Eyecare Norfolk:
Health and Safety Policy

The health and safety of our staff and patients is fundamental to the Company and we recognise our responsibilities in regards to this.

Our health and safety policy will be reviewed and possibly revised in the light of experience, or because of operational or organisational changes and/or annually.

Our named health and safety lead with overall responsibility for health and safety is Julien Nelson.

A risk assessment is carried out to identify health and safety risks and action needed to remove/control any risks. The staff member responsible is noted as is the timetable for review.

The health and safety lead will:

- undertake consultation with employees on health and safety matters
- undertake supervision and training of new members of staff in health and safety matters
- identify when maintenance is needed, draw up maintenance procedures, reporting problems purchasing of new equipment
- ensure safe handling and use of substances (if applicable).

The Health and Safety Law Poster will be displayed or the equivalent leaflets will be issued.

Records of accidents will be kept by the health and safety lead and a member of staff will be trained in first aid.

Fire risk assessments and checks on escape routes, fire extinguishers, alarms and evacuation procedures will be carried out by the health and safety lead/fire officer.

NHS England maintains a Safety Alert Broadcast System (SABS). The Company will ensure that any appropriate action has been taken in response to a SAB. For effectiveness, we will send an acknowledgement that the alert has been received and any appropriate action has been taken.

Prevention, segregation, handling, transport and disposal of waste will be managed so as to minimise the risks to the health and safety of staff and patients (please see the Company's Environmental Management System for more information).

The Company will use the following Incident Response Plan for driving an appropriate learning experience to improve patient outcomes and overall health and safety:

Incident Response Plan

Incident Occurs

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Company reports to local reporting systems

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Inform patient of serious incident management in process – ideally within three days

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Grade incident (grading chart below)

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Notify commissioning body within two working days

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Incident reported on Serious Incident Reporting and Learning Framework within two working days

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Consult commissioner as necessary over grading

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The Company to establish appropriate investigation

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Undertake investigation communicating with relevant local health bodies, patients and carers if applicable

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Develop action plan

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Submit incident investigation report to commissioner

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Implement action plan → Commissioner closes incident

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Share lessons learned if appropriate

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Review actions taken

Incident grading chart

Incident Grade	Example Incidents	Investigation Grade and action	Timeframe
1	Avoidable or unexpected death. Healthcare associated infections. Adult safeguarding incidents (see the Company's Safeguarding Policy for more information). Data loss and information security.	**Investigation Level 1:** Concise root cause analysis (RCA) for both No Harm and Low Harm and/or where the circumstances are very similar to other previous incidents. A concise RCA will enable the Company to ascertain whether unique factors exist, thus focusing resources on implementing service improvement. **Investigation Level 2:** Comprehensive RCA for incidents causing moderate to severe harm or death. The Company's policy is this will be the default investigation level for grade 1 incidents. The Company may seek advice and services from specialist external sources as required.	The Company to submit initial report within two working days. The Company will submit completed investigation within 45 working days.
2	Child protection incidents (see the Company's safeguarding policy for more information). 'Never events' Accusation of physical misconduct or harm. Data loss and information security (DH Criteria level 3-5).	Comprehensive RCA.	Initial report within 2 working days. The Company will submit a completed investigation within 60 working days.
	Selected grade 2 incidents These might include major systemic failure with multiple stakeholders.	**Investigation Level 3:** Independent RCA.	Initial report within 2 working days. Independent investigators should be commissioned to complete an investigation within 6 months

Root cause analysis investigation model

The Company will ensure it has sufficient expertise in root cause analysis. The Company will manage this process and report to the commissioner on progress and with the outcome. A model we will use is below:

	Action 1	**Action 2**	**Action 3**	**Action 4**	**Action 5**
Root CAUSE					
EFFECT on Patient					
Recommendation					
Action to Address Root Cause					
Level for Action (Org, Direct, Team)					
Implementation by:					
Target Date for Implementation					
Additional Resources Required (Time, money, other)					
Evidence of Progress and Completion					
Monitoring & Evaluation Arrangements					
Sign off - action completed date:					
Sign off by:					

The Company will use the following risk assessment templates to remove/control risks:

	Risk Assessment	Issue Management
Step 1	▪ Risk identified	▪ Issue identified ▪
Step 2	▪ Evaluate the potential risk to determine nature of risk considering who might be harmed and how ▪ Score risk*	▪ Evaluate the issue to determine who has been harmed and undertake 'root cause analysis' to determine how the issue occurred and the likelihood of it occurring again ▪ Grade issue ▪
Step 3	▪ Consider strategy to mitigate potential risk	▪ Consider strategy to mitigate the risk of the issue occurring again ▪
Step 4	▪ Record risk, risk score*, mitigating actions and timescales for implementation on risk register	▪ Record the issue, grade and action(s) taken on the issues register ▪ Record risk(s) associated with the issue on the risk register, following the risk assessment procedure
Step 5	▪ Review risk register and all risk assessments every month to ensure actions have been implemented and update as required ▪	▪ Implement Serious Incident Response Plan procedure (if applicable - above)

* *The risk scoring matrix adopted by the commissioner will be used for the purposes of our risk register (example below):*

LEVEL	DESCRIPTOR	DESCRIPTION
0	Negligible	No injuries. Little or no financial loss
1	Minor	First-Aid treatment. Low financial loss.
2	Moderate	Medical treatment required. Moderate environmental implications. Moderate financial loss. Moderate loss of reputation. Moderate business interruption.
3	Serious	Serious injuries to one or more persons. Serious environmental implications. Serious financial loss. Serious loss of reputation. Serious business interruption.
4	Major	Excessive injuries. High environmental implications. Major financial loss. Major loss of reputation. Major business interruption.

5	Fatality/ies	Death or multiple deaths involving any persons. Potential closure of the business.

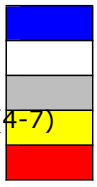
Qualitative measures of likelihood:

LEVEL	DESCRIPTOR	DESCRIPTION
0	Impossible	The event cannot happen under any circumstances
1	Rare	The event may occur only in exceptional circumstances
2	Unlikely	The event could occur at some time
3	Moderate	The event should occur at some time
4	Likely	The event will probably occur in most circumstances
5	Almost Certain	The event is expected to occur

Qualitative Risk Assessment Matrix – level of risk

CONSEQUENCES	*PROBABILITY*					
	Impossible 0	Rare 1	Unlikely 2	Moderate 3	Likely 4	A/Certain 5
Negligible – 0	**0**	**0**	**0**	**0**	**0**	**0**
Minor – 1	**0**	**1**	**2**	**3**	**4**	**5**
Moderate – 2	**0**	**2**	**4**	**6**	**8**	**10**
Serious – 3	**0**	**3**	**6**	**9**	**12**	**15**
Major – 4	**0**	**4**	**8**	**12**	**16**	**20**
Fatality/ies – 5	**0**	**5**	**10**	**15**	**20**	**25**

Key:



No Risk (0)
Low Risk (1-3)
Moderate Risk (4-7)
Significant Risk (8-12)
High Risk (15-25)

Example Risk Assessment

Date: _____

Risk	**Likelihood** (1-5, with 1 least likely and 5 most likely)	**Impact** (1-5)	**Total Risk** (Likelihood X Impact)	**Date Risk Identified**	**Nature of Risk** (Clinical / Non-Clinical)	**Management Strategy**	**Comments**	**Responsibility**	**Date Actioned**
1. Equipment is incorrectly calibrated	2	3	6		Non-clinical	Ensure equipment is calibrated.			
2. Equipment failure	2	2	4		Non-clinical	Ensure patients are re-booked. Ensure support for equipment is in place for remediation.			
3. Patient contracts infection in the consulting room	2	3	6		Clinical	Keep cross infection control procedures up to date.			
4. Referral letters not received by GP	2	3	6		Clinical	Utilise secure fax to ensure delivery and receipt of patient details.			

5. IT System failure	1	2	2		Non-clinical	Alternative manual recording of patient records and all data collection.			

This Health and Safety Policy will be reviewed annually with commencement date **21 August 2017**.