



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

HS01 OCCUPATIONAL HEALTH AND SAFETY POLICY

Date to be reviewed:	December 2023	No of pages:	40
Author(s)	Associate Director of Health, Safety and Equality		
Responsible dept / director:	Executive Director of Workforce and Organisational Development		
Approved by:	Strategic Occupational Health & Safety Group: 10/01/20 Quality, Safety & Experience Committee: 17/03/20 BCUHB Health Board (via Chair's Action): 09/12/20 and reported to full board 21/01/21		
Date approved:	BCUHB Health Board (via Chair's Action): 09/12/20 and reported to full board 21/01/21		
Endorsement by:	BCUHB Health Board		
Date endorsed:	09/12/20		
Date activated (live):	21/01/21		

Date EQIA completed:	November 2019 and reviewed January 2020					
Documents to be read alongside this policy:	Health and Safety Management Procedure (Template) and related Policies and Procedures Occupational Health & Wellbeing Scope of Service / Operational Guidelines					
Current Review Changes	New Occupational Health and Safety Policy to take account of legislation updates giving clear lines of ownership of Occupational Health and Safety to those directly responsible.					
First Operational:	June 2010					
Previously reviewed:	June 2013	April/May 2014	June 2015	June 2016	June 2017	March 2020
Changes made yes/no:	Yes	Yes	No	Yes	No	Yes

PROPRIETARY INFORMATION

This document contains proprietary information belonging to the Betsi Cadwaladr University Health Board; Do not produce all or any part of this document without the written permission from the BCUHB.

Contents Page

STATEMENT OF INTENT

1.	Introduction	5
2.	Scope	6
3.	Aim	6
4.	Occupational Health and Safety Management System	6
	4.1 Plan	7
	4.2 Do	7
	4.3 Check	7
	4.4 Act	7
5.	BCUHB General Arrangements for Occupational Health & Safety	7
	5.1 Plan – H&S Policies	8
	5.1.1 Training	9
	5.1.2 Workplace Induction	9
	5.1.3 Training for Health Board Executive Directors & Independent Members	9
	5.1.4 Training for Managers	9
	5.1.5 Roles Specific to H&S Training	9
	5.2 Do – Ensure Policies are Implemented	10
	5.2.1 Control of Infection	10
	5.2.2 Management of Fire Safety	10
	5.2.3 Contractor Management & Control	11
	5.2.4 Water Safety Group	11
	5.2.5 Asbestos Group	11
	5.2.6 Security Group	12
	5.2.7 Radiation Protection	13
	5.2.8 Updating of H&S Policy	14
	5.2.9 Reports from the Health & Safety Executive and Others	14
	5.2.10 Voluntary Organisations	14
	5.3 Check – Audit / Inspection Systems	14
	5.3.1 Audit	14
	5.3.2 Quarterly	14
	5.3.3 Ad Hoc	15
	5.3.4 Corporate Health & Safety & Self-Reviews	15
	5.3.5 H&S Self-assessments	16
	5.4 Act – Reporting of Accidents / Incidents	16
	5.4.1 Hazard Notification	16
	5.4.2 In House Hazard Identification	17
	5.4.3 Risk Assessments	17
	5.4.4 Duties & Responsibilities for the Management of Occupational Health & Safety	17
6.	Roles & Responsibilities	17
	6.1 The Health Board of Directors	17
	6.2 Chief Executive	18
	6.3 Occupational H&S Board Level Executive Director	18
	6.4 Executive Director of Planning & Performance	18
	6.5 Executive & Senior Management/Directors	19
	6.6 Director of Facilities / Estates	19
	6.7 All Divisional Directors	20

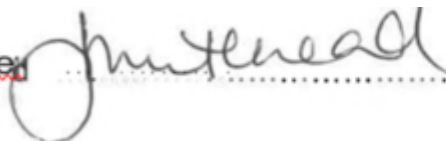
6.8 Assistant Directors / Heads of Service / Associate Directors / Hospital/Service Management Teams	20
6.9 Associate Director Health, Safety & Equality	21
6.10 Head of Health & Safety	21
6.11 Health & Safety Advisors	22
6.12 Manual Handling Manager/Team	23
6.13 Area Risk, clinical Governance/H&S Managers/Leads	23
6.14 Head of Occupational Health & Wellbeing	24
6.15 Infection Prevention	24
6.16 Head of Risk Management	24
6.17 Director/Manager Her Majesty's Prison Service	25
6.18 Departmental Managers	25
6.19 Health & Safety Directorate/Area Leads (Champions)	27
6.20 Head of Security	28
6.21 Violence & Aggression Case Manager	28
6.22 Head of Fire Safety/Advisors	28
6.23 Employees	29
6.24 Trade Union Partners & Safety Accredited Representatives	29
6.25 Non Trade Union Health & Safety Representatives	30
6.26 Primary Care contractors (PCC)	30
6.27 commissioned Services	31
7. Assurance	31
7.1 Assurance Structure	31
7.2 The Health Board	31
7.3 Strategic Occupational Health & Safety Group	32
7.4 Quality, Safety and Experience Committee	32
8. Appendix 1: Strategic Occupational Health & Safety Group Terms of Reference	33
9. Appendix 2: Structure for Reporting to Board	38
10. References	39

STATEMENT OF INTENT

The Betsi Cadwaladr University Health Board (hereafter known as the Health Board) exists to provide safe healthcare services of high quality to the local community. It recognises its legal and moral responsibilities in relation to Occupational Health and Safety (OHS) and will, in consultation with its employees, create and maintain, 'so far as is reasonably practicable' a working environment which will ensure the health, safety and welfare of its employees and any other persons who may be affected by its work activities. The overall responsibility for OHS and for the successful implementation of this policy and associated guidelines rests with the Chief Executive acting through the respective Executive Directors, Area Directors, Assistant Directors, Managing Directors, Managers and Heads of Service.

The control of OHS is a management function and as such, the Health Board will ensure progressive improvement in OHS by pursuing the corporate arrangements made in this policy and the implementation of the OHS management system (Plan, Do Check and Act). Managers are directly accountable, for the prevention of accidents, injuries and occupational illness, as well as damage to BCUHB property within their areas of concern. All staff are expected to co-operate by taking reasonable care for their own safety and that of others who may be affected by their actions, and to comply with regulations and systems of work that are in place to protect all employees and others in the workplace.

The Health Board will effectively consult employees on matters affecting their OHS. BCUHB will ensure that employees have suitable information, instruction and training to enable them to undertake their duties competently. All employees are to be provided with safe plant, machinery and equipment, suitable systems for safe handling, storage of substances and equipment. The Health Board will ensure there is adequate access and egress from premises and suitable welfare facilities. The Health Board will review the resources required for effective and efficient health, safety and welfare management as a minimum on an annual basis or sooner if there are significant changes. The Chief Executive and Board are committed to improving and developing a learning culture where health and safety is a key priority that is seen as equal importance to quality, clinical care and service delivery.

Signature  Chief Executive Officer

1. INTRODUCTION

The Health and Safety (H&S) Policy and Strategic approach embraces the concepts of sensible OHS by ensuring control measures are proportionate to risk. Awareness will be key to ensuring that staff can deliver on their service priorities whilst ensuring risks are managed in a sensible, proportionate and legally compliant way. The Health Board is committed to take all practicable steps, consistent with the provision of health care services, to safeguard its patients, visitors and staff from injury or ill health whilst on the premises. The Policy is to provide healthy and safe working conditions for all of its staff and to abide by and satisfy the requirements of the Health and Safety at Work etc. Act 1974 and the Corporate Manslaughter and Corporate Homicide Act 2007. In pursuance of this objective the Board will:

- Observe in full the legislation relating to the H&S of employees at work
- Cause this to be observed by its employees, both management and staff
- Ensure adequate education and training for this purpose
- Ensure that any accidents occurring, however minor, are fully recorded, investigated, and where necessary, reported to the Health and Safety Executive (HSE)

To achieve the provision of the proper facilities for patients, whilst ensuring that personal injuries and hazards to the health of staff and others are reduced to the minimum, management and staff must work together with a view to achieving a safe working environment. The Health Board will therefore, expect all staff to exercise responsibilities to maintain healthy and safe working conditions by:

Taking reasonable care for their own H&S and that of others who may be affected by their acts or omissions.

1. Co-operating as far as is necessary with their employer to enable the Health Board to carry out its duties laid down under the Health and Safety at Work etc. Act 1974
2. Fully using all the safety equipment, devices and protective clothing provided
3. Helping in the formulation of and adherence to safety procedures and safety policies

The Health Board will ensure that comprehensive advice and assistance is available on all matters of H&S and that arrangements exist for identifying and wherever practicable eliminating or minimising hazards based on the HSE Safety Management System HSG65 and principles of Plan, Do, Check, Act and the 3 years OHS & Wellbeing Strategy. The process described in this Policy will not only help to reduce the likelihood of accidents and ill health, it will also help to improve time for staff to give care to patients, help to reduce financial waste and will help to improve the quality of care and quality outcomes given to clinical services and non-clinical support services. The 3-year plan is based upon credible data from a variety of sources to identify the need for change. Similarly, quality improvement methodology will be utilised to endeavour change.

2. SCOPE

This policy shall apply to all premises and undertakings of the Health Board and to commissioners, volunteers, contractors or visitors to the premises.

3. AIM

The overall aim of this policy is to promote a continual positive safety culture and encourage ownership at every level of OHS as well as the development of sustainable high quality support services and systems that as a minimum comply with the Health & Safety at Work etc. Act 1974 and other relevant legislation. This will be achieved through a strong, visible and consistent leadership, delivering safety management in a timely, efficient, effective and affordable manner. This will ensure the organisation meets its legislative obligation to safeguard the health, safety and welfare of patients, staff, visitors, property, and others as well as the organisations reputation. This will enable the Health Board to meet and, where possible, exceed the statutory obligations placed upon the organisation to safeguard everyone who might otherwise be affected by the actions and/or omissions of BCUHB.

4. OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM

The Safety Management System is based on the HSE HSG65 process of Plan, Do, Check, Act. The approach is described below:

4.1 Plan - This is a key element in building effective foundations required for the Safety Management System. A key part of the planning process is to develop clear policies, guidance and safe working practices that covers all aspects of the OHS management system. The three year strategy aims to measure the success of the plans for OHS by systematically evaluating performance against the Policy. A range of Policies will be designed to ensure they can be audited against. The strategy will measure pro-active and re-active work being undertaken by the organisation leads. A health surveillance program will enable the Board to identify emerging risks from known indicators such as night work, latex, dermatitis, vibration, noise assessments, training feedback, inspections and pro-active audits and self-audit review system. When accidents occur they will be reported in a timely manner to enforcing authorities and lessons learnt, not just in one area, but pan BCUHB.

The plans include developing an effective intranet site to provide up to date information and guidance. Part of the planning process will be to develop a fully accredited Safe Effective Quality Occupational Safety and Health (SEQOSH) service. Suitable provision for fire, security and other emergencies is required to be in place. Co-operation is required with anyone who shares our workplace, BCUHB will co-ordinate plans with them, and this includes contractors and subcontractors to make it clear who has responsibility for safety and how it is monitored. The plans require to clearly state who is responsible at site level for OHS matters.

4.2 Do – The ‘do’ section requires specific pieces of legislation to be adhered to that apply to the Health Board, examples include bio-hazards, environmental, radiation, legionella, asbestos, COSHH, vibration, pseudomonas etc. The system of evaluation is required to inform the Board that the systems in place provide assurance of compliance in all service areas. This applies to all staff and any significant gaps will be identified to develop the risk profile both positive and negative. The strategy will identify what could cause harm in the workplace, who it could harm and how, and what the individual should do to manage the risk. The right people and equipment in the right place is key to a successful business and a pro-active OHS strategy. The strategy aims to identify the highest risks, risk rank them and decide on an action plan to mitigate such risks. All Senior Leaders have the ability to influence the safety culture, decide on the preventive and protective measures needed and put them in place. The Manager and supervisors act as role models to make sure that arrangements for OHS are in place at all times, this Policy provides a clear framework for what leaders are required to do.

4.3 Check - This element will place an emphasis on a shift from reactive to pro-active measuring of performance. The Health Board will establish Key Performance Indicators (KPI's) that give evidence that the safety plans put in place are working. The plans require implementing to make sure that they are in place, ‘paperwork’ on its own is not a good performance measure. What actually happens on the ground is the reality of the OHS system. The Health Board will assess how well the risks are being controlled through inspections, tours, audits, self-assessment reviews and an annual gap analysis of all legislation, to ensure that what was intended to happen has been implemented. Reports on activities and findings will be reported quarterly and annually to the Board through the Strategic Occupational Health and Safety Group and Governance structure. Root Cause Analysis investigations will identify the causes of accidents, incidents or near misses and actions will be centrally logged for Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) to ensure they are completed and reoccurrence of the same event minimised. The Health Board will also check that Senior Directors are suitably trained on their corporate responsibilities.

4.4 Act - A review of the OHS management system in all service areas through additional gap analysis. The Health Board will identify if what was planned to happen actually happened in reality. Furthermore, the Health Board will learn from accidents and incidents, ill-health data, errors and relevant experience. Sharing of best practice from other organisations will ensure it follows best practice. The act part of the process will involve revisiting plans, training, policy documents and risk assessments to see if they are adequate and are still relevant in controlling the hazards at source. Working to ensure risk assessments are site specific not generic in nature. This will ensure a continued cycle of improvement is effectively implemented.

5. BCUHB GENERAL ARRANGEMENTS FOR OCCUPATIONAL HEALTH & SAFETY

Planning is an integral part of the Health Board's operations and it recognises that legislation requires it to make arrangements for effective planning.

5.1 Plan- Health & Safety Policies

The Health Board has in development a comprehensive suite of policies to supplement the Occupational Health and Safety Policy, they are to be adhered to and effectively implemented by all staff:

- Asbestos Policy
- Construction, Design and Management Policy
- Control of Contractors Policy
- Control of Noise at Work Policy
- Confined Spaces Policy
- Control of Substances Hazardous to Health Policy
- Display Screen Equipment Policy
- Driving at Work Policy
- Electricity at Work Policy
- First Aid at Work Policy
- Ionising Radiation Protection Policy-Non-ionising Radiation Protection Policy
- Incident Reporting and Management Policy and Procedures (Putting Things Right)
- Inoculation and Exposure to Needlestick / Bodily Fluids Policy
- Latex Sensitisation Policy
- Lifting Operations and Lifting Equipment Regulations Policy
- Lone Worker Policy
- Management of Violent & Aggression Policy
- Manual Handling Policy
- Mental Health, Wellbeing and Stress Management Policy
- New and Expectant Mothers Policy
- Occupational Health Surveillance Policy
- Occupational Health & Wellbeing Scope of Service / Operational Guidelines
- Occupational Immunisation & Screening Procedure / Communicable Diseases Management
- Personal Protective Equipment Policy
- Policy for the Management of Fire Safety
- Policy for the Management of Safe Water Systems
- Provision and Use of Work Equipment Policy
- Risk Management Strategy
- Safety Signs and Signals Policy
- Security at Work Policy
- Slips, Trips and Falls Policy
- Vibration at Work Policy
- Violence at Work Policy
- Working from Heights Policy
- Young Persons at Work Policy

The above policies will be used as a framework to Audit the OHS system in place. They are working documents that are required to be realistic and effectively implemented by all staff and contractors who work directly or indirectly for the Health Board.

5.1.1 Training

Training will be based on a training needs analysis. Training will be suitable and sufficient to enable staff to identify hazards and risks they may face in the workplace and how to deal with them. This approach applies to all staff. Training should be based on the level of competence required for the service areas individuals involved and level of expertise required.

Associate Directors/Assistant Directors and Divisional Heads of Service will be required to attend specific Corporate Manslaughter and Corporate Homicide Act 2007 training to understand their responsibilities under the Act. This is of particular importance when decisions may directly influence safety outcomes. Training, information, instruction and supervision should be to the appropriate level of expertise required. It is necessary to provide suitable training on induction. It is also necessary to identify H&S Leads (Champions) in each service area and support services and managers to deliver their safety remit.

5.1.2 Workplace Induction

All new employees shall benefit from a comprehensive induction to the workplace. These inductions will not only focus on the duties of the individual but are to provide staff members with information in respect of the hazards and risks they may face and the control measures in place to mitigate such risks. Workplace risk assessments shall be made available to new employees via the manager or service lead.

5.1.3 Training for Health Board Executive Directors and Independent Members

In response to identified training needs, the Health Board will provide suitable and sufficient training and instruction to Members of the Board in respect of H&S Management. This will also include responsibilities under section 37 of the Health and Safety at Work etc. Act 1974 and the Corporate Manslaughter and Corporate Homicide Act 2007.

5.1.4 Training for Managers

The Health Board will ensure, through training needs analysis, that managers receive H&S training, in respect of their role in the day-to-day management of health safety, for example providing the 'Institution of Occupational Safety & Health' (IOSH) and the 'Managing Safely' course. Health Board managers will ensure that H&S procedures, risk assessments and safe systems of work, as applicable are brought to the attention of their staff and observed by them. They will make provisions such that every member of staff can participate in H&S training activities.

5.1.5 Roles Specific to Health and Safety Training

This training will be identified by Managers and provided to employees as a direct result of the training needs analysis and the risk assessment process. The Corporate

H&S department will provide advice and guidance in respect of the training required. This training will include but is not restricted to:

- Risk Assessment
- Workplace Induction
- Personal Protective Equipment
- Provision and Use of Work Equipment
- Working at Height
- Confined Spaces
- Electrical Regulations
- Noise at Work
- Display Screen Equipment
- Manual Handling
- Violence and Aggression
- Control of Substances Hazardous to Health (COSHH), Sharps/Body Fluid Contamination Incidents
- Stress at work
- Wellbeing

Records of instruction received will be maintained in a central point for inspection and review.

5.2 Do - Ensure Policies are Implemented

To support the development of an effective OHS system a 3-year strategy and action plan has been developed as a framework for the overarching OHS improvement plan. This has been devised by the OHS Team. This detailed plan will ensure that the aims set out in the Strategic Plan are met and actions are identified, which are monitored and reviewed on a regular basis by the Strategic OHS Group. The Strategic OHS Group reports directly to the Quality, Safety and Experience Group on OHS and risk issues, which in turn reports to the Health Board.

5.2.1 Control of Infection

The ongoing responsibility for the Control of Infection Policy will be exercised by the Strategic Infection Protection Group.

5.2.2 Management of Fire Safety

The Health Board acknowledges its obligation to take suitable precautions against fire in its premises in accordance with official guidance and statutory requirements and it has overall accountability for the activities of the Organisation. The Chief Executive is responsible for ensuring compliance with current fire safety legislation and where appropriate the Department of Health Firecode guidance is implemented in all BCUHB premises and for assuring the Health Board that such measures are being met. The Executive Director of Planning and Performance will champion fire safety issues at Board level, which includes proposing programmes of work relating to fire safety for consideration as part of the annual business plan. The Director of Estates and Facilities is the Health Board's Fire Safety Manager and is responsible

for ensuring the Health Board maintains its premises in accordance with current legal requirements. The nominated Senior Estates Officer responsible for Legislation and Compliance for BCUHB and has responsibility for the day to day activities associated with fire safety including, amongst others, training, risk assessment and maintenance of equipment. The Fire Safety Advisor in each area is responsible for providing technical expertise to all staff in order for them to fulfil their duties effectively.

5.2.3 Contractor Management and Control

Contractors require effective competence evaluation, pre-employment reviews and site induction. The local induction will also require a thorough review of their documentation to assess the suitability of the risk assessment and method statements by the Estates Department/Facilities or Capital Projects. The contractor should be inducted by a competent staff member within the Capital Projects or Estates and Facilities Department. All contractors are required to report to the Estates and Facilities Department to sign in and be provided with relevant information regarding the area they will be working in this relates to IT or other contractors on site. This will apply if the contractor is in contact with the fabric of the building or if it may affect its integrity of the building or processes within it. A permit to work system will be provided and managed via Estates and Facilities were there is a significant hazard identified, work at height, confines spaces, hot works fire etc. This will require sign in and off procedures to be effectively implemented.

5.2.4 Water Safety Group

The Water Safety Group will be responsible for co-ordinating and overseeing the safe management of Water Systems in compliance with HSE Approved Code of Practice L8. The water systems and implementation of Policy positively contributes to the health and wellbeing of patients/visitors and staff in all BCUHB premises. The Water Safety Group will work closely with Clinical Groups/Infection Prevention, Estates/Facilities and Corporate Departments to ensure that suitable and sufficient arrangements are in place for the safe management of all water systems. The risk assessments in relation to water systems require reviewing and implementation of the findings. Any issue identified that result in risks of legionella; pseudomonas or any other water borne pathogen requires escalating through the governance system and to the Strategic Occupational Health and Safety Group.

5.2.5 Asbestos Management Group

The Asbestos Management Group identifies and recognises BCUHB's responsibilities (as the Duty Holder) under current asbestos legislation and has a moral obligation to eliminate or control the risk of exposure to asbestos. The purpose of this group is to provide the means by which management develop and maintain the asbestos management process across the Health Board. The Group ensures that the following:

- An integrated approach to the identification and management of workplace asbestos hazards are maintained throughout the organisation.
- Provides assurance in terms of the effective management of Asbestos risk across all activities and facilities.

- Develop and monitor the asbestos management plan and address significant asbestos risks within the organisation.
- Further, develop the Asbestos Policy and supporting arrangements.
- Monitor performance in respect of the Key Asbestos Management Performance Indicators within the Health Board.

The roles within the Group are as follows:

Position	Responsibility
Director of Estates & Facilities	The Duty Holder
Head of Operational Estates	Responsible for the development and implementation of the asbestos policy and management plan
Operational Estates Managers (Central, East & West)	Application of the asbestos management plan at operational level
Senior Estates Officer – Asbestos Management	Responsible for the application of asbestos statutory compliance work packages
Estates Development	Application of the asbestos management plan during capital redevelopment work

5.2.6 Security Group

The Security Group provides an objective view of command and control of security functions within the organisation authorising it to take decisions on behalf of all services, functions, and departments within the Health Board. The Group adheres to an agreed set of objectives including, but not limited to:

- To develop a community approach to security and crime prevention, working together to ensure that there is a secure environment that protects patients, staff, visitors and property as well as the physical assets of the Health Board.
- For the Health Board, to work collaboratively with North Wales Police and those having responsibility for community safety and security to promote an effective security policy.
- To promote good practice across all agencies and develop a common understanding of the issues pertinent to each agency.
- To establish partnership links with crime reduction and community safety groups to help promote security awareness amongst all employees of the Health Board together with patients and visitors to the organisation including contractors to all Health Board sites.
- To contribute legally and effectively to the collection and sharing of information with partners.
- To support Home Office and Welsh Government initiatives and contribute to tackling violence in the community.
- To promote Operational Initiatives for example; 'Obligatory Response's to Violence in Healthcare' that will ensure patients, staff and visitors feel, and are

indeed, safe in their working environment and during their visits to Health Board sites.

- To reduce crime (and fear of crime) on Health Board sites and, through its work, within communities across the Health Board area of operations.
- To monitor and review current practice, feedback from services, functions and departments and identify operational difficulties.
- To establish and maintain effective channels of communication to relevant services, functions and departments, for all staff relating to security.
- To identify resource requirements and potential funding.
- To continue to monitor and review the Health Board security policy, strategy, plans and progress.
- To produce an annual report on the progress of the Health Board security strategy, the system of security management in place and its effectiveness and recommend any improvements that may be required.
- Escalate issues to the Strategic OHS Group as required.

5.2.7 Radiation Protection

The Health Board as the employer is responsible for ensuring compliance with radiation protection legislation. There are a number of pieces of legislation that cover work with both ionising and non-ionising radiation. In terms of H&S, the main regulations for ionising radiation are the Ionising Radiation Regulations 2017 (IRR17) which places a number of requirements on BCUHB to ensure safe use of ionising radiation. Under IRR17, BCUHB has appointed Radiation Protection Advisers (RPAs) to provide advice on compliance. Also for each work area, local rules have to be established and Radiation Protection Supervisors appointed to ensure that the local rules are adhered to.

Other legislation covers medical exposures (The Ionising Radiation (Medical Exposures) Regulations 2017), use and disposal of radioactive substances (The Environmental Permitting (England and Wales) Regulations 2016, as amended 2018), and the transport of radioactive substances (The Carriage of Dangerous Goods and Transportable Pressure Equipment Regulations 2009, amended 2019) as detailed in BCUHB Policy RP01.

All matters related to both ionising and non-ionising radiation protection are overseen by the Radiation Protection Committee (RPC) under the chairmanship of the Executive Director of Therapies & Health Sciences

The Committee provides leadership and direction with regards to radiation protection and safety across the organisation providing assurance that the Health Board is compliant with current legislation, good practice guidance and external standards, monitoring and auditing of radiation protection arrangements including reviewing staff radiation doses and radiation incidents affecting staff, patients or public. The Committee will provide an Annual Report to the clinical effectiveness sub-group and Quality, Safety and Experience Sub-Committee.

5.2.8 Updating of the Health & Safety Policy

The H&S Policy will be updated to take account of changing regulations and legislation and will be reviewed as a minimum every three years by the Associate Director of Health, Safety & Equality.

5.2.9 Reports from the Health & Safety Executive and Others

The Associate Director of Health, Safety and Equality will ensure that all reports from the HSE are copied to the appropriate Director or Manager for implementation and will co-ordinate the formal response to the HSE from the Health Board.

5.2.10 Voluntary Organisations

All voluntary organisation that operate in conjunction with or alongside BCUHB require to have suitable policies, risk assessments, induction/training and safe working practices that align to the requirements of this Policy. They must co-operate fully with BCUHB instructions and guidance in relation to this Policy including fire and emergency procedures. Periodic reviews of services may be undertaken by competent persons from BCUHB as required to ensure that they adhere to appropriate legislation and approved codes of practice.

5.3 Check- Audit / Inspection Systems

Organisational Leads and Departmental Managers are required to ensure the following arrangements are in place in order to manage OHS within their areas of responsibility. These arrangements have been broken down into annual, quarterly and ad-hoc to ensure clarity.

5.3.1 Audit

Departmental managers need to ensure they fully cooperate with the H&S Team during the audit process. Annual audits of areas and departments are carried out by the H&S team using the H&S Management audit proforma or gap analysis tool. Results of the audits will be feed back to the Strategic OHS Group who will monitor progress against the associated action plans. Divisional specific actions following the audit process will also be discussed at the relevant Divisional H&S Groups. This will ensure the Health Board is monitoring organisational H&S compliance. Independent assurances will include but not be restricted to, participation in the Health and Care Standards and performance reports provided by the HSE, Welsh Audit Office and Internal Audit following inspections and audits of the Health Board.

5.3.2 Quarterly

Inspections should be undertaken of all departments and areas within their areas of responsibility using the Health Boards workplace inspection proforma. Issues identified during the quarterly inspections that cannot be resolved locally must be escalated to the relevant Divisional H&S group or committee meetings or equivalent

for resolution or, escalation through the governance structure of the Strategic OHS Group.

5.3.3 Ad hoc

Risk assessments should be completed by management for all activities undertaken by their employees where it is 'foreseeable' that persons could suffer significant harm, this may be when introducing a new product or work activity. It may be necessary to cooperate with other departments to ensure staff working in their areas of responsibility, that they are not directly responsible for, have appropriate risk assessments in place for the activities they are carrying out.

5.3.4 Corporate-H&S and Self-Reviews

Corporate H&S Advisors will undertake formal H&S Reviews of each Department within their respective area. Frequency of reviews are based on the identified overall level of risk from the previous reviews or incident investigations, risk register entries or Departmental H&S Self-Assessment, as follows:

Score banding	Equivalent RAG status	Frequency
0% to 64%	Red	6 months
65% to 84%	Amber	12 months
85% to 100%	Green	24 months

Notification of a review will be provided in advance to ensure the correct Senior Staff are available unless there are exceptional circumstances e.g. following a significant incident or subject to programming of an H&S Gap Analysis exercise. The Head of H&S, Head of Occupational Health and Wellbeing or H&S Advisor should be given access to the H&S folder, risk assessments, individual workplace risk assessments, training records, local inductions, H&S audits, inspections and procedures as required. The Corporate OHS Team will be able to access all service areas and discuss safety issues with all staff members and partners as necessary to undertake their duties. The H&S Advisor should be made aware of any particular hazards in the workplace; by the Department in advance. They are required to be appropriately escorted or instructed wearing the appropriate PPE. A report will be submitted to the responsible Manager within two weeks following the site visit, which will include:

- scoring which reflects the level of risk
- a description of the evidence, and
- recommendations for actions against identified risks

The Department should retain a copy of the Review and Action Plan in the H&S Folder for 3 years. The H&S Team will retain a copy of the Review electronically and collate scores into a spreadsheet for analysis and monitoring.

5.3.5 H&S Self-Assessments

All Departments must undertake a H&S Self-Assessment twice per year. The Service Manager is required to identify a designated H&S Champion for their area. The Manager is responsible for providing the H&S Champion with adequate time and resources to undertake the self-assessment review. A copy must be forwarded to the H&S Team. Collated data will be reported back on a six monthly basis to the Strategic OHS Group. H&S Champions are expected to set a schedule for self-assessments within their remit, this requires confirming with their manager who has overall responsibility for H&S and ensure that this is adhered to. The Manager of the Department will return the self-assessment within the timescale against set dates provided by the H&S Department.

5.4 Act- Reporting of Accidents / Incidents

All accidents, incidents and near misses must be reported immediately to a line manager and should be recorded via the Datix Reporting System and actioned where necessary. The Health Board requires its Departmental Managers to investigate all accidents and injuries together with the implementation of controls to mitigate any further accidents or injury. Some incidents may require additional investigation or scrutiny, and where deemed necessary the H&S Advisor for that area may be able to provide managers with support and guidance. The consequences of some accidents may result in the injury being reportable under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR) to the Health & Safety Executive (HSE).

A Corporate H&S Advisor, following consultation and confirmation with their line manager, is responsible for the reporting of incidents laid down in the RIDDOR Regulations directly to the HSE. Departmental managers will be required to investigate RIDDORs and report on all accidents causing injury or ill health and any potentially dangerous incidents within their departments, which shall be submitted no later than the fourth day from the date of the accident / incident to the Corporate H&S Team. Witness statements should be obtained at the time of the incident; they should also be submitted within 4 working days.

This includes a suitable and sufficient accident investigation using the established Root Cause Analysis system. The Directors of the service areas must ensure a suitable RCA is undertaken for all accidents including RIDDORS. They are also responsible for the immediate reporting of incidents arising from serious defects in medicinal products and other medical supplies and equipment in accordance with recognised standards.

5.4.1 Hazard Notification

The NHS Wales Dangerous Notification Alerts identify hazards and potential hazards arising from accidents with or defects in medicinal products and plant, equipment and other supplies whether medical, or non-medical. The Director of Estates and Facilities is responsible for maintaining and operating arrangements designed to

ensure that the contents of such hazard warning notices are brought to the notice of all officers and departments needing to know of their contents and for ensuring that appropriate action is taken thereon.

5.4.2 In House Hazard Identification

A system of reporting in-house hazards to all service areas is required to ensure that lessons can be learned across BCUHB. The system of reporting and the Divisions taking appropriate action, will be implemented to support the Hazard notification process. This may include issues relating to violent patients, COSHH, Fire or lessons learned from specific Root Cause Analysis (RCA) investigations.

5.4.3 Risk Assessments

Departmental risk assessments within local H&S files are required to describe what work activity is undertaken in the service areas. The risk assessment process identifies the hazards and risks associated with a particular activity and the control measures required to reduce the risk to its lowest acceptable level. Low risk issues would not be included within an action plan unless the department is unable to resolve this issue, it would then be escalated in accordance with Risk Management Strategy and Health Boards governance structure. The risk assessments, as a minimum, require reviewing on an annual basis or more frequently if there is significant change. Risk assessments require review against other pieces of legislation including a COSHH inventory or data sheets.

5.4.4 Duties and Responsibilities for the Management of Occupational Health & Safety

The Health Board recognises its responsibilities for Occupational H&S and as a body corporate and an employer, The Health Board has a responsibility to conform to the Health and Safety at Work etc. Act 1974 in the interests of its staff and others who may be affected by its operation. The Health Board has a specific responsibility under the Act to prepare a general Policy Statement and all staff shall comply with this policy. Responsibilities for the management of H&S is clearly identified in this Policy and supporting operational procedures.

6. ROLES & RESPONSIBILITIES

6.1 The Health Board of Directors

The Board of Directors has overall accountability for the activities of the organisation. The Health Board shall ensure that they receive appropriate assurances in respect of compliance with the Health and Safety at Work etc. Act 1974 and supporting legislation.

6.2 Chief Executive

The Chief Executive, as the Accountable Officer of the Health Board, has primary overall responsibility for ensuring the formation, review and execution of this Policy. Specifically, the responsibilities of this post are:

- To ensure that adequate Management arrangements exist for the Health Board to comply with the requirements of the H&S Legislation and to maintain and implement BCUHB's H&S Policy.
- To ensure effective communication and co-ordination on matters of H&S at all of its operational facilities.
- To ensure that all senior managers identified within this policy understand their specific H&S responsibilities and to monitor their performance.
- To ensure a Director within each Division is appointed to take overall responsibility for Occupational Health, Safety and Wellbeing matters within their respective Division.

6.3 Occupational Health and Safety-Board Level Executive Director

The Chief Executive has appointed the Executive Director of Workforce and Organisational Development as Board Level Director for Occupational Health and Safety, to lead on H&S issues at board level. The Board Level Director shall be responsible, through a process of nomination, for the development, monitoring and implementation of the Occupational H&S management system. In addition, the Board Level Director shall:

- Ensure that sufficient competent persons are employed to provide advice and guidance to the BCUHB in relation to H&S management.
- Ensure the co-ordination of all H&S activities within the BCUHB.
- Submit an annual report to the Health Board detailing H&S performance.
- Ensure that adequate management arrangements exist within Workforce and Organisational Development Department to comply with the requirements of the H&S legislation and to maintain and implement this policy.
- Ensure that suitable and sufficient resources are available for the provision of an effective Occupational Health, Safety and Wellbeing Service within the BCUHB.
- Chair the Strategic OHS Group to ensure information and governance arrangements for OHS are in place and as necessary escalate issues identified as required.

6.4 Executive Director of Planning and Performance

The Executive Director of Planning and Performance shall, so far as is reasonably practicable, ensure that risks to the H&S of staff and others from workplace environments, in new build and/or refurbished property owned by the Health Board, are eliminated and/or reduced. Ensure that H&S is incorporated at the design stage of any new build, and that H&S communication at operational level is an integral part of the process. They should ensure that the Occupational H&S risks associated with financial constraints do not affect statutory compliance as required by H&S legislation.

6.5 Executive and Senior Management/Directors

Have professional accountability, in addition to any other specific duties:

- Ensure that management structures and responsibilities are identified and functioning for the effective management of H&S across their areas of responsibility.
- Facilitate effective communications and partnership working with staff in respect of H&S management.
- Provide assurance to the Board Level Director for H&S (Executive Director of Workforce and Organisational Development) that effective management arrangements are in place and functioning across their areas of responsibility.
- Escalate any significant issues identified, that cannot be dealt with locally.
- Support effective implementation of H&S Leads (Champions) within the service area they are responsible for.
- Take appropriate advice and guidance from competent persons for Occupational H&S (Corporate H&S Team) and implement findings of gap analysis, reviews, audits and incidents, accidents or identified trends.

6.6 Director of Facilities/Estates

The Director of Facilities/Estates is responsible for arranging the examination of all Health Board premises whether owned, leased or occupied according to statutory requirements and regulations relating to building and engineering services. They must ensure the safe operation of engineering plant and equipment together with all fire equipment and appliances, fire alarms and associated communication systems and monitoring and maintaining standards of electrical and mechanical safety in accordance with accepted national standards, appropriate Codes of Practice and legislation. They must ensure that the design, construction specifications and maintenance on new and existing buildings and/or leased property within the Health Board conform to the Building Regulations, current Fire Safety legislation and to Department of Health Firecode standards where applicable and ensuring that compliance with the Construction (Design & Management) Regulations is maintained.

It is recommended that the Director of Estates and Facilities consults the Corporate H&S Team when communicating with the HSE Inspectorate and Local Government Officers in respect of specifying and monitoring the standards of safety referred to in the above paragraph and in particular where Licensing and Planning Law and Local by-law is involved together with Building Regulations. Ensuring the availability of competent persons to undertake statutory inspections in respect of gas, electrical installation, water systems, asbestos management etc. Escalating risks in relation to all aspects of the Estate. Ensuring the budget allocated for H&S aspects of the Estate including structural, engineering/electrical plant and equipment is suitably maintained implemented throughout the lifecycle of the project.

6.7 All Divisional Directors

Are responsible to the Chief Executive through the responsible Executive Director to ensure that all reasonably practical steps are in place to maintaining the necessary management arrangements within their Divisions that will allow this policy to be implemented effectively. They will do this by establishing local arrangements to have oversight of H&S through a local group structure that has clear action plans and systems for monitoring H&S performance allowing staff time to attend essential H&S Training and nominating H&S Leads (Champions) who will require additional training to ensure they can support the Divisions in the safe implementation of this Policy. They are responsible for appointing a senior manager to take overall responsibility for Occupational Health, Safety and Welfare matters of each area of responsibility.

6.8 Assistant Directors / Heads of Service / Associate Directors / Hospital/Service Management Teams

Are responsible for and accountable to their Lead for putting in place and maintaining the necessary management arrangements within their Divisions, Services and Departments of responsibility, which will allow this policy to be implemented. This responsibility can only be expedited by developing and maintaining specific H&S policies, which set out local arrangements for underpinning this policy. It is anticipated that these local arrangements will include the mechanics for monitoring, review and audit. The above named staff may choose to delegate some or all of these duties to senior managers, and H&S Leads (Champions) however it is not possible to delegate their responsibility. Specifically, they are responsible for:

- Producing an annual H&S report that gives an assessment of compliance within their service area.
- Creating a regular documented forum for the discussions of H&S matters with staff and managers within the Service.
- Including H&S targets/objectives in manager appraisals.
- Ensuring that responsibilities for H&S are set out clearly in job descriptions for managers and all staff.
- Ensuring that there is a written procedure that details the arrangements for H&S induction, inspections, audits, monitoring etc., which sets out time-scales for the frequency of monitoring and inspection, who undertakes this and to whom reports should be sent. (This should lead to feedback and follow-up action).
- Ensuring that a robust system for carrying out risk assessments are in place.
- Ensuring that there is a regular H&S inspection of premises within their directorates that records of findings are maintained, and actions completed.
- Ensuring that reports from the Strategic OHS Group feed into local Groups or Committees and influence outcomes from such committees.
- Ensuring action is taken in relation to H&S reports, Internal Hazard reports or Wales Department of Health Hazard memoranda and similar guidance.
- Ensure that the recognised H&S Representatives are provided with appropriate facilities and co-operation so that they may properly discharge their legal functions.
- Ensure the appointment of a senior manager to co-ordinate and oversee all matters related to H&S in the workplace.

- Ensuring, through the Leadership Team and named Heads of Department where appropriate, that all new staff within their service area:
 - are given adequate instructions and training to fulfil their duties safely.
 - are provided with correct protective equipment and clothing as appropriate.
 - and are made aware of and comply with relevant safety rules and codes of practice.
 - understand and comply with fire safety arrangements.
- Developing and maintaining service H&S rules and policies within the overall general Statement of Intent supported by the Health Board and Chief Executive Officer
- Administration and operation of safety audits, inspections and assessments (including statutory requirements)
- Ensuring that reports from the HSE relating to their service receive prompt attention and appropriate action.
- Ensuring that all staff attend mandatory training in accordance with current policy.
- Ensuring that all staff receive appropriate H&S instruction.
- Ensure effective accident / incident reporting arrangements are in place and root cause analysis investigations of such incidents have appropriate actions that are implemented to prevent a reoccurrence.
- Ensure that robust arrangements are in place for identifying hazards within their departments and risk assessments are undertaken to identify and control risks associated with the hazard.
- Ensure that they have an appropriate level of knowledge to enable them to fulfil their H&S responsibilities.

6.9 Associate Director Health, Safety & Equality

The Associate Director for Health Safety and Equality is one of the key competent persons for the Health Board and provides guidance on the H&S Policy and implementation of the three year Occupational Health and Safety Strategy. The Associate Director Health, Safety and Equality advises the Health Board, Chief Executive, Executive Director of Workforce and Organisational Development and other Senior Staff as appropriate on the implications of the various statutory regulations applying to their area of control and is the contact for the HSE or other relevant enforcing agencies.

The role is to ensure suitable safety systems can be evidenced, that progress against the Strategy improves knowledge and understanding of the management system in all service areas. This will be undertaken by providing a program of work that continually improves the Occupational Health and Safety culture of the Health Board.

6.10 Head of Health and Safety

The Head of Health & Safety advises the Directors/Managers and staff as appropriate on the implications of the various statutory regulations applying to their area of control. Specific responsibilities include:

- Providing a focus for H&S matters and co-ordination of policy, including its formation and review.

- Development of Key Performance Indicators (KPIs) that can be reported to the Health Board.
- Liaising with the Directors and other Senior Managers to ensure that reports from the Strategic OHS Group relating to their areas are properly communicated and that adequate management response is formulated and appropriate action taken.
- Liaising with managers within Divisions to ensure that reports from the HSE receive prompt attention and that appropriate action is taken by relevant Departments.
- Liaise with the Leads on complex Root Cause Analysis investigations where appropriate.
- Ensuring, through the Divisions, effective arrangements for accident/incident reporting and investigation.
- Reporting of incidents laid down in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to the HSE.
- Liaising with the Risk Management Team including Risk H&S Leads in matters relating to escalation of risks through the Governance system.
- The production of a programme of H&S Training to ensure the level and scope is adequate for the Health Board.
- Ensuring that there is an annual H&S audit encompassing all departments within the Health Board.

6.11 Health & Safety Advisors

The Health Safety Advisors are accountable to the Head of Health & Safety with specific responsibilities that include:

- Support the development of policies, procedures and guidance notes to assist management with compliance that are relevant to statutory provisions within BCUHB.
- Assist the Divisions to fully investigate all RIDDOR related incidents and assist in the development of lessons learnt. Supporting recommendations in order to mitigate reoccurrence of similar incidents by those directly responsible.
- Monitor divisional compliance with any recommendations made following an investigation to ensure action plans are in place and reported back to the Strategic OHS Group.
- Identify trends through the monitoring and analysis of data and make recommendations on findings.
- Monitor and develop KPI's that will assist with improved H&S performance and provide reports to relevant groups.
- Effective communication and partnership working.
- Support the development of the Local/BCUHB H&S Risk Profile process.
- Support the development of suitable and sufficient arrangements for the management of H&S within the organisation that will support compliance with Statutory Legislation.
- Provide H&S Courses based on a training needs analysis.
- Undertake audits and inspections of premises.
- Links with partner organisations such as, but not restricted to, the Welsh Government and the HSE.

- Give support to the design and project teams in respect of the H&S requirements for new and existing facilities.

6.12 Manual Handling Manager/Team

The Manual Handling Manager and the Team are responsible for the development and provision of manual handling training to all staff within the Health Board. Specific responsibilities include:

- Ensuring the training meets the needs of the staff through classroom or competency assessments.
- Support clinical areas to provide safer patient care and encourage patients to mobilise through positive manual handling support.
- Deliver non-clinical training and support sedentary workers to keep moving, to reduce ill health in the workforce.
- Providing specialist ergonomic risk assessments and advice.
- Undertake specific audits, inspections and support the development of appropriate risk assessments in all service areas.
- Develop Manual Handling Champions in Service areas to reduce the risks associated with musculoskeletal disorders.
- Provide support to the Head of Health & Safety to ensure the provision of effective training programmes in violence & aggression including de-escalation, personal safety and breakaway techniques to the majority within BCUHB, with the exception of MH&LD directorate.
- The Dementia and Violence & Aggression Link within the Team supports staff with the patient centred behavioural support plan and provides the support needed following training to staff dealing with complex patients or situations.

6.13 Area Risk, Clinical Governance/H&S Managers/Leads

Each Area Division (West, Central and East) may have its own H&S support that has different reporting structures and different roles; however, they are intended to support the effective management of H&S within their designated Area. They review H&S protocol and risk management policies in line with Corporate H&S policies and procedures. Following consultation, they can assist the Corporate H&S team in the delivery of training on health, safety and risk management subjects to all levels of staff within the Area in line with corporate improvement plans and training priorities as defined by the Corporate H&S training needs analysis. Ensure all sites/locations within the Area are fully compliant with policies identified through the gap analysis and legislation, working with key stakeholders to resolve any outstanding issues. Undertake internal audits, inspections and support management on specific and generic risk assessments.

Ensure incident reports are circulated to relevant teams, RIDDORs identified are notified to the Corporate H&S Team for reporting, RCAs undertaken and actions identified to ensure lessons learnt are addressed. Report any contact with the HSE or enforcement agency directly to the Corporate H&S Team prior to meetings being held to ensure a consistent approach is made to the enforcing agencies. Manage the Hazard Warning Alerts ensuring actions are tracked and reported on in a timely manner to the Strategic OHS Group. Respond to issues escalated from local H&S

leads (service champions) and escalate through the governance structure if not actioned.

6.14 Head of Occupational Health and Wellbeing

The Head of Occupational Health and Wellbeing is responsible for the provision of an Occupational Health Service for BCUHB. In particular, providing advice to management about occupational health aspects of the working environment and arrange staff screening programmes as necessary. The following is an example of the type of activities required:

- A pre-employment health assessment service for all potential employees of the BCUHB, as appropriate and to a level relevant to the proposed work of the applicant.
- Health surveillance for relevant occupations that have a recognised disease associated with the work activity e.g. noise, hand arm vibration, skin / respiratory sensitisers.
- Health assessments for night workers in accordance with the European Working Time Directive (EWTD).
- Immunisation programmes for employees.
- Advice / management of diseases and other illnesses that are or could be attributed to occupational hazards e.g. sharps / body fluid contamination incidents / infection related communicable diseases.
- Health and wellbeing initiatives.
- Employee assistant helpline to aid early advice on work or personal aspects / signposting to musculoskeletal / emotional support.
- Advice and support for staff suffering ill health as a result of their occupation, such ill health could involve work with hazardous substances or infective agents.

6.15 Infection Prevention

A Corporate Infection Prevention Team has staff based on each of the three acute sites providing a service across all of BCUHB. This is supported by a clinical microbiology service provided by Public Health Wales. The team provides advice, support and direction on all infection prevention and control issues, training for staff, support for risk assessment, and policy and procedures to protect staff, patients and the public from risks associated with infection. They link closely with the corporate H&S team and directorate managers, and clinical staff to support safe practice.

6.16 Head of Risk Management

The Head of Risk Management is responsible for the development of systems of Good Governance, a dynamic, proactive, integrated and enterprise-wide focus which aims to foster the achievement of its objectives and priority areas. Risk management is a tool to drive continuous improvements in patient care, safety, and experience while improving the quality of decision making. The risk management team is supporting Directorates/Divisions and Corporate services to regularly review and update their risk profiles. The drive to strengthen risk management processes and systems while leveraging sufficient clarity on the governance arrangements. Risk Management is everyone's business across the Health Board, staff engagement

especially from Senior Managers/Directors and capacity building in risk management are key drivers for embedding a positive risk management culture across the Health Board.

6.17 Director /Manager Her Majesty's Prison Service

The prison service will work as an integrated approach to OH&S with combined Policies and procedures, with risks being identified and effectively managed. The risk assessment process requires to be clearly defined with specific cases passed from the prison service to the Health Wing with clear lines of accountability. Those posing significant risks to be highlighted to the Service Leads with clear roles and responsibilities identified. The level of training required by those working in the Prison requires to be at a level that is commensurate with the risks identified by the Head of Healthcare HMP Berwyn.

6.18 Departmental Managers

Departmental Managers are directly responsible for ensuring that rules and procedures in relation to their staff are interpreted correctly and implemented in their entirety. Departmental Managers may choose to delegate some or all of these duties to subordinate staff, however it is not possible to delegate their responsibility. Their specific responsibilities are:

- Undertake site-specific risk assessments, in relation to both physical and mental health hazards.
- Identify potential occupational hazards involved in their operations and the precautions to be taken.
- Ensure that significant risks or risks that are identified and unable to be resolved locally are escalated to the appropriate H&S Group or Committee or equivalent and managed in accordance with the H&S Policy and Risk Management Strategy.
- Produce appropriate departmental guidance, and assessments (including statutory requirements) that relate to the service area.
- Ensure that all relevant rules, procedures and Codes of Practice are brought to the attention of and made available to the staff under their control and that appropriate warning notices and all instructions are prominently displayed.
- Ensure the adequate induction of all new staff emphasising the health, welfare and safety aspects of their duties.
- Ensure that all staff are provided with H&S equipment, protective clothing, etc. ensuring it is always available, properly maintained and used.
- Ensure that all Supervisors understand instructions regarding H&S and monitor staff compliance.
- Investigate all accidents/dangerous incidents within their area of control and ensure that any remedial action is implemented as soon as possible and reporting to their Senior Manager as appropriate. Such remedial action to be recorded on the appropriate accident / incident report form within Datix. Departmental investigations shall be recorded in writing and a copy submitted along with the accident / incident form to the H&S Advisor for the Division if required.
- Ensure that all accidents / dangerous incidents are recorded on the appropriate accident / incident form no later than the fourth day from the

accident / incident date. Major injuries should be reported as soon as reasonably practicable to ensure prompt reporting to HSE.

- Ensure that Witness Statements are taken (and recorded in writing) which shall be enclosed with the accident / incident form when recorded within Datix or at the earliest opportunity if obtained at a later date.
- Ensure that relevant accidents / dangerous occurrences, which occur outside of normal working hours and are listed under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) which are required to be reported immediately to the HSE via the H&S Advisor ensuring they are notified as soon as practicable.
- Ensure that equipment used in the Department is safe and adequate for the purpose for which it is intended.
- Ensure that the Estates Department (for non-clinical equipment) / EBME (for clinical equipment) are informed of all new portable electrical equipment so that the statutory tests can be carried out prior to being taken into service and thereafter as appropriate.
- Ensure that all portable electrical equipment shall be visually checked by users at frequent intervals and the results recorded on an appropriate check sheet.
- Ensure that faulty equipment, plant or buildings are reported promptly for repair. Adequate steps are taken to put the relevant unit or area out of use in the interim should this be considered necessary and as appropriate a suitable label attached.
- Ensure all Occupational Health referrals have relevant information and if identified as work related stress are provided with a stress risk assessment with such referrals.
- Liaise with Safety Representatives in accordance with agreed procedures and in particular:
 - Co-operate with safety inspections organised by agreement
 - Maintain a record of all safety inspections
 - Ensure any necessary investigation or action is taken following a safety inspection
 - Disclose such necessary information as may be requested by Safety representatives in accordance with the legislation, on the advice of a Personnel Manager where necessary
- Co-operate with Fire and Safety Officers to ensure that all necessary arrangements are made to protect patients, staff and others against the risk of fire.
- Assist in the investigation and implementation of reports from the HSE.
- Ensure attendance of all staff at mandatory training in accordance with current policy.
- Ensure that appropriate personal protective equipment is issued, readily available and that it is used as appropriate. In appropriate cases, ensure that an assessment of risk is completed using the appropriate form, that any such risk is identified and details what action is to be taken to minimise or remove the risk as required by the Personal Protective Equipment at Work Regulations. Failure of staff to use appropriate issued personal protective equipment in the relevant situations shall be subject to disciplinary procedures.
- Ensure that Work Equipment is assessed for risk on the relevant assessment form and identify the risk level, risk type and clearly indicate recommendations

to remove or reduce the risk to a reasonable and practicable level as required under the Provision and Use of Work Equipment Regulations.

- Ensure that the workplace is assessed for risk on the relevant assessment form and identify the risk level, risk type and clearly indicate recommendations to remove or reduce the risk to a reasonable and practicable level as required under the Workplace (Health, Safety and Welfare) Regulations.
- Action Hazard Notices as directed (internal and external).
- Ensure competent person(s) carry out all appropriate risk assessments as necessary and that such action required to reduce identified risks is carried out. Such assessments shall be recorded in a suitable manner.
- Ensure all departmental employees are informed of the hazards and risks associated with their work, as identified through the risk assessment process and all departmental employees are made aware of any preventative and protective measures they need to adhere to.
- Ensure that all departmental employees have their attention drawn to all Health Board appropriate H&S documentation at least annually or after any review or alteration to such documentation. This shall be recorded in a suitable manner at departmental level for each individual.
- Ensure that they have an appropriate level of knowledge to enable them to fulfil their H&S responsibilities.

All Managers are accountable to the Chief Executive for ensuring that this policy is properly applied in their area of control. In particular, they shall:

- Ensure adequate supervision of all staff and students is provided, commensurate with their skills and competency.
- Ensure that staff receive appropriate training and information necessary for them to carry out their role safely and competently
- Keep detailed local training records of all staff
- Use data from Directorate inspections, Directorate hazard profile, and consultative committees to guide actions to prevent or reduce the risk of serious incidents.
- Undertake stress risk assessments both Departmental and individual as required.

6.19 Health and Safety Directorate/Area Leads (Champions)

The role of the Directorate/Area Lead Champion is as follows:

- Develop systems to co-ordinate /assist in the H&S management processes within the Directorates/Areas and Corporate Functions.
- Assist managers with the completion of risk assessments.
- Assist managers to identify potential hazards and dangerous occurrences and to undertake root cause analysis.
- Investigate complaints in relation to H&S incidents.
- Make representations to their management team, both written and verbal.
- Assist in the arrangement of any H&S review/inspection/audit.
- Disseminate H&S information.
- Attend appropriate meetings and raise relevant matters.

- Provide the Corporate H&S team with copies of inspection reports where appropriate.
- Attend the H&S Area Leads (Champions) meeting organised by corporate H&S.
- Escalate any significant H&S issues.

6.20 Head of Security

The Head of Security is responsible for:

- Providing a focus for H&S matters pertaining to security related incidents including physical assaults, and co-ordination of policy, including its formation and review.
- Liaising with the Directors, Area Directors, assistant Directors and other Senior Managers to ensure that reports from the Security Safety Group relating to their areas are properly communicated and that adequate management response is formulated and appropriate action taken.
- Managing appropriate Security staff including the V&A Case Manager and relevant staff to ensure that the Security Policy is effectively implemented.

6.21 Violence and Aggression Case Manager

The Violence & Aggression (V&A) Case Manager is the lead in the creation of a safe and secure environment for staff and public so that the highest standards of clinical care can be made available to patients. They are responsible for:

- Providing support, information and advice for BCUHB staff victims of work related crime including violence/aggression taking forward prosecutions in partnership with stakeholders within the NHS and external organisations such as the Police and the Crown Prosecution Service.
- Providing support, information and advice for BCUHB victims of work related violence/aggression and untoward workplace security incidents.
- Assist the Head of Health Safety on the development and implementation and review of the Health Board Security Strategy and Policy.
- Development, review and management of the security risk profile process within the Health Board providing assurance, to the Head of Health Safety those security risks within the Health Board being managed in accordance with statutory legislation and national guidance.
- To deputise for the Head of Health & Safety when absent, in relation to Security matters requiring an urgent response.

6.22 Head of Fire Safety/Advisors

The Health Boards lead expert, the Senior Estates Officer responsible for Legislation and Compliance and the Fire Safety Advisors are responsible for the provision of technical expertise to ensure suitable systems are in place to assess the risks associated with the potential risk of fire. Undertake audits and inspections to ensure evacuation procedures are in place and practiced and the structural integrity of buildings is suitable for purpose.

6.23 Employees

All employees have a general duty while at work:

- To take reasonable care for the H&S of themselves and of other persons (including members of the public and patients) who may be foreseeably affected by their acts or omissions at work.
- To co-operate with the BCUHB in the discharge of its statutory duties in relation to the Health and Safety at Work etc. Act 1974.
- Not to intentionally or recklessly interfere or misuse anything provided for the purposes of H&S.
- To report any work situation involving serious and immediate danger to their Line Manager or Supervisor who will escalate it further if appropriate.
- To report any shortcomings in the arrangements provided for H&S at work.
- Undertake any necessary training and instruction provided in the interest of H&S. If the information provided is not adhered to this may lead to disciplinary action being taken in line with relevant Policies and procedures.

6.24 Trade Union Partners and Safety Accredited Representatives

BCUHB recognises the value and importance of pro-active engagement with its employees and its statutory duty in relation to the requirements of the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996. In so doing the Health Board will work in partnership with its employees through the safety representatives of recognised trade unions and other professional bodies, providing facilities and assistance to these representative groups as required. The focus being to promote a pro-active partnership, working towards ensuring that a healthy and safe environment exists for those who may be affected by the undertakings of the Health Board.

BCUHB accepts that no safety policy is likely to be successful unless it actively involves employees themselves and will therefore co-operate fully with the appointment of Safety Representatives by the recognised Trade Unions, providing them with sufficient facilities and training to carry out their legal functions. Safety Representatives shall be accredited by letter from the Union or Association full time officers, which shall be placed on record in Human Resources. Such accredited Safety Representatives shall be required to produce their accreditation documents on request confirming that they are carrying out functions as a Safety Representative. Safety Representatives, representing the staff in their work place regarding matters of H&S at work, will consult and co-operate with Managers of BCUHB to promote and develop measures to ensure the health, safety and welfare of their colleagues. Specifically they:

- Make representation, in the first instance through their immediate supervisor to the Head of Department or Service Area, on any general or specific matter affecting the H&S of employees in their work place.
- Investigate, in association with the Head of Department or Service, potential hazards and dangerous occurrences at the work place and examine the causes of accidents.

- Carry out inspections together with the Head of Department or Service having given reasonable notice or in accordance with an agreed program and at the agreed intervals - normally no more than once every three months. Such inspections should be recorded in the form recommended under the Safety Representatives and Safety Committee Regulations 1977, which on production to the Head of Department shall be countersigned by them on having received a copy.
- Represent the employees in the work place in consultations with Officers of HSE. It is recommended that the Corporate H&S Team are contacted by Safety Representatives to discuss issues that relate to H&S legislation prior to contacting the HSE; however this is not a specific requirement.
- Receive from the Health Board on request, information relating to the work place or information as to any action the HSE Inspector has taken or proposes to take.

6.25 Non Trade Union Health & Safety Representatives

Where there are no union Representatives appointed under the Safety Representatives and Safety Committee Regulations 1977, the Health and Safety (Consultation with employees) Regulations 1996 allow for the appointment of non-union Safety Representatives, or for direct consultation with all workers on H&S matters. The role of the Trade Union/Non Trade Union H&S Representative is to represent fellow members/employees in consultations on H&S matters with the employer, by carrying out the functions efficiently and using the facilities and assistance provided by the employer. In this way, co-operation on these matters will improve the overall health, safety and welfare of the staff and their workplace.

The functions of a H&S Representative are as follows:

- To represent fellow members/employees in consultation with the employer on H&S related matters.
- To investigate potential hazards and dangerous occurrences and to undertake root cause analysis in conjunction with management.
- To investigate complaints.
- To make representations to the employer, both written and verbal;
- To carry out inspections.
- To receive information from the employer where elected to do so, to attend meetings of safety committees and raise relevant matters.
- To provide employers with copies of inspection reports and to receive responses in respect of inspection reports.

Note: Wherever possible the BCUHB will encourage the nomination of a Trade Union H&S Representative, however when a Union Representative cannot be appointed consideration will be given to availability of a Non Trade Union Representative.

6.26 Primary Care Contractors (PCC)

BCUHB recognises that PCC have a moral and legal duty under H&S legislation to manage H&S risks within their business and this includes the prevention of harm or ill

health to those who are not in their employ. In the case of the relationship with BCUHB this relates to patients/clients who are receiving NHS care in premises not directly under the control of BCUHB.

Through effective partnership and contractual arrangements, BCUHB will provide support, advice and guidance to manage risks associated with H&S via the Primary Care H&S Advisor. This is in conjunction with the Clinical Governance Teams (CGT) which are located within the geographical areas to ensure that the wider NHS community within North Wales benefit from the full range of expertise available.

BCUHB Corporate H&S will agree and facilitate effective monitoring arrangements, in partnership with CGT, to assist with managing and mitigating risks within their environment. This will enable BCUHB and CGT to fulfil the requirements of the Healthcare Standards for Wales in addition to the statutory legislation to ensure good practice. Monitoring arrangements will be undertaken utilising both the Quality Assurance Visiting Programme (QAVP) and H&S Reviews in line with these legislative requirements and the contractual arrangements. These will be reviewed based on a risk based periodic timetable or when contracts change.

6.27 Commissioned Services

When NHS funded care is commissioned outside of the BCUHB, the organisation shall take reasonable steps to ensure that those locations where patient/s are placed are safe and suitable for the needs of the patient/s. The Independent Sector Care Homes have their own responsibilities in respect of compliance with Statutory Legislation; however BCUHB has statutory responsibility for ensuring that patients placed in NHS funded care are cared for in a safe and suitable environment. BCUHB will ensure that this is achieved through evaluation, partnership working with other regulatory agencies including Care Standards Inspectorate Wales, the local authority and the HSE to ensure that effective monitoring arrangements are in place and in line with contractual arrangements with the care providers.

7. ASSURANCE

7.1 Assurance Structure

The Health Board shall gain its assurance in terms of the management of H&S within the Organisation through the Strategic Occupational Health and Safety Group and supporting organisational structures.

7.2 The Health Board

The Health Board will receive regular reports from the Strategic Occupational Health and Safety Group via the Quality Safety and Experience Committee referenced in the Terms of Reference (Appendix 1 & 2). The group has been established to plan, organise and monitor organisational compliance with its statutory H&S obligations and duties, as well as the impact on the organisation of any new and impending legislation. The following will be implemented:

- H&S Gap analysis action plan completed.

- Three year OHS Strategy implemented.
- Directorate/Corporate self-evaluation reports evidenced.
- H&S Team, Manual Handling, Occupational Health and Security audits (annual gap analysis undertaken).
- H&S incidents including trend analysis, lessons learned and actions taken.
- Any enforcement action issued against the BCUHB evidenced and lessons learned.
- Any specific matters regarding H&S for escalation.

7.3 Strategic Occupational Health and Safety Group

The Strategic Occupational Health and Safety Group will provide the means by which management and staff representatives can develop and maintain the H&S management process across the BCUHB and in so doing comply with the requirements of section 2(7) of the Health and Safety at Work etc. Act 1974. The Group will receive activity and performance reports from the Directorates/Areas and Corporate Functions and maintain oversight of the BCUHB H&S risk profile. The Group will send minutes and Issues of Significance to the Quality, Safety and Experience Committee so they can be considered as part of the wider quality and safety issues identified. Significant issues will be escalated to the Health Board. The Strategic OHS Group ensures H&S compliance with external bodies' requirements such as the HSE, The National Health Service Litigation Authority / Department of Health, NHS Wales Dangerous Notification Alerts etc.

The group has delegated authority determined by the Board to take decisions, which enable the group to deliver its main duties and responsibilities. To ensure continued and effective H&S management arrangements, the group will make decisions in respect of all H&S matters including BCUHB Policy. The main duties and responsibilities of this group are to:

- Monitor compliance with statutory H&S requirements.
- Monitor compliance with the HSE H&S action plan and action plans developed to ensure compliance with external bodies.
- Review non-clinical related incidents to identify trends and monitor progress relating to new and outstanding investigations.
- To identify development needs across the organisation, informed by trends in accidents and risk assessment.
- To lead the achievement of a reduction in RIDDOR incidents and related absence, numbers and cost of claims.
- Address matters escalated from Management to Board or equivalent.
- Monitor H&S management and performance.

7.4 Quality, Safety and Experience Committee

The Quality, Safety and Experience Committee shall receive the minutes and any significant issues to be escalated from the Strategic Occupational H&S Group and Quarterly reports on progress of Occupational H&S Plans.

8. Appendix 1

Strategic Occupational Health and Safety Group Terms of Reference

INTRODUCTION

Section 2 (7) of the Health and Safety at Work etc. Act 1974 states that “*In such cases as may be prescribed it shall be the duty of every employer, if requested to do so by the safety representatives mentioned in subsections (4) and (5), to establish, in accordance with regulations made by the Secretary of State, a safety committee having the function of keeping under review the measures taken to ensure the Health and Safety at work of his employees and such other functions as may be prescribed. These arrangements are aligned to the Safety Committees Regulation 1977 and the Health and Safety (Consultation with Employees) Regulations 1996 (as amended).*”

The Strategic Occupational Health and Safety Group has been established to provide an effective means of facilitating a partnership approach to the management of Health and Safety risk across the Betsi Cadwaladr University Health Board (BCUHB). Thus providing compliance with the requirements of Statutory Legislation, approved codes of practice and guidance documentation.

The terms of reference and operating arrangements in respect of this Group are set out below.

CONSTITUTION

The purpose of the Strategic Occupational Health and Safety Group is to provide the means by which the management and staff representatives can work in partnership, to develop and maintain health and safety management arrangements across the Health Board.

The Strategic Occupational Health and Safety Group will ensure that an integrated approach to the identification and management of workplace health and safety risk is maintained throughout the organisation. The Strategic Occupational Health and Safety group will support the development of a positive safety culture and safety management system that enhances the organisations ability to identify and manage risks to those affected by their work activity.

SCOPE AND DUTIES

1. To provide assurance in terms of the effective management of Occupational Health and Safety risk across all activities and facilities within the Health Board.
2. To ensure that effective partnership working arrangements are maintained between Management and Staff Health and Safety Representatives.
3. To provide assurance that occupational health and safety management arrangements within the Health Board meet the requirements of the Health and Safety at Work etc. Act 1974, and supporting legislation.

4. To receive occupational health and safety management reports from all clinical and corporate Departments.
5. To monitor the delivery of the Health Board's risk Health & Safety and performance reporting systems.
6. To monitor actions being taken to address significant occupational health and safety risks within the organisation.
7. To monitor the delivery of the Health Boards health and safety improvement plan in response to identified areas of improvement within the organisation.
8. Continued development of the Occupational Health and Safety Policy and supporting documents and management arrangements.
9. Report on performance in respect of the key health and safety performance indicators within the Health Board.

DELEGATED POWERS AND DUTIES OF THE EXECUTIVE DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT
--

The Executive Director of Workforce and Organisational Development has lead responsibility for the Management of Occupational Health and Safety within the Health Board. The specific powers, duties and responsibilities delegated to the Executive Director of Workforce and Organisational Development from the Chief Executive are:

- To chair the Strategic Occupational Health and Safety Group.
- To make recommendations for risk based improvements to the management of occupational health and safety risk across the Health Board.
- To ensure the implementation of relevant policies, procedures and other written control documents that enable the Health Board to meet the requirements of Statutory Health and Safety Legislation.
- Ensure competent health and safety advice and guidance is available.
- Submit regular assurance reports to the Health Board through the Quality, Safety, and Experience Committee for consideration as part of the Integrated Governance through to the Health Board.

AUTHORITY

The Strategic Occupational Health and Safety Group is empowered with the responsibility for:

- The development of a health and safety risk profile and improvement plan.
- Providing Board assurance that health and safety risk is being managed effectively and make recommendations for improvements to the health and safety management systems.
- To monitor the performance of the Health Board in respect of the management of health and safety.
- Implement and review annually the Health Board's Occupational Health and Safety Policy.

- Establishing Sub-Groups to address issues of significance such as but not restricted to, the development of procedures and guidance for the management of Health and Safety e.g. H&S Leads.
- To ratify procedures and guidance in support of the Occupational Health and Safety Policy.
- To review incidents trends across the Health Board which relate to health and safety issues.
- To review serious incidents reported to the HSE.
- Maintain effective partnership working arrangements within the Health Board in relation to the Management of Occupational Health and Safety.
- Develop health and safety performance indicators through the self - assessment audit process.
- To receive and review monitor reports in respect of the Management of Fire Safety and Security, Violence & Aggression and other topics defined by the Group.

MEMBERSHIP

Chair Development	Executive Director of Workforce and Organisational
Vice Chair	Executive Director of Planning & Performance
	Trade Union Health and Safety Representatives (in line with the Local Partnership TOR including representatives of employee safety)
	Associate Director of Health, Safety and Equality
	Executive Director of Nursing and Midwifery
	Medical Director
	Executive Director of Therapies and Health Science
	Associate Director of Quality Assurance
	Medical or Nurse Director Secondary Care
	Area Directors
	Director of Mental Health and Learning Disabilities
	Director of Estates and Facilities
	Fire Safety Lead
	Associate Director HR
	Assistant Director of Infection, Prevention and Control
	Head of Risk Management

Head of Patient Concerns

Public Health Wales Representative

Head of Health & Safety

Head of Occupational Health and Wellbeing.

Secretary	As determined by the Executive Director of Workforce and Organisational Development
In attendance	The Group may require the attendance of others for advice, support and information routinely at meetings as determined by the Chair.
Deputies	The Group membership is permitted to have named designated deputies.

COMMITTEE MEETINGS

Quorum

At least seven members must be present to ensure the Group is quorate. Of those present, at least three must be Trade Union representatives and 4 "Management " members of which must include the either Chair or Vice Chair and in the absence of the Chair, the Associate Director of Health, Safety and Equality; Divisional representation

Frequency of Meetings

Meetings will be held bi-monthly and otherwise, as the Group Chair deems necessary.

REPORTING AND ASSURANCE ARRANGEMENTS

The Group Chair shall:

- Report formally, regularly and on a timely basis to the Health Board on the Group's activities. Including the presentation of an Annual Report.
- Submit the Group's minutes and issues of significance to the Quality, Safety and Experience Committee for consideration as part of the Integrated Governance Committee through to the Health Board.
- Ensure arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees/Groups of any urgent/critical matters that may affect the safety of staff and others and the operation and/or reputation of the Health Board.
- Provides assurance to the Risk Management Group by raising risks through the governance structure as necessary and providing quarterly and annual reports to the Group.

Governance Sub-Structures

The Group reports to the Risk Management Group chaired by the Chief Executive. The Group also provides assurance reports to the Quality, Safety and Experience Committee of the Board.

The Group will establish sub-groups to support the delivery of effective Occupational Health and Safety management systems. This will include:

Health and Safety Leads (Champions) Group

Operational Occupational Health and Safety Group

Health and Wellbeing Group

Asbestos Management Group

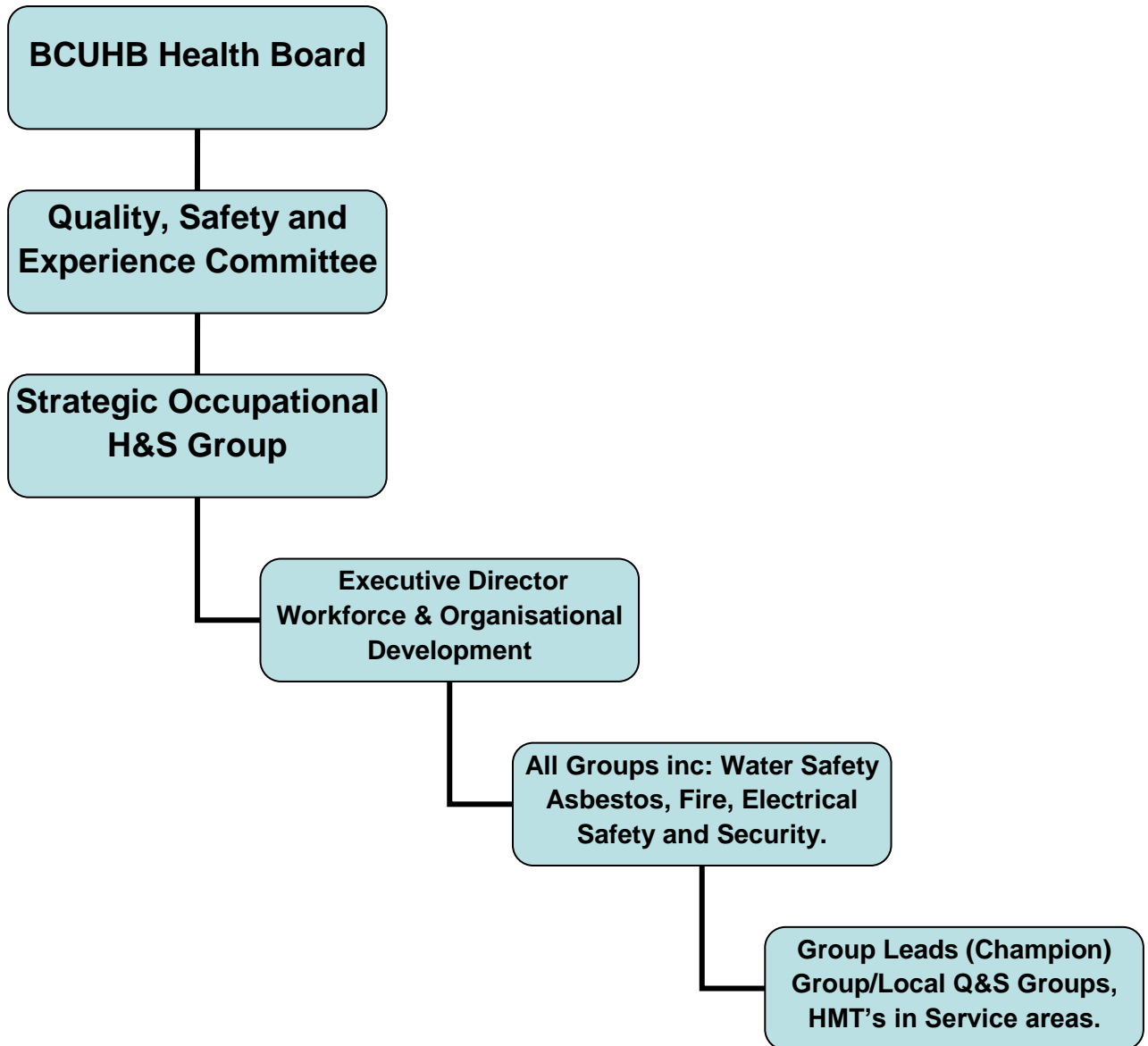
Water Safety Group

Fire Safety Group

Security Management Group

In addition, all Divisional Health and Safety Groups will be accountable to this Strategic Group under its terms of Service

9. Appendix 2: Structure for reporting to Board.



10. References

1. Health and Safety at Work etc. Act 1974
2. Management of Health and Safety at Work Regulations 1999
3. Control of Asbestos Regulations 2012
4. Control of Substances Hazardous to Health Regulations 2002
5. The Work at Height Regulations 2005
6. Control of Vibration at Work Regulations 2005
7. Electricity at Work Regulations 1989
8. Gas Safety (installation & Use) Regulations 1998
9. Control of Noise at Work Regulations 2005
10. Ionising Radiation Regulations 2017
11. Control of Electromagnetic Fields at Work Regulations 2016
12. Control of Artificial Optical Radiation at Work Regulations 2010
13. Confined Spaces Regulations 1997
14. Safety Representatives and Safety Committees Regulations 1977
15. The Health and Safety (Display Screen Equipment) Regulations 1992 amended 2002
16. Manual Handling Operations Regulations 1992
17. The Provision and Use of Work Equipment Regulations (PUWER) 1998
18. Lifting Operations and Lifting Equipment Regulations (LOLER) 1999
19. Personal Protective Equipment at Work Regulations 1992
20. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
21. The Workplace (Health, Safety and Welfare) Regulations 1992
22. Regulatory Reform (Fire Safety Order) 2005
23. Corporate Manslaughter and Homicide Act 2007
24. Health and Safety (First Aid) Regulations 1981
25. The Waste (England and Wales) Regulations 2011
26. Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
27. Health & Safety (Safety Signs and Signals) Regulations 1996
28. Construction (Design and Management) Regulations (CDM) 2015
29. Safety Representatives and Safety Committees Regulations 1977
30. The Health and Safety (Consultation with Employees) Regulations 1996
31. HSG65 Successful Health and Safety Management 1997
32. Stress Management Standards
33. Equality Act 2010