

Whittington Hospital NHS Trust

Safety Policy Statement

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Ratified by:	Health and Safety Committee
Date ratified:	24 September 2009
Name of originator/author:	James Ward, Health and Safety Advisor
Name of responsible committee/individual:	Health and Safety Committee
Date issued:	September 2009
Sponsor:	Rob Larkman
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Target audience:	All Staff

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1. Statement of intent

- 1.1 The Whittington Hospital NHS Trust accepts its responsibility under the Health and Safety at Work Act 1974, to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees, patients and others who may be affected by its activities. The Trust is committed to encouraging a positive safety culture within the organization and obtaining high standards of safety through continuous improvement. Appropriate and sufficient levels of resources will be allocated to ensuring health, safety and welfare within the organization. Responsibilities to people will be met in ways which fulfil the spirit as well as the letter of the law
- 1.2 The Chief Executive has overall responsibility for health, safety and welfare throughout the Trust. However, the implementation of the Policy is delegated as a management function. Management will provide active and visible leadership on Trust health and safety issues. Trust employees have a duty to co-operate in implementation of the aims of this Policy and to take individually responsibility for the health and safety for themselves and others.
- 1.3 The Trust accepts that the concern for health, safety and welfare is an integral part of its organisation, and that health and safety is seen as a management responsibility equal to that of any other and is actively supported. Organisational and advisory arrangements will be provided and maintained to support management in enacting these responsibilities.
- 1.4 In line with the Management of Health and Safety at Work Regulations 1999 and other legislation, the approach to health and safety will be based on the identification and the controlling of risk. Risk assessments will be undertaken of the all hazards to which all employees, contractors, patients and visitors are exposed whilst at work or whilst using the hospital premises or services. Appropriate actions will be taken based upon the risk assessment to either eliminate or control hazards to acceptable levels.
- 1.5 The Trust will apply the principles of prevention and protective measures throughout its activities in accordance with schedule 1 Management of Health and Safety at Work Regulations 1999. Safe premises and safe person strategies will be implemented to prevent unsafe working environment and practices.
- 1.6 The Trust will produce and implemented procedures to deal with serious and imminent danger and dangers areas.
- 1.7 The Trust will appoint competent persons to oversee preventative and protective measures arising from statutory requirements and risk assessments.
- 1.8 The Trust will provide the necessary information, instruction, training and supervision to employees and others to ensure their competence with respect to health and safety.
- 1.9 The Trust will provide Health surveillance based upon the risks to health and safety identified by risk assessment. The health surveillance procedures will depend, for their suitability, on the circumstance.
- 1.10 Active staff participation and consultation on health, safety and welfare issues are to be promoted. Arrangement and organizational structures will be provided to employees to be involved and to contribute in the decision-making processes either at an individual level or through a respective representative. The appointment (and involvement) of Staff Safety Representatives by Trade Unions/staff associations is to be encouraged, but also from staff not belonging to such organisations. In departments where there are no identified Staff Safety Representatives, the Trust will

ensure that full consultation with employees takes place as part of normal management and communication practices. Consultation will be encouraged through the Trust Board, Audit Committee, Patient Safety Committee, the Health and Safety Committee and other subsidiary Committees and groups.

- 1.11 The Trust health, safety and welfare performance will be monitored through proactive and reactive strategies of both individuals and the organization against pre-determined standards, for continual improvement, to prevent unsafe working environment and practices re-occurring and to foster a learning culture. This will be achieved through the management and Trust's Committee structures.
- 1.12 This Policy will be reviewed annually by the Health and Safety Adviser and at such other times, in order to maintain its effectiveness.

Signed:  Date: September 2009

Rob Larkman, Chief Executive, Whittington Hospital NHS Trust

➤ 2. Organization and responsibilities

2.1 Chief Executive

The Chief Executive has ultimate responsibility for health, safety and welfare within the Trust. The Chief Executive shall assist in the establishment of appropriate targets associated with health, safety and welfare and ensure that performance is monitored against these targets in each ward, clinic and department across the Trust.

2.2 Director of Nursing and Clinical Development

The Director of Nursing and Clinical Development is responsible to the Chief Executive and the Trust Board for health, safety and welfare administration and statutory requirements, safety performance monitoring and regular reporting. In practical terms, this means that the Director will:

- (a) co-ordinate and monitor the arrangements for health, safety and welfare throughout the Trust;
- (b) ensure the development, publishing and updating as necessary of Trust policies and procedures on health, safety and welfare matters;
- (c) ensure that the responsibilities for provision of adequate arrangements for health and safety are assigned, accepted and implemented at all staffing levels;
- (d) ensure the Trust has access to professional advice on health, safety and welfare;
- (e) bring to the attention of the Chief Executive details of intractable hazards, incident trends, levels of performance, matters of concern requiring attention and recommending targeted reductions or other performance indicators;
- (f) provide quarterly health and safety performance reports to the Trust and Executive Boards;
- (g) convene, attend and deputize at the Patient Safety (for the Medical Director) Committee every two months in accordance with its terms of reference and ensure its relationship and communication with other relevant committees as detailed in the Trust's Risk Management Strategy.
- (h) convene and co-chair (with the Director of Facilities) the Trust Health and Safety Committee every two months in accordance with its terms of reference and ensure its relationship and communication with other relevant committees as detailed in the Trust's Risk Management Strategy.

2.3 Director of Facilities

The Director of Facilities is responsible to the Chief Executive and the Trust Board for fire and security administration performance monitoring and regular reporting. In practical terms, this means that the Director will:

- a) ensure the Trust has access to professional advice on fire and security protection;
- b) ensure that adequate arrangements for staff training needs are identified and that appropriate safety training is provided at all levels;
- c) ensure the effective management of premises and plant in connection with statutory requirements and best practice;
- d) bring to the attention of the Chief Executive details of intractable hazards, incident trends, levels of performance, matters of concern requiring attention and recommending targeted reductions or other performance indicators;

2.3 Directors, Divisional, & Service Managers (Assistants)

All Directors, Assistant and Service managers are responsible for: actively supervising and implementing this Policy within their own Directorates; ensuring adequate arrangements are made for health, safety and welfare management and; monitoring the safety performance of their managers/staff, contractors and Directorates as a whole. In practical terms, this means that they will:

- (a) ensure that departmental risk assessments are carried out by Ward/Departmental Managers; that regular inspections and audits are conducted for those premises under their control; and reports and recommendations are made and reviewed on a regular basis;
- (b) through the risk assessment process ensure hazards are either eliminated or controlled to minimise the risks to acceptable levels. Intractable problems identified from risk assessment will immediately be drawn to the attention of Director of Nursing and Clinical Development and Directors of Facilities.
- (c) maintain close liaison with the Risk Manager, Health and Safety Adviser and other professional advisers
- (d) require line management to fulfil their responsibility for health, safety and welfare, by setting individual objectives, targets and monitoring performance against these;
- (e) develop short, medium and long-term strategies for minimising risk based upon the findings of risk assessments, inspections or audits, and on advice from specialist professional advisers, and for prioritising action to be taken;
- (f) Identify and produce policies, rules, procedures and safe systems of work;
- (g) respond to requests from line managers to take appropriate remedial action to minimise risk following risk assessments, inspections or audits;
- (h) supervising and auditing managers implementation of health and safety manual and actions arising;

- (i) supervising and auditing managers implementation of health, safety and welfare policies and actions arising;
- (j) ensure that all members of their managerial team receive and attend relevant training or briefing sessions on health, safety and welfare related matters;
- (g) bring to the attention of other Managers any problems, which may affect that safe operation of their Department;
- (g) ensure that their Directorate/Service Unit is represented at the Trust's Patient Safety Committee, Health and Safety Committees and other Committees or groups. The decisions arising from such meetings that affect their areas are implemented.
- (h) Ensure suitable tests and examinations are undertaken of goods/equipment once the installed and appropriate maintenance regimes are in place, in order to ensure continuing safe use of the articles.
- (h) See contractor's section 2.6

2.4 Matrons/Ward/Departmental Managers/Sisters/Deputies

All Ward/Departmental managers are responsible for the health, safety and welfare of employees, contractors, trainees, patients and visitors in the workplaces under their control. They are responsible for the day-to-day health, safety and welfare arrangements and organizations in their Ward/Department particularly the implementation, prevention and controlling of risks. They must supervise, inform, instruct and maintain close liaison with their staff, contractors and visitors on safety matters. In particular, the following action:

- a. producing Ward/Departmental safety procedures, rules, instructions and safe systems of work;
- b. implementation of the Health and Safety Manual and actions arising;
- c. implementation of policies and actions arising;
- d. through the risk assessment process, identify actual and potential hazards in their areas of work and ensure that they are either eliminated or controlled to minimise the risks to acceptable levels. Intractable problems will immediately be drawn to the attention of their Directors, Assistant & Service Managers;
- e. receiving representations from staff, staff representatives, contractors, patients and visitors on local health and safety matters;
- f. maintaining close liaison with the Risk Manager, Health and Safety Adviser and other professional advisers;
- g. organising and carrying out departmental safety inspections and audits on a regular basis;
- h. advising their managers/supervisors, staff, trainees, contractors, patients and visitors on matters arising from risk assessments, incident reports, hazard notifications and changes in Ward/Departmental policies and procedures;

- i. ensuring that all staff under their control receive appropriate information, instruction training and supervision as required for their health, safety and welfare. This will include identifying staff work, job and equipment task needs.
- j. ensuring compliance with the Trust's accident and incident reporting procedures, investigating incidents and taking appropriate remedial action as necessary
- k. All managers will be expected to have undertaken sufficient training to undertake these duties satisfactorily, and as a minimum are expected to have attend internal health and safety courses at required frequency
- l. Undertake suitable tests and examinations of goods/equipment once the installed and implement appropriate maintenance regimes to ensure continuing safe use of the articles
- m. See contractor's section 2.6

2.5 All Employees

All employees have a duty for themselves, their colleagues, and to any other person who might be affected by their actions and to work in a safe manner. In particular, all employees must:

- (a) take reasonable care of their own health, safety and welfare and that of patients and others who may be affected by their acts or omissions;
- (b) attend relevant training and briefing sessions on safety related matters as directed by Ward/Departmental Manager;
- (c) be aware of specific information provided by the Trust on the safety and health hazards about individuals, equipment, plant, materials and substances with which they work;
- (d) co-operate with supervisors and managerial staff in the implementation of this Policy, including participating in various forms of meetings, forums, discussions and consultation as necessary;
- (e) comply with policies, training, safe systems of work, rules, procedures and instructions associated with their work;
- (f) make use (in accordance with instruction and training) of safety equipment, devices and personal protective equipment provided for their safety and that of others;
- (g) report immediately to their manager or supervisor all faults, hazards, accidents, incidents, dangerous occurrences or damage, regardless of whether persons are injured.
- (h) See contractor's section 2.6

2.6 Contractors

All contractors and sub-contractors employed directly or indirectly by the Trust must undertake their work in a safe manner. This work must be undertaken in accordance with statutory requirements and Trust's policies and procedures. Contractors must fully co-operate, take instruction and direction from Trust Directors, Assistant, Service Managers, Ward/Departmental Managers and Specialist Advisors. Trust staff who engage contractors must:

- (a) ensure that contractors engaged are competent to carry out the work and authorized;
- (b) receive from contractors risk assessments, documents, safety plan or method statements detailing how the work will be undertaken to ensure the health, safety and welfare of all who might be affected;
- (c) ensure all statutory provisions are complied with and the Health and Safety Executives and other enforcing agencies being notified in accordance with relevant statutory legislation;
- (d) ensure contractors comply fully with Trust's policies, procedures and rules;
- (e) ensure contractors work is brought to the attention of all those who maybe affected by them;
- (f) contractor's employees (sub-contractors) are appropriately trained in health, safety and welfare related matters penitent to the Trust work activities;
- (g) evidence of training and briefing sessions given to contractor's staff relevant to the Trust work task to be performed. Where required, request contractors and sub-contractors to attend Trust training programs;
- (h) ensure reasonable steps are in place to ensure co-operation between all contractors and Trust staff;
- (i) provide contractors with information on hazards and risks that maybe present in the work area and activities to be performed;
- (j) supervise and monitor contractors as necessary throughout the work to ensure compliance with health, safety and welfare procedures;
- (k) ensure that contractors are aware of the Trust incident reporting policy and how to report incidents;
- (l) ensure the Health and Safety Advisor is notified of incidence that fall within Reporting of injuries, diseases and dangerous occurrences Regulations 1996 (i.e., death, major injury, disease or dangerous occurrence) which the contractor is required to report to Health and Safety Executive;
- (m) undertake incident investigations and to deal with problems that arise appropriately;
- (n) inform line management of all health, safety and welfare issues; and
- (o) inform Risk Manager, Health and Safety Adviser and other professional advisers of all health, safety and welfare issues.

2.7 Specialist Advice

The Trust will support its health and safety management organisation by ensuring access to appropriate specialist advisers (see Appendix 1 for a contact list). The functions and responsibilities of these specialist advisers are as follows:

2.7.1 Head of Legal Services

The Head of Legal Services is responsible to the Director of Nursing and Clinical Development for assisting in clinical negligence claims (see section 2.2).

2.7.2 Risk Manager

The Risk Manager is responsible to the Director of Nursing and Clinical Development for assisting with health, safety and welfare responsibilities (see section 2.2).

2.7.3 Health and Safety Adviser

The Health and Safety Adviser is responsible to the Director of Nursing and Clinical Development and Risk Manager for assisting with health, safety and welfare responsibilities (see section 2.2) and available to all levels of management and staff for the provision of professional advice on technical health, safety and welfare matters, monitoring the implementation of this Policy and identifying areas of actual and/or potential concern. This will be achieved by:

- (a) the development of Health and Safety programmes to enable the Trust to meet legal obligations and promote a proactive approach to the management of safety;
- (b) providing a professional and quality advisory service to enable the Trust to understand the implications of legislation;
- (c) developing a structured approach throughout the Trust for the identification of actual and potential risks and appropriate control measures;
- (d) accident and incident recording (and reporting to external agencies as required) and maintaining an associated computerised statistical data base trend analysis;
- (e) developing appropriate policies and procedures to provide the Trust with necessary guidance for achieving compliance with legislative requirements and provision of a safe, secure and healthy work environment;
- (f) develop and provide a comprehensive safety training programme for all grades of staff;
- (g) carrying out investigations, inspections and audits as required to ensure that the Trust is achieving compliance with policies;
- (h) developing and maintaining good relationships within the Trust, the NHS and with key external organisations.

2.7.4 Work and Health Service

The service level agreement will require the Work and Health Physician, assisted by Work and Health Nurses to be responsible for:

- (a) the provision of professional advice on the work environment as it affects the mental and physical health of staff;
- (b) ensuring that Trust employees are physically and mentally suited for the job they are undertaking by offering pre-employment health screening, health surveillance and immunisation programmes.

2.7.5 Moving & Handling Adviser

The moving & handling adviser is responsible for overseeing the implementation of the Moving & Handling policy throughout the Trust and in particular:

- (a) ensuring that current legislation and national standards of practice are reflected in the Trust's Moving and Handling policy;
- (b) creating, co-ordinating, delivering and reviewing training programmes which meet the needs of the Trust's staff;
- (c) providing expert advice to managers and staff to matters pertaining to Moving and Handling and maintaining information systems;
- (d) advising the Trust on specific areas of risk highlighted from risk assessments and to compile business cases for equipment as necessary;
- (e) advising on the purchase and use of equipment to meet specific needs in departments across the Trust;
- (f) participate in the investigation of moving and handling or ergonomic related incidents and to inform the Trust of remedial action necessary;
- (g) auditing the Trusts Moving and Handling policy and practice and provide feedback to the relevant Directors/Managers.
- (h) working closely with Health and Safety Advisor as required to comply with 2.7.3 (d).

2.7.6 Infection Control

The designated consultant microbiologist, assisted by the infection control team will be responsible for formulating, advising on and monitoring infection control policy and procedures for the control of biological agents that effect patients, visitors and staff. Particularly,

- (a) ensuring that current legislation and national standards of practice are reflected in the Trust's Infection Control Policies and fully implemented on day to day basis;
 - (b) identifying existing and potential infection problems and through the risk assessment process recommend remedial action;
 - (c) investigating and initiating a response to infection outbreaks, incidents and ineffective procedures;
 - (d) providing formal communication between managers responsible for the implementation of Infection Control
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Policies and the Trust Committees of infection control issues of importance. Particularly, Patient Safety, Health and Safety, Infection Control, Decontamination and Environmental and Food Safety Committee

- (e) producing and updating relevant policies, procedures and information to staff for the prevention of infection and its spread;
- (f) ensuring the education of Healthcare professionals in all aspects of infection control;
- (g) advising on the appropriate isolation measures for infected patient and overseeing their transfer and discharge arrangements.
- (h) working closely with Risk Manager and Health and Safety Advisor as required to comply with 2.7.3 (d).

2.7.7 Radiological Protection

The Radiological Protection Adviser is responsible for providing advice to the Trust to ensure compliance with the Ionising Radiation Regulations 1999 and other matters connected with ionising radiation. This will include ensuring that local radiation safety rules are appropriately drawn up and correctly followed and ensuring that radiation is maintained at or below legally defined safe levels at all times. As required, work closely with Health and Safety Advisor to comply with 2.7.3 (d).

Radiological Protection Supervisor is responsible for day-to-day supervision of work areas to ensure adherence to Regulations and that local radiation safety rules are observed.

2.7.8 Fire Safety

The Deputy Facilities Manager (with assistance of Fire Consultant and Health and Safety advisor) is responsible for providing advice fire safety as required and ensuring that effective provision of fire safety standards across the Trust.

The Trust's contracted service provider(s) will be responsible for ensuring that the Trust receives competent advice on all aspects of fire safety as required and the necessary staff training to implement effective fire safety procedures.

2.7.9 Security Safety

The Deputy Facilities Manager and Security Manager (with assistance of Health and Safety Advisor) is responsible for providing advice on security and personal safety as required and ensuring the effective provision of a Security Service across the Trust.

2.7.10 The Head of Procurement

The Head of Procurement and Deputy Director of Facilities will respectively ensure that

(a) the procurement of goods/equipment are from approved suppliers and all necessary statutory health and safety, fire and security standards are meet. Information on the risks of goods/equipment and recommendations for its safe use are provided with any goods/equipment purchased. In event of serious risk coming to supplier attention, Head of Procurement will ensure necessary corrective action is taken within the Trust.

(b) the procurement of services, are from approved suppliers and all necessary statutory health and safety, fire and security standards are meet. Information on the risks of service provision and recommendations for its safe provision provided. In event of serious risk coming to supplier attention, Head of Procurement will ensure necessary corrective action is taken within the Trust.

(c) the management of contractors/agency, comply with the provisions of 2.6 above.

➤ 3. Arrangements for implementation of this Policy

In accordance with the responsibilities above, the Trust will take the following measures to ensure the effective implementation of this Policy and the achievement of its objectives:

- 3.1 **Supporting documentation** - Develop policies, procedures, codes of practice, safe systems of work and guidance for specific risks or activities as required.
- 3.2 **Risk assessment** - Implement a risk assessment process that ensures all Trust activities, equipment, machinery, plant, materials and substances are subjected to suitable and sufficient risk assessments, which identify all significant health, safety and welfare risks and the appropriate control measures needed to reduce them to acceptable levels. Where possible risks will be eliminated through the selection and design of facilities, equipment and processes. If the risk cannot be eliminated, they are minimised by use of physical controls or, as a last resort, through the system of work and personal protective equipment.
- 3.3 **Incident reporting and investigation** - Ensure that all accidents, incidents and near misses are reported to the relevant line manager, recorded on the appropriate form and that a suitable investigation is undertaken. All relevant accidents will be further reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 to the appropriate Enforcing Authority.
- 3.4 **Training** - Provide adequate health and safety training for its employees:
 - (a) on being recruited (general and local induction)
 - (b) on being exposed to new or increased risks because of changes in responsibilities, work practices, new equipment, or new policies and procedures.The training will be repeated periodically, reviewed and revised as appropriate.
Staff with specific responsibilities e.g. managers, risk assessors, first aiders, fire wardens etc. will be given additional training as necessary.
A record of such training will be maintained.
- 3.5 **Health, safety and welfare advice** - Provide all managers and staff with access to specialist advice and assistance to enable them to fulfil their health, safety and welfare responsibilities effectively.

- 3.6 **Premises, plant and equipment** - Ensure that all premises, plant, machinery, tools, and equipment (including personal protective equipment) are assessed, maintained, cleaned, examined, inspected or tested as appropriate at suitable intervals.
- 3.7 **Health surveillance** - Ensure that all new staff are subject to pre-employment health screening and attend Occupational Health within two weeks of commencing employment for an individual health assessment. Additionally provide all staff identified by such an individual assessment with the routine health surveillance necessary to monitor their health.
- 3.8 **Trust Committee** - The Trust Committee structures (e.g. Trust Board, Audit Committee, Clinical Governance Committee, the Patient safety Committee, the Health and Safety Committee and other subsidiary Committees and groups) will provide focal point for staff participation and consultation on health and safety matters. The Trust's Committees provide a driving force for continual improvement and check for monitoring of the effectiveness of this Policy implementation.
- 3.9 **Monitoring** - Ensure the implementation of this Policy at both Trust and local level is monitored by suitable means including; use of statistics from incident reports etc.; inspections and audits (carried out by managers, the health and safety adviser and staff health and safety representatives); level of achievement of agreed performance standards and objectives; compliance with regulations (e.g. COSHH) on an annual basis and the standard of compliance with legal requirements.
- 3.7 **Review** - Ensure from the results of performance monitoring or other events, such as legislation changes, this Policy is reviewed and amended at least annually.

Appendix 1 - CONTACT LIST FOR SPECIALIST/LEGAL ADVICE

Director of Nursing and Clinical Development	Ext 3589
Control Drug Accountable Officer	Ext 3589
Head of Legal Services	Ext 3433
Risk Manager	Ext. 3687
Health and Safety Adviser	Ext. 5006
Health and Safety Assistant	Ext 5495
Moving and Handling Adviser	Ext. 5091
Microbiology - Consultant Microbiologist	Ext. 5082/3
Senior Infection Control Practitioner*	Ext. 3869/3679*
Infection Control Nurse	Ext 3261
Radiation Protection Supervisor (day to day advice)	Ext 5517
Radiation Protection Advisor (specialist advice) **	Ext.5425
Director of Facilities (Security and Fire)	Ext 5560
Assistant Director of Facilities (Security and Fire)	Ext. 5500
Security Manager	Ext 5271
Works and Health – Manager	Ext. 3840
Works and Health - Nurse Advisor	Ext. 3351
Environmental System Manager (for waste advice)	Ext. 3256
Head of Procurement	Ext 3274

*also contactable on bleep 2669 or mobile 077488860412

** Kings Radiation Protection Service provides a Radiation Protection Advisor Dr Lorna Sweetman (020 3299 1648)

Appendix 2 - INDEX OF SUPPORTING TRUST POLICIES

Specific Trust policies and procedures have been developed to support and assist in the implementation of this overall policy as detailed below:

- Risk assessment policy
- Moving and handling policy
- Fire policy and guidance notes
- Control of substances hazardous to health policy
- Incident reporting procedure
- Violence at work policy & guidance
- Radiation safety policy
- Health and safety risks to new and expectant mother policy
- Infection control policies
- Display screen equipment policy
- Policy for the safe handling of cytotoxic drugs
- Waste management policy
- Asbestos policy & safe working procedures
- Policy on protecting healthcare workers & patients from Hepatitis B
- Sharps policy & procedure
- HIV affected health care workers policy
- Food hygiene policies
- Procedure for distribution and action of hazard & safety notices
- Guidelines for work experience placements

Copies of these are available on Trust intranet. Any problems please inform Health and Safety Adviser (ext. 5006).

Appendix 3 - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

	Impact (= relevance)	Evidence for impact assessment (monitoring, statistics, consultation, research, etc)	Evidential gaps (what info do you need but don't have)	Action to take to fill evidential gap	Other issues
1	Low				
2	Medium				
3	High				
	Race	1	None		
	Disability	1	None		
	Gender	1	None		
	Age	1	None		
	Sexual Orientation	1	None		
	Religion and belief	1	None		

Once the initial screening has been completed, a full assessment is only required if:

- The impact is potentially discriminatory under equality or anti-discrimination legislation
- Any of the key equality groups are identified as being potentially disadvantaged or negatively impacted by the policy or service
- The impact is assessed to be of high significance.

If you have identified a potential discriminatory impact of this procedural document, please refer it to relevant Head of Department, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 4- Plan for Dissemination of Procedural Documents

Acknowledgement: University Hospitals of Leicester NHS Trust

Title of document:	Health and Safety Policy		
Date finalised:	September 2009	Dissemination lead: Print name and contact details	
Previous document already being used?	Yes		
		James Ward Ext 5006	
If yes, in what format and where?	PDF document. Trust's health and safety intranet website and staff notice board		
Proposed action to retrieve out-of-date copies of the document:	Update health and safety intranet website and staff board. Key managers sent copies for Health and Safety Manuals.		
To be disseminated to:	How will it be disseminated, who will do it and when?	Paper or Electronic	Comments
All staff	Uploaded to health and safety website and displayed on staff board	Electronic Paper	Reference to policy Trust induction and mandatory training
Managers	Copy sent to them	Electronic	Mangers instructed to removed old policy

Dissemination Record - to be used once document is approved.

Date put on register / library of procedural documents	September 2009	Date due to be reviewed	September 2010
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Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent	Contact Details / Comments
All staff - uploaded to health and safety website and displayed on staff board	Electronic Paper	September 2009	1	
Manager - Copy sent to them. Mangers instructed to removed old policy	Electronic	September 2009	1	

Appendix 5 - Version Control Sheet

Version	Date	Author	Status	Comment
1	May 2007	James Ward	Approved	
2	May 2008	James Ward	Approved	
3	Sept 2009	James Ward	Approved	New Chief Executive Appointed Sept 2009