



# **HEALTH AND SAFETY POLICY AND PROCEDURES**

**South Central Ambulance Service NHS Foundation Trust**  
Unit 7 & 8, Talisman Business Centre, Talisman Road,  
Bicester, Oxfordshire, OX26 6HR

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## **DOCUMENT INFORMATION**

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**Ratifying committee/group:** Health, Safety and Risk Group.

**Date of ratification:** 18<sup>th</sup> May 2022.

**Date of issue:** 1<sup>st</sup> June 2022.

**Review date:** May 2023.

**Version:** 20.

## **1. Introduction**

- 1.1 The South Central Ambulance Service NHS Foundation Trust recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all subordinate regulations. Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all of its employees, including those who work on behalf of the Trust.
- 1.2 Under the Health and Safety at Work Etc Act 1974 the Trust is required to have a health and safety policy that contains:
- A General statement of intent (specifying objectives)
  - Organisation (people and their duties)
  - Arrangements (systems and procedures).

Therefore, this policy has been set out to include each of the above and assist the Trust to fulfil this statutory duty.

## **2. Scope**

- 2.1 This policy applies to every department within the Trust and to all who work either for or on behalf of the Trust, including Community First Responders, contract workers, temporary workers and bank staff and those who work on an honorary basis.

## **3. Equality statement**

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees.
- 3.2 The Trust values differences between members of the communities we serve and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences to ensure equality of opportunity and diversity and remove any barriers that could potentially discriminate. Employees exercising their rights and entitlements under these regulations will suffer no detriment as a result. The Trust is entrusted to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 The Trust is committed to ensuring equality of opportunity and the absence of unfair discrimination is provided for all employees and stakeholders in line with the Equality Act 2010. We aim to demonstrate this equality of opportunity by removing barriers for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure.
- 3.4 We seek to demonstrate our commitment to providing equality of opportunity by:

- Ensuring that everyone is treated fairly and with respect.
- Making sure that our workspaces are safe, secure and stimulating place for everyone.
- Recognising that people have different needs and understanding that treating people equally does not always involve treating them all exactly the same.
- Recognising that some employees need extra support to help them make progress and be successful.
- Aiming to make sure that no-one experiences harassment, less favourable treatment or discrimination because of:
  - Age
  - Disability
  - Race
  - Gender
  - Gender re-assignment
  - Religion and belief
  - Sexual orientation
  - Marriage and civil partnership
  - Being pregnant or having recently had a baby.

#### **4. Aim**

4.1 The aim of this policy is to set out the arrangements the Trust has for the management of health and safety and to ensure that the Trust has a policy which contains:

- A General statement of intent (specifying objectives)
- Organisation (people and their duties)
- Arrangements (systems and procedures).

#### **5. Statement of Intent**

South Central Ambulance Service NHS Foundation Trust recognises and is fully committed to meeting its responsibilities under the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999, and all other current and future associated legislation.

The Trust will comply with its duties under the above legislation, and ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees, in particular it will ensure:

- the provision of safe plant, equipment and systems of work
- the safe use, handling, storage and transport of articles and substances
- the provision of any required information, instruction, training and supervision
- a safe place of work, including vehicles, with safe access and egress
- a safe working environment with adequate welfare facilities
- the provision of health surveillance where necessary
- risk assessments are undertaken in all areas of work, significant findings are documented and such information is freely available
- the appointment of competent personnel to secure compliance with statutory duties and to undertake reviews of policy as necessary.

The Chief Executive and Board of Directors have the prime responsibility for health and safety within the Trust. The Trust is bound by any acts and/or omissions of the Chief Executive, any Executive Director or Manager or member of staff, giving rise to legal liability, provided that such acts and/or omissions arise out of and in the course of Trust business.

The Trust has designated the Director of Patient Care and Service Transformation, who is accountable to the Chief Executive, as the 'competent person' as required by Regulation 7 of the Management of Health and Safety at Work Regulations 1999 to assist in meeting the requirements of relevant health and safety legislation.

Specific duties include:

- ensuring that workplace health, safety and welfare procedures are constantly reviewed
- to liaise with the Health and Safety Executive (HSE) where necessary
- to keep the Trust and its Board of Directors abreast of new legislation, existing and applicable EU Directives, Regulations, Approved codes of practice (ACOPs) and British Standards, in order to ensure on-going compliance with the law.

In order to comply with its statutory and common law duties, the Trust has arranged insurance against liability for death, injury and/or disease suffered by any of its employees arising out of and in the course of employment, if caused by negligence and/or breach of statutory duty on the part of the Trust. Employers' Liability cover is currently obtained through the NHS Resolution's Risk Pooling Scheme for Trusts (RPST) in accordance with national guidelines.

Trust employees agree, as part of their contract of employment, to comply with their individual duties under both the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 and will co-operate with the Trust as their employer to ensure all statutory duties under the Act are met. Failure, by an employee, to comply with health and safety duties, regulations, policy or procedures, may result in disciplinary action. Any serious breach or repeated breaches of health and safety will be treated as "gross misconduct" and may result in immediate suspension pending summary dismissal in accordance with the Trust's Disciplinary Procedures.

In accordance with the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), the Trust has instituted a system for the reporting of accidents, diseases and dangerous occurrences to the HSE, in addition to its statutory duty to provide a system for the reporting of accidents and incidents.

Therefore, the Trust has in place an incident reporting system, which ensures that incidents and risks will be appropriately investigated and control measures implemented to minimise the likelihood and or severity of future occurrences. The Board wishes to encourage pro- active reporting of incidents and untoward events by managers and staff in a 'fair blame' environment.

This Policy has been prepared in compliance with Section 2(3) of the Health and Safety at Work etc. Act 1974 and binds all Directors, Managers and Employees in the interests of health, safety and welfare. We expect that all contractors and visitors working on or visiting Trust premises will comply with this policy and the associated health and safety policies.

Signed:

Date: May 2022

Will Hancock  
Chief Executive

## **6. Roles and responsibilities**

### **6.1 Trust Board**

6.1.1 The Trust Board will ensure that there are suitable and sufficient arrangements and adequate resources for the effective implementation of this and other associated health and safety policies.

6.1.2 It will also ensure that there are suitable and sufficient arrangements for the management of health and safety and the identification, assessment and management and control of risks to patients, staff, the general public (anyone affected by the activities of the Trust), Community First Responders, Contractors, Agency Staff and Bank Staff.

### **6.2 Chief Executive**

6.2.1 The Chief Executive has overall accountability for ensuring that the Trust fulfils its legal responsibilities, and that the policy objectives are achieved and that effective arrangements are in place for the achievement of the policies concerned with health, safety, welfare and environmental protection.

6.2.2 The Chief Executive is also responsible for ensuring that:

- Trust policies are reviewed as appropriate in order to secure continuing compliance with existing policies, current legislation and any changes in the law
- the allocation of the resources necessary to maintain sound and efficient health and safety arrangements
- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for the identification, assessment and management and control of the risks.

### **6.3 Executive Directors**

6.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

6.3.2 They are also responsible for the provision, application and monitoring of health and safety policies and procedures within their Directorate. They will ensure that all arrangements for the health and safety of staff, employed within their Directorate, are made known, maintained and reviewed whenever there is a change of operation, equipment or process.

### **6.4 Director of Patient Care and Service Transformation**

6.4.1 The Director of Patient Care and Service Transformation is directly accountable to

the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Director of Patient Care and Service Transformation is responsible for:

- ensuring that workplace health, safety and welfare procedures are constantly reviewed
- ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE)
- ensuring that the Trust Board are kept abreast of relevant new legislation, existing and applicable European Union Directives, Regulations, Approved Code of Practices (ACOPs) and British Standards, in order to ensure on-going compliance with the law
- keeping and maintaining a Corporate Risk Register.

## **6.5 Departmental Managers**

6.5.1 Departmental Managers are accountable to their Director for implementing the Trust's Health and Safety Policy and Procedures, encouraging and assisting in developing safety procedures and ensuring that established rules and safe working practices are adhered to. They are responsible for monitoring health and safety within their premises of authority, providing leadership and promoting responsible attitudes towards health and safety.

## **6.6 All Managers**

6.6.1 All managers will:

- a. Ensure that each new employee is given induction training, which includes health and safety, precautions, procedures, safe methods of working and codes of practice appropriate to their specific jobs. All new employees will be shown the location of first aid boxes, fire procedures, fire exits and fire-fighting equipment.
- b. Ensure all of their staff are aware of the Trust's Health and Safety Policy and Procedures. A copy will be available in each department and managers are responsible for ensuring that this document is maintained, updated and kept freely available to all staff (an electronic version will also be available on the Trust Intranet site).
- c. Keep up to date with health and safety matters applicable to the Trust. Provide leadership and supervision to ensure health, safety and welfare policies and procedures, including safe systems of work, are fully adopted and applied by all staff.
- d. Investigate, document and report all accidents, incidents and risks, in accordance with Trust procedures and recommend means of preventing reoccurrence.
- e. Ensure all statutory records are regularly maintained and inspected.
- f. Ensure good housekeeping standards are applied.
- g. Ensure that Fire drills and alarm tests are undertaken and recorded in



accordance with Trust Policy.

- h. Periodically review all new and existing equipment with reference to mechanical and operational safety, in particular, the location of equipment and the training records and competence of staff to use such equipment.
- i. Carry out health and safety workplace inspections every six months, in liaison with the health and safety representative.

## **6.7 All staff**

### **6.7.1 All staff must:**

- a. Take reasonable care for the health and safety of themselves and any other persons who may be affected by their acts or omissions at work. This duty not only relates to avoiding obvious reckless behaviour, but also includes taking positive steps to understand the hazards in the workplace, to comply with safety rules and procedures and to ensure that nothing they do or fail to do places either them or others at risk.
- b. Co-operate so far as is necessary, with his/her employer, to ensure that all relevant statutory regulations, policies, codes of practice and departmental procedures are adhered to.
- c. Use any machinery, equipment, dangerous substance, transport, equipment, means of production or safety device provided for him by the Trust in accordance with any guidance, information, instruction and training provided to him/her.
- d. Inform the Trust, through the Trust's Incident reporting system, Datix, of:
  - i. Any work situation which the employee would reasonably consider represented a serious and immediate danger to health and safety;
  - ii. Any matter which the employee would reasonably consider represented a shortcoming in the employer's protection arrangements for health and safety.

Particular regard will be paid to:

- e. Wearing the appropriate protective clothing and safety equipment and the use of appropriate safety devices where applicable.
- f. Complying with all safe-working procedures, including vehicles and equipment safety checks.
- g. Reporting all incidents, faults, hazards, accidents, dangerous occurrences or damage, regardless of whether persons are injured in accordance with relevant Trust policies.
- h. Compliance with the Driving and Care of Trust Vehicles Policy and all other associated policies and procedures introduced in the interest of safety.

## **6.8 Contractors and visitors**

- 6.8.1 Contractors engaged by South Central Ambulance Service NHS Foundation Trust shall comply with any statute, statutory instrument, policies, code of practice and by-law applicable to the work, and will co-operate with officers of the Trust by ensuring compliance.
- 6.8.2 Officers of the Trust who engage Contractors will be responsible for giving information/details of any specific hazards in the place of work so that the contractor may implement safe systems to either eliminate or manage, control and minimise risk. All work carried out by Contractors will be in accordance with the Trust's Health and Safety requirements.
- 6.8.3 All visitors to the Trust will be met at the reception or entrances to Trust premises and, where applicable, will be asked to sign in and out when entering and exiting these premises. Visitors will be escorted around Trust buildings by the person they are visiting/meeting.
- 6.8.4 If visitors are in a Trust premises and a fire evacuation/emergency evacuation takes place, the visitors will be escorted from the premises to the fire assembly point by the persons they are visiting/meeting at the Trust.

## **7. Health and safety arrangements**

- 7.0.1 The Chief Executive and Trust Board accept ultimate responsibility to provide and maintain standards required by health and safety legislation and will provide reasonable resources and services for this purpose.
- 7.0.2 It is the Trust's aim to provide a positive safety culture throughout the organisation, which it will achieve through adopting effective management controls as outlined in the Health and Safety Executive's "Successful Health and Safety Management" (HSG65).

### **7.1 Specialist advice**

- 7.1.1 The Director of Patient Care and Service Transformation is responsible for the provision and dissemination of health and safety advice and information to the Chief Executive, Directors and staff and will liaise with the Health and Safety Executive as necessary.
- 7.1.2 Through the Health, Safety and Risk Group and Quality and Safety Committee, the Director of Patient Care and Service Transformation will provide information to the Trust Board with regards to safety performance, new legislation and current health, safety and welfare issues affecting the Trust.

### **7.2 Departmental safety**

- 7.2.1 Each senior/departmental manager is responsible to their appropriate Executive Director for the health and safety of everyone in, or affected by, their respective department. Such persons include employees, patients, visitors, contractors etc.
- 7.2.2 All Managers / Supervisors will, through good management practice, ensure that the

Trust's Health and safety policy and procedures and safe working practices are fully implemented. Management action will include carrying out workplace inspections every six months.

7.2.3 The Director of Patient Care and Service Transformation will undertake random safety audits and safety sampling to monitor the effectiveness of the Trust's Health and Safety Policy and Procedures.

### **7.3 Risk assessment**

7.3.1 The Management of Health and Safety at Work Regulations 1999 imposes a specific duty upon the Trust as an employer to carry out suitable and sufficient assessments of all risks to the health and safety of its employees and others, arising at or from a work activity and to record all significant findings.

7.3.2 A "suitable and sufficient" assessment is one that:

- correctly identifies all reasonably foreseeable significant hazards and risk;
- identifies all of the existing control measures and from this evaluates the level of risk;
- enables the assessor to decide what action needs to be taken, and what the priorities should be;
- is appropriate for the type of activity
- will remain valid for a reasonable time
- reflects what employers may reasonably practicably be expected to know about the risks associated with their undertaking.

7.3.3 All Managers are responsible for ensuring that all significant risks within their specific area of management accountability are identified and recorded on a relevant Trust's risk assessment form.

7.3.4 Advice on the completion of these forms may be obtained from the Risk Management Department. The Risk Management Department will hold, collect and collate copies of all risk assessments within the Trust.

7.3.5 The Head of Risk and Security will maintain the health, safety and risk Risk register on behalf of the Health, Safety and Risk Group.

### **7.4 Incident reporting**

7.4.1 The details of every incident, injury, accident or dangerous occurrence must be reported to the Risk Management Department using the Trust's Incident reporting system, Datix. This should be done in accordance with this Health and safety policy and procedures and the Trust's Adverse incident reporting and investigation policy and the Trust's Risk management strategy.

7.4.2 It is the responsibility of the immediate line manager to investigate, document, make safe and recommend remedial action to prevent reoccurrence.

7.4.3 The Risk Management Department will receive and monitor all reports relating to accidents, incidents and dangerous occurrences reported via the Trust's Incident reporting system, Datix and will ensure that appropriate investigative and remedial action has been taken.

7.4.4 In accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), the Risk Management Department will notify the Health and Safety Executive (HSE) of all relevant specific injuries, diseases and dangerous occurrences which occur at the Trust.

7.4.5 Incident records and data will be maintained and held by the Risk Management Department. A report containing either a bi-monthly summary and a quarterly summary of the incidents reported via Datix will be provided to the Health, Safety and Risk Group and the Quality and Safety Committee.

## **7.5 Control of Infection (See Infection Prevention, Control & Decontamination Policy and Procedures)**

7.5.1 Ambulance personnel, through the nature of their work will be called upon to transport patients with a variety of injuries and diseases, some of which may be infectious, and which may require isolation. Employees of the Trust have a responsibility to adopt universal hygiene precautions at all times and comply with the Infection Prevention, Control & Decontamination Policy and Procedures recommendations relating to personal protection as and when required.

7.5.2 Ambulance Personnel, through the nature of their work, may experience 'needle stick injury'. All employees of the Trust have a responsibility to adopt safe handling and disposal of clinical sharps in accordance with the Trust's Infection prevention, control and decontamination policy and procedures. All needle stick injuries must be reported and acted upon by employees in accordance with the Trust's Infection prevention, control and decontamination policy and procedures.

7.5.3 Arrangements are in place for the safe disposal of clinical waste. It is the duty of all employees to ensure that clinical waste is segregated from normal household rubbish and is bagged, labelled and disposed of in accordance with the procedures detailed in the Waste management policy.

## **7.6 Driving and Care of Trust Vehicles Policy**

7.6.1 The Trust recognises the risk of injury to staff, patients and others due to incidents involving Trust vehicles and employees. The Driving and care of Trust vehicles policy, whilst outside the remit of normal health and safety legislation, defines the Trust procedure for the reduction of incidents/accidents associated with vehicles.

## **7.7 Staff health surveillance**

7.7.1 The Trust provides through contractual arrangements, a free Occupational Health Service which is available to all employees. These services include, pre-employment screening, medical examination, sickness monitoring, vaccination/prophylactic treatment, and confidential counselling services.

- a. The Trust has a "Smoke free policy" in the interest of staff health. The policy states that no smoking on Trust premises is permitted except where there are designated smoking shelters and offers a range of assistance to those staff that would like to give up smoking. The Alcohol, drugs and work policy requires all staff in safety critical posts to have a zero blood alcohol level whilst on duty.

- b. The Trust recognises the risk of employees in safety critical posts reporting for duty whilst under the influence of alcohol or drugs which could adversely affect their judgment and the safety of themselves and others.

## **7.8 Reporting of adverse incidents and defective medical devices**

7.8.1 Adverse incidents in relation to medical devices may arise due to shortcomings in the device itself, user practice, device service/maintenance, modifications/adjustments, management procedures, and instructions for use or environmental conditions.

7.8.2 All employees have a responsibility to report through the Trust Incident reporting system, Datix, the failure of any medical device which may involve the following:- •

- Death
- Deterioration in health
- Injury
- Unreliable test results
- Or where there is potential for one of the above to occur.

7.8.3 In the event of failure of a medical device the equipment must be immediately withdrawn from service and retained for inspection.

## **7.9 Reporting of defective vehicles, plant, installed services, buildings and other non-medical equipment**

7.9.1 All employees have a responsibility to report defects on non-medical equipment, ambulances, engineering plant, installed services, buildings and building fabrics, etc.

7.9.2 All defects will, in the first instance, be reported immediately to the appropriate department head in accordance with defect reporting procedures. Where the defect has serious safety implications the matter should also be reported immediately to the Risk Management Department in accordance with the Trust's Incident reporting system, Datix.

## **7.10 Staff consultation**

7.10.1 The Trust recognises that an effective safety culture requires a partnership between management and staff, working together to identify risks and to improve safety standards and working practices.

- a. In accordance with the Safety Representative and Safety Committee Regulations 1977, Trade Unions may appoint Safety representatives from among employees of the Trust, who are members of a particular Trade Union. The appointment and functions of Safety representatives, the facilities afforded them, time off and payment, and the procedures available for Safety representatives to carry out their functions, is covered in the appropriate policies, procedures and legislation.
- b. The Trust will maintain an up to date detailed schedule of current accredited Safety representatives.

- c. In accordance with the Health and Safety (Consultation with Employees) Regulations (HSCER) 1996, the Trust will provide consultation arrangements for those staff that are not members of a Trade Union or are not covered by a Safety representative.
- d. Consultation on health and safety matters will be through the Health, Safety and Risk Group which comprises of nominated staff and management representatives. The Group will be chaired by the Chief Operating Officer and meet at least six times per year. It will report to the Trust Board via the Quality and Safety Committee.

## **7.11 Planning and control**

7.11.1 The Trust will continually seek to improve its health and safety and risk management performance and to develop a positive safety culture. It will do this by implementing effective management arrangements.

7.11.2 Supplementary health and safety policies and procedures are attached as appendices to this policy.

## **7.12 Health and safety discipline**

7.12.1 All staff must be made aware that deliberate or negligent acts towards health and safety are regarded as serious misconduct and may result in immediate suspension pending summary dismissal.

## **8. Health and safety policies and procedures (HSSP)**

8.1 In addition to those mentioned previously, the Trust has a number of other health and safety policies and procedures which support this policy and are part of the arrangements for health and safety, these are:

- HSP A Minimal lifting policy
- HSP B Violence and aggression policy
- HSP C Security policy
- HSP D Lone working policy
- HSP E Slips, trips and falls policy
- HSP F New and expectant mothers policy
- HSP G Employment of young persons at work policy
- HSP H Personal protective equipment
- HSP I Alcohol, drugs and work policy
- HSP J First aid at work policy
- HSP K Homeworking/Hybrid working (health and safety) policy
- HSP L Smoke free policy
- HSP M Display screen equipment policy
- HSP N Closed circuit television policy
- HSP O Control of substances hazardous to health COSHH policy
- HSP P Bariatric policy
- HSP Q Reporting of injuries, diseases and dangerous occurrences regulations policy
- HSP R Lockdown plan and procedure.

## 9. Training

- 9.1 The Trust will ensure that all employees are provided with the information, instruction, training and supervision necessary to ensure, so far as is reasonably practicable, their health and safety at work.
- 9.2 All employees will receive health and safety training on their appointment to the Trust.
- 9.3 During induction training, employees will receive information on:
- Health and safety policies and procedures
  - Trust Fire procedures and policy
  - Fire procedure drills
  - Fire prevention
  - Other emergency procedures
  - First aid/hygiene facilities
  - Eye test provision for “users” of display screen equipment
  - Display screen equipment assessments
  - Accident reporting procedures
  - Major hazard risks
  - Name and location of Health and safety representative
  - Manual handling
  - Conflict resolution
  - Slips, trips and falls
  - The arrangements in place within the Trust for the provision of risk assessment training and the carrying out of risk assessments.
- 9.4 All employees will receive training on being exposed to new or increased risks due to:
- Their being transferred or given a change of responsibility.
  - The introduction of new work equipment/vehicles or changes to existing equipment/vehicles.
  - The introduction of new technology.
  - The introduction of a new system of work or changes in existing systems of work.
- 9.5 Managers and supervisors will be provided with health and safety training, including risk assessment training, relevant to their positions.
- 9.6 The Trust will provide staff with information regarding health and safety, which will include:
- Hazards in the workplace and methods of avoiding them.
  - Statutory information.
  - Equipment - manufacturers’ information.
  - Emergency procedures.
  - Incident performance.



## **10. Equality and diversity**

- 10.1 An initial screen equality and diversity impact assessment has been carried out on this policy and, as per appendix 3, is available on request.

## **11. Monitoring**

- 11.1 The effectiveness of this policy will be monitored regularly by the Risk Team who will provide an annual report to the Health, Safety and Risk Group which will include information on:
- a. the number of health and safety inspections they carried out in a financial year to identify, among other things, whether or not there is a current and valid health and safety statement, and the actions taken to address any identified issues.
  - b. the findings of an audit on 10% of the health and safety inspections completed in a financial year to check that the health and safety statement is in place.

## **12. Consultation and review**

- 12.1 A consultation exercise on the policy will be carried out with the stakeholders every year, or less if there are any relevant changes to legislation or best practice.

## **13. Implementation (including raising awareness)**

- 13.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

## **14. References**

- Health and Safety at Work Etc Act 1974
- Management of Health and Safety at Work Regulations 1992 (Amended 1999)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

## **15. Associated documentation**

- 15.1 In addition to the aforementioned health and safety policies and procedures which support this policy, there are also the following documents associated with this policy:
- Risk management strategy
  - Risk management policy
  - Adverse incident reporting and investigation policy
  - Driving and care of Trust vehicles policy
  - Infection prevention, control and decontamination policy and procedures
  - Waste management policy
  - Workshops specific health and safety policy
  - Complaints management policy



- Claims management policy
- Risk register and associated risk assessments and action plans
- Freedom to speak up (Whistle blowing) policy
- Driving standards policy
- Security policy
- Seven Steps to Patient Safety (NPSA Publication)

## **16. Appendix 1: Review**

16.1 This policy is regularly reviewed and updated with information in line with relevant national guidance and legislation. A full 'Review Table of Contents' is available on request.

## **17. Appendix 2: Responsibility**

17.1 The responsibility for this policy is shared between various Policy Groups, Lead Director/Officers, Working Groups and Committee members.

17.2 A full list of all responsible parties can be made available upon request.

## **18. Appendix 3: Equality impact assessment - Screening**

18.1 An initial screening equality impact assessment has been carried out and has identified that the policy does not have an adverse or detrimental impact on any of the proscribed equality groups as the policy is designed to protect all staff who carry out work for or on behalf of the Trust.

18.2 The screening element of the initial 'Equality Impact Assessment' is available on request.

## **19. Appendix 4: Equality impact assessment form – Section Two – Full assessment**

19.1 Due to the outcome of the initial screening equality impact assessment, it has not been necessary to carry out a full equality impact assessment.

## **20. Appendix 5: Ratification**

Policy Title: Health and safety policy and procedures.

Author's Name and Job Title: John Dunn, Head of Risk and Security.

Review Deadline:

Consultation From – To (dates): 22/4/2022 to 13/5/2022.

Comments Received? (Y/N):

All Comments Incorporated? (Y/N):

If No, please list comments not included along with reasons: Comments about including restraining in this policy were not applicable.

Equality Impact Assessment completed (date): 22/4/2022.

Name of Accountable Group: Health, Safety and Risk Group.

Date of Submission for Ratification: 12<sup>th</sup> May 2022.

Template Policy Used (Y/N): Y

All Sections Completed (Y/N): Y

Monitoring Section Completed (Y/N):

Date of Ratification: 18<sup>th</sup> May 2022.

Date Policy is Active: 1<sup>st</sup> June 2022.

Date Next Review Due: May 2022.

Signature of Accountable Group Chair (or Deputy):

Name of Accountable Group Chair (or Deputy): ): Chief Operating Officer.