutes being circulated
- The ability of the IPC and H&S and Fire POG to make decisions within a meeting (as opposed to deferring decision making). This would include the ability of the IPC and H&S and Fire POG to approve policies.

The review of effectiveness will be led by the Chair, supported by the Director of Governance and Company Secretary.

10. Review

These Terms of Reference should be reviewed annually.

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Appendix E - Health & Safety Forum Terms of Reference

Wiltshire Health and Care (WHC)

Terms of Reference

Health & Safety Forum

Overview

These Terms of Reference describe the responsibilities of WHC Health & Safety Forum. This is a statutory group.

Summary of purpose and objectives

Members of the Health & Safety Forum have the common objective of identifying health & safety hazards and risks in their work and workplaces and to promote, maintain and improve standards of health, safety and wellbeing throughout WHC.

Members should monitor the effectiveness of the health, safety and wellbeing measures taken in WHC and should make recommendations for their improvement to Health, Safety, Fire & Security Services Policy and Oversight Group.

To monitor and review hazards to health, safety and wellbeing in WHC:-

- Reviewing the Health & Safety Risk Profile and Action Plan
- Reviewing Health, Safety, Fire & Security incident data (including WHC reports under RIDDOR)
- Ensuring learning from incidents is discussed and shared appropriately
- Reviewing Health & Safety Audit data
- Acting as a consultation body for WHC Health & Safety Policies
- Discussing changes to legislation and/or best practice guidelines and how they impact on working practice
- Identifying new and/or significant risks in WHC
- Escalating issues to the HSFS Services POG
- Discussing co-operation and co-ordination with other providers who share premises

Roles and Responsibilities

- Monitor the effectiveness of WHC Health & Safety Management System
- Acting as an employee forum to provide the HSFS Services POG information about hazards and risks in Departments and Services
- Acting as a consultation group for WHC Health & Safety Policies and Plans
- Monitoring the levels of compliance with WHC Health & Safety Policies
- Agreeing how health and safety information and learning will be shared within WHC
- Promoting a positive Health & Safety Culture
- Reviewing and making recommendations for the WHC Health & Wellbeing Strategy

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Standing Agenda Items

Health, Safety, Fire & Security Incident Data
RIDDOR Reports
Health & Safety Risk Profile and Action Plan
Publications & Best Practice Guidelines
Policies and Documents

Accountability/ reporting requirements

- The forum is accountable to the Head of Quality
- The forum will provide a summary report to the Health, Safety, Fire & Security Services Policy & Oversight Group at least 3 times per year
- The forum will provide information to inform the yearly Quality Account

Membership:

Core Membership	Additional attendance as requested
Health, Safety, Fire & Security Services Lead (Chair)	
Health & Safety Representatives from Departments and Services	

Meeting requirements

- **Quorum:** The quorum for this meeting will be Chair and a minimum of 5 Health & Safety Representatives (or their deputies).
- **Attendance:** Members are invited to attend all meetings. Chair should be notified of non-attendance.
- **Substitute / deputies:** Each member of the group is requested to send a suitable deputy to attend in their absence. Prior notification should be sent to the Chair.
- **Frequency:** The group will meet at least every 4 months.
- **Invitees:** Other people may be invited to attend the meetings of the Group as agreed with the Chair. Staff will be invited to present reports as appropriate. These will not form part of the quorum.
- **Compulsory attendance:** Persons (or in their absence a representative) writing papers for the Group are expected to attend meetings and present their papers.
- **Administration:** Administration will be provided by the Health, Safety, Fire & Security Services Lead.

Monitoring Effectiveness:

Terms of Reference will also be reviewed yearly.

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Appendix F - Health and Safety Induction (Minimum Requirements)

COSHH

All employees know that Substances Hazardous to Health in use in the Department are listed on the Department COSHH Inventory List.

All employees know that there is a Material Safety Data Sheet providing safety information on using the Hazardous Substances available for each hazardous substance in use.

All employees know there is a written Safe System of Work (COSHH Assessment) written for all but very low risk substances. The Safe Systems of Work must be understood and followed.

All employees know where to find the Department COSHH Folder.

Driving at Work

All employees must be aware of the requirement to notify their Manager of any health condition, medications or anything else that could impact on safety when driving for work.

All employees must be aware that mobile phones must not be used whilst driving for work.

All employees must have completed the Personal Details Form and that information will be made available to colleagues in their Department in an emergency.

Fire Safety

All employees must have read and understood the Department Fire Emergency Action Plan for their location of work.

All employees must undertake a tour of the Department and have knowledge of the emergency exits, alarms, fire call points and emergency numbers.

No member of staff is permitted to work in a Department without this knowledge and information.

All employees must be aware that smoking is not permitted on site by staff or visitors.

All employees must follow the Trust **Toaster and Microwave Protocol**:-

Toasters must never be left unattended when in use. If the person watching the toast has to leave due to an operational emergency, then the toast must be raised and toaster turned off.

Microwaves should never be left unattended when in use.

First Aid

All employees must know how to access First Aid Provision in the Department (a First Aid poster should be on display).

All employees are aware that they must declare to their Manager any health conditions that may require specialist first aid.

Health & Safety Arrangements

All employees are shown the location of the Department Health & Safety Noticeboard.

All employees are shown the location of any other Department Safety documentation.

All employees are aware that the Health & Safety Policies are available on the intranet (Policies and Procedures link on home page).

All employees are aware that health & Safety resources including risk assessment examples and key safety documents are available on the Health & Safety intranet (Trust Wide > Health & Safety on the green list OR 'H' from alphabet on home page and then select Health & Safety from the search list).

Incident Reporting

All employees are aware that all accidents, incidents and near misses must be reported on an Incident Reporting Form (DATIX).

All employees know how to access the Incident Reporting System online (if access to IT arranged) AND/OR employees know how to request a report be submitted on their behalf

Lone Working

All employees have read the Department Lone Worker Protocol.

All employees know how to raise the alarm when working alone.

All employees are aware of the importance of ensuring a colleague knows when they are lone working

Manual Handling and Display Screen Equipment (both acute and community)

All employees must have read, understood and follow Department Safe Systems of Work for specific manual handling activities and tasks,

All employees must be aware of the importance of not carrying out any manual handling activity if there is any uncertainty about safety or there remain significant risks

All employees must be aware of the need to inform the Manager of the Department if they have any health condition that may have an impact on their ability to carry out work activities

All employees who use computers for 2.5 hours or more per shift are required to complete a DSE Workstation Assessment at least every 3 years (available on the Health & Safety web page > Display Screen Equipment section).

Patient Handling (i.e. assisting, supporting and moving patients)

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All employees must have completed [practical] manual handling training in the last 3 years and understand the principles of safe handling;

All employees must only use manual handling equipment if they are competent to use it safely;

All employees must request suitable training and/or work with a colleague competent in safe use if they are unfamiliar with equipment;

All employees must ensure the safe working load of equipment is not exceeded

All employees must refer to the Patients Manual Handling Risk Assessment and Patient Mobility Care Plan to ensure they know how to work with a patient safely;

All employees must discuss individual patient handling needs with Department colleagues to ensure they understand any recent changes to ability/mobility;

All employees must be aware of the importance of not carrying out any manual handling activity if there is any uncertainty about safety or there remain significant risks to the patient or employee

Personal Protective Equipment (PPE)

All employees must know when PPE is needed and how to access it.

All employees must be advised that where PPE is provided it must be worn.

All employees must be shown how to fit PPE for comfort if appropriate.

Security

All employees have a responsibility to challenge individuals in staff areas who are not wearing Trust Identification.

All employees have a responsibility to be vigilant for the security of Trust building, property and people.

Sharps

All employees must be told what action to take on discovery of a sharp

All employees must be aware of the action to take following a sharps injury (Contamination Hotline).

Slips, Trips and Falls

All employees have a duty to act to prevent slips, tips and falls by identifying, removing or reporting hazards in their work area.

All employees must be told of the importance of wearing suitable footwear at work.

Violence at Work

All employees must be aware that verbal abuse, threatening behaviour and/or physical assault are not acceptable behaviours from visitors or patients and must be reported on an electronic incident report form

All employees should be told what to do if they experience violence at work including how to raise the alarm:

The Police should be called on Community Sites (9 -999) where assistance is required.

All employees should be aware that the Trust has a Local Security Management Specialist (LSMS) who can offer support and advice to individuals and Departments following any security or personal safety incident. All such incidents must be reported on an electronic incident report form

All employees should be reminded of the importance of referring to patient records to identify where violence and aggression risks are increased.

All employees must be told of the location of the Department 'safe place(s)' for employees (behind a lockable door and with a means of raising the alarm).

Work-Related Skin Disease

All employees must be shown where barrier cream for hands is available for use in the Department

All employees should be encouraged to carry out hand checks regularly

All employees should be advised to report any issues or concerns with skin to their Manager and/or Occupational Health

Work Equipment

All employees must be made aware of any equipment in use with the potential to cause harm

All employees must be shown how to use equipment safely and know where to access Safe Systems of Work and/or the User Guide

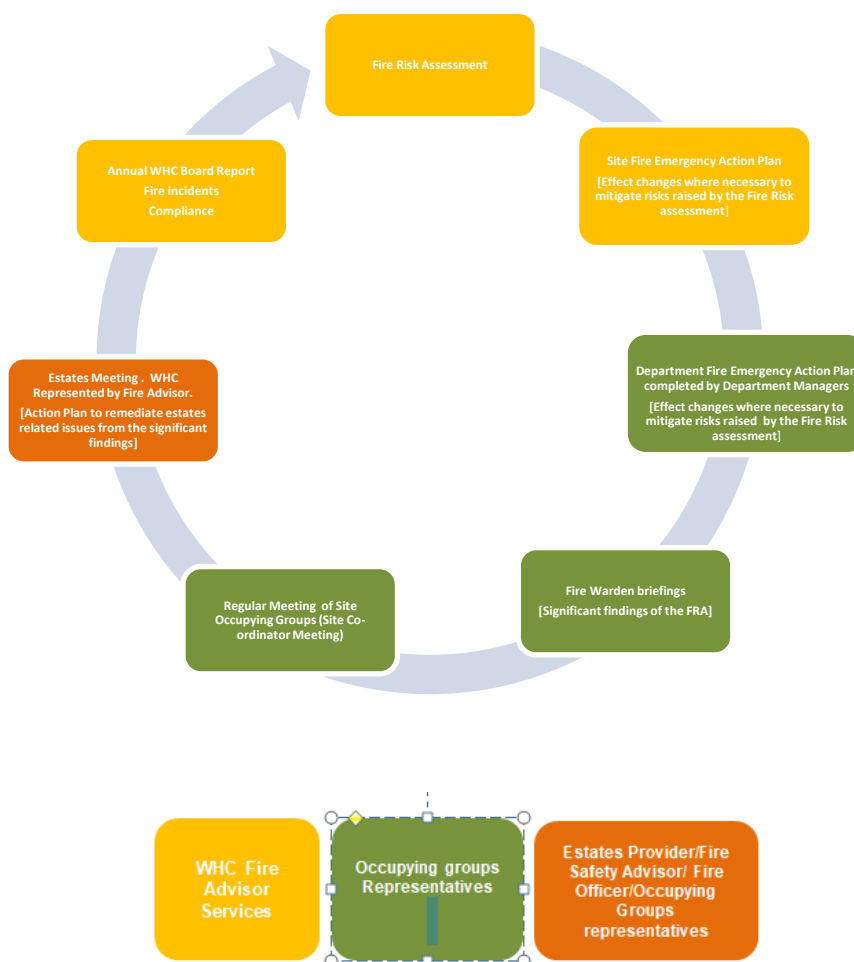
All employees must report any equipment considered to be faulty and remove it from use

All employees must be told not to carry out any equipment activity if there is any uncertainty about safety or if there remain significant risks to the patient or employee

Appendix G - Health & Safety Training Needs Analysis

Specialist H&S Role	Training Required	Frequency
Fire Warden	Fire Warden Training Course	Once and then refresh through local drills, exercises and panel training
Health & Safety Representative including COSHH	WHC Management of Health & Safety at Work Course	Once
Managers	WHC Management of Health & Safety at Work Course	Once
Patient Handling Link	New Patient Handling Link Course Developmental Training	Once At least once a year
Musculoskeletal Health Champion	NEW MSK Health Champion Course	Once

Appendix H - Fire Safety Management System



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