

TRUST HEALTH AND SAFETY POLICY

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Target Audience:	All employees, Service Users, Visitors, Contractors working in Trust premises or for the Trust.
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Document History

Version Control

Version No.	Date	Summary of Changes	Major (must go to an exec meeting) or minor changes	Author
1* <small>(no version no. stated on policy)</small>	November 2007	New Policy	New Policy	R Moody H&S Risk Manager
2* <small>(v1 stated on policy)</small>	October 2010	Major review	Major	R Moody H&S Risk Manager
3* <small>(v2.1 stated on policy)</small>	October 2012	Minor changes	Minor	R Moody H&S Risk Manager
4* <small>(v6 stated on policy)</small>	October 2015	Re-Write of Policy	Major	C Cornelius H&S Risk Manager
5	June 2018	Minor Changes	Minor	C Cornelius H&S Risk Manager

*version numbers amended to reflect correct version control

Consultation

Stakeholder/Committee/ Group Consulted	Date	Changes Made as a Result of Consultation
HSFC Committee Members	May 2018	Change of title from Head of Estates & Facilities Department to Trust Estates Manager Para 5.15)
Service Users/Carers consulted	Date	Changes Made as a Result of Consultation
None		

Plan for Dissemination of Policy

Audience(s)	Dissemination Method	Paper or Electronic	Person Responsible
All Trust Employees	Publication on Trust Policy website and the H&S page of the SLAM Intranet. Dissemination to Borough & Directorate Service Directors for onward cascade to their teams.	Electronic	H&S Risk Manager

Key changes to policy:

Minor changes only, deleting reference to CAGs and changing to Boroughs. Amending roles and responsibilities section of the policy in line with management changes. Addition of new section 5.8 Head of Risk & Assurance role and responsibility

Plan for Implementation of Policy

Details on Implementation	Person Responsible
Approved by HSFC on 14 th June 2018. For immediate implementation via the Borough/Directorate H&S Advisers to the Service Directors for dissemination. Copy to be uploaded onto the H&S Page of the Intranet and Trust Policy Co-ordinator to highlight in the policies bulletin.	H&S Risk Manager & Borough/Directorate H&S Advisers

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1. HEALTH AND SAFETY POLICY STATEMENT OF INTENT

The Board of Directors of the South London & Maudsley NHS Foundation Trust is firmly committed to doing all that is reasonably practicable to protect the health, safety and welfare of the Trust's employees and service users, and any other person affected by its activities, through the effective implementation of its Health and Safety Policy.

The Trust considers the appropriate management of health and safety risks to be a key factor in its decision-making processes, to be considered alongside clinical, quality, financial, operational and human resource concerns and other comparable factors.

The Board is committed to achieving an organisational culture which is supportive of effective H&S management, and in which H&S objectives are aligned appropriately alongside the organisations business goals.

The Board has appointed the Director of Nursing to be the Lead Director for H&S, who will guide and direct it on all such matters, ensuring that appropriate internal controls are in place for managing H&S related risks, and ensuring that the effectiveness or otherwise of these arrangements is reviewed and formally reported to the Board on a regular basis. This Director will also ensure that the resources and support necessary to adequately implement and maintain this Policy are made available and directed towards this end.

All Trust staff must understand their responsibilities regarding this Policy and be confident that they are competent to safely and effectively undertake all tasks and activities and discharge all H&S related responsibilities asked of them, ensuring that that they comply with both the letter and the spirit of this Policy in all their decision making and work activities.

The Trust recognises that H&S management is, in the main, a line management responsibility and as such, the level of management responsibility is generally commensurate with the degree of management control associated with a role. The level of personal responsibility for H&S matters, therefore, generally becomes more onerous with the level of seniority and management responsibility of an individual. In addition to the contribution of all staff, the Trust also relies particularly on Directors and managers to ensure that appropriate H&S management arrangements are discussed, implemented, reviewed, reported on and adjusted to improve them, on a continuous basis across all its sites and services.

To promote an appropriate culture in which effective H&S management is encouraged and supported, Directors and Managers at all levels of the Trust are expected to take all reasonably practicable steps to:

- provide and maintain a safe and healthy working environment including safe access arrangements and suitable welfare facilities;
- undertake risk assessments, implement the identified control measures and ensure that safe systems of work are applied in relation to all work activities;
- provide suitable and adequate information, instruction, training and supervision to enable employees to perform their work safely, including bringing the content of this policy to the attention of new starters during a formal process of local induction;

- ensure that managers and staff have access to appropriate competent advice regarding all H&S risks faced during their work;
- ensure that all work-related equipment (including vehicles) is/are suitable for purpose and properly maintained;
- minimise the use of hazardous or dangerous substances and where their use cannot be eliminated, implement suitable controls
- make readily available all necessary safety equipment, devices and personal protective equipment, and ensure and supervise their competent use;
- ensure the competence of any contractor engaged by the Trust, paying attention to the exchange and sharing of H&S related information with them;
- introduce and actively manage local arrangements through which the effectiveness of H&S management can be continuously monitored, reviewed and amended as necessary, including both routine and 'escalation' reporting as appropriate;

This Health and Safety Policy Statement and the responsibilities and arrangements that support it will be reviewed at least annually or more frequently where necessary or appropriate.

As Chief Executive I recognise my legal and moral responsibilities for ensuring appropriate and effective management arrangements are in place, through which to communicate, champion, implement, review and maintain this Policy.

Signed: _____
Matthew Patrick, Chief Executive

Date: *May 2018*

2. **INTRODUCTION**

The South London & Maudsley NHS Foundation Trust (hereafter referred to as “the Trust”) accepts its responsibilities under the Health and Safety at Work. Act 1974 (HASWA) and attaches great importance to the health, safety and welfare of its employees, patients, visitors, volunteers, contractors, the public, and any others who visit its premises or are affected by its activities.

The Trust acknowledges the importance of a supportive culture in developing a proactive risk aware approach to managing its Health and Safety related risks. The Trust is committed to pursuing the fundamental right of all employees to work, and all service users to receive care in, a safe and healthy environment that complies in full of all statutory requirements. It is the duty of all staff to ensure strict compliance with this Policy and all other policies and procedures arising from or associated with, it and to also formally report any instance of any individual failing to do so, or any situation or set of circumstances where failure to comply occurs or appears to be imminent, or where actual or potential serious injury, harm, damage or loss seems likely or possible.

The Trust is committed to a holistic approach to risk management and the effective management of health, safety and welfare related risks is an important and integral element of this approach.

3. **KEY AUDIENCE**

This Policy must be read and understood by all Trust managers and staff including voluntary workers, part time workers, students and those on secondment. The relevant sections of the Policy must be formally brought to the attention of, and understood by, anyone managing contractors working for the Trust, with these managers then being responsible for ensuring appropriate awareness, education and training is received by all contractors due to work in or for Trust services.

4. **AIMS AND OBJECTIVES**

Effective implementation of this Policy shall enable the Trust and its staff to: -

- comply with its statutory responsibilities under the Health & Safety at Work Act 1974, and all associated legislation, Regulations and Guidance;
- provide a safe environment for staff to work in, and for service users to receive care in;
- devise and implement safe systems of work where appropriate;
- continually monitor and review the Trust's H&S management arrangements;
- ensure a continuous flow of assurances relating to the effectiveness of these arrangements (or identify shortfalls, concerns or gaps) and report (or formally escalate) in a timely manner to appropriate safety and risk management forums, including ultimately, to the Board;
- make appropriate changes and improvements where shortfalls or unacceptable risks are identified;
- Embed the need to consider the health, safety and welfare of staff, service users, visitors and others in the thinking of all managers and staff and in the day-to-day business of the Trust.

5. **ROLES AND RESPONSIBILITIES**

Please refer to Appendix 1 (Organisational Chart for Communication and Consultation Arrangements) for the management structure and committee framework.

5.1 Chief Executive

The Chief Executive (CEO) has overall accountability for the management of health and safety within the Trust, ensuring that effective policies and procedures are developed and implemented and that the performance of these is formally monitored and evaluated against statutory obligations and Trust objectives, with appropriate action being taken where shortfalls or unacceptable risks are identified.

5.2 Director of Nursing

The Trust has nominated the Director of Nursing (DoN) as being the Executive Lead for H&S with specific responsibilities for directing, guiding, supporting, organising, monitoring, reviewing and formally reporting to the Board on the appropriateness and effectiveness of the Trust's H&S management arrangements. Thus, the DoN has overall responsibility for ensuring suitable and sufficient arrangements are in place to enable the effective management of all H&S and associated risks faced by the Trust. It should be noted that the DoN is also, in similar fashion to above, formally designated as the Lead Director for Fire Safety. All subsequent references to H&S within this Policy should therefore (unless it is clearly *inappropriate* to do so) be considered to also apply to Fire Safety.

In consultation with the Board, the DoN is responsible for the development, implementation, co-ordination and monitoring of H&S related policies and procedures, designed to create and maintain a safe and healthy work and care environment, and to support the achievement of associated Trust objectives. Specifically, the DoN will: -

- Chair the Health, Safety & Fire Committee and ensure through formal reporting to the Board, that it is kept appropriately informed of the existence and status of relevant risks and the effectiveness of the controls in place to mitigate them
- Shall ensure that sufficient resources are available so that all staff are provided with appropriate and effective information, instruction, training and where necessary supervision to enable them to fulfil their health and safety responsibilities within the workplace.
- Shall ensure that the Chief Executive and the Trust Board are kept fully up to date with new and current legislation, changes to existing legislation, regulations and guidance and of any concerns in this regard expressed by any regulatory body in its dealings with the Trust, as well as the possible consequences for both the organisation and for senior individuals within it, of non-compliance.
- Shall ensure that the Trust and its Senior Managers have appropriate access to sufficient Competent Persons in whatever field(s) of expertise might be required, to assist the Trust in understanding and complying with all its statutory obligations and requirements;
- The co-ordination of the Trust Quality Committee and the Health, Safety & Fire Committee;

5.3 The Board & Individual Board Members

The Board and individual Board Members have a duty to ensure that: -

- Their responsibilities are discharged in such a way as to take full account of all relevant Health & Safety related matters, thus ensuring that all Board decisions reflect the Trusts Health & Safety Policy
- They engage as fully as they can and encourage the active engagement and participation of all managers and staff they are able to influence, in improving the management of all aspects of Health & Safety risks.

- They are kept informed of, and seek subsequent assurance on, all risks specifically escalated to them or routinely brought to their attention (whether because such risks are new, rapidly changing, 'unacceptable' or in danger of becoming so, or for any other reason)

5.4 Directors

All Directors (including Clinical Directors) are responsible for the overall management of health and safety within their Borough/Directorate. They are pivotal in providing H&S leadership and they need to ensure that all their decisions reflect the H&S intentions as articulated in the Health & Safety Policy Statement of intent. Whilst the detailed allocation of responsibilities amongst Directors (for instance those of the Clinical Director, the Service Director and the Academic Director) might well vary Directors have an overall responsibility across their Borough or Directorate to ensure that the full range of H&S related responsibilities are discharged effectively within their Borough or Directorate.

Specifically, Directors must ensure: -

- That H&S risks are managed effectively by their Senior Managers and, through their involvement at a strategic level also ensuring that all necessary procedures and systems of work are developed, agreed, implemented and reviewed to ensure the successful implementation of this Policy.
- That any significant unresolved H&S risks are escalated appropriately, including being brought to the Board if necessary, in accordance with the Trust Risk Management Strategy.
- That systems are in place and resources available to ensure their staff (covering all activities, and from all levels of seniority) participate in and contribute to the effective management of H&S risks. This includes identified key personnel in post at all levels across the Borough or Directorate.
- That they review Borough Directorate H&S performance on an ongoing basis and ensure at least an annual formal review of such arrangements to contribute to the report to Quality Committee and Health, Safety & Fire Committee.
- Those effective arrangements are in place for planning, implementing, monitoring and reviewing preventative and protective measures.
- That all staff within the Borough/Directorate are provided with comprehensive, clear and relevant information on the risks they face and the preventative and protective control measures in place that effectively manage those identified risks.
- That all their staff attends the Trust statutory and mandatory training programmes within the laid down timescales, as well as any other training identified as being necessary.
- That an adequate number of suitably competent persons are available to enable all services and activities to be appropriately risk assessed, and to undertake all other activities that require specific competence to complete them effectively (e.g. Incident reporting and investigation; H&S audits, etc.) That they afford appropriate management time, attention and priority to all aspects of H&S management within their Borough or Directorate and demonstrate through personal example that H&S is to be considered alongside other factors such as quality, finance etc. when making decisions on behalf of the Borough or Directorate.
- That the local risk register is kept up to date and accurate and that it informs discussions of risk and safety management within the Borough or Directorate and that the senior management team meets all information and compliance monitoring requirements to report accurately to the HSFC.

- That all staff within the Borough or Directorate always operate, within the parameters of Trust H&S related policies.

5.5 Director of Human Resources

The Director of Human Resources will ensure that: -

- Employees are provided with the appropriate and necessary information, instruction and training as required (including induction) to enable them to confidently and competently discharge their health and safety responsibilities within the workplace.
- Employee's job descriptions include an appropriate and accurate reflection of their health and safety responsibilities.
- Suitable systems are in place for recording, and to facilitate regular reporting, of staff attendance at all statutory, mandatory, and other training identified as necessary for groups or individuals, as well as for evaluating the effectiveness of all such training
- Adequate provision of Occupational Health Services including health assessment, personal and environmental monitoring, and appropriate health surveillance for those who require it.
- Sickness absence reports include specific reference to work related ill-health and accidents and/or incidents informed by the to the Trust's Incident Reporting system, Datix.

5.6 Service Managers

Each service manager will have the overall responsibility for health, safety and welfare within their own departments. Specifically, they will: -

- Ensure the Trust/Borough/Directorate policy is implemented by everyone for whom they have managerial responsibility.
- Ensure that the Trust/Borough/Departmental policy is communicated to everyone for whom they have managerial responsibility.
- Ensure that supervisory staff understand and put into practice the duties placed upon them by current health and safety legislation and by the requirements of this policy including policies and procedures pertaining to their department.
- Ensure each individual health and safety responsibilities, both statutory and job specific, are appropriately incorporated into their written job descriptions (and those of the staff they manage) and which are then reviewed and amended as required. Monitor the work place under their control to ensure that it remains safe and free from risk to the health and safety of employees.
- Ensure that reported defects and hazards are attended to promptly.
- Acquaint themselves with the safe systems of work which may be in operation locally, and ensure that good health and safety is practised by employees under their control
- Set a positive example in terms of H&S management by demonstrating that H&S and associated risk considerations are a significant influencing factor in all decision making.
- Ensure that all visitors and contractors are aware of their safety procedures.
- Ensure that all work equipment is suitable for the purpose, used only for the purposes and in the condition for which it is intended and that such work equipment is maintained and in good repair, efficient working order and free from defects.
- Ensure that all employees under their control receive such information, instruction training and supervision to ensure that they remain free from risks to their health and safety.

- Ensure that the procedures for the reporting and investigation of incidents are properly used and maintained.
- Maintain safe access to and egress from the workplace under their control.
- Co-ordinate the risk assessment process within their own department, by either personally heading, or carefully managing and supporting a risk assessment team which will consist of such people as are appropriate at the time for the purpose of carrying out risk assessments. The risk assessments are to be carried out in accordance with the Trust Risk Assessment Policy.
- Ensure that significant findings of such risk assessments are communicated to employees, in so far as these significant findings might affect them.
- Comply with Trust wide policies.
- Ensure that health and safety concerns are included as an agenda item at appropriate risk/health and safety meetings.
- Make known to the Director any resources of requirements that cannot be met within the departmental existing budget.
- Ensure that annual internal health and safety audits are carried out in all areas under their control.

5.7 Departmental/Ward Managers

Departmental/ward managers are responsible for the day-to-day implementation of the Trust policy and are empowered to take all reasonable measures to ensure that all workplaces and work practices within their areas of responsibility are safe, healthy and meet legal requirements.

They have overall responsibility for health and safety in all work areas under their control. In fulfilling these responsibilities, they shall: -

- Design and implement in conjunction with relevant risk assessors, safe systems of work for any tasks that pose a significant risk to health and safety.
- Liaise with the relevant staff prior to drafting, agreeing and implementing local written policies and procedures.
- Ensure all staff receives training in the use of appropriate control measures prior to undertaking tasks.
- Ensure identified staff attends Occupational Health for health surveillance as required.
- Ensure each individual health and safety responsibilities, both statutory and job specific, are appropriately incorporated into their written job descriptions (and those of the staff they manage) and which are then reviewed and amended as required.
- Ensure that all staff are appraised annually, and that the appraisal discussion includes a review of compliance with health and safety policy and practice. Health and safety objectives, standards and targets must be included in an individual's annual appraisal which is review throughout the year.
- Ensure any accredited staff representatives from unions and staff side organisation within the team are allowed sufficient time to develop and carry out their health and safety function.
- Ensure that appropriate health and safety signage and equipment within their local work environment is in place, appropriate and within date.
- Ensure all staff are provided with suitable and sufficient information, instruction, supervision and training on health and safety issues relevant to their workplace as identified by the risk assessment.
- Ensure all workplaces have sufficient first aid provision including trained staff to provide cover during working hours and that these persons receive training in their statutory responsibilities and that records are maintained.

- Ensure all adverse incidents and accidents are reported, investigated and action taken to eliminate/reduce recurrences in accordance with the 'Serious Incident Policy'.
- Ensure all equipment, plant and machinery is regularly serviced and maintained, and that appropriate records are kept.
- Report any areas of concern they may have about health and safety matters to their line manager (this to include completing Trust incident forms if appropriate)
- Ensure that bi-monthly health and safety inspections are carried out and documented and appropriate action is taken as required.
- Seek additional advice, where they feel it is required, to assist them in carrying out their health and safety responsibilities competently.
- To ensure that communication and consultation arrangements for their staff take full account of this who may be unable to use or access electronic material, considering for instance, hand outs, Posters on work place notice boards, verbal reports within their work group meetings, and 'safety' meetings with staff, their representatives and other relevant parties for the discussion and remedy of local risk issues.

5.8 Head of Risk & Assurance

Reports directly to the Head of Nursing and is responsible for the risk register and the Board Assurance Framework in relation to service quality risks, financial risks and corporate and reputational risks which are monitored via the Quality Committee. The Head of Risk & Assurance has line management responsibility to the Health & Safety Risk Manager and the Claims and Litigation Manager.

5.9 Health & Safety Risk Manager

The Health & Safety Risk Manager is accountable to the Head of Risk & Assurance and is responsible for: -

- Leading on the implementation of the Trust's Health & Safety Policy (and associated risk specific policies), and providing specialist Health & Safety management, advice and training to help managers achieve high standards of Health & Safety risk management throughout the Trust
- Providing advice and support to managers cross the Trust in their management of Health & Safety risks.
- To facilitate arrangements for accessing Competent Persons advice on specific H&S related risk issues and to act as the focal point for any managers enquiring as to the availability, or means of accessing, such specialist Competent Persons advice.
- To provide line management support to the Borough Health & Safety Advisers.
- Contact details for Trust H&S Competent Persons can be found in (Appendix 3)

5.10 Health & Safety Advisers (Competent Person)

The Trust employs a number of Competent Persons to assist and support managers and staff in undertaking the measures necessary to comply with H&S legislation, all associated Regulations and Guidance, and the Trust H&S Policy, along with all associated procedures, protocols, safe systems of work etc. These individuals possess specific qualifications (some of which are recognised and accredited by external bodies such as IOSH) along with a wide range of experience, specialist skills, knowledge and understanding of risks and of services. Their purpose is to advise managers and employees on all aspects of H&S risk.

Each Borough has a named H&S Adviser specifically dedicated to advising and supporting its managers and staff and its services.

The H&S Adviser has the specific authority to order the cessation of any process or activity which he/she considers to be in breach of the HASWA (or any of the associated Regulations or Guidance) or which appears to be unsafe and likely to have serious and imminent safety related repercussions.

The H&S Adviser will be responsible for the following amongst all staff and across all premises and services within their sphere of responsibility: -

- Providing H&S advice and assistance to all levels of staff.
- Providing competent and professional advice and assistance regarding the formulation of H&S policies, and associated safe systems of work etc., and support managers in their implementation.
- Undertaking a programme of compliance assurance on an ongoing basis as required to give the senior management team the confidence that H&S risks are being appropriately and effectively managed, with this programme to include a formal annual H&S compliance audits Monitor performance against agreed standards and targets and provide reports to the senior management team and the Trust Health, Safety and Fire Committee.
- Undertaking workplace inspections (and in response to specific concerns or incidents) and provide follow up reports to management.
- Agreeing with the Director and senior management team, and Co-ordinate and oversee a programme of H&S risk assessments.
- Undertake Serious Incident investigations, (and/or contribute as appropriate to such investigations which may be being 'led' by others) to provide management, and any other legitimately interested parties, with reports of such incidents and dangerous occurrences.
- Undertaking, in conjunction with the Occupational Health Department, general Display Screen Equipment risk assessments on a case by case basis.
- Providing advice and guidance to managers and staff to support the creation, maintenance and promotion of an effective H&S culture by formulating appropriate local policies and procedures, and by encouraging, promoting and personally demonstrating behaviours supportive of this.
- Undertaking ad hoc audits and inspections to determine the effectiveness of the H&S management arrangements and where appropriate, make recommendations as to the measures necessary to rectify failings, weaknesses or gaps in the procedures.
- Providing advice, support and assistance to managers and all others with specific responsibilities relating to the implementation of the H&S Policy
- Assisting in the identification of H&S related training needs and, where appropriate, deliver or arrange to be delivered, such training as may be required (in conjunction with the Trust Education & Training Department).
- ensuring high levels of reporting of any/all safety related incidents in line with the Trusts Incident Reporting Policy, and that the 'standards' of completeness and the quality of such reporting is consistently acceptable
- Ensuring all reported incidents are subjected to appropriate levels of investigation, with each being followed up in a manner that is proportionate to the level of actual or potential harm associated with it.
- Ensuring all incidents which are reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 are reported in a timely manner to the enforcing authority (and appropriately followed up internally).

NB. The Trust's H&S Advisers (and other Competent Persons who might be commissioned regarding specific risks) are not employed to *manage* risks within

any premises or service, but rather to advise and support (through the application of their knowledge, expertise, and experience) local managers and staff in managing these H&S related risks in an appropriate and effective manner. The *actual management* of all such H&S related risks remains a line management responsibility, and seeking the advice and support of relevant Competent Persons, and then taking appropriate account of it, is an important responsibility of all managers, and of the general management function

5.11 Staff Side Health & Safety Representatives of Employee Safety

The Trust recognises and accepts that the staff side organisation has an important role in a joint approach to the effective management of its Health Safety risks. A positive working relationship between Health and Safety representatives, Trust H&S Risk Manager and Operational Directorate/Borough H&S Advisers is seen as an important means of achieving acceptable H&S standards. The Trust will actively engage staff side organisation in consultation on H&S matters.

5.12 Risk Assessors

Managers (at all levels of the organisation) shall be responsible for identifying, controlling and reviewing risks within their areas of responsibility, (and must be clearly detailed in the H&S management arrangements 'signed off' by the relevant Director). Any formal Risk Assessments used as part of this process must be undertaken using the recognised Trust RA process by individuals demonstrably competent to do so, (i.e. a Trust recognised Risk Assessor) with such competence generally being demonstrated by completion of the Trust approved AssessNET training. Risk Assessors should therefore usually be staff with appropriate experience, knowledge and understanding of the workplace and the services and activities taking place within it, who have also completed the AssessNET training.

5.13 Departmental Health & Safety Champions

The role of the Health and Safety Champion is to work locally to support team management, and staff in the implementation of a local safety management system, (LSMS).

5.14 Contractors

All contractors and subcontractors employed by the Trust have a responsibility for complying with all existing and relevant H&S legislation, and the Trust's H&S Policy, as well as any risk specific Trust Policy, Guidance and/or procedures and protocols brought to their attention including the Trust Management of Contractor's Policy. All contractors will be expected to provide a method statement and suitable and sufficient risk assessments in keeping with the Management of Health and Safety at Work Regulations 1999 (Section 3) before commencement of any work.

5.15 Trust Estates Manager

The Trust Estates Manager has overall responsibility for ensuring that all buildings, premises, plant and equipment are maintained in a safe condition, good repair and in efficient working order. He will also devise and maintain procedures which are designed to ensure that reported defects are prioritised according to the level of H&S risk they present and attended to accordingly.

The Trust Estates Manager will: -

- Ensure that appropriate policies and other formal procedures and arrangements are in place for all significant risks faced, which clearly, specifically and logically describe the responsibilities of various Estates Managers and other staff for their safe and effective management.

- Ensure that the overall management arrangements relating to all H&S risks faced by the Estates Department are formally and comprehensively reviewed at least annually (and more frequently if experience, organisational change, and other relevant factors dictate) with the outcomes of this review being shared with the H&S Risk Manager and the Director of Nursing and formally reported to the HSFC.
- Ensure that there is an effective interface and a positive working relationship between all managers within the Estates structure, and the Trust H&S Risk Manager and the Trust's team of H&S Advisers team and that close cooperation in this regard leads to a comprehensive and timely flow of assurances across all Estates related activities and services whilst avoiding duplication, gaps or unnecessary effort or avoidable cost.
- Ensure that all maintenance work (including that undertaken by contractors) is carried out strictly in accordance with a formally agreed and recorded safe system of work.
- Ensure that all contractors are aware of the safety procedures which are currently in force and that such procedures are adhered to in line with the Trusts Management of Contractors Policy. Prior to the commencement of any extraordinary or new works, liaise with the Trust Health & Safety Risk Manager.
- Undertake and record appropriate risk assessments for all activities, tasks and projects using the AssessNET on-line risk assessment system.
- The E&F department will be responsible for issuing Permits to Work if there is a need and for any other specific legal requirements e.g. removal of asbestos, working in confined spaces.

5.16 Fire Safety Advisers

The Fire Safety Advisors (FSA's) are designated by the Trust as Competent Persons regarding offering advice and support to Trust managers in their efforts to manage the organisation's wide-ranging fire safety risks. The Fire Advisers report directly to the H&S Risk Manager. Managers should seek advice from the FSA's on the implementation and management of local fire precautions, prevention, procedures and response, and appropriate local organisation and management of these. It is envisaged that much of their work will need to be undertaken in close conjunction and cooperation with, the relevant Borough H&S Adviser(s).

Specifically, the FSA's should: -

- Act as one of the primary sources of advice and support to Directors and managers across the Trust - at all levels of seniority - in their efforts to effectively implement the Trust's Fire Safety Management System (FSMS).
- Be ready to receive and act on as appropriate (including *immediately* if necessary) concerns worries and queries from managers (or indeed any other member of staff, or person).
- Be ready to receive and follow up as appropriate, or to act on as they become aware of, and matters of actual or potential concern relating to fire safety management across the Trust. Undertake (and follow up as appropriate). Fire Risk Assessments and Fire Safety Audits in line with the Trust Fire Policy, and the Trust's FSMS.
- Survey and report on the standards of fire safety in the Trust premises, including premises in, which Trust staff work, but which are not owned by the Trust.
- Support staff in carrying out fire drills and evacuation exercises in line with the requirements detailed in the Trust's FSMS.

5.17 Local Security Management Specialist (LSMS)

The LSMS is designated by the Trust as the Competent Person regarding security management matters; including the prevention and detection of crime, and with a emphasis on working with the Nurse Consultant for promoting Safe and Therapeutic Services in managing and reducing the incidence and consequences of violence and aggression within the Trust's services.

It is important to note that the Trust LSMS does not fulfil the role of Security Manager for the organisation. CCTV, Access Control, Personnel, etc. are Estates and Facilities functions. The Trust LSMS is readily available however to offer security management specialist advice in this field.

The role of the LSMS is to advise and support all Trust Managers in the effective management of all security management related risks. These responsibilities include: -

- To assist Trust staff and functions in identifying and fulfilling its security responsibilities;
- To advise all Directors and senior managers (and particularly the Chief Operating officer and the Director of Nursing) on all matters relating to security, and act as the security management advisor to relevant committees or Trust forums;
- To oversee risk assessments and reports pertaining to standards of security at Trust premises, and to carryout specialist secure environment assessments where required;
- To assist the Metropolitan Police in the investigation and detection of crime, in relation to instances of violence and aggression, theft, criminal damage, and other security management related incidents in a proportionate and appropriate manner.

5.18 Individual Staff

The Trust requires all staff at whatever level within the organisation, and whether working under a permanent or temporary contract including bank and agency staff to: -

- Take care of their own health and safety and that of other employees, patients, visitors and non-employees who may be affected by their acts or omissions.
- Comply with all H&S related Trust policies, guidance, agreed safe systems of work, and all other local efforts to manage the H&s risks faced, and with any specific actions or requirements arising from local risk assessments.
- Not interfere with, misuse or intentionally disregard the appropriate use of any equipment, (including PPE), article or notice provided by the Trust in the interest of health and safety.
- Immediately bring to the attention of their managers any shortcomings they are aware of in respect of H&S policies, procedures, practice, guidelines, and safe systems of work, training and supervision.
- Report any adverse incident of which they are aware to their line manager and complete a Datix Incident Report form accordance with the Trust Incident Reporting and Investigation Policy.
- Participate fully in any training programme identified by their line manager and make every effort to apply any such learning as appropriate on their subsequent return to the workplace.
- Report any health issue that may inhibit the individual's ability to carry out the full range of duties in a safe manner.

- All the above requirements also apply to contractors working for and within the Trust.

Any individuals contravening any of the above could face disciplinary action.

6. HEALTH AND SAFETY ASSISTANCE

6.1 Competent Persons

The Management of Health & Safety at Work Regulations 1999 (Regulation 7) requires every employer to appoint one or more Competent Persons to assist in undertaking the protective and preventative measures necessary. Within the Trust there is a H&S Risk Manager and a team of Health & Safety Advisers (each Borough has a named H&S Adviser formally designated as 'theirs') who are expected to provide advice, support and guidance to those managers and staff responsible for the management of H&S risks across the whole of the organisation. The Trust's needs in this regard extend beyond general H&S advice and support, and formal arrangements have been made to ensure that Competent Person advice is also available for the following areas of risk -

Fire Safety	Infection Control
Moving & Handling	Occupational Health
Waste Management	Business Continuity
Asbestos	Emergency Planning
Legionella	

Details of who provides such advice, where and how it is accessed, who manages these arrangements, etc. can all be obtained from the Trust H&S Risk Manager.

Additionally, if any manager believes they require specific expert advice of a type not referred to above, in order to properly understand, or effectively manage a particular H&S related issue they should discuss this with the H&S Risk Manager who if it is necessary and appropriate can arrange for such advice and support to be obtained on a one-off basis or commissioned so as to enable long term access. The Trust Health & Safety Risk Manager will continuously review the requirement for Competent Persons advice and support, through discussions with Directors and senior managers, and as informed by relevant risk assessments, and monitor the appropriateness of the arrangements in place to provide this.

7. MANAGEMENT ARRANGEMENTS

7.1 Health & Safety Training

The Trust will ensure that all employees receive information and training to a level commensurate with their roles and responsibilities. Further information on the Trust's approach to statutory and mandatory training is available on the Education & Training page of the SLAM Intranet.

The need for specific training which might be required for groups and/or individuals must be considered by all levels of management and, as necessary, discussed, agreed and offered as appropriate in order to ensure that at all times all staff are competent to safely and effectively do what is being asked or required of them. Such needs might well be particularly apparent when staff transfer to new work or take on new responsibilities, or where there is a change in work equipment or systems. At all times the responsibility for identifying such needs lies with the line manager of the individual in question, although it is also accepted that this manager

may well need the support of his/her own line manager, and possibly also the Trust Education and Development Department to effectively discharge this responsibility.

All Trust staff, including volunteers, must attend agreed health and safety training within the Trust agreed timescales. The training is based on individual roles and responsibilities and linked to Agenda for Change job bandings, or their equivalent. Further details with dates are available on the SLAM Education & Training website.

7.2 Induction Training

All new employees including volunteers, work experience and bank staff must receive local H&S induction training. Local managers must ensure that the Trust H&S local induction checklist is completed for each 'new' employee within a maximum of one month of joining the Trust (or within a fortnight of moving within the Trust to a new location or to a new role). There are obvious priorities within the induction checklist which will vary according to the individual's role and responsibilities, and the order of delivery must be amended accordingly if appropriate. For instance, emergency arrangements (e.g. fire safety, panic alarm systems) must be explained to a new member of staff by their line manager on their first day of employment within their local area, with this being even more important if that individual is to be the manager of that local area or service. The original completed checklist must be kept on the employee's personal file as evidence to confirm compliance with this legal obligation.

7.3 Locum/Agency/Bank Staff Training

The responsibility for ensuring appropriate local induction takes place sits with whoever is employing the temporary member of staff. This must be made explicit in the local H&S policy and in arrangements for requesting, supervising and managing such staff. All locum staff (including doctors) will have an induction on commencement of employment with the Trust. It is the Boroughs/Directorate's responsibility that a permanent Trust member of staff should act as mentor to locum or agency staff to ensure that all the above takes place, inclusive of assessing performance.

7.4 Risk Assessments

Risk assessments are the key to effective and sensible H&S risk management. The findings from risk assessments shall be used to identify prioritise and control risks at all levels in the Trust. There are a range of generic risk assessments available on the Assess NET risk assessment system. Training in risk assessment and specifically in the use of the Assess NET system shall be carried out by all managers identified as being required to undertake risk assessments, including all nominated risk assessors.

A suitable and sufficient risk assessment should identify the significant risks arising out of and in connection with the work task or activity being assessed. Further information and arrangements regarding specific risk assessments are covered in supporting Trust policies which are located on the H&S Page of the Trust intranet. Trivial risks (as defined in the Risk Analysis Tool – RAT) can usually be ignored, as can risks arising from routine activities associated with life in general, unless the work activity compounds those risks, or there is evidence of particular and significant relevance to the work activity in question.

The Trust will ensure that any identified risk is adequately assessed (this is a legal requirement) in accordance with the Trust Risk Assessment Policy and the associated risk assessment procedure so that appropriate action can be taken to

reduce the risk so far as is reasonably practicable. No manager (irrespective of level) must sign off or carry out risk assessments without having been formally confirmed to be demonstrably competent to do so, usually because of having attended Trust approved risk assessment training.

Policies may not be in place for every H&S risk, but risk assessments must be completed to confirm how the hazard is being controlled and monitored effectively, in a pre-agreed manner.

7.5 Trust Risk Register

The Trust shall maintain a risk register for the recording of risks which might be identified via a range of means including risk assessment, incident investigations, and the experience of other organisations. Each Borough/Directorate must have their own risk register which must be accurate and up to date to enable Directors and Senior Managers to routinely monitor and review the completion of assessments, investigations and the implementation of action plans. Review and consideration of this risk register should be a regular agenda item at Directorate/Borough senior management (or similar) meetings.

7.6 Violence Reduction & Four Steps to Safety

Violence and aggression from service users directed towards other service users, staff and visitors is a frequent occurrence within mental health settings. Physical assault is one of the most significant risks faced by mental health staff in the delivery of care.

Within in-patient services imminent violence is managed through the use of physical restraint, within the Trust this is referred to as Promoting Safe and Therapeutic Services (PSTS). All nursing staff working within in-patient services are required to undertake PSTS training as part of their mandatory training programme.

The use of physical restraint presents a risk of injury to both staff and service users. The training provided aims to minimise these risks by providing staff with technical skills to provide safe physical intervention.

The Trust aims to reduce the levels of violence experienced by staff and service users across all services. This will be achieved through the delivery of a Trust wide strategy – Safe and Therapeutic Services Strategy (2016).

The implementation of this strategy will be monitored through the Safe and Therapeutic Services committee. Reported incidents of violence against service users, staff and others and the use of physical restraint are reported to and monitored by this Trust wide committee.

Part of the Trust violence reduction strategy includes the delivery of the Four Steps to Safety programme. Four Steps to Safety is a quality improvement project that is delivered through the provision of training to clinical teams. The aim of the project is to prevent risks occurring using a set of safety-focused interventions and enable proactive risk management. This project is being delivered across all in-patient wards within SLAM and will be completed by September 2017.

7.7 Infection Control

Infection prevention and control is the responsibility of all staff within the Trust, as detailed in the Trust Infection Control Policy. Advice for the prevention and control of healthcare associated infections and management of patients with known potential cross-infection risk is detailed in the Infection Control Policy.

7.8 Moving & Handling

The Trust recognises and acknowledges the risks associated with manual handling operations, particularly associated with healthcare provision. The detailed arrangements for safely managing these risks are described in the Trust Moving and Handling Policy.

7.8 Fire Safety

The Trust recognises its responsibilities regarding fire safety, and the additional challenges associated with managing these risks in the context of mental health services. The management arrangements by which these risks will be effectively managed are outlined in the Trust's Fire Safety Policy and comprehensively described in the Trust's Fire Safety Management System.

7.10 Waste Management

The Trust has an appointed Waste Management officer to manage the waste related risks associated with healthcare provision. Further arrangements are described in the Waste Management Policy

7.11 Reporting & Management of Accidents and Incidents

The Trust recognises that full and effective accident and untoward incident reporting and appropriate investigation is a key part of pro-active health and safety management. Further information and arrangements are described in the Trust Incident & Reporting Policy. All incidents (including near misses) should be reported using the Datix Incident Reporting system

7.12 First Aid at Work

An appropriate number of trained first aiders and appointed persons will be appointed (and trained) to ensure that emergency assistance is readily available across all Trust premises and services, and that these individuals also have ready access to appropriately stocked and maintained first aid boxes. The ratio of first aiders and/or appointed persons (and first aid box sizes and contents) will be determined through the risk assessment process being undertaken in each Trust premises and for every Trust.

7.13 Control of Substances Hazardous to Health (COSHH)

The Trust recognises its responsibilities in line with COSHH Regulations. The Trust identifies all substances hazardous to health used in the course of work activities and where these may pose a significant risk will strive to ideally eliminate their use or more likely, to reduce the number of people exposed to, and mitigate the likely harmful effects of such exposure to more acceptable levels, including in such assessment the risks of environmental damage or harm associated with the Trust's use of hazardous substances.

7.14 Financial Resources

The Trust will ensure that adequate financial resources (Capital and Revenue) are allocated as necessary to maintain adequate H&S standards in line with its statutory obligations, and to continuously improve these H&S standards where this is appropriate and achievable.

7.15 Workplace Health & Safety Inspections.

A workplace safety inspection is an effective way of identifying faults, hazards and unsafe working practices. Departmental/ward health and safety champions shall

carry out bi-monthly inspections using the H&S bi monthly inspection checklist. which will include reference to various aspects of general safety in the workplace.

8. HOW THE POLICY WILL BE MONITORED, AUDITED AND REVIEWED

8.1 Trust Health, Safety & Fire Committee

The Trust's Health, Safety & Fire Committee is established as a sub-committee of the Quality Committee which reports to the Trust SMT Committee.

The purpose of the Terms of Reference (Appendix 2) is to enable the HSFC to contribute effectively to the Trust risk management assurance requirements and to its wider governance framework. The ToRs are reviewed annually.

8.2 Borough/Directorate Governance Meetings.

Each Borough and Directorate has a forum where their Risk & Assurance Register is reviewed, and new risks are identified and assessed. All risks are reviewed on at least a quarterly basis.

8.3 Borough/Directorate Health & Safety Policy

Each Borough/Directorate will produce, implement, monitor and maintain a Borough/Directorate health and safety policy, detailing their own health and safety organisation and arrangements, and how these and the Trust Health & Safety policy will be implemented effectively.

These documents will include: -

- The job roles/titles responsible for various actions and activities and tasks.
- The significant findings of any risk assessments which affect various employees and what actions they need to take.
- The H&S working system and procedures for the Borough or Directorate.
- The monitoring systems which shall inform those responsible for safety management at Borough or Directorate, and local level.
- The channels within the Borough or Directorate for communications, consultation and discussion of H&S matters.
- All such arrangements will set standards for the Borough or Directorate that are clearly auditable.
- Employees will be kept informed through the H&S management arrangements of their Borough or Directorate on both Trust and Borough/Directorate H&S Policy arrangements.

Within each premise or service, the Borough or Directorate H&S Policy will be extended to include details relevant to that area. These will include: -

- Details of local routes for communication and consultation of H&S matters.
- Designation of local staff with specific H&S responsibilities.
- Local H&S procedures or codes of safe working practice.
- Local H&S monitoring arrangements.
- Local arrangements for H&S induction.

8.4 Trust Health & Safety Work Plan

The Trust H&S Policy will inform the agreement of a number of H&S objectives by the HSFC, with these being reviewed annually, and be designed to build upon and maintain or further develop those from the previous years.

A Health & Safety Work Plan has been produced and details how the H&S Policy is to be implemented and how the objectives are to be achieved, and progress against this Plan will be monitored and reviewed by the HSFC

The Quality Committee will monitor performance and progress towards achievement of the objectives through regular reports produced by the Trust HSFC, detailing progress against the H&S Work Plan.

A formal annual review will be carried out to determine the extent, to which the targets and deadlines within the Plan have been and are being met and highlighting ongoing concerns or issues which have the potential to disrupt future progress. This annual report will be presented to the Quality Committee and should also form a significant element of the annual Health & Safety Work Plan.

The review will be used to: -

- Review performance and progress.
- Review the effectiveness of the H&S plan and its implementation.
- Identify areas of weakness.
- Identify areas of good practice.
- Enable the Trust to learn and take remedial action where appropriate.

9. MONITORING AND REVIEW COMPLIANCE

What will be monitored i.e. measurable policy objective	Method of Monitoring	Monitoring frequency	Position responsible for performing the monitoring/ performing co-ordinating	Group(s)/committee (s) monitoring is reported to, ink responsibility for action plans and changes in practice as a result
Policy will be monitored via the Trust H&S Management system	Auditing	Annual	H&S Risk Manager & Borough H&S Advisers	Health, Safety & Fire Committee (Quarterly)

9.1 Audit and view of the Trust Health and Safety Policy

To continually improve on H&S performance it is necessary to measure the effectiveness of the management systems in place. With this in mind, a programme of audits will be undertaken against the standards and objectives. Health and safety policies will be reviewed by the Trust HSFC in response to: -

- Needs identified by the audit.
- Needs identified by changing practice.
- Changes in legislation.
- Experience of the Trust or other organisations.
- Changing Trust criteria/or other relevant criteria.
- Policy review date.

10 REFERENCES

10.1 Relevant Policies

The risk assessment process will be used pro-actively to identify significant health and safety risks and policies have been developed to address these.

These policies will set out the standards to achieve and the way the Trust intends to achieve them. The policies will be relevant to all areas, as appropriate to the work undertaken but may require specific local procedures to be drawn up and implemented. Such local procedures may require higher standards to be achieved, but no local procedure may specify standards lower than the Trust has identified.

All the H&S related policies can be found on the Policies page of the Intranet.

10.2 Relevant Legislation

Health and Safety at Work etc. Act 1974

Management of Health & Safety at Work Regulations 1999

Safety Representatives and Safety Committees Regulations 1977

Equalities Act 2010.

10.3 Guidance

HSG65: Successful Health & Safety Management

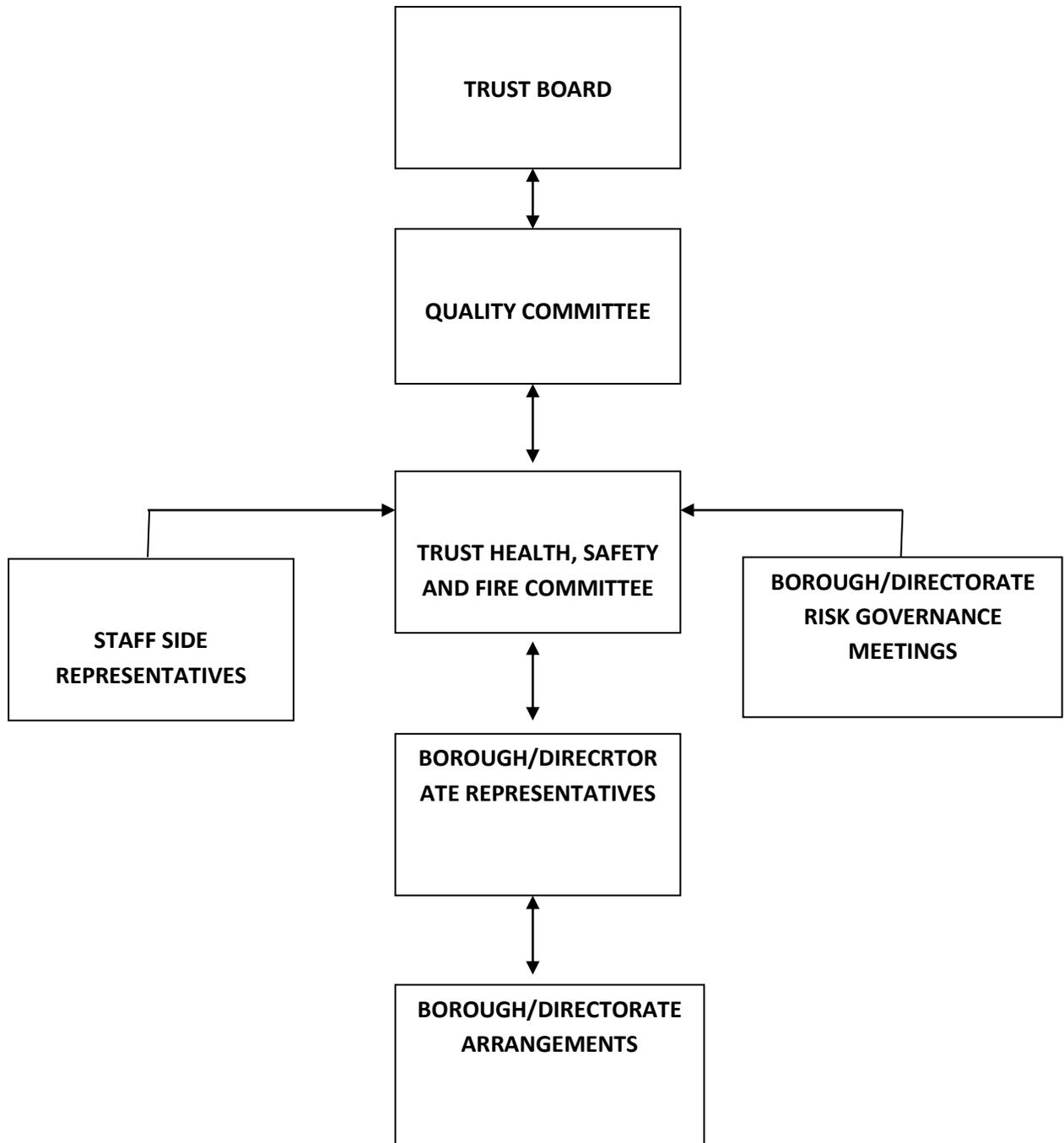
Management of Health & Safety in the Health Services – Information for Directors and Managers produced by the Health Service Advisory Committee.

Leading Health and Safety at Work – Actions for directors, board members, business owners & organisations of all sizes. (INDG417) – Produced by the Health & Safety Commission (HSC) in conjunction with the Institute of Directors.

11. FREEDOM OF INFORMATION ACT 2000

All Trust policies are public documents. They will be listed on the Trust FOI document schedule and may be required by any member of the public under the Freedom of Information Act (2000).

**APPENDIX 1
ORGANISATIONAL CHART FOR COMMUNICATION AND CONSULTATION ARRANGEMENTS**



APPENDIX 2

TERMS OF REFERENCE HEALTH, SAFETY AND FIRE COMMITTEE

Date of meeting:	September 2017
Name of Report:	Terms of Reference for the Health, Safety and Fire Committee (HSFC)
Author(s):	Health & Safety Risk Manager
Approved by (name of Executive member):	Beverley Murphy, Director of Nursing
Presented by:	Cherry Cornelius – Health & Safety Risk Manager

Purpose of the report:

Annual review of the HSFC Terms of Reference (ToR)

Action required:

To consider the draft ToR and decide if they accurately describe the role and responsibilities of this Committee in the Trust's Governance arrangements, and if it is therefore appropriate to approve them, or alternatively, to suggest changes where this is not the case.

Recommendations to the Executive:

To be considered and approved by the Trust Operational Executive Team

Relationship with the Assurance Framework (Risks, Controls, and Assurance):

Appropriate and agreed ToR enable the HSFC to contribute effectively to the Trust's risk management assurance requirements and to its wider governance framework.

Summary of Financial and Legal Implications:

Through monitoring and supporting the implementation of formally agreed work programmes relating to H&S and fire safety management, the HSFC will assist the Trust in complying with all relevant legislation and associated Regulations

Equality & Diversity and Public & Patient Involvement Implications:

The HSFC acknowledges the above standards and these are encompassed in all the committees undertakings

PURPOSE OF THE TRUST HEALTH SAFETY AND FIRE COMMITTEE

The Health, Safety and Fire Committee (hereafter referred to as the Committee) will monitor and oversee the implementation of Board approved programmes of work relating to Health and Safety, and Fire Safety management across all the Trust's sites and services, thus protecting the health, safety and welfare of all those who might be affected by the organisation's activities.

The Committee will achieve the above by drafting and obtaining Board approval for, programmes of work relating to the management of risks within its scope (this currently consists primarily of the respective H&S, and the Fire Safety agendas).

The Committee will ensure that each Borough and Directorate has established clear and appropriate management arrangements which will enable it to achieve the targets and objectives detailed in these respective work programmes.

The Committee will seek appropriate assurances from across the Trust, via the HSFC membership, regarding progress against these agreed work programmes, and with regard to the on-going effectiveness of the controls already in place.

In addition to receiving information from the representative(s) of each Borough and Directorate, the Committee will also receive reports and information from the following groups and/or individuals as it deems necessary and appropriate:

- Trust Infection Control Team
- Trust Incident Reporting Office (Datix system)
- Trust Medical Devices Committee
- Quality Committee
- Ligature Point Reduction Committee
- Trust Emergency Preparedness Group
- Trust Occupational Health Service provider
- Trust Competent Person for Fire Safety
- Trust Waste Management Committee
- Trust Local Security Management Specialist
- Trust Asbestos Working Party
- Trust Water Safety Working Party
- Trust Education & Development
- Hotel Services Team

The Committee will, as appropriate, either accept these assurances, incorporating them into reports and assurances for 'higher level' forums (and ultimately the Board), or alternatively, challenge them where they appear to be inadequate, irrelevant, misleading or exaggerated.

The Committee will review and monitor the comments, findings and recommendations contained in any reports Health and Safety Executive inspectors, Fire Authority, Environmental Health, CQC, NHSLA and other relevant material from enforcing authorities and/or regulatory bodies and agencies.

COMPLIANCE REQUIREMENTS AND STANDARDS

The Committee will endeavour to ensure that the Trust complies with:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations(1999)
- Regulatory Reform Fire Safety Order (2005)
- All other relevant H&S and Fire related legislation
- All Guidance from recognised professional bodies relating to H&S and Fire Safety Legislation, HTMs, ACOPs and all associated good practice.
- All relevant NHSLA standards
- All relevant outcomes as described in the new CQC Standards

REPORTING

The Committee will report to the Trust Operational Senior Management Team as necessary.

ANNUAL REPORT

The Committee will produce an annual report on its work, achievements and on-going challenges for the Lead Director for H&S and for Fire Safety to present to the Executive Team, and the Quality Committee. This report will include the Trust's annual report for Fire Safety, and will ultimately constitute a significant element of the assurances relating to these matters required by the Board. The report will also focus on the H&S Work Plan, through which the Trust intends to clarify priorities, set realistic and appropriate standards, targets and timetables, help to direct the efforts of those with responsibilities for monitoring progress.

TRUST H&S POLICY

The Trust Health and Safety Policy will reflect current statutory and mandatory requirements, best practice guidance and the Trust's own agreed standards relating to all H&S related risks

TRUST FIRE SAFETY MANAGEMENT SYSTEM

The Trusts FSMS describes in detail the arrangements that must be in place across all the Trust's sites and services (and covering all its activities) in order to protect the organisation, all those who use, visit or work in or for it, and all its assets from the risks of fire. Specifically it is the personal responsibility of each Trust Director (whether of a Directorate/Borough) to agree, implement and monitor an effective set of management arrangements within their sphere of responsibility through which to achieve this.

SPECIFIC RESPONSIBILITIES OF THE HSFC

To review and approve the relevance and effectiveness of all H&S related policies and ensure consistently safe standards and systems of work are incorporated into all the Trust's activities.

To consider whether the Trust's existing H&S and associated policies (including those relating to Fire Safety) adequately 'cover' all the areas and risks necessary, or whether it needs to oversee the drafting and agreement of additional and 'new' policies.

To maintain a H&S and related policy register which details the review cycle for each policy

To arrange for the monitoring of the extent to which the relevant policies are implemented across the Trust, and to introduce formal systems seeking and reviewing the assurances produced in this regard, and which record them and ensure an appropriate response where these are considered to be in any way inadequate.

ASSURANCES

To arrange for all adequate assurances received to be gathered together and incorporated into reports (or similar) to produce formal assurances for the 'next level up' with regard to the effectiveness of the Trust's H&S and Fire Safety management arrangements. Together with this, identify themes across the Trust which require systematic review and change.

To review all reported H&S related incidents, accidents and other relevant events (through trend reports and similar means from the Incident Reporting Office) and any other sources of such information, so as to ensure that the Committee is as well informed as it reasonably can be with regard to the level and frequency of such occurrences.

To ensure that when reports on concerns and/or problems are escalated to either the Quality Committee or the Board or some other 'higher level' forum, any such report should be making recommendations for improvement or suggesting action plans for approval, or for which funding is being sought, or similar *in addition* to describing the concerns and problems faced.

Where appropriate the Committee will also make recommendations, via the Chair, to have specific risks or particular concerns relating to either H&S or Fire Safety, formally added onto the relevant Risk Register(s)

To advise the Quality Committee with regard to any H&S or Fire safety related risks that are significant enough from a strategic perspective, to warrant inclusion on the Trust's Board Assurance Framework.

To pay specific attention to the arrangements in place, or those introduced, for managing 'contracted services' and the flow of assurances associated with these arrangements, in particular as these interface with the Trust's H&S and Fire Safety arrangements and requirements, and including all those services managed by both the Estates and the Hotel Services functions.

To ensure, through appropriate 'horizon scanning' that any proposed legislation and new guidance is considered in advance in order to identify potential implications for the Trust and its services, and to consider options for ensuring compliance accordingly.

To consider how it might contribute to the creation and maintenance of a more 'risk aware' culture within all Trust staff with regard to H&S and Fire Safety related risks, and to work both as a Committee, and by setting an appropriate example as individuals, in order to support and encourage this in terms of risk awareness, mitigation and management.

FIRE

To ensure that the Trust's Fire Safety Management System is implemented and embedded across all the Trusts sites and services, and that each Director has full confidence in the fire safety management arrangements for his/her Directorate/Borough.

To ensure all significant fire related incidents (or other related concerns identified) are appropriately investigated and that recommendations to prevent recurrence, or mitigate harmful effects, are identified and then agreed and actioned in a timely manner.

To ensure that, through the study of fire incident statistics, reports, investigations and relevant trend analysis any unsafe conditions and practices are 'escalated' appropriately (if necessary, directly to the Board) in order to generate the necessary remedial action.

To advise the Trust Board, either directly or via the Quality Sub Committee, where there are urgent Fire Safety management issues or concerns.

EXTERNAL FORCEMENT AGENCIES

To consider the reports of any visits and inspections by the HSE, Fire and Rescue Services or any other enforcement organisation or legitimate regulatory body, whether these result in informal guidance or advice being offered, or the issuing of formal improvement or enforcement action, and oversee the work done in the Trust in response to these, and consider the assurances produced in this regard.

COMMITTEE MEMBERSHIP

Chair: Director of Nursing

Deputy Chairs: Health, Safety & Risk Manager, Head of Estates & Facilities

- Representative from individual Boroughs
- All Trust Health & Safety Advisers
- Head of Estates & Facilities
- Head of Capital Planning
- Fire Safety Advisers
-
- Representative from Infection Control
- Representative from HR
- Representative from Risk Management & Patient Safety
- Trust Local Security Management Specialist
- Representative from Waste Management
- Emergency Planning Manager
- Any Safety Representative appointed by the Trade Unions and recognised by the Trust.
- Representative from Occupational Therapy
- Representative from Hotel Services
- Representative from Occupational Health service provider

When invited to attend:

- Plus any other manager or representative from specific sites and/or services as requested by the Chair of the Committee

ATTENDANCE

All HSFC members are expected to attend each of its meetings. In the event of unavailability a Committee member must arrange for a suitably briefed and appropriately senior and knowledgeable deputy to attend and if necessary, comment or make decisions on behalf of the absent HSFC member. An attendance register will be maintained and appended to the annual report.

The Trust's Competent Person for Fire Safety and/or the Head of Estates MUST be present at every meeting of the HSFC

FREQUENCY OF MEETINGS

The Committee will generally be scheduled to meet monthly. However, in exceptional circumstances more frequent meetings involving the whole membership, or just specific members could be scheduled for whatever period of time is necessary in response to a particular set of circumstances or needs.

DURATION OF THE MEETING

The meetings will be scheduled to last no more than 1.5 hours

AGENDA AND ASSOCIATED DOCUMENTS

The agenda and associated papers for each HSFC meeting will be distributed to all on the circulation list at least one week prior to the date of each meeting.

QUORUM

For a meeting of the HSFC to be quorate the Chair (or vice chair) must be present, along with either the Competent Person for Fire Safety (or the Head of Estates) and the representatives of at least three Boroughs these may be the 'dedicated' H&S Advisers)

MINUTES AND COMMITTEE DOCUMENTS

The minutes of each HSFC meeting will be placed on the Trust Intranet, where they may be accessed by all staff and members of the general public.

REVIEW OF THE TERMS OF REFERENCE

A formal review of these Terms of Reference will be undertaken at least annually, and more often if circumstances make this necessary or appropriate, so as to ensure they remain relevant and effective.

DOCUMENT REVIEW LOG

Date	Name	Comments
Jan 2008	ToR Ver 1	New
Jan 2009	ToR Ver 2	Minor changes
Jul 2010	ToR Ver 3	Major rewrite
Jul 2011	ToR Ver 4	No Change
Apr 2012	ToR Ver 5	Minor changes
July 2013	ToR Ver 6	Major rewrite
Oct 2014	ToR Ver 7	Minor changes
July 2016	ToR Ver 8	Minor changes
September 2017	ToR Ver 9	Minor changes

May 2018

Version 10

Minor changes

APPENDIX 3

HEALTH AND SAFETY ADVISER CONTACT DETAILS

CHERRY CORNELIUS Health & Safety Risk Manager Corporate Directorate(s) Cherry.cornelius@slam.nhs.uk	Room 0065 1 st floor Maudsley Hospital, Denmark Hill London SE5 8AZ
AMOY MARTIN Lewisham Borough Amoy.martin@slam.nhs.uk	The Lodge Maudsley Hospital, Denmark Hill London, SE5 8AZ
ABRAHAM BLAY Behavioural Developmental & Forensics Abraham.blay@slam.nhs.uk	River House Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent BR3 3BX
KATHRYN PRENTICE Southwark Borough Kathryn.prentice@slam.nhs.uk	The Lodge Maudsley Hospital, Denmark Hill, London SE5 8AZ
JOAN COLLINS Lambeth Borough Joan.collins@slam.nhs.uk	The Lodge Maudsley Hospital, Denmark Hill, London, SE5 8AZ
BEVERLEY BULGIN PMOA & CAMHS Boroughs Beverley.bulgin@slam.nhs.uk	The Lodge Maudsley Hospital, Denmark Hill, London, SE5 8AZ

Appendix 4

PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
 1. All SLaM service users have a say in the care they get
 2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
 3. All service users feel safe in SLaM services
 4. Roll-out and embed the Trust's Five Commitments for all staff
 5. Show leadership on equality through our communication and behaviour

Name of the policy or service development: Health & Safety Policy								
Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below? YES								
Please select yes or no for each protected characteristic below								
Age	Disability	Gender re-assignment	Pregnancy & Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage & Civil Partnership <i>(Only if considering employment issues)</i>
YES	YES	YES	YES	YES	YES	YES	YES	YES
If yes to any, please complete Part 2: Equality Impact Assessment								
If not relevant to any, please state why:								

Date completed: 25th May 2018

Name of person completing: Cherry Cornelius

Operational Directorate/Borough: Corproate

Service / Department: Health & Safety

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your Operational Directorate/Borough Equality Lead

PART 2: Equality Impact Assessment

1. Name of policy or service development being assessed?

Health & Safety Policy

2. Name of lead person responsible for the policy or service development?

Cherry Cornelius, Health & Safety Risk Manager

3. Describe the policy or service development

What is its main aim?

The Trust is committed to pursuing the fundamental right of all employees to work, and all service users to receive care in a safe and healthy environment that complies in full of all statutory requirements.

The aim is to provide a framework of health and safety management systems and assurances across the whole of the Trust and provide guidance for all staff to comply with their responsibilities under the Health & Safety at Work Act 1974, and all associated Legislation

What are its objectives and intended outcomes?

The objectives an intended outcome is to raise the general awareness around the management of health and safety and clearly identify the roles and responsibilities of all levels of staff in managing health and safety.

To ensure a continuous flow of assurances relating to the effectiveness of these arrangements (or identify shortfalls, concerns or gaps) and report (or formally escalate) in a timely manner to the Health, Safety & Fire Committee as well as reporting into the Borough/Directorate Governance meetings.

What are the main changes being made?

Minor changes only to the policy, mostly amending titles of roles considering restructuring into Boroughs

What is the timetable for its development and implementation?

To be approved by the Health, Safety & Fire Committee and then formally ratified by the Policy Working Group.

4. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

(Evidence can include demographic, Epjs or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).

Effective implementation of this policy shall enable to the Trust and its staff to comply with H&S legislation. Provide a safe environment for staff, contractors, voluntary workers to work in and for service users to receive care in.

The Health & Safety At Work Act 1974

The Management of Health & Safety Work Regulations 1999

Safety Representatives and Safety Committees Regulations 1977

Equalities Act 2010

5. Have you explained, consulted or involved people who might be affected by the policy or service development?

(Please let us know who you have spoken to and what developments or action has come out of this)

Head of Risk & Assurance, Local Management Security Specialist, Head of Infection Control, Members of the Health, Safety & Fire Committee, Head of Estates & Facilities, Occupational Health Department GSTT.

6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics? NO

(Please select yes or no for each relevant protected characteristic below)

Age	Positive impact: Yes or No	Negative impact: Yes or No
Please summarise potential impacts:		
Please summarise potential impacts: The Policy has the potential positive impact for all by the delivery of the aims and objectives and the outcomes.		
Disability	Positive impact: Yes or No	Negative impact: Yes or No
Please summarise potential impacts:		
Please summarise potential impacts: The Policy has the potential positive impact for all by the delivery of the aims and objectives and the outcomes.		
Gender re-assignment	Positive impact: Yes or No	Negative impact: Yes or No

Please summarise potential impacts:

Please summarise potential impacts:

The Policy has the potential positive impact for all by the delivery of the aims and objectives and the outcomes.

Race

Positive impact: Yes or No

Negative impact: Yes or No

Please summarise potential impacts:

Please summarise potential impacts:

The Policy has the potential positive impact for all by the delivery of the aims and objectives and the outcomes.

Pregnancy & Maternity

Positive impact: Yes or No

Negative impact: Yes or No

Please summarise potential impacts:

Please summarise potential impacts:

The Policy has the potential positive impact for all by the delivery of the aims and objectives and the outcomes.

Religion and Belief

Positive impact: Yes or No

Negative impact: Yes or No

Please summarise potential impacts:

Please summarise potential impacts:

The Policy has the potential positive impact for all by the delivery of the aims and objectives and the outcomes.

Sex

Positive impact: Yes or No

Negative impact: Yes or No

Please summarise potential impacts:

Please summarise potential impacts:

The Policy has the potential positive impact for all by the delivery of the aims and objectives and the outcomes.

Sexual Orientation

Positive impact: Yes or No

Negative impact: Yes or No

Please summarise potential impacts:

Please summarise potential impacts:

The Policy has the potential positive impact for all by the delivery of the aims and objectives and the outcomes.

Marriage & Civil Partnership

(Only if considering employment issues)

Positive impact: Yes or No

Negative impact: Yes or No

Please summarise potential impacts:

Please summarise potential impacts:

The Policy has the potential positive impact for all by the delivery of the aims and objectives

and the outcomes.

Other (e.g. Carers)

Positive impact: Yes or No

Negative impact: Yes or No

Please summarise potential impacts:

Please summarise potential impacts:

The Policy has the potential positive impact for all by the delivery of the aims and objectives and the outcomes.

7. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?

YES: *Please detail actions in PART 3: EIA Action Plan*

NO: *Please explain why NO (not necessary)*

8. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?

(This may should include agreeing a review date and process as well as identifying the evidence sources that can allow you to understand the impacts after implementation)

Policy will be reviewed regularly and/or if there is a change to H&S Statutory Legislation which could impact upon the policy.

The HSFC are monitoring the implementation of this policy and thereafter the governance arrangements contained within the policy, this also includes all the other associated health and safety compliance document, thereby reviewing the effects for service developments for all characteristics

Each Operational Directorate/Borough and Directorate are also required to internally review, monitor and formally report on all the above arrangements

Date completed: 25th May 2018

Name of person completing: Cherry Cornelius

Operational Directorate/Borough: Corporate

Service / Department: Health & Safety

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your Operational Directorate/Borough Equality Lead

Appendix 5

Human Rights Act Assessment

To be completed and attached to any procedural document when submitted to an appropriate committee for consideration and approval. If any potential infringements of Human Rights are identified, i.e. by answering yes to any of the sections below, note them in the Comments Box and then refer the documents to SLaM Legal Services for further review.

For advice in completing the Assessment please contact Che Anthony.konzon@slam.nhs.uk Legal Services.

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
The Human Rights Act allows for the following relevant rights listed below. Does the policy/guidance NEGATIVELY affect any of these rights?	No	
Article 2 - Right to Life [Resuscitation /experimental treatments, care of at risk patients]	No	
Article 3 - Freedom from torture, inhumane or degrading treatment or punishment [physical & mental wellbeing - potentially this could apply to some forms of treatment or patient management]	No	
Article 5 – Right to Liberty and security of persons i.e. freedom from detention unless justified in law e.g. detained under the Mental Health Act [Safeguarding issues]	No	
Article 6 – Right to a Fair Trial, public hearing before an independent and impartial tribunal within a reasonable time [complaints/grievances]	No	
Article 8 – Respect for Private and Family Life, home and correspondence / all other communications [right to choose, right to bodily integrity i.e. consent to treatment, Restrictions on visitors, Disclosure issues]	No	
Article 9 - Freedom of thought, conscience and religion [Religious and language issues]	No	
Article 10 - Freedom of expression and to receive and impart information and ideas without interference. [withholding information]	No	
Article 11 - Freedom of assembly and association	No	
Article 14 - Freedom from all discrimination	No	

Name of person completing the Initial HRA Assessment:	Cherry Cornelius
Date:	25 th May 2018
Person in Legal Services completing the further HRA Assessment (if required):	Anthony Konzon
Date:	28 th May 2018