

# Health and Safety Policy

The Health and Safety Policy outlines the duties and arrangements for the management of health and safety within the organisation

Key Words:	Health, Safety	
Version:	5	
Adopted by:	Quality Assurance Committee	
Date adopted :	20 August 2019	
Name of Author:	Bernadette Keavney, Samantha Roost	
Name of responsible committee:	Health and Safety Committee	
Date issued for publication:	August 2019	
Review date:	February 2022	
Expiry date:	1 August 2022	
Target audience:	All staff	
Type of Policy	Clinical	Non Clinical √
Which Relevant CQC Fundamental Standards?		



## Contents

Equality Statement	6
Due Regards	6
1 Introduction	6
1.1 Statement of Intent	6
2 Organisational Responsibilities for Health and Safety	8
2.1 Chief Executive	8
2.2 Executive Director with responsibility for Health and Safety	9
2.3 Directors and Directorate Directors	9
2.4 Service Managers and Heads of Service	10
2.5 Head of Trust Health and Safety Compliance and Health and Safety Advisors	11
2.6 Fire Safety Assurance Officer	12
2.7 Moving and Handling Advisor	13
2.8 Local Security Management Specialist (LSMS)	14
2.9 Specialist Advisors	14
2.10 Radiation Protection Advisor (External)	15
2.11 Pharmacy Advisor	15
2.12 Infection Prevention and Control Team	15
2.13 Contracted Occupational Health Services Provider	16
2.14 Contracted External Estates Facilities Management Provider	16
2.15 Environmental Health Advisors (External)	17
2.16 Procurement	17
2.17 Staff Side Representatives	17
2.18 Employees	18
3 Organisational Arrangement Structure to Facilitate Health and Safety	19
3.1 Quality Assurance Committee	19
3.2 Health and Safety Committee	19
3.3 Employee Representation	19
3.4 Directorate Health, Safety and Security Action Groups	20
3.5 Policies, Procedures and Guidelines	20
3.6 Local Departmental / Service Policies and Procedures	20
3.7 Training and Information	21
4 Accident / Incident / Near Miss Information	21
5 Health and Safety Responsibilities for Independent Contractors (Elective Care, GPs, Dentists, Pharmacists and Opticians)	22
6 Hosted Services Staff and Organisation Staff Providing a Hosted Service	22
7 The Health and Safety Policy	
7.1 Revision of the Health and Safety Policy	22
7.2 Publicising the Health and Safety Policy	22
7.3 Communication with Staff	22
7.4 Amendments to Policy	23
8 Monitoring of Health and Safety	21
9 Associated Documents	23
Appendix 1 Terms of Reference for Health and Safety Committee	24
Appendix 2 Policy Monitoring	30
Appendix 3 Policy Training Requirements	32
Appendix 4 Due Regards	33
Appendix 5 The NHS Constitution	34
Appendix 6 Privacy Impact Assessment	35

## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
V1	April 2011	Harmonisation of three former Trusts policies
V2	March 2012	Revised following restructuring of the Trust and appointment to posts
V3	March 2013	Health, Safety and Security Manager amended to Head of Trust Health and Safety Compliance throughout Others as highlighted to be listed once agreed
V3.1	March 2014	Expiry date extended to allow full consultation
V4	May 2016	Reference to Division/al replaced with Directorate Terms of Reference Updated Section 9 – Associated Documents updated to reflect current policy list and
V5	February 2019	Updated. Amended to reference NHS Long Term Plan Inclusion of Privacy Impact Assessment

**All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.**

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

### For further information contact:

Health and Safety Compliance Team

Tel: 0116 295 1662

E-mail: [healthandsafety@leicspart.nhs.uk](mailto:healthandsafety@leicspart.nhs.uk)

**Definitions that apply to this Policy**  
**Definitions are a Core Standard.**

<b>Due Regard</b>	Having due regard for advancing equality involves: <ul style="list-style-type: none"><li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li><li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</li><li>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</li></ul>
-------------------	--

## **Equality Statement**

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

## **Analysis of Equality**

An analysis of the impact and equality found the activity outlined in the document to be equality neutral because this policy describes the arrangements in place for all staff across the Trust.

## **The NHS Constitution**

The Constitution sets out the principles and values that guide how the NHS should act and make decisions. It brings together a number of rights, pledges and responsibilities for staff and patients alike. Policy Authors must take account of the NHS Constitution and identify which of the rights and pledges are applicable to the policy being developed.

### **1 Introduction**

The Health and Safety Policy applies to all staff employed by Leicestershire Partnership NHS Trust to be referred to throughout as 'the Trust'.

#### **1.1 Statement of Intent**

The Trust attaches the greatest importance to the health, safety and welfare of its employees and others affected by its undertakings, and accepts fully its duties and responsibilities under the Health and Safety at Work etc Act 1974, and the Management of Health and Safety at Work Regulations 1999.

The Board recognises that all matters of health, safety and welfare are essential factors and must be integrated within all corporate and management decisions. Patient care, health, safety, environmental considerations and business objectives are mutually dependent. The objective is to develop and promote a positive and effective health and safety culture throughout the Trust. Joint consultation will take place between

management and staff on all health and safety related issues. Particular attention will be paid to the following:-

- A safe place of work, with safe access and egress;
- A healthy working environment, without risks to health;
- Provision of adequate welfare facilities;
- Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work, and to avoid hazards and control risks;
- Ensuring plant and equipment are safe;
- Ensuring that safe systems of work are set and followed;
- Safe arrangements for the use, handling, storage and transport of articles, materials and substances are in place.

The Trust will work closely with other organisations/stakeholders to ensure that the health and safety of all staff is properly addressed. This policy will apply to all staff.

To ensure that the objectives of the Trust are progressed and achieved, the safety performance of the Trust will be regularly monitored, audited and reviewed, making sure that arrangements for implementing a positive safety culture are reflected within all policies and procedures.

The Trust recognises that people are our most important resource, and therefore will invest in that resource by providing managers and all staff with appropriate health and safety training.

Employees have a legal obligation to do everything possible to avoid harm both to themselves and others and, therefore, the successful implementation of the Health and Safety Policy requires total commitment from all levels of the Trust. The Trust endorses the need for managers and staff to work positively together to achieve a situation compatible with the provision of high quality services to patients and clients, where the risk of personal injury and hazards to the health of staff and others can be reduced to a minimum. Thus risk must be assessed and significant findings recorded.

This document sets out the arrangements for health and safety management, determines the levels of responsibility at all levels and the channels of communication for health and safety. Whilst the Trust accepts the main responsibilities for the implementation of the policy, employees have a very important and legal role in co-operating with the Trust to ensure a healthy and safe working environment. Non-compliance by any member of the Trusts management or staff with any of the statutory regulations or the local safety policies and procedures laid down by the Trust, may result in disciplinary action being taken, and possible legal action.

The Trust is committed to a fair and open culture. This means that staff should not feel afraid of reporting their concerns so that action can be taken and lessons learnt. This policy statement is a general Statement of Intent. The Trust recognises the importance of ensuring that this policy is implemented, monitored and revised as necessary, in the light of legislative or organisational changes.

In view of the wide-ranging requirements of the Health and Safety at Work etc Act (1974), subsequent regulations and Approved Codes of Practice and Guidance issued under the Act, the Trust will issue individual policies and procedures reflecting those requirements. In addition these policies and procedures will assist the Trust in compliance with the relevant areas of the Care Quality Commission Fundamental Standards.

These policies will be developed and agreed by the Trust Health and Safety Committee and forwarded to the Quality Assurance Committee for adoption. Directors will be responsible for issue and implementation of policies and procedures within their area of responsibility.

Access to all relevant policies and procedures will be easily available within each department via the Trust intranet, allowing free access to all employees and available to other stakeholders who wish to view them.

The Trust Health and Safety Committee will be responsible for maintaining an up-to-date schedule of health and safety policies and procedures and will ensure that the Trust intranet is updated with current policies and procedures. The Committee will be responsible for monitoring and reviewing policies taking into account changes in statutory requirements and operational practice.

## **2 Organisational Responsibilities for Health and Safety**

Everyone is responsible for the health and safety of everyone else at work. We all have a legal duty of care under the Health and Safety at Work etc Act 1974, to ensure the safety of others, including colleagues, patients, visitors, contractors and others affected by our work, including the local community.

In order to comply with this duty of care, all staff must be aware of the lines of communication and levels of responsibility, which exist to ensure that matters of health, safety and welfare can be dealt with adequately.

Safety management legislation (Management of Health and Safety at Work Regulations 1999) clearly puts the responsibility for safety not just with the employer, but also with managers.

In order to ensure that health and safety is successfully managed the following organisational responsibilities have been allocated:

### **2.1 Chief Executive**

The Chief Executive has overall responsibility for all matters of health, safety and welfare. This responsibility includes ensuring that health and safety matters are seen as an important priority for the Trust which is addressed through comprehensive policies and procedures that are effectively implemented and appropriately resourced within the overall financial position of the Trust.

The Chief Executive will ensure that financial resources are made available to support this Policy based upon a risk assessment of priorities.

The Chief Executive is responsible for appointing a nominated Executive Director with delegated responsibility for Health and Safety.

The Chief Executive will ensure that a legally constituted Health and Safety Committee is established under the Health and Safety at Work Act 1974 (Section 2/7) and in accordance with the Safety Representatives and Safety Committees Regulations 1977.

In addition, each member of the respective boards have an individual role in providing health and safety leadership, and ensuring that all Board decisions reflect the intentions outlined in the Health and Safety Policy 'Statement of Intent'.

## **2.2 Executive Director with Delegated responsibility for Health and Safety**

The appointed Director with delegated responsibility for Health and Safety will oversee all Health and Safety related matters. They will:

- Chair the Health and Safety Committee.
- Ensure that rigorous monitoring procedures are in place at all levels of the Trust to provide assurance of health and safety compliance
- Employ competent persons to promote all matters in respect of health and safety to discharge the Trusts duty in accordance within the legal requirements

As Chair of the Health and Safety Committee the Director with responsibility for Health and Safety will:

- Ensure that the Trust has a policy on Health and Safety, which gives a clear unequivocal commitment to safety, and sets out the framework for improving health and safety performance, and reducing accidents, incidents and work-related ill-health to a minimum.
- Ensure that communication systems are in place to enable the policy to be brought to the attention of all staff and that it has the support of the Joint Staff Consultative Negotiation Committee (JSCNC).
- Ensure that the objectives of the policy are fully understood, implemented and supported by all Directors, Managers and Supervisors.
- Ensure that rigorous monitoring procedures are in place at all levels of the Trust to facilitate the effective implementation of the policy.
- Ensure that the policy is reviewed regularly by the Health and Safety Committee for approval.
- Ensure that an Annual Programme and Action Plan of priorities is drawn-up by the Health and Safety Committee for approval.
- Ensure compliance with the policy

In the absence of the Chair the Head of Trust Health and Safety Compliance will assume Chair of the committee.

## **2.3 Directors and Directorate Directors**

Each Director and Directorate Director is responsible for ensuring that the Trusts Health and Safety Policy is implemented. They will also:

- Have responsibility for all matters of health, safety and welfare within their Directorate
- Be individually responsible for ensuring the introduction of health and safety initiatives, which will facilitate the implementation of the Health and Safety Policy
- Ensure the implementation of a process for dealing with the assessment of all risks, and the control and monitoring of significant risks
- Ensure that contracts of employment and job descriptions detail specific health and safety responsibilities of the employee and that health and safety performance is part of the formal appraisal system for staff
- Ensure that the formal appraisal system for all staff incorporates the setting of health and safety objectives, which are specific, clear, measurable and measured, and that this system identifies health and safety training needs
- Provide details of health and safety arrangements within their area of responsibility to the Health and Safety Committee
- Ensure all staff in their area of responsibility are aware of their responsibilities, delegated duties and lines of communication in respect of health and safety

#### 2.4 Service Managers and Heads of Service

Service Managers and Heads of Service are responsible for the health, safety and welfare of the staff and clients whom they supervise, and all users of the workplaces for, which they are responsible and/or control.

They must maintain close liaison with their staff in safety matters and they are responsible, in particular, for the following:

- Supporting the planned programme in place to carry out regular inspections and audits in the workplace, or delegate as appropriate, and maintaining records and implementing action plans accordingly
- Ensuring the implementation within their own area of any safety policies or procedures approved by the Trust, and that they are brought to the attention of, and made available to, staff, contractors and visitors within the area, for example, fire procedures
- Ensuring that appropriate warning notices and all instructions are prominently displayed
- Ensuring that the services within their control provide a healthy and safe working environment
- Ensuring that any changes to the environment are assessed in consultation with the specialist adviser(s)
- Ensuring that there is a system in place for ensuring staff attendance and completion of mandatory training
- Ensuring that reports from the Health and Safety Executive, the Trusts Health and Safety Committee and similar sources receive prompt attention and appropriate action
- Ensuring that there is a system in place for the prompt reporting and repair of faulty equipment, plant or buildings. **Unsafe equipment must be taken out of use immediately, marked DO NOT USE and removed to a secure location to prevent accidental use**

- Ensuring that adequately trained persons are identified and available within each department/area to support the application of Health and Safety legislation and Trust policies/procedures
- Ensuring that individual Job Descriptions reflect the level of responsibility in relation to health and safety
- Liaising with Staff Safety Representatives in accordance with agreed procedures
- Ensuring the reporting of accidents, incidents, work-related illnesses and near misses, in accordance with Trusts procedures, and ensuring that the sharing of lessons learned takes place
- Ensuring that investigations are carried out to determine the causation factors and take any remedial actions, and, where necessary, escalate as appropriate
- Ensuring that all appropriate health and safety equipment, protective clothing etc is always available, properly maintained and used, and where necessary staff are appropriately trained
- Ensuring that equipment used in the department/area is safe and adequate for the purpose for which it is intended
- Taking immediate steps to investigate and rectify any new risks to health and safety arising from work activity
- Bringing to the prompt attention of senior management any health and safety issues that require further action
- Maintaining safe patterns and methods of working by staff, including access and egress
- Ensuring the adequate induction of all new staff emphasising the health, safety and welfare aspect of their duties
- Ensuring that departmental policies, procedures and assessments are in line with overall Directorate and Trusts policies and procedures
- Ensuring health and safety training needs for staff are identified within the Personal Development Plan process
- Monitoring staff attendance at agreed training sessions.
- Ensuring that contractors working on Trust premises comply with the working regulations, which will be made available and clear to them when they tender for work. They must conform to the Trusts safety standards, which will include the employment of competently trained personnel and ensuring that they meet their statutory obligations
- Ensuring that risk assessments are undertaken for all activities, and that staff conducting these risk assessments are suitably trained in the process, and are able to use action plans that result from risk assessments to form health and safety objectives. Appropriate documentation of such risk assessments should be kept
- Ensuring that staff are made aware of the hazards connected with their work and how to safeguard themselves
- Keeping up-to-date with developments in their field of work relating to health and safety, and responding to change as necessary
- Ensuring that effective communications to staff on safe working practices are in place. To receive suggestions from staff for improvements in health and safety, seeking to encourage active participation by staff on all health, safety and welfare-related issues.

## **2.5 Head of Trust Health and Safety Compliance and Health and Safety Advisors**

The Trust will employ Health and Safety Advisors to act as its Competent Persons in respect of matters of health, safety and welfare, they will:

- Provide advisory support to the Board, Chief Executive, all executive directors, managers and their staff on matters relating to health and safety in order to develop a culture whereby health and safety management is an integral part of the performance management processes
- Fulfil the role of competent person on health and safety matters within the Trust
- Co-ordinate and advise on the implications of health and safety legislation for all staff as required
- Report to the Health and Safety Committee any actions taken by enforcement agencies, both formal and informal, and monitor progress made by the Trust in complying with legislation, statutory requirements.
- Regularly consult with relevant officers, together with other relevant professional advisors and statutory bodies, with a view to obtaining and implementing updated information/innovation on all aspects of health and safety, in so far as it applies to employees and all users of Trusts services
- Co-ordinate and monitor the arrangements for health and safety throughout the Trust
- Investigate/monitor non-clinical accidents/incidents within Trust property, or where Trust staff or clients/patients are involved, recommending follow up action where appropriate
- Liaise with contractors and agencies used by the Trust, to ensure they have relevant health and safety policies and procedures in place
- Promote the requirement for adequate arrangements for identifying staff's health and safety training needs to be in place, and that appropriate safety training is provided at all levels
- Develop and circulate information sheets informing all relevant employees of the Trust of any changes to health and safety
- Attend sub-groups of the Health and Safety Committee.
- Advise upon, and contribute to the development and production of policies and procedures, in accordance with current legislation, regional and national policy etc
- In conjunction with Directors and managers, be responsible for the monitoring of all health and safety issues throughout the Trust, ensuring that effective strategies and monitoring regimes are introduced where necessary
- Undertake risk assessments, health and safety audits, promote safe systems of work and safe working practices, with the aim of developing a positive safety culture within the Trust
- Review and monitor Health and Safety risks, ensuring that the Health and Safety Committee is informed of, and where necessary, consulted, on all significant risks and associated action plans
- Manage the systems incorporating health and safety, environmental and occupational health monitoring in conjunction with HR and Organisational Development
- Plan, prepare, conduct and evaluate diverse and complex health and safety audits and surveys across the Trust in order to inform the risk profile of the Trust's undertakings. Providing reports and information to the Health and Safety Committee
- Liaise and consult with third party enforcing authorities e.g. Health and Safety Executive (HSE) and matters of statutory compliance

## **2.6 Fire Safety Assurance Officer**

- Formulates and develops policies, procedures and guidance, to ensure that the Trust complies with legislation and statutory requirements.
- Advises on plans for new buildings or major refurbishment to existing buildings.
- Ensure, via an auditing process, compliance with Firecode and all other legislation related to fire safety management within Trust properties.
- Manages, monitors and seeks assurance from the external contractor for delivery of fire risk assessments in line with NHS guidance; monitor and report on the implementation of the Fire Risk Assessments.
- Liaises with the Fire Authority as required.
- Manages and monitors training at all levels throughout the Trust and maintains accurate records of fire training attendance.
- Investigates fire incidents, where appropriate, and submit a report with an action plan to the Head of Trust Health and Safety Compliance, appropriate managers, Directors or Chief Executive.
- Monitors false alarms and works with managers to reduce the number of such incidents, in line with current national guidance.
- Provides quarterly fire reports and an Annual Report to the Health and Safety Committee.
- Attends the Health and Safety Committee meetings.
- Advises on new innovation that promotes or reduces risk within healthcare

(See the Management of Fire Safety Policy for guidance on the organisational approach to the management of fire.)

## **2.7 Moving and Handling Advisor**

The Moving and Handling Advisor will act in an advisory capacity for Directors, Managers and Employees of the Trust. The main duties of the Moving and Handling Advisor are to:-

- Advise the Trust on any significant changes in legislation and guidance relevant to manual handling
- Regularly revise and continually develop the manual handling education programme for all employees and ensure compliance with current best practice and legislation
- Co-ordinate and support the Manual Handling Key Workers
- Maintain a core of Manual Handling Key Workers in clinical areas
- Chair the Manual Handling Steering Group, ensuring that it functions effectively and achieves its purpose.
- Co-ordinate audits of ward/department manual handling equipment and report deficiencies to the ward/department manager, Health and Safety Committee and other groups as identified.
- Perform audit on manual handling risk assessments with findings and action plan to be reported to the Health and Safety Committee
- Advise staff and departments on appropriate equipment needs and provision.
- Investigate manual handling accidents/incidents and analyse patterns of occurrence

- Work with managers to identify and plan strategies for the reduction of risks within their workplace and to identify training requirements.
- Network with other professionals and coordinators, within the region, to collate and disseminate examples of good practice.
- Formulate and develop policies, protocols, procedures and guidelines relating to manual handling and to continually monitor, review and audit their effectiveness.
- Advise Matrons, Ward or Department Managers in regards to the safe handling of bariatric / heavy patients.
- Attend Health and Safety Committee meetings
- Provide a quarterly and annual manual handling report to the Health and Safety Committee
- Advises on new innovation that promotes or reduces risk within healthcare

## **2.8 Local Security Management Specialist (LSMS)**

- Leads on day-to-day work in the Trust to tackle violence against staff and professionals in accordance with the NHS Violence Reduction Strategy and the NHS Lone Term Plan (January 2019)
- Attend the Trust's Health and Safety Committee meetings so that security-related issues are an integral part of Trust management
- Ensure appropriate steps are taken to create a pro-security culture within the Trust and among contractors so that staff and patients accept responsibility for this issue and ensure that, where security incidents/ breaches occur they are detected and reported
- Ensures appropriate security incidents/breaches are publicised so that a deterrent effect can be created
- Promote lessons learnt from security incidents/breaches across the Trust so that appropriate preventative measures can be developed
- Ensured security incidents are reported using the Eirf reporting system, ensuring investigations take place, where appropriate, risks are assessed and preventative measures are developed
- Ensures security incidents/breaches are investigated in a fair, objective and professional manner so that the appropriate sanctions are applied and measures are put in place to prevent recurrence
- Formulates security alerts
- Produces crime reduction and security surveys and report to the Health and Safety Committee on findings, based on prioritised risk ratings and relevant to specific areas
- Considers cases not progressed by the police or Crown Prosecution Service and where appropriate, in order to seek redress, where appropriate.
- Advises senior management on the potential for private civil or criminal legal action

## **2.9 Estates and Facilities Specialist Advisors**

Professional advice, guidance and support is available both through the services of in house and external service providers. All Specialist Advisors are competent within their field of expertise and can be contacted via Estates and Facilities e.g. Authorised Engineers or approved persons for water, waste gas.

## **2.10 Radiation Protection Advisor (External)**

- Advise on plans for installation and the acceptance into service of new or modified sources of ionising radiation in relation to any engineering controls, design features, safety features and warning devices provided to restrict exposure to ionising radiation
- Advise on the periodic examination and testing of engineering controls, design features, safety features and warning devices, and regular checking of systems of work, including any written arrangements provided to restrict exposure to ionising radiation
- Advise on compliance with the Ionising Radiation Regulations 2017 and the Ionising Radiation (Medical Exposure) Regulations 2000
- Advise on the performance of risk assessments and contingency planning
- Advise on the form of content of local rules for each designated controlled or supervised area
- Advise on the conduct of investigations and subsequent reports as necessary
- Advise on staff training.

## **2.11 Pharmacy Advisor**

- Advise the Trust on areas of potential risk in relation to the prescribing, storage, administration and disposal of medicines.
- Advise managers to ensure that statutory obligations and local guidelines in the management of medicines are met.
- Draft, in collaboration with others, amendments to the Leicestershire Medicines Code covering the management of medicines in situations not previously encountered.
- Receive and, where necessary, investigate reported medicine related incidents.
- Audit the medicines management section of the Care Quality Commission, Monitor and Action for Compliance.

(see Trust Policy for Medicines Management for full details)

## **2.12 Infection Prevention and Control Team**

- Develops and delivers infection prevention and control advice to the Trust, fulfilling the role of competent person on all infection prevention and control matters.
- Participates in the development, implementation and monitoring of infection prevention and control standards, policies and protocols.
- Works with all staff in the prevention, investigation and control of infection, both notifiable and non-notifiable.
- In the event of an increased outbreak, works in collaboration with Public Health England, participating in the management, investigation and containment of the incident, whether deemed a minor or major incident.
- Participates in the development and implementation of audits to monitor standards in practice.
- Participates in the collection and review of surveillance data.
- Develops, delivers and evaluates infection control educational programmes.
- Maintains and develop the Infection Prevention and Control Champion Professional network.

- Attend Health and Safety Committee meetings.
- Advises on plans for new buildings or major refurbishment to existing buildings
- Undertakes the investigation of Infection Prevention and Control incidents within the Trust recommending follow up action where appropriate

### **2.13 Contracted Occupational Health Services Provider**

- Reports through a contractual arrangement via HR and Organisational Development
- Advises the Trusts managers in the assessment and management of risks where staff's fitness for work and staff's health is concerned
- Undertakes pre-employment assessment as required
- Undertakes post-employment health check and health education
- Assess staff members fitness to return to work after an accident or illness
- Recommends suitable adaptation of workplaces or duties
- Assists in the control of infection by specific screening and immunisation for staff
- Conducts periodic appropriate health surveillance services, e.g. lung function tests
- Liaises with the Health and Safety Advisor and Human Resources in providing training and in maintaining records
- Attends meetings of the Health and Safety Committee and other working groups
- Provides an annual report to the Health and Safety Committee

### **2.14 Contracted External Estates Facilities Management Provider**

The Associate Director of Estates and Facilities in conjunction with the shared service is responsible for:

- Reports quarterly to the Health and Safety Committee and gives assurance of statutory compliance for estates and facilities across the Trust
- The Capital and Maintenance Groups and work there of
- The safety of all Trust estate, including engineering plant and equipment and building fabrics
- Monitoring that all contractors satisfy health and safety requirements under their statutory obligations and providing health and safety information to visiting contractor staff
- Producing and implementing an effective planned preventative maintenance (PPM) programme for the Trust that meets all legislative requirements
- Securing the Trust's compliance with the Construction (Design and Management) Regulations 1994 (as amended).
- Ensuring that suitable permit to work systems are in place.
- Ensure compliance with associated Health Care Technical Memorandum (HTM)
- Responsible for the safe disposal of waste, including clinical waste and other special waste Trust wide.
- Liaising with the Health and Safety Compliance Team on issues below with regards to health and safety and give assurance on how these will be managed
- Property Matters
- Capital Developments
- Minor Improvement Works
- Statutory Standards

- Facilities Management
- Estates Maintenance
- Quality Standards
- Estates Policies and Procedures
- Reporting to the Health and Safety Committee of any health and safety and non-compliance concerns or issues for information or escalation

### **2.15 Environmental Health Advisors (External)**

- Provides food hygiene information and an advisory service to the Trust via Estates and Facilities, to help ensure that the Trust is fully informed of relevant legislation and technical developments in the field on food safety.
- Assists the Trust managers to formulate policies on food hygiene and related issues, and assist in implementation.
- Conducts food safety audits and inspections of all food-handling areas within the Trust and provide written reports on the status of these areas, making appropriate recommendations to Trust managers and their staff to ensure compliance with food hygiene legislation.
- Assists managers to prioritise action on matters arising from audits and inspections, and monitor responses.
- Provides, by negotiation, food hygiene training within the Trust.
- Monitors standards of food hygiene within the Trusts main food supplier and provide written reports on this activity.

### **2.16 Procurement**

- Provides a specialist source of advice to the Trust and its employees on meeting the legal framework for public procurement
- Where non-compliance is recognised the appropriate line manager will be informed
- Where possible ensure that equipment and supplies purchased are in line with local policy as appropriate
- Incorporates in relevant tender documentation issued by LPT, questions relating to health and safety arrangements, policies and procedures that must be complied with
- Works with the Trust, employees and agencies including the NHS Supply Chain to obtain information on products to assist the Trust in reducing costs and improve quality and safety in goods and services procured

### **2.17 Staff Side Representatives**

Safety Representatives will be recognised in line with Safety Representatives and Safety Committees Regulations 1977, as amended and The Health and Safety (Consultation with Employees) 1996 as amended.

The Trust encourages in addition to the specialist advisors the involvement of Staff Side Safety Representatives who: -

- Keep themselves informed of the legal requirements relating to the health and safety of the people they represent, the particular hazards of their workplace and the health, safety and welfare at work policy of the Trust.
- Encourage co-operation between the Trust and its staff, promoting and developing essential measures to ensure the health and safety of staff.
- Participate in the undertaking and implementation of health and safety inspections.
- Bring to the attention of managers any unsafe or unhealthy conditions or working practices that have a health and safety implication
- Safety representatives are given time off to allow them to complete their Health and Safety duties
- Staff side are integral to the quoracy and functionality of the Health and Safety Committee

## 2.18 Employees

All staff have a responsibility to co-operate fully with their supervisors and managers to ensure that the Trust, as their employer, can carry out its responsibilities under the Health and Safety at Work etc Act 1974. All employees have a legal duty of care to others. Regardless of the position held within the Trust all staff must: -

- Take reasonable care for their own health and safety and the safety of others who may be affected by their actions or omissions
- Co-operate with each other and work in accordance with any policies, procedures, regulations, codes of practice and information or training provided
- Refrain from intentionally misusing or recklessly interfering with anything that has been specifically provided for health, safety and welfare purposes
- Report any hazardous defects in plant, equipment (including personal protective equipment) or premises, or shortcomings in existing safety arrangements or procedures, to a responsible person without delay
- ***In cases where equipment is provided for the purpose of health and safety, all staff are responsible for using the equipment in line with manufacturers instruction and/or training provided***
- Not undertake any task for which necessary authorisation and/or training has not been received
- Ensure personal health and safety training needs are identified within the Personal Development Plan process
- Take responsibility for attending and participating agreed training sessions about health and safety as requested by their manager or supervisor
- Report any accidents, incidents, near misses or work related illnesses in accordance with Trust procedures
- Participate in training sessions about health and safety as requested by their manager or supervisor
- Be aware of and participate in the risk assessment processes that apply to their area of work

## 3 Organisational Arrangement Structure to Facilitate Health and Safety

### 3.1 Quality Assurance Committee

The Quality Assurance Committee (QAC) is responsible for supporting the adoption of all health and safety policies and procedures for the Trust and will inform the Trusts Board

on urgent health and safety issues.

### **3.2 Executive Team**

The Executive Team will receive an exception report post Health and Safety Committee meeting of any issues or to highlight any requirements for further action or communication within the Trust. They will ensure these actions are communicated and addressed operationally.

### **3.3 Health and Safety Committee**

The Committee is constituted under the Health and Safety at Work etc Act 1974 (Section 2/7) and in accordance with the Safety Representatives and Safety Committees Regulations 1977 as amended.

The key function of the Committee is to establish and maintain standards of health, safety and welfare, by developing, approving and monitoring organisational health and safety policies and procedures, and working to an annual action plan. The group aims to promote a culture of understanding and co-operation across the Trust to ensure the health, safety and welfare of all staff, patients and visitors.

The Health and Safety Committee is the overarching Committee for the Trust. Under the Committee is a structure of sub-groups which are either locally or profession based. The Chairs of the sub-groups sit on the main committee, ensuring effective communication throughout the Trust. Minutes from the sub-groups are reported at the Health and Safety Committee meetings.

The Committee is chaired by the Director who has delegated responsibility for health and safety.

The Terms of Reference for the Trusts Health and Safety Committee can be found at Appendix 1 of this policy document.

### **3.3 Employee Representation**

The organisation has two agreements with Staff Side:

- Trade Union and Professional Organisation Recognition Agreement;
- Facilities and time off for Accredited Representatives and Members of Trade Unions and Professional organisations.

These two agreements encourage and support the involvement of recognised Staff Side Safety Representatives in all appropriate health and safety activities within the Trust.

The appointment of employee representatives (as defined by the Health and Safety (Consultation with Employees) Regulations 1996) as amended shall be recognised by the Trust, so that in each department the promotion and resolution of relevant health, safety and welfare issues can be addressed and resolved.

### **3.4 Directorate Health, Safety and Security Action Groups**

Directorate Health, Safety and Security Action Groups cover all staff employed by the Trust.

The key function of the groups is to ensure that local services comply with statutory and trustwide health and safety policies and procedures. Whilst the group takes direction from the Trust Health and Safety Committee on priorities for action, they remain accountable via local management structures.

They will seek assurance of compliance with health and safety legislation, standards and Trust policies and monitor action plans that identify gaps in assurance. They will in turn provide this assurance to the main Trust Health and Safety Committee.

The groups are chaired by a manager within the service who must be a member of the Trust Health and Safety Committee and membership includes local operational managers and Staff Side Safety Representatives. Members must be able to demonstrate a clear understanding of health and safety issues and will have either attained or be prepared to attain the internationally accredited IOSH Managing Safely within a two year time frame of becoming a group member.

The Directorate Health, Safety and Security Action Groups will provide a bi-monthly report via their minutes to the Health and Safety Committee of health and safety issues pertinent to their activities and environment.

### **3.5 Policies, Procedures and Guidelines**

In view of the wide-ranging requirements of the Health and Safety at Work etc Act 1974, subsequent Regulations, Approved Codes of Practice and Guidance issued under the Act, the Trust will issue individual policies and procedures reflecting those requirements.

The policies will be developed and agreed by the Health and Safety Committee and adopted for implementation by the Quality Assurance Committee.

All relevant policies and procedures are available with free access to all employees and others wishing to view them.

The Health and Safety Committee will be responsible for maintaining an up-to-date schedule of health and safety policies and procedures, and will be responsible for monitoring and reviewing policies, taking into account changes in statutory requirements and operational practice.

A list of other related health and safety procedures and guidelines can be found on the Leicestershire Partnership NHS Trust intranet site.

### **3.6 Local Departmental / Service Policies and Procedures**

At a local level, procedures (safe systems of work) are developed for activities / tasks / treatments undertaken within that area. These are detailed documents on which staff will require training.

Each manager or department head is responsible for implementing safe systems of work within their own work or service. This is to be based on suitable and sufficient risk

assessments.

All policies and procedures relating to health and safety should be supported by the Health and Safety Compliance Team.

All service/department documented health and safety information, policies, safe systems of work (procedures/guidelines) must be drawn to the attention of, and made available to all employees working in the department. Arrangements must be made for the procedures to be continually audited and regularly reviewed and updated when work practices change, such as following an incident/accident.

### **3.7 Training and Information**

The training of all staff is an essential element of any successful health and safety strategy.

The information, instruction and training of employees is a fundamental part of providing a safe working environment. Training will be provided at the start of employment (induction) and then on a regular basis throughout employment within the Trust. This continual training programme is to ensure high standards of safety are maintained for the benefit of staff and the general public.

Where health and safety training is required by legislation, it is termed statutory/mandatory in the Trusts documentation.

Other elements of health and safety training are considered to be role essential and vary from one service to another depending on the risks to staff.

Training is organised at two levels: at a Trustwide level for all staff to access and at a local, more job specific level. Health and safety training that will be provided locally will include, for example, use of work equipment, emergency procedures, Control of Substances Hazardous to Health (COSHH) and use of personal protective equipment (PPE).

Training should, where possible, involve practical instruction where the trainer demonstrates or explains how to carry out a particular procedure. To support training employees should be provided with written information to be used as a reference at a future date.

All training provided to staff is recorded and evidence kept that training has taken place.

## **4 Accident / Incident / Near Miss Information**

Any accident, incident or near miss must be recorded, investigated and communicated in accordance with the Trust's Incident Reporting Policy.

In the event of a contractor or temporary staff member having an accident on Trust property, the employer of that person should be informed and their specific company accident form completed with a copy sent to the Trust Health and Safety Advisor(s) for further action if necessary.

NB: This does not negate the needs to follow the Trust's incident reporting policy.

## **5 Health and Safety Responsibilities for Independent Contractors (GPs, Dentists, Pharmacists and Opticians)**

The independent contractor, as an employer, is responsible for the health, safety and welfare of their staff at work. Thus all employers are required to adhere to health and safety law.

An independent contractor employing five or more staff is required to have a health and safety policy for their staff – a sample suggested framework is available from the HSE ([www.hse.gov.uk](http://www.hse.gov.uk)). A GP practice will probably have a range of local health and safety policies and procedures, which the Trust staff working on those premises should be made aware of.

The Trust still has a responsibility for the health and safety of their staff working in GP premises. The manager of these staff needs to carry out a risk assessment of the activities undertaken by particular staff on those premises, to ensure that these staff are not exposed to significant risks. Significant risks will need to be discussed with the practice manager so as to resolve the problem. If additional advice is required, it is available from the Health and Safety Compliance Team.

## **6 Hosted Services Staff and Organisation Staff Providing a Hosted Service**

Staff working on non-organisation sites and employees from another organisation working on Trust sites:-

All employees follow the health and safety policies of their employer organisation regardless of where the workplace happens to be. However, at local level there will be local policies and procedures relating specifically to that workplace which all staff working at that location will be expected to follow e.g. fire, security, lone working. In such instances there needs to be clear co-operation and communication to ensure that the health and safety matters are addressed effectively. These will be addressed via a local induction/orientation process.

## **7 The Health and Safety Policy**

### **7.1 Revision of the Health and Safety Policy**

The date of revision of this document is on the front cover. Revision dates may be reviewed in the light of legislative, management or organisational changes.

### **7.2 Publicising the Health and Safety Policy**

The Health and Safety Policy will be document within the Trust policy library, as will the health and safety procedures and guidelines. This information will also be available electronically on the organisation's Intranet site.

### **7.3 Communication with Staff**

The organisation will ensure that suitable and relevant information relating to health, safety and welfare in the workplace is disseminated to staff and Trust users. Statutory notices will be displayed throughout the workplace. Consultation and communication over health and safety issues is to be encouraged at all levels within the organisation.

## **7.4 Amendments to Policy**

The organisation Health and Safety Policy and any amendments will be disseminated throughout the Trust.

## **8 Monitoring of Health and Safety**

The Health and Safety Committee will monitor the effectiveness of health and safety policies and procedures implemented within the Trust, in order to ensure legal compliance.

To facilitate this, managers at all levels are responsible for the ongoing monitoring of health and safety in their service/department/area of responsibility. Health and Safety audits and inspections will be reported through the appropriate channels and records of these will be kept either at a local level or centrally. Health and Safety Compliance team will work against annual plan, using key performance indicators developed within the Trust and this will be used as a basis for monitoring health and safety performance.

## **9 Health and Safety Arrangements**

The following policies state the administrative and practical arrangements for those areas listed to support the Trusts health and safety management system.

Please note, this list is not exhaustive and Trusts policies are available on the Trusts intranet site (e-source).

- Incident Reporting Policy
- Central Alert Policy
- Control of Substances Hazardous to Health (COSHH)
- Display Screen Equipment Risk Assessment Policy
- Workwear and PPE Policy
- Lone Working Policy
- Manual Handling Policy
- Using Hoists to Move Patient
- Code of Practice for Using Electric Profiling Beds
- Heavy Patient Pathway
- First Aid at Work Policy
- Procedures for the Moving and Handling of Patients
- Health and Safety Inspection Policy
- The Management of Latex and Occupational Dermatitis
- Glove Policy
- Management of Waste Policy
- Preventing Falls from Windows and Heights Policy
- Associated Infection Control Policies and Guidance
- Associated Human Resources Policies
- Management of Ligatures Policy
- Medical Gas Policy
- Water Management Policy
- NHS 10 Year Plan
- Prevention and Management of Aggression Policy

# Health and Safety Committee

## Terms of Reference

### ***References to “the Committee” shall mean the Health and Safety Committee***

#### **1.0 Purpose of Committee**

- 1.1 This Committee is constituted under the requirements of the Health and Safety at Work Act etc 1974; Section 2(7) to consult with employees on matters of health, safety and welfare at work, and in accordance with the Safety Representatives and Safety Committees Regulations 1977 and the associated Codes of Practice and Guidance.
- 1.2 To provide the organisation with an overarching view of health and safety and to provide assurance that non-clinical risks are effectively managed on behalf of the organisation.
- 1.3 To establish and maintain standards of health, safety and welfare in keeping with legal requirements and in accordance with the organisation policy. To encompass all areas of health and safety, including risk assessments, safe systems of work, control of hazardous substances, provision of a safe working environment, safe plant and equipment, staff induction training, occupational health care, control of infection, first-aid, fire, security, environmental management, etc together with all appropriate training.

#### **2.0 Clinical Focus and Engagement**

- 2.1 Quality Assurance Committee consider non-clinical engagement and involvement to be an essential element of its governance arrangements. The Trust’s integrated governance approach mainstreams clinical governance into all areas of planning and decision-making. The monitoring of sub-groups’ activity will be undertaken by the Quality Assurance Committee from the assurance reports that are received.

#### **3.0 Authority**

- 3.1 The Group is authorised by the Quality Assurance Committee to conduct its activities in accordance with its terms of reference.

The Group is authorised by the Quality Assurance Committee to seek any information it requires from any employee of the Trust in order to perform its duties or contractual arrangement.

#### **4.0 Membership**

- 4.1 The Health and Safety Committee will be chaired by the Director with responsibility for Health and Safety.

- 4.2 Deputy Chair will be the Head of Trust Health and Safety Compliance
- 4.3 The membership of the Committee will comprise of the necessary persons to ensure that operational practices across the Trust comply with the Health and Safety at Work etc Act 1974 and Civil Contingencies Act 2004 and all other pertinent NHS best practice standards e.g. Health Technical Memorandum (HTM) Health Building Notes (HBN) and Care Quality Commission (CQC). The members will be able to demonstrate a clear understanding of health and safety issues and will have either attained or be prepared to attain the internationally accredited IOSH Managing safely within a 2 year time frame of becoming a committee member.
- 4.4 The committee will be made up of members who must attend regularly and meet the 75% attendance criteria and attendees who will need to attend when they have papers to present as per the Reporting Schedule when requested to do so for specific agenda items.

Members will be:

Director of Finance, Business and Estates  
Head of Trust Health and Safety Compliance  
Associate Director of Estates and Facilities  
Senior HR Representative  
Lead Infection Prevention and Control Nurse  
Fire Safety Representative  
Senior Health, Safety and Security Advisor  
Head of QSHE Compliance - UHL  
Senior Occupational Health Nurse  
Emergency Planning Manager  
Learning and Development Representative  
Moving and Handling Advisor  
Local Security Management Specialist (LSMS)  
Finance Representative  
Chair of Divisional Health and Safety Action Groups  
Staff Side Representative (minimum of two)  
HIS Representative

Members to attend when required will include:

Head of Assurance and Performance  
Medical Devices Asset Manager  
Information Governance Representative  
Premises Manager  
Health and Safety Advisor

- 4.5 Only members of the Committee or their nominated representative have the right to attend meetings. However, other individuals and officers of the Trust may be invited to attend for all or part of any meeting as deemed appropriate.
- 4.6 Membership of the Committee will be reviewed and agreed annually with the Quality Assurance Committee.

**5.0 Secretary**

5.1 Secretarial support will be provided from the Health and Safety Compliance Team.

## **6.0 Quorum**

6.1 The quorum necessary for the transaction of business shall be six members which must include at least two Staff Side Representatives and the Chairs of the Directorate Health, Safety and Security Action Groups or their representative with the appropriate authority and autonomy.

A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

Any meetings that are not quorate will continue and any decisions made will be ratified by those absent within 10 days of the meeting. A record of these agreements made to be held by the Secretary of the meeting.

## **7.0 Frequency of Meetings**

7.1 The Committee shall normally meet bi-monthly, and at such other times as the Chair shall require at the exigency of the business.

7.2.1 Members will be expected to attend at least three-quarters (75%) of all meetings. (Attendance will be reported in the Annual Report)

## **8.0 Agenda/Notice of Meetings**

8.1 Notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed shall be forwarded to each member of the Committee, and any other person required to attend.

8.2 Papers must be received 10 days in advance of the meeting and will be issued seven days prior to the meeting.

8.3 Papers will not be tabled without the express permission of the Chair and will not be tabled without the completion of the Trust front page template.

8.4 Any other Business must be notified to the Chair in advance of the meeting and cannot be tabled on the day unless considered urgent by the Chair.

## **9.0 Minutes of Meetings**

9.1 The proceedings and resolutions of all Committee meetings will be minuted including the names of those present and in attendance.

9.2 Minutes of the meetings shall be circulated to all members and shall be issued within five working days of the meeting. The minutes will be open to scrutiny by the Trust's auditors.

- 9.3 A Summary of Key Risks/Issues and Actions (with deadlines) for assurance will be brought to the attention of and presented to the Quality Assurance Committee quarterly via a highlight report.
- 9.4 The Health and Safety Committee minutes will be disseminated through the Health, Safety and Security Action Groups and be made available on the LPT intranet.

## **10.0 Duties**

The Committee shall:

- 10.1 Oversee, influence, develop, review and approve organisation Health and Safety Policies, Procedures, Guidelines and Codes of Practice.
- 10.2 Monitor, audit and review the effectiveness of organisational Health and Safety management arrangements.
- 10.3 Promote and develop a culture of understanding and co-operation amongst all staff to ensure their health, safety and welfare whilst at work.
- 10.4 Provide and maintain a positive link with the organisation committees and the Executive Team to ensure that Directors are kept fully informed of pertinent issues.
- 10.5 Review non-clinical incident statistics and trends throughout the organisation, to ensure that corrective action and prioritisation of high-risk issues are brought to the attention of the appropriate groups.
- 10.6 Give strategic direction and support for environmental and non-clinical activities across the organisation.
- 10.7 Facilitate management and staff in investigating, developing and executing measures to ensure the health, safety and welfare of staff, patients and visitors.
- 10.8 Ensure that there is a structure / framework for the integration of organisation Health, Safety and Emergency Preparedness, Resilience and Response objectives into business plans and management performance criteria.
- 10.9 Receive, review and monitor action plans from sub groups of the Health and Safety Committee.
- 10.10 Develop key performance indicators and monitor in line with the organisation Health, Safety and Security Strategy and the Emergency Preparedness, Resilience and Response Core Standards.
- 10.11 Ensure the Health, Safety and Security action plans and risks are entered onto the organisations risk register are monitored and reviewed in line with the Risk Management Strategy.
- 10.12 Disseminate information and provide feedback to appropriate groups, committees, staff and other stakeholders on environmental and non-clinical risk issues.

- 10.13 Receive minutes and action points from its sub-groups, Task and Finish Groups, provide support to these groups where necessary and seek assurance of compliance from them. Also to review the terms of reference of the sub-groups on a rolling program.
- 10.14 Communicate exceptions and risks to the Quality Assurance Committee
- 10.15 Maintain and make available for Quality Assurance Committee an annual work plan of planned assurance activities.
- 10.16 Devise, implement, agree and approve policy within the remit of the committee prior to presentation for ratification at the Quality Assurance Committee.
- 10.17 Develop, monitor and review health and safety compliance across the whole of the Trust's business undertakings.
- 10.18 Consider new and revised legislation and best practice guidance and how it may impact the Trust providing recommendations and guidance to the Trust in measures required to comply
- 10.19 Develop and review health and safety management and arrangements systems. Provide and receive assurance of implementation and compliance from its sub-groups to the Quality Assurance Committee.
- 10.20 Produce an Annual report of the Trust's safety management systems to measure effectiveness, performance and provide assurance to the Trust Board of compliance.
- 10.21 Consider significant Health and Safety risks escalated from Health, Safety and Security Action groups and risk register.
- 10.22 Receive and provide assurance that the Central Alert Systems process is being effectively managed with timely cascading of health and safety related information and action where necessary.
- 10.23 Specific responsibility for monitoring the delivery of and evidence to support the requirements of the Care Quality Commission Standards.
- 10.24 Receive, review and action reports, guidance documents and enforcement notifications as appropriate and detailed in the Health and Safety Committee reporting schedule.

## **11.0 Reporting Responsibilities:**

- 11.1 Provide quarterly assurance to the Quality Assurance Committee on actions and progress with regards to the Health and Safety.

- 11.2 Provide quarterly highlight reports to the Executive Team of actions and progress with regards to the Health and Safety work plan informing of quality improvement.
- 11.3 Act as early warning mechanisms to alert the organisation to non-clinical new or emerging risks and report to the Executive Team on how these will be managed or mitigated.
- 11.4 The Committee shall make recommendations to the Executive Team as it deems appropriate on any area within its remit where action or improvement is needed at the earliest opportunity.
- 11.5 Produce for the Quality Assurance Committee an annual governance report on the work it has undertaken during the course of the year (and including attendance of members) in time for the Quality Assurance Committee meeting of May.
- 11.6 Determine any issues that need to be escalated to the Quality Assurance Committee or Chief Executive Officer via the Executive Team.

## **12.0 Annual Review**

- 12.1 The Committee shall, at least once a year, review its own performance, constitution and terms of reference (including membership) to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Quality Assurance Committee for approval.

## **13.0 Risk Responsibility**

- 13.1 The risk areas the Committee has special responsibility for are all aspects of Health, Safety and Security across the full scope of the Trust's business undertakings
- 13.2 The Group is accountable for providing assurance for the following Care Quality Commission that falls within the Health and Safety Compliance areas of responsibility.

## Appendix 2

### Policy Monitoring Section

**Criteria Number & Name** (if applicable):

*Where applicable duties outlined in the policy will be evidenced through monitoring of the other minimum requirements.*

*Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.*

(please add as many lines as required)

Reference	Minimum Requirements to be monitored	Evidence for self assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Not applicable	Requirements of CQC	Appendix 1 10.25	Annual Health and Safety Inspection report	Health and Safety Committee & Directorate Action Groups	Quarterly
Not applicable	Attendance on the IOSH Managing Safely training within a two year time frame of becoming Directorate Action Group member	Section 3.4 page 20	Review the training activity report	Health and Safety Committee & Directorate Action Groups	Quarterly
Not applicable	Terms of Reference are reviewed annually – Committee and directorate action groups	Appendix 1	Review the terms of reference	Health and Safety Committee & Directorate Action Groups	Annually
Not applicable	All health and safety arrangements that fall under the remit of the Health and Safety committee e.g. fire, security, manual handling, medical devices, EPRR	The requirements are within each associated individual policy	As dictated by the individual policy e.g. fire	Health and Safety Committee & Directorate Action Groups	As dictated by the individual policy e.g. fire

**An explanation of the requirements is as follows:**

**Reference –**

**Minimum Requirements to be monitored** –For all policies these will have to be determined by the policy owner.

**Evidence for self assessment** – the paragraph references and page numbers for the minimum requirements within the policy.

**Process for monitoring** – how the minimum requirement will be monitored eg audit.

**Responsible Individual / Group** – usually a group; who is responsible for monitoring the minimum requirements.

**Frequency of monitoring-** how often the monitoring should be reviewed.

## Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

<b>Training topic:</b>	1. Health and Safety Arrangements within the organisation at induction and update 2. IOSH Managing Safely
<b>Type of training:</b>	1. Mandatory Any training undertaken to support staff to undertake a work related task or activity is covered under health and safety regulations, therefore all training delivered by the Trust is applicable under this policy
<b>Division(s) to which the training is applicable:</b>	Adult Learning Disability Services Adult Mental Health Services Community Health Services Enabling Services Families Young People Children Hosted Services
<b>Staff groups who require the training:</b>	1. All staff, role specific, training needs analysis 2. Identified staff
<b>Update requirement:</b>	1. In line with mandatory update training – triennial 2. Every 3 years – half day update
<b>Who is responsible for delivery of this training?</b>	1. The Learning and Development team as part of the Trust's mandatory induction and mandatory update training 2. Health and Safety Compliance Team
<b>Have resources been identified?</b>	Yes
<b>Has a training plan been agreed?</b>	Yes
<b>Where will completion of this training be recorded?</b>	√ Trust learning management system √ Other (local held file by service/ward/team/dept)
<b>How is this training going to be monitored?</b>	Bi-monthly training report to the Health and Safety Committee

## Appendix 4

### Due Regard Screening Template

Section 1			
Name of activity/proposal		Arrangements in place to demonstrate compliance with legal statute pertaining to the Health and Safety at Work etc Act 1974 across the Trust	
Directorate / Service carrying out the assessment		Health and Safety Compliance Team	
Name and role of person undertaking this Due Regard (Equality Analysis)		Samantha Roost	
Section 2			
Protected Characteristic	Could the proposal have a positive impact (Yes or No give details)	Could the proposal have a negative impact (yes or No give details)	
Age	No	No	
Disability	No	No	
Gender reassignment	No	No	
Marriage & Civil Partnership	No	No	
Pregnancy & Maternity	No	No	
Race	No	No	
Religion and Belief	No	No	
Sex	No	No	
Sexual Orientation	No	No	
Section 3			
<p><b>Does this activity propose major changes in terms of scale or significance for LPT?</b></p> <p><b>Is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? If yes to any of the above questions please tick box below.</b></p>			
Yes		No	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	√
Section 4			
<p><b>It this proposal is low risk please give evidence or justification for how you reached this decision:</b></p> <p>This policy meets the legal requirements to comply with Health &amp; Safety legislation to minimise all foreseeable risk of harm or injury or ill health arising from work activities to staff, patients, visitors, public and others across the Trust. All staff will receive appropriate training to minimise all foreseeable risks of harm or injury or ill health.</p>			

*This proposal is low risk and does not require a full Equality Analysis:*

**Head of Service Signed B Keavney**

**Date:** 08/04/2014

## The NHS Constitution

### NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.

The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input checked="" type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

## Appendix 6

### PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:	Health and Safety Policy		
Completed by:	Bernadette Keavney		
Job title	Head of Trust Health and Safety Compliance	Date	23/01/19
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			No
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786  <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a>            In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust