Health & Safety Policy

Ref: HS-0001-v10

Status: Ratified
Document type: Policy

Contents

1   Introduction

The Health and Satiety at Work etc. Act 1974 places a duty of care upon both employer and employee to ensure the safety of all patients, staff and visitors whilst using Trust premises.

2   Why we need this policy

2.1 Purpose

The purpose of this document is to formalise the Trust's policy on the management of health and safety within the workplace and has been produced in accordance with the legal requirements of Section 2(3) of the Health & Safety at Work Act 1974.

•   The policy contains details of roles and responsibilities for the management of health and safety throughout the Trust which is supported by other more detailed procedures which should be read in conjunction with this document.

•   The policy has been compiled to provide guidance to all Tees Esk & Wear Valley NHS Foundation Trust employees (TEWV) on the arrangements for managing health and safety and welfare (wellbeing) throughout the Organisation. Whilst comprehensive, the document is not exhaustive and as such all employees are required to take reasonable care of their own health and safety and that of others who may be affected by their acts and omissions, i.e. patients and visitors.

2.2 Objectives

Through commitment to this Policy the Trust will aim to:

•   Comply at all times with the Health and Safety at Work etc. Act 1974 etc., the Management of Health and Safety at Work Regulations 1999 and all other relevant statutory provisions

•   Manage health and safety effectively to improve the quality of working conditions for staff, provide a safe environment for patient care, visitors and others

•   Identify all significant hazards arising from our activities

•   Assess all resultant risk to the health, safety or welfare of our staff, patients, and other persons affected by our business and to develop appropriate preventative and protective measures

•   Ensure there is an effective health and safety management programme in place using the Plan-Do- Check-Act Framework which is a continual improvement cycle and aims to achieve a better balance between the behavioural and systems aspects of health and safety management

•   Ensure all staff and visitors on our premises are given adequate, information, instruction, training and supervision to inform and educate them of the risks associated with work activities and precautionary measures to be taken to reduce or avoid risk

•   Encourage the involvement and participation of staff in all aspects of health and safety

•   Ensure that adequate arrangements will be maintained to consult with employees, trade union representatives and the relevant internal and external safety agencies, to encourage a joint approach to the management of health, safety and welfare

•   Provide employees with appropriate health surveillance, where beneficial to the prevention of work related illness, injury or ill-health conditions

• Monitor and apply appropriate control over the health and safety performance of contractors who perform work on behalf of the Trust

• Integrate the management of health and safety into the Trust's Risk Management Framework/ Integrated Assurance Framework, normal management systems, quality of patient care and corporate and clinical governance arrangements

• Establish, and where necessary implement, appropriate emergency procedures and contingency plans to be followed in the event of situations of serious or imminent danger. In respect of this, liaise with emergency services, the Police, other agencies and Trusts as appropriate

3   Scope

3.1   Who this policy applies to

The main aspects covered are the health and safety management arrangements and applies to all bank, locum, permanent, fixed term contract employees (including apprentices) who hold a contract of employment or engaged with the Trust, and seconded (including students), volunteers, non-Executive Directors, Governors and those undertaking research work within TEWV Trust. It also applies to external contractors, agency workers and other workers who are assigned to TEWV Trust

The policy extends to all sites, buildings and areas where TEWV owes a duty of care and responsibility to employees, patients, visitors, contractors, or any other person offered by its undertaking. Areas of work activities covered by this policy would for example include, but not be limited to:

• The provision of any form of medical treatment in inpatient settings

• The provision of any form of medical treatment in services with community settings or a person's home

• The building, demolition or alteration of any premises owned or occupied by the Trust

• Employees working from home as agreed through line management

3.2   Roles and responsibilities

Roles and responsibilities for all health and safety procedures will be defined within job descriptions as necessary:

Role	Responsibility
Chief Executive (Accountable Officer)	• Ensures this policy is implemented, resourced, monitored and reviewed.
Chairman and Non- Executive Directors	• Ensure the Senior Leadership Group and other senior officers fulfil their respective directorate responsibilities for this policy.
Director of Finance	• Has board level responsibility for health and safety (delegated by the Chief Executive).

Director of Estates & Facilities Management	• Ensures suitably qualified and competent practitioners are appointed into the role of Health and Safety Manager to lead, develop and monitor the Trust's compliance with current Health and Safety legislation, associated legislation and in accordance with NHS governance criteria; • Ensures the Trust Health and Safety Policy is implemented; • Ensures cost-effective health and safety policies and procedures are developed and implemented to address specific hazards and management systems to maintain control and monitor practice and performance. • Has Board level responsibility for raising awareness of and advising on Corporate Manslaughter legislation amongst the Trust's Managers and Directors
Medical Director	• Has Board level responsibility for raising awareness of and advising on Corporate Manslaughter legislation amongst the Trust's Managers and Directors.
Executive Directors	• Implement the Trust Health and Safety Policy within their area of responsibility; • Raise awareness of the implications of Corporate Manslaughter legislation; • Ensure health and safety responsibilities are assigned to managers and supervisors within their directorate structure; • Establish measures for planning and setting priorities and objectives to address specific hazards to health or safety in line with Trust policies, objectives, risk profile and their directorate risk assessments; • Monitor health and safety performance through Directorate team meetings to ensure Associate Directors, Heads of Service, heads of department and supervisors implement health and safety management arrangements, procedures and codes of practice; • Allocate resources to health and safety improvement activities within the business planning of their area of responsibility; • Ensure arrangements are in place to identify hazards to health and safety, and address areas of risk to meet statutory requirements or best practice; • Ensure preventative and protective measures to reduce risk are developed and implemented within their area of responsibility.
Service Directors, Associate Directors and Heads of Service	Ensure that: • All staff undertake mandatory health, safety, security and fire training; • Significant hazards within their area of responsibility are identified, assessed and recorded in Health, Safety and Security Team shared folders, by trained staff and with the assistance where necessary of the Health, Safety and Security Team;

	• Cost-effective action plans are created to implement preventive or protective measures that reduce risk or meet statutory requirements, • Action plans above are implemented; • Systems to report record and investigate incidents and near-misses are implemented.
Modern Matrons, Site Managers, Estates Officers, Head of Hotel Services Managers, Heads of Department	Ensure that: • Trust risk assessment methods and processes are undertaken and are regularly reviewed within their areas of responsibility. Co-operate with other employers/organizations where there are shared premises to ensure effective arrangements • Risk assessments are completed and shared with team members and ensure that they are reviewed and updated on a regular basis. • Action plans are developed to implement preventative and protective measures identified from risk assessment • Action plans above are implemented • Trust incident reporting procedures are implemented and take the lead for reviewing and bringing to the attention of the Health and Safety Team to ensure that these are reported as required under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) within the required time frame • Health and safety is taken into account during service developments and when purchasing equipment, materials and substances • Progress is monitored in meeting health, safety and security objectives and developing future action to meet requirements • Actions contained in hazard notices are implemented and recorded
Ward/Unit Managers, Team Lead, Charge Nurses, Department Heads	• Are familiar with Trust health and safety policy and supporting procedures and protocols • Complete and maintain Health, Safety and Security risk assessments for their areas • Document risk assessments and preventative measures for all identified significant hazards within their directorate or area of responsibility and that these assessments are communicated to staff and visitors. Ensuring where identified/necessary the appropriate Personal Protective Equipment (PPE) is made available to all staff and provide training in its use • Contribute to the development of procedures for the management of health and safety at local level Ensure that: • All incidents and near-misses are reported as per Trust procedures • An incident investigation is carried out at local level and that lessons are learnt and action is taken

	• The timely reporting to the Health & Safety Team and assist in the investigation of all RIDDOR incidents • Staff within their area of responsibility adopt Trust and local health and safety practices • Good levels of housekeeping are maintained at all times • Health and safety issues raised by staff are considered, acted upon or referred through line management as appropriate • Problems or constraints with implementing Trust health and safety policy are reported to their line manager as soon as possible • Emergency procedures and other security arrangements are brought to the attention of all staff and visitors as appropriate • Health and safety issues within shared/multi-occupancy/disciplinary teams and premises are addressed and that the relevant Trust policies and procedures are adhered to • There is adequate consultation and co-operation on health and safety matters. Ensuring the integrated teams Health & Safety Policy is followed where applicable
All employees	• Take reasonable care of the health and safety of themselves and others who might be affected by the action they take or fail to take • Co-operate with Trust managers on health and safety matters • Familiarise themselves with Trust policy, procedures, protocols and guidance or preventative and protective measures relating to health and safety that have been brought to their attention and the department risk assessments • Act in accordance with any information, instruction or training that has been provided or given to them • Make full and proper use of all personal protective equipment (PPE) and safety equipment that has been provided to them whilst at work in accordance with any training or instructions received • Report any hazards or defects in the equipment, arrangements or procedures and systems of work regarding health and safety to their immediate line managers as soon as possible 1. Report any incident occurring to them or brought to their attention by informing their immediate line manager and completing the Trust incident report form
Health and Safety Manager	Managing and coordinating staff and resources of the Health, Safety and Security Team to: • Provide professional advice and guidance to the Trust on matters relating to health and safety • Produce and deliver the Trust Health and Safety Framework and work plans • Liaise with and assist senior managers and others within the

	Trust to discharge their responsibilities in relation to this policy • Provide assistance to the Trust in implementing the risk assessment programme and developing and implementing remedial action • Keep the Trust aware of changes or updates to statutory requirements or guidance that impact upon the Trust • Assist the Trust to develop and review policy, procedures, protocols and safe working practices to meet statutory requirements and minimise risk • Ensure the timely reporting of reportable RIDDOR incidents to the Health & Safety Executive (HSE) • Undertake/arrange for specific risk assessments where a professional level of expertise is required, e.g. hazardous substances, manual handling operations, display screen equipment • Identify Trust-wide health, safety and security training needs and coordinate the delivery of, or deliver appropriate training
Head of Estates and Head of Capital Projects and Development	• Establishes and maintains procedures for managing and controlling contractors • Implements arrangements for the statutory inspection, examination and maintenance of lifting equipment, pressure vessels, electrical and gas systems and portable electrical appliances, asbestos and Legionella in accordance with relevant statutory requirements • Ensures the provision of fire safety advice and guidance and compliance with fire safety regulations • Coordinates the Trust's responsibilities for the Construction (Design and Management) Regulations 2015
Director of Human Resources	Ensures: • Occupational health services and health surveillance is provided as per statutory requirements and guidance • Staff wellbeing is managed in line with the Trust Sickness Management Procedure • Education and training is provided and recorded to meet statutory and job-specific health and safety requirements as advised by the health and safety service in accordance with the Health and Satiety at Work etc. Act 1974 etc., the National Patient Safety Agency Standards and the Department of Health's Core Standards for Better Healthcare
Occupational Health	• Contribute to the promotion, protection and maintenance of the health, safety and welfare of people at work • Advise on the rehabilitation and placement in suitable work of those temporarily or permanently incapacitated by illness or injury • Advise on the provision of safe and healthy conditions by informed assessment of the physical and psychological aspects of the working environment

	• Educate in the attainment and preservation of good health • Highlight work-related health issues to the Trust via Individual Managers, HR Link Representative and /or Health & Wellbeing Group • Identify any trends of work-related health issues and assist in identifying causes and remedial action • Liaise with local line management over specific cases of employee ill health • Pro-actively raise awareness across the Trust of healthy living and health issues
Senior Back Care Advisor	• Provide professional best practice advice and guidance to the Trust in relation to the manual handling of people/back care by maintaining links with external professional bodies and Back Care Organisations • Identify, coordinate or deliver manual handling of people training programmes for all relevant Trust employees • Provide professional advice to Trust staff in relation to minimising patient handling of people risks within their areas of responsibility • Provide assessments and advice for Trust staff with complex/person specific handling situations when professional expertise is required • Provide advice to managers and Trust staff in the procurement of appropriate patient handling equipment • Implement and report on audits in relation to clinical practice, risk assessments and handling of people training within the Trust • Report on patient handling incidents involving patients and staff recorded via the Trust incident reporting system
Health and Safety Staff Side Representatives	• Raise with the local management or via the Joint Consultative Committee (JCC) concerns about possible risks and dangerous events in the workplace that may affect the employees they represent • Raise with local management general matters affecting the health and safety of the employees they represent • Represent the employees who elected them in consultation with health and safety inspectors where required • Assist with investigating possible dangers at work, the causes of accidents and general complaints by employees on health and safety and welfare issues and take these matters up with the employer in conjunction with the health and safety team • Where required, carry out inspections of the workplace particularly following accidents, diseases or other events • Promote safe working practice and advise employees on health and safety standards and procedures • Attend the Health, Safety, Security and Fire Group representing the JCC when nominated

Infection Prevention Control Team (IPC)	• Review and follow up on reported accidental inoculation incidents.

4 Policy

The Trust's health and safety arrangements are based on the Health and Safety Executive (HSE) guidance document HSG65 *Managing for Health & Safety' (Plan, Do, Check, Act principles). The ultimate aim of the Trust's health and safety management system is to prevent injury and ill health to employees and others affected by its undertaking and the working environment. Planning is key to achieving this aim through the identification, elimination and control of hazards and risks. However, given the range of activities undertaken by the Trust and the geographical locations covered, the detailing of all necessary precautions and procedures required for managing health and safety is beyond the scope of a single policy.

4.1 Planning Health and Safety Management System

4.1.1 Additional procedures (as referenced in 4.10) compliment this policy to form part of the overall Safety Management System, incorporated in all TEWV business activities to address specific health and safety work-related issues and facilitate the needs of individual services and those of the Trust as a whole. Although specific procedures are provided, their effective introduction, management, control and monitoring will be the responsibility of Directors and Managers and will reflect their areas of operation.

4.1.2 As the activities and venues of each Directorate will vary, Directors and Managers are encouraged to develop management arrangements, risk control systems and workplace precautions that are proportionate to the needs, hazards and risks

4.2 Implementing the Health and Safety Management

4.2.1 To secure the continued effective operation of all the components of the health and safety management system it will need to be adequately inspected, maintained and monitored

4.2.2 The type, frequency and depth of maintenance should reflect the extent and nature of the hazards and risks, with the resources allocated to the various risk control systems reflective of the hazard profile of the area

4.2.3 To ensure the successful implementation of the Trust Safety Management System it is important that Heads of Services/Operational Director and Managers:

• Take positive steps to address human factors and to encourage safe behaviour at all times

• Recognise that the prevailing health and safety culture within their area of responsibility will be a major influence in shaping employees' safety related behaviour and the success of the Trusts Risk Management Framework

The Trust recognises their obligations under Health and Safety Law and Corporate Manslaughter and it is the intention and objective of the Chief Executive Officer and the Senior Leadership Group to ensure that this policy is actively implemented and that there are continual improvements in health and safety performance year on year. Our staff are the Trust's main assets and will be afforded the necessary health and safety standards to meet legislative requirements, within the scope of the Trusts budget and business objectives. Health and safety is regarded as an integral part of the Trust business activities, and as such will be afforded equal effort as with all other aspects of our business activity.

The Corporate Manslaughter and Corporate Homicide Act 2007 which came into force in April 2008 sets out all offences for convicting an organisation. Where a gross failure in the way activities are managed or organised results in a person's death. The offence creates an explicit link with existing requirements under health and safety law.

4.3 Health and Safety Governance/Assurance Framework

```
                    ┌─────────────────────────────────┐
                    │      BOARD OF DIRECTORS          │
                    └─────────────────────────────────┘
                                   ▲
              ┌────────────────────────────────────────────┐
              │   Quality and Assurance Committee (QaAC)    │
              └────────────────────────────────────────────┘
                                   ▲
              ┌────────────────────────────────────────────┐
              │    Health, Safety, Security & Fire Group    │
              └────────────────────────────────────────────┘
                          ▲      ▲      ▲
         ┌──────────────────────────────────────────────────┐
         │ Two way communication with service areas, trade   │
         │ unions, employee representatives and              │
         │ professional forums                               │
         └──────────────────────────────────────────────────┘
```
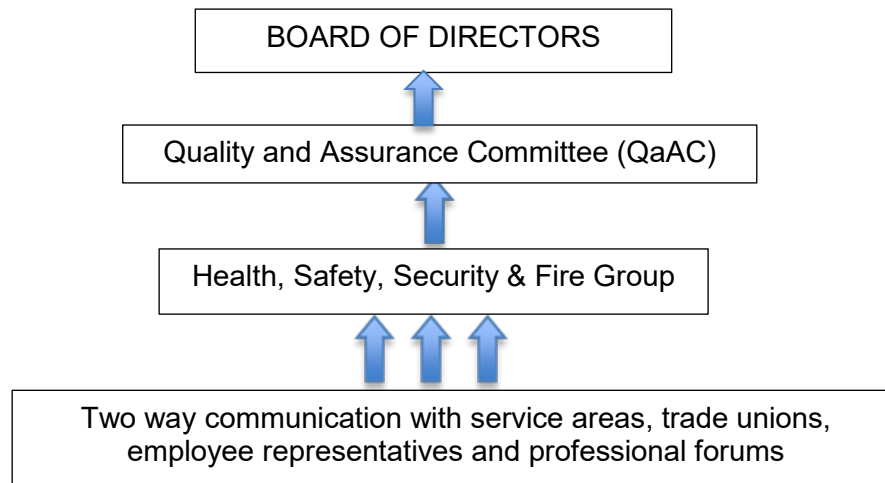
Legislative compliance – The Health and Safety at Work etc. Act 1974 etc. and the Management of Health and Safety at Work Regulations 1999 are the overarching pieces of health and safety legislation. Arrangements to ensure compliance with these and all other relevant health and safety legislation and approved codes of practice are detailed within this policy and all other specific health and safety procedures and protocols.

Development of health and safety management systems and documented evidence of compliance with legislative and other requirements is essential to ensure effective management of health and safety and minimise the risk of prosecution and litigation. Key elements of the Trust health and safety management system are detailed within the procedure/process section of this policy.

4.4 Health & Safety Policy Framework

4.5 Health and Safety Policy

Clear policy intentions, responsibilities and arrangements will be documented for all relevant legislative and other requirements cascading from this overarching policy document.

4.6 Planning

.6.1   Hazard Identification and Risk Assessment and Control - The foundation for effective health and safety management is being fully aware of and understanding the organisations hazards and risk. Systems will be developed and introduced to ensure hazards are identified and risks are assessed and controlled effectively. This will be facilitated by the introduction and use of the Health, Safety and Security Toolkit which by using generic and specific assessment documentation which will address typical hazards such as lone working, violence and aggression, manual handling and new and expectant mothers etc.

4.6.2 Legal and Other requirements - It is essential that organisations can demonstrate awareness and understanding of legislative and other requirements. To provide assurance of this a legal register has been produced and will be maintained summarising all health and safety legal and other requirements relevant to the Trust

4.6.3 Objectives and Targets - The setting of objectives and targets is essential to demonstrate continuous improvement in health and safety performance. Health and Safety objectives and targets will be identified from the Trust Strategic direction and business plans, legislative requirements and the development and delivery of a health and safety framework. Local, service specific health and safety objectives and targets to support the Trust wide health and safety framework are to be included within annual service plans

4.6.4 Health and Safety Management Programmes (Work plans) - Annual work plans for health and safety are to be produced to detail how objectives and targets are to be met. Progress against these plans will be monitored by the Health, Safety, Security and Fire Group and reported quarterly to the Quality Assurance Committee and the Estates and Facilities Management Directorate Management Team.

4.7 Implementation and Operation

4.7.1 Structure and Responsibilities - The general health and safety responsibilities within the organisation are provided in the Responsibilities section of this policy. Specific roles and responsibilities are set out in specific procedures and protocols at Trust and local levels where necessary. The health and safety structure and governance/assurance framework is shown at 4.1 of this policy

4.7.2 Training, Awareness and Competence - Training needs will be identified for all staff including Bank and Agency Staff. The identification of training needs and providing employees with adequate information, instruction and training, is essential to ensure competence throughout all levels of the Trust. Training needs will be identified in the following ways:

•   Statutory and mandatory Trust wide will be identified by the Human Resources Training and Development Department, Health, Safety and Security Service and service areas

•   Job function and service specific health and safety needs will be identified via the Trust appraisal system and the Health and Safety Service in conjunction with service directorates

•   As a minimum all new staff will be provided with Health and Safety awareness within the trust induction programme

4.7.3 Consultation and Communication – Effective consultation with and communication to all levels of staff is essential to ensure involvement and ownership of health and safety to develop a culture to support continuous improvement. Consultation and communication will follow the formal and informal communication systems in place throughout the Trust. In addition to this there will be representation at the Health, Safety, Security and Fire Group of a Joint Consultative Committee (JCC) member. The Scope of Policy and Objectives section of this policy will act as the Trust's Health and Safety Statement of Intent and as such will be communicated to all staff and made publicly available as necessary

4.7.4 Documentation and document control – All Trust health and safety documentation will be standardised where possible. Document control of policies and procedures will be coordinated and administered by the Policy Coordinator

4.7.5 Operational Control – Local operational procedures or protocols are to be produced to ensure employees follow a standard method, particularly where deviation from the procedure may lead to injury or ill health. The Health Safety &Security Toolkit has been introduced to assist managers with this task. The risk assessments will be audited by the Health Safety & Security Service to ensure compliance and consistent standards are being adopted throughout the Trust. Responsibility for the development, implementation, consultation and review of these local protocols lies with the unit or team manager

4.7.6 A range of Trust procedures covering hazards and legislative requirements are available and should be used to develop local protocols where necessary and assist in carrying out assessments. A list of procedures is available at 4.10 of this policy.

4.7.7 Emergency and Business Continuity Preparedness and Response - Planning for emergencies is essential in accident prevention. All possible emergency situations should be considered and where applicable procedures or protocols implemented. This area of work will be progressed within the Trust's Major Incident and Emergency Planning and Business Continuity procedures.   Where premises are shared managers are to ensure consultation with other users of the premises occurs to ensure a coordinated approach is achieved

4.8 Checking and Corrective Action

4.8.1 Performance Measurement and Monitoring - Health and safety performance must be measured and monitored to ensure compliance with legal requirements and to demonstrate achievement of objectives and targets. Trust wide performance against the health and safety strategic objectives and targets will be monitored by the Health, Safety, Security and Fire Group and reported quarterly to the Estates & Facilities Management Directorate Management Team (EFM DMT) meetings. Local performance measurement and monitoring is the responsibility of line management. The Health and Safety Team will monitor performance in the following ways:

• Pro-actively: carrying out audits of the Health, Safety and Security risk assessments completed by wards/teams/directorates and undertaking workplace inspections etc.

• Reactively: investigating adverse incidents i.e., RIDDOR reportable and other incidents.

• KPI's to Trust Board; reports to managers.

4.8.2 Incidents, Non-conformance and corrective and preventive action – All accidents, incidents and non-conformances will be documented using the Trust Incident reporting policy and procedure. Corrective and preventive action will be identified, implemented and reviewed to ensure it has been effective. Trust wide learning points from the more serious incidents i.e., Incidents reportable to the HSE will be communicated via Senior Leadership Group SLG and the Health, Safety, Security and Fire Group and cascaded to all relevant areas of the trust.

4.8.3 Records and record management - Suitable health and safety records and effective record management is essential to demonstrate compliance with the requirements of the management system. This procedure requires that systems are implemented to ensure records are adequately maintained and easily retrievable

4.8.4 Audit – A formal documented audit system process will be undertaken and implemented to ensure compliance with this and other health and safety procedures.

The Health, Safety & Security Team will conduct pre-arranged as well as spot audits on a regular basis to ensure risk assessments are being completed and kept up to date. The objective being to identify improvement and share good practice

Directors and Senior Managers are also encouraged to carry out audits when visiting wards/units/teams

4.9 Management Review

It is essential that Trust Executives and Senior Management are aware of health and safety performance of the organisation and visibly demonstrate commitment to continuous improvement of that performance. The Trust governance arrangements in relation to the assurance framework for health and safety ensures issues around performance and delivery of the health and safety Framework and achievement of objectives and targets are reviewed at Trust Board Level.

4.10 Health and Safety Framework

The following health and safety procedures set out a standard to achieve and the manner in which the Trust intends to achieve them. The procedure will be relevant to all areas as appropriate to the work being undertaken.

- Assisted Bathing and Showering Scald Prevention
- Control of Substances Hazardous to Health
- Criminal Incident Reporting Procedure
- Display Screen Equipment/ Workstation Assessment Procedure
- First Aid at Work
- Key Management Protocol
- Lone Working Procedure
- New and Expectant Mothers Risk Assessment Procedure
- Manual Handling (Objects) Procedure
- Prevention of Scalds Procedure
- Working at Height
- Security Procedure
- Staff Attack Alarm System Protocol

This is not an exhaustive list with all new updated procedures being available through the Trust Internet pages.

4.11 Estates Procedures

This policy also relates to a number of Estates procedures to ensure compliance with statutory and legislative requirements. The objectives of this policy has adopted the principles and recommendations of British standards, codes of practices and technical memoranda specifically developed for the health sector (HTM/s/ HBN/s) as the basis of implementing best practice advice for estates safety within buildings of the organisation.

- Asbestos Management Policy
- Clinical Waste Disposal Procedure
- Confined Spaces Entry and Working Procedure
- Control of Contractors Procedure
- Electrical Safety Policy
- Energy and Water Management Policy
- Fire Safety Policy
- Fire Safety Procedure
- Legionella Protocol
- Provision of Personal Protective Equipment Policy (Estates)
- Water Safety Policy

5 Definitions

Term	Definition
TEWV	Tees, Esk & Wear Valleys NHS Foundation Trust
RIDDOR	Reporting of Injuries, Diseases & Dangerous Occurrences Regulations
PPE	Personal Protective Equipment
HSE	Health & Safety Executive
JCC	Joint Consultative Committee
EFM DMT	Estates & Facilities Management, Directorate Management Team
QuAC	Quality and Assurance Committee
KPI	Key Performance Indicators

6 Related documents

- [Journey to Change](#)
- Assisted Bathing and Showering Scald Prevention
- Control of Substances Hazardous to Health
- Criminal Incident Reporting Procedure
- Display Screen Equipment/ Workstation Assessment Procedure
- First Aid at Work
- Key Management Protocol
- Lone Working Procedure
- New and Expectant Mothers Risk Assessment Procedure
- Manual Handling (Objects) Procedure
- Prevention of Scalds Procedure
- Working at Height
- Security Procedure
- Staff Attack Alarm System Protocol
- Asbestos Management Policy
- Clinical Waste Disposal Procedure
- Confined Spaces Entry and Working Procedure
- Control of Contractors Procedure
- Electrical Safety Policy
- Energy and Water Management Policy
- Fire Safety Policy
- Fire Safety Procedure
- Legionella Protocol

- Provision of Personal Protective Equipment Policy (Estates)
- Water Safety Policy

7   How this policy will be implemented

- This policy will be published on the Trust's intranet and external website
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

Implementation Action Plan				
Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Awareness sessions for all staff on the Health & Safety Toolkit	Raise staff awareness of the Toolkit	Virtual sessions to be provided via teams throughout 2021	Health & Safety Team	Audit of risk assessments to be undertaken in agreed timeframe

7.1   Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Managers – all staff groups	Face to face e-learning webinars/ Microsoft Teams	varies	As an when identified
Health, Safety & Security Including Spinal Awareness	Mandatory Induction e-learning face to face	varies	On induction and 3 yearly update

8   How the implementation of this policy will be monitored

Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance

			Group).
1	Audits will be carried out on the Risk assessments completed by teams/Services as identified in the Health & Safety Toolkit in line with reference procedures	As and when identified through agreed audit programme	Health, Safety, Security & Fire Group
2	Provide Quarterly assurance reports to QAC		Quality Assurance Committee

This policy and related procedures will be audited through an audit programme of health, safety and security risk assessments which will be registered through the Trust's Clinical Audit Team

9 References

Health and Safety at Work etc. Act 1974 etc.

Management of Health and Safety at Work Regulations 1999

Health and Safety Guidance Series - HSG 65

Occupational Health and Safety Assessment Series 18001

Corporate Manslaughter and Corporate Homicide Act 2007

Equality Act 2010

Estates and Facilities Management Framework – Incorporating Health, Safety and Security Framework

Learning and Development Policy

Emergency Planning and Business Continuity Policy

Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (miscellaneous amendments) Regulations 2002

INDG36 (rev4) (HSE) Working with display screen equipment (DSE) A Brief Guide

L26 Work with Display Screen Equipment (Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (miscellaneous amendments) Regulations 2002) Guidance on Regulations

Workplace (Health, Safety and Welfare) Regulations 1992 (the Workplace Regulations)

Pregnant Workers Directive 92/85/EEC

Trust Maternity Adoption and Paternity Procedure

Trust Maternity and Adoption Leave Information Pack

Control of Substances Hazardous to Health (COSHH) Regulations 2002

Guidance on Labelling and Packaging in accordance with Regulation (EC) No 1272/2008

INDG373 – New & Expectant Mothers Who Work, published 2013

Trust Incident Reporting Procedure

The Electricity at Work Regulations 1989 (second edition 2007)

The Provision and Use of Work Equipment Regulations 1998

British Standard BS7671:2008 Requirements for Electrical Installations

Code of Practice for In-Service Inspection and Testing of Electrical Equipment

HSE Guidelines for Maintaining Portable and Transportable Electrical Equipment

Health Technical Memorandums

Technical Memorandums 06-02 - Electrical Safety Code for Low Voltage Systems Health

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	14 April 2021	
Next review date:	14 April 2024	
This document replaces:	HS-0001 V9	
This document was approved by:	Name of committee/group	Date
	Health, Safety, Security & Fire Group	04 February 2021
	EFM DMT	11 February 2021
This document was ratified by:	Name of committee/group	Date
	SLG	14 April 2021
An equality analysis was completed on this document on:	09 April 2021	
Document type	Public	
FOI Clause (Private documents only)	Not applicable	

Change record

Version	Date	Amendment details	Status
7.0	05 Nov 2013	Rewritten within scope of policy project	Withdrawn
7.1	07 May 2014	Responsibilities of Back Care Advisor added to section 4	Withdrawn
8.0	10.Nov 2016	Removed the work 'working' from the title of the approval group	Withdrawn
9.0	11 Jan 2017	Full review and updated with current legislative requirements	Withdrawn
9.0	24 Dec 2019	Review date extended from 11 January 2020 to 11 July 2020	Withdrawn

9.0	18 June 2020	Review date extended from 11 July 2020 to 11 January 2021	Withdrawn
9.0	Oct 2021	Review date extended to 11 July 2021	Withdrawn
10.0	14 April 2021	Full review and updated with current legislative requirement	Published

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Health & Safety , EFM					
Policy (document/service) name	Health & Safety Policy					
Is the area being assessed a…	Policy/Framework	X	Service/Business plan		Project	
	Procedure/Guidance				Code of practice	
	Other – Please state					
Geographical area covered	Trust wide					
Aims and objectives	The objectives of this policy are to: • Comply at all times with the Health and Safety at Work etc. Act 1974 etc., the Management of Health and Safety at Work Regulations 1999 and all other relevant statutory provisions; • Manage health and safety effectively to improve the quality of patient care, visitors and working conditions of staff and others;					
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	04 Feb 2021					
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to SLG to be approved)	09 April 2021					

You must contact the EDHR team if you identify a negative impact. Please ring the Equality and Diversity Team on 0191 3336267/3046

2. Who does the Policy, Service, Function, Framework, Code of practice, Guidance, Project or Business plan benefit?
All Staff

3. Will the Policy, Service, Function, Framework, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveler)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	No

Yes – Please describe anticipated negative impact/s

No – Please describe any positive impacts/s

There are times when the health & safety legislation will overarch protected characteristic groups

4. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	X	**No**	

Sources of Information may include:	
- Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. - Investigation findings - Trust Strategic Direction - Data collection/analysis - National Guidance/Reports	- Staff grievances - Media - Community Consultation/Consultation Groups - Internal Consultation - Research - Other (Please state below)

5. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

Consultation has taken place through the Health, Safety, Security & Fire Group as well as Trust wide process

No – Please describe future plans that you may have to engage and involve people from different groups

6. As part of this equality analysis have any training needs/service needs been identified?					
No	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff		No	Service users	No	Contractors or other outside agencies	No

Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046

Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	**Rationale**		
	Are reasons for development of the document stated?	Y	
3.	**Development Process**		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4.	**Content**		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	**Training**		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	
7.	**Implementation and monitoring**		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Y	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Y	
10.	**Publication**		
	Has the policy been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	