

Appendix 1

## Health and Safety Management Policy

<b>Category:</b>	Policy
<b>Summary:</b>	This document sets out the standards of health, safety and welfare expected by the Trust, and the measures to be taken to ensure workplace risks are identified, assessed, and addressed.
<b>Equality Impact Assessment undertaken:</b>	May 2017
<b>Valid From:</b>	15 May 2017
<b>Date of Next Review:</b>	30 April 2020
<b>Approval Date/ Via:</b>	<ul style="list-style-type: none"> <li>• Trust Health and Safety Committee</li> <li>• Trust Management Executive</li> <li>• Trust Board</li> </ul>
<b>Distribution:</b>	All employees
<b>Related Documents:</b>	Trust Health and Safety Procedures Departmental/Directorate Health and Safety Procedures Departmental/Directorate Risk Assessments Departmental/Directorate Standard Operating Procedures (SOPs) – where relevant Incident Reporting and Investigation Policy Statutory and Mandatory Training Policy
<b>Author(s):</b>	Head of Health and Safety supported by Independent Advisor (H&S)
<b>Further Information:</b>	Health and Safety Department
<b>This Document replaces:</b>	Trust Health and Safety Policy version 3.01 of June 2016

**Lead Director:** Director of Organisational Development and Workforce

**Issue Date:** 15 May 2017

## Contents

Introduction .....	3
Scope .....	3
Purpose .....	3
Policy Statement .....	3
Responsibilities .....	5
Overview of Arrangements.....	9
Appointments .....	9
Risk Assessments .....	10
Scheme of Control/Procedures .....	11
Training and Communication .....	11
Implementation Management.....	12
Record Keeping .....	12
Monitoring Compliance.....	12
Review .....	13
References.....	13
Equality Impact Assessment .....	14
Document History.....	14
Appendix 1: Health and Safety Policy and Procedures Structure.....	15
Appendix 2: Roles and Responsibilities Flow Charts .....	15
Other Departmental/Directorate or Specific Technical Issue Committees.....	16
Individual Post Holder Responsibilities.....	16
Appendix 3: Equality Impact Assessment .....	17

### Introduction

1. Oxford University Hospitals NHS Foundation Trust (the "Trust") recognises that high standards of health, safety and welfare are an integral element of efficient management objectives and contribute to the overall success of the Trust.
2. This means that as work place risks are identified, they are assessed, and the required actions are taken to remove or reduce any risks to a safe level. Resources will be provided as necessary to support these actions, including training and all required personal protective equipment etc.
3. The Trust is committed to the continual improvement in Health and Safety matters that may affect staff, patients, volunteers, contractors and members of the public on OUH premises.

### Scope

4. This policy applies to all employees of the Trust, including those on substantive or fixed term contracts, Retention of Employment (RoE) employees and those employed through the Trust's NHS Professionals Staff Bank.

### Purpose

5. The purpose of this policy is to:
  - 5.1. establish the key standards for the management of health and safety;
  - 5.2. set out the key arrangements and responsibilities associated with the management of health and safety, and;
  - 5.3. detail requirements for relevant risk assessments and training.

### Policy Statement

6. The Trust will set Standards necessary to reduce and eliminate (where possible) all health, safety and welfare hazards and risks, as follows:
  - 6.1. **Standard 1:** All workers, patients, and any others affected by our activities and premises, shall be protected from health, safety and welfare hazards; risks shall be reduced as far as is reasonably practicable, and eliminated where appropriate and necessary. *N.B.: the term 'worker(s)' includes directly employed staff members, contracted staff and volunteers.*
  - 6.2. **Standard 2:** All Department/Directorate Heads shall ensure that their workers are competent, trained and fully aware of all health and safety hazards and risks, and how to mitigate them.
  - 6.3. **Standard 3:** All Department/Directorate Heads shall ensure that their workers are fully aware of this policy and any supporting procedures etc. relevant to their activities.
  - 6.4. **Standard 4:** All Department/Directorate Heads shall ensure that any required appointments, risk assessments, schemes of control and local procedures necessary are completed, implemented fully and reviewed to ensure efficacy.
  - 6.5. **Standard 5:** All Department/Directorate Heads shall ensure that all necessary health and safety and compliance records are maintained completely as required.
  - 6.6. **Standard 6:** The Trust will support and resource this policy fully, and will assist the Health and Safety Team to be able to provide support, advice and guidance.

- 6.7. **Standard 7:** The Trust will complete an annual audit of compliance of each Department /Directorate to ensure continued compliance and improvement
7. The Trust will comply with the requirements of all relevant health and safety legislation, guidance and best practice current at the time of application of this policy. It is recognised that high standards of health, safety and welfare are vital to the successful operation of the organisation. The Trust is committed to the continuous improvement of occupational health and safety matters that may affect all workers (including staff, volunteers, contractors etc.), patients, visitors, members of the public and anyone on trust premises.
8. The Trust provides for the following:
- 8.1. The establishment and maintenance of a Health and Safety Department to provide advice, support and guidance to line managers and Heads of Departments and Directorates.
  - 8.2. The completion of all necessary risk assessments to a suitable and sufficient standard by each Department/Directorate. A clearly developed risk assessment standard will assist with advice, guidance and resources where required and appropriate.
  - 8.3. This policy document is supported with a series of procedures (see **Appendix 1**) that expand and explain how to comply with the arrangements in this policy across a number of specific areas (such as fire, asbestos, hazardous substances etc.).
  - 8.4. Where necessary, or required by legislation, the development of local Departmental/Directorate procedures or specific issue procedures, in conjunction with the relevant Department/Directorate Managers.
  - 8.5. The provision of financial and physical resources, so far as it is reasonably practicable, in order to comply with the requirements of the policy, legislation, guidance and best practice.
9. Health and safety as a management responsibility is of equal importance to all other objectives. As such, the Trust will seek improvement in health and safety performance by establishing controls, communicating the necessary information, auditing compliance, encouraging co-operation between individuals and groups thereby ensuring that a positive health and safety culture is promoted and developed.
10. So far as is reasonably practicable, the Trust shall ensure that:
- 10.1. Safe systems of work and conditions are provided and adopted.
  - 10.2. Statutory requirements are complied with and shall be the minimum standard in all work areas and activities.
  - 10.3. Staff are made aware of potential hazards and precautions to be adopted, by providing information, instruction, training, supervision and appropriate safety equipment where needed.
  - 10.4. Steps are taken to identify the causes of work related accidents and ill health, and to identify and implement any required preventative actions needed.
  - 10.5. Workers are actively encouraged to participate in health and safety arrangements and submit ideas and suggestions for improving standards.
11. All workers have a duty of care to themselves and others by avoiding hazards, preventing accidents and co-operating with the Trust by complying with all instructions and recommendations on health and safety. In addition all managers are responsible for ensuring that they and their team are informed and up-to-date on health and safety

matters relevant to their department. Managers must ensure that they and their workers are trained, competent and compliant with the requirements of all relevant legislation.

12. Staff who wilfully disregard health and safety policies and procedures may be subject to the Trust's disciplinary procedures, which ultimately could result in summary dismissal.
13. The Trust believes that safe working is best brought about by the participation of all workers. The Trust therefore supports the appointment of any Trade Union and Professional Organisation nominated Health and Safety Representatives. Details of Trade Union Representatives will be maintained by the Human Resources Department, with representation from all six divisions.

### Responsibilities

14. The **Trust Board** has a collective role in providing committed leadership in the continuous improvement in health and safety performance, which is a key issue. The Board actions and decisions will support this, and the Board will require assurance reports on compliance and progress from the Head of Health and Safety (via the Board lead for health and safety), and specific technical issue committees, at least on an annual basis against agreed objectives.
15. The **Trust Management Executive (TME)** is responsible for ensuring the proactive, progressive and continuous improvement in the Trust's approach to health and safety risk management is achieved. This will include overseeing that assurance systems and compliance audits are operated and completed when required.
16. The **Health and Safety Committee** is responsible for ensuring the development and implementation of the Health and Safety Management Policy, supporting procedures and a health and safety management system. Reports will be made to the Trust Management Executive with prioritised recommendations and status against agreed objectives.
17. **Other Departmental/Directorate or Specific Technical Issue Committees Individual Employees** will be established as required by local and specific legislation, guidance and best practice. Their responsibilities will be outlined in relevant Terms of Reference, as will a clear line of reporting, as detailed in **Appendix 2**. Formal minutes will be produced. All such groups will be required to report to the Health and Safety Committee on a quarterly basis.
18. The **Chief Executive** has the overall responsibility for health and safety management in the Trust (as **Duty Holder** for the Trust). This includes responsibility for:
  - 18.1. ensuring that the policy is up-to-date, accurate, supported, appropriately resourced and brought to the attention of all workers;
  - 18.2. ensuring that on an annual basis, health and safety objectives are defined, and success criteria are established, monitored, reported and reviewed;
  - 18.3. requiring the completion of an independent audit of Health and Safety management compliance for each directorate / department and submission of a summary status report on an annual basis via the Health and Safety report;
  - 18.4. obtaining commitment from senior management to the health and safety risk management process, and will encourage and foster health and safety awareness and compliance;
  - 18.5. supporting the development of the required actions illustrated in this policy, and;
  - 18.6. ensuring that agreed programmes of investment in health and safety are included properly in the Trust's Annual Business Plan.

19. The **Board Health and Safety Lead** will support the Chief Executive and is the Board member responsible for strategic health and safety management leadership, direction and overview of the Trust risk management system. In practical terms, this means that the Director is responsible for:
  - 19.1. developing health and safety strategic objectives and associated success criteria to monitor performance for approval by the Health and Safety Committee, Trust Management Executive and Trust Board;
  - 19.2. consulting with Executive and Departmental / Divisional Directors at budget review to ensure that adequate resources and facilities are available for the stated agreed objectives;
  - 19.3. chairing the Health and Safety Committee;
  - 19.4. ensuring that the policy is implemented, complied with and that it is incorporated into all contracts with external agencies;
  - 19.5. ensuring that effective health and safety communication exists between all parties including third-party groups. Encourage open communication and a positive attitude to health and safety;
  - 19.6. advising the Chief Executive, TME and Trust Board of all serious incidents, unacceptable risks and associated treatment plans;
  - 19.7. Ensuring that effective arrangements exist for co-operation and co-ordination with other employees sharing Trust facilities. In addition be responsible for seeking assurance of health and safety compliance from managers of sites not managed by the Trust where Trust workers and patients may be present, and;
  - 19.8. Presenting an annual health and safety report (co-ordinated by the Head of Health and Safety) to the Health and Safety Committee, Trust Management Executive and Trust Board. The report shall detail:
    - 19.8.1. Incident trends.
    - 19.8.2. Levels of performance.
    - 19.8.3. Status against agreed objectives.
    - 19.8.4. Findings of the annual status audit.
    - 19.8.5. Actions and successes during the period.
    - 19.8.6. Required actions within the risk reduction programme.
20. The **Head of Health and Safety** will assist the Board Lead for Health and Safety and will be responsible for the development of a **Trust Health and Safety Advisory and Guidance Service/Team**, who will be responsible for facilitating development of procedures, other tools and provide advice, guidance on direction. The team will be composed of competent and qualified members. This includes:
  - 20.1. co-ordinating the development and review of suitable Trust policy, procedures and guidance, from a technical and legal perspective;
  - 20.2. providing advice and guidance to the Board, Board Lead on Health and Safety, Trust Management Executive, Health and Safety Committee, and any other worker upon appropriate request;
  - 20.3. setting a standard for work activity risk assessments and provide advice and guidance on the completion of such assessments;
  - 20.4. co-ordinating (on provision of appropriate resources) the completion of the annual audit of compliance in health and safety management within all

- Directorates / Departments, including the completion of a status summary report to be submitted to the Board, Board Lead on Health and Safety, Trust Management Executive, and Health and Safety Committee on an annual basis;
- 20.5. co-ordinating and monitor the effectiveness of safety arrangements within the Trust and advising the Board Lead on Health and Safety of any serious adverse incidents, unacceptable risks and associated treatment plans;
  - 20.6. assisting the Board Lead on Health and Safety in developing strategic health and safety objectives for monitoring performance;
  - 20.7. reporting of RIDDOR incidents to the Health and Safety Executive (HSE), and acting as the Trust Liaison Officer when dealing with external statutory bodies;
  - 20.8. ensuring that appropriate worker training needs and competence reviews are identified and delivered (subject to resources where appropriate), and;
  - 20.9. collating and developing of an annual formal Health and Safety Report for the Board Lead on Health and Safety to present to Trust Management Executive, and Health and Safety Committee. The report will detail the elements as specified under the responsibilities for of the Board Lead for Health and Safety.
21. **Department / Directorate Senior Managers** who have completed a formal Health and Safety management course (such as IOSH Managing Safely or as recommended by the Head of Health and Safety) are responsible for:
- 21.1. appointing any relevant Specialist Independent Advisors as required by specific technical guidance, standards, such as Approved Codes of Practice (ACoPs), Health Technical Memorandum (HTMs) or similar relevant to their area of specialism, responsibility or operation (These include, but are not limited to, Independent Advisors (IAs), Authorising Engineers (AEs) etc.);
  - 21.2. appointing any relevant Responsible Persons as required by specific technical guidance, standards, ACoPs, HTMs or similar relevant to their area of specialism, responsibility or operation;
  - 21.3. assisting senior management in developing health and safety objects/success criteria and advise the Head of Health and Safety of any adverse incidents;
  - 21.4. ensuring health and safety management responsibilities are included in job descriptions, contracts and included in performance reviews;
  - 21.5. ensuring that relevant Health and Safety Induction (including where needed job specific) and training is provided - this shall include Trust policies, procedures, hazards within the work place, safe systems of work, risk assessments, and any other safety information which are needed to complete the tasks safely - and that a live register of training is maintained;
  - 21.6. developing, maintaining and reviewing compliance with any required Departmental/Directorate and specific issue risk assessments, action plans/schemes of controls and procedures that fall under their responsibility;
  - 21.7. assisting in the completion of the annual Health and Safety management audits, as co-ordinated by the Head of Health and Safety;
  - 21.8. ensuring that all incidents, hazards and near misses are reported and investigated in accordance with the Trust's Incident Reporting and Investigation Policy, with practicable actions to prevent recurrence being implemented;
  - 21.9. ensuring that all machinery and equipment is maintained in a safe condition and that, where applicable safety devices are fitted and maintained, safety rules observed and where appropriate protective clothing and training is provided;

- 21.10. ensuring that the Trust General Statement of Intent, Departmental Safety Procedures and other relevant safety information are posted on departmental safety notice boards;
  - 21.11. encouraging feedback and fostering communication on health and safety matters within the Department/Directorate and to other relevant bodies;
  - 21.12. undertaking regular audits and inspections of wards and departments to ensure that procedures and safe systems of work are being followed and that any non-conformances are identified and dealt with as soon as possible, and maintaining written records of all audits and inspections and the action plans;
  - 21.13. providing upon request from the Head of Health and Safety and within a reasonable timeframe performance status updates on any objectives or other criteria agreed;
  - 21.14. establishing any required local committees (e.g. departmental/directorate Health and Safety groups, water safety group etc.), and maintaining agreed Terms of Reference/minutes of meetings. The Head of Health and Safety or a representative can provide advice and guidance and should be considered for periodic attendance;
  - 21.15. liaising with and work closely with any relevant safety representatives on health, safety and welfare matters, and;
  - 21.16. appointing a Ward/Departmental Safety Link Persons (WSLPs) who will work in partnership with their Managers, colleagues and the Health and Safety Department (HSD), to increase levels of health and safety awareness and establish a proactive approach.
22. **All Managers and Supervisors** are responsible for the implementation of the policy within their specific Department / Directorate, and ensuring that they and their staff are suitably trained and competent on health and safety management
23. **Ward/Department Safety Link Persons (WSLPs)** are responsible for:
- 23.1. assisting their Manager in the completion of risk assessments and the implementation of good practice;
  - 23.2. acting as a liaison between the Ward/Department and the Health and Safety Department;
  - 23.3. ensuring that health and safety information from the Health and Safety Department is acted upon and brought to colleagues attention, and;
  - 23.4. assisting with initiatives to promote health and safety.
24. **Specialist Independent Advisors (IAs)** are responsible for:
- 24.1. acting as a critical friend on the particular issue and shall provide advice and guidance on strategy and approach;
  - 24.2. completing an annual audit of compliance in the particular issue, and providing a report with recommended actions in a prioritised fashion;
  - 24.3. attending any local committees and provide advice and guidance, and;
  - 24.4. providing additional support and guidance as specified in the particular document that their appointment is made against.
25. **All Workers** have a responsibility not to put themselves at risk or put others at risk of harm in any way. Workers are also responsible for:



- 25.1. Co-operating and complying with the requirements of all Trust policy, procedures, legislation and guidance of relevance, current at the time of commencement of work.
- 25.2. Ensuring they are trained and competent. Workers are not permitted to carry out a task or enter an area unless they are trained, inducted and authorised to do so. Some higher risk works will require a formal “permit-to-work” to proceed. No work can be completed on the building fabric or services without first being inducted via the Estates Department, as a permit may be necessary.
- 25.3. Reviewing and where necessary completing a risk assessment for the activity that they are about to complete. They must be competent and clear on the hazards and risks. They must follow the required safe procedures, precautions and use any necessary controls (such as personal protective equipment (PPE) and must not put themselves and any others at any risk.
- 25.4. Ensuring that the work place is always safe, clean and secure and is left safe, clean and secure at the end of the work task.
- 25.5. Reporting any concerns and ideas to the Head of Health and Safety and their Manager.

### Overview of Arrangements

26. For almost all health and safety issues (e.g. asbestos, hazardous substances, fire, water safety etc.); the principal requirements set down by legislation are very similar and typically require:
  - 26.1. **Appointment** of an individual to be managerially responsible
  - 26.2. Completion of **Risk Assessments** to ensure that all hazards are identified and the risks quantified so that appropriate remedial or preventative actions can be put in place
  - 26.3. Development of a **Scheme of Control** which is a management system explaining the Trusts approach to a particular issue, it includes procedures for the management and elimination or control of the particular risk. Development of Procedures to explain how the issue will be managed and what to do in various situations
  - 26.4. Completion of **Training and Communication** to ensure full understanding to develop competence and engage workers
  - 26.5. **Implementation and Management** of the scheme of control
  - 26.6. **Record Keeping** to provide evidence of completion of actions and compliance

### Appointments

27. Any necessary appointed Responsible Person (RP), shall be formally appointed in writing with their roles and responsibilities clearly indicated, in accordance with the particular legislation or guidance that the appointment is required by. It is the responsibility of Departmental/Directorate Heads to identify any such required appointments with the assistance of the Head of Health and Safety and any appointed Specialist Independent Advisors (IAs).
28. Any such appointments shall be made clear in any relevant local procedures and a simple organisational chart created. The roles and responsibilities shall be made clear and should be as tangible as possible.

29. Training needs of all appointed persons shall be identified and agreed by Departmental/ Directorate Heads to identify any such required appointments with the assistance of the Head of Health and Safety and any appointed Specialist Independent Advisors (IAs).

### Risk Assessments

30. In accordance with the Management of Health and Safety at Work Regulations 1999, Managers with the involvement of relevant workers shall identify hazards, risks and undertake risk assessments using the Trust Risk Assessment Procedure.
31. In assessing the risks account will be taken of the effectiveness of existing control measures. The assessment will include the hazards and risks arising out of tasks/ activities undertaken and the environment within the Trust and assessing the potential to:
- 31.1. Cause injury or ill health to people
  - 31.2. Result in claims and litigation
  - 31.3. Result in enforcement action
  - 31.4. Cause damage to the environment
  - 31.5. Cause property loss or damage
  - 31.6. Result in operational delays (impact on day to day activities)
  - 31.7. Result in loss of reputation
32. When assessing risks they are best broken into manageable elements. As such, risk assessments are completed in three main ways:
- 32.1. **Specific Issue Risk Assessment** (e.g. Asbestos, COSHH, Fire, Legionella)
  - 32.2. **Work Activity Risk Assessments** (e.g. Manual Handling, Work on Steps, Equipment Use)
  - 32.3. **Work Environment Risk Assessments** (e.g. Assessment of the Ward, Department, Workshop, Plant Room etc.)
33. Managers of Departments/Directorates or RPs are responsible for the completion of the assessments relevant to their area and specialism using the Trust risk assessment process. They are then responsible for the formulation of agreed risk treatment plans that identify and prioritise required actions. These are to be presented to the Trust Management Executive via the Health and Safety Committee, where they require additional resources that cannot be met locally.
34. As a minimum, all managers will be required to complete the following risk assessments and review them formally at least on an annual basis (or where there is a significant change in conditions):
- 34.1. **Work Activity Risk Assessment** – a baseline risk assessment for each work activity.
  - 34.2. **Work Environment Risk Assessment** – a risk assessment of your work-place.
  - 34.3. **COSHH Assessment** – an assessment of the substances that you use and encounter at work.
  - 34.4. **Manual Handling Assessment** – an assessment of handling hazards and risks.
  - 34.5. **Display Screen Equipment Assessment.**
  - 34.6. **Provision and Use of Work Equipment Regulations (PUWER) Assessment.**

- 34.7. Complete any **Specific Issue Assessments** for which you are also responsible (such as Fire or Legionella).
35. The outcome of the risk assessments and risk treatment plans (an action plan arising from a risk assessment as detailed in section 7.5) will be recorded where appropriate by the Managers/RPs in the Trust Local Risk Register. The outcomes will be made known to staff and discussed with them. Any additional, actions, protective equipment, safe procedures and training will be put in place by the relevant manager/RP.

### **Scheme of Control/Procedures**

36. It is the responsibility of all Departmental/Directorate Managers and appointed RPs (for their particular area of responsibility) to:
- 36.1. complete a formal risk treatment plan and supporting prioritised action plan. This is effectively an action plan that will arise from a risk assessment for agreed remedial measures with clear priority and deadlines;
  - 36.2. seek specialist advice and guidance where necessary and required (e.g. from the Head of Health and Safety and the Health and Safety Department);
  - 36.3. develop any required local or specific issue procedures to explain how the issue is managed and provide detailed local protocol and methods;
  - 36.4. provide any local training, and appoint any required deputies necessary for the implementation of the scheme of control and procedures, and;
  - 36.5. refer to the following Trust level Health and Safety Procedures for further details:
    - 36.5.1. First Aid Procedure and Guidance
    - 36.5.2. Work at Height Procedure
    - 36.5.3. Dangerous Substances and Explosive Atmospheres (DSEAR) - Procedure and Guidance
    - 36.5.4. Lone Working Procedure
    - 36.5.5. Confined Space Procedure
    - 36.5.6. Slips, Trips and Falls Prevention Procedure
    - 36.5.7. Control of Substances Hazardous to Health (COSHH) Procedure
    - 36.5.8. Driving at Work Procedure
    - 36.5.9. Personal Protective Equipment (PPE) Procedure
    - 36.5.10. Display Screen Equipment (DSE) Guidance
    - 36.5.11. Manual Handling Policy

### **Training and Communication**

37. The Trust shall ensure that managers disseminate suitable and relevant information relating to health, safety and welfare to all workers, as appropriate to their activities.
38. The statutory “Health and Safety Law – what you should know” notice will be prominently displayed and completed in all building entrances and other identified locations within Trust premises. Any other statutory signs and notices shall be displayed as appropriate and required by the legislation and guidance.
39. Each Ward or Department shall have a dedicated Health and Safety Notice Board. This is the responsibility of the relevant Ward/Department Manager, and shall display as a minimum:

- 39.1. A Copy of the Trust Health and Safety Management Policy Statement
  - 39.2. A Copy of the Ward/Department Health and Safety Procedure(s)
  - 39.3. A Copy of the Ward/Departments Emergency Evacuation Plan
  - 39.4. Minutes of recent Health and Safety committees of relevance
  - 39.5. Other key information signs (e.g. first aid etc. relevant to the area)
40. All workers shall receive induction and appropriate health and safety training. It is the responsibility of the relevant manager to assess need, set standards and arrange such training. Where risks are assessed as significant then the outsourcing of a task to a trained, competent specialist is to be considered and assessed.
  41. The Board Lead on Health and Safety will ensure that general aspects of health and safety are incorporated into the Trust mandatory training and induction. However Department/Directorate Managers are responsible for specific training required for the work activities of workers in their control and for the periodic review and assessment of workers competence and performance.
  42. The Trust will maintain a mandatory training log (via the Learning and Development Department). Department/Directorate Managers are responsible for the maintenance of a similar local log for specific training of workers relevant to their tasks.
  43. Annual reviews are to be completed of staff and health and safety issues. Training needs will form a part of these reviews completed by managers.

### **Implementation Management**

44. Each relevant manager/RP will be responsible for the implementation of the local procedures and Trust procedures that fall to them, ensuring that suitable records are maintained. Advice and guidance can be obtained from the Head of Health and Safety and the Health and Safety Department members.

### **Record Keeping**

45. All Ward and Departmental/Directorate Managers are required to have health and safety information available for inspection by staff, safety representatives and inspection bodies. The information that should be readily available will include, but not be limited to:
  - 45.1. The Trust Health and Safety Management Policy
  - 45.2. Trust Health and Safety Procedures
  - 45.3. The Divisional / Directorate & Departmental Safety Procedures and any relevant specific issue procedures
  - 45.4. Access to all other relevant Health and Safety Procedures
  - 45.5. Reports of audits undertaken and up-to-date treatment plans
  - 45.6. Fire and Emergency Evacuation Procedures
  - 45.7. Live Risk Assessments and Written Safe Systems of Work
  - 45.8. Details of annual Health and Safety training programmes and status
  - 45.9. Any other relevant specific files to the area

### **Monitoring Compliance**

46. Compliance with this procedure will be monitored in the following ways:

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring	Frequency of monitoring	Group or Committee reporting to
Performance against agreed targets for incident/accident improvement	Incident analysis	Board Lead for Health and Safety	Bi-Annually	Health and Safety Committee
Compliance with Health and Safety management	Formal audits of compliance	Board Lead for Health and Safety, with assistance from the Head of Health and Safety	Annually	Health and Safety Committee
Completion of appropriate Health and Safety actions including risk assessments	Formal audits of compliance	Board Lead for Health and Safety, with assistance from the Head of Health and Safety	Annually	Health and Safety Committee
Required staff training completion	Formal audits of compliance, plus staff appraisals	Board Lead for Health and Safety, with assistance from the Head of Health and Safety	Annually	Health and Safety Committee

47. In addition to the monitoring arrangements described above the Trust may undertake additional monitoring of this procedure as a response to the identification of any gaps or as a result of the identification of risks arising from the procedure prompted by incident review, external reviews, or other sources of information and advice. This monitoring could include:

- 47.1. Commissioned audits and reviews
- 47.2. Detailed data analysis
- 47.3. Other focused studies

48. Results of this monitoring will be reported to the nominated Committee.

## Review

49. This procedure will be reviewed in 3 years, as set out in the Procedure for the Development and Implementation of Procedural Documents. Policies may need to be revised before this date, particularly if national guidance or local arrangements change.

## References

50. Policies and procedures within the Trust are informed by extensive legislative frameworks. Principal references associated with this policy are:

- 50.1. The Health & Safety at Work etc. Act 1974
- 50.2. Safety Representatives and Safety Committee Regulations 1977
- 50.3. The Health and Safety (*Consultation with Employees*) Regulations 1996
- 50.4. The Management of Health & Safety at Work Regulations 1999
- 50.5. Managing for Health and Safety 2013 (HSG 65)

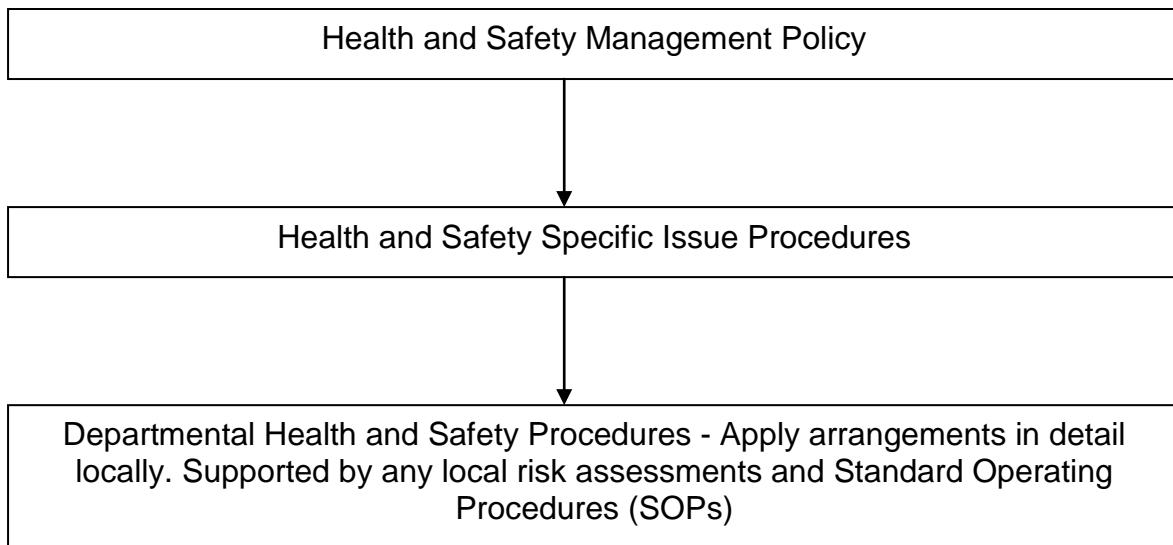
## Equality Impact Assessment

51. As part of its development, this procedure and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of any protected characteristic. No detriment or discrimination was identified.

## Document History

Date of revision	Version number	Reason for review or update
March 2017	4.01	Significant updates and simplification
June 2016	3.01	No significant material changes
2012	2.05	No significant material changes

## Appendix 1: Health and Safety Policy and Procedures Structure

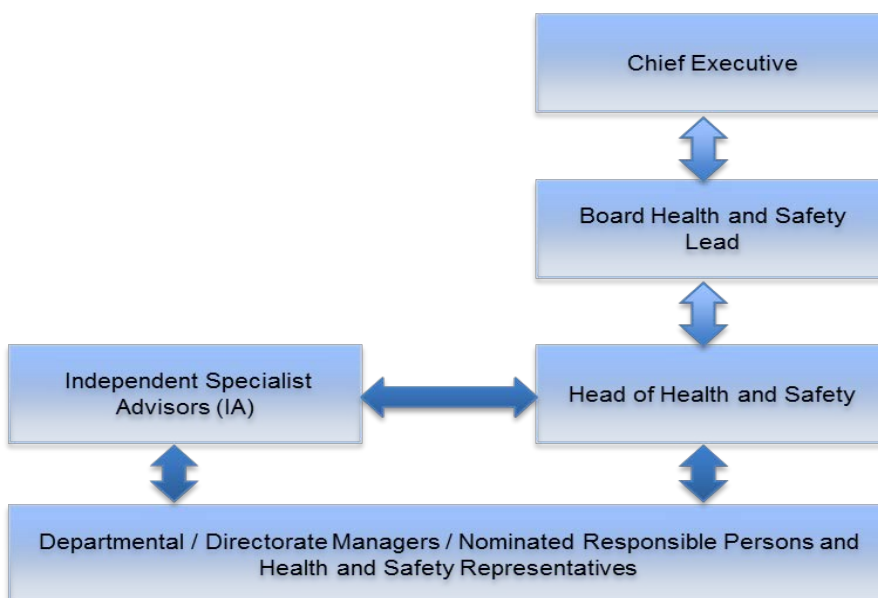


## Appendix 2: Roles and Responsibilities Flow Charts

### Other Departmental/Directorate or Specific Technical Issue Committees



### Individual Post Holder Responsibilities





## Appendix 3: Equality Impact Assessment

<b>Equality Analysis</b>																																																										
Procedure/ Plan / proposal name: <b>Health and Safety Management Policy</b>																																																										
Date of Policy <b>March 2017</b>																																																										
Date due for review <b>March 2019</b>																																																										
Lead person for procedure and equality analysis <b>Head of Health and Safety</b>																																																										
Does the procedure/proposal relate to people? If yes please complete the whole form. <b>YES</b>																																																										
The only policies and proposals not relevant to equality considerations are those not involving people at all. (E.g. Equipment such as fridge temperature)																																																										
<b>1. Identify the main aim and objectives and intended outcomes of the policy.</b> This policy aims to set out key standards for the Trust relevant to health and safety, to ensure compliance with relevant legislation, guidance and best practice. It sets out relevant responsibilities and arrangements for health and safety risks in the workplace.																																																										
<b>2. Involvement of stakeholders.</b> This policy has been developed by the Health and Safety Team and independent advisor, and agreed through the Health & Safety Committee and TME.																																																										
<b>3. Evidence.</b> Population information on <a href="http://www.healthprofiles.info">www.healthprofiles.info</a> search for Oxfordshire. As of 19 <sup>th</sup> December 2016, Electronic Staff Records Show the following:																																																										
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<p><b>Disability</b>                  The Trust should ensure that responsibilities of workers are communicated clearly to all staff, ensuring that any such communication is clear and easy to understand, so as not to disadvantage individuals with a learning disability.                  If it becomes apparent that a member of staff has suffered ill health or injury in the workplace which is linked to a disability, a risk assessment should be undertaken to consider whether reasonable adjustments should be made. Advice should be sought from occupational health to support this.</p>
<p><b>Sex</b>                  No detrimental impact identified</p>
<p><b>Age</b>                  No detrimental impact identified</p>
<p><b>Race</b>                  No detrimental impact identified</p>
<p><b>Sexual orientation</b>                  No detrimental impact identified</p>
<p><b>Pregnancy and maternity</b>                  Per the Trust's Maternity, Paternity, Adoption and Shared Parental Leave Procedure, risk assessments should be carried out for employees who are pregnant or have returned from maternity leave and are breastfeeding. Any such risk assessment should ensure that any impact on the pregnancy is duly considered and addressed.</p>
<p><b>Religion or belief.</b>                  No detrimental impact identified</p>
<p><b>Gender re-assignment.</b>                  As with individuals returning to work following surgery, a risk assessment should be carried out for employees who return to work following gender reassignment surgery</p>
<p><b>Marriage or civil partnerships:</b>                  No detrimental impact identified</p>
<p><b>Carers</b>                  No detrimental impact identified</p>
<p><b>Safeguarding people who are vulnerable:</b>                  Where there are risks to vulnerable people, these should be properly accounted for.</p>
<p><b>Other potential impacts e.g. culture, human rights, socio economic e.g. homeless people</b>                  No detrimental impact identified</p>
<p><b>Section 4 Summary of Analysis</b>                  Any adverse effects (such as ill health and injury in the workplace) which are related to a protected characteristic should be properly risk assessed to ensure that they are properly addressed and adjustments are made where appropriate. This should prevent any disproportionate impact.</p>