



Health and Safety Policy and Procedure

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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.

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 regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; 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. Further information on the support available can be sought from the HR Department.

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, 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, 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 Litigation Authority'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 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: July 2018

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 machinery is in place for the achievement of the policies concerned with health, safety, welfare and environmental protection.

6.2.2 He 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, 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, 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 quarterly health and safety workplace inspections 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 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 and minimise risk. All work carried out by Contractors will be in accordance with the Trust's Health and Safety requirement.

- 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

- 7.1.1 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.
- 7.1.2 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).

7.2 Specialist advice

- 7.2.1 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.
- 7.2.2 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.

7.3 Departmental Safety

- 7.3.1 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.
- 7.3.2 All Managers / Supervisors will, through good management practice, ensure that the Trust's Health and Safety policy, procedures and safe working practices are fully implemented. Management action will include:
- a. Quarterly work place inspections;
 - b. Weekly Safety Tours.
- 7.3.3 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 procedure.

7.4 Risk Assessment

7.4.1 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.

7.4.2 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.

7.4.3 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.

7.4.4 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.

7.4.5 The Head of Risk and Security will maintain the Health, Safety and Risk Register on behalf of the Health, Safety and Risk Group.

7.5 Incident Reporting

7.5.1 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.

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

7.5.3 The Risk Management Department will receive and monitor all reports relating to accidents, incidents and dangerous occurrences and will ensure that appropriate investigative and remedial action has been taken.

7.5.4 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.

7.5.5 Incident Records and data will be maintained and held by the Risk Management Department. 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.

7.6 Control of Infection (See Infection Prevention, Control & Decontamination Policy and Procedures)

- a. 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.
- b. 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 & 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 & Decontamination Policy and Procedures.
- c. 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.

7.7 Driving and Care of Trust Vehicles Policy

7.7.1 The Trust recognises the risk of injury to staff, patients and others through vehicle accidents 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 accidents associated with vehicles.

7.8 Staff Health Surveillance

7.8.1 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.

7.9 Reporting of adverse incidents and defective medical devices

- 7.9.1 Adverse incidents in 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.
- 7.9.2 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.
- 7.9.3 In the event of failure of a medical device the equipment must be immediately withdrawn from service and retained for inspection.

7.10 Reporting of defective vehicles, plant, installed services, buildings and other non-medical equipment

- 7.10.1 All employees have a responsibility to report defects on non-medical equipment, ambulances, engineering plant, installed service, buildings and building fabrics, etc.
- 7.10.2 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.

7.11 Staff Consultation

- 7.11.1 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.

7.12 Planning and Control

- 7.12.1 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.
- 7.12.2 Supplementary Health and safety policies and procedures are attached as appendices to this policy.

7.13 Health and Safety Discipline

- 7.13.1 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
- HSP K Home Working 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 & 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, 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 equality and diversity impact assessment has been carried out on this policy and can be found at appendix 3.

11. Monitoring

11.1 The effectiveness of this policy will be monitored in the following way.

Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
a) The number of health and safety inspections of Trust premises carried out to identify, among other things, whether or not there is current and valid health and safety statement.	a) Report from the Risk Team on the number of Health and safety inspections they have carried out. b) Audit on 10% of the inspections to check that the statement is in place.	a) Risk Team. b) Risk Team.	Health, Safety and Risk Group.	Annually, as a minimum.

12. Consultation and Review

A consultation exercise on the policy will be carried out with the stakeholders listed below.

This policy will be reviewed annually.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
Health, Safety and Risk Group	22/7/15 to 11/8/15	Y
All managers and staff	22/7/15 to 11/8/15	Y

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.

13.2 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
- Adverse Incident Reporting and Investigation Policy
- Driving and Care of Trust Vehicles Policy
- Infection Prevention, Control & Decontamination Policy & 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
- Whistle Blowing Policy
- Driving Standards Policy
- Security Policy
- Seven Steps to Patient Safety (NPSA Publication)
- NHSLA Risk Management Standards 2012/13

16. Appendix 1: Review Table

Version	Reason for change	Overview of change
V9	Review of policy	<p>Adoption of new policy template. Amendments to and inclusion of: Section 1: Introduction Section 2: Scope Section 3: Aim</p> <p>In Section 4, HSE is changed to Health and Safety Executive; and the Director of Patient Care is changed to Director of Quality and Patient Care here and throughout the policy; ACOPs is changed to Approved Codes of Practice. Reference to accidents is changed to incidents.</p> <p>Amendments to section 5; inclusion of Trust Board responsibilities; amendments to Chief Executive's responsibilities and Executive Directors' responsibilities. 'All Employees' sub-heading changed to 'All Staff.'</p> <p>In section 5.4, deletion of reference to (Regulation 7, Management of Health and Safety at Work Regulations 1999).</p> <p>Amendments to section 6: Reference to HSE Changed to Health and Safety Executive.</p> <p>Section 6.5 – 'Accident/Risk Reporting' sib-heading changed to: 'Incident Reporting.' Reference to 'Accident records' changed to 'Incident records.'</p> <p>Section 6.6, reference to 'which require isolation' amended to: 'and which may require isolation.'</p> <p>Section 6.7: Reference to 'Driving Policy' and 'Driving Standards Policy' amended to: 'Driving and Care of Trust Vehicles policy.'</p> <p>Section 6.8.1 a) Reference to 'The Policy states no smoking on Trust premises ...' amended to: 'The policy states that no smoking on Trust premises is permitted...'</p>
V9	Following consultation	<p>In section 8.3, included reference to:</p> <ul style="list-style-type: none"> • Eye test provision for "users" of display screen equipment

		<ul style="list-style-type: none"> • Display screen equipment assessments <p>In Appendix 2, reference to Director of Patient Care changed to Director of Quality and Patient Care.</p> <p>Reference to Director of IT changed to Associated Director of Information Management and Technology (IM&T).</p> <p>Reference to the Director Operations is changed to Chief Operating Officer.</p> <p>Reference to Information and IT policies being dealt with by IT Steering Group and the Quality and Safety Committee is changed to the IM&T Control Board and the Audit Committee.</p>
V10	Review of policy.	The date on the statement has been changes to September 2016.
V11	Following a discussion at the Health, Safety and Risk Group.	<p>Amendments to the health and safety statement.</p> <p>Changes to section 5.8 which is now entitled: Contractors and visitors.</p> <p>Addition of sections 5.8.3 and 5.8.4.</p> <p>Section 6.6, reference to 'Control of Infection (see Control of Infection Manual)' to 'Control of Infection (Infection Prevention, Control & Decontamination Policy and Procedure.'</p> <p>Section 6.6 (a) and (b) reference to 'Control of Infection Policy' changed to 'Control of Infection (Infection Prevention, Control & Decontamination Policy and Procedure.'</p> <p>Section 6.6 (b), reference to 'Sharps Policy (see Control of Infection Manual' changed to 'Control of Infection (Infection Prevention, Control & Decontamination Policy and Procedure.'</p> <p>Section 6.6 (c), reference to 'Control of Infection Manual' changed to 'Waste Management Policy.'</p> <p>Changes to section 6.8.1 (a) reference to 'No Smoking Policy' changed to 'Smoke Free Policy'; and reference to</p>

		<p>'Alcohol and Drugs Policy' changed to 'Alcohol, Drugs and Work Policy.'</p> <p>Amendment to section 7.1 so it now states: '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:'</p> <p>Amendment to 14.1 so that it now reads: '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:'</p> <p>14.1 Title of the 'Adverse Incidents and Investigation Policy and Procedures Policy' changed to: 'Adverse Incident Reporting and Investigation Policy'.</p> <p>14.1 Reference to Trust's Driving and Care of Trust Vehicles Policy' now included in this section.</p> <p>14.1 Reference to 'Waste Policy' changed to 'Waste Management Policy.'</p>
V12	Annual review of policy	<p>Section 3: insertion of Equality Statement so the previous section 3 entitled Aims becomes section 4 and all the numbers of all the sections that follow have been changed so that the numbers of each section run sequentially.</p> <p>Section 5 (previously section 4) Change of RIDDOR 1995 to RIDDOR 2013. This change is also made in section 7.5.4 and in section 13.</p> <p>Section 5: change of date from September 2016 to September 2017.</p> <p>Section 7.2.2 and section 7.3.3 Director of Patient Care changed to Director of Quality and Patient Care.</p> <p>Section 8.1 Lockdown Policy changed to Lockdown Procedure.</p> <p>Appendix 3 and 4, the structure and content of the Equality Impact assessment forms amended, For instance Sexuality/Transsexuality replaced with Sexual orientation; and Faith replaced with Religion/Belief.</p>

		Removal of reference to Trans people. Also, inclusion of EQIA Action Plan.
V13	Annual review of policy	<p>Section 5: Health and Safety Statement: Director of Quality and Patient Care changed to Director of Patient Care and Service Transformation both here and throughout the document (sections 6.4; 6.4.1; 7.2.1; 7.2.2 and 7.2.3).</p> <p>Section 5: Health and Safety Statement: "...an Accident Book" changed to "...a system for the reporting and recording of accidents and incidents."</p> <p>Addition of "Therefore," so the sentence reads: "Therefore, the Trust has in place an incident reporting system..."</p> <p>7.8.1 a changed so that it reads: "The Policy states that no smoking on Trust premises is permitted except where there are designated smoking shelters..."</p> <p>Section 8.1: Lockdown Procedure changed to Lockdown Plan and Procedure.</p> <p>Section 17: All references to Director of Quality and Patient Care changed to Director of Patient Care and Service Transformation.</p> <p>The reference to Director of Clinical Services changed to Director of Patient Care and Service Transformation.</p> <p>Reference to Clinical Review Group changed to Patient Safety Group.</p> <p>Reference to Audit Committee changed to Quality and Safety Committee.</p> <p>Section 18: Change of phone number. Review of Equality Impact Assessment and change of date to reflect this review.</p> <p>Section19: Change of phone number.</p> <p>Section 20: change of the dates of the Equality Impact Assessment and the date of Submission.</p>

V14	Following a discussion at the Health, Safety and Risk Group.	Section 9.3: Addition of another bullet point: "The arrangements in place within the Trust for the provision of risk assessment training and the carrying out of risk assessments."
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17. Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies

Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive + Director of Patient Care and Service Transformation	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care and Service Transformation	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care and Service Transformation	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operating Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IM&T Policies and Procedures	Director of Information Management and Technology (IM&T).	IM& T Control Board	Quality and Safety Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Chief Operating Officer	As appropriate	Quality and Safety Committee	Committee decision

Clinical Policies and Procedures	Director of Patient Care and Service Transformation	Patient Safety Group	Quality and Safety Committee	Committee decision
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18. Appendix 3: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Health and Safety Policy and Procedures.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 07788 584786.

1. What is the main purpose of the strategy, function or policy?
To assist the Trust with the protection of all staff, including those who work on behalf of the Trust such as Community First Responders, contractors and bank staff.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
<p>The organisational objectives of this policy are to provide an effective framework to assist the Trust in complying with statutory requirements by ensuring that there are arrangements in place:</p> <ul style="list-style-type: none"> • for the effective implementation of this policy throughout the Trust. • for the effective management of health and safety within the Trust. • for ensuring that the Trust has a Health and safety statement. • for ensuring that the Trust has a number of associated Health and safety policies.
3. Who will be the main beneficiaries of the strategy/function/policy?
All who work for or on behalf of the Trust.
<p>1. Use the table overleaf to indicate the following:-</p> <ol style="list-style-type: none"> a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact	Negative Impact	Reasons
GENDER	Women	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Men	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
RACE	Asian or Asian British People	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Black or Black British People	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Chinese people and other people	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	People of Mixed Race	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	White people (including Irish people)	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
DISABILITY	Disabled People	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
SEXUAL ORIENTATION	Lesbians, gay men and bisexuals	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
AGE	Older People (60+)	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Younger People (17 to 25) and children	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
RELIGION/BELIEF	Faith Groups	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.

	Equal Opportunities and/or improved relations	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
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Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intended	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Level of Impact	High	Low
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:.....		
Name: John Dunn, Head of Risk and Security.		
Date: 17/7/2018.		

19. Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: Health and safety policy and procedures.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 07788 584786.

Part A

Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender	<input type="checkbox"/>
Race	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>
Age	<input type="checkbox"/>
Religion/Belief	<input type="checkbox"/>

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	
Disability	
Sexual Orientation	
Age	
Religion/Belief	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	

Sexuality Orientation	
Age	
Religion/Belief	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

No

Part B

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

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8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes

No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

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.....

.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....

EQIA ACTION PLAN

Issue	Action Required	Lead Officer	Timescale	Resource Implications	Comments

Please continue on another sheet if you need to.

20. Appendix 5: Ratification Checklist

Section 1: To be completed by Author prior to submission for ratification

Policy Title	Health and safety policy and procedures.
Author's Name and Job Title	John Dunn, Head of Risk and Security.
Review Deadline	11 th August 2015
Consultation From – To (dates)	22 nd July 2015 to 11 th August 2015
Comments Received? (Y/N)	Y
All Comments Incorporated? (Y/N)	N
If No, please list comments not included along with reasons	Including restraint in this policy; it is not applicable to this policy.
Equality Impact Assessment completed (date)	Y (20/7/15) and on the 11/9/2017 and on the 17/7/2018.
Name of Accountable Group	Health, Safety and Risk Group.
Date of Submission for Ratification	17/7/2018.

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)	Y
All Sections Completed (Y/N)	Y
Monitoring Section Completed (Y/N)	Y
Date of Ratification	25 th July 2018
Date Policy is Active	26 th July 2018
Date Next Review Due	July 2019
Signature of Accountable Group Chair (or Deputy)	
Name of Accountable Group Chair (or Deputy)	Philip Astle.