Procedure for conducting Health and Safety Site Inspections

Contents

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1 Statement of aims and objectives

1.1. SECAmb maintains a large estate of over 120 premises mainly consisting of operational ambulance stations and ambulance community response posts (ACRPs). This also includes a large Headquarters building at Crawley incorporating Emergency Operations Centre (EOC) West as well as an office building at Coxheath in Kent which is the base for EOC East.

1.2. The purpose of this procedure is to provide supporting guidance for staff who are tasked with completion of Health and Safety site inspections across the Estate.

1.3. The Health and Safety site inspection template is appended to this procedure.

1.4. The Trust has identified the need to conduct suitable and sufficient site inspections as an important element of health and safety audit and monitoring. It has also identified the need for Health and Safety related risks that have been identified for example as an outcome following Health and safety inspections and assessments to be recorded on Datix.

1.5. This procedure establishes the defined protocol and communication system for escalating and disseminating the findings of the site safety inspections.

1.6. All inspection findings are communicated promptly to the appropriate staff and required actions are implemented within expected timescales.

1.7. The implementation of items and actions escalated is closely monitored by the Central Health and Safety Working Group.

2 Definitions

2.1. This paper establishes a clear procedure for conducting Health and Safety Site inspections within the Trust.

2.2. Site inspections should be conducted by the Responsible Person for the site. Responsible Persons must be nominated for each site that the Trust operates. The Responsible Person may delegate responsibility for completing health and safety site inspections to competent staff where it has been formally agreed that they have the authorisation, time and support to do so.

2.3.   The site health and safety inspections template is accessible on the Trust's intranet and will be e (electronically)-enabled to be accessible on Trust IPads.

3   Reporting and escalation procedure

3.1.   The Operating Unit Manager and Operational Team Leader or whomsoever they have delegated as the responsible person to complete the site inspection should meet to discuss the site inspection, as soon as possible following completion.

3.2.   As per the requirements of the Trust's Risk Management Policy and Procedure, if any health and safety risks are identified as a result of the site inspection that are rated 8 or above and cannot be immediately resolved, they should be added to the Trust risk register via Datix during this meeting.

3.3.   Please note any risks identified during health and safety site inspections that are rated 6 or below must also be added to the Health and Safety risk register via Datix.

3.4.   When a new risk is entered on Datix one of three statuses must be selected from the *Approved status* drop down box:

3.4.1.   **Open (Organisation)**

This status is used for all risks that have a current impact on the organisation **graded 8 and above;** other than current Project / Programme risks (see 3.2.3) and **Health & Safety** risks with a score **graded 6 and lower**.

3.4.2.   **Open (Health & Safety)**

This status is used for all current **Health & Safety** risks with a score **graded 6 and lower**.

3.5.   Please note any existing risk assessments can also be attached to the Datix as supporting evidence.

3.6.   Once the inspection has been completed it should be signed and dated by the person(s) completing it and uploaded to the site inspections folder in the relevant section of the Zone as a pdf file where it can be easily accessed by all staff.

3.7.   Observing this requirement will ensure that all risk items can be monitored appropriately and where necessary escalated to the accountable Director(s). The Central Health and Safety Working Group will ensure relevant Directors are held accountable for these risks at their quarterly meetings.

3.8.   Once the Operational Manager is satisfied that suitable and sufficient control measures have been implemented to reduce the risk, the risk can be removed.

3.9.   See Appendix 2 for guidance on how to decide the rating for a risk.

4   Accountability

4.1.   **The Central Health and Safety Working Group** provides assurance to the Trust Executive and Board on the management of health and safety issues and the Trust's overall health and safety performance. The working group receives a quarterly report of the health and safety risks held on the risk register.

4.2   **Roles and Responsibilities**

4.2.1   The **Chief Executive Officer** is accountable for the Trust's compliance with health and safety requirements.

4.2.2   The **Executive Director of Nursing and Quality** is the nominated Director responsible for ensuring there is a mechanism in place for monitoring and reporting of health and safety compliance and performance.

4.2.3   **Operational Managers** are responsible for the health and safety of their staff on those sites that they are tasked to manage. Health and safety inspections of these sites are conducted monthly. Site inspections can be delegated at local level however the Operational Managers remain the responsible person.

4.2.4   Where Operational Managers have no purview over a SECAmb site, the nominated **Responsible Person** must ensure a health and safety inspection is conducted for that site every month by a competent person, usually the Make Ready Manager, and that all identified risks are added to the risk register in line with the guidance above.

4.2.4   All staff have a responsibility to comply with this procedure.

5   Business continuity

5.1.   The site health and safety inspections programme provides a mechanism for robust audit and review as well as ownership of site safety which is paramount to ensuring the Trust's resilience to deliver patient care. Failure

to carry out health and safety site inspections compromises the Trust's ability to provide its services.

6   Competence

6.1.   Health and Safety Site Inspections should be completed on a monthly basis. Directors and managers should ensure that inspections are being carried out by competent staff at the appropriate level i.e., Operational Team Leader or above. Trade Union Health and Safety Representatives should also be encouraged to participate in and support site safety inspections.

7   Monitoring

7.1.   The Head of Health and Safety is responsible for monitoring this procedure and ensuring that the Trust responds quickly and efficiently to all high risks identified through the site inspections.

8   Audit and Review

8.1.   All procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new procedure is approved and disseminated.

8.2.   This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.

8.3.   Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).

8.4.   All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

APPENDIX 1: Risk Scoring

The risk score will be based upon the consequence of a risk and the likelihood of it being realised. The Trust uses the risk scoring methodology and matrix previously published by the National Patient Safety Agency;

Three risk scores are used for the management of risks;

- **Inherent Risk Score** – Initial score of the risk before the application of new controls. The inherent risk score quantifies control failure and/or inadequate controls.

- **Residual Risk Score** - Score following the application of controls. Effective controls should always aim to reduce the inherent risk score. The current residual risk score is taken at the time the risk was last reviewed in line with the set review dates. It is expected that the current risk score will reduce and move toward the Target Risk Score as action plans and mitigating actions are developed and implemented.

- **Target Risk Score** - Score that is expected to be reached after the action plan and mitigating actions have been fully implemented to enable the risk to be reduced to a level which is tolerable.

a) Scoring the Consequence

Consequence must be scored using the Table of Consequences as a guide:

Table of Consequences					
	Consequence Score and Descriptor				
	1	2	3	4	5
Domain:	Negligible	Minor	Moderate	Major	Catastrophic
Injury or harm Physical or Psychological	Minimal injury requiring no / minimal intervention or treatment No Time off work required	Minor injury or illness requiring intervention Requiring time off work < 4 days Increase in length of care by 1-3	Moderate injury requiring intervention Requiring time off work of 4-14 days Increase in length of care by 4-14 days RIDDOR / agency reportable incident	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days	Incident leading to fatality Multiple permanent injuries or irreversible health effects
Quality of Patient Experience / Outcome	Unsatisfactory patient experience not directly related to the delivery of clinical care	Readily resolvable unsatisfactory patient experience directly related to clinical care.	Mismanagement of patient care with short term affects <7 days	Mismanagement of care with long term affects >7 days	Totally unsatisfactory patient outcome or experience including never events.
Statutory	Coroners verdict of natural causes, accidental death or open	Coroners verdict of misadventure Breech of statutory legislation	Police investigation Prosecution resulting in fine >£50K	Coroners verdict of neglect/system neglect	Coroners verdict of unlawful killing Criminal prosecution or imprisonment of a

	No or minimal impact of statutory guidance		Issue of statutory notice	Prosecution resulting in a fine >£500K	Director/Executive (Inc. Corporate Manslaughter)
Business / Finance & Service Continuity	Minor loss of non-critical service Financial loss of <£10K	Service loss in a number of non-critical areas <6 hours Financial loss £10-50K	Service loss of any critical area Service loss of non- critical areas >6 hours Financial loss £50-500K	Extended loss of essential service in more than one critical area Financial loss of £500k to £1m	Loss of multiple essential services in critical areas Financial loss of >£1m
Potential for patient complaint or Litigation / Claim	Unlikely to cause complaint, litigation or claim	Complaint possible Litigation unlikely Claim(s) <£10k	Complaint expected Litigation possible but not certain Claim(s) £10-100k	Multiple complaints / Ombudsmen inquiry Litigation expected Claim(s) £100-£1m	High profile complaint(s) with national interest Multiple claims or high value single claim .£1m
Staffing and Competence	Short-term low staffing level that temporarily reduces patient care/service quality <1day Concerns about skill mix / competency	On-going low staffing level that reduces patient care/service quality Minor error(s) due to levels of competency (individual or team)	On-going problems with levels of staffing that result in late delivery of key objective/service Moderate error(s) due to levels of competency (individual or team)	Uncertain delivery of key objectives / service due to lack of staff Major error(s) due to levels of competency (individual or team)	Non-delivery of key objectives / service due to lack/loss of staff Critical error(s) due to levels of competency (individual or team)
Reputation or Adverse publicity	Rumours/loss of moral within the Trust Local media 1 day e.g. inside pages or limited report	Local media <7 days' coverage e.g. front page, headline Regulator concern	National Media <3 days' coverage Regulator action	National media >3 days' coverage Local MP concern Questions in the House	Full public enquiry Public investigation by regulator
Compliance Inspection / Audit	Non-significant / temporary lapses in compliance / targets	Minor non-compliance with standards / targets Minor recommendations from report	Significant non-compliance with standards/targets Challenging report	Low rating Enforcement action Critical report	Loss of accreditation / registration Prosecution Severely critical report

b) <u>Scoring the Likelihood</u>
Likelihood must be scored using the Table of Likelihood as a guide.

Description	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Frequency (How often might it / does it occur)	This will probably never happen/recur Not expected to occur for years	Do not expect it to happen/recur but it is possible it may do so Expected to occur at least annually	Might happen or recur occasionally Expected to occur at least monthly	Will probably happen/recur, but it is not a persisting issue/circumstances Expected to occur at least weekly	Will undoubtedly happen/recur, possibly frequently Expected to occur at least daily
Probability	Less than 10%	11 – 30%	31 – 70 %	71 - 90%	> 90%

c) Risk Score and Grading (Risk Assessment)

Once the Consequence and Likelihood have been determined, the over-all risk score can be measured using the Risk Score Matrix and should follow a linear pathway:

Likelihood

Impact	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

For grading risks, the scores obtained from the risk matrix are assigned grades as follows:

	15 to 25 Extreme Risk
	8-12 High Risk
	4-6 Moderate Risk
	1 to 3 Low Risk

Risk grading makes evaluation of the risk easier with reference to the Trust wide risk profile; providing a systemic framework by which to identify the level at which risks will be managed, prioritising remedial action and availability of resources to address risks.

Risk grading supports the Trust with setting its risk appetite, with the 'Risk Rating - Actions Table' used to define the guidance on the documentation/ registration of the risk, the urgency of action to mitigate the risk and clarifies ownership, reporting and oversight.

Risk Rating - Action Table							
Score	**Risk Grade**	**Action** *	**Risk Owner** **	**Operational Monitoring** ***	**Organisation Oversight** ****	**Escalation Route**	**Board Assurance**
1-3	Low	Risk entered onto Datix	Principle Risk Lead	Group (described in each terms of reference)	Management Group / Committee / Board (described in each terms of reference)	Described in each: Group/ Committee/ Board terms of reference	Quality and Patient Safety Committee
4-6	Moderate						Finance & Investment Committee
8-12	High						Workforce and Wellbeing Committee
15-25	Extreme						Audit Committee

* The Trust Wide Risk Register is held on Datix and can be broken down by various criteria i.e. principle risk lead, accountable executive, group, board committee etc.

**The Risk Owner has the over-arching organisational responsibility for managing the risk; however, they may delegate the management of the implementation of controls and production of action plans as appropriate.

***The responsible operational group will; validate scoring, undertake controls assurance, monitor / review action plans. They are also responsible for escalating risks in accordance with their terms of reference.

****The responsible group/committee/board will ensure the operational group are discharging their responsibilities for risk management in accordance with their terms of reference. They are also responsible for providing assurance to the Trust Board and its Committees.

APPENDIX 2   Site Health and Safety Inspection template

This Site Health and Safety Inspection has been conducted by _____ as part of the commitment to managing health and safety throughout the organisation. The findings below are based on observations made at the time of the inspection. Please read the Trust's Procedure for conducting site health and safety inspections before completing this template.

This template should also document any concerns found at the time of the inspection that were able to be eliminated there and then.

Area inspected:	Topics considered in the inspection:
- Work areas/meeting rooms - Comms areas well ventilated - Kitchen/rest area - Store rooms - Fuel tanks and dispensing pumps – diesel and oil - Boiler rooms – gas compliance, pressure vessel testing on boilers if appropriate - External areas - Make Ready areas (where applicable) - Workshops – pits, fall arrest systems, statutory compliance on lifting equipment and servicing records of all other workshop machinery, equipment and tools - Compressed gases, Oxygen - Cleaning stores area – storage of materials - Contractor control	- Housekeeping - Chemicals – storage, bunding, COSHH risk assessments - Electrical Safety – cable management/ PAT/Fixed wiring test 5 yearly including Microwave integrity testing - Fire Risk Assessment and Precautions including (riser cupboards) electrical cupboards. Signage, Rydon folders up to date - Legionella testing – Rydon folder up to date - First aid boxes - Lighting, Heating and Ventilation - Machinery and Equipment – guarding, safety signage - Slips, Trips and Falls - Compliance folders and outstanding actions - Waste disposal and storage - Racking not overloaded and adequately secured to prevent tipping or collapsing - Activity risk assessments complete and reviewed

	Site risk assessment complete and reviewed

Please assess any risks you identify in your inspections using the following approach. This is in line with the corporate risk management policy which uses a 5x5 matrix for scoring risk.

	Likelihood				
Consequence	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

For grading risks, the scores obtained from the risk matrix are assigned grades as follows:

	15 to 25 Extreme Risk
	8-12 High Risk
	4-6 Moderate Risk
	1 to 3 Low Risk

South East Coast Ambulance Service NHS
NHS Foundation Trust

Inspection checklist	Y	N	N/A	Status	Action Required/ By
Section 1 Chemicals					
Are all containers clearly labelled with contents, hazard warnings and the precautions to be taken?					
1.2 a: Is training provided in the safe use of chemicals and on what to do in the event of an emergency e.g. spillage poisoning, splashing? 1.2 b: Are all COSHH risk assessments present, up to date and regularly reviewed including contractor documentation?					
1.3 a: Are chemicals stored in correct containers with bunding where appropriate and segregated from other hazards – electrical equipment? Are chemicals, flammables removed / emptied at regular intervals to prevent explosion, fire and injury? 1.3 b: Oxygen cylinders in cages and transient oxygen chained and kept to a minimum in line with regulations on trolleys in a safe area 1.3 c: make sure fire risk assessment notes transient oxygen on trolleys and robust control measures in place 1.4 d: DSEAR assessment for all fuel pumps up to date					
Section 2 Housekeeping					
2.1a: Are all work surfaces walls, windows and floors kept tidy and regularly cleaned? 2.1b: no storage of combustible materials i.e., cardboard particularly in walk ways egress areas for fire escape routes and IT Comms rooms, electrical cupboards and hazardous areas?					
2.2 Are all painted surfaces in good condition including hatched areas and hazard marking lines etc?					
2.3 Are floors in areas of tasks involving water/washing/use of liquids kept as dry as possible with a non-slip surface kept intact?					
Section 3 Electrical Safety					

3.1 Is all electrical equipment, fittings, distribution boards etc. regularly checked and maintained?					
3.2 Overload of extension leads? trailing cables?					
3.3 Are electrical appliances/power tools checked prior to use, and regularly PA Tested? Is there evidence of 5 yearly fixed wiring certification?					

Section 3 Electrical Safety (cont'd)	Y	N	N/A	Status	Action required by
3.3 Is access to high voltage equipment restricted to authorised people only?					
3.4 Is specialist equipment available for this kind of work e.g. insulated tools and mats?					
Section 4 Fire Precautions					
4.0 Fire Risk Assessment is up to date and all actions recorded completed within timescales. Are there separate storage arrangements for flammable materials?					
4.1 Are bins emptied regularly to prevent the build-up of combustibles?					
4.2 Is there a no smoking policy, in the workplace?					
4.3 Is there a designated area for smoking and are cigarettes and matches disposed of separately from other rubbish?					
4.4 Are employees clear on what to do in the event of a fire alarm?					
4.5 Are ignition sources on site controlled, e.g. welding, soldering, etc?					
4.6 Are fire drills carried out regularly and recorded?					
4.7 Are fire alarms, extinguishers and smoke detectors checked and tested weekly?					

Section 4 Fire Precautions cont'd	Y	N	N/A	Status	Action required by
4.8 Are all areas of the building covered by the sounders and in working condition?					
4.9 Are all areas of the building covered by appropriate heat and smoke detection in good working order?					
4.9 Are there other forms of fire warning for the hearing impaired?					
4.10 Are all employees given information, instruction and training on fire risks and precautions as well as what to do in the event of a fire or fire alarm?					
4.11 a: Is emergency lighting provided and tested regularly? Weekly 4.11 b: 6 monthly 1 hr drop test? 4.11. c: 12 monthly 3 hr drop test?					
4.12 a: are escapes routes and stairs clearly signed, kept clear and lead directly to a safe area? 4.12 b: is all fire signage undamaged and meets current fire regulations see fire risk assessment 4.12 c: Are all actions from fire risk assessment and Rydon visit actions completed?					
4.13 Are fire doors regularly checked for easy operation, damage, intumescent strip in good condition and the checks recorded?					
4.14 Are fire exits / doors clearly marked and open in the direction of escape?					
4.15 All ceiling tiles are in good condition and not missing?					
Section 5 First Aid					
5.1 a: is there an up to date First Aid Risk Assessment? b: Is there an adequate number of first aid boxes throughout the premises for the number of staff employed?					
5.2 are there an adequate number of qualified first aiders (appointed persons) for the level of risk and the number of employees on the premises?					
5.3 Is there clear information throughout the building who the appointed persons are and how to contact them in the event of an emergency?					

5.4 Are the First Aid Kit boxes fully stocked, easily accessible to staff and items in date					
Section 6 Lighting, Heating, Ventilation					
6.1 Is the lighting throughout the main building, offices, adequate for the individual environments?					
6.2 Are stairs and corridors safely lit?					
6.3 Are light bulbs replaced promptly when faulty?					
6.4 Is the temperature around the main building offices comfortable all year?					
Section 6 Lighting, Heating and Ventilation cont'd					
6.5 For out-door work is warm waterproof clothing provided in cold / wet weather.					
6.6 Are there facilities for making hot / cold drinks to cool down or warm up dependent on the outside temperature?					
6.7 Is sun protection provided to outdoor workers in the height of summer?					
6.8 Are fumes, steam and stale air adequately removed from the work place?					
Section 7 Contractor Control					
7.1 a: Contractor control – Notification by estates for all contractor visits 7.1 b: lone working procedure 7.1 c: Estates responsible for all compliance regards confirming contractor competence with work at height and high voltage electrical work including hot works permit to work Audit contractor files – Legionella and Fire, planned preventative maintenance. Confirm suitable completion of all sections					

Section 8. Machinery and Equipment.	Y	N	N/A	Status	Action required by
8.1 Are all staff trained to use, clean and adjust equipment safely?					
8.2 Is equipment in general regularly inspected and maintained? Statutory inspections for pressure vessels, gas inspections, lifting equipment and fall arrest as examples these should be organised by estates or other third party?					
8.3 Is there a procedure for reporting faulty equipment and taking it out of service?					
8.4 a: In general, are all visible machinery guards in good condition, in place and ready for use? 8.4 b: All racking visibly checked and secured to prevent falling or collapsing maximum weight loads to be adhered to (who ever supplied racking should be able to tell you maximum weight loads)					
8.5 Are potentially dangerous pieces of equipment only used by trained individuals who are over 18? Are Training records up to date?					
Section 9 General					
9.1 Are Slips, trips and falls reported and fully investigated?					
9.2 Are desks clear underneath?					
9.3 Notice Board Content-Health and safety poster and signed policy statement, Employer liability, fire marshals, first aiders					
9.4 Is there an up to date Site Risk Assessment?					
9.5 Are all activity risk assessments complete and up to date? i.e., First Aid, Lone Working, Manual Handling?					

Section 10 Personal Protective Equipment (PPE)	Y	N	N/A	Status	Action required by
10.1 Is proper and appropriate PPE provided free of charge?					
10.2 Is it effective, comfortable and well fitting?					
10.3 Where PPE in a mandatory required, is it being used and supervised?					
10.4 Is it replaced if it is worn out or damaged?					
Section 11 Slips Trips and Falls					
11.1 In general are floors and stairways in good condition, free from holes, obstructions and are they non slip?					
11.2 Is there a means of cleaning up spills of product?					
11.3 Is non slip foot wear provided and worn by those in the high risk areas, i.e. workshops					
11.4 a: Are empty boxes and packaging kept tidy and not left in work aisles or traffic routes?					
11.4 b: Are sufficient controls in place to prevent vehicle and pedestrian collisions					

Section 11 Slips Trips and Falls; cont	Y	N	N/A	Status	Action required by
11.5 Do all staircases have securely fixed hand rails?					
11.6 Are risk assessments conducted for working at height?					
Section 12 Toilets, Wash and Rest Facilities.					
12.1 Are their enough toilets, are they clean and in good repair?					
12.2 Are washing facilities adequate with hot and cold running water?					
12.3 Are sanitary disposal facilities provided in the women's toilets?					
12.4 Are lockers provided for workshop and other manual staff?					
12.5 Is the rest room clean, well lit and ventilated?					
12.6 Is the rest room adequate for workers to eat their own food?					
Section 13 Display Screen Equipment. (DSE)					
13.1 Are workstations and seating fully adjustable?					
13.2 Does seating give proper back support?					
13.3 Are footrests provided where needed?					
13.4 Are screens easily readable and free from flicker and glare?					

13.5 Is the place of work comfortable and can rest breaks be taken as required by the DSE regs?					
13.6 Are users provided a free eye site and eye test on request?					
13.7 Are reports of aches, pains, numbness or tingling in limbs investigated?					
13.8 Is training provided about the use of the equipment and the risk of injury associated with the method of work, and how to avoid it?					

Action Summary (example)

Inspection checklist	Y	N	N/A	Status	Action required by
Sec					
1.3 Are chemicals stored in correct containers and segregated from other hazards – electrical equipment?					
Section 2 Housekeeping					
2.2 Are all painted surfaces in good condition including hazard marking lines etc.					
Section 4 Fire Precautions					
4.0 Are there separate storage arrangements for flammable materials?					
4.13 Are fire doors (FD) regularly checked for easy operation and the checks recorded?					
Section 9 Noise.					
9.2 For tasks which generate local noise e.g., siren testing, tyre fitting, is there hearing protection available locally, and is it worn?					
Section 13 Display Screen Equipment. (DSE)	**Y**	**N**			
13.8 Have all staff completed their DSE self-assessments this year?					

Inspection conducted by:_____Date_____

Approved by (OM or Responsible person)_____Date_____