

Board of Directors (in Public)

Item 5.1

Subject: Health & Safety Assurance Report
Date of meeting: 25th April 2017
Prepared by: Helen Martin, Risk and Safety Lead
Presented by: Mark Jackson, Director of Research and Informatics/Chief Risk Officer

BAF Ref	Impact on BAF
1.1	None

1. Introduction

In the United Kingdom, health and safety (H&S) is governed by a statute that was passed 43 years ago. While health and safety regulations have been added and amended, the basic premise of this law has remained the same.

The Health and Safety at Work Act 1974 (HSWA) states employers duties as

- Ensuring the health and safety of employees who are at work by providing safe plant and equipment; safe use and handling of substances; information, instruction, training and supervision; safe workplace; good working environment, facilities and welfare arrangements
- Not placing people who are not at work but who may be affected by the Trusts undertaking, at risk to their health and safety.

Liverpool Heart and Chest Hospital (LHCH) has a long established Health and Safety policy which is supported and monitored by the Health and Safety Committee.

2. Background

The Health and Safety policy at LHCH is constructed so as to comply with the requirements as laid down by the HSWA (1974).

It clearly states the roles and responsibilities for all levels of staff from the Chief Executive to all employees and the function of the Health and Safety Committee.

It makes specific reference to those further regulations for which risk assessment is required, including but not exclusive to Control of Substances Hazardous to Health (COSHH), Display Screen Equipment (DSE), Fire Safety and Personal Protective Equipment (PPE) .

It places explicit emphasis on the responsibilities of employers in regards to risk assessment, control and monitoring of risk and the review of preventative and protective measures.

3. Statutory Health and Safety requirements

Leadership of H&S at LHCH is clearly set out in the H&S policy commencing with a policy statement by the Chief Executive. The statement provides a clear message of the importance of health and safety within LHCH and emphasis is placed upon the expectation that all staff will adhere to and comply with the policy's content.

Roles and responsibilities of those charged with leading H&S are clearly set out and provide specificity for the discharge of their duties.

These include the roles of but not limited to the Director of Research and Informatics (Executive Board Lead for H&S), the Divisional Heads of Operations, Ward and Department Managers and the Risk and Safety Lead.

Competent advice for other specialities with links to H&S, such as Occupational Health, Estates Management, Infection Control, Manual Handling, Radiation Protection Advisors, Control of contractors and visitors to the site and Security are referred to within the policy and are available to all staff.

H&S is communicated to staff via mandatory and induction training, where 96% of staff are in date for H&S training; bulletins and alerts and risk assessments by managers.

In January 2017, Ward and Department Managers were invited to attend a H&S refresher training session delivered by an external consultant. The session covered H&S legislation, corporate manslaughter and general responsibilities for managers regarding H&S. Of the managers invited, 62% attended. A follow up session with those who declined will be arranged.

H&S Committee

The H&S committee is chaired by the Director of Research and Informatics. Membership of the committee is multidisciplinary incorporating staff from the clinical and non-clinical divisions, trade unions and those with specific competencies and responsibilities pertaining to H&S.

The committee meets quarterly and is responsible for setting the strategic direction for H&S and providing an oversight of the work carried out as per H&S.

The work of the H&S Committee is monitored by the Risk and Corporate Governance Committee.

Internal Assurance

Proactive

A proactive approach to H&S is taken with annual inspections carried out in all areas across the Trust by the Risk and Safety Lead. The results of these inspections are reported to the managers of the areas and the H&S committee receives an annual summary report. Managers contact the Risk & Safety Lead to advise when the issues have been actioned. Issues identified tend to be low level risks. Any issue identified which, on risk assessment would score >10 would be escalated to the Divisional Head of Operations and the H&S committee. The inspections are in addition to specific risk assessments undertaken as necessary.

The Trust has an active membership of Institute of Occupational Safety and Health (IOSH) and Merseyside Occupational Health and Safety Group (aligned to Royal Society for the Prevention of Accidents (Rospa). This allows networking with other H&S experts, Health and Safety Executive (HSE) and access to specific H&S advice.

Reactive

H&S incidents that affect members of staff are followed up with a visit/phone call to the member of staff by the Risk and Safety Lead, who will offer advice, support and guidance as necessary.

H&S incidents that affect members of the public are followed up with a phone call to discuss the incident if contact details are available.

Investigations are carried out by either the manager of the area or the Risk and Safety Lead, with actions being put in place to manage the issues as necessary. Any incident that meets the criteria for RIDDOR (Reporting of Injuries, Diseases or Dangerous Occurrences Regulations) is reported via the Risk Team to the HSE.

External Assurance

For 2016/17, there are two means of external assurance:

- Under the NHS Standard Contract for 2016-2017 all organisations providing NHS services must put in place and maintain appropriate anti-crime arrangements.
NHS Protect has developed a national strategy and a series of security standards for providers, which follow a risk based approach to providing a safe and secure environment for patients, staff and visitors and to protecting NHS property and assets.

Of the 31 standards, the trust has self-assessed 74.5% green, 19.5% amber and 6% red. The self-review tool has concluded the trust to be green for the year 2016-17. An action plan is in place to address those areas not rated green.

- A COSHH review was undertaken by the MIAA in 2015/16 with the achievement of significant assurance for the processes in place within the Trust.

The effect of Brexit on Health and Safety Legislation.

To provide legal continuity, the Government will prepare a Great Repeal Bill while it negotiates Brexit with Europe. This will remove European Communities Act 1972 from the statute book and convert the body of existing EU law into domestic law. It is then open to the Government to amend or alter that law should it so wish.

The dominant opinion among Health and Safety experts is that H&S law will stay as it is because it has proved effective and is valued. However, it may provide an opportunity to update and review in the light of new knowledge.

4. Summary

LHCH has a well-established H&S leadership underpinned by a clear and well organised policy. The policy is supported by a multidisciplinary committee structured to develop and monitor H&S standards set out as required by the HSWA (1974).

All staff are aware of and have knowledge of the policy due to training requirements within the Trust.

Proactive inspections provide an oversight of areas, with management of emerging issues at an early stage. Reactive management of incidents provides support to staff and learning opportunities.

5 Recommendations

The Board of Directors is requested to review the paper and gain assurance of compliance with statutory Health and Safety requirements from the contents herein.