

# Health & Safety Objectives 2022 to 2024

<b>Department / Service:</b>	Health & Safety ( Estates and Facilities )
<b>Originator:</b>	Julie Noble Health & Safety Manager
<b>Accountable Director:</b>	Director of Estates and Facilities
<b>Approved by:</b>	Health and Safety Committee JNCC
<b>Date of Approval:</b>	21 <sup>st</sup> April 2022
<b>Review Date:</b>	21 <sup>st</sup> April 2025
<b>This is the most current document and should be used until a revised version is in place:</b>	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments</b>	All
<b>Target staff categories</b>	All

## Overview:

The Trust Board will ensure that it provides and maintains safe services to all of its patients, staff and visitors by adopting and promoting a positive safety culture. This will involve all members of staff as health and safety is everyone's responsibility. This document sets out the Trust's health and safety objectives for 2022 – 2024 which have been specifically designed to promote the safety culture and continue working towards providing a safer workplace. It aims to develop a holistic approach to health and safety that will build on the work already achieved and the improvements in health and safety management implemented during previous years.

## Key amendments to this Document:

Date	Amendment	By:
June 16	2 Yearly Review	H&S Manager
June 2018	Document extended for 3 months as per TLG recommendation	TLG
Oct 18	2 yearly review	H&S Manager
Oct 2020	Document extended for 6 months whilst review and approval process is finalised	Neil Hodgkiss

April 2021	Document extended for 6 months as per Trust agreement 11.02.2021	Trust agreement
February 2022	Document extended for 3 months whilst review and approval process is finalised	Julie Noble
March 2022	Document, version 2.3 to be revised	Julie Noble
March 2022	<p>2022-2024 Strategy new objectives added:</p> <p>Objective 1: expansion of the H&amp;S Team, introduction of an audit program by H&amp;S Team and H&amp;S reps,</p> <p>Objective 2: to provide the H&amp;S committee with legal updates/changes; develop a register of H&amp;S legislation.</p> <p>Objective 3: H&amp;S Team / reps to monitor incident actions to ensure suitable to aid prevention of repeat events; Key Performance Indicators to be introduced to track performance.</p> <p>Objective 4: Introduction of Key Performance Indicators to identify H&amp;S training compliance: Use data trend analysis to identify training needs.</p> <p>Objective 5: RIDDOR incidents –Updated regulation reference, Tracking reports to HSC to be the introduced logging recordable type, frequency and number of reportable incidents per month; include tracking the number of lost time days that occur per quarter.</p> <p>Objective 6: New - to have a coordinated response to H&amp;S, Fire and Security by incorporating responsibilities to the H&amp;S Manager / H&amp;S Team.</p> <p>Objective 8: New - improve reporting of violence, aggression and harassment (VAH) incidents; revise policy and processes needed for prevention, reduction and protection, H&amp;S reps to assist in communication.</p> <p>Version 3. (supersedes v2.3)</p>	Julie Noble

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## 1. Introduction

The Trust Health and Safety Committee will monitor and maintain effective health and safety management by receiving information from the Datix Risk Management System and Divisional Governance Teams. The Divisional Trust leads will undertake regular but random health and safety tours across their areas of responsibility.

This document aims to facilitate implementation of the Health and Safety Key Performance Indicators (KPI's) and will form the basis of the annual planning and review processes. The objectives detailed below are linked to the Trust's strategic objective to 'deliver safe, effective, innovative and compassionate patient care'. The Trust will not meet the prescribed standards for delivery of high quality services unless it also effectively manages health and safety risks to ensure it has the staff, equipment and standard of premises necessary to do so.

## 2. Scope of this document

A vision statement:

***“The Trust will ensure the safety of its patients, staff and visitors by monitoring and improving safe systems and the quality of service.”***

This document has been drafted in order to provide a series of objectives that will enable the Trust to achieve and maintain compliance with the various legislative requirements of health and safety in the workplace.

## 3. Responsibility and Duties

The Trust Health & Safety Committee will be responsible for overseeing the delivery of the health and safety objectives. The Trust's Executive Directors and Senior Managers will be responsible for ensuring that health & safety risks are assessed and reduced as low as reasonably practicable in accordance with the Management of Health & Safety at Work Regulations 1999. All staff has a responsibility for their own and others health and safety.

## 4. Strategy Objectives

Objective 1:

***To ensure there is an effective, co-operative and integrated approach to health and safety management across all three hospital sites, by having an appropriate level of H&S expertise for the size of the Trust***

Key Deliverables

Worcestershire Acute Hospitals NHS Trust is keen to ensure the safety of its employees and users of its services. In order to achieve this it is important that the Trust continues to provide an effective, co-operative and integrated approach to the management of health and safety. The Trust H&S Committee has the role of monitoring and escalating all significant health safety & security incidents and risks. The Trust is legally required under the Management of Health and Safety at Work Regulations 1999 to have competent Health and Safety assistance (regulation 7) to ensure expert

advice on all H&S matters is provided to the Trust H&S committee, Trust board and employees. Currently the Trust employs one fully qualified H&S Manager and one H&S Officer; their role is to cover all three main sites and other projects by supporting staff, ensuring legal compliance and assisting with the protection of staff, patients, visitors and others. This involves a commitment to continual improvement and developing systems and processes to identify, manage and control Health and safety risks. To enable a proactive response to this the team must be expanded.

The objective will be measured by:

- Appointment of an additional competent H&S practitioner to ensure there is capacity to enable proactive action planning and improvements. This will ensure the Trusts health and safety management system can be reviewed and improved, and act as a deputy in the absence of the H&S Manager.
- Implementation of an H&S Audit program conducted by H&S professionals / H&S reps.
- The Trust Health and Safety Committee meeting on a quarterly basis to review progress towards meeting the strategic objectives. The Terms of Reference are included in **Appendix A**.
- The Trust's Leadership Group (TLG) overseeing all health, safety and security risk issues and receiving a six monthly summary report from the H&S Committee. See **Appendix B**.

## Objective 2

***To ensure effective compliance with all relevant health & safety legislation and any quality and safety standards that includes the 5 Care Quality Commission (CQC) Domains.***

### Key Deliverables

The Trust will ensure that it demonstrates safe practice and provides the necessary evidence to support full compliance with the various legislative requirements and meet the 5 CQC Domains.

The objective will be measured by:

- The Health & Safety Manager supporting the Divisional Managers in carrying out regular H&S Audits to help demonstrate compliance and provide quarterly compliance reports to the Health & Safety Committee.
- All wards/departments regularly monitoring and assessing the environment using the PLACE inspection and Quality Review visits.
- The Trust maintaining records of evidence to support compliance with the above requirements.
- Provision of legal updates to the H&S committees.
- Development of a Register of H&S Legislation

## Objective 3

***To increase staff involvement in health and safety management by encouraging them to participate in the risk assessment process and report accidents and incidents.***

### Key deliverables

The Trust will continue to encourage its staff to engage in the risk assessment and incident reporting processes. It will also ensure that its managers have the knowledge and skills to be able to carry out suitable and sufficient risk assessments and undertake basic investigation techniques.

The objective will be measured by:

- Managers engaging with their staff in carrying out risk assessments in their respective work areas.
- Significant findings from risk assessments being shared with the relevant staff.
- Health and safety accidents and incidents initially being investigated by the local manager with input from the Health and Safety Manager as required.
- The H&S team (with support by H&S representatives where possible) to monitor the actions documented following incidents and support managers in ensuring actions are suitable and sufficient to prevent repeat events
- The root causes being identified and any reasonably practicable changes implemented and communicated back to the appropriate staff. Where the lessons learnt are more far reaching the H&S Manager will communicate back to the managers and staff in all relevant work areas
- Setting of Key Performance Indicators to track performance of incident reporting for year 1, and then implementing actions to improve any adverse findings for year 2.

## Objective 4

***To provide appropriate training and guidance for managers and staff that enables them to safely undertake their work activities.***

### Key Deliverables

Effective management of health and safety involves people using their skills and knowledge to work safely. To achieve this it is necessary to identify the skills and knowledge that are needed to work safely and ensure the individuals who do the work are trained accordingly. The Trust has in place clear organisational values, organisational behaviours, core competencies and technical/professional competency frameworks. It is committed to ensuring that people are properly competent to undertake their work including the health and safety aspects.

This objective will be measured by:

- Staff attending corporate induction, completing local induction and attending risk management update training as required.

- Relevant managers completing the Trust's 'Managing Health & Safety' course
- All roles being evaluated by ward/departmental managers to identify any necessary health and safety competencies, which are then recorded and used in recruitment and staff training and development.
- Setting of Key Performance Indicators to identify H&S training compliance.
- Use data trend analysis to identify training needs.

## Objective 5

***To reduce the number of accidents and incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013***

### Key Deliverables

The Trust acknowledges that it has a legal obligation to report accidents and incidents that are covered by the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The board has a commitment to reduce the numbers of reportable events to zero.

This objective will be measured by:

- Tracking reports to the Trust H&S Committee logging recordable type, frequency and number of reportable incidents per month.
- Tracking the number of lost time days that occur per quarter.
- Changing the workplace, work practice and/or equipment as a result of lessons learnt
- Achieving an overall reduction in the number of reportable incidents

## Objective 6

***To have an effective coordinated response to Health and Safety, Fire, Security and Violence, Abuse and Harassment hazards.***

### Key Deliverables

To enable a co-ordinated effective response to Health and Safety, Fire, Security and Violence, Abuse and Harassment hazards, all resources should be pooled to create a wider H&S team under the remit of the H&S Manager. *The effective management of H&S hazards requires knowledge and understanding of how they can interact with each other. Having supporting H&S expertise under the remit of the H&S Manager will improve the management of overall health and safety and reduce incidents and claims.*

This objective will be measured by;

- Formulation of the role of Fire Manager within the H&S Managers responsibilities.
- Appointment of a contracted or Trust appointed Fire Safety advisor whose appointment will be under management of the H&S Manager

- Appointment of a contracted or Trust appointed Security Specialist Fire Safety advisor whose appointment will be under management of the H&S Manager.

## Objective 7

***To achieve an acceptable standard of fire safety in accordance with statutory requirements and Department of Health guidance, thereby minimizing the incidence and impact of fire.***

### Key Deliverables

The Trust will ensure, from a fire risk perspective, the safety of its patients, visitors and staff and the protection of its property and assets.

The objective will be measured by:

- Meeting the requirements of the Annual Firecode Certification process which incorporates satisfactory responses to the annual fire risk assessments
- Meeting the fire training needs of the organisation
- Monitoring all fire alarm incidents and reporting the same to the relevant Fire Safety Groups

## Objective 8

***To improve the safety of staff, patients and visitors by encouraging open reporting to enable a reduction in incidents of violence, aggression and **harassment (VAH)** throughout the Trust.***

### Key Deliverables

The Trust will ensure staff, patients and visitors are safe from incidents of violence, aggressions or abuse through effective procedures, communication and supporting infrastructures.

The objective will be measured by:

- Implementation of an effective policy for the Management of the Prevention of Violence , Aggression or Abuse, which lays out what is non-acceptable behaviour and the consequences that will be actioned if incidents occur. The number of warning letters issued to be monitored.
- H&S Team and H&S reps implementing use of posters and communication tools to ensure all persons are aware of the consequence of unacceptable behaviours
- A review of training provided to areas noted as “hot spots”
- Assessment of additional resources required to protect staff, patients and visitors from those of harmful intent



## 5. Implementation

### 5.1 Plan for implementation

The objectives will be overseen by the Trust's Health and Safety Committee.

### 5.2 Dissemination

This document will be available to all staff via the Trust's intranet.

### 5.3 Training and awareness

All staff will be made aware of the Trust's objectives during their induction process. There are no specific training requirements associated with this document.

**6. Monitoring and compliance**

Progress towards meeting the above objectives will be monitored by the Trust H&S Committee on a quarterly basis. The Chair of the Committee will present a six monthly summary report to the Trust’s Leadership Group.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Strategy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
5	Achieving the objectives	Divisional H&S Audit programme	Annually	Divisional Directors of Operations	The Health and Safety Committee will monitor progress. Report progress to JNCC	Quarterly
5	Achieving the objectives	Submission of a summary compliance report	Six monthly	Director of Estates and Facilities	Trust Leadership Group / JNCC	Six monthly

**7. Strategy Review**

This document will be reviewed by the H&S Manager and Director of People & Culture every two years. The Health & Safety Committee will receive and approve any amendments. The strategy document will be reviewed in March 2024

**8. References**

**References:**

**Code:**

<b>Management of Health &amp; Safety at Work Regulations 1999</b>	
<b>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</b>	
<b>Health &amp; Safety Policy</b>	WAHT-CG-125

**9. Background**

**9.1 Consultation**

**Contribution List**

This key document has been circulated to the following individuals for consultation;

Designation
Deputy Chief Executive and Chief Operating Officer
Director of Estates and Facilities (includes Health & Safety Lead and Security Management Director (SMD))
Directors and Senior Operational Managers
Health & Safety Manager and Local Security Management Specialist (LSMS)

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Health & Safety Committee
Joint Negotiating Consultative Committee (JNCC)

**9.2 Approval process**

The Health and Safety Objectives will be approved by the Trust Board.

**10.3 Equality requirements**

This document has no equality issues associated with its implementation.

**10.4 Financial risk assessment**

This document has no financial implications.

## Terms of Reference

### 1. Introduction

This Committee will act as a subcommittee of the Trust Board and is set up to monitor, review and take action to ensure an effective health and safety management across the all Worcestershire Acute Hospitals NHS Trust sites.

### 2. Membership

In attendance:

- Director of Estates and Facilities (Chair)
- Health and Safety Manager (Deputy Chair)
- Health and Safety Officer
- Divisional Representation (From each of the Clinical Divisions)
- Head of PFI, Estates and Technical Services
- Head of Facilities
- Representative from Clinical Governance Group (Co-opted as required)
- Staff Side Representatives
- Representatives from PFI partners i.e. Siemens, ISS and Catalyst
- Occupational Health representative
- Representative from Infection Prevention and Control
- Representative from Human Resources

2.1 The Chair of the Group is appointed by the Chief Operating Officer.

### 3 Arrangements for the conduct of business

#### 3.1 Chairing the meetings

Director of Estates and Facilities will chair the meetings. In their absence, the Chair will be the Health and Safety Manager.

#### 3.2 Quorum

The Group will be quorate when 3 managers and 1 staff side representative **are in** attendance plus the H&S committee (or deputy) Chair are present.

#### 3.3 Frequency of meetings

The Committee will meet on a quarterly basis and dates set at the beginning of each year.

Ad hoc meetings may be called at the discretion of the chair, when urgent decisions are required to ensure the health, safety and wellbeing of staff members and other parties.

### 3.4 Frequency of attendance by members

Members are expected to attend each meeting, unless there are exceptional circumstances. Members should notify the chair in advance if they are unable to attend the meeting.

### 3.5 Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the subject consideration has been completed. All declarations of interest will be minuted.

### 3.6 Secretariat support

Secretarial support will be through the PA to the Director of Estates and Facilities, duties will include scheduling meeting dates, distributing the agenda and reports, request divisional reports and taking minutes of meetings.

## 4 Authority

The Committee is authorised by the Trust Board.

## 5. Purpose & Functions

The Health and Safety Committee will:

- Consult on and monitor the effectiveness of Trust Policies for health, safety and security.
- Receive Divisional Reports from each Division plus PFI partners to assist in identifying and monitoring any actions that will continuously improve the corporate approach to health and safety including accident & incident reporting, risk assessment and health and safety audit.
- Receive reports from staff-side representatives on for example accident investigations, workplace inspections etc.
- Review the Trust Health & Safety Strategy and regularly monitor the actions taken towards meeting the strategic objectives
- Review the Trust Security Strategy and regularly monitor the actions taken towards meeting the strategic objectives
- Monitor health, safety and security training of all staff.

## 6. Relationships and reporting

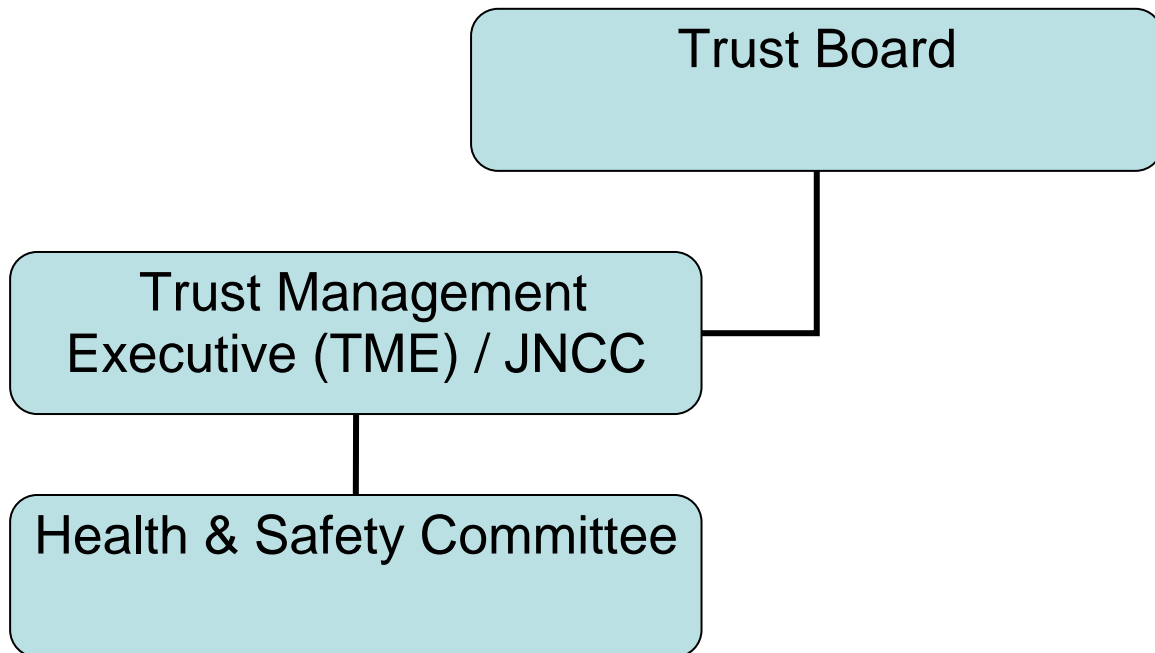
The Health & Safety Manager will provide an annual report to the Trust's Director of Estates and Facilities. The Health & Safety Committee will also report into the JNCC and Trust Management Executive for assurance purposes.

## 7. Review of the Terms of Reference

These Terms of reference will be reviewed annually.

Appendix B

Health and Safety Management – Committee Structure



1. The Trust Health & Safety Committee will meet quarterly to consider issues concerning general health & safety and the security of personnel and property.
2. The minutes from each Committee meeting will be distributed to all members and promulgated on the health and safety page of the Trust intranet site.
3. The Health & Safety Manager will present an Annual Report to the H&S Committee for onward distribution to the JNCC and Trust’s Management Executive (TME) and finally the Trust Board.
4. Any significant health & safety issues that either cannot be managed at a site level or require a more strategic approach will be escalated up to the TME for appropriate consideration.
5. The Chair of the Trust H&S Committee will be the Director of Estates and Facilities or in their absence one of the Divisional Operational Directors.
6. Membership of the Committee will be representative of the organisation and the number of wards/departments within.
7. Staff-side representatives will be attendance will be over seen by the Chair of Staff-Side.

## Supporting Document 1 - Equality Impact Assessment Tool


 Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form  
 Please read EIA guidelines when completing this form
**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	√	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>Julie Noble, H&amp;S Manager</b>
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Julie Noble	H&S Manager	Julie.noble13@nhs.net
	Samantha Reid	H&S Officer	Samantha.reid3@nhs.net
<b>Date assessment completed</b>	<b>03/03/2022</b>		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title: H&amp;S Objectives 2022 – 2024 (Strategy)</b>
What is the aim, purpose and/or intended outcomes of this Activity?	To describe the direction and improvement objectives for the Worcestershire Acute Hospitals NHS Trust resources, function and performance.
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Communities <input checked="" type="checkbox"/> Carers <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Visitors <input type="checkbox"/>
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff)	A review of applicable Worcestershire Acute Hospitals NHS Trust policies, systems / resources has been conducted (policy, SOPs, resources, etc) which has led to the development of this document

groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Key parties have been included in discussions for change of resources; JNCC/HSC committee aware of introduction of KPI's
Summary of relevant findings	No impact to others from this document; this is a continual improvement process.

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	√			
Disability	√			
Gender Reassignment	√			
Marriage & Civil Partnerships	√			
Pregnancy & Maternity	√			
Race including Traveling Communities	√			
Religion & Belief	√			
Sex	√			
Sexual Orientation	√			
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	√			
Health Inequalities (any	√			



Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

## Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				



## Section 5 - Please read and agree to the following Equality Statement

### 1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	 Samantha Reid
<b>Date signed</b>	3 <sup>rd</sup> March 2022
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	 Julie Noble
<b>Date signed</b>	3 <sup>rd</sup> March 2022
<b>Comments:</b>	



## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	Yes
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.