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Bae Abertawe
Swansea Bay University
Health Board

Health and Safety Policy

Document Author: Head of Health and Safety

Approved by: Health & Safety Committee

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This policy has been updated to reflect the change in Executive Director responsibility for Health and Safety.

November 2018: Further update shown in Appendix C linking this policy to list of other policies with potential health and safety implications.

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full impact assessment is not required

This document may be made available in alternative formats and other languages, on request, as is reasonably practicable to do.

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SWANSEA BAY UNIVERSITY HEALTH BOARD

HEALTH AND SAFETY POLICY

STATEMENT OF POLICY

The Health Board is a large organisation that employs more than 12,000 staff. It manages a large range of patient services with significant resources used to support effective patient care. We manage a large number of buildings, including hospitals, clinics and other premises and some of our staff are required to work in patient's homes or premises not directly controlled by the Health Board.

The Health Board is committed to ensuring the health, safety and welfare of all our employees. We extend this duty of care to our patients, visitors, volunteers, contractors, and all others who may be affected by our activities.

We do not consider that good health and safety management is a constraint to the effective running of the Health Board; it is a core value to which directors, managers and staff at all levels in the organisation have key roles to play. We also recognise the vital links to partners such as trade unions colleagues and primary care providers; by working closely with them this will support our vision of good standards of safety for all.

Identifying and the effectively managing health, safety and welfare risk are key features of this policy. We will promote a proactive approach to health, safety and welfare and make all practical efforts to safeguard everyone from hazards, injury and ill health.

Signed
Chief Executive

Date

DEFINITIONS

The following definitions and abbreviations are used throughout this policy: -

- “The Act” means the Health and Safety at Work etc. Act (HASAWA) 1974
- The “Health Board” means the Swansea Bay University Health Board
- “Management Units” includes Service Groups and other Senior Management functions including Finance, Workforce and Organisational Development, Strategy etc
- “Directors” includes Directors of Service Groups
- The “HSE” means the Health and Safety Executive
- “Service/Line/Departmental Manager” take responsibility for groups of staff, areas, functions, clinical lead etc and includes Ward Manager, Departmental manager clinical lead etc.
- “Health and Safety” includes where appropriate the consideration of welfare needs

SWANSEA BAY UNIVERSITY HEALTH BOARD HEALTH AND SAFETY POLICY

1. **AIMS AND OBJECTIVES**

The development of an effective Health and Safety policy is a key requirement of the Health and Safety at Work etc., Act 1974 (HASAWA).

This policy gives general guidance on how health and safety will be managed in the Health Board. Its aim is to promote and encourage high standards of health, safety and welfare at work and comprises 3 parts:-

- The General Policy statement setting out principal objectives to be achieved
- Scope of the policy and overall management arrangements
- General arrangements to implement health and safety in the Health Board

In addition appendices record relevant supporting information.

This policy will be supported by a range of other policies, procedures and arrangements necessary for the effective management of specific health, safety and welfare.

2. **SCOPE OF THE POLICY**

2.1 **Staff**

This policy applies to all SBUHB staff whilst at work and includes working on or off SBUHB premises and travelling between locations.

2.2 **Patient Safety**

Section 3 of HASAWA extends the duty of care to persons including patients, visitors, contractors, volunteers, temporary staff and others who may be affected by the Health Board's work activities.

For patients, HASAWA etc., may not directly apply to many clinical risk situations such as decisions on the method of treatment or choice of drugs. It can apply where there has been a system failure such as the failure to ensure the safety of equipment used in a clinical procedure. The Health Board is committed to the effective control of risk to patients and health and safety considerations form part of its overall approach.

2.3 Safety of Non-Employees

The general safety of visitors forms part of this policy including protection of their safety whilst on SBUHB property

Temporary staff directly employed by SBUHB will be treated as employees for the purpose of this policy. Other temporary staff such as agency and locum will be treated as contractor staff for the purpose of this policy and will require effective cooperation and coordination between the Health Board and that agency

For volunteers acting on behalf of SBUHB they will be treated as employees. Where the volunteer is provided by other agencies there will be effective cooperation and coordination between the Health Board and that agency.

Where contractors are employed there will be a requirement for effective cooperation and coordination between SBUHB and the Contractors to ensure that risks are effectively assessed and controlled.

3. DEVELOPMENT OF THE POLICY

3.1 Health Board Wide Policies

The policy will be supported by a number of other Health Board-wide policies (Appendix C). These focus on specific areas of health and safety risk and detail how those risks should be effectively managed. This approach is consistent with the requirements of the Health and Safety at Work Act 1974 (HASAWA) that provides the overall legislative framework and is supported by a number of specific regulations relating to particular work activities such as manual handling.

3.2 **Service Groups**, Other Directors, Wards and Departments

Where necessary and to give greater focus on specific aspects of health and safety management not covered by an over-arching SBUHB this policy also encourages the development of appropriate policies, procedures and systems. These policies and procedures must be consistent with the overall approach adopted by the Health Board

4. **GENERAL STRATEGY**

To ensure effective management of health, safety and welfare the Health Board will have:

- Arrangements to comply with the requirements of legislation, Welsh Government initiatives etc
- Clarity on roles and responsibilities at all levels of the organisation. In general these arrangements will be consistent with the management arrangements in the Health Board
- Arrangements to identify risks and to implement the necessary action to remove or control them
- Procedures, protocols, safe systems of work etc needed to control the risk
- Systems to ensure persons who may be at risk the necessary competencies, information, instruction, supervision etc for them to work safely
- Effective arrangements for the design, maintenance etc of equipment, buildings and associated engineering systems, working environments, public areas etc
- Making available competent advice on relevant aspects of health and safety risk
- Systems to report and learn from accidents, ill health, dangerous occurrences whether or not actual injury, illness etc took place
- Arrangements to consult with employees, safety representatives and others on matters of health and safety
- Systems to measure the health, safety and welfare performance of the Health Board

5. **MANAGEMENT ARRANGEMENTS AND ROLES AND RESPONSIBILITIES**

The organisational chart for Health and Safety is shown in Appendix A **and Health and Safety Committee/Group Structures shown n Appendix C**

5.1 **Health Board**

The Health Board has ultimate responsibility for ensuring that it complies with the requirements of health and safety legislation including the provision of appropriate resources. It is responsible for approving this Policy: subsequent amendments may be actioned through the Health Board Health and Safety Committee. It may delegate responsibility for approving supporting Health and Safety Policies and Procedures to other appropriate Committees/**Groups**, Directors etc in accordance with its Policy on Policies.

5.2 Chief Executive

The Chief Executive has responsibility for: -

- Ensuring that the Health and Safety Policy is implemented and reviewed as is necessary and advising the Board accordingly
- Identifying the Board's health and safety plans and performance requirements and ensuring the necessary resources to implement the Health and Safety policy effectively
- Appointing lead directors to take responsibility for the coordination of health and safety matters across the Health Board
- Ensuring that the Board is regularly informed regarding health and safety matters affecting employees, patients and others
- Monitoring health and safety performance against agreed targets.

5.3 Director of Finance & Performance

On behalf of the Chief Executive the Director of Finance & Performance takes executive responsibility for the implementation of health and safety within the Health Board. These responsibilities include: -

- Ensuring the health and safety policy is kept under review and updated if changes in legislation, risk etc makes this necessary
- Monitoring the implementation of the Health and Safety Policy
- Advising on the necessary resources for the effective management of health and safety risk
- Reporting to the Health Board on overall performance in health and safety matters and action being taken to improve health, safety and welfare within the Board
- Ensuring that any legal requirements due to changes in legislation are disseminated as necessary throughout the Board
- Attend the Health Board Health and Safety Committee

5.4 Nominated Lead Directors

Board directors may be nominated by the Chief Executive to have lead roles for particular health and safety matters. Their general responsibilities are:-

- Developing Board-wide safety arrangements for the particular health and safety matters under their control
- Advising on the necessary resources for the effective management of health and safety risk
- Reporting to the Health Board on performance
- Monitoring the implementation of relevant policies
- Ensuring that any legal requirements due to changes in legislation are disseminated as necessary throughout the Board
- Reporting to the Chief Executive on the standards being achieved

5.5 **Service Groups** (Directors of Services etc)

5.5.1 General

The size and complexity of the Health Board make it impractical to provide direct central management, policies etc that cover all aspects of the management of health and safety. Responsibility for the management of health and safety is delegated from the Chief Executive to Service Group Directors and Directors of Services.

5.5.2 Roles and Responsibilities

Service Groups must:

- Demonstrate their commitment to high standards of health, safety and welfare
- Implement the Health Board Health and Safety Policy and associated policies and procedures as required in their areas of control in the Health Board.
- Ensure there are appropriate arrangements within their areas of the organisation for the effective management of health and safety with clearly defined roles and responsibilities
- Have adequate arrangements to identify and manage health and safety risks
- Where appropriate arrange to develop and implement policies, procedures and safe systems of work necessary for the safe management of their areas of responsibility
- Ensure the competency of staff (including new and temporary staff) by the provision of information, training, instruction and supervision as is necessary to control risk
- Have effective arrangements to consult with staff and safety representatives on matters of health and safety
- Maintain appropriate health and safety records
- Ensure the prompt reporting and investigation of all accidents and untoward occurrences
- Regularly monitor and audit health and safety performance

Service Group Directors may delegate the management of health and safety to other staff within their areas of responsibility. Details of the individual responsibilities will be identified and appropriately recorded by the Service Group or Director concerned. Staff undertaking these roles must be competent and given appropriate time and resources to undertake these duties.

5.6 Service Managers, Line/Departmental Managers etc

These staff will directly manage staff and/or services and department(s).

Principal responsibilities include

- Demonstrating by personal example their commitment to high standards of health, safety and welfare
- Identifying health, safety and welfare risk present in their area(s) of control
- Putting into place appropriate arrangements to eliminate or control those risks.
- Apply Health Board policies and procedures to the work undertaken and risks present
- Apply appropriate Service Delivery Unit local policies, procedures and safe systems of work to the work undertaken and risks present
- Communicate with their staff on matters of health, safety and welfare
- Identify the training and information needs of staff ensuring that the training is received
- Investigate accidents and incidents ensuring that appropriate remedial action is taken

5.7 General Duties of Employees

All employees have a legal duty under HASAWA. They must take reasonable care for their own health and safety and that of others who may be affected by what they do (including their acts or omissions). In particular employees must:

- Co-operate by complying with health and safety policies and procedures
- Make use of equipment, procedures etc necessary to control health and safety risks
- Report all untoward incidents and potential hazards even when no injury or property damage has resulted and co-operate in the investigation of such incidents

5.8 Competent Persons

5.8.1 General

The Management of Health and Safety at Work Regulations 1999 requires the Health Board to identify competent persons for key areas of health and safety risk. Details of the competent persons are shown in Appendix B.

5.8.2 The Assistant Director of Health & Safety

The primary role of the Assistant Director of Health and Safety is to:-

- Act as the competent person to advise the Health Board of necessary actions and controls for the management of health and safety
- To support and advise the health and safety work of the Health Board and

its management units and others as necessary on matters of legislation approved codes of practice, standards and guidance.

- To represent the Health Board during inspections etc with the Health and Safety Executive and other enforcing bodies as appropriate.
- To direct and lead the Health and Safety Team (including manual handling, fire safety, personal safety) to ensure best practice is achieved throughout the Health Board
- Assist in the management of Health and Safety through the preparation of relevant SBUHB-wide policies and procedures
- Co-ordinating and undertaking a full range of internally developed and Nationally accredited training programmes to meet its mandatory requirements
- Ensuring that statistical information is available on health and safety performance throughout and interpret such information in order to evolve action plans in co-ordination with Directors and Managers to improve or maintain standards

5.8.3 The Head of Health and Safety

The primary role of the Head of Health and Safety is to;-

- Assist the Assistant Director of Health & Safety in all health and safety areas including specific areas identified in 5.8.2

6. ARRANGEMENTS

6.1 Risk Assessment

The Health Board has a comprehensive system for risk assessment that includes the assessment and control of health and safety risks. Health and safety risks are prioritised and managed using that system and this is recorded in a separate policy and associated procedures.

6.2 Policies, Procedures, Safe Systems of Work etc

In addition to this policy other Health and Safety Policies and procedures will be developed including

- Health Board-wide policies and procedures to manage common risks or issues (e.g. violence and aggression).
- Health board-wide policies and procedures may need to be further developed by Service Delivery Unit to manage their local risks (e.g. manual handling in the community). Where Service Delivery Units develop their own local procedures etc these must be consistent with Board-wide systems for the risk concerned.
- Safe systems of work, standard operating procedures, instructions, guideline etc that may be specific to or include reference to health and

- safety matters.
- Procedures for emergency situations such as fire

6.3 Competent Staff

Competency can broadly be defined as a combination of training, knowledge, experience and personal attitude necessary to work safely. Staff may begin with no competency and ultimately progress to become very competent. For some risks such as fire or chemical spillage skills may not be routinely practiced. Therefore any training or other interventions need to reflect the relevant level of skills needed to be achieved and maintained.

The Health Board will adopt a flexible approach that will be determined by the risks present. This will include the use of formal training sessions, competency assessments, provision of the information, supervision, mentorship etc

6.4 Health and Safety Information

Copies of relevant policies, procedures, safe systems of work will be conveniently available for employees and others to consult. Depending upon the need for the information they will include paper and electronic systems that may be held centrally, in wards and departments or at other locations as required.

Line managers must make the availability of information sources (e.g. policies) known to employees.

6.5 Support for Staff

Appropriate support will be made available to staff as part of their normal work activities and following an incident, ill health etc.

Initial support for staff will be provided by their manager or supervisor. Staff may also access the SBUHB Occupational Health Service and specialist advice from competent staff in the organisations. Trade Unions also have a key role in supporting staff and consulting with managers.

Details will be recorded in specific policies and procedures.

6.6 Working with Other Organisations

The range of work undertaken by the organisation means that our staff may work in premises owned by other organisations. In similar way employees of other organisations, volunteers etc may work in our buildings. Risk assessments will be undertaken and control measures introduced as required to control identified risks.

6.7 Consultation

Section 2(6) of the Act, the 1977 Safety Representatives and Safety Committee Regulations and the Health and Safety (Consultation with Employees) Regulations 1996 requires employers to consult with employees on arrangements for health and safety.

Consultation will be undertaken with staff and safety representatives where there are changes in risk, prior to the introduction of new equipment or technology, changes in legislation etc.

Routes for consultation include

- Via the Board (or other correctly constituted) Health and Safety Committee and/or other committees that have health and safety issues as part of their remit
- Management Unit e.g. dedicated Health and Safety Committee
- Ward or departmental

Details of a committee's remit and membership must be recorded in their Constitution and Terms of Reference.

6.8 Safety Representatives

In order to promote active participation in health and safety at all levels within the organisation, the Board positively encourages staff to take on responsibilities as Health and Safety Representatives.

Safety Representatives can only be appointed by recognised Unions/staff organisations. Each organisation is required to notify the Human Resources department of appointed Health and Safety Representatives and of the group(s) of staff and workplace (s) that they represent.

Time off with pay is granted to representatives for the carrying out of their duties during working hours and to attend appropriate Health and Safety meetings etc.

6.9 SBUHB Health and Safety Committee

SBUHB will maintain and develop a Health and Safety Committee. Its main duties are

- To ensure that effective partnership working arrangements are maintained between Management and Staff Health and Safety Representatives
- To review and monitor risks, incidents lessons learnt etc as they affect general SBUHB matters
- To develop, use and maintain key performance indicators

- To develop, maintain and implement the Health and Safety Improvement plan
- To review SBUHB-wide policies
- To receive Health and Safety management reports from the relevant groups

6.10 Safe Equipment and Safe Premises

System will be developed and maintained to understand the risks associated with equipment and buildings and how they will be controlled. In particular when new or altered equipment or building are introduced they must be subject to an appropriate risk assessment.

Systems will be implemented to manage any risks including arrangement for maintenance, cleaning etc

In determining risk should be sought from manufacturers, suppliers, competent SBUHB staff etc. Responsibility rests with the manager of the equipment, building, ward or department etc involved and is determined by the scope of use of the equipment etc.

6.11 Occupational Health Service

The Occupational Health Service provides specialist services and advice to assist the Health Board in the management of health and safety risks. These include pre-employment assessment, health surveillance, elements of post incident management and assessment and treatment of staff with ongoing health problems.

Risk assessments will be used to determine the requirements for Health Surveillance that may be provided by the Occupational Health Service or externally as required.

6.12 Incident and Hazard Reporting

The Health Board has a comprehensive system for reporting of incidents and this is recorded in a separate policy and associated procedures.

6.13 Health and Safety Improvement Plan

The Health Board will annually develop and review a Health and Safety Improvement Plan. This will consider actions developed from risk assessments, lessons learnt, organisational change etc that require effective planning and monitoring. This will form part of the work of the Health and Safety Committee.

Management Units will be required to interpret the plan, apply to areas under their control and monitor performance against that plan. They may also

develop, based upon their risk profile etc, local Health and Safety Improvement Plans.

6.14 Performance Monitoring

Performance monitoring for health and safety will include both internal and external systems.

Reports will be made to SBUHB Health and Safety Committee; Management Units etc charged to review Health and Safety arrangements and performance in their areas of control or review.

Areas of performance monitoring include

- Progress against Health and Safety plans
- Progress in the control of health and safety risks identified by risk assessment, those included on risk profiles etc
- Key performance indicators for relevant parts of the organisation
- Corporate audit programme
- Ward or departmental audits
- Competencies of staff
- Incident statistics, lessons learnt, claims etc
- Compliance with Welsh Government Standards
- Reports from external bodies e.g. HSE

Key performance indicators (KPIs) will be developed to give focus on health and safety relevant to various levels of risk and management responsibility.

6.15 Publicity of the Policy

This policy will be made available for staff and others to consult in the Health Board document management system incorporated into its intranet. Where required and on request other formats will be made available.

6.16 Policy Review etc

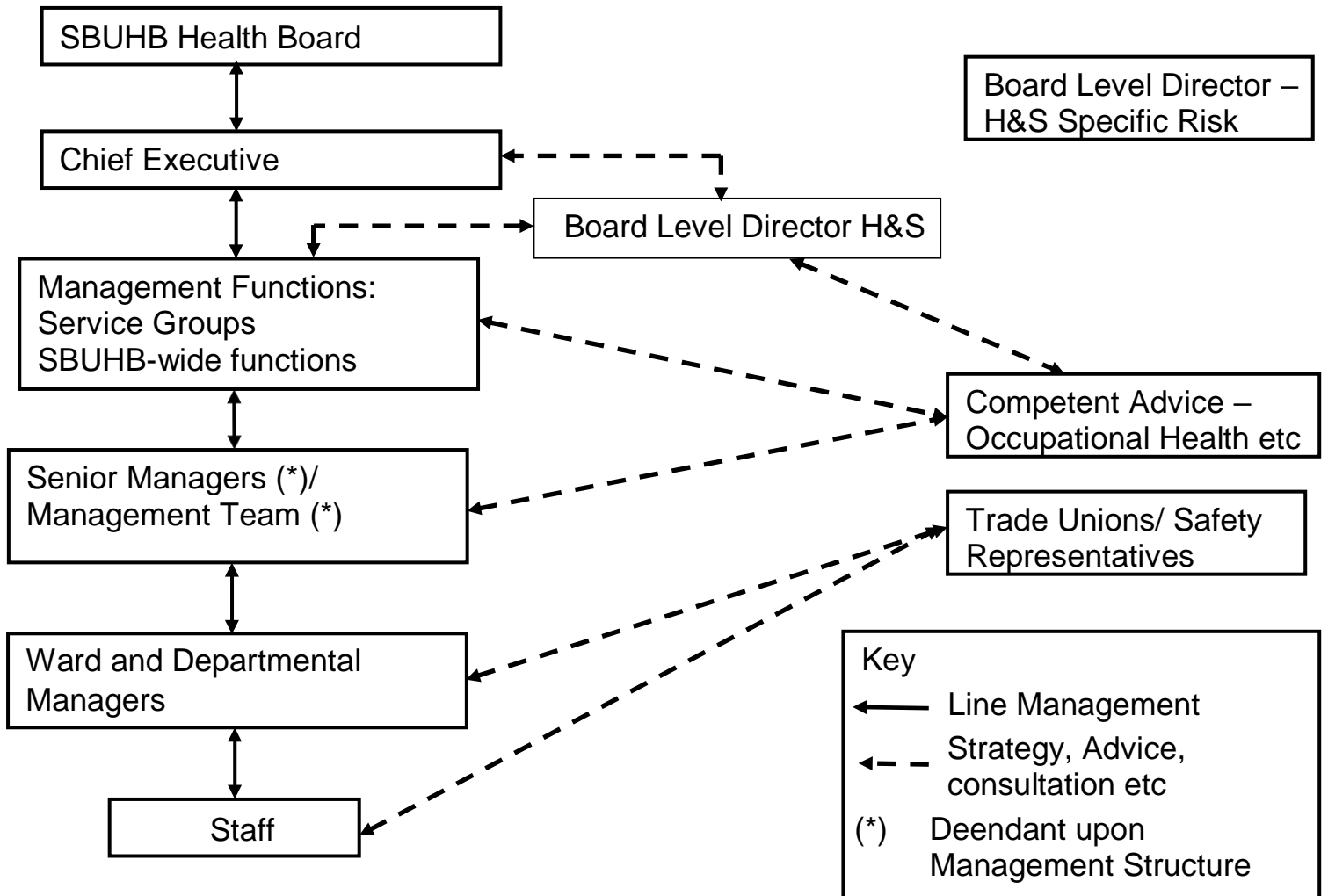
This policy will be reviewed often as is necessary to ensure continued compliance with health and safety legislation, changed or emerging health and safety risk or other relevant reasons.

It will be reviewed by the Health and Safety Committee on behalf of the Health Board. The Health Board must approve any significant amendments.

Policies, procedures, safe systems of work etc that have not been developed corporately must be reviewed as often as necessary dependant upon the level of risk etc.

APPENDIX A

SBUHB Health and Safety Management Arrangements Chart



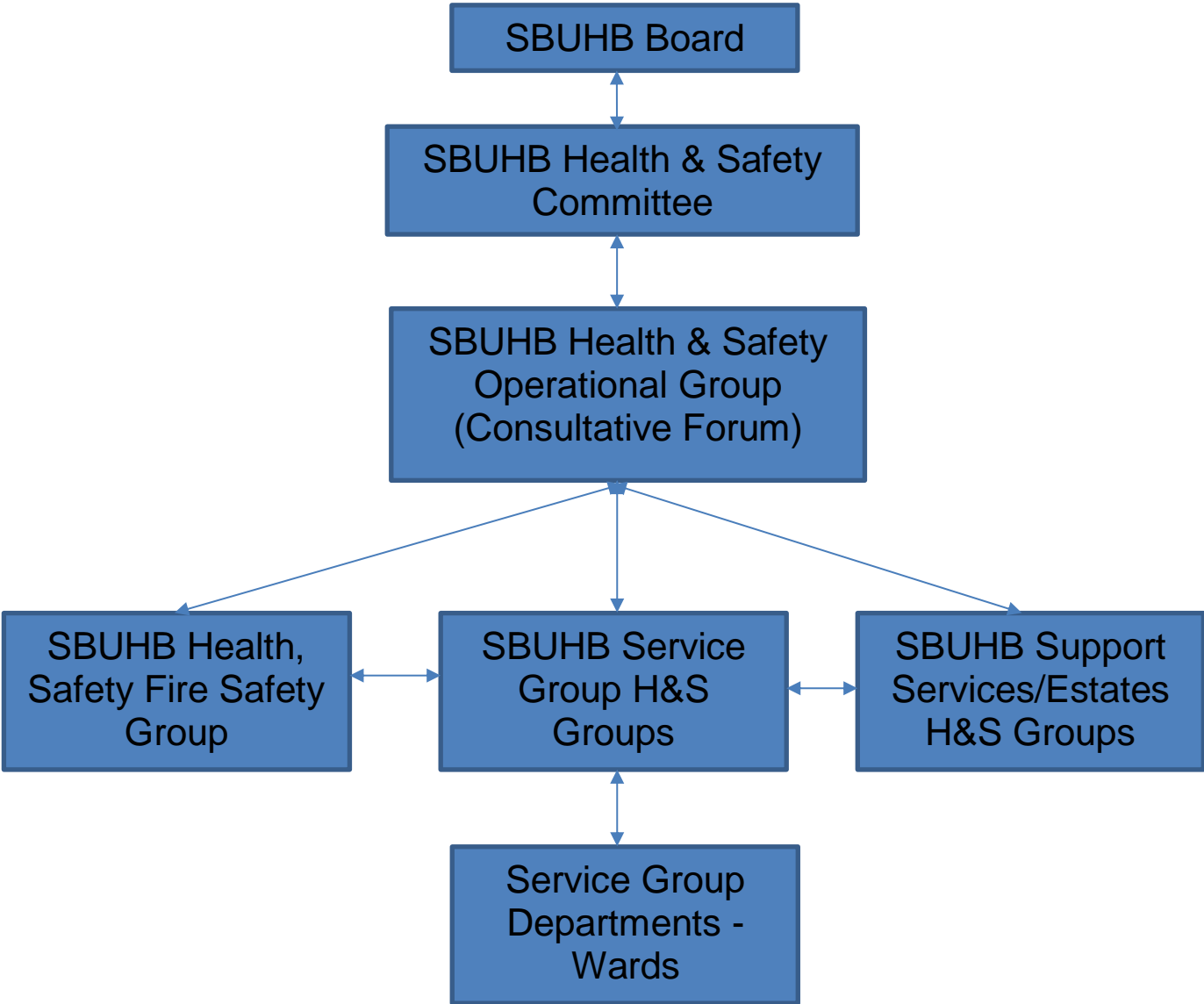
APPENDIX B

Competent Persons

This section records persons and departments within the Health Board able to give advice in particular areas of health, safety and welfare risk.

Topic Area	Advisory Service
Health and Safety	Health and Safety Department
Manual Handling	Manual Handling Adviser
Violence and Aggression	Health and Safety Department
Fire Safety	Health and Safety Department
Infection Control	Control of Infection Team
Occupational Health	Occupational Health Adviser
Health and Safety (Estates)	Health and Safety Adviser (Estates)
Risk Management	Patient Experience Manager
Waste Management	Estates Manager
Ionising Radiation	Radiation Protection Adviser
Non-Ionising Radiation	Radiation Protection Adviser
Medical Devices	Medical Devices Co-ordinator
Security	Estates Manager
Energy management	Estates Manager
Transport	Estates Manager
Asbestos	Estates Manager
Water Management	Estates Manager

Health & Safety Committee/Group Structures



REFERENCES

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Managing for Health and Safety (HSE 2013)
- Directors ' responsibilities for health and safety (HSE INDG 343)
- Health Inspectorate Wales Standard 22 – Managing Risk and Health and Safety
- NHS Wales Governance E-Manual
- All Wales NHS Manual Handling and Passport Training and Information Scheme
- All Wales NHS Violence and Aggression Passport Training and Information Scheme
- Health and Safety (Consultation with Employees) Regulations 1996
- Safety Representatives and Safety Committee Regulations 1977
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

SBUHB HEALTH AND SAFETY POLICIES

SBUHB Policies with a potential health and safety content (non- exhaustive list) may be found on the

- Corporate/Non-Clinical policy section of the SBUHB Intranet

From: ABM Inquiries

Sent: 09 November 2018 11:18

To: Adel Davies (ABM ULHB - Surgical Specialties); Amanda Smith (ABM ULHB - Postgraduate Centre); Angela Hopkins (Cwm Taf LHB - Executive Directorate); Angela Kind (ABM ULHB - Estates); Anne Biffin (ABM ULHB - Medical Directors Department); Bellina Jenkins (ABM UHLB - Children's Services); Cathy Dowling (ABM ULHB - Corporate Nursing); Ceri Matthews (ABM ULHB - Clinical support services); Christine Morrell (ABM ULHB - Therapies And Health Sciences); Darren Griffiths (ABM ULHB - Strategy); David Murphy (ABM ULHB - Health & Safety); David Roberts (ABM ULHB - Mental Health & Learning Disabilities); Debbie Bennion (ABM ULHB - Nursing Divison); Des Keighan (ABM ULHB - Estates); Dougie Russell (ABM ULHB - Musculo Skeletal); Eve Jeffery (ABM ULHB - Mental Health And Learning Disabilities); Fiona Reynolds (ABM ULHB - Singleton Hospital); Gareth Howells (ABM ULHB - Nursing); Gemma Otter (ABM ULHB - Acct); Helenna Jarvis-Jones (ABM ULHB - Medicine Directorate, Morriston Hospital); Hilary Dover (ABM ULHB - Primary and Community Services); Jamie Marchant (ABM ULHB - Service Directors Office); Jan Worthing (ABM ULHB - Singleton Hospital); Jonathan Goodfellow (ABM ULHB - Cardiology); Kathryn Jones (ABM ULHB - Workforce and OD); Kim Clee (ABM ULHB - Workforce); Lesley Jenkins (ABM ULHB - NPT Locality); Linda Bevan (ABM ULHB - Morriston Managed Unit); Lynne Hamilton (ABM ULHB - Finance); Malcolm Thomas (ABM ULHB - Corporate Services); Martin Bevan (ABM ULHB - Neath Port Talbot Locality); Matt John (ABM UHLB - Informatics Directorate); Mike James (ABM ULHB - Corporate Hospital Management); Neil Miles (ABM ULHB - Surgery); Nicola Williams (ABM ULHB - Morriston Unit); Pamela Wenger (ABM ULHB - Corporate Governance); Rebecca Carlton (ABM UHLB - Morriston Hospital); Rhian Thomas (ABM ULHB - Estates); Sandra Husbands (ABM UHLB - Public Health); Sian Harrop-Griffiths (ABM ULHB - Strategy); Silvana Gad (ABM ULHB - Primary & community Services Delivery Un); Susan Bailey (ABM ULHB - Communications); Susan Cooper (ABM ULHB - Bridgend Locality); Tracy Myhill (ABM ULHB - Corporate); Vicky Warner (ABM ULHB - Primary Care, Community Services); Victoria Gibbs (ABM ULHB - Trauma Orthopaedic & Spinal services); Wendy Penrhyn-Jones (ABM ULHB - Administration)

Cc: CatherineH Williams (ABM ULHB - CEO Office); Catrin Evans (ABM ULHB - Strategy); Claire Mulcahy (ABM ULHB - Corporate Services); Clare Dauncey (ABM ULHB - Human Resources); Ebony Smith (ABM ULHB - Corporate Services); Francesca Proietti (ABM ULHB - Informatics Directorate); Jeanie Stevens (ABM ULHB - Executive Medical Directors Department); Kirsty Joseph (ABM ULHB - Finance); Linda Smith (ABM ULHB - Nursing Divison); Lyn Westacott (ABM ULHB - Strategy); Paula Picton (ABM ULHB - Strategy)

Subject: Policies

Dear All

I write to advise that the following policies have been amended slightly and added to the Corporate Policies database:

- Health & Safety Policy
- Raising Concerns – Procedures for Staff

The policies are available to view via the [corporate policy database](#).

Regards,

Llywodraethu Corfforaethol / Corporate Governance
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board
Pencadlys ABM / ABM Headquarters
1 Talbot Gateway, Baglan, Port Talbot, SA12 7BR

Bwrdd Iechyd Prifysgol ABM yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Abertawe Bro Morgannwg /

ABM Health Board is the operational name of Abertawe Bro Morgannwg University Local Health Board



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