

TRUST WIDE POLICY

HEALTH AND SAFETY POLICY

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Name and designation of policy author(s)	Derry Sinclair – Health & Safety Adviser
Approved by (committee, group, manager)	Nicola Brown - Head of Risk and Compliance
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1.0 Introduction

The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) (the Trust) is committed to ensuring the health, safety and welfare of all employees and others who may be affected by its activities so far as is reasonably practicable.

The Trust will ensure that health and safety forms a core part of its management arrangements, which hazards are identified and risks assessed. It will also ensure that staff are provided with suitable and sufficient information, instruction, training and supervision in order to be able to perform their duties safely.

As a health care provider, the Trust recognises that arrangements for health and safety management must be incorporated into both its clinical and non-clinical activities and will have arrangements in place to ensure a holistic approach is adopted.

The Trust expects that all employees will cooperate and engage with its health and safety arrangement and to take reasonable care as regards their own health and safety whilst at work, as well as of those who may be affected by their acts or omissions.

2.0 Purpose

The purpose of this policy is to define a clear set of policies and procedures for the effective management of health and safety within CCC in addition to defining a clear organisational structure for the management of health and safety. As far as is practical, this will reflect the line management structure of the Trust. This will ultimately aid in the development of a clear understanding of managers and staff of their individual and corporate responsibilities in respect of health and safety matters.

Furthermore, this policy will establish health and safety standards within CCC and outline how to monitor, audit and review these standards on an ongoing basis in accordance with health and safety policies, procedures and practice. This will ensure that, as an employer, the Trust promotes a healthy workplace

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and lifestyle and therefore contributes to the health and general well being of its staff.

2.1 Objectives

- To ensure effective monitoring and continuous review of health and safety policies and procedures through the Health and Safety Committee and management audits,
- To ensure the provision of information and instruction to staff. Their training and supervision must enable the effective implementation of this policy and the application of safe working practices and procedures,
- To ensure that new health and safety legislation is captured and incorporated within the Trust Health and Safety Policies and Procedures.

3.0 Scope

This document:

- Outlines the policy of The Clatterbridge Cancer Centre NHS Foundation Trust as regards health and safety,
- Provides an overview of the risk management structure indicating the specific role of health and safety,
- Identifies those individuals involved in health and safety management either in an executive or advisory capacity,
- Specifies the mechanism for formulation, approval, implementation and audit of health and safety policies and procedures relating to specific health and safety issues,
- Specifies the mechanism of communication of health and safety issues between management and staff.

4.0 Responsibilities

4.1 Trust Board

Overall responsibility for health and safety rests with the Trust Board. The Trust Board will receive an annual health and safety briefing by the Health & Safety

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Adviser. The Board will determine specific in-year objectives relating to health and safety as part of the Trust's Annual Delivery Plan.

The Trust Board will attend annual Health and Safety Training

4.2 Chief Executive:

The operational accountability for Health and Safety performance rests with the Chief Executive. However, this accountability is delegated to the Director of Nursing and Quality, the accountable director for all Risk Management issues.

4.3 Quality Team:

The scope of risk addressed by the Clinical Governance Support Team (CGST) can be categorised into patient related risks, organisation related risks and Health and Safety issues. The CGST will:

- Formulate (or ensure the existence of) the policies and procedures necessary to fulfil the requirements of the CCC strategy for managing risk and ensure that monitoring arrangements are in place,
- Review the collated results of untoward incident and staff accident reports on a monthly basis, identify trends and make recommendations for changes to policy or activity,
- Recommend a programme of education on risk management for CCC staff,
- Monitor and review the Risk Management Strategy,
- Report to the Quality Committee and Trust Board on a quarterly basis or as necessary in the case of major incidents,
- Prioritise and co-ordinate risk through the use of risk assessments and by the development of the Risk Register and its subsequent action plan.

4.4 The Health and Safety Committee

The Health and Safety Committee acts as a forum for staff Health and Safety representatives to discuss Health and Safety issues, raise concerns and put forward ideas.

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4.4.1 Function of the Committee

Aim

To oversee the management of Health and Safety risks by implementing and ensuring compliance with the Health and Safety Policy and to provide a forum for communication, consultation and negotiation between management and Health and Safety Representatives and staff.

Objectives

- Monitor compliance with the Health and Safety Policy,
- Audit, review and update the effectiveness of the Health and Safety Policy and management actions,
- Oversee the Risk Assessment System and monitor the outcome of the process,
- Discuss any proposals for changes in policy or practice that could affect the health and safety of staff, patients or visitors to the Centre. These include action plans and recommendations brought forward by the HSE or any other body the Trust has been inspected by with regards to its Health and Safety arrangements,
- Recommend and prioritise actions in respect of organisational risk assessments which affect the delivery of service.
- Ensure effective development and implementation of relevant safety policies for the work of the organisation,
- Act as the prime forum for the consultation on any measure which may substantially affect the health and safety of employees,
- Receive and act upon information from the Health and Safety Executive, changes in legislation and other relevant bodies
- Act as a focus for staff participation in prevention of incidents and avoidance of industrial disease,
- Monitor the progress of current safety alerts sent by the Central Alerting System (CAS),
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reports,

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- Report to Quality Committee and other appropriate Board committees by sharing minutes and reporting action plans,
- To ensure effective communication on all health and safety matters.

4.5 Responsibilities of Departmental Managers

Departmental Managers and Heads of Department are responsible for the management of Health and Safety in their own wards/areas of work. Department Managers will be required:

- To confirm receipt and understanding of the Trust's General Policy statement,
- Ensure that a Departmental risk assessment is undertaken on an annual basis in accordance with the Trust's risk assessment system and is updated following any significant change in practice,
- Following completion of the risk assessment exercise, to produce a departmental action plan identifying issues to be addressed within an agreed time frame and to develop local protocols for specific areas of risk as required.
- Ensure that staff attend the statutory training days provided by the Learning and Development Department and to keep records of attendance,
- Ensure that every member of staff has access to any departmental policies and protocols and to the general Health and Safety Policy,
- Ensure competent risk assessments for vulnerable groups of staff for example pregnant staff members.

4.6 Employees

- To take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions at work,
- To co-operate with the employer so far as is necessary to enable that duty or requirement to be performed or complied with,
- They should not intentionally or recklessly interfere with or misuse anything provided in the interest of health, safety or welfare,

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- Take positive steps to identify the hazards in the work place and to report and hazards or deficiencies in safety provision through the incident reporting mechanism operational in the Trust. (cross reference with incident reporting policy),
- Attend mandatory training.

4.7 Contractors

Contractors who may be engaged to carry out specific works are required to co-operate and assist the Trust in ensuring compliance with the Health and Safety at Work Act (1974).

It is the responsibility of PropCare to ensure that appropriate instruction is provided. These services are delivered through a Service Level Agreements / Contracts.

The head of PropCare Estates department should ensure that the work schedule is comprehensive prior to commencement of work and monitored throughout and that the workers are deemed “competent” to undertake the work.

4.8 Occupational Health Department

CCC has a Service Level Agreement (SLA) with Liverpool University Hospitals NHS Foundation Trust to provide an Occupational Health Service. Occupational Health Department staff have a vital role to play in supporting the management of Health and Safety within the Trust. They are a source of expert advice and will offer specialist support across a range of issues.

4.9 Health and Safety Advisor

- Advise the Board on all Health and Safety legislation, keeping abreast of changes to legislation and HSE reviews and recommendations,
- Provision of advice in response to queries and supporting managers in ensuring their health and safety duties are discharged,
- Delivery of health and safety training,

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- Investigation of accidents and incidents and the monitoring of trends,
- Reporting accidents and incidents to the health and safety executive (HSE) as required by RIDDOR regulations,
- Liaison with HSE inspectors,
- Participation in the formulation of health and safety related policies and procedures,
- Providing feedback to wards and department on health and safety performance e.g. provision of statistical data, safety inspections, audits,
- Liaise with staff side representation,
- Liaison with contracted services within the Trust i.e. WUTH,
- Review of plans for significant modifications- new buildings to ensure legislative compliance and adequate control of hazards,
- Producing and reviewing regularly the Trust's Health and Safety Policy,
- Where appropriate supporting managers in the investigation of incidents throughout the Trust,
- Co-ordinate risk assessments throughout the Trust,
- Liaising with Occupational Health department on matters such as incidents, occupational diseases and health surveillance,
- Liaising with the Learning and Development Department on matters of all health and safety training for Trust Staff,
- Liaising with the Complaints and claims managers regarding various documentation, records and incident reporting,
- Undertaking Health and Safety inspections and tours, either alone or with other persons, including inspectors of external organisations, such as the Health and Safety Executive,
- Keeping up to date with developments in Health and Safety and safety law by reading, consultation and attending courses, meetings or seminars.

4.10 Safety Representatives

The Clatterbridge Cancer Centre recognises that Health and Safety Representatives, appointed by staff-side organisations or nominated by non-union represented staff groups, have the right to:

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- Represent employees in consultation with the employers,
- Co-operate effectively in promoting and developing health and safety measures,
- Make representations to the employer on any general or specific matter effecting the health and safety of their members,
- Make representation to the employer on general matters affecting the health and safety of other persons employed in the work place,
- Investigate potential hazards and dangerous occurrences at the work place and examine causes of incidents,
- Attend Health and Safety Committee meetings,
- Time off, with pay, to carry out their functions and for training provided by their union or equivalent IOSH accredited courses.

4.11 Competent Persons

In addition to the nominated Health and Safety Competent Person, the Trust will ensure that it identifies competent persons with appropriate technical competence to carry out specific works as required by legislation, e.g.

Electricity at Work -	HV and LV Competent Persons
Lifting Equipment Inspection -	*
Construction and Demolition -	CDM Co-ordinator
Pressurised Vessels -	*
Ionising Radiation -	Radiation Protection Adviser (RPA)

* Presently arranged through Third Party "The Insurer"

4.12 Radiation Protection Supervisors (RPS)

The Trust will ensure the appointment of RPSs to cover the radiation work undertaken in each work area. The role and responsibilities of the RPS are as defined in the "Ionising Radiations Regulations 2017" and within the local rules for the Trust.

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The Protection Supervisors will meet regularly at an RPS Forum which may be attended as required by the RPA(s). One meeting per year will be designated as the Radiation Safety Committee and the RPA(s) will be invited.

At least one Protection Supervisor will be a member of the Health and Safety Committee to act as a formal channel of communication between the Committee and the RPS Forum.

A report from the RPS Forum will be received at each Health & Safety Committee meeting.

5.0 Laws & Regulations

There are a considerable number of pieces of legislation relevant to the Trust, Information on the laws and regulations applicable to health & safety management are available from the Trust Health & Safety Advisors based in CGST.

6.0 Definitions

Below is a list of the most common abbreviations used in this policy:

NHS	National Health Service
CCC	The Clatterbridge Cancer Centre
CGST	Clinical Governance Support Team
HSE	Health and Safety Executive

7.0 Main Body of Policy

Successful health and safety performance depends upon the development of departmental policies and procedures. Such policies and procedures need to be tailored to the specific circumstances which exist within a department but, at the same time, should follow a common approach which is designed to ensure a consistently high standard of health and safety performance.

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The common approach follows the stages outlined below. This is a dynamic approach which will evolve to ensure that health and safety performance is continually improved:

Step 1: Identify the risks

Step 2: Assess the risks

Step 3: Set Performance standards for removing/minimising the risks

Step 4: Implement control measures

Step 5: Measure Performance

Step 6: Audit and review performance

Step 7: Adjust control measures

7.1 Risk

Risk is an event or uncertainty that may have the potential to impair or affect the Trust's ability to meet its current or future objectives. Risk may be strategic or operational. Risk is also exposure to danger with the chance of loss or harm. Losses may occur in terms of finance or reputation. Risk is present in all elements of the organisation: - the four key risk areas are:

- Clinical
- Corporate
- Financial
- Reputation

7.1.1 Risk Assessment

The Trust is legally obliged to carry out risk assessments. Their main purpose is to identify hazards and to determine whether planned or existing controls are adequate. The intention is that risks should be controlled before harm can occur, i.e. it is pro-active risk management.

Risk assessment is not a new concept and it is an implicit requirement of the Health and Safety at Work Act 1974, as well as a number of other regulations. However, risk assessments are not just concerned with health and safety but

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needs to be carried out on every activity we undertake in the Trust from clinical practices to financial and organisational issues.

An ongoing risk assessment programme is carried out using the standard template for recording both clinical and non-clinical risks. Existing controls are recorded as well as any further action required. When it is not possible to eliminate the risk, it is important that all the necessary steps are taken to control the risk. The Heads of Department are responsible for ensuring these assessments are completed and regularly reviewed. All the risks are rated according to their level of risk. These gradings can be altered after the initial grading according to the outcome of further risk assessments and plans. All new activities must be assessed for risk and incorporated into risk management structures.

Risks are managed in the Risk Register in Datix. Risks are systematically identified during the regular risk assessment programme/risk register review programme which is carried out throughout the Trust. Managers and Directors review the risks within their remit and are responsible for the identification and documentation of new risks. The risks identified are fed into the risk register. The Trust Wide Risk Register is used to collate risk information, prioritise risks and determine risk treatments. It is populated from a wide range of sources, including the assurance frameworks, risk assessments, incidents, complaints, safety alerts, claims, external visits etc. All risks are scored using the Trust's Risk Matrix and managed in accordance with the risk grading procedure.

In addition to the regular risk assessment/risk register reviews, any staff member can report a new risk identified using the Trust Risk Assessment Form (found on the Intranet: <http://www.clatterbridgecc.nhs.uk/index.php/intranet/policies-and-corporate-documents/forms/health-and-safety-risk-management>)

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This risk must be reported to the line manager in the first instance before the completion of the risk assessment form, the manager is then responsible for adding the risk to the Risk Register (in Datix) if appropriate.

8.0 Training

Each department is required to undertake an annual assessment of training needs and ensure the appropriate training takes place.

The Health & Safety Advisor will provide guidance on best practice in liaison with staff and managers.

The Health & Safety Advisor will liaise with relevant external bodies such as the Health & Safety Executive and NHS Resolution on behalf of the Trust.

9.0 Audit

9.1 Monitoring

Risk assessments will be reviewed at least annually and at any other relevant time and will look at all aspects of the service, including buildings and environment, equipment and methods of work.

Monitoring is an essential aspect of maintaining and improving health and safety performance. Within the Trust both active and reactive monitoring systems will be adopted in order to generate data which can be used to inform decisions about how health and safety can be improved.

9.2 Reporting Systems

Systems will be maintained which will collect and analyse data relating to:

- Injuries
- Ill Health
- Accidents
- Incidents involving actual/potential injury to staff, patients or visitors or damage to property

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- Hazards

Regular reports summarising the data and identifying any trends will be submitted to both the Trust Executive Team and Trust Board.

9.3 Monitoring Systems

The responsibility for ensuring that policies and procedures are being effectively implemented lies with Departmental Managers. Regular audits will be completed to prevent the breakdown of systems rather than reacting to problems.

In addition, staff representatives from the Health and Safety Committee are empowered to undertake workplace inspections which identify actual and potential hazards and recommend remedial action. Inspection visits will be conducted as and when appropriate to ensure that remedial action is taken.

Every member of staff is responsible for reporting hazards encountered in their work area. Staff are also encouraged to make suggestions for improvements in health and safety, either through their manager or through their safety representative.

9.4 Audit

The Health and Safety Advisor will carry out an annual audit of key elements of this policy and submit a report to the Health & Safety Committee and CET.

10.0 References

There are no references relevant to this policy.

11.0 Appendices

There are no appendices to this policy.

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